

Experience of Violence due to COVID-19 among Returnee Migrants of Far-Western Province of Nepal

Ramesh Adhikari

Tribhuvan University, Kathmandu, Nepal

Center for Research on Education, Health and Social Science, Kathmandu Nepal

rameshipsr@gmail.com

Bidur Bastola

Unnata Timalisina

Ranju K.C.

Center for Research on Education, Health and Social Science, Kathmandu Nepal

Abstract

Migration has been a main pillar of the nation as well as the household economy of Nepal. However, COVID-19 has caused stigma and discrimination and increased risks of violence, disrupting GBV prevention and response mechanisms. The objectives of the study are to examine the prevalence and determinants of experience of violence due to COVID-19 among returnee migrants of the Far-western province of Nepal. Data for this survey were collected through a cross-sectional research design using quantitative methods in the Far-western province of Nepal. A total of 1182 respondents were surveyed to gather quantitative information. Univariate, Bivariate and multivariate analyses were applied to data. In addition, multivariable analysis was used to identify whether independent variables affected the risk of Gender-Based Violence. An overwhelming majority of returnee migrants were male (94.2%), while about 6 percent were female. One-third of respondents were youth aged below 25 years. Thirty-two percent of them had primary or below education. Eighteen percent of returnee migrants do not have food sufficient for a month in their household. Three in five returnee migrants (60%) reported that they had experienced violence. Multivariate analysis shows that female migrants were more likely to experience violence (aOR=2.1, 95% CI=1.02-4.3) than male migrants. Older age migrants were more likely to experience violence than younger migrants aged below 20. Migrants from poor households were more likely to experience violence (aOR=4.5, 95% CI= 3.1-6.7) than rich households. Physically disabled migrants were 4 times more likely (aOR=4.5, 95% CI= 2.6-7.5) than those who are not disabled. Experience of violence is very high among returnee migrants of Sudurpashchim province of Nepal. Our study found that female migrants, physically disabled migrants, who had elderly in their houses, and migrants from poor households were more likely to experience violence. Therefore, there is a need for a comprehensive awareness program and services that can help to prevent violence among returnee migrants.

Background

Migration has been a main pillar of the nation as well as the household economy of Nepal. It is also the fifth most remittance-dependent economy in the world. (IOM, 2020) According to the Government of Nepal's report, remittance accounted for 26.5 % of the GDP in 2019. (The World Bank, 2020) The Nepal Rastra Bank's annual macroeconomic report 2020 has revealed that Nepali migrant workers sent home Rs 875.03 billion in the last fiscal year. (IOM, 2020) Moreover, the Department of Foreign Employment has issued over 4 million labor approvals since 2008/09, reflecting the dependence of Nepal's economy on migrant workers. (MoLESS, 2020; IOM, 2020) However, due to the ongoing COVID-19 pandemic, which has been affecting 220 countries and territories, migration in Nepal, one of the major contributing factors for the nation's economy, has been severely affected (IOM, 2020). As new cases of COVID-19 started to rise exponentially, many migrants working in India lost their jobs, due to which Nepal began to see a substantial influx of migrant returnees. About 200,000 Nepali migrant workers in India had returned to Nepal just before the national lockdown, while the Ministry of Home Affairs (MoHA) reported that 700,000 migrants returned home from India during the lockdown. (IOM, 2020) Meanwhile, according to COVID-19 Crisis Management Centre statistics, more than 52,000 Nepalis have returned home, and the majority of them are from the labor destinations UAE, Qatar, Saudi Arabia,

Kuwait, and Malaysia as of August 24, 2020 (The Kathmandu Post).

COVID-19 has caused stigma and discrimination linked to caste/ethnicity and gender, threats to women's economic empowerment and livelihoods, migrants workers, inaccessibility to sexual and reproductive health services, increased risks of Gender Based Violence (GBV) disrupting GBV prevention and response mechanisms, etc. (UN Nepal, 2021) Besides these some of the issues faced by the migrants' workers includes: increased exposure to violence particularly domestic violence and GBV, mental health risks, consequences of social adjustments due to COVID-19 on migrants and persons in need of protection, livelihoods including bonded and child labor, child marriage and family separation as well as escalated vulnerability to discrimination, violence and exploitation and the threat to the livelihoods of the most vulnerable households (IOM, 2020 & UN Nepal 2021). Previously, the pandemic situation caused by severe acute respiratory syndrome-coronavirus-2 (SARS-COV-2) and, especially, home confinement measures followed by the pandemic has favored a series of factors that may have precipitated or worsened situations of GBV (Rodriguez-Jimenez, 2020). Likewise, during the COVID-19 pandemic, there are indications of a potential rise in violence, as seen earlier in other crisis contexts, such as earthquakes. (Gelder, 2020; & Bell, 2016).

Furthermore, cases of domestic violence

numbers are also increasing globally. Food insecurity, loss of livelihoods, especially for daily wage workers, reduction in remittances, return of migrant workers have heightened risk of physical and emotional abuse. During the pandemic and lockdown, gender violence was largely surfaced in Nepal (Chaudhary, 2020). Following the COVID-19 pandemic, various social adjustments such as lockdown measures have globally resulted in increased cases of gender-based violence and escalated gender inequalities (GESI Checklist, 2020). Besides these, as a result of the COVID-19 pandemic, millions of Nepali migrant workers working outside abroad have faced multiple forms of risks and challenges, especially their human rights and security (Nepal et al. 2020). The objectives of the study are to examine the prevalence and determinants of experience of violence due to COVID-19 among returnee migrants of the far western province of Nepal.

Methodology

Data for this survey were collected through a cross-sectional research design using quantitative methods. The study was conducted in the Far-western province of Accham, Doti, and Kailali Districts. A total of 1182 respondents were surveyed to gather quantitative information. A set of validated structured questionnaires were developed to accumulate quantitative information about the violence experienced due to COVID-19. Telephonic interviews were conducted with returnee migrants due to COVID after taking verbal consent from the respondents.

The independent variables were districts, sex of the respondents, age group, level of education, family size, disability status, presence of elderly/single women, health problems, and household economy, whereas the experience of Gender-Based Violence was the dependent variable.

Univariate, Bivariate (Chi-square test_ and multivariate analyses (logistic regression) were applied to data. Initially, univariate or descriptive analysis was used to describe the respondents' socio-demographic characteristics. Then, after controlling for the socio-demographic variables, multivariable analysis was used to identify whether independent variables affected the risk of Gender-Based Violence. For the analysis, a statistical package for social science (SPSS-26 Version) was used.

Results

Background characteristics of the respondents

An overwhelming proportion of returnee migrants were male (94%). More than one-third of the respondents (34%) were from youth below 25 years. Almost a third (32%) of the respondents had below primary level education. Meanwhile, nearly two out of five (37.3%) respondents were head of the household. Regarding family size, 61 percent of respondents had more than 5 family members in their house. More than one out of ten (11.4%) respondents had a physical disability. Besides these, more than one-fourth (26.6%) of the respondents have

at least one elderly at the household, while nearly one-tenth of the respondents (9.7%) have at least one single woman in their household. Two-fifths of the respondents

(40%) were from poor households. Almost one in five households (18%) had no food stock or had food sufficient for less than a month.

Table 1 Background characteristics of the respondents

		%	N
Districts	Achham	33.5	396
	Doti	33.3	394
	Kailali	33.2	392
Sex of the respondents	Female	5.8	69
	Male	94.2	1113
Age group	Less than 20 years	4.8	57
	20-24	28.8	340
	25-29	23.4	276
	30-34	13.7	162
	35-39	12.7	150
	40-44	7.4	88
	45-49	4.5	53
	50 or above	4.7	56
Level of Education	Primary or below	31.5	372
	Lower secondary	36.7	434
	Secondary	16.2	192
	SLC and above	15.6	184
Head of Household	No	62.7	741
	Yes	37.3	441
Family size	Up to 5 members	39.1	462
	6-8 members	47.3	559
	9 or more members	13.6	161
Physical disable	No	88.6	1047
	Yes	11.4	135
Have at least one Elderly in Household	No	73.4	868
	Yes	26.6	314
Have at least one single woman in the household	No	90.3	1067
	Yes	9.7	115

Poor Household	Yes	40.0	473
	No	60.0	709
Current food stock enough for	No stock/Food sufficient for less than a month	18.0	213
	Food sufficient for less than 6 months	77.7	918
	Food sufficient for more than 6 months	4.3	51
Total		100.0	1182

Socio-economic correlates with the self-reported experience of violence.

Notably, 60 percent of returnee migrants experienced violence due to COVID-19. Bivariate analysis showed a significant association of with experience of violence with districts, sex of respondents, age group, level of education, household head, family size, physical disability, presence of elderly and single women in the household, the economy of household, and duration of their current food stock.

An overwhelming majority of the migrants (87.1%) who lived in Achham than Kailali (48.2%), and Doti (45.2%) had experienced violence due to COVID-19 ($p < 0.001$). Likewise, a significantly higher proportion of females (79.7%) than males had an experience of violence than males ($p < 0.01$). Likewise, more than three-fifths (66.8%) of respondents whose educational level was

lower secondary than those who had primary or below (46%) have an increased risk of GBV due to COVID-19 ($p < 0.001$). A higher percentage of migrants who were not head of the households (63%) than those who are head of households (55.1%) had experienced violence ($p < 0.01$). A significantly higher percentage of respondents who had a physical disability (79.3%) than those who are not disabled (58%) had experienced violence due to COVID-19 ($p < 0.001$). Similarly, a higher percentage of migrants who had elderly in the household (77%) than those who do not have elderly in the household (54%) experienced violence. Experienced violence is significantly lower among the migrant whose houses had single women (59%). Besides these, a significantly higher percentage of migrants from poor households (85%) than rich households (44%) experienced violence due to COVID-19.

Table 2 Background characteristics of respondents by perception on the risk of GBV due to COVID-19

		Risk of GBV due to COVID-19				Total	
		Not increased/ Don't know		Increased Risk		%	N
		%	N	%	N		
Districts ***	Achham	12.9	51	87.1	345	100.0	396
	Doti	54.8	216	45.2	178	100.0	394
	Kailali	51.8	203	48.2	189	100.0	392
Sex of the respondents**	Female	20.3	14	79.7	55	100.0	69
	Male	41.0	456	59.0	657	100.0	1113
Age group**	Less than 20 years	57.9	33	42.1	24	100.0	57
	20-24	44.4	151	55.6	189	100.0	340
	25-29	38.4	106	61.6	170	100.0	276
	30-34	39.5	64	60.5	98	100.0	162
	35-39	31.3	47	68.7	103	100.0	150
	40-44	35.2	31	64.8	57	100.0	88
	45-49t	41.5	22	58.5	31	100.0	53
	50 or above	28.6	16	71.4	40	100.0	56
Level of Education***	Primary or below	54.0	201	46.0	171	100.0	372
	Lower secondary	33.2	144	66.8	290	100.0	434
	Secondary	37.5	72	62.5	120	100.0	192
	SLC and above	28.8	53	71.2	131	100.0	184
Head of Household**	No	36.7	272	63.3	469	100.0	741
	Yes	44.9	198	55.1	243	100.0	441
Family size ***	Up to 5 members	47.0	217	53.0	245	100.0	462
	6-8 members	34.3	192	65.7	367	100.0	559
	9 or more members	37.9	61	62.1	100	100.0	161
Physical disable ***	No	42.2	442	57.8	605	100.0	1047
	Yes	20.7	28	79.3	107	100.0	135

Have at least one Elderly in Household ***	No	45.9	398	54.1	470	100.0	868
	Yes	22.9	72	77.1	242	100.0	314
Have at least one single woman in the household*	No	38.6	412	61.4	655	100.0	1067
	Yes	50.4	58	49.6	57	100.0	115
Poor household ***	Yes	14.8	70	85.2	403	100.0	473
	No	56.4	400	43.6	309	100.0	709
Current food stock enough for***	No stock/Food sufficient for less than a month	54.9	117	45.1	96	100.0	114
	Food sufficient for less than 6 months	36.2	332	63.8	586	100.0	99
	Food sufficient for more than 6 months	41.2	21	58.8	30	100.0	541
Total		39.8	470	60.2	712	100.0	1182

Note: ***=Chi-square test significant at $p<0.001$, ** $p<0.01$ and *= $p<0.05$

Multivariate Analysis

Multivariate analysis shows that districts, sex of the respondents, age of respondents, level of education, Physical disable, presence of elderly in the household, presence of single women in the household, and poor household were significant predictors for experiencing violence returnee migrants in Nepal. It is found that migrants of Achham district were about 4 times (aOR=3.8, 95% CI=2.3-6.1) more likely to experience violence than migrants of Kailali district. Female migrants were more likely to experience violence (aOR=2.1, 95% CI=1.02-4.3) than male migrants. Older age migrants were more likely to experience violence than younger migrants aged below 20. Unexpected results

were found in education and experience of violence. Migrants who have lower secondary were about 4 times (aOR=4.1, 95% CI=2.8-6.0), secondary and SLC and above about 3 times more likely to experience violence than those who had primary or below education. Notably, respondents who were physically disabled were about 5 times (aOR=4.5, 95% CI=2.7-7.5) more likely to experience violence than those who were not physically disabled. The presence of the elderly in the household increases the risk of violence. For example, those households with elderly in their household were about three times (aOR=2.7, 95% CI=1.8-3.9) times more likely to experience violence than those who do not have elderly in their

households. Those respondents who had single women in their households were less likely to experience violence (aOR=0.413, 95% CI=0.25-0.69) than those who do not

have elderly in their household. Respondents of poor households were more likely to experience violence (aOR=4.5, 95% CI=3.0-6.8) than rich households.

Table 3: Adjusted Odds Ratios (aOR) and 95% Confidence Interval (CI) of the perceived risk of GBV due to COVID-19 among returnee migrants in Nepal

Selected predictors		Adjusted Odds Ratio	95% CI	
			Lower	Upper
Districts	Achham	3.757***	2.309	6.114
	Doti	0.795	0.554	1.142
	Kailali (ref.)	1.00		
Sex of the respondents	Female	2.088*	1.021	4.269
	Male	1.00		
Age group	Less than 20 years (ref.)	1.00		
	20-24	1.646	0.815	3.324
	25-29	2.448*	1.184	5.062
	30-34	2.646*	1.195	5.856
	35-39	6.125***	2.731	13.738
	40-44	5.211***	2.081	13.048
	45-49	3.490*	1.266	9.625
	50 or above	7.929***	2.849	22.068
Level of Education	Primary or below (ref.)	1.00		
	Lower secondary	4.129***	2.833	6.019
	Secondary	3.077***	1.864	5.079
	SLC and above	3.138***	1.896	5.195
Head of Household	No (ref.)	1.00		
	Yes	0.684	0.465	1.004
Family size	Up to 5 members (ref.)	1.00		
	6-8 members	1.175	0.850	1.624
	9 or more members	0.638	0.394	1.034
Physical disable	No (ref.)	1.00		
	Yes	4.453***	2.653	7.474
Have at least one Elderly in Household	No (ref.)	1.00		
	Yes	2.680***	1.840	3.904

Have at least one single woman in the household	No (ref.)	1.00		
	Yes	0.413**	0.248	0.689
Poor Household	Yes (ref.)	4.542***	3.036	6.796
	No	1.00		
Current food stock enough for	No stock/Food sufficient for less than a month (ref.)	1.00		
	Food sufficient for less than 61 months	0.698	0.475	1.025
	Food sufficient for more than 6 months	0.589	0.264	1.313
Constant		0.124***		
-2 Log-likelihood		1133.82		
Cox & Snell R Square		0.319		
Nagelkerke R Square		0.432		

Note: *** p<0.001, **p<0.01 and * p<0.05

Discussion

Our analysis shows that self-reported experienced of violence among returnee migrants is high (60 percent). However, a very high prevalence of violence was found in other countries, such as Cambodian migrants who work as fishers in Thailand found a high prevalence (93.5%) of physical violence (Surtees, 2014). Similarly, another study reported a higher prevalence of severe violence among Myanmar trafficked fishers (67.3%) in Thailand. Another study conducted in Thailand found that a lower percentage of migrants from Cambodia (26.3%) experienced violence (Baker, 2015). On the other hand, the relatively low prevalence was found in a study conducted in Thailand shows that 51 percent of male migrants and 48% female migrants had

experienced violence (Meyer et al., 2018)

Our study found many predictors that contribute to the risk of violence. Districts, sex of the respondents, age of respondents, educational level, physical disable, presence of elderly in the household, presence of single women in the household, poor household were the significant predictors for the risk of gender-based violence. A similar result was observed in North India, where higher socio-economic factors were found as associated factors of violence. (Koenig, 2006).

Similarly, the study also revealed that the district (place of residence) and educational level of the respondents were associated with the risk of violence which was consistent with the study conducted in Ethiopia where

the majority of the respondents lived in rural areas (Semahegn, 2013) and similar to study conducted in Syangja, Nepal where more than half 57.7% (116) of pregnant women had secondary education level due to which they were able to share their experience regarding violence. (Gurung, 2016). In contrast to our findings, a study conducted in Bardiya, Nepal, shows that illiteracy and economic dependence are the main factors of violence (Khatrri, 2013). NDHS 2016 report has shown that the likelihood of experiencing physical violence declines with the level of education. More than one in three women (34%) with no education have experienced physical violence, compared with fewer than 1 in 10 women with SLC or higher education (8%). However, in this study, unpredicted results were seen in regards to educational level. Migrants with lower secondary were about 4 times (aOR=4.1, 95% CI=2.8-6.0), secondary and SLC and above about 3 times more likely to experience violence than those who had primary or below education. These findings contrast with a study done in Dharan and Parsa District, where illiterate victims experienced domestic violence than literate victims. (Regmi, 2018 & Pradhan, 2011)

In this study, age was found to be highly significant to gender-based violence, which was similar to a study conducted in Dharan, Nepal (Regmi, 2017) and in contrast with the study conducted in Parsa, where the age variable had no association with the experience of gender-based violence (Pradhan, 2011)

As the World Report on Disability highlights, people with disabilities are at greater risk of violence than those without disabilities which is in line with the findings of this study. Disability was also found to be a risk factor for violence in a study conducted in England (Khalifeh, 2013) where people with disabilities were at increased risk of experiencing violence. Similarly, a study on violence and disability reported similar findings: adults with disabilities were at a significantly higher risk of violence than non-disabled adults. (Hughes, 2012)

Our study shows that the migrant who had the elderly in their households were more likely to experience violence. In general, low income, unemployment, economic stress, depression, emotional insecurity, and social isolation are some of the major risk factors of violence against partners. Many of these factors may worsen in the context of COVID-19, resulting in escalated incidents of different forms of violence (CDC & Godin, 2020)

Moreover, several kinds of literature have revealed showed that due to the COVID-19 pandemic, various cases of discrimination and social stigma (ILO 2020c, The Business Standard 2020), and violence against migrant workers (Kuo & Davidson 2020) had been reported, which makes them feel unsafe and insecure (ILO 2020c). Furthermore, a crisis created by COVID-10 has widened inequality, poverty and has a disproportionate impact on the vulnerable population such as migrants. In the context of Nepal, gender violence was

largely surfaced during the pandemic and nationwide lockdown (Poudel, 2020)

In conclusion, the experience of violence is high among returnee migrants of Sudurpashchim province of Nepal. Our study found that female migrants, physically disabled migrants, who had elderly in their houses, and migrants from poor households were more likely to experience violence. Therefore, there is a need for a comprehensive awareness program and services that can help to prevent violence among returnee migrants.

References

- Baker S. Migration experiences of Cambodian workers deported from Thailand in 2009, 2010 & 2012: Poipet, Cambodia. Bangkok, Thailand: United Nations Action for Cooperation against Trafficking in Persons (UNACT); 2015.
- Bell SA, Folkerth LA. Women's Mental Health and Intimate Partner Violence Following Natural Disaster: a Scoping Review. *Prehosp Disaster Med* 2016;31(6):648–57.
- Centers for Disease Control and Prevention. Risk and Protective Factors Intimate Partner Violence. Violence prevention. Centers for Disease Control and Prevention; 2019 [cited 2020May29]. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>
- Chaudhary, Deepak & Sapkota, Mahendra & Maharjan, Kabita. (2021). Socio-economic Impacts and Opportunities of COVID-19 for Nepal. 10.1007/978-981-33-4236-1_9.
- COVID-19 NEPAL: PREPAREDNESS AND RESPONSE PLAN (NPRP). United Nations Nepal. Retrieved from : <https://reliefweb.int/report/nepal/covid-19-nepal-preparedness-and-response-plan-cprp-january-2021>
- GESI checklist: http://un.org.np/sites/default/files/Checklist%20for%20GESI%20in%20Disaster_Emergency%20Preparedness_May2020.pdf.
- Godin M. How coronavirus is affecting victims of domestic violence. *Time*; 2020 [cited 2020May29]. <https://time.com/5803887/coronavirus-domestic-violence-victims/>
- Guadagno, Lorenzo. (2020). Migrants and the COVID-19 pandemic: An initial analysis.
- Gurung, S., & Acharya, J. (2016). Gender-based Violence Among Pregnant Women of Syangja District, Nepal. *Osong public health and research perspectives*, 7(2), 101–107. <https://doi.org/10.1016/j.phrp.2015.11.010>
- Hughes K, Bellis MA, Jones L, et al. prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. *Lancet*. 2012;379:1621–9.

ILO Monitor: COVID-19 and the world of work. Third edition Updated estimates and analysis. IOM. Retrieved from : https://www.ilo.org/wcmsp5/groups/public/---dgreports/--dcomm/documents/briefingnote/wcms_743146.pdf

Khalifeh H, Howard LM, Osborn D, Moran P, Johnson S. Violence against people with disability in England and Wales: findings from a National Cross-Sectional Survey. *PLoS One*. 2013;8(2):e55952.

Khalifeh H, Moran P, Borschmann R, et al. Domestic and sexual violence against patients with severe mental illness. *Psychol Med*. 2015;45:875–86.

Khatri, R., & Pandey, B. (2013). Causes of Violence against Women: A Qualitative Study at Bardiya District. *Health Prospect*, 12(1), 10-14. <https://doi.org/10.3126/hprospect.v12i1.8721>

Koenig MA, Stephenson R, Ahmed S, Jejeebhoy SJ, Campbell J. Individual and contextual determinants of domestic violence in North India. *Am J Public Health*. 2006 Jan;96(1):132-8. doi: 10.2105/AJPH.2004.050872. Epub 2005 November 29. PMID: 16317213; PMCID: PMC1470450.

Meyer SR, Robinson WC, Branchini C, Abshir N, Mar AA, Decker MR. Gender Differences in Violence and Other Human Rights Abuses Among Migrant Workers on the Thailand-Myanmar Border. *Violence*

Against Women. 2019 Jun;25(8):945-967. doi: 10.1177/1077801218805587. Epub 2018 Oct 16. PMID: 30326821.

MoLESS. (2020). *Nepal Labour Migration Report 2020*. Kathmandu: Ministry of Labour, Employment and Social Security.

Nepal, R., Baniya, J. & Kshetri, K.T. (2020). Kovid-19 mahamariko chapetama nepali aaprabasi shramikko adhikaar. *National Human Rights Commission, Nepal*

Oliveira MLC, Gomes ACG, Amaral CPM, Santos LB. Características dos idosos vítimas de violência doméstica no Distrito Federal. *Rev Bras Geriatr Gerontol*. 2012jul./set;[cited 2015 Jul 03];15(3):555-66. Available from: http://www.scielo.br/scielo.php?pid=S1809-98232012000300016&script=sci_arttext/

Poudel, K., & Subedi, P. (2020). Impact of COVID-19 pandemic on socio-economic and mental health aspects in Nepal. *International Journal of Social Psychiatry*, 66(8), 748–755. <https://doi.org/10.1177/0020764020942247>

Pradhan N. Prevalence of gender-based violence among pregnant women attending antenatal clinic at Health Institutions. Parsa District : Pokhara University; 2011. 54 p.

Rapid Assessment on Impacts of on Returnee Migrants and Responses of the Local Governments of Nepal. IOM. Retrieved from: <https://reliefweb.int/report/nepal/rapid-assessment-impacts-covid-19-returnee-migrants-and-responses-local-governments>

Regmi, M. C., Subedi, L., Shrestha, R., Dixit, B., & Shrestha, N. (2018). Prevalence of Domestic Violence Among the Pregnant Women Attending BPKIHS. *Nepal Journal of Obstetrics and Gynaecology*, 12(1), 32-35. Retrieved from <https://www.nepjol.info/index.php/NJOG/article/view/18978>

Rodriguez-Jimenez R, Fares-Otero NE, García-Fernández L. Gender-based violence during COVID-19 outbreak in Spain. *Psychol Med*. 2020 Dec 7:1-2. doi: 10.1017/S0033291720005024. Epub ahead of print. PMID: 33280627; PMCID: PMC7804072.

Semahegn, A., Belachew, T. & Abdulahi, M. Domestic violence and its predictors among married women in reproductive age in Fagitalekoma Woreda, Awi zone, Amhara regional state, North Western Ethiopia. *Reprod Health* 10, 63 (2013). <https://doi.org/10.1186/1742-4755-10-63>

STATUS OF NEPALI MIGRANT WORKERS IN RELATION TO COVID-19. IOM. Retrieved from : <https://publications.iom.int/books/status-nepali-migrant-workers-relation-covid-19>

Surtees R. In African waters. The trafficking of Cambodian fishers in South Africa. International Organization for Migration (IOM) and Nexus Institute; 2014. Available from: http://publications.iom.int/bookstore/free/Nexus_AfricanWaters_web.pdf.

The World Bank. (2020 , July 19). The World Bank - Data. Retrieved from <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS?locations=NP>

Van Gelder N, Peterman A, Potts A, et al. COVID-19: reducing the risk of infection might increase the risk of intimate partner violence. *EclinicalMedicine* 2020;21:100348.

World Health Organization. World report on disability. Geneva: World Health Organization; 2011.