

Experience and Perception of Psychosocial and Environmental Problems among Migrant Laborers Returned from the Gulf and Malaysia

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Abstract

Migration to India has always been a common trend in Nepal for a historical period. However, in recent years, the destinations of labor migrants have expanded beyond India to many other countries. Gulf countries and Malaysia are some of the major attractions of Nepalese migrant laborers who are unskilled or semi-skilled. Before labor migrants depart, various provisions evaluate their physical health. However, mental health issues, which should have equal importance, are apparently neglected so far by concerned authorities. This study investigates the pre-migration, migration, and post-migration psychosocial and environmental issues of migrants and their in-depth perspective of the causes and effects of these problems. These problems are a fundamental component of mental health disorders. A mixed method design was adopted to explore the phenomenon - a checklist was used to collect quantitative data on the experience of psychosocial problems, and in-depth interview sessions were conducted to explore participants' perceptions further. The results revealed that psychosocial problems were prevalent in all three phases - before, during, and after migration. The result reveals that psychological problems associated with economic hardships were more dominant in the pre-migration phase and occupation/job-related psychological problems were more paramount during and after the migration phase. The detailed findings are further analyzed and discussed.

Key Words: Migrant laborers, psychosocial problems, experience and perception

Introduction

Migration is the movement of an individual or a group of individuals across an international boundary or inside a single national territory. There are around 250 million international migrants and 763 million internal migrants around the world (World Health Organization, 2018). Labor migration indicates that people migrate for employment (International Organization for Migration, 2015). The migration of workers to the international labor market is an old tradition in Nepal. In the past, people from Nepal used to migrate to neighboring countries - mostly India - in search of better livelihood options. However, destinations have expanded significantly in the last few decades. According to the Department of Foreign Employment Data, 639,167 people left the country in the fiscal year 2016/17, which shows that almost 1,750 youth leave the country daily as migrant

laborers (*The Kathmandu Post*, 2017 18 September 2017) The increasing number of labor migrants each year has created such a situation that Nepalese people, once known as "global warriors," are now also known as "global workers" (Graner & Gurung, 2003). The number of households that receive remittance is around 56 percent in the country and the rate of remittance shares nearly 25 percent of GDP, which is higher than the contribution made by the other two prioritized sectors i.e., tourism and national exports (Nepal Remitters Association, 2018).

This positivity on economic contribution does not appear to be associated with other personal and physical factors. Health-related problems of migrants in host countries are rare in the media these days. However, there have been some attempts to address the health needs of migrant laborers. These are often traditional approaches focused on physical health before migration, where the mental health aspect is almost neglected. Mental health problems like physical health problems range from mild to severe. The American Psychiatric Association (APA) publishes the Diagnostic and Statistical Manual of Mental Disorders (DSM). As listed in DSM-IV-TR (American Psychiatric Association, 2008), psychosocial and environmental problems are environmental and psychosocial stressors. These milder problems do not constitute a specific diagnosis but can lead to more severe mental health problems if not addressed adequately.

Researchers have consistently found physical and mental health issues among migrant laborers. Several health issues, including stomach ache, fever, malaria, jaundice, blood pressure, obesity, physical handicap, temperature-related sickness, kidney failure, and emotional trauma, were identified in a Nepal Institute of Development report Studies (NIDS) published in CARAM-Asia in 2006. The situation seems to be more alarming as the reported death of migrant workers is ever increasing. According to a report, more than five hundred Nepali migrant workers have died in the Gulf region. The main causes of death were: workplace-related accidents, poor working conditions, and mental illness (including suicide) (HERD, 2016). Simkhada, Regmi, Van Teijlingen, and Aryal (2017) highlighted the need for additional research on Nepalese migrant workers in the Gulf countries and Malaysia on various health topics, including mental health issues. This was supported by a subsequent study, which found that nearly one-quarters of the participants have mental health issues. Over 13% reported poor to very poor health conditions. (Adhikary, Sheppard, Keen, & Teijlingen, 2018). The study was among Nepalese migrant construction and factory workers who returned to Nepal after working in the Middle East and Malaysia.

The studies on the mental health of labor migrants that have already been conducted are only the tip of the iceberg in today's world, where migration is common. In the context of Nepalese migrant workers, further study on the nuanced causes and effects of migration can be easily justified because the country has roughly four million individuals who have left it, largely young people who have gone in quest of better living conditions. Furthermore, there is a dearth of studies on and around mental health issues, as the review of available studies on health issues revealed that they focus on physical health. Few

studies on mental health focused on severe forms of mental health issues like depression, suicide, and trauma. However, these studies did not address the psychosocial issues faced by migrant laborers.

Moreover, the studies so far have attempted to explore the health problem of migrant laborers while they are in the host country or after they return to their home country. However, attempts have not been made yet to explore the mental health condition of aspiring migrant laborers before migration. This study is primarily concerned with the psychosocial and environmental issues that migrant workers face before, during, and after migration and how they perceive the various aspects of these issues. Though preliminary in nature, the results of this study not only help develop a general idea in this area but will also be equally useful for concerned authorities, policymakers, researchers interested in this area, and all those concerned with migrant labor. Based on data from 50 male participants from a single municipality who returned from Gulf countries or Malaysia, the findings of this exploratory study will hopefully open the avenue for further research to the enthusiastic scholars in this area.

Methods

Study Design

For this study, a sequential explanatory design—a type of mixed method design—was used. The gathering and analysis of quantitative data in this design are followed by the gathering and analysis of qualitative data. It is utilized when qualitative results are needed to help explain and interpret a study's findings that focus primarily on quantitative data. Quantitative data are prioritized over qualitative data, and the two methods are integrated during the interpretation phase of the study. Implementing this design may not necessarily be guided by a specific theoretical perspective (Creswell, Plano, Gutmann & Hanson, 2003).

Study Area

The present study is based on data collected from different parts of the Barah Municipality of Sunsari district. Sunsari district comprises of Tarai (plain land) and hilly regions. People from both Tarai and hill origins and different castes and ethnic backgrounds live in Barah municipality. Sunsari was ranked seventh regarding the highest number of labor migrants (ILO-Migration Report, 2016).

Participants

The nonprobability snowball sampling technique was applied to recruit migrant laborers (N=50; M. Age=35.1 years, age range = 19-58) who had returned from Gulf countries or Malaysia as study participants. The snowball sampling technique was applied because the returned labor migrants were more aware of other labor migrants around them and other necessary information. The inclusion criterion for participants was: male, as female labor migrants have some specific issues than that of males; like exploitation by the employer (Simkhada, Van Teijlingen, Gurung & Wasti 2018) and different forms of abuse

(Bajracharya & Sijapati, 2012), only male labor migrants were recruited as participants.; those who have migrated to Gulf countries or Malaysia as labor migrant. Only those who had returned to Nepal within three months were recruited because there is a chance of memory distortions after a long time, and the participants' experiences may be confused with newer ones (Sharma, Pandey, Pathak, & Sijapati-Basnet, 2016). A person must have lived and stayed there for at least six months to qualify as an absentee. Participants who had a major accident during their stay in Gulf countries or Malaysia were excluded. Among the 50 participants, 10 participated in a follow-up interview.

Tools

A demographic form was prepared and administered to collect demographic data. A Psychosocial and environmental assessment checklist was prepared based on DSM-IV-TR, Axis IV (American Psychiatric Association, 2008). The checklist consisted of 56 items based on nine categories of psychosocial and environmental problems listed in DSM-IV-TR. Migration trajectories can be divided into three components: before, during and after migration Kirmayer et al. (2010) collected information on all three-time frames. Information on four more combined time frames: before and during migration, before and after migration, during and after migration and before, during and after migration was added to analyze the relationship among these different combinations. An interview guideline was prepared based on the information collected via a checklist to collect qualitative data on labor migrants' perceptions of psychosocial issues.

Procedure

Different public places in the study areas were visited and possible participants were identified according to the information provided by local people. Among the identified people, participants were selected based on pre-set inclusion criteria. A total of ten participants who participated in the survey based on a checklist were also recruited for interviews; the number of interview sessions ranged from 4-7. Data saturation was used to determine the number of participants and their availability for the interview, based on the suitability of the information supplied. The interviews focused mainly on information related to three time frames: before, during and after migration. Information for the present study was collected based on the door-to-door visit. Verbal informed consent was obtained regarding their participation in the study and the researcher's audio recording feature of cell phone to record the interview. After the data collection, participants received a debriefing and were reassured of the confidentiality of the information supplied. All study procedures were conducted according to the Declaration of Ethics of Helsinki of 1975, revised in 2000. A Pilot survey was conducted (N=5) to confirm the practical aspects of the checklist. Audio files were transcribed and data from the checklist were coded for further processing. Microsoft Office Excel 2013 was used to tabulate and interpret quantitative data.

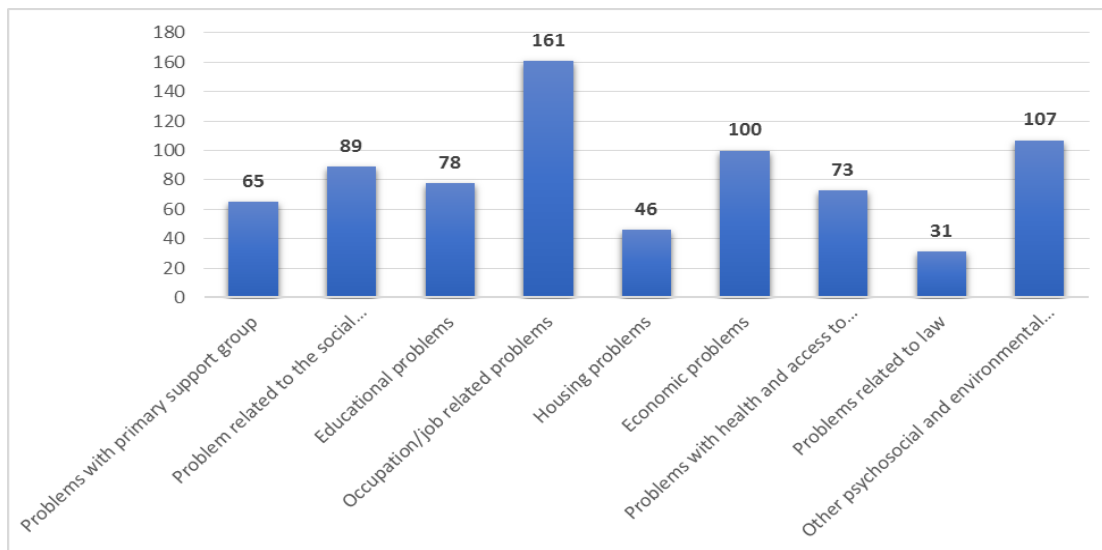
Results

Quantitative Results

Experience of psycho-social problems

Figure 1 shows how participants experienced the psychological and environmental problems described in the nine main themes. "Occupational/job-related problems" were the issue with the highest frequency (161), followed by "other psychosocial and environmental problems" (107), "problems related to the social system" (89), "problems related to the educational system" (78), and "problems related to health and access to health care" (73). (73). problems with a primary support group and social environment (65), and housing problems (46) stood at the fourth, fifth, sixth, seventh and eighth ranks and problems related to interaction with legal system/crime (31) was the problem with the lowest frequency as reported by the participants.

Figure: 1 Frequency of experience of psychosocial and environmental problems irrespective of time frame



Source: Field Work, 2016

Table 1 exhibits the detailed results on the frequency of different psychosocial problems during different time frames and combinations of time frames. As reported by the participants, the frequency of psychosocial and environmental problems before migration was 156. In contrast, the economic problem was 44 followed by problems related to the social environment (34) and other psychosocial and environmental problems (33). The frequency of housing problems before migration was not evident (0), the problem with health issues (3), problems related to the social environment (12) and educational problems (9) were reported.

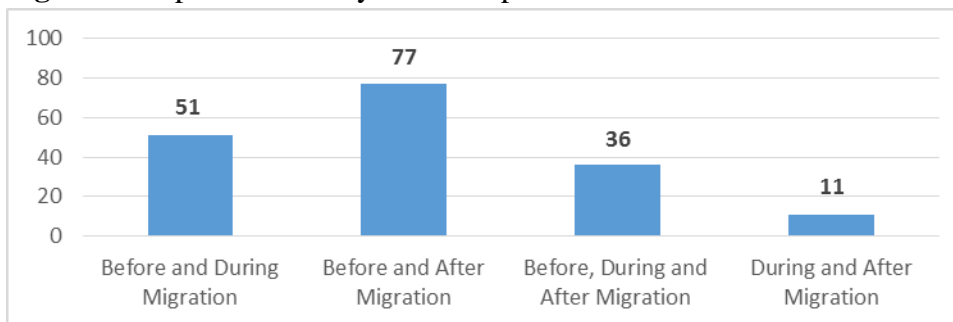
Table 1. Frequency of psychosocial problems in the different time frames

S.N.	Type of Problem Categories	Before	During	After	Before & during	Before & after	During & after	Before, during & after	Total Frequency
1	Problem with primary support group	34	23	7	0	0	1	0	65
2	Problem related to the social environment	10	72	4	0	0	3	0	89
3	Educational problem	9	49	0	9	3	0	8	78
4	Occupational/Job related problems	11	144	19	0	17	0	0	161
5	Housing problems	0	43	1	0	2	0	0	46
6	Economic problems	44	0	2	26	1	3	24	100
7	Problem with health and access to health care	3	12	0	6	48	2	2	73
8	Problem related to interaction with the legal system/crime	12	15	3	0	0	1	0	31
9	Other psychosocial and environmental problem	33	50	5	10	6	1	2	107
10	Total	156	378	41	51	77	11	36	750

Source: Field Work, 2016

In the four different combined time frames, "before and after migration" (77) had the highest reported prevalence of psychological problems, followed by "before and during migration" (51), "before, during, and after migration" (36) and "during and after migration" (11).

Figure: 2 Experience of Psychosocial problems in relation to combined time frames



Source: Field Work, 2016

Qualitative Results

A summary of information provided by participants is presented in table 2.

Table 2. Causes and Consequences of Psychosocial Problems as Reported by Participants.

Before migration	During migration	After migration
<ol style="list-style-type: none"> 1. Problem in relationship, conflict with spouse and family conflict 2. Unavailability of job and minimal income 3. Income from traditional agricultural work is not sufficient to address family needs 4. Society's negative attitude towards unemployed people 5. Social pressure to uplift socio-economic status 6. Peer pressure 7. Insufficient information regarding the job abroad. 	<ol style="list-style-type: none"> 1. Pressure to earn money and send it back to family 2. Inadequate social support and discrimination 3. Problem related to language and culture 4. Exposure to dangerous and stressful job situations 	<ol style="list-style-type: none"> 1. Family separation, divorce and property division (<i>Ansabanda</i>), 2. Unemployment 3. Lack of motivation to work 4. Regrets and guilt over not having a good education 5. Feeling of frustration and depression

Source: Field Work, 2016

Discussion and Conclusion

Psychosocial problems before migration

As per a widely cited press release from WHO (Mental disorders affect one in four people, 2001), nearly 25% of people in the world have experienced some form of mental or neurological disorder at some point in their lives. In a meta-analysis, Steel et al. (2014) found that, on average, one in five persons (17.6%) had a common mental disorder within the previous year and 29.2% had one over the course of their lifetime. The prevalence rate for mental disorders is different for different countries, for example the estimated 12-month prevalence of mental illness excluding substance use disorders is 18.3% in the USA (Bagalman & Cornell, 2018) and the lifetime prevalence in India is 13.7% (Murthy, 2017). The prevalence rate of different types of mental disorders in Nepal is yet to be confirmed; however, factors like decades-long political conflict, political instability and repeated exposure to different disasters are some of the key challenges to Nepalese people's sound mental health. Prevalence rate for psychosocial problems can be even higher as it is a milder in intensity and is mostly neglected.

Migrant laborers constitute a vulnerable group for psychosocial problems, as they have to leave their kith and kins in search of better livelihood, change their lifestyle to fit in the new environment and work hard to fulfill various desires of their family members. They

have to spend their present in the hope of a brighter future. Participants reported that they experienced psychosocial and environmental problems during the pre-migration phase in their home country. 'Economic problem' was the problem with the highest frequency before migration. The economic problem did not always mean poverty; when participants were asked to elaborate the economic problem further, the partition of parental property (*Anshabanda*) came to be one of the major reasons. None of the participants reported housing problems before migration; this suggests that people do not migrate because of the housing problem. One of the participants said:

My mother was the second wife of my father. My father's income as an ex-Indian army pensioner and production from limited land that we had was not enough to fulfill our daily needs, so I decided to go to Dubai. (JMK-17)

Similarly, the urge to upgrade one's economic status in a shorter time and worry for one's offspring's future were some of the contributing factors. Conflict or divorce with spouse, alcohol abuse by family members, barriers to education and conflict between family members were some of the other frequently reported issues behind the compelling factors for migration. Other contributing factors were less opportunity for employment in the homeland, society's negative attitude towards unemployed people, increasing household expenses, and peer pressure. Another participant (JMK-27) reported:

"My father was an alcoholic, used to quarrel at home most of the time, was also abusive and was indifference to the family members. As a son of the family, it was my responsibility to provide economic support to my family, so I decided to go abroad."

'Educational issue' was another most reported problem. Most of the participants were literate, but none acquired a formal higher degree. The majority of them had completed SLC or intermediate levels only.

"Because of my limited education, I could not find a job that could support for livelihood. Whatever I earned in Nepal was so low that it was even difficult to meet my personal needs. I had little information on labor migration so was easily fooled by the agent." Reported another participant: (JMK-3).

Not all participants reported economic factors as the primary stressor they faced before their migration during the interview. Psychosocial factors like the feeling of responsibility, hope for a better future and minimizing the feeling of inferiority, social comparison, identity etc. are reported as the push factors for migration. These findings are consistent with the findings of Subba, Bhatta and Bhattarai (2015) and a report by PSYTEC (2015) where primary push factors were not always related to the economy.

Contrary to the commonsense idea that psychosocial problems is the consequence of labor migration, it was found that the participants reported experiencing psychosocial problems before migration. The labor migration was an attempt to address the

psychosocial problem for many of the migrants. Economic, educational, and family problems were some of the major issues that bothered them before migration, as reported by the labor migrants.

Psychosocial problems during migration

Unskilled labor migrants throughout the globe are basically ended up to 3D (dirty, difficult and dangerous) jobs. The plight of most Nepalese migrant workers is the same as that of the Nepalese migrant labors are unskilled. According to a report by International Labour Organization (ILO, 2014), 74 per cent of the total Nepalese migrant labors are unskilled, 24 per cent are semi-skilled and the remaining 1 per cent are skilled. During migration, the most reported problem was an occupational problem (144) followed by problems related to social environment (72) and other psychosocial and environmental issues (50) in terms of frequency. The least reported problem was economic (0). There are cases of fraud by the manpower agency or their agents. Fraud victims are exposed to worse job condition than they have ever expected. Many of the participant's reported that they were not provided sufficient and accurate information regarding the work they had to do in the host country. There are increasing cases of forgery filed against manpower agencies/agents in the Department of Foreign Employment (DoFE). However, this does not imply that all labor migrants are taken advantage of and forced to work in unpleasant, risky, or dangerous conditions. According to research by Malla and Rosenbaum (2016), there are several reasons why Nepalese labor migrants are willing to move to Gulf nations despite the risks involved. A participant (JMK-5) shared his experience as:

"When I was abroad, I could hardly communicate with my family as there were no telephones in the area where I was posted. I was supposed to work as per the master's command. There was no concern for freedom, and we were treated as if we were bonded laborers. Once, one of my co-workers made a mistake and he was beaten severely by the master. I ran away from that place when I saw this and started living illegally because I left behind all my documents."

According to an earlier report (Boyle & Norman, 2010), more than five hundred Nepali migrants died in the Gulf countries because of workplace-related accidents and mental illness (including suicide), hazardous working conditions like lack of safety standards and formal labor relations. The participants during the interview shared their adverse experiences during their stay in host country. A stressful and high demanding job environment is another issue that many of the participants reported.

"I worked as a painter in high-temperature setting, my outdoor job was highly dangerous, I felt like dying many times." (JMK-17, Qatar)

Those who have been exposed to life-threatening accidents, witnessed violence, have faced extreme deprivation of fundamental needs are at risk of severe mental health problems. In a recent study among returnees, Adhikary, Sheppard, Keen, and Van Teijlingen, (2018) found that the prevalence rate for the mental disorder was 23 percent.

Previous studies exploring the health conditions of migrant workers have consistently shown increased health problems while in host country (Adhikary, Sheppard, Keen, & Van Teijlingen, 2018; Adhikary, Keen, & Van Teijlingen, 2011; International Organization for Migration, 2015). Occupational problems were the most frequently reported problem by the participants during their stay in the host country. Many migrant laborers migrate as unskilled human resources; they have to adapt to a new environment, follow a strict schedule, and do something they have never done before. Many reported experiencing psychosocial and environmental problems.

Psychosocial problems after migration

In the post-migration time frame, 'occupational problem' (19) was of the highest frequency problem, followed by a problem with the primary support group (7) and other psychosocial and environmental issues (5). Some participants reported that they faced problems after returning to their home country. The root causes of the problem after returning were related to the inability to earn sufficient money abroad, returning earlier because of health-related problems, conflict with a spouse or other family members and with siblings over the property. One of the participants shared:

".....when I arrived in Kathmandu, I hesitated to go to my own house because of shame and guilt. I was not able to bring any money from abroad. I had borrowed money from relatives that were to be returned. I could bring nothing for my family members. Later my wife decided to go abroad." (JMK-5).

Some participants reported that they could not uplift their economic status even after their extreme efforts while abroad. Some of them could not earn while others could not save as expected. Some others also had to bear legal punishments without their fault. A participant (JMK-35) reported he had to return empty-handed after his 3 years stay in the host country:

"Since I came home, I am staying idle. There is nothing I can do to earn for my livelihood. I am in a dilemma- whether to stay or go abroad again. I do not have enough money to start any business as others do....."

The issues that forced people to migrate as labor migrants were not always resolved after their return. Even after they went abroad and tried their best to address their economic needs, many failed to earn as expected. Some of them returned without sufficient money to pay their debts, and many returned with some acquired physical or health problems. They experienced occupational problems, problems with their primary support group and environmental and psychosocial problems upon their return. Many had to remain idle at home as they had nothing to do, and many had quarrels with their spouse and siblings. As a conclusion, it can be stated that people were not free from psychosocial problems before migration. 'Economic problem' but not necessarily poverty, was the most frequent, 'problems with primary support group' the second and other psychosocial and environmental problems' the third most experienced psychosocial factor prior to

migration. Family conflict/problems, social/peer pressure, unemployment etc, are the major factors behind these problems before migration. Migrant laborers experienced more psychosocial problems while in the host country, 'occupation/job-related problems' were of first, 'problems related to the social environment' the second and 'other psychosocial and environmental problems' the third most experienced psychosocial factor during migration. The participants attributed these problems to pressure to earn money, perceived discrimination at work, inadequate social support and problems emerging from language and cultural differences. None of the participants reported 'economic problem' during migration. Labor migrants also had psychosocial issues after their migration, with "occupation/job related difficulty" continuing to be the most common issue, "problems with primary support group" coming in second, and "other psychosocial and environmental problems" coming in third. Division of property, decreased motivation to work, and unemployment. are the causes behind the experience of such psychosocial problems after migration. Participants experienced more psychosocial and environmental problems while abroad as a labor migrants and experienced fewer problems when returning to their home country. Those who experienced more psychosocial problems before migration also experienced more problems abroad and even after returning home.

The Nepalese economy heavily relies on remittance, and a vast majority of Nepalese people migrate to Gulf and Malaysia as labor migrants. Though a small-scale study based on a limited geographical area and only males who had returned from the Gulf or Malaysia, the present study has shed some light on one of the less explored but crucial issues. Labor migrants seem vulnerable to psychosocial problems before-after and during migration, which is likely to reduce their productivity and lead to further problems. So a timely address to their mental health needs before, after and during migration seems essential.

Conflict of Interest

The authors declare that they have no conflict of interest.

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