Injury and Mortality in Young Nepalese Migrant Workers: A Call for Public Health Action

Abstract

Approximately 3.5 million Nepalese are working as migrant workers in the Gulf countries, Malaysia, and India. Every year there are more than 1000 deaths and many hundreds cases of injuries among Nepalese workers in these countries excluding India. A postmortem examination of migrant workers is not carried out in most of these countries, and those with work-related injuries are often sent back to home. Uninsured migrant workers also do not have easy access to health care services in host countries due to the high medical and hospital fees. Greater efforts are needed to protect the health and well-being, labor rights, and human rights of migrant workers from Nepal and other South-Asian nations. There is a need to enforce universal labor laws in these countries and to develop accurate records of mortality and morbidity and their causes.

Keywords

inequalities in health, work place safety, health care services, global health, population health

Approximately 3.5 million Nepalese are working abroad; primarily in Malaysia, the 6 countries of the Gulf Co-operation Council (GCC), and India.[1] Most are involved in semiskilled or unskilled labor, mainly on building sites, in factories, and in domestic work. Nepalese migrant workers send around US$4 billion back home every year, comprising 28% of Nepal's gross domestic product.[2] However, this income is often at a great personal cost to these workers. Newspaper reports estimate that there are more than 1000 deaths per year in the host countries, excluding India, and many hundreds of Nepalese migrant workers return home with serious injuries including paraplegia.[3]

The Nepalese media regularly cover stories of the sudden deaths of migrant workers without any known existing disease. The Foreign Employment Promotion Board of Nepal reports that 1002 Nepalese migrant workers died in the 6 GCC countries and Malaysia in the last Nepalese calendar year, of which 357 (36%) were documented as cardiac related.[4] This figure represents only those whose family members applied for formal compensation and there is a high probability that many deaths are not documented. From 2008/2009 to 2013/2014, the Government of Nepal recorded the deaths of 3272 migrant workers.[1] The major causes of death were recorded as heart related (26.2%), natural causes (18.3%), traffic accident (13.6%), suicide (10.1%), workplace accident (7.8%), and murder (1.4%). In a quarter of deaths (22.5%), the cause was "unknown."[1] In many destination countries, a postmortem examination of migrant workers is not carried out unless the deaths are linked with a criminal case, and official records of the destination countries tend to record these

deaths as being "from natural causes." Information on underlying causes, such as heat stress on construction sites, is often not available. This is an important information gap that makes it difficult to establish a cause of death and design effective prevention program.

Many deaths are related to heat stress and subsequent cardiac failure as many migrant workers in the Middle East are exposed to prolonged working hours in conditions of extreme heat.[5] Sonmez and colleagues[6] reported that more than one third of the South Asian migrant workers in the GCC countries work more than 50 hours per week, often continuously for months without a day off. The numbers and causes of these deaths need further investigation.

A report commissioned by the Qatari government found that among its migrant workers, Nepalese had the highest death rates from cardiac arrest in 2012 (27/100 000; 95% confidence interval = 21, 31 per 100 000) compared with Indians workers (21/100 000; 95% confidence interval =17, 25).[7] A study of Nepalese migrant workers in Qatar, Saudi Arabia, and the United Arab Emirates found that more than one quarter of them had experienced work-related injuries and accidents in the past 12 months.[8] However, there are incentives for underreporting in these groups. Many migrant workers are uninsured and hence may find it difficult to access health care in host countries as they then face high medical/hospital fees.[3] Despite the contribution made by migrant workers to the economic prosperity of the host countries, they often face many major difficulties accessing effective health care and are perceived as a burden on the local health care system.[9] Often they are sent home at the earliest possible opportunity, thus removing the responsibility for providing health care in their country of employment.

Greater efforts are needed to protect the health and well-being, labor rights, and human rights of migrant workers from Nepal and other South-Asian nations. There is a need to enforce universal labor laws in these countries and to develop accurate records to be able to generate morbidity rates. We urge destination countries to collect, record, and publish accurate data on causes of death of migrant workers so that public health research may be undertaken to identify possible interventions. As a human rights issue, destination countries should also treat migrant workers as partners in their development and economic prosperity. They have a moral responsibility to provide a social protection scheme that will eventually raise the health standards of migrant workers. In the long term this is also in their own interests. Hence, this is an urgent call to the Governments of Nepal and host countries to take action to protect the health and well-being of Nepalese workers.

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