Original Article

A Study on Depression in Returnee Female Migrant Workers

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Abstract

Introduction: Women seeking foreign employment have been rising in Nepal. Changing scenarios, like: household structure and women's desire to work outside have provided opportunity for women from countries like Nepal to become independent and give financial support in family. For female migrant workers, it is not easy to adjust to new country because of difference in socio-cultural aspect, poor working and living condition. Many of them suffer from health issues including psychiatric morbidity.

Objective: To estimate the prevalence of depression and the socio-demographic profiles of returnee female Nepalese migrant workers.

Methods: A descriptive study was undertaken in Emergency Shelter House of an NGO, among returnee female migrant workers using semi-structured questionnaire, interview and Hamilton's Depression Rating Scale (HAM-D). Ethical clearance and consent were taken.

Results: The HAM-D score showed that 71.5% of the subjects were depressed which was analyzed with various socio-demographic profiles and the factors of foreign employment. A strong significance was seen with residential area (p= 0.004). The level of depression was not statistically significant with age, education, marital status, earning of husband and monthly household income.

Conclusion: Depressive symptoms were common among returnee female migrant workers. Regular mental health assessment of returnee women migrant workers should be done. This will help to minimize the psychiatric morbidity among them.

Keywords: Depression, Psychiatric morbidity, Returnee female Migrant workers, Nepal

Introduction

With increasing demand of Nepalese workers, particularly in the Gulf, Southeast and East Asia[1], Nepalese women are also increasingly entering global labor market and are migrating, especially for labor, in sectors that are traditionally associated with women, domestic work constituting a vital demand[2]. There are an estimated 2.2 million Nepalese migrant workers, many working in India and the Middle Eastern countries.[3] World Health Organization goes as far to claim that "usually migration does not bring improved social well-being; rather it often results in exposing migrants to social stress and increased risk of mental disorders".[4]

Official figures show 3% of Nepalese migrant workers are female, though Nepal institute of development studies (NIDS) estimate indicates 30%.[5] Pourakhi Nepal, an NGO estimates that 80% of women migrants to be employed as domestic workers and Amnesty International about 80% leave the country undocumented. Their most frequent destinations are Lebanon, Kuwait, UAE, Israel, Bahrain, Oman, Qatar, Malaysia, Macau, and Saudi Arabia.[6] It is estimated there are more than 650,000 domestic workers in Kuwait and over 1,500,000 in Saudi

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Arabia. These women often face little sleep, low wage, late paycheck, unpaid overtime and various forms of physical and/or sexual abuse.[7] The women, at times spoke of being exhausted and overwhelmed, and linking the state to the development of ill mental-health.[8]

According to a report of Maiti Nepal, 2009, 67% of Nepalese female migrant workers in Gulf countries with medical problems, 57% were diagnosed with some psychological illness. Among the psychologically affected cases, 50% had psychosis like Schizophrenia, 10% mania, 20% depression, 13% depression along with psychosis and 7% anxiety.[9] The personal factors related with migration and psychological distress are age, gender, personality, separation, preparation, social network, cultural identity, self-esteem and self-concept; and the relational factors are socio-economic status, educational status, language, racism, social isolation and unemployment.[10] Almost half of participants among 450 in Almaty described their health as fair or poor and reported not seeing a doctor when needed, 6.2% had clinical depression and 8.7% met criteria for alcohol abuse. High mobility was associated with depression among internal migrants and with alcohol abuse among female migrant workers.[11,12]

Meta-analysis showed that the combined prevalence rates for depression were 20% among labor migrants vs. 44% among refugees.[13] Of the patients studied, 82.5% experienced psychological distress, and 43.9% had clinically significant depressive symptoms.[14] Eighteen patients (15%) expressed suicidal thoughts during the first crisis intervention.[15]

There are few studies done in mental health among returnee female migrant workers in our country. So, this study was conducted to estimate the prevalence of depression and the socio-demographic profiles of female returnee migrant workers.

Materials and Methods

A descriptive study was undertaken in Emergency Shelter House of Pourakhi Nepal, among returnee migrant workers using semi-structured questionnaire, interview and the Hamilton's Depression Rating Scale (HAM-D). Pourakhi Nepal is a NGO working in Nepal for the rights of migrant worker especially females. It was established in 2003 with the slogan of safe migration for the women, a common concern for all women migrant workers. This organization has been proactively working to ensure the rights of women migrant workers in the entire phase of foreign labor migration through the process of information counseling, advocacy and empowerment to create the environment where Nepalese women migrant workers enjoy all the rights. The Emergency Shelter house of Pourakhi provides shelter to the deported and needy women migrant worker (WMW). The Shelter house has 20 bed capacity and according to the need of the WMWs, provides other services like medical treatment, mental health treatment, counseling etc. before reintegrating them with their family and society.

Ethical clearance was obtained from Nepal Health Research Council (Ref. No.- NHRC, 244). The data was collected between September 2016 and March 2017, after taking written consent from the female returnee migrant workers. All consecutive cases were enrolled during the study period. Different information regarding socio-demographic profiles, socio-economic status, status before

and during foreign employment and mental health status were collected.

The data collected were analyzed using Statistical packages for Social studies version 16 (SPSS 16).

Results

Table 1: Relationship between Depression and Socio-demographic factors

Socio-demographic characteristics	Level of Depression			p-value	Pearson's (r)
	Normal	Mild	Moderate/ Severe/ Very Severe		
Age-group (mean 32.60, SD 6.86, range 30)					
15-25 years	8	8	6	0.356	r= 0.150
25-35 years	22	23	23		
>35 years	13	21	27		
Residential area					
Rural	34	41	44	**0.004**	r= 0.005
Urban	9	11	12		
Educational Status					
Illiterate	12	22	29	0.571	r= -0.193
Literate	31	30	27		
Marital Status					
Married	16	25	26	0.127	r= -0.070
Single*	27	27	30		
Earning Husband					
Yes	13	16	21	0.712	r= -0.064
No	30	35	35		
Monthly household earning					
<NRs 15000	11	19	29	0.723	r= -0.218
>NRs 15000	32	33	27		

**Unmarried, Divorced, Widowed, Separated*

Table 1 showed the relationship between socio-demographic factors and level of depression. The result showed that the association between the level of depression is not statistically significant with age, educational status, marital status, earning husband and monthly household earning. On the other hand, the association between the level of depression is associated with residential area of the respondents which is statistically significant (p= 0.004).

It also revealed that there is positive but weak correlation between the level of depression and age group and residential area. There is negative and weak correlation between the level of depression and educational status, marital status, husband's earning and monthly household earning of the respondents.

Table 2: Relationship between Depression and factors of Foreign employment

Foreign Employment*	Level of Depression			p-value	Pearson's (r)
	Normal	Mild	Moderate/ Severe/ Very Severe		
Staying legally					
Yes	26	31	28	0.105	r= 0.073
No	18	21	27		
Working environment					
Poor	13	21	30	0.113	r= -0.266
Good	15	19	21		
Satisfactory	15	12	5		
Adequate sleep					
Yes	33	29	26	0.115	r= 0.2617
No	9	24	30		
Calling home regularly					
Yes	35	36	29	0.987	r= 0.258
No	8	16	27		
Meeting friends					
Yes	10	16	9	0.329	r= 0.104
No	32	37	47		
Job as per qualification					
Yes	29	24	25	0.602	r= 0.176
No	14	28	31		
Job satisfaction					
Yes	33	29	22	0.157	r= 0.324
No	10	23	34		
Salary					
<200 US$	14	22	32	0.636	r= -0.207
>200 US$	29	30	24		
Salary as per contract					
Yes	36	38	33	0.893	r= 0.245
No	7	14	23		
Abuse experienced					
Yes	7	11	20	0.715	r= -0.209
No	35	42	36		

******Physical, social, economic and psychological status during the foreign employment*

Table 2 showed the relationship between different aspects of foreign employment and level of depression. The result showed the association between the levels of depression is not statistically significant with physical, social, economic nor psychological status during the foreign employment.

It also showed that there is positive but weak correlation between the level of depression and staying undocumented, adequate sleep, calling home frequently, meeting friends, job as per qualification, job satisfaction and salary as per contract. There is negative and weak correlation between the level of depression and working environment, salary and abuse.

Table 3: Score of HAM-D

Score of HAM-D (Level of Depression)	Frequency (n= 151)	Percentage (%)
0- 7 (Normal)	41	27.2
8- 13 (Mild Depression)	52	34.4
14- 18 (Moderate Depression)	30	19.9
19- 22 (Severe Depression)	13	8.6
> 23 (Very Severe Depression)	13	8.6
Non-Response	2	1.3

Table 3 showed the score of HAM-D. After assessing the different indicators of Hamilton's rating scale for depression, according to the aggregate scores, it was found that 27.2% of the respondents were normal, 34.4% had mild depression, 19.9% had moderate depression and 8.6% each had severe and very severe depression. The overall non-response rate was 1.3%

Discussion

The present study attempted to assess an important mental health problem i.e. depression among returnee female migrant workers. Depression is reported as the most common mental illness in Nepalese setting too; in community[16], and in clinical setting among Nepalese abroad workers in general, majority being males[17]. Depression is also the most common mental illness among mentally ill wives of Nepalese abroad workers,[18] other subset of female Nepalese population staying at home.

In the present study, 71.5% respondents have depressive symptoms. After assessing the different indicators of Hamilton's Rating Scale for depression, the aggregate score indicated that 27.2% of the respondents were normal, 34.4% had mild depression. 19.9% had moderate depression and 8.6% each had severe and very severe depression. In a study in Almaty among 450 participants, almost half reported depressive symptoms, 6.2% had clinical depression and 8.7% met criteria for alcohol abuse.[11] In a study done among such population in Ethiopia, the general lifetime prevalence of depression disorder was 34.8%.[19] Similarly, a report on 'Migration of Nepalese Women to Gulf Countries: Exploitation and Implication on Health', in Nepal, 20% had depression, 13% had depression along with psychosis.[8] This high rates of depressive symptomatology is also consistent with a study conducted among psychiatry out-patient help seekers who had returned home from abroad which showed that 70% of the respondents, majority of whom were males, had mood/depressive symptoms.[17] The prevalence varies across different studies and settings. The high prevalence of depressive symptoms in this study might also be because of the assessment being done in the subjects immediately after their return and different factors of foreign employment itself.

The female immigrant workers from rural origin reported higher levels of depressive symptomatology than those from urban area in this study. This is similar to other study in different set up.[20] Depression among the respondents of rural area was high as compared

to those belonging to urban area.[21] Similarly, a community study in Taiwan found higher rates of depressive symptoms in rural migrant young women than their urban counterparts.[21] Another study also reported high incidence of depression among female migrant workers, and marital status being a protective factor.[22]

Our subjects were female returnee from abroad work and literate to different levels whereas unemployment, illiteracy and strained interpersonal relationship (mainly with in-laws) were reported as remarkable among the mentally ill wives of Nepalese abroad workers, another sub-set of Nepalese female population.[18] Our study is based on only one shelter or center, and hence, may not represent the general population. Further in-depth study is warranted to determine general and context based specific factors for addressing the mental health needs and for better psychological health of our Nepalese women.

Conclusion

Depressive symptoms are common among returnee female Nepalese migrant workers. Mental health examination should be made mandatory along with physical examination for foreign employment. Regular mental health assessment of returnee women migrant workers should be done that ultimately helps to plan the mental health programs and services accordingly. This will also help to minimize the psychiatric morbidity among them. Plans and policies regarding foreign employment should be strict enough to safeguard women in foreign nation.

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