ABSTRACT

Migration of women in search of employment abroad is a relatively recent phenomenon which has led to several societal and demographic changes in the countries involved. In the Middle East, most of the females are Asians and, it was estimated in year 2000 that there are about 680,000 Sri Lankan females employed in these countries (SLBFE, 2000).

This study was conducted to compare the health status and forms of abuse experienced by female Middle East returnees with that of locally employed and un-employed females, to assess the impact of female migration on the marital and family life, to determine the services offered to migrant females by Governmental and non-governmental organisations and to assess the needs of the families left behind by migrated females.

The study comprised 4 components. Component 1 consisted of validating SF 36 to be used under local conditions to assess physical health status. Content, semantic, technical, criterion, and conceptual validity were established. Component 2 consisted of comparing the physical and mental health status of, and the physical, sexual and psychological abuse experienced by, female returnee migrants, locally employed and unemployed females. Validated versions of GHQ and SF 36, together with a questionnaire developed specifically for this study, were administered to 250 randomly selected females in each category resident in the Colombo District by trained interviewers. Component 3 involved carrying out in-depth interviews on returnee females (n=30), their husbands (n=24) and an elderly family member resident

in the household during the absence of the female (n=20). Component 4 consisted of identifying the needs of 379 families left behind by migrant females and resident in 3 MOH areas in the Colombo District. An interviewer administered questionnaire was developed for this component of the study and the questionnaire was administered by trained interviewers.

Among the 3 groups of females, un-employed females enjoyed the best physical health status and migrant females the poorest physical health. Migrant females were twice as likely to be physically ill as compared to un-employed females. Physical health was significantly associated with physical abuse in all three groups of females.

Migrant females were more likely to be mentally ill. Migrant females were 2.3 times more likely to be mentally ill as compared to locally employed females (95% CI; 1.11 – 4.82).

The majority (92.4%) of migrant females were aware of different forms of abuse. Migrant females were physically abused (25.2%) more often than un-employed females. Assault (69.8%) was the commonest form of physical abuse.

There were significant differences in the percentages of females being sexually abused in the 3 groups of females ($p = 0.02$). Locally employed women were the most frequently sexually abused group and were 2.38 times more likely to be sexually abused than unemployed females (95% CI; 1.25 – 4.50). In most cases of sexual abuse, in all three groups of females, the husband was the perpetrator. 86% of migrant

females were psychologically abused and were 12 times more likely to be abused as compared to un-employed females (95% CI; 7.93-19.26).

In the in-depth interviews, 13 females (out of 30) reported that the marital relationship was adversely affected by migration. The reasons given for the adverse impact were the addiction of husband to liquor, smoking or illicit drugs, association with other females, suspicion of the partner and deterioration of economic situation. Migration affected school attendance, immunization and health status of children. Only 10 females (out of 30) were satisfied with their achievements after migration.

Approximately 10% of husbands of migrant females were unemployed, and among the employed, the majority were casual workers. After migration, some husbands abused or indulged in socially un-acceptable behaviors.

The grandmother (63.5%), most often on the maternal side, was the most frequent care giver of the children. Approximately 40% of the care givers were over 55 years of age. The assistance most frequently provided by caregivers to school children was help with school work. The care giver received very little support from the husband. Approximately half the care givers felt that migration was harmful for marital life. A little less than half the care givers felt that migration was economically beneficial.

The majority of females migrated through mediation of private agencies. Most agencies violate existing rules and regulations. There was no contact between the agency and the migrant females during the period of overseas stay or on the return of females.

The major reason for migration of females was economic. The economic reasons included inadequate daily income, the desire to acquire property, settlement of loans etc. Other reasons included problems with husband and widowhood or separation.

Benefits of migration were seen mainly in upliftment of the economic status of the family (45.4%). 50.4% of caregivers stated that migration was harmful to family life.

It is concluded that the health status of migrant females is poorer than that of females employed locally and un-employed females. Migrant females are more prone to physical and psychological abuse as compared to the other two groups.

It is recommended that pre-departure medical examinations be regularized and that the SLBFE with the assistance of non-governmental organizations be involved in improving the social and economic status of families of migrant females. Several policy issues are included in the recommendations.