

Psychological State of Wives of Migrant and Resident Husbands: A Comparative Study in Bangladesh

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ABSTRACT

In low-income countries, temporary migration for occupational purposes has resulted in millions of married couples living in long-distance conjugal relationships. While it brings economic benefits to the respective families, this phenomenon also ushers profound changes in the everyday lives of left-behind spouses. Spousal separation, lack of companionship, and increased household responsibilities may trigger mental health problems in left-behind female spouses of migrant workers. Thus, the present study was planned to (i) investigate the psychological state of wives of migrant and resident husbands and (ii) explore whether it varies due to the employment status and types of family. A descriptive cross-sectional design was followed to conduct the study. A questionnaire package comprising three Bangla versions (i.e., Anxiety Measuring Questionnaire, Depression Measuring Questionnaire, and Hopelessness Measuring Questionnaire), along with a Personal Information Form (PIF), was used in the study. The sample encompassed 200 women (100 wives of migrant husbands & 100 wives of resident husbands) who were purposively and conveniently selected from three areas in Bangladesh. The data so obtained were analyzed through both descriptive (e.g., mean and SD) and inferential statistical techniques (e.g., independent sample t-test). The output of this study indicated that wives of migrants display significantly higher anxiety, depression, and hopelessness than wives of resident husbands. Results also revealed that no significant differences were found among wives of migrant husbands with different residential areas and family types in terms of anxiety, depression, and hopelessness. But in the case of hopelessness, a significant difference exists due to different occupation levels. The implications of the output have been interpreted in light of previous studies.

Keywords: *Anxiety, Depression, Hopelessness, Wives, Migrant Husband*

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Last few years, society has rapidly changed due to the advancement of technology around the world. The world seems like a global village because people from different countries and ethnic groups go abroad for working purposes or migration, which has increased interaction between them. Developing countries like Bangladesh have experienced migration of skilled/unskilled laborers to developed countries referred to as expatriation. The Bureau of Manpower Employment and Training (BMET, 2021) reported that 617,209 Bangladeshi got jobs in different countries. Their purpose is to make better education and income and to improve their financial status (United Nations, 2002), but ill-prepared movements might bring negative outcomes for individuals as well as their families (Bhattarai, 2014; Shakya, 2007; Thomas & Adhikari, 2012).

Currently, migration for economic reasons is the common way to improve economic conditions (Swing, 2011). It brings economic benefits to the country, but it has also negative consequences. Studies from Srilanka and Pakistan revealed that it adversely impacts the mental health of workers and their family members (Dissanayaaka, 2003; UnESCAP, 2006). A survey was conducted in Indonesia between 1993-2007 on the psychosocial consequences of out-migration. It reported that the left behind spouses is more likely to suffer from the stress-related disorder (e.g., hypertension & depression (Lu, 2012). Several studies stated that stressful life events lead to depression (Kindler et al., 1999). In the case of migration, wives of migrants feel anxiety, loneliness, insecurity, and more workload. They also face difficulties raising their children because of separation or a communication gap with their husbands. They become vulnerable to developing symptoms of depression, anxiety, and stress (Jetley, 1987; Kistitwaria, 2011). Studies on Filipino wives (Go, 1983) and Gulf wives in India (Gulati, 1993) showed increased stress-related symptoms. A study from Pakistan also reported a negative impact on children and left-behind spouses of migrant workers (Farooq & Javed, 2009).

Saha et al. (2018) conducted a study in the Gastroenterology outpatient department (OPD) of North East Medical College, Sylhet, Bangladesh, on 275 Consecutive patients (i.e., wives of migrant workers of Sylhet). They aimed to see the prevalence of anxiety and depression among left-behind wives of migrant workers attending the gastroenterology outpatient department (OPD). Their study revealed that about 19.63% of left-behind wives of migrant workers attending gastroenterology OPD were suffering from anxiety and depression. They also reported that anxiety and depression were more prevalent among wives from rural areas.

Shakya (2014) carried out a study on 100 consecutive female psychiatric patients whose husbands work outside Nepal. He stated that the status of a husband working abroad creates adverse consequences on women's mental health as mood affect, anxiety, and stress-related disorders. Sahar and Gillani (2014) also found similar results. They conducted a study on 50 married women whose husbands are employed abroad. Their study revealed that women are prone to experience depression. They reported that 32% of the participants experienced severe depression. Mushtaq et al. (2015) also conducted a study on 200 left-behind wives in two districts of Pakistan. They aimed to investigate the determinants of depression, anxiety, and stress among left-behind wives of migrants in Azad Jammu and Kashmir. Their study reported significantly high depression and stress among left-behind wives.

Across the world, there have been limited research-based insights about the state of female spouses of migrant workers in the context of mental health (Wickramage & Siriwardhana,

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2016). Limited studies were conducted focusing on the health and well-being of left-behind wives of migrants. Those studies reported adverse health and well-being compared to non-migrant wives. For example, a study in Mexico stated that the prevalence of heart disease and obesity is higher among left-behind female spouses (Ullmann, 2012). Roy and Nangia (2005) conducted a study in India and reported that the migration of husbands adversely affects their wives' health and increases the risk of reproductive morbidities. A study in China also revealed the poor quality of life from a health perspective among left-behind wives than non-left-behinds (Yi et al., 2014). Wickramage and Siriwardhana (2016) stated that wives of migrants are vulnerable to mental health-related issues for various reasons (e.g., spousal separation, lack of company, extra responsibilities, increased daily stressors, etc).

Occupational migration from poorer countries to the relatively developed world has been evident historically and especially from countries with low-income status. Around 300 million people (3.5% of the total world population) were international migrants in 2019; 50% of such migration took place owing to employment overseas (50% of the International Organization for Migration, 2020). Like other countries, Bangladeshi people also migrate abroad to improve their economic status. In 2014, the percentage of male people from Bangladesh who migrated to another country for work purposes was 83%. This year, the total number of people was 426,000 (Bureau of Manpower Employment and Training database, 2015); while in 2018, the number of migrant workers who left Bangladesh on temporary labor contact was 273,304 up to April. Most of the migrant workers leave their families behind. The reason behind this is to support their families financially. Despite a significant number of wives being left behind by migrant workers, few studies have been conducted on them in Bangladesh. There is a definite need to have more research evidence about the mental health of left-behind spouses in Bangladesh. Therefore, based on previous studies conducted in different countries, the present researchers hypothesized that the psychological state of left-behind wives of migrant workers is adversely affected, and they are more vulnerable to mental illness than the wives living in proximity of their husbands. For this reason, this present study was designed to see the psychological state, namely anxiety, depression, and hopelessness among left-behind wives of Bangladeshi migrant and resident husbands.

Research Objectives

- The main objective of the study was to investigate the psychological state of wives of migrant and resident husbands. The specific objectives of the study were:
- to investigate whether there is any significant difference between wives of migrant and resident husbands in terms of depression, anxiety, and hopelessness.
- to examine whether anxiety, depression, and hopelessness of the wives of migrant husbands vary according to residential areas, employment status, and types of family.

MATERIALS AND METHODS

Participants

A total of 200 women (100 women with migrant husbands & 100 women with resident husbands) participated in the study and were selected purposely from three areas (i.e., Munshigonj, Narayanganj, & Dhaka city) in Bangladesh. Their age ranged between 22 and 45 years. Participants' responses were granted if they: 1) filled up the entire datasheet. The present study was conducted with a cross-sectional survey design.

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Measures

Three self-reported measures were used to collect data. They are described below.

Demographic and Personal Information Form (PIF)

Some personal information of the participating women (e.g., age, location, educational qualification, family type, and living conditions with husband) was collected for the present study.

Anxiety Measuring Scale

The anxiety measuring scale is composed of 36 items used to measure the anxiety level of the participants. It was developed by Deeba & Begum (2004). It is a 5-point Likert-type scale ranging from 0 (strongly disagree) to 4 (strongly agree). The total score is obtained by summing the scores of all 36 items. A high score indicates higher anxiety, and a low score indicates lower anxiety. Item-total correlation and discrimination value were both significant at .01. Split half reliability and Cronbach's alpha were .92 and .95. The test-retest correlation was .69. The content validity of the scale was satisfactory. Three external criteria were selected to assess the criterion-related validity that was positively correlated with the anxiety scale. Construct validity was assessed through discrimination ability on the clinical and non-clinical sample ($F = 60.28$ at $\alpha = .01$) where the item-total correlation ranged from $r = .40$ to $.75$; $p = .01$.

Depression Measuring Scale

The Bangla version of the depression measuring scale was adapted by Uddin & Rahman (2005). It is composed of 30 items within 5 points Likert-type response. The response options are 1 (Strongly disagree), 2 (disagree), 3 (uncertain), 4 (agree), and 5 (strongly agree). The total score is obtained by summing the scores of all 30 items. High scores indicate higher depression, and low scores indicate lower depression. The test-retest reliability was found to be .60, and the split-half reliability was .76. The validity was estimated through concurrent and constant validity. The scale was positively correlated with the psychiatrist rating of depression ($r = .38$, significant at $\alpha = .01$) and patients' self-rating of depression ($r = .56$, significant at $\alpha = .01$). Besides, the scale discriminated between depressed and non-depressed participants ($F = 85.36$, significant at $\alpha = .000$).

Hopelessness Scale

The hopelessness scale (originally developed from Beck Hopelessness Scale; Beck et al., 1974) is a 20-item self-report questionnaire used to measure three dimensions of hopelessness: feelings about the future, loss of motivation, and expectations. The Bangla version of this scale was adapted by Uddin (2012). The test was developed for adults aged between 17 to 80 years. The total score is obtained by summing the scores of all 20 items. Higher score indicates higher hopelessness (or lower hope) and vice-versa. The original BHS was moderately correlated with the Beck Depression Inventory (BDI). The internal reliability coefficients were high ($r = .82$ to $.93$ in seven norm groups), but the BHS test-retest reliability coefficients were medium level (.69 after one week and .66 after six weeks). The Bangla version of BHS contains Cronbach's alpha as .91. The item-total correlation ranged from .22 to .76.

Procedure

Data from the present study were collected following standard procedure. Rapport was established before administering the questionnaires. Before administering each measure, participants were given general instructions. The questionnaire asked about participants'

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feelings on their present statements. Participants' answers were saved with confidentiality and they were ensured that their information would be used for only research purposes. They were asked to answer all questions as honestly as possible, reflecting the present condition of their life. They were allowed to ask questions freely if they had any queries regarding any item of the scale. After completion of their task, the questionnaire and the answer sheet were collected from them. They were given thanks for their sincere cooperation. Next, the researchers scored all responses accordingly and made the necessary coding for data analysis.

Ethics

In the study, the participants faced no potential risks (e.g., physical, psychological, social, or legal), and the confidentiality of data was assured. Participants were supplied with consent to participate with necessary debriefing (i.e., nature and objectives of the study, right to refusal or withdrawal from participation, etc.) in the datasheet before the data collection form and were appreciated for their valuable time. There was no financial benefit for participation in the study.

RESULTS

Following the objectives of the study, the obtained data were analyzed using both descriptive (e.g., mean and standard deviation) and inferential (e.g., independent sample *t*-test) statistical techniques with the help of computer software called Statistical Package for Social Sciences (SPSS) version 16. The results are presented in the following tables consecutively.

Socio-demographics

Data from 200 women aged between 22 to 45 years were analyzed. Among the participants, 50% were in rural, and 50% were in urban areas. Besides, 50% belonged to the nuclear family and 50% to the extended family. 50% of women's husbands were living in Bangladesh, and 50% of women's husbands were living outside of Bangladesh (i.e., abroad). All respondents' educational background was moderate in the Bangladeshi context. Following the objective of the study, the obtained data were analyzed using different statistical techniques such as independent sample *t*-tests. The results have been presented below:

Table 1. Mean Difference of Anxiety, Depression, and Hopelessness among Wives of Migrant and Domestic Husbands

Variables	Mean		Standard Deviation		<i>t</i>
	Migrant	Domestic	Migrant	Domestic	
Anxiety	89.28	58.66	16.01	11.45	15.55*
Depression	103.4	70.35	13.17	10.98	14.65*
Hopelessness	66.31	57.71	4.18	5.34	11.19*

Note. * $p < .05$.

Results reported in Table 1 showed that the intensity of anxiety, depression, and haplessness is higher among wives whose husbands were living in abroad as compared to wives whose husbands were living at home, and this difference between Migrant and domestic wives in terms of anxiety ($t = 15.55, p < .05$), depression ($t = 14.65, p < .05$), and hopelessness ($t = 11.19, p < .05$) is significant.

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Table 2. Mean Difference of Anxiety, Depression, and Hopelessness of Wives Migrant Husbands According to Residential Areas

Variables	Mean		Standard Deviation		<i>t</i>
	Urban	Rural	Urban	Rural	
Anxiety	90.12	88.44	15.55	16.60	.53
Depression	104.32	102.64	13.19	13.23	.64
Hopelessness	61.04	61.18	5.07	5.22	.74

In Table 2, results revealed that there is no significant difference between urban and rural areas wives of migrant husbands in anxiety ($t = .53, p > .05$), depression ($t = .64, p > .05$), and hopelessness ($t = .74, p > .05$).

Table 3. Mean Difference of Anxiety, Depression, and Hopelessness of Wives of Migrant Husbands According to Occupation

Variables	Mean		Standard Deviation		<i>t</i>
	Employed	Unemployed	Employed	Unemployed	
Anxiety	94.00	88.15	15.54	16.09	1.46
Depression	106.85	102.97	11.54	13.23	1.19
Hopelessness	65.31	57.71	4.18	5.34	11.19*

Note. * $p < .05$.

Results presented in Table 3 showed that there is no significant difference between employed and unemployed wives of migrant husbands in anxiety ($t = 1.46, p > .05$) and depression ($t = 1.19, p > .05$) but found significant differences in hopelessness ($t = 11.19, p < .05$).

Table 4. Mean Difference of Anxiety, Depression, and Hopelessness of Wives of Migrant Husbands According to Family Type

Variables	Mean		Standard Deviation		<i>t</i>
	Single	Joint	Single	Joint	
Anxiety	89.6	88.96	17.48	14.55	.20
Depression	103.42	103.54	12.89	13.58	.05
Hopelessness	62.00	61.12	5.54	4.72	.86

In Table 4, results showed that there is no significant difference between single and joint-family wives of migrant husbands in terms of anxiety ($t = .20, p > .05$), depression ($t = .05, p > .05$), and hopelessness ($t = .86, p > .05$).

DISCUSSION

The present study aimed to investigate the factors related to anxiety, depression, and hopelessness between women whose husbands live at home and women whose husbands live abroad. To assess the targeted variables, three questionnaires were applied to 200 women (i.e., 100 women whose husbands live at home and 100 women whose husbands live abroad). The obtained data were analyzed using descriptive and inferential statistics (e.g., independent sample *t*-test). Results have been presented in Tables 1 through 4.

The first objective was to examine the significant difference between wives whose husbands live at home and wives whose husbands live abroad in terms of depression, anxiety, and hopelessness. Findings from Table 1 revealed that the wives whose husband lived abroad expressed more anxiety, depression, and hopelessness as compared to wives whose husband

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was living at home. Here also highlighted that overseas husbands' wives are more anxious than domestic wives and also more depressed and hopeless than domestic wives. In explaining the results, it can be said that when any woman's husband migrated abroad, she began to feel lonely and had to bear the burden of caring for her children. Empirical studies in different countries also supported the findings found that 32% of the wives of Pakistani expatriate husbands experience severe depression and loneliness (Sahar & Gillani, 2014), 32.72% and 28.36% of the wives of migrant workers in the North-East Part of Bangladesh had anxiety depressive symptoms, respectively (Saha et al., 2019), and Chinese married adults' suffered depressive symptoms due to spousal migration (Tong et al., 2019). Behind this scenario, the probable reason is that during the husbands' absence, increased roles to maintain the family functioning, reduce emotional intimacy between husband and wife, and economic resources can also buffer (Khan et al., 2016; Tong et al., 2019).

The second objective was to explore the affecting variables (e.g., residential areas, employment status, & types of the family) on anxiety, depression, and hopelessness of the abroad husband's wives. Findings from Tables 2 to 4 illustrated that the psychological state of wives didn't significantly vary between urban and rural participants because those women are the same feelings because of their husband's absence. Both family members have seemingly accused them. Besides, this problem didn't vary between employment and unemployment wives. The reason behind that employed wives are accused by family members whereas unemployed wives have the probability to become accused by other outside members. Furthermore, it also found that mental health problems had no significant variation between single and joint families. It was assumed that urban and rural wives are the same feelings because of their husband's absence. But Saha et al. (2019) found more anxiety and depression among wives residing in rural areas and with lower economic backgrounds whereas Sahar and Gillani, 2014 found that women who were living in a joint family system experienced more loneliness and severe depression as compared to those living in the nuclear family system. The probable reasons behind our study findings might be that Bangladeshi women are more emotionally attached to their husbands than in any other country, which didn't differ in terms of demographic factors.

The present study had certain limitations. Firstly, information was collected only from Dhaka city. Secondly, the sample size was smaller to represent the whole population of Bangladesh. Thirdly, it was just a preliminary assessment-type study in the Bangladeshi context, that's why here lacks complex analysis. So, by removing these limitations, further research can be implemented to get more in-depth findings.

CONCLUSION

Psychological problems were found in significant portions of left behind wives of migrant workers, and these problems weren't varied due to the variations of residential areas, employment status, and family systems. The study will also serve as a reference to arrange preventive programs for left-behind spouses' well-being.

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Conflict of Interest

The author(s) declared no conflict of interest.

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