

Short Communication**Returning Home to Nepal after Modern Slavery:
Opportunities for Health Promotion**

Anjana Regmi Paudyal^{1*}; Orlanda Harvey¹; Edwin van Teijlingen¹; Pramod R. Regmi¹; Chandrakala Sharma²

¹ Faculty of Health and Social Sciences, Bournemouth University, UK

² Center for Mental Health and Counseling - Nepal (CMC-Nepal)

*Corresponding author

Email: apaudyal@bournemouth.ac.uk

ORCID: <https://orcid.org/0009-0001-3328-7242>

Abstract

In South Asian countries like Nepal human trafficking, a form of modern slavery, is a common crime aggravated by factors such as poverty, political instability, illiteracy, unemployment, and climate change. Despite being a global problem, modern slavery is understudied and poorly understood. This article reflects on our collective experiences of over two decades of researching labour migration. Victims of modern slavery are exploited and can experience significant physical, psychological, or sexual, and reproductive health problems. Until recently, there has been little research around the need and opportunities for health promotion and education in this vulnerable group. This article calls for more and better research into modern slavery which is crucial to help develop a range of social interventions, including health promotion ones, aimed those who have been trafficked and forced labour migration.

Introduction

Human trafficking and modern slavery, the most devastating violations of human rights, are the third largest crimes worldwide (Kharel et al., 2022). Anti-Slavery International (2024) defines modern slavery as being “exploited by others, for personal or commercial gain. Whether tricked, coerced, or forced, they lose their freedom”. It is important to bear in mind this broad definition also includes human trafficking, forced labour and debt bondage. It is a significant hidden issue in many low and middle-income countries (LMICs), including Nepal where labour migration is common. Since 2008, nearly five million labour approvals have been issued by Nepal’s Ministry of Labour. The Gulf Coordination Council (GCC) countries and Malaysia are the main destinations (85% of migrant workers go there), however, countries in Europe have also become destinations for Nepalese labour migrants in recent years (Ministry of Labour Employment and Social Security [MoLESS], 2022). Migration to India is also common due to an open border between Nepal and India it is hard to estimate the number of Nepalese working there. This article is based on our collective experiences of over two decades of researching migrant workers, their health, and possible health promotion.

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The ILO (International Labour Organization) estimated that approximately 50 million people (nearly 1 in every 150 people globally) were living in modern slavery, with 28 million subjected to forced labour. Worryingly, 12% of those in forced labour are children, with a majority of minors being victims of sexual exploitation. The Asia-Pacific region hosts the largest number of people in forced labour (15 million) (ILO, 2022a). Therefore, it is crucial for governments to have appropriate economic policies to ensure that workers in the informal economy are protected in order to combat modern slavery and forced labour. Educating the population is the first step in society. Trafficking is a personal as well as societal problem, as it makes future reintegration into their families and communities much more difficult when they return.

Background in Nepal

It should be noted that remittances from labour migrants constitute nearly one-quarter of Nepal's Gross Domestic Product (Nepal Rastra Bank [NRB], 2022). However, this income to the country comes at a cost, e.g. during 2009-2022, nearly 11,000 Nepalese migrants died abroad, peaking in 2021/22 with 1,395 deaths (MoLESS, 2022). These are the officially recorded numbers, the true figure is likely to be higher as these data are based on the financial assistance provided to the families of deceased migrant workers. Trafficking during labour migration is the most reported type of human trafficking in Nepal (Kharel et al., 2022), although sex trafficking (mostly to India) is often reported by mass media (Åsman, 2018). It is estimated that annually more than 20,000 Nepalese are victims of trafficking and two million are at risk of exploitation (e.g., modern slavery) (NHRC, 2022). The Anti-Human Trafficking Bureau (AHTB) of the Nepal Police mentions that between 100 and 300 human trafficking-related complaints were registered annually over the past five years. Indian authorities also reported a significant rise in the trafficking of girls and women from Nepal into India for sexual exploitation, from 72 cases in 2012 to 607 in 2017 (Chauhan, 2018). A newspaper in 2018 claimed that about 50 Nepalese women are trafficked to India daily (Nigam, 2018). These discrepancies in trafficking data suggest that collecting reliable data about trafficking and identifying victims or survivors of trafficking is extremely challenging, as for example, traffickers may isolate and hide them from families and communities (Khanal, 2020).

Driving Force for Modern Slavery and Human Trafficking from Nepal

Studies to explore the reasons behind trafficking from Nepal are limited. A US Department of State (2023) identifies gender-based violence, sexual abuse, caste-based discrimination, poor economy and work opportunities as factors making many Nepalese, particularly women and girls, vulnerable to trafficking. Unregistered (or informal) migrants are defined as those who travel about without valid documentation (US Department of State, 2023). The open border with India makes unregistered migrants particularly vulnerable to forced labour and sex trafficking. Traffickers continue to target young, uneducated individuals from traditionally marginalised castes and ethnic minorities with limited economic opportunities, and then lure victims with promises of work or education (Kharel et al., 2022). Traffickers increasingly use social media and mobile technologies to lure and deceive victims.

Nepal currently bans young females from going to GCC countries as domestic workers. However, this restriction forces women to choose illegal routes as undocumented migrant

workers, putting them in danger of trafficking (Bajracharya, 2023) as they are fraudulently recruited to work in other sectors abroad. Women are also at increased risk of trafficking due to cultural factors, e.g., early marriage and the dowry system (Alobeytha, 2018; Shoji & Tsubota, 2022). The existence in Nepal of early marriage and the dowry system, led some families to accept offers of marriage from abroad, since no dowry is required. As a result, we find over 1,200 women migrating to South Korea under the pretext of marriage to local men, are often deceived into unions with older, disabled, or remote partners (NHRC, 2017; Dhungana, 2019).

The 2015 earthquake in Nepal increased the vulnerability of women and children to human trafficking by displacing thousands and limiting economic opportunities (Yngvadóttir 2016). Similar problems were reported in Bangladesh and elsewhere, as teenagers in disaster-affected areas are often more vulnerable to human trafficking (Shoji & Tsubota, 2022). They often seek better jobs away from disaster-affected areas, making them susceptible to traffickers promising lucrative work with all the associated risk of violence and abuse, especially for girls (Kumar, 2020). The effects of such disasters are likely to get worse due to climate change, making even more people more vulnerable to trafficking (Bharadwaj et al., 2022; US Department of State, 2023).

Additionally, the demand for cheap labour in sectors like manufacturing, domestic work, agriculture, and the sex industry drives trafficking, with traffickers exploiting women and girls to meet these sectors' demand (Coster van Voorhout, 2007; Bakirci, 2009; Cockbain & Bowers, 2019). Furthermore, trafficking victims, both female and male, are present in nearly all economic sectors, including domestic works, caregiving, construction, renovation, and hospitality services like bars, restaurants, night shops, agriculture, horticulture, fruit picking and various roles within the food industries, packaging, and slaughter houses (Kharel et al., 2022). Raising awareness about modern slavery is the first step in health promotion. Hopefully, better education about the topic will help many migrant workers that they too are victims of modern slavery. The next step in health promotion is to make the labour migration process safer at all levels, from the personal decision to work abroad, to the national and international stakeholders involved in facilitating modern slavery.

Trafficking Routes

The trafficking routes from Nepal have shifted over time; once they were focused on India, now they extend through neighbouring countries and Myanmar, still utilizing the Indian land route. These changes partly stem from restrictive policies disguised as labour migration controls, altering trafficking dynamics in recent years (Kharel et al., 2022; Stalans & Horning-Ruf, 2023).

A media analysis of 480 news articles from six Nepalese newspapers (2016-2020) found that India remained a primary trafficking destination, with new destinations including GCC countries, North America, Europe, Southeast Asia, and Australia, and new transit routes via Myanmar and other regions (Kharel et al., 2022). Perpetrators were mostly male, while females were predominantly victims, especially in sex trafficking. However, the analysis reported that labour trafficking victims were equally split between genders, contrasting with more than 90% male dominance in actual labour migration from Nepal.

Linking Labour Migration and Modern Slavery

In Nepal, foreign employment is often seen as a respectable way to earn money to support families. However, many migrant workers are poorly informed about their rights or relevant laws. Private recruitment agencies (PRA) [known as ‘manpower companies’ in Nepal] sometimes provide inaccurate information about foreign employment which leads migrant workers to be in jobs that differ from what they were promised. Thus, labour migrant workers are more likely to experience modern slavery than non-migrant workers (ILO, 2022b). International media often report that South Asian migrants in GCC or Malaysia work under oppressive conditions, which include forced labour. For example, sponsorship systems (also known as the Kafala system) in some migrant host countries persist with migrant workers needing a sponsor's permission to transfer jobs, end employment, and return home, even if they suffer abuse. This contributes to the risk of trafficking or forced labour, due to a lack of freedom of movement but also impacts their health and wellbeing. Millions endure forced labour in a range of industries such as agriculture, construction, domestic service, and manufacturing, often subjected to exploitative conditions. Vulnerable groups, including migrants, refugees, and marginalized communities, are particularly at risk of exploitation by unscrupulous employers and criminal networks. Despite these distinctions, there's theoretical ambiguity regarding whether trafficked workers face more oppressive conditions than non-trafficked workers concerning wages and work time. Some suggest that trafficked workers, due to limited options, face a higher risk of violence and longer working hours (Farmer & Horowitz, 2013; Shoji & Tsubota, 2022).

A study by Mak et al. (2017) with Nepalese returnee migrants reported that many faced exploitation throughout the migration process. Around half experienced deceptive recruitment, with discrepancies in employment conditions compared to what was initially promised. Limited freedom of movement or communication affected 45% of migrants, while over 25% worked overtime without extra compensation (Mak et al., 2017). Similarly, a recent publication reported that Nepalese, Indian and Bangladeshi migrant workers in Saudi Arabia face a range of forced labour indicators, such as exploitation due to their vulnerabilities, deceit, intimidation and threats, confiscation of identity documents, withholding of wages, and abusive working and living conditions (Equidem, 2024). This indicates that forced labour is prevalent throughout a migration trajectory and education and empowerment might be of some help in preventing this.

Health Consequences of Human Trafficking and Modern Slavery

Previous studies in Nepal have predominantly focused on women and girls trafficked into the sex industry, mainly in India. These studies have reported poor physical (Mak et al., 2017), mental, and sexual health consequences (Mak et al., 2017; Shoji & Tsubota, 2022). Additionally, survivors of sex traffickers have higher vulnerability to sexually transmitted infections (STIs) including Human Immunodeficiency Virus (HIV), and tuberculosis (Karki, 2020). A study in Israel reported that approximately 17% of trafficked women, from countries such as Moldavia, Ukraine, and Russia, who had been involved in sex work, surpassed the threshold for post-traumatic stress disorder and 19% exceeded the cut-off point for depression (Chudakov et al., 2002). A Nepalese study reported that all the trafficked young women endured physical violence from men before, during, and/or after being trafficked, regardless of their

ethnicity, religion, district of origin, education, marital status, and prior pregnancies or children with forced labour common both during recruitment and at their destination (Ong et al., 2019). In recent years, climate-related (e.g., exposure to extreme heat during summer seasons) impacts on the health of migrant workers, particularly those involved in physical work outdoors (e.g., construction industry), have been frequently reported by international media and researchers (Pradhan et al., 2019; Equidem, 2024). The risk of heat-related illnesses is increased due to limited or no occupational health regulations in place to protect these workers. Again, health promotion and education could play some role in reducing this risk.

Human Trafficking and Health Promotion

Human trafficking is a public health issue and hence requires more and better health promotion. The first opportunity for health promotion is in the pre-departure training for potential migrant workers from Nepal. A recent study of pre-departure training in Nepal found that health education for aspiring migrant workers was inconsistent, for example “inclusion of sensitive topics, such as sexual health, were dependent on the number of females present in the training session” (Regmi et al., 2024, p.8). Although working in host countries is often difficult, there are opportunities to run text message health promotion campaigns (Radu et al., 2023). Such digital health interventions in Nepali aimed at migrant workers could be generic, for example, a text reminding migrant workers might say: ‘limit your alcohol in take during Dashain’ or messages that are country specific, such as ‘be aware that July and August are the hottest months in United Arab Emirates (UAE), make sure you drink enough’.

On return to Nepal there are health education opportunities for survivors of trafficking who may struggle to access health services due to not having proper identification papers, whilst others may experience stigma and discrimination, or have a fear of being exposed as survivors of trafficking. Health promotion related to modern slavery is all about thinking ahead to prevent problems in the future.

A Way Forward

When survivors of modern slavery or human trafficking return home they may encounter rejection and suspicion from their communities, regardless of their original departure circumstances (Pradhan, 2022). Despite increasing academic interest in the well-being of labour migrants, for the survivors of human trafficking and modern slavery, barriers and opportunities for reintegration are under-researched. Evidence around support and mechanisms for the reintegration of these marginalized groups into families and communities is also limited. Understanding post-trafficking or modern slavery scenarios is crucial as they represent the end of a spectrum of challenges faced by returnees. Similarly, evidence suggests that reintegration of trafficked women is more difficult than that of men (Karki, 2020). There is an urgent need to understand both the barriers and opportunities for the reintegration of trafficked survivors or those returning from modern slavery into their families and communities. Findings from these scientific studies will help design and develop culturally appropriate interventions that help facilitate the effective and successful reintegration of survivors of trafficking or modern slavery into their communities. In addition, structural solutions such as job creation can have a positive

effect on reducing different forms of modern slavery. Moreover, making living and working in Nepal more attractive will reduce the appeal of going abroad for work.

There is a need to address health education messages to health workers about how to diagnose the trauma and mental health issues likely to be experienced by people who have been trafficked, as well as how to develop skills related to trafficking resiliency. In a broader context, it is crucial to create employment opportunities in Nepal. This effort not only retains skilled workers and stimulate economic growth but also offers jobs to returning migrant workers and individuals who have been trafficked.

Conflict of Interest

The authors declare that they have no competing interests.

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