

RESEARCH ARTICLE

Workplace harassment faced by female Nepalese migrants working aboard

Padam P Simkhada^a, Edwin van Teijlingen^b, Manju Gurung^c, Samjhana Bhujel^d,
Kalpana Gyawali^e, Sharada P Wasti^{f,*}

^a School of Human and Health Sciences, University of Huddersfield, Huddersfield, HD1 3DH, United Kingdom

^b Centre for Midwifery, Maternal and Perinatal Health, Faculty of Health & Social Sciences, Bournemouth University, Bournemouth BH8 8GP, United Kingdom

^c Pourakhi Nepal, Makhamali Marg, Maharajgunj Kathmandu 44600, Nepal

^d Green Tara Nepal, Baluwatar, Kathmandu 44600, Nepal

^e Faculty of Education, Tribhuvan University, Kathmandu 44600, Nepal

^f School of Human Sciences, Faculty of Education, Health and Human Sciences, Greenwich University, London, SE10 9LS, United Kingdom

ARTICLE INFO

Article history:

Received 2 March 2024

Received in revised form 28 June 2024

Accepted 6 August 2024

Available online xxx

Keywords:

Health problems

Migration

Exploitation

Middle East

South Asia

ABSTRACT

Background: Nepal has a long history of labour migration over the years. Migrants can experience a range of problems in their destination countries, and women are more at risk than men. This paper is the first to explore the problems faced by Nepalese women migrants while working abroad.

Methods: This study was conducted among 1,889 women who were registered as migrant returnees at an organisation called Pourakhi Nepal. The study extracted and analysed data from a non-governmental organisation that supports returning female migrant workers in Nepal.

Results: Around half (43.1%) of the women were 35 or older, 30.9% were illiterate, and 63.6% were in their first overseas job. More than one-third (38.5%) had self-reported workplace harassment. Physical violence was the most prevalent (68%), followed by verbal abuse (37.5%), mental stress (29.7%), and sexual abuse (14.1%). Women who were illiterate (adjusted odds ratio [AOR] 1.25, 95% confidence interval [CI]: 1.01 to 1.55), unmarried (AOR 1.27, 95% CI: 1.05 to 1.56), worked abroad twice or more years (AOR 1.35, 95% CI: 1.10 to 1.66), changed their place of work (AOR 2.38, 95% CI: 1.42 to 4.01), lived without documents (AOR 1.24, 95% CI: 1.03 to 1.50), worked as domestics (AOR 3.56, 95% CI: 2.03 to 6.23), worked in other than Gulf Cooperation Council countries (AOR 1.45, 95% CI: 1.06 to 1.99), women who did not have a fixed salary (AOR 1.64, 95% CI: 1.28 to 2.10) and did not receive salary (AOR 3.71, 95% CI: 2.88 to 4.77) were more likely to be harassed at work.

Conclusion: Our findings suggest that the host governments should introduce and enforce policies protecting women in the workplace. Migrant women should be provided with better information about health risks and hazards as well as how to improve preventive measures in destination countries to reduce workplace harassment.

1. Introduction

Migration is a global phenomenon and it is formally recognised by the Sustainable Development Goals as a powerful tool for poverty reduction.¹ There are more international migrants in the world today than ever before, and migration is an increasingly important contributing factor to Nepal's economy; more than a quarter (28%) of Nepal's gross domestic product is based on remittances from abroad.^{2,3} Approximately 3.5 million Nepalese are working as migrant workers in the Middle East, Malaysia, and India.⁴ The Gulf Cooperation Council (GCC) countries and Malaysia are the most attractive destinations with 88 per cent of Nepalese migrant workers opting for these countries in 2018 or 2019.³ Although the overwhelming majority of migrant workers are male, it

is estimated women represent between five to ten per cent of Nepal's migrant workers.⁵

The health and well-being of migrants are often neglected although it is both a public health and a human rights issue for both sending and host states.⁶ Evidence suggests that migrant workers are at high risk due to hazardous occupational exposures, leading to injuries and death, for example, domestic workers often end up in unregulated jobs in the host country,⁷ or white-collar workers.⁸ Previous research also revealed that migrant workers are overrepresented in physically demanding high-risk jobs such as manufacturing, mining, construction, and farming and have a higher proportion of occupational issues, including discrimination, and exploitation, than native-born workers.^{9–12} Moreover, more than 1000 deaths occur annually among Nepalese migrant workers, and

* Corresponding author.

E-mail address: s.wasti@greenwich.ac.uk (S.P. Wasti).

<https://doi.org/10.1016/j.glohj.2024.08.001>

2414-6447/Copyright © 2024 People's Medical Publishing House Co. Ltd. Publishing service by Elsevier B.V. on behalf of KeAi Communications Co. Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

many more cases of injuries, mental and physical health problems in the Middle East and Malaysia.^{4,13} Workplace-related harassment is becoming a problem in all sectors of the economy, this has led to the formulation of anti-harassment policies by several non-government organizations (NGOs). Migrant women often do domestic work¹⁴ in the private sphere where they are more vulnerable to abuse and exploitation at the hands of employers and can suffer a range of physical and mental stressors.^{15–17} Limited mobility, exploitation, long working hours and unsanitary lifestyles can lead to an increase in occupational health problems.¹⁸ Although men and women make up equal proportions of international migrants, more research has been conducted on men despite migrations having different implications for men and women in both the sending and host country.¹⁹ However, no comprehensive evidence synthesis has been conducted to understand the workplace harassment and abuses faced by Nepalese female migrant workers abroad. Therefore, this study was conducted to assess harassment and problems in the workplace experienced by Nepalese women migrants during foreign employment.

2. Methods

2.1. Data source and study populations

The study was based on secondary analysis²⁰ of information collected from 1889 returnee female migrants with an emergency shelter run by Pourakhi Nepal over an eight-year period (July 2009 to March 2017). Pourakhi Nepal as a NGO provides short to medium-term shelter and emotional support including transportation, counseling and health care services to returned migrant women in need. An interview was conducted by a counselor from Pourakhi Nepal, using the client information form during their stay at the shelter. Our research team then extracted the required information from the client's information using a questionnaire form. The primary outcome variable in the analysis was self-reported workplace harassment during the women's stay abroad. The questionnaire established whether women answered "yes" or "no" to the question asked by shelter staff, i.e., did you face any workplace-related harassment while you were working in abroad? Harassment in this study is self-reported and refers to systematic repeated unethical acts that reduce the worker's sense of self-worth, as the victim cannot defend herself.²¹

2.2. Data analysis

The data set was cleaned by the authors and transferred to SPSS without identifying individual women. It was analysed using descriptive statistics and multivariate logistic regression analyses to find any independent factors associated with workplace harassment faced during the abroad work. The primary outcome variable in the analysis was self-reported workplace harassment during the women's stay abroad. The dependent variable was 'faced workplace harassment', and the independent variables were: socio-demographic, migration, and work-related variables, whereas workplace harassment was coded 0 = no and 1 = yes. Independent variables were considered significant at a value of $P < 0.05$.

2.3. Ethical consideration

Ethical approval was obtained from the Nepal Health Research Council (NHRC 150/2012). Individual women were asked for verbal consent, and no identifiers were recorded in the electronic dataset to maintain anonymity and confidentiality in this data set.

3. Results

3.1. Demographic characteristics of the study

A total of 1889 women were analysed. Over one-third (36.3%) respondents were below 30 years followed by under half (43.1%) were

aged 35 and above, more than half (55.4%) were from indigenous caste/ethnic groups and nearly a quarter were Dalits (24.6%), with a low social status. Just under one-third (30.9%) of the women were illiterate, plus another 27.9% who could read and write but had very little schooling. One-fifth (20.2%) was unmarried followed by a quarter (24.6%) divorced and for 63.6% it was their first foreign employment. More than half (55.5%) of all women worked in Kuwait and 21% in Saudi Arabia. More than one-third (38.5%) of women had experienced workplace harassment. The finding shows the reason behind returned home was due to heavy workload (37.5%) and just over a quarter (25.2%) of women returned home due to torture in the workplace (presumably severe beatings, burnings, etc.) at the hands of employers,⁶ followed by sexual abuse (14.1%), not getting their salary (12.9%), being falsely accused (4.9%), and pregnancy (3.4%) (Table 1).

3.2. Determinants of workplace harassment

Table 2 analyses women migrants who experienced workplace harassment using univariate and multivariate logistic regression analysis. Multivariate binary logistic regression models were also constructed with harassment faced at the workplace as the dependent variable: all the significant bivariate and multivariate logistic regression analysis of the findings are presented in Table 2.

Illiterate women (adjusted odds ratio [AOR] 1.25, 95% confidence interval [CI]: 1.01 to 1.55), unmarried (AOR 1.27, 95% CI: 1.05 to 1.56), who had been to foreign employment twice or more (AOR 1.35, 95% CI: 1.10 to 1.66), who had changed their workplace (AOR 2.38, 95% CI: 1.42 to 4.01), who were without documents (AOR 1.24, 95% CI: 1.03 to 1.50), did domestic work (AOR 3.56, 95% CI: 2.03 to 6.23), worked in other than GCC countries (AOR 1.45, 95% CI: 1.06 to 1.99), women who did not have fix salary (AOR 1.64, 95% CI: 1.28 to 2.10) and women who did not receive their salary (AOR 3.71, 95% CI: 2.88 to 4.77) faced more workplace-related harassment than other groups in the adjusted logistic regression (Table 2).

In the univariate analysis, a significant difference was observed between the migrant women who faced workplace harassment and those who did not. Women aged 30 to 34 years ($P = 0.002$) and 35 years and above ($P = 0.001$) compared to those 30 or younger were more likely to report harassment in the workplace, but this was not statistically significant in the bivariate logistic regression analyses (Table 2).

4. Discussion

Our finding clearly demonstrates a variation in the degree and kind of workplace problems faced by women during their foreign employment. More than one-third (38.5%) of Nepalese migrant women faced some forms of workplace-related harassment which included physical (68.0%), verbal (37.5%), mental (29.7%), and sexual abuse (14.1%). Various studies from Nepal have reported that female migrants are at risk of verbal, sexual and physical abuse.^{6,22,23} A study on Sri Lankan female migrant returnees from the Middle-East found that they suffered from assault, false allegations, deprivation from food, minimal health care facilities, and non-payment when they were in the country of foreign employment.²⁴ Filipino home-care workers in Israel reported having workplace injuries and experiencing verbal abuse and hunger.²⁵ Moreover, in an Indian study, 28% of women reported that their employers had harassed them.²⁶ The findings of studies on female migrant workers are generally consistent with our study. Our study suggests that women being illiterate (AOR 1.25, 95% CI: 1.01 to 1.55), unmarried (AOR 1.27, 95% CI: 1.05 to 1.56) and doing domestic work (AOR 3.56, 95% CI: 2.03 to 6.23) were significantly associated with workplace harassment. The overwhelming majority of Nepalese migrant women worked as domestic staff and/or were illiterate (Table 1 and Table 2) both factors made them more vulnerable to harassment, especially since the domestic work is of a private nature and often invisible to the outside world. The literature indicates that workplace harassment

Table 1
Demographic characteristics of female respondents (n = 1889).

Variables	n (%)
Age group	
< 30 years	686 (36.3)
30–< 35 years	388 (20.5)
≥ 35 years	815 (43.1)
Caste/ethnicity	
Brahmin/chhatri	367 (19.4)
Indigenous	1046 (55.4)
Dalit (low status)	464 (24.6)
Muslim	12 (0.6)
Education	
Illiterate	583 (30.9)
Literate/informal	527 (27.9)
Primary level (1–5)	370 (19.6)
Secondary level and above	409 (21.6)
Marital status	
Married	1043 (55.2)
Unmarried	382 (20.2)
Divorced/Widow/Separated	464 (24.6)
Employment	
First time abroad	1202 (63.6)
Two or more times	687 (36.4)
Host country	
Kuwait	1039 (55.0)
Saudi Arabia	396 (21.0)
United Arab Emirates	174 (9.2)
Lebanon	104 (5.5)
Oman	71 (3.7)
Other countries	105 (5.6)
Self-reported workplace harassment (positive)	728 (38.5)
Harassments ^{*,†}	
Physical abuse	495 (68.0)
Verbal abuse	273 (37.5)
Mental	216 (29.7)
Sexual	103 (14.1)
Work problem [‡] (n = 881)	
Heavy workload (positive)	330 (37.5)
Unemployment (positive)	77 (8.7)
Restrictions in contacting family (positive)	60 (6.8)
Reason for returning [*] (n = 1889)	
Contact completed	560 (29.6)
Torture at work	476 (25.2)
Voluntary return	380 (20.1)
Illness	270 (14.3)
Unpaid salary	244 (12.9)
Family problems	96 (5.1)
Falsely accused	92 (4.9)
Failing medical	70 (3.7)
Pregnancy	65 (3.4)
Illegal work/migration status	57 (3.0)

*Multiple responses are possible hence add up to more than 100%.

†Proportion of those who reported any workplace-related harassment.

‡Only 881 respondents self-reported work-related problems in the datasheet.

has a power dynamic, women are more likely targets because they are the least powerful staff in the workplace.²⁷ Low levels of education increase women's risk of harm in the workplace. Victims of violence and harassment often experience damaging psychological and physical effects. Our finding shows that one-fourth (25.2%) of migrant women returned home due to what they describe as torture in the workplace, which represents a very high proportion. The threat of physical violence, unsafe working conditions and exploitation at work increases health problems among the migrant workers in our study. Similar findings were

reported in Sri Lankan female migrant workers in Middle-Eastern countries and Filipino female migrant workers in Hong Kong.^{24,28} In Portugal, migrant domestic workers also reported workplace abuse, including delayed payment, sexual harassment, withholding of food, and discrimination.²⁹ Each destination country and organisation should clearly mandate migrant workers' safety and anti-harassment and discrimination policies, and these policies must be vigorously enforced. Although pre-departure training orientation is mandatory in Nepal for departing migrant workers, our findings show that many women do not get any training and those women who have not taken pre-departure training were more likely to suffer harassment. Our study shows that there is a significant association between experiencing harassment and having legal documents to stay in the host country ($P < 0.023$), with women with illegal documentation being more vulnerable and experiencing more harassment. Nearly one-third of the migrant women in this study who had previously been employed in GCC countries at least three times and more were more likely to have experienced workplace harassment than those who worked elsewhere. A higher percentage of both harassment and the heavy workload was experienced in Kuwait. A study on Indian women working in GCC countries also showed they encountered harassment in the workplace, including extremely long working hours without overtime pay, no rest days, and incomplete and/or irregular payment of wages.³⁰ Similarly, workplace abuse, physical and sexual assault, denial of salary, sleep deprivation and passport confiscation was reported among Ethiopian migrant women in the Middle East.³¹ In both Nepal and host countries, women experience societal gender norms which often put Nepalese migrant women at a greater risk of being exploited. Such norms are hard to change as they are cultural values and beliefs shared amongst men and women alike.³²

5. Implication for policy and practice

The results of the study have the potential to inform the Government of Nepal and other relevant parties, encouraging them to update and enhance evidence-based migration and integration policies and practices. Establishing a national Centre for Migrant Health would significantly improve policy and practice, as it has been done successfully in countries like Norway, Denmark, and Macedonia.³³ The establishment of such a national centre would be significant because > 3 million Nepalese migrant workers work abroad, with over 5,000 traveling there every day. It is critical to consider female migrants' workplace safety and welfare, as well as to strengthen diplomatic ties with destination countries regarding migrant rights. Migration health centers should closely monitor the health and wellbeing of the migrant populations in those high-risk countries. They should regularly share the key findings in policy briefs so that the government can promptly take the necessary action to improve migrants' rights and wellbeing, as well as ensure the safety and empowerment of their right to seek support during abroad work.

6. Strengths and limitations of the study

The strengths of this paper include its large sample and completeness of the data set which allowed for a more in-depth statistical analysis. Moreover, it is an analysis of the largest kind of dataset reporting on harassment as a health and well-being issue in female migrant workers from Nepal. A number of weaknesses of this study need highlighting, first, the data set was collected by the NGO for monitoring its service supporting female migrant workers on their return home. This means the participants were self-selected. Secondly, harassment was self-reported by returnee female migrants. Thirdly, women may have underreported for many reasons of abuse including fear of retaliation. Lastly, this study is a secondary data analysis whereby the research team had no influence on the data collected, or the original research questions.

Table 2
Determinants of workplace harassment by logistic regression ($n = 1,889$).

Variables	Workplace harassment		Univariate		Multivariate	
	Yes [n (%)]	No [n (%)]	AOR (95% CI)	P	AOR (95% CI)	P
Age group						
< 30 years	303 (44.2)	383 (55.8)	Reference		Reference	
30–< 35 years	136 (35.1)	252 (64.9)	1.57 (1.18 to 2.10)	0.002	1.05 (0.72 to 1.51)	0.808
≥ 35 years	289 (35.5)	526 (64.5)	1.55 (1.19 to 2.01)	0.001	1.02 (0.50 to 1.16)	0.203
Education status						
Literate	486 (37.2)	820 (62.8)	Reference		Reference	
Illiterate	242 (41.5)	341 (58.5)	1.23 (1.01 to 1.50)	0.044	1.25 (1.01 to 1.55)	0.041
Marital status						
Married etc.	381 (36.5)	662 (63.5)	Reference		Reference	
Unmarried	347 (41.0)	499 (59.0)	1.21 (1.00 to 1.45)	0.046	1.27 (1.05 to 1.56)	0.017
Episodes of foreign employment						
First time	235 (34.2)	452 (65.8)	Reference		Reference	
Two and more	493 (41.0)	709 (59.0)	1.34 (1.10 to 1.63)	0.003	1.35 (1.10 to 1.66)	0.004
Had changed workplace						
No	488 (33.4)	975 (66.6)	Reference		Reference	
Yes	240 (56.3)	186 (43.7)	2.58 (2.07 to 3.21)	< 0.001	2.38 (1.42 to 4.01)	0.001
Legal status at workplace						
Documented	419 (36.5)	729 (63.5)	Reference		Reference	
Undocumented	309 (41.7)	432 (58.3)	1.24 (1.03 to 1.50)	0.023	1.24 (1.03 to 1.50)	0.023
Types of work						
Company	16 (17.8)	74 (82.2)	Reference		Reference	
Domestic	712 (38.5)	1,087 (61.5)	3.03 (1.75 to 5.24)	< 0.001	3.56 (2.03 to 6.23)	< 0.001
Work/destination country						
GCC countries	662 (39.4)	1,018 (60.6)	Reference		Reference	
Other countries	66 (31.6)	143 (68.4)	1.41 (1.04 to 1.92)	0.029	1.45 (1.06 to 1.99)	0.021
Had fixed salary						
Yes	525 (34.5)	997 (65.5)	Reference		Reference	
No	203 (55.3)	164 (44.7)	2.35 (1.86 to 2.96)	< 0.001	1.64 (1.28 to 2.10)	< 0.001
Received salary						
Yes	104 (19.9)	418 (80.1)	Reference		Reference	
No	624 (45.6)	743 (54.4)	3.37 (2.65 to 4.20)	< 0.001	3.71 (2.88 to 4.77)	< 0.001

AOR: Adjusted odds ratio; CI: Confidence interval; GCC: Gulf Cooperation Council.

7. Conclusions

Most Nepalese migrant returnee's women had been employed as domestic workers and around one-third were illiterate, and two-fifths had experienced multiple forms of harassment (physical, verbal, mental and/or sexual). Women reported a range of additional problems they faced during foreign employment such as their heavy workload, non-payment, employers restricting their telephone contact with family members and health-related problems. Due to the dual vulnerability of a woman and a migrant worker, good bilateral agreements between countries should be made to minimize these women's mistreatment and exploitation. International labour unions, pressure groups supporting migrant workers and the international media should highlight and work to improve the rights of migrant workers and reduce work-related abuse. It may help to consider workplace harassment as a public health issue and seek to undertake steps toward promoting a healthier and safer working environment.

Ethics approval and consent to participate

This study was approved by the Nepal Health Research Council (NHRC 150/2012), Nepal's national nodal agency, for ethical clearance of human participants. The study obtained verbal consent from each participant, ensuring their anonymity and confidentiality. There were no names recorded in the secondary data set for analysis.

Funding

This study had financial support from [Liverpool John Moores University](#), United Kingdom (Padam Simkhada) and [Bournemouth University](#), United Kingdom (Edwin van Teijlingen).

CRediT authorship contribution statement

Padam P Simkhada: Conceptualization, Methodology, Writing – review & editing, Supervision, Funding acquisition. **Edwin van Teijlingen:** Conceptualization, Methodology, Writing – review & editing. **Manju Gurung:** Funding acquisition. **Samjhana Bhujel:** Data curation, Software, Formal analysis. **Kalpna Gyawali:** Methodology, Writing – review & editing, Funding acquisition. **Sharada P Wasti:** Conceptualization, Methodology, Formal analysis, Writing – original draft, Writing – review & editing.

Competing interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Availability of data and materials

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Acknowledgements

We thank to the staff of POURAKHI Nepal who allowed access to data from individual case files.

References

1. National Planning Commission. Sustainable Development Goals 2016-2030: National (Preliminary) Report. https://www.npc.gov.np/images/category/23rd_Jan_final_for_print_Sustainable_Development_Goals1.pdf. Accessed December 16, 2023.

2. Banjara S, Karki S, Dumre A. Assessment of remittance and its impacts on economic growth in Nepal. *Arch Agric Environ Sci*. 2020;5:61-66. doi:10.26832/24566632.2020.050109.
3. Nepal labour migration report 2020. Nepal Ministry of Labour and Employment website. <https://www.developmentaid.org/api/frontend/cms/file/2020/12/Migration-Report-2020-English.pdf>. Accessed December 16, 2023.
4. Aryal N, Regmi PR, van Teijlingen E, et al. Injury and mortality in young Nepalese migrant workers: a call for public health action. *Asia Pac J Public Health*. 2016;28:703-705. doi:10.1177/1010539516668628.
5. Labour migration for employment: a status report for Nepal: 2015/2016–2016/2017. Nepal Ministry of Labour and Employment website. <https://asiafoundation.org/wp-content/uploads/2018/05/Nepal-Labor-Migration-status-report-2015-16-to-2016-17.pdf>. Accessed December 16, 2023.
6. Simkhada P, van Teijlingen E, Gurung M, Wasti SP. A survey of health problems of Nepalese female migrants workers in the Middle-East and Malaysia. *BMC Int Health Hum Rights*. 2018;18(1):4. doi:10.1186/s12914-018-0145-7.
7. Busza J, Teferra S, Omer S, Zimmerman C. Learning from returnee Ethiopian migrant domestic workers: a qualitative assessment to reduce the risk of human trafficking. *Global Health*. 2017;13(1):71. doi:10.1186/s12992-017-0293-x.
8. Tsai SY. A study of the health-related quality of life and work-related stress of white-collar migrant workers. *Inter J Environ Res Public Health*. 2012;9(10):3740-3754. doi:10.3390/ijerph9103740.
9. Migrant work & employment in the construction sector. International Labour Organization website. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed_protect/@protrav/@migrant/documents/publication/w. Accessed December 16, 2023.
10. Paudyal P, Kulasabanathan K, Cassell JA, Memon A, Simkhada P, Wasti SP. Health and well-being issues of Nepalese migrant workers in the Gulf Cooperation Council countries and Malaysia: a systematic review. *BMJ Open*. 2020;10(10):e038439. doi:10.1136/bmjopen-2020-038439.
11. Sargeant M, Tucker E. Layers of vulnerability in occupational safety and health for migrant workers: case studies from Canada and the UK. *Policy Pract Health Saf*. 2009;7(2):51-73. doi:10.1080/14774003.2009.11667734.
12. World Health Organization. Promoting the health of refugees and migrants: experiences from around the world. <https://iris.who.int/bitstream/handle/10665/366326/9789240067110-eng.pdf?sequence=1>. Accessed December 16, 2023.
13. Paralyzed in Qatar: Nepalese workers trapped in Kafkaesque Gulf nightmare. News Sniffer website. <https://www.newsniffer.co.uk/articles/731929/diff/0/1>. Accessed December 16, 2023.
14. Abramsky T, Mak J, Zimmerman C, Kiss L, Sijapati B. Migration planning among female prospective labour migrants from Nepal: a comparison of first-time and repeat-migrants. *Int Migr*. 2018;56(4):197-216. doi:10.1111/imig.12449.
15. Adhikary P, Keen S, van Teijlingen E. Health Issues among Nepalese migrant workers in the Middle East. *Health Sci J*. 2011;5(3):169-175.
16. Kronfol Z, Saleh M, Al-Ghafry M. Mental health issues among migrant workers in Gulf Cooperation Council countries: literature review and case illustrations. *Asian J Psychiatr*. 2014;10:109-113. doi:10.1016/j.ajp.2014.03.003.
17. Joshi S, Simkhada P, Prescott GJ. Health problems of Nepalese migrants working in three Gulf countries. *BMC Int Health Hum Rights*. 2011;11:3. doi:10.1186/1472-698x-11-3.
18. Al-Khal AL, Bener A, Enarson DA. Tuberculosis among garment workers in an Arabian developing country: State of Qatar. *Arch Agric Environ Sci*. 2005;60(6):295-298. doi:10.3200/aeoh.60.6.295-298.
19. Dhar R. Women and international migration: a cross-cultural analysis. *Soc Change*. 2012;42(1):93-102. doi:10.1177/004908571104200106.
20. Smith AK, Ayanian JZ, Covinsky KE, et al. Conducting high-value secondary dataset analysis: an introductory guide and resources. *J Gen Intern Med*. 2011;26(8):920-929. doi:10.1007/s11606-010-1621-5.
21. Lee M, Kim H, Shin D, Lee S. Reliability and validity of the workplace harassment questionnaire for Korean finance and service workers. *An Occup Environ Med*. 2016;28(1):45. doi:10.1186/s40557-016-0133-0.
22. Khatri R, van Teijlingen E, Simkhada P. The health and well-being of female labour migrants from: a qualitative study of stakeholder views. *Eur J Med Sci*. 2022;3:49-55. doi:10.46405/ejms.v3i2.384.
23. Migrant workers and human rights out-migration from South Asia. MigrantWorkersRights Global website. <https://www.migrantworkersrights.net/en/resources/migrant-workers-and-human-rights-out-migration-from>. Accessed December 16, 2023.
24. Arachchi SH. Violation of migrant women worker's rights in middle-east. *Inter J Arts Commer*. 2013;2(2):332-347.
25. Ayalon L. Evaluating the working conditions and exposure to abuse of Filipino home care workers in Israel: characteristics and clinical correlates. *Int Psychogeriatr*. 2009;21(1):40-49. doi:10.1017/s1041610208008090.
26. Unnikrishnan B, Rekha T, Kumar G, Reshmi B, Mithra P, Sanjeev B. Harassment among women at workplace: a cross-sectional study in coastal South India. *Indian J Commun Med*. 2010;35(2):350-352. doi:10.4103/0970-0218.66888.
27. Ontiveros ML. Three perspectives on workplace harassment of women of color. *Gold Gate Univ Law Rev*. 1993;23:817-828.
28. Lau PW, Cheng JG, Chow DL, Ungvari GS, Leung CM. Acute psychiatric disorders in foreign domestic workers in Hong Kong: a pilot study. *Int J Soc Psychiatry*. 2009;55(6):569-576. doi:10.1177/0020764008098294.
29. da Conceição Figueiredo M, Suleman F, do Carmo, Botelho M. Workplace abuse and harassment: the vulnerability of informal and migrant domestic workers in Portugal. *Soc Policy Soc*. 2018;17(1):65-85. doi:10.1017/s1474746416000579.
30. Fifth international conference of the South Asian Society of Criminology and Victimology (SASCV). South Asian Society of Criminology and Victimology website. <https://www.sascv.org/conf2023/>. Accessed December 16, 2023.
31. Demissie F. Ethiopian female domestic workers in the Middle East and Gulf States: an introduction. *Afri Black Diasp*. 2018;11(1):1-5. doi:10.1080/17528631.2017.1405518.
32. Tibajev A, Nygård O. Origin-country gender norms, individual work experience, and employment among immigrant women in Sweden. *Front Hum Dyn*. 2023;5:1071800. doi:10.3389/fhumd.2023.1071800.
33. Burns R, Zhang CX, Patel P, Eley I, Campos-Matos I, Aldridge RW. Migration health research in the United Kingdom: a scoping review. *J Migr Health*. 2021;4:100061. doi:10.1016/j.jmh.2021.100061.