

Exploring physical health of wives of international labour migrants who remain behind in Nepal: A mixed-methods study

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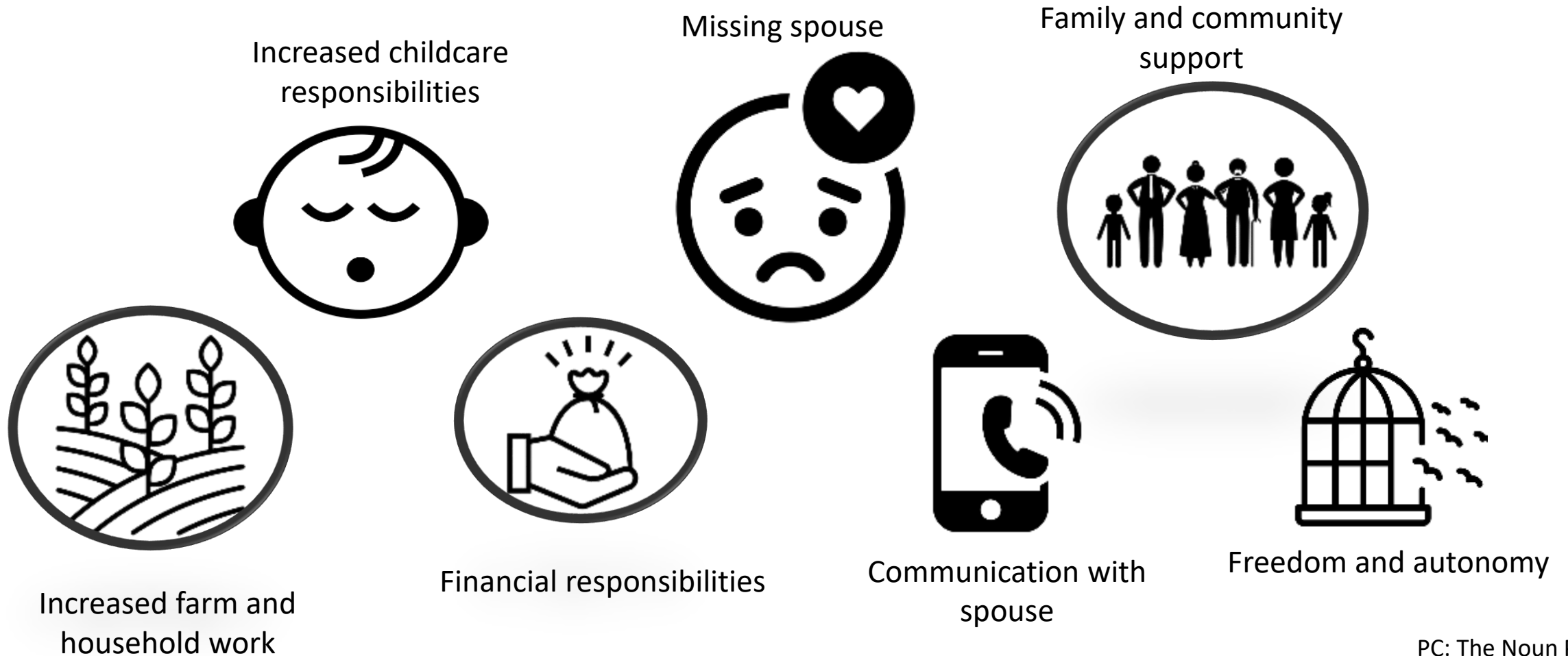




Rationale/research gaps

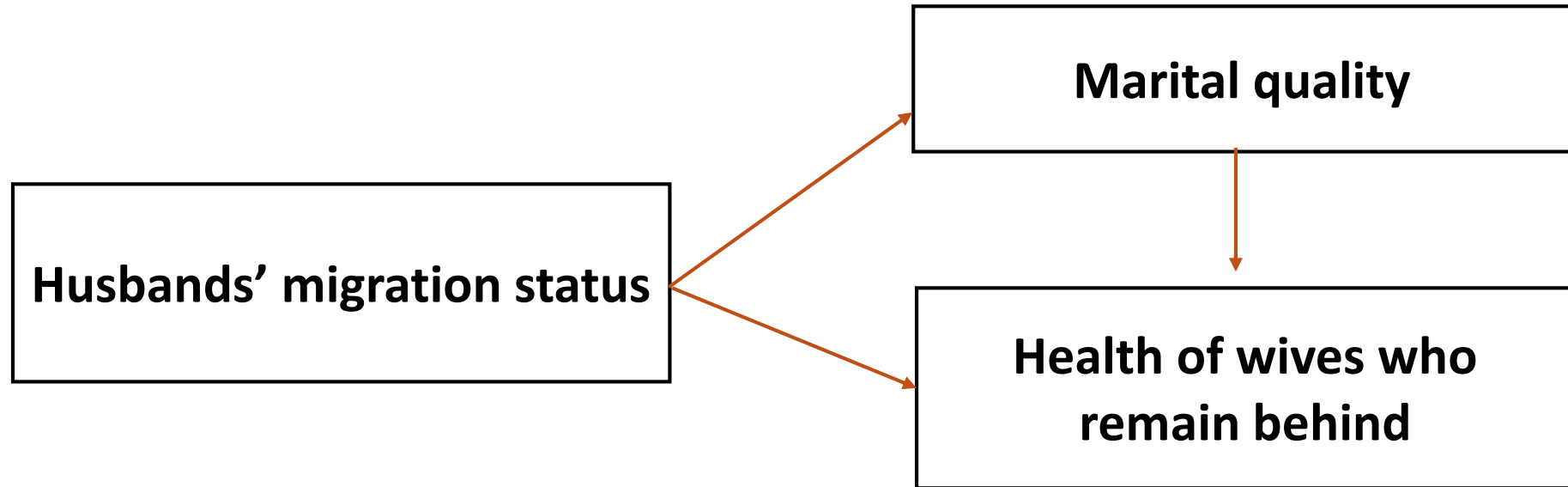
- 2.19 million international migrants from 23.33% of households in Nepal (National Statistics Office, 2023)
- 82.2% of Nepali international migrants are men (NSO, 2023).
- Majority of Nepali international migrants are low- or semi-skilled labour migrants (IOM, 2019)
- Over three-fifths are married (Sharma *et al.*, 2014)
- In LMICs (including Nepal), usually the man migrates, leaving behind his spouse, children and parents (Lokshin & Glinskaya, 2009)
- Prolonged separation from husbands could affect physical and mental health of wives who remain behind (IOM, 2019).

Context- What does life look like for non-migrating women in LMICs?



PC: The Noun Project

Aims and objectives



Objective: To explore the impact of labour migration on the physical health of wives who remain behind in Nepal

Study sites



Pahli Nandan rural
municipality, **Nawalparasi**
district
(southern plains)

Aanbu Khaireni rural
municipality, **Tanahun**
district
(hilly region)

Image credit: namastesindhupalchowk.com/blog/district-of-nepal

Methodology

Concurrent mixed-methods study

Quantitative- Survey

- 401 respondents
- Migrant wives (n=200, 49.9%)
- Co-habiting with husbands (n=201, 50.1%)
- Short-form-36 (SF-36)
- Physical component summary (PCS) score (range 0-100)
- Hierarchical multiple regression

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Qualitative data collection and analysis

Key informant interviews

- Municipality health staff (2)
- Female community health volunteers (2)
- Thematic analysis



In-depth interviews

- 15 Migrant wives
- 8-Nawalparasi & 7-Tanahun
- Thematic analysis

Integration of mixed methods

1. Interview data analysis
2. Survey data analysis
3. Integration of survey and qualitative data using joint-display table (Guetterman et al., 2015)

Findings





Participant characteristics (N=401)

Average age- 34.28 (9.36) years

Characteristics (N=401)	Total N (%)
Respondent's religion	
Hindu	308 (76.8%)
Other	93 (23.2%)
Respondent's occupation (N=399)	
Agriculture/ animal husbandry	241 (60.4%)
Homemaker	116 (29.1%)
Job/business/student and others	42 (10.5%)

Characteristics (N=401)	Total N (%)
Respondent's education	
None or less than 1 year in school	102 (25.4%)
Grade 1-5	98 (24.4%)
Grade 6-10	149 (37.2%)
Grade 11 and above	52 (13.0%)
Mobile phone ownership (N=393)	341 (86.8%)
Internet use (N=394)	
Almost every day	229 (58.1%)
Multiple times in the month	40 (10.2%)
Not at all/never	125 (31.7%)
Bank account ownership (N=400)	246 (61.5%)
Land/property ownership (N=390)	89 (22.8%)

Family characteristics (N=401)

Husband's age-37.37 (9.50 years)

Family type	Total N (%)
Nuclear	225 (56.1%)
Joint or extended	176 (43.9%)

No. of children	
None	19 (4.7%)
1	106 (26.4%)
2	164 (40.9%)
3	70 (17.5%)
4 or more	42 (10.5%)

Overall health of respondents

Physical health score

N	366
Mean (SD)	50.38 (6.41)

Migration context

Migration characteristics (N=200)	Total N (%)	Pahli Nandan n (%)	Aanbu Khaireni n (%)	p-value
Country of current employment (N=199)				
Malaysia	53 (26.6%)	39 (39.0%)	14 (14.1%)	<0.001* **
Saudi Arabia	67 (33.7%)	28 (28.0%)	39 (39.4%)	
Qatar	41 (20.6%)	22 (22.0%)	19 (19.2%)	
UAE	25 (12.6%)	6 (6.0%)	19 (19.2%)	
Other (Oman, Kuwait, Bahrain, Cyprus, etc.)	13 (6.5%)	5 (5.0%)	8 (8.1%)	
Duration since husband's last visit (N=46)				
24 months or less	28 (60.9%)	2 (20%)	26 (72.2%)	0.003**
More than 24 months	18 (39.1%)	8 (80%)	10 (27.8%)	
Respondent visited husband abroad-No (N=200)	200 (100%)	100 (100%)	100 (100%)	-
Total separation duration (including previous migration) N=200				
<1 year	15 (7.5%)	9 (9%)	6 (6%)	0.093
1-3 years	61 (30.5%)	22 (22%)	39 (39%)	
3-5 years	49 (24.5%)	28 (28%)	21 (21%)	
5-10 years	59 (29.5%)	34 (34%)	25 (25%)	
>10 years	16 (8%)	7 (7%)	9 (9%)	

N=number of respondents; *** p<0.001, **p<0.01, *p<0.05

1. Does husband's migration impact the physical health of wives who remain behind?

- **Hypothesis 1.1** *Physical health* is affected **negatively** by husbands' migration status due to prolonged separation, increased workload, loss of emotional intimacy and other factors.
- **Hypothesis 1.2** *Physical health* is affected **positively** by husbands' migration status due to remittances received, improved security and autonomy.



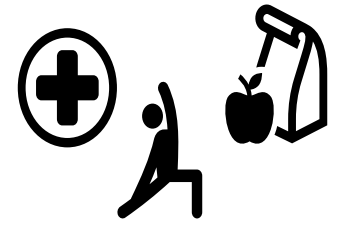
<div>PAHLI NANDAN</div> Step and predictor variable	Unstandardised Coefficients		95.0% Confidence Interval for B		Standardised Coefficients Beta	p-value
	B	Std. Error	Lower Bound	Upper Bound		
Step 2 Constant	56.39	6.16	44.22	68.56		<.001
Age (years)	-.08	.07	-.21	.05	-.11	.234
Bank account ownership (ref No)						
Yes	-1.75	1.11	-3.95	.45	-.13	.118
Land/property ownership (ref No)						
Yes	-2.16	1.41	-4.95	.62	-.13	.127
Husbands' education (ref No or <1yr schooling completed)						
Grade 1-5	-.18	1.69	-3.51	3.15	-.01	.915
Grade 6-10	-1.15	1.60	-4.32	2.01	-.09	.472
Grade 11 and above	.21	2.09	-3.93	4.34	.01	.921
Barriers to healthcare: money (ref No)						
Yes	-2.96	1.32	-5.57	-.35	-.18*	.027
Husbands' migration (ref Migrant wife)						
Co-habiting wife	-.56	1.08	-2.70	1.57	-.04	.602
Marital quality score	-.04	.10	-.23	.16	-.03	.705

AANBU KHAIRENI Step and predictor variable	Unstandardised Coefficients		95.0% Confidence Interval for B		Standardised Coefficients Beta	p-value
	B	Std. Error	Lower Bound	Upper Bound		
Step 2: Constant	66.09	6.39	53.48	78.70		<.001
Age (years)	-.12	.05	-.22	-.02	-.18*	.021
Wealth quintile (ref Poorest)						
Lower middle	-.54	1.24	-2.99	1.92	-.04	.666
Middle	-4.71	1.37	-7.41	-2.01	-.28**	<.001
Upper middle	-.19	1.35	-2.86	2.48	-.01	.887
Wealthiest	-.96	1.30	-3.52	1.61	-.07	.464
Internet use (ref Almost every day)						
Multiple times in the month	-.18	1.28	-2.71	2.34	-.01	.886
Not at all/never	-1.36	1.41	-4.15	1.42	-.09	.335
Age at marriage (years)	-.227	.10	-.42	-.03	-.16*	.021
Health decision maker (ref Self)						
Self and husband	-2.21	1.50	-5.17	.74	-.10	.142
Husband/other family members	2.08	1.70	-1.27	5.42	.08	.222
Barriers to healthcare: permission (ref No)						
Yes	-6.05	2.95	-11.87	-.22	-.14*	.042
Marital quality score	-.09	.11	-.30	.12	-.06	.393
Husbands' migration (ref Migrant wife)						
Co-habiting wife	.60	.90	-1.19	2.38	.05	.511

*R² = Co-efficient of determination = 0.22***; *** p < 0.001, ** p < 0.01, * p < 0.05*

Step and predictor variable	Unstandardised Coefficients		95.0% Confidence Interval for B		Standardised Coefficients Beta	p-value
	B	Std. Error	Lower Bound	Upper Bound		
Step 2 Constant	50.81	3.65	43.59	58.03		<.001
Respondent age (years)	-1.13	.05	-.23	-.02	-.17*	.020
Respondent's age at marriage (years)	.16	.09	-.01	.34	.13	.071
Wealth quintile (ref Poorest)						
Lower middle	.30	1.16	-1.99	2.60	.02	.794
Middle	-2.18	1.22	-4.59	.22	-.15	.075
Upper middle	.37	1.16	-1.92	2.65	.03	.751
Wealthiest	.33	1.18	-2.01	2.67	.02	.780
Mobile ownership (ref No)						
Yes	4.36	2.03	.35	8.38	.15*	.033
Barriers to healthcare: permission (ref No)						
Yes	-3.27	1.57	-6.38	-.16	-.15*	.039
Municipality (ref Pahli Nandan)						
Aabu Khaireni	1.96	.92	.13	3.79	.18*	.036
Remittance frequency (ref 1 or more a month)						
Every 1-3 months	1.71	.85	.02	3.40	.16*	.047
Every 4 months or less than that	1.36	1.57	-1.74	4.46	.07	.387
Control on remittance (ref No control)						
Some control	-4.03	1.71	-7.42	-.64	-.34*	.020
A lot of control	-6.84	1.80	-10.41	-3.27	-.47***	<.001
Total control	-5.21	1.71	-8.60	-1.82	-.47**	.003

Qualitative findings: Impact on physical health

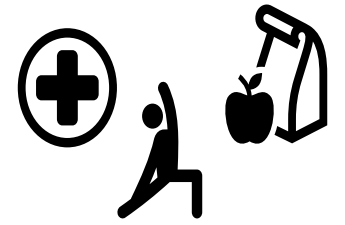


- Around half of the women said that there was no effect on their health in terms of illnesses.
- Some noted a positive impact on their health in terms of healthcare accessibility due to improved financial situation.
- A few said they felt tired constantly because of increased workload

When I had my daughter, my husband was not here. I felt like an orphan then. I had to do “CS”. I had to go (to the hospital). My family should have taken care of me, but they didn’t care at all. I went for an examination, but they immediately put me in “emergency” for the “operation”. I called her, “Mother (mother-in-law), they have put me in “emergency” for “operation”. I told my elder sisters-in-law... See, when you need it, no one will be there... My “pain” (labour) had already started. They took me for the “operation”. After the operation, only my mother and relatives from my mother’s side came to see me. No one came from my home (in-laws).

(Migrant wife, 33, Aanbu Khaireni)

Qualitative findings: Impact on physical health



I had an operation for stones, gall bladder... I can't do much work. I had the operation in Baisakh (April-May) when my husband was here. My husband used to do a lot of work (household work). Simple chores, cooking rice, cooking vegetables... Now I must do everything myself. I feel tired. There is a lot of pain when I work. However, in the past, it was very difficult to afford health care. It's fine now. (Migrant wife, 31, Aanbu Khaireni).

- The municipality staff from Pahli Nandan mentioned that migrant wives could be at a higher risk of non-communicable diseases, insomnia, stress, blood pressure problems and infertility.

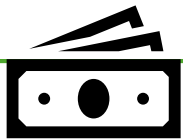
Integration-Joint display table

Survey findings	Qualitative findings
<ul style="list-style-type: none">• No significant impact on PCS score in either site• Higher <u>decision-making re: own health</u> compared among migrant wives than co-habiting wives	<ul style="list-style-type: none">• Half felt no effect on their health in terms of illnesses.• Constantly tired because of extra workload.
<ul style="list-style-type: none">• Migrant wives in Aanbu Khaireni had a 1.96-point higher PCS score than in Pahli Nandan ($p<0.05$).	A few from Pahli Nandan mentioned gaining weight as they were mostly restricted to their homes.
<ul style="list-style-type: none">• Migrant wives with <u>more frequent</u> and <u>higher control</u> over remittances had lower PCS scores.	<ul style="list-style-type: none">• Improved <u>healthcare accessibility</u> due to <u>improved finances</u>-Aanbu Khaireni

Impact on health

Positive

- Financial security
- Material security
- Healthcare affordability
- Increase in decision-making



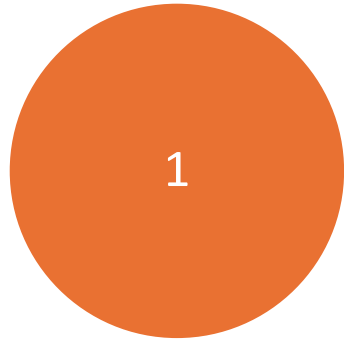
Net insignificant
impact

Negative

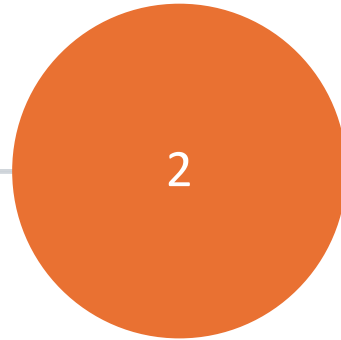
- Increased household work burden (childcare, care of elderly and other family, cooking, cleaning, etc.)
- Farmwork
- Increased participant in financial and social activities (e.g. remittance management)



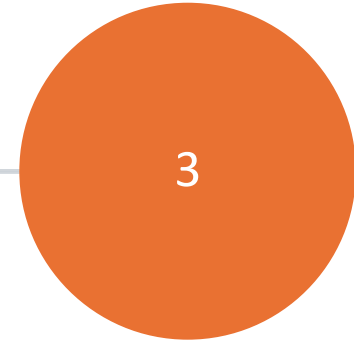
Policy/programme recommendations



Establish a **support mechanism** e.g. individual or group counselling programmes; provide awareness of health risks and how to reduce them



Counselling/awareness interventions should include information on the **importance of communication** for migrant couples



Interventions to enable women to manage workload such as community programmes to improve **financial management skills** or improving **farming productivity**

Research recommendations

- Exploratory studies on determinants of physical health such as nutrition/food security, sexual and reproductive health needed
- Stronger study designs such as longitudinal or pre-post migration studies measuring and exploring change in health prior to and after husbands' migration.

Thank you

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