"International Labour Migration, Remittance and its Use in Health Care Expenditures in Selected Municipalities of Koshi Province"

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Background

- Migration, the movement of people from one geographic area to another, has been a part of life in human history.

- The establishment of international borders and national administrative divisions has categorized migration into two types: international migration and domestic migration.

- Remittances, defined as financial inflow resulting from the cross-border migration of citizens of a country, are the transfer of money and goods sent by migrant workers to their country of birth.

- Consequently, remittances help in improving the food security situation and strengthening the healthcare system and income generation of the households.

Background Cont.….

- In Nepal,many households received remittances which support to improve health, nutrition, education and living standard.

- Remittance receiving households are 2.3 percent less likely to get caught in poverty as compared to remittance non-receiving households. (Nepal Rastra bank, 2024)

- For every 10 per cent increase in remittances, health outcome increases on average by 1.2 per cent. Remittances remain a significant factor in accelerating improvements in health and education outcomes in recipient developing countries.(Amega, 2018)

- A systematic review conducted on remittance use on health care found that, the poor are the ones that predominantly use remittances for healthcare services. (Awojobi,Oladayo.,2020)

Background Cont..

- Some scholar examine the relationship between remittances and healthcare usage in Nepal, find out that remittance income leads to increased expenditures on higher-priced medical care and a higher likelihood of visiting a doctor. (Chezum B,2018)

- Although the secondary data are available on health care expenditure among remittance receiving household in Nepal, but primary data are lacking, and in-depth information (Qualitative) is also not available in present context. So, researchers explored all these issues and add more scientific evidence on this area.

Research Objectives

- To find out the expenditure pattern on health care among the households receiving remittances and non-remittance

- To explore the perception of left behind family members and major stakeholder of municipality on role of remittance for health care expenses.

Methodology

Study Design- Descriptive cross sectional study design was used.

Study Types- Both Quantitative and Qualitative study approach was applied

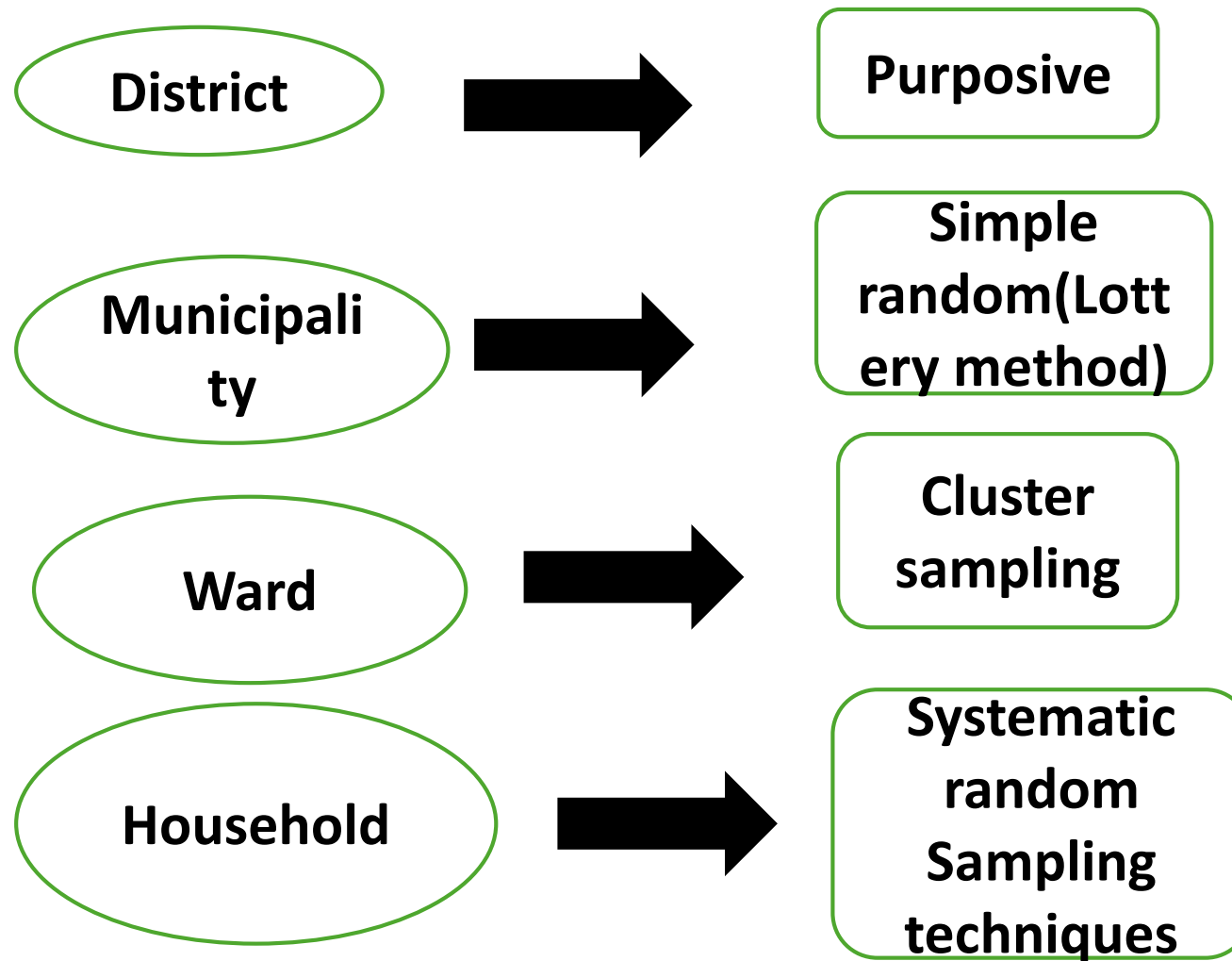**Study Area**- Arjundhara Municipality and Jhapa Rural Municipality of Koshi province.

Study Population-For quantitative method household head was the main study participants. This study includes two types of household one was who does not have any international migrant family member, and the other was household who have labour migrant and outside the country for more than six months and must be on Gulf Cooperative Council Countries including Malaysia.(Qatar, Saudi Arabia, United Arab Emirates, Baharain, Kuwait, Oman).

Sample size – It was calculated by using the formula for finite population and it was 767.

Sample Frame- Sampling frame was household list from Nepal population and Housing census 2021.

Methodology Cont…..
Sampling Techniques

District → Purposive

Municipality → Simple random(Lottery method)

Ward → Cluster sampling

Household → Systematic random Sampling techniques

Number of households from each cluster (ward) was selected by proportionate method

Methodology Cont..…

Data Collection Tools and Technique- Semi structured, self-develop questionnaire was used, for health care expenditure, question was adopted from Nepal Living Standard Survey and modify it according to objectives.

Face to face interview was conducted with the head of the household among sampled household. KOBO toolbox was used for data collection.

One day orientation was provided to two field researcher.

An in-depth interview was conducted among the remittance receiving household.

Key informant interview was conducted with health co-coordinator, international labour coordinator and Mayer of sampled municipalities using Key Informant Interview guideline.

Data Analysis, Management and Interpretation-After finishing data collection in KOBO, it was downloaded in excel and imported in SPSS. Furthermore, it was analyzed in SPSS. Descriptive and inferential statistics was used for data analysis.

Qualitative data- Thematic content analysis was carried out.

Methodology Cont.….

Validity and Reliability- For external validity probability sampling technique was applied for all stage of sampling procedure.

Research design was selected according to the objectives of research and an appropriate statistical tool was used for internal validity. Pretested questionnaire was used for data collection.
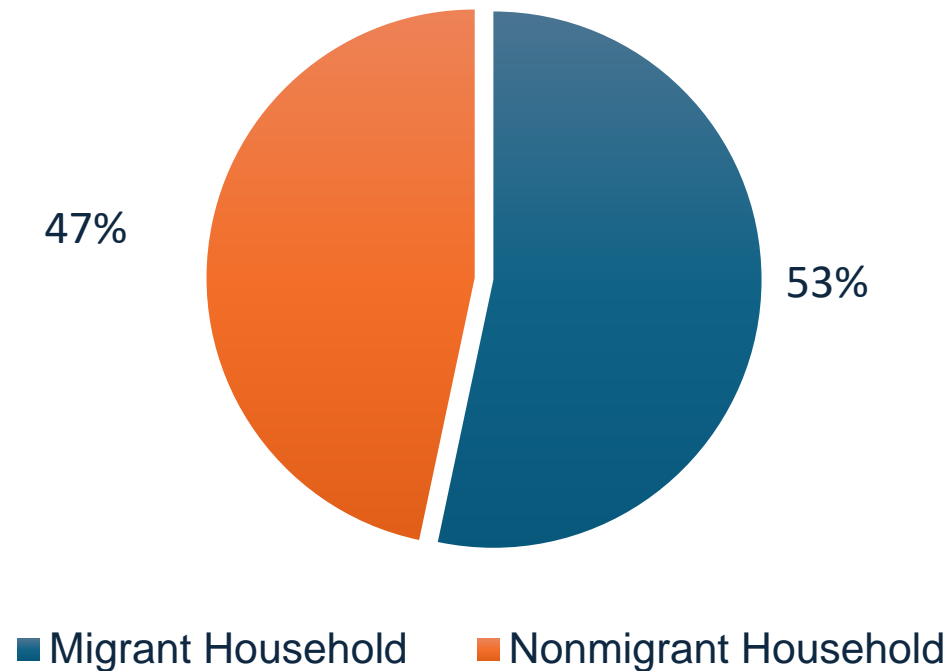
Exclusion -Household having other types of migrants who was on student visa, visit visa, green card and permanent residency was excluded from the study. Indian migrant's h/h was also excluded (Pass-port not needed).

Ethical Considerations-It was obtained from IRC of Nobel collage. Formal approval was taken from Municipality. Verbal informed consent was taken before doing interview with respondents.
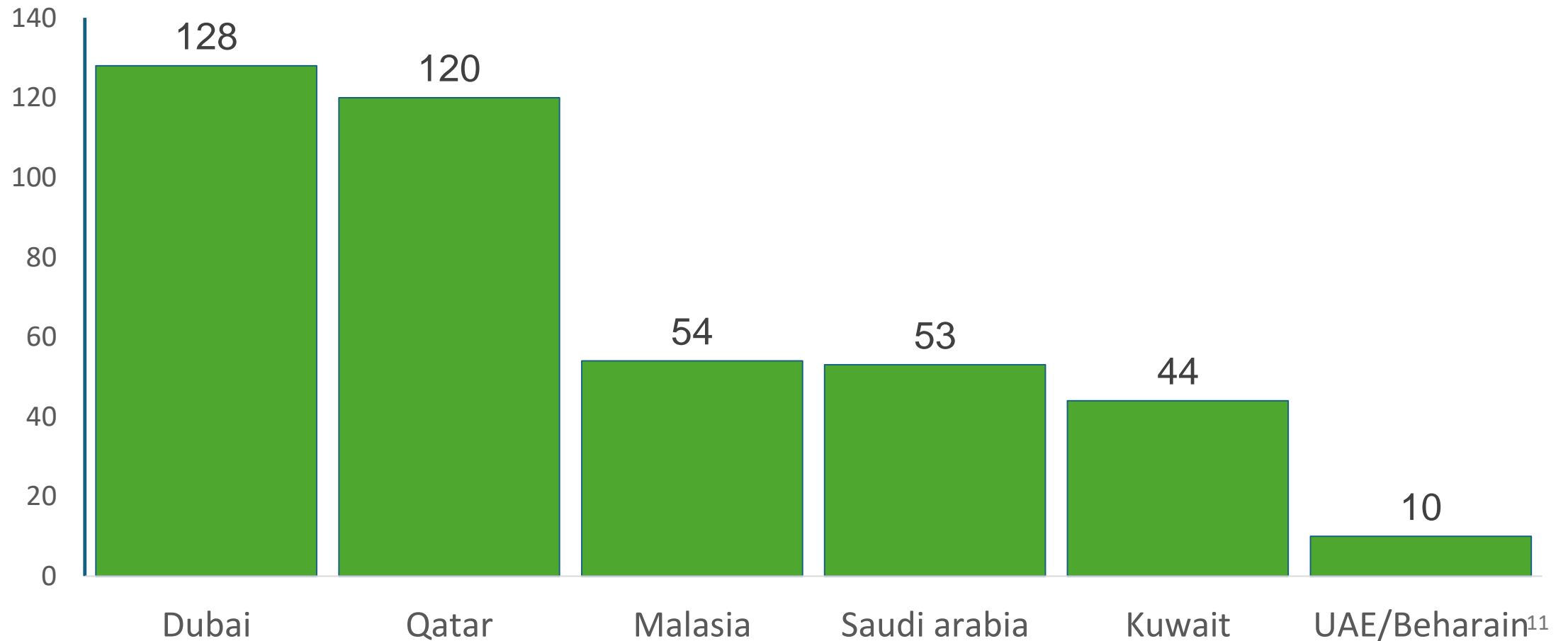
Result

Information related to labour migration

Fig.1Household having members out of country for more than 6 months in working visa (n=767)

47%

53%

■ Migrant Household   ■ Nonmigrant Household

Result Cont………..

Fig.2 Destination Country of Migrant (n=409)

Bar chart showing destination country values: Dubai 128, Qatar 120, Malasia 54, Saudi arabia 53, Kuwait 44, UAE/Beharain 10.

Result Cont…

Fig. 4 Most common work migrant is performing in host countries n=303

Result Cont.…

Fig.5 Sex of Migrant

13%

87%

■ Male ■ Female

Result Cont.…
Table1;Characteristics of migrant(n=409)
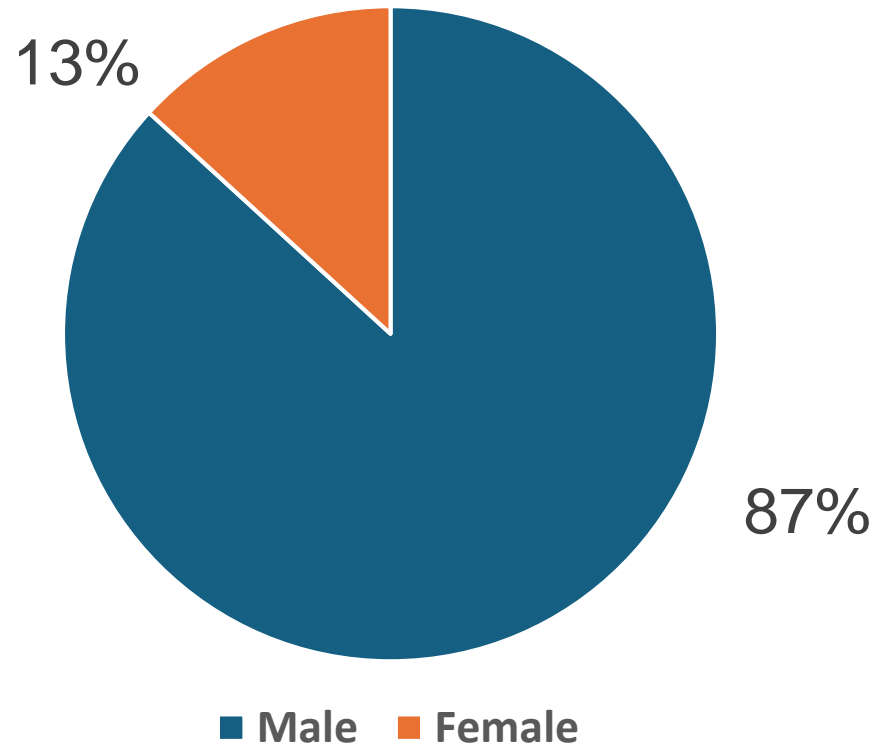
Characteristics	Frequency	Percent
Age		
19-34	215	**52.6**
35-74	194	47.4
Mean age 35		
Education status of migrant		
Primary level completed	38	9.3
Secondary level completed	289	**70.7**
More than secondary	82	20.0

Result Cont.....

Table 2; Characteristic of Migrant (n=409)

Characteristics	Frequency	Percent
Migrant send money to the family in last three months(remittance)		
Yes	396	**96.8**
No	13	3.2
Money sent by migrants in last 3 months		
>60000	263	**66.4**
<60000	133	33.6
Median 60000		
Channel used to send money		
Money transfer	276	**69.7**
Banking	105	26.5
Sending with people	15	3.8

Result Cont…..
Table 3; History of Sickness

Characteristics	Frequency	Percent
Any member of the family sick in last 3 months(n=767)		
Yes	379	49.4
No	388	50.6
Type of Illness(n=379)		
Acute	300	79.2
Chronic	79	20.8
Sick member went for consultation(n=379)		
Yes	292	77.0
No	87	23.0

Result Cont…..
Table 4; Preference of Health Facility

Characteristics	Frequency	Percent
Characteristics	Frequency	Percent
Preference of consultation(n=292)		
Doctor/Paramedics(modern)	285	**97.6**
Homeopath/Ayurveda(traditional)	7	2.4
Preference of Health Facility(n=379)		
Private Health Facility	179	**47.2**
Government Health Facility	113	29.8
No consultation	87	23.0
Diagnostic test advised(Mult. response)		
Blood test	392	**80.6**
Urine/Stool test	287	32.2
Radiological test	274	30.7
Others (Endoscopy)	2	0.5

Result Cont……

Table 5; Health Care expenditure

Characteristics	Frequency	Percent
Health expenditure in last 3 months(n=292)		
Less than 3000	163	**55.9**
More than 3000	129	44.1
Median 3000		
Source of Health Expenditure (Multiple response)		
From income other than remittance	313	**56.7**
From remittance	259	46.9
Insurance covered	129	23.4
Others (Debt)	6	1.1

Result Cont.....
Table 6; Enrollment in health insurance program

Characteristics	Frequency	Percent
Enrollment in health insurance program (n=767)		
Yes	338	44.1
No	429	**55.9**
Management of money to pay the premium(n=338)		
From income other than remittance	187	**55.3**
From remittance	151	44.7

Result Cont.....

Table 7; Association between Health Care Expenditure in Last Three Months with Labour Migration and Remittance

Study variables	Health Care Expenditure Less than 3000 (%)	Health Care Expenditure More than 3000 (%)	p-value
Remittance as a major source of household income			
Yes	119 (60.4)	40 (27.6)	<0.001
No	95 (54.3)	106 (76.8)	

Result Cont……

Table 8; Association between Choice of Health Facility with Remittance as a Major Source of Household Income, Labour Migration and Remittance

Study variables	Private Health Facility (%)	Government Health Facility (%)	No Consultation (%)	p-value
Remittance as a major source of household income				
Yes	76 (42.5)	29 (25.7)	27 (31.0)	**<0.001**
No	103 (57.5)	84 (74.3)	60 (69.0)	

Table 9; Thematic analysis of qualitative data

Theme	Sub-theme	Code
Uses of remittance	Income	Remittance as income source
	Purpose	Utilization behavior of remittance
	Improved livelihood	Housing and Sanitation
Perception	Facilitator of health service utilization	-Heath Emergency management, Maternal health management and Chronic condition management
Access in private health service	Affordability	-Paying bill
	Choices of health facility	-Choice among the private health facilities

Result Cont.… (Qualitative data)

"We use the money sent by migrant is mostly for medical purpose and the second major expenditure of remittance is on education."   IDI respondents

"All household expenditure is met via remittance. Such as food, clothes, education and health care."   IDI respondents

"My Mother was having stone in gall bladder. We did surgery in BPKIHS with the money sent by her grandson. We are enrolled in health insurance but it is not convenient.it takes a long time; a waiting list is too long."   IDI respondents

"My seven years old grandson broke his leg his mother send money for the surgery from Kuwait. Surgery was performed in private hospital at Mahespur. Approximately 50,000 were spent for the treatment. Without remittance it will be really tough for us."

Result Cont….. (Qualitative data)

"Remittance has positive impact on health. Money helps to increase access to health facilities in case of illness. Even it helps to make people aware about regular health check-ups." KII respondent (Health Co-ordinator of Arjundhara Municipality)

"They have money on their hand, if we have money we don't purchase anything even cloths in local market we search for big malls. Similarly, if we have money in our hand we go for better health facilities in case of illness

KII respondent (Mayor, Jhapagaupalika)

"Household who received good amount of money as remittance also visit private health facilities. The people who are well educated are enrolled more on health insurance irrespective of migration status."

KII respondent(Health coordinator,Arjundhara Municipality)

Conclusion

- Remittance as a major source of household income (<0.001) showed highly significant association with the health expenditure. Choice of health facility with remittance as a major source of household income has shown significant association (<0.001).

- Although remittance is not directly used for health expenditure but remittance as income source of household plays a role on health service utilization and visiting private health facilities.

Biodata of Presenter

- The presenter is currently working as Associate professor in Om Health Campus affiliated to purbanchal University.

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Thank You