

Research Paper

## The Relation between Socio-economic Status and Mental Health of Returnee Labor Migrants from the Gulf Countries in Dhangadi Sub-Metropolitan

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### ABSTRACT

This study investigates the relationship between socio-economic status and mental health among returnee labor migrants from Gulf countries, focusing on the Dhangadi Sub-Metropolitan area. A quantitative research design used standardized tools to assess socio-economic and mental health status among 176 participants, predominantly male (82.40%) and aged mainly between early and middle adulthood. The findings revealed a weak negative correlation between socio-economic status and mental health, indicating that higher socio-economic status did not necessarily translate to better mental health outcomes for these migrants. The prevalence of mental health issues was notably high among upper-class returnee migrants, suggesting that factors beyond economic conditions significantly affect mental well-being. The study highlights the impact of socio-cultural stigma associated with mental health, which prevents individuals from seeking help and exacerbates their conditions. The consequences of the COVID-19 pandemic led to increased financial burdens and related mental health challenges, with returnees often facing discrimination upon returning home. This research underscores the urgent need for targeted mental health interventions and increased awareness about the psychological struggles faced by returnee labor migrants, whose experiences reflect broader issues of mental health and socio-economic mobility in Nepal. Overall, the study emphasizes the necessity of addressing mental health as a critical component of support for returnee migrants, alongside their economic reintegration.

**Keywords:** *Migrants, Labor, Anxiety, Psychological adjustment, Returnee*

This research explores the relationship between socio-economic status and mental health status among returnee migrants from Gulf countries. Migrants contribute to the economy of their households as they send remittances to their communities back home. In rural Nepal, labor migration is dreamed of changing the socio-economic status of migrants in Gulf countries. Economic opportunity plays a significant role in changing the family's social, educational, and health status. Some got opportunities to earn and change their socioeconomic status in society. Labor migration allows migrants to experience individual freedom and achievement as they are exposed to new places, cultures, societies,

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and languages. Due to the COVID-19 pandemic, a large number of migrant workers returned after losing their jobs. Some of them got stranded in destination countries for a long time and returned with an extra economic burden. Because of their pandemic terror and financial burden, their mental health status was observed as problematic (Devkota et al., 2020). It is assumed that economic betterment is also considered a sound mental health status. However, mental health issues are at a profound level among the returnee migrants in Nepal.

Moreover, mental health issues are not only related to economic failure but are also considered taboo in society. If anyone shared mental health issues, other people were traumatized by equating the stereotypical meaning of madness and abnormality. Government and non-governmental agencies have not paid adequate attention to addressing the mental health problems of returnee migrants. Therefore, this research plans to explore the socio-economic and mental health status of returnee migrants from different parts of Nepal.

One study conducted by Joshi et al. (2011) reported that most Nepalese migrants in these Gulf nations were young men between the ages of 26 and 35. The most prevalent occupations were those in unskilled construction, such as laborer, scaffolder, plumber, and carpenter. There were several health issues, and 25% of research participants said they had been hurt or had an accident at work in the previous year.

Nepal is one of the largest labor suppliers to countries with a demand for cheap and low-skilled workers. In recent years, the Gulf countries have collectively become the leading destinations for international migration. This paper explores the health problems and accidents experienced by a sample of Nepalese migrants in three Gulf countries. Mental health issues are not limited to Nepal but also throughout the globe. Nepalese and all human beings feel lonely and have cultural problems when they leave their country for some time (Sobkowiak, 2019).

In all three nations, equal numbers of accidents and health issues were documented. Only one-third of the respondents had access to health insurance through their employment. Accessing health care services was complicated by a lack of sick days, high costs, and work security concerns. Poor mental health and illness among the working population have severe socioeconomic and public health consequences for both the individual and society/country. With a dramatic increase in work migration over the past decades, there is recent concern about the health and well-being of migrant workers and their accessibility to healthcare services in destination countries. According to the survey, workers in the construction and agriculture industries were more likely than other workers to have occupational accidents and health issues.

### ***Statement of Problem***

A majority of low-skilled workers were attracted to the Gulf countries. The 2011 census showed that at least one family member in about 25 percent of Nepali households was absent from home (Central Bureau of Statistics [CBS], 2011). The 2014 survey estimated that 5 million people, or almost 20 percent of the population, lived and worked in foreign countries (CBS, 2014). Social scientists (Graner & Gurung, 2003; Williams et al., 2014), governmental agencies (Ministry of Labour and Employment [MoLE], 2014), nongovernmental organizations (International Labor Organization [ILO], 2014), and the

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popular press (Gibson, 2014) focus on the stories about the profound migration of Nepalese workers seeking employment to other countries. Nepal represents a significant labor supplier to Persian Gulf countries (Gulf), which include Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates (UAE) (Williams et al., 2014). Their contributions to the family, society, and the country are immense. Studies acknowledge that laborers' remittance represents 26.4% of Nepal's gross domestic product (Nepal Rastra Bank, 2014). Furthermore, migration helps the country's poorest citizens derive a valuable source of income for their families, stimulating their economy through enhanced consumption (CBS, 2011; Dhungel, 2014). Stories of Nepali female domestic workers with low salaries, long working hours, physical, verbal, sexual, and psychological abuse, and no means for seeking governmental assistance were reported frequently. Given the violations and economic burden that transpire overseas, the prevalence of suicide among migrants upon their return to Nepal is not surprising, as the country lacks a mental health infrastructure to provide adequate medical and emotional support to migrant laborers who are victimized (Puvar, 2015).

Nepalese migrants want to work abroad to send remittance home and to increase the socioeconomic mobility of their families through the attainment of tangible assets, such as homes, electronics, appliances, or motorbikes. Studies showed that youths largely migrated for economic reasons (Puvar, 2015). Some of the male migrants have improved their financial status, but their social and psychological problems have not been acknowledged yet. They have the pressure of employment, identity, and family management. In the case of women, they remained unable to improve their economic status upon return to Nepal due to traditional restrictions to their mobility and their disproportional share of household responsibilities.

Furthermore, the participation of returnee migrant women workers in Nepal's labor market is constrained by multiple work burdens created by the gendered division of household labor and care responsibilities (Malla & Rosenbaum, 2016). Male migrants have undergone different social and mental health problems. Female returnee migrants were doubted about their sexual chastity to get married. A married female has a series of interrogations on sexual relations in a foreign land (Malla & Rosenbaum, 2016). Female migrants have been doubted and questioned about their sexuality because their sexual purity maintains their social status and prestige. Therefore, female migrants tend to have serious mental health issues in Nepal.

During the COVID-19 pandemic, a large number of migrants prematurely returned, lost jobs, faced pressure from employers, and lived with constant fear of the virus. The nature of stress and anxiety that may arise in the new circumstances may have repercussions on their initiatives and productivity. A delay in managing and identifying psychological and socio-economic problems of returnee migrants could result in serious mental health problems and misuse of labor by political groups that have raised voices against the state. When returnee migrants have lost their jobs or are unemployed, they will have an economic burden and social status problems, and ultimately deteriorate their mental health. On this reviewed background, the following research question has been developed.

- What is the current mental health status of the returnee migrants?
- What is the mental health status of male and female returnee migrants?

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### *Objectives*

- To explore the socioeconomic status of the returnee migrants' labor.
- To examine mental health problems along with the socioeconomic status of returnee migrants and
- To explore Family support and mental health issues among the returnee migrants.

### *Hypothesis*

This research has two hypotheses.

- **H1:** The prevalence of mental health issues among Upper-class returnee migrants is higher.
- **H2:** The Level of job satisfaction contributes to developing mental health problems.

### *Significance of the Study*

Mental health issues have been overlooked in academic research and everyday social discussions. Government and non-governmental agencies did not prioritize programs for the mental health of returnees. However, to continue their business, other programs have already started in many areas, such as vocational training and subsidy loans. Because of inadequate attention to mental health problems, suicide, and depression rates have been increasing among returnees from Gulf countries. This study has explored gender-based mental health status among returnee migrants from Gulf countries. Government and private agencies will make policy and action plans to manage mental health problems targeted to returnee migrants. The research has also produced data-based knowledge of the socio-economic and mental health issues of the returnee migrants. This knowledge may be helpful in different sectors of the government as well as in academic areas. Moreover, this study has also provided alarming data to the government about mental health counseling for migrants.

This study tries to identify the relationship between socioeconomic status and mental health issues among returnee migrants from golf countries. The outcome of this research has significantly contributed to the mental health and counseling field. This was not only limited to counseling but also helped to understand the general scenario of returnee migrant workers in the Dhangadi sub-metropolitan area. In the meantime, it has also contributed to the forthcoming students' understanding of the mental health situation among returnee migrants in Dhangadi.

### *Limitations of the Study*

This research has examined the status of social and economic connections to the mental health of returnee labor migrants from the Gulf countries in the Dhangadi sub-metropolitan. While exploring all these things, this research has covered the limited wards of that city. This research was based on a quantitative method, which means it is not based on their personal experience; instead, they are required to answer the questionnaire. Apart from that, this research has not evaluated the relationship between socio-economic status and the mental health of other returnee migrant labor except in Gulf countries. Eventually, this research is limited to the age of the returnee as well: the age limit is 20 to 50 years. Finally, this research is based on the recent situation, which means it has not dug out the past issues they have already faced, which might cause today's problems. This research has included those participants with an annual income of below ten lakhs and excluded those with a yearly revenue of more than ten lakhs.

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### ***Operational Definition***

- **Mental Health-** Mental health status refers to the level of anxiety, stress, and depression among participants once they fill out the DASS-21 questionnaire.
- **Upper Class-** Those with enough property, power, and prestige. Also, in this research, those with an annual income of more than the average income in Nepal are considered upper-class people. These people are considered the wealthiest, lying above the working and middle classes in the social hierarchy.
- **Middle Class-** People whose income, power, status, prestige, and average living standards can be considered middle-class. This is not something that a researcher has to find out. Instead, the participants themselves have responded with their status.
- **Lower Class-** The working poor, manual laborers, and service industry workers all might be considered part of the lower class.

### ***Research Design***

This study is primarily based on the quantitative research design to assess the relationship between mental health and the socio-economic status of returnee migrants. Standardized tools could measure socio-economic and mental health status.

### ***Universe of the Study***

With a population of 204788, the Dhangadi Sub-metropolitan city is the subject of this study. Approximately 68,000 people in this thriving community look for work elsewhere, indicating a notable migration trend. The researcher expressly chose returnee migrants from the Gulf countries to serve as the study's main participants. The gender diversity of migrant workers, including men and women, is reflected in this demography. The group of people who have returned from the Gulf, which makes up the universe of our research, is the focus of the study's scope. The larger global population is the sample frame, highlighting the interdependence of international labor markets and migration trends, even if Dhangadi is the study's specific context.

### ***Sampling and Sample Size***

This research has only explored the specimen from Sudurpaschim provinces, mainly Dhangadi- Sub-metropolitan. The researcher lives in that particular area and is familiar with it, which makes it easy to find out the subject of the research. Returnee migrants from Gulf countries (which include Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates (UAE), were included. By studying records of returnee migrants in specific municipalities, 176 samples were selected. Among the total specimens from returnees' males and females were selected. In each ward, 20 respondents were selected by using stratified random sampling. The researcher tried to collect at least 25 % of female returnee migrants in each ward to follow the government of Foreign Probation Board 2016, indicating that those female returnees were 25%. The inclusion criteria of sampling for this research were returned migrants from Gulf countries of Dhangadi sub-metropolitan city aged from 20 to 50 years. The exclusion criteria for selecting the sample were age below and above 20 and 50 years, respectively, and those in countries other than the Gulf.

### ***Data Collection Tools***

#### **1. DASS-21**

DASS-21 is a sophisticated instrument that has often been used to scrutinize subjective depression, anxiety, and stress (Lovibond & Lovibond, 1995). It supports the 3-factorial

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dimensionality of reliability and validity of 0.82, respectively (Tonsing, 2014). This tool has made it easy for researchers to understand mental health issues.

### 2. Survey

Selected returnee migrants were asked a set of structured questions to measure their socioeconomic status of returnee migrants. Both males and females were asked the same set of questions. The structured questionnaires were prepared and pre-tested before going to the field.

#### *Data Analysis Techniques*

Quantitative data are analyzed using various statistical referential tools, primarily focusing on correlation analysis and the Z-test. To begin this process, comprehensive tables were constructed for each research question to organize and present the data. This structured approach allows for easier comparison and tabulation of results. Once the data were tabulated, a thorough analysis was conducted, aligning the findings with the research's hypotheses and objectives. During the analysis phase, multiple statistical tools were utilized to ensure a robust examination of the data. This included not just correlation and Z-test but potentially other relevant methods as well, depending on the specific requirements of the research. Each statistical tool provided unique insights, allowing for a multifaceted understanding of the relationships within the data. Overall, this rigorous process ensures that the data's conclusions are reliable and meaningful, offering valuable contributions to the field of study. Through this careful examination and the application of statistical reasoning, the research aims to achieve its stated goals and provide a solid foundation for future inquiries.

#### *Ethical Consideration*

The participants were instructed to have the right to refuse to participate and walk out during the data collection procedure. This study also took a formal paper-based consent form with them; however, before taking the consent form, the researcher had requested to take it a few times to complete the data collection questionnaire. The research does not disclose the issues of their personal information and ensures that their privacy is maintained. Moreover, the participants were not provided with any suggestions or advice on the topic, but they didn't comprehend the meaning when they asked questions. Then, the researcher helped them understand and clarify a particular statement's meaning.

## RESULTS AND ANALYSIS

*Table 1: Demographic Profile of Returnee Migrants from Gulf Countries*

Characters	Frequency	%
<b>Age</b>		
Early adulthood	120	68.20%
Middle adulthood	56	31.80%
<b>Total</b>	<b>176</b>	<b>100.00%</b>
<b>Ethnicity</b>	<b>Frequency</b>	<b>%</b>
Janjaati	16	9.10%
AdiBashi	22	12.50%
Kshetri	83	47.20%
Brahmin	38	21.60%
Dalit	17	9.70%
<b>Total</b>	<b>176</b>	<b>100.00%</b>

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<b>Characters</b>	<b>Frequency</b>	<b>%</b>
<b>Education</b>	<b>Frequency</b>	<b>%</b>
Below 10	20	11.40%
SLC	97	55.10%
12	49	27.80%
Bachelor	7	4.00%
Master	3	1.70%
<b>Total</b>	<b>176</b>	<b>100.00%</b>
<b>Gender</b>	<b>Frequency</b>	<b>%</b>
M	145	82.40%
F	31	17.60%
<b>Total</b>	<b>176</b>	<b>100.00%</b>

Table no. 1 represents the demographic profile of the participants; here, the participants are categorized based on age, ethnicity, education level, gender, and religion. Among the total of 176 participants, 120 belonged to the early adulthood age group, which constitutes 68.20%, and 56 belonged to the middle adulthood age group, which constitutes 31.80% of the total participants. Similarly, based on ethnicity, they were categorized as Janajati, Adi Bashi, Kshetri, Brahmin, and Dalit with the following data: 16 (9.10%), 22 (12.50%), 83(47.20%), 38 (21.60%), and 17 (9.70%), respectively.

Similarly, they were also categorized based on their education level, where 20 had an education level below ten standards, 97 of them studied till 10, 49 of them studied till 12, 7 of them till bachelor's, and 3 of them till master's.

In this research, of a total number of 176 participants, 82.40% were male, whereas 17.60% were female. Likewise, the highest number of participants, i.e., 90.90%, followed Hinduism as their religion, and the remaining 2.80% and 6.30% followed Buddhism and Christianity, respectively.

**Mental Health Status of Returnee Migrants**

**Table 2: Level of Depression, Anxiety, and Stress of Returnee Migrants**

Level of Depression	Frequency	Percent age	Level of Anxiety	Frequency	Percent age	Level of Stress	Frequency	Percent age
Mild	103	58.5%	Extremely Severe	1	0.6%	Mild	5	2.8%
Minimal	34	19.3%	Mild	20	11.4%	Minimal	171	97.2%
Moderate	38	21.6%	Minimal	7	4.0%	<b>Grand Total</b>	<b>176</b>	100.0%
Severe	1	0.6%	Moderate	126	71.6%			
<b>Grand Total</b>	<b>176</b>	100.0%	Severe	22	12.5%			
			<b>Grand Total</b>	<b>176</b>	100.0%			

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Table no. 2 presents the level of depression, anxiety, and stress of returnee migrants. The majority of the returnees showed mild levels of depression, accounting for half of them (58.5%); 34 of them showed minimal levels of depression, whereas 38 of them showed moderate levels of depression, and one of them had a severe level of depression. Similarly, the level of anxiety was also measured, where the majority of them had a moderate level of anxiety, i.e., 71.6%, 12.5% of them had severe, whereas 11.4% had a mild level of anxiety. Whereas 1 of them had an extremely severe level of anxiety, and 7 of them had a minimal level of anxiety.

In this research, most of them had minimal stress levels, and the remaining 2.8% had mild stress levels.

### Socioeconomic Status of Returnee Migrants

**Table 3: Quartile distribution of participants based on socioeconomic status**

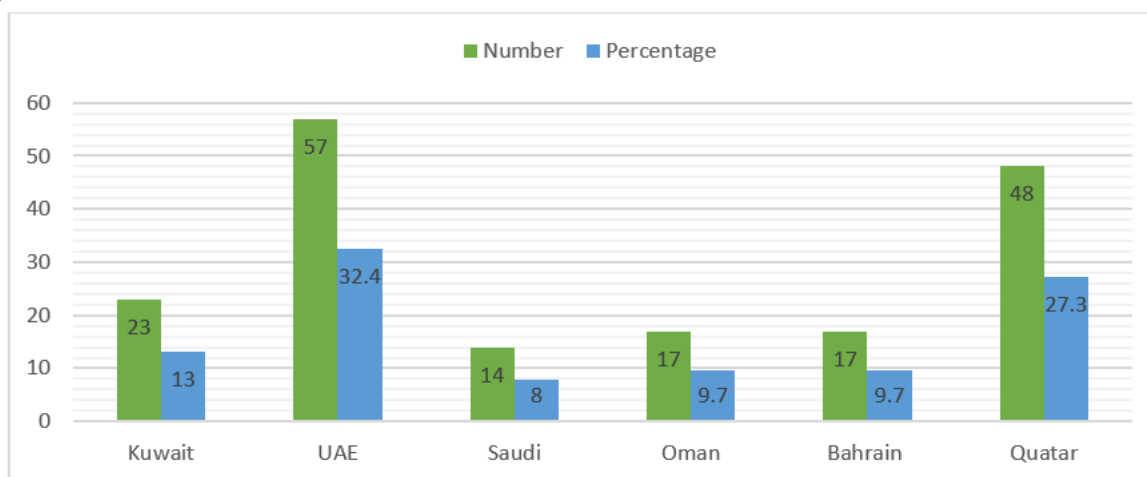
Responses	Work Satisfaction	Family Support
Not Satisfied	81	2
Little bit	52	24
Satisfied	23	133
Highly Satisfied	20	17
<b>Total</b>	176	176

Table no. 3 represents the quartile distribution of the socioeconomic status of participants. Here, the responses 1, 2, 3, and 4 represent the different values according to their responses. The response "1" represents individuals are not satisfied, response "2" represents individuals are satisfied a little bit, and "3 represents individuals are satisfied 4" represents individuals are delighted.

As per the first quartile representation, most of the participants fall in the response category of 1 (81), and the least individuals in category 4 are delighted. Whereas as per the data of the second quartile, the average population falls under response 3, representing individuals who are satisfied with their family support. It means they have a sound family support system.

### Returnee Migrants reference to the country

**Figure 1: Representation of migrant returnees reference to the country they returned from**



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Figure 1 represents the participants that provided us with the data returned from the following countries: Kuwait, UAE, Saudi, Oman, Bahrain, and Qatar. From the data represented, most people returned from the UAE (32.4%) and Qatar (27.3%). Likewise, 23, 14, 17, and 17 returnees were from Kuwait, Saudi Arabia, Oman, and Bahrain, respectively.

### Annual Income of Returnee Migrants

**Figure 2: Bar diagram representing the annual income of Returnee Migrants**

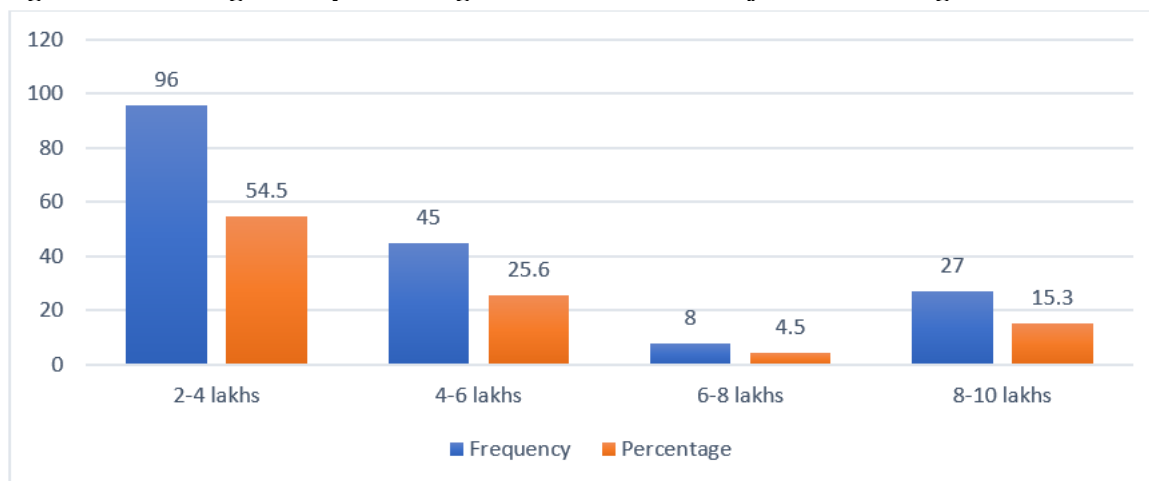
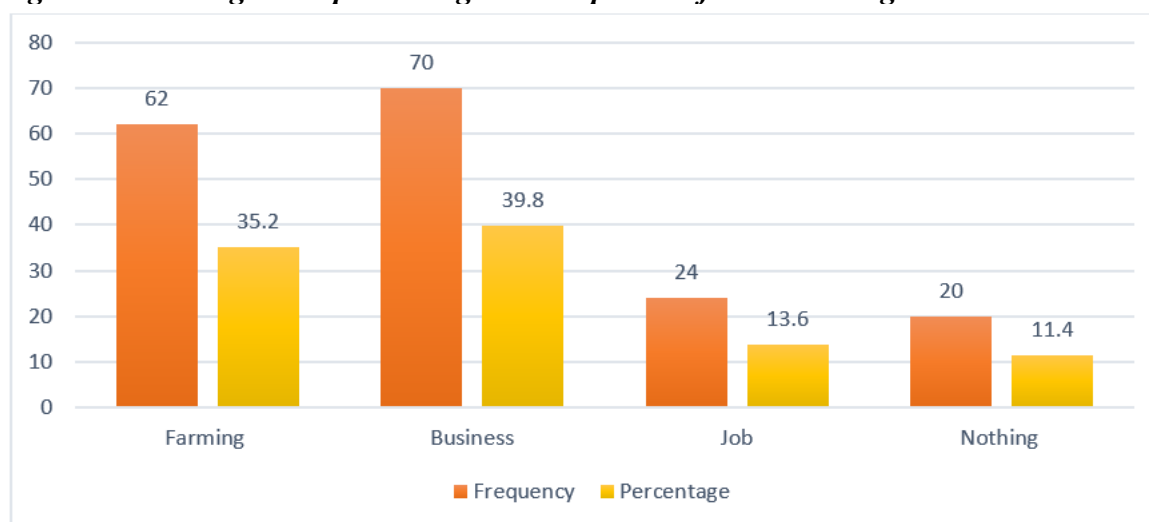


Figure 2 indicates the frequency and percentage of the annual income of returnee migrants. From the data presented, 54.5% of the participants have a yearly income of 2 to 4 lakhs. Likewise, 25.6% represent people with an annual income of 4 to 6 lakhs, and 15.3% represent individuals with 8 to 10 lakhs. Lastly, only 4.5% have a yearly income of 6 to 8 lakhs.

### Occupation of Returnee Migrants

**Figure 3: Bar diagram representing the occupation of Returnee migrants**



According to the bar diagram from Figure 3, only 13.6% of the participants were involved in a job as their official occupation. 20% of the participants claimed they weren't engaged in any occupation. Most of them were either involved in farming or business as their occupation. Among them, 39.8% were engaged in business, and the remaining 35.2% were involved in agriculture.

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**Mental Health and Occupation**

*Table 4: Depression, Anxiety, and Stress among returnees based on their occupation*

<b>Depression</b>	<b>Frequency</b>	<b>Anxiety</b>	<b>Frequency</b>	<b>Stress</b>	<b>Frequency</b>
<b>Farming</b>	62	<b>Farming</b>	62	<b>Farming</b>	62
Mild	39	Mild	6	Mild	4
Minimal	9	Minimal	3	Minimal	58
Moderate	14	Moderate	45	<b>Business</b>	70
<b>Business</b>	70	Severe	8	Mild	1
Mild	39	<b>Business</b>	70	Minimal	69
Minimal	17	Extremely Severe	1	<b>Job</b>	24
Moderate	13	Mild	9	Minimal	24
Severe	1	Minimal	4	<b>Unemployed</b>	20
<b>Job</b>	24	Moderate	47	Minimal	20
Mild	15	Severe	9		
Minimal	5	<b>Job</b>	24		
Moderate	4	Mild	3		
<b>Unemployed</b>	20	Moderate	18		
Mild	10	Severe	3		
Minimal	3	<b>Unemployed</b>	20		
Moderate	7	Mild	2		
		Moderate	16		
		Severe	2		
<b>Total</b>	<b>176</b>	<b>Total</b>	<b>176</b>	<b>Total</b>	<b>176</b>

As per the table, among the individuals who belonged to farming jobs, 39 of them had mild levels of depression, 9 of them had minimal levels of depression, and the remaining 14 of them had moderate levels of depression. Among the individuals that belonged to the category of business, 39 of them had mild levels of depression, 17 of them had minimal, 13 had moderate, and only 1 had severe levels of depression. Additionally, among the individuals belonging to the category of job or somewhere they are employed, 15 of them had mild depression, 5 of them had minimal, and 4 of them had a moderate level of depression. Lastly, for individuals who are unemployed, 10 of them had mild, 3 of them had minimal, and 7 of them had a moderate level of depression.

In the case of anxiety level, a total of 62 individuals belonged to farming, the majority of whom had a moderate level of anxiety (45), and the remaining 6, 3, and 8 people had mild, minimal, and severe levels of stress, respectively. Whereas returnees belonging to business, the majority had a moderate level of anxiety, i.e., 47 of them, and the remaining 1, 9, 4, and 9 had extremely severe, mild, minimal, and severe levels of anxiety, respectively.

As per the research study, of the four in farming had mild stress, and 58 had minimal stress. Likewise, 1 and 69 people had mild and minimal stress levels, respectively, whereas the returnees who are doing business and are unemployed had minimal stress.

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**Mental Health and Education**

*Table 5: Depression, Anxiety, and Stress among returnees based on their education*

<b>Depression</b>	<b>Frequency</b>	<b>Anxiety</b>	<b>Frequency</b>	<b>Stress</b>	<b>Frequency</b>
<b>Class 10</b>	<b>97</b>	<b>Class 10</b>	<b>97</b>	<b>Class 10</b>	<b>97</b>
Mild	56	Mild	12	Mild	1
Minimal	22	Minimal	6	Minimal	96
Moderate	18	Moderate	68	<b>Class 12</b>	<b>49</b>
Severe	1	Severe	11	Mild	2
<b>Class 12</b>	<b>49</b>	<b>Class 12</b>	<b>49</b>	Minimal	47
Mild	32	Mild	6	<b>Bachelor</b>	<b>7</b>
Minimal	8	Minimal	1	Minimal	7
Moderate	9	Moderate	38	<b>Below 10</b>	<b>20</b>
<b>Bachelor</b>	<b>7</b>	Severe	4	Mild	2
Mild	4	<b>Bachelor</b>	<b>7</b>	Minimal	18
Minimal	2	Moderate	7	<b>Master</b>	<b>3</b>
Moderate	1	<b>Below 10</b>	<b>20</b>	Minimal	3
<b>Below 10</b>	<b>20</b>	Mild	1		
Mild	11	Moderate	13		
Minimal	1	Severe	6		
Moderate	8	<b>Master</b>	<b>3</b>		
<b>Master</b>	<b>3</b>	Extremely Severe	1		
Minimal	1	Mild	1		
Moderate	2	Severe	1		
<b>Total</b>	<b>176</b>	<b>Total</b>	<b>176</b>	<b>Total</b>	<b>176</b>

Table 5 represents depression, anxiety, and stress based on migrant returnees' education. The education level of the returnees is categorized as grade 10, below grade 10, grade 12, bachelor's and master's, and above. 97 people fall under the category of grade 10, 20 below grade 10, 49 in the category of grade 12, 7 in bachelors, and 3 of them in Masters and above. Of migrants of the category belonging to grade 10, 56 of them had mild, 22 had minimal, 18 had moderate, and 1 had a severe level of depression. Among 49 of the 12 graders, 32 had mild, 8 had minimal, and 9 had moderate levels of depression. Most of the bachelor-level migrants and those below grade 10 have a significantly lower level of dissatisfaction, mild levels of depression.

In the case of level of anxiety, migrants with grade 10 level education had moderate primary levels of anxiety (68), and the grade 12 level had moderate levels of anxiety (38). In contrast, master-level individuals showed equally severe, mild, and severe levels of anxiety. Lastly, the data showed a level of stress in people. Migrants with grade 10 level education showed a minimal level of stress (96), grade 12 showed a mild (2) and minimal (47) level, bachelor level showed a minimal (7) level, below 10 grades showed a mild (2) and minimal (18) level, and master level showed a minimal level of stress.

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**Descriptive Statistics**

**Table 6: Descriptive statistics of data concerning depression, anxiety, and stress**

<b>Depression</b>		<b>Anxiety</b>		<b>Stress</b>	
Mean	11.95	Mean	12.09	Mean	10.54
Standard Error	0.20	Standard Error	0.19	Standard Error	0.14
Median	12.00	Median	12.00	Median	10.00
Mode	13.00	Mode	12.00	Mode	10.00
Standard Deviation	2.69	Standard Deviation	2.53	Standard Deviation	1.90
Sample Variance	7.23	Sample Variance	6.41	Sample Variance	3.60
Kurtosis	1.22	Kurtosis	1.64	Kurtosis	1.03
Skewness	0.77	Skewness	0.47	Skewness	0.62
Range	16.00	Range	16.00	Range	11.00
Count	176.00	Count	176.00	Count	176.00

As per the statistical data in the table, the mean for depression is 11.95, with a standard error of 0.20. The median and mode are 12 and 13, respectively, with a standard deviation of 2.69 and a sample variance of 7.23. Meanwhile, the kurtosis is 1.22, and the skewness of the data is 0.77.

Likewise, in the case of anxiety, the mean value is 12.09, with a standard error of 0.19. The mean and mode are 12 with a standard deviation of 2.53 and a sample variance of 6.41, whereas the kurtosis and skewness of the data for anxiety are 1.64 and 0.47, respectively.

Lastly, data for stress showed a mean value of 10.54 with a standard error of 0.14. The median and mode are 10, with a standard deviation of 1.90 and a sample variance of 3.60. The kurtosis and Skewness for the stress are 1.03 and 0.62, respectively.

**Correlation between Mental Health and Socioeconomic Status of Returnee Migrants**

**Table 7: Mental Health and Socioeconomic Status of Returnee Migrants**

	<b>Depression</b>	<b>Anxiety</b>	<b>Stress</b>	<b>Age</b>	<b>Gender</b>	<b>Ethnicity</b>	<b>Education</b>	<b>Returnee from</b>	<b>Income Per Annum</b>	<b>Occupation</b>
<b>Depression</b>	1.00									
<b>Anxiety</b>	0.62	1.00								
<b>Stress</b>	0.43	0.51	1.00							
<b>Age</b>	-0.03	-0.01	-0.07	1.00						
<b>Gender</b>	-0.02	-0.11	-0.10	-0.16	1.00					
<b>Ethnicity</b>	-0.05	-0.08	-0.18	0.14	0.26	1.00				
<b>Education</b>	-0.06	0.00	-0.10	-0.21	0.40	0.12	1.00			
<b>Returnee from</b>	0.05	-0.05	0.06	0.01	0.18	0.11	0.06	1.00		
<b>Income Per Annum</b>	-0.11	-0.02	-0.04	0.08	-0.01	0.08	0.07	-0.02	1.00	
<b>Occupation</b>	0.04	0.05	-0.13	0.02	0.07	0.12	0.16	0.02	0.23	1.00

## **The Relation between Socio-economic Status and Mental Health of Returnee Labor Migrants from the Gulf Countries in Dhangadi Sub-Metropolitan**

From the table, we can infer the correlation of mental health, namely depression, anxiety, and stress, with the socio-economic status of migrant returnees along with other factors like age, gender, ethnicity, education, the country returned from, income per annum, and occupation. As per the research data, depression is positively correlated to anxiety (0.62), stress (0.43), the country returned from (0.05), and occupation (0.04). In contrast, it is negatively correlated with age (-0.03), gender (-0.02), ethnicity (-0.05), education (-0.06), and income per annum (-0.11).

The data from the table shows that anxiety is positively correlated to stress (0.51) and occupation (0.04). In contrast, it is negatively correlated to age (-0.01), gender (-0.11), ethnicity (-0.08), the country returned from (-0.05), and income per annum (-0.11). From the data, it is seen that anxiety has no relation to the level of education.

Finally, the correlation of stress with other factors is also mentioned in the table. It is positively correlated to the country they returned from (0.06), whereas stress is negatively correlated with age (-0.07), gender (-0.10), ethnicity (-0.18), education (-0.10), income per annum (-0.04), and occupation (-0.13).

### **DISCUSSION**

The level of anxiety was also measured, where the majority of them had a moderate level of anxiety, 71.6%, 12.5% of them had severe, and 11.4% had a mild level of anxiety. Whereas 1 of them had an extremely severe level of anxiety, and 7 of them had a minimal level of anxiety. The data suggests that Nepalese realize the dangers associated with the Gulf. At the same time, this study has also shown the significant relationship between mental health issues and the socio-economic status of returnee migrants from the Gulf countries. However, Nepalese emigrate because of limited opportunities in Nepal, an obligation to improve their families' well-being, and the allure of the Gulf nations.

A little over 40% of women and 30% of males said they were moderately to severely sad or nervous. The best mental health was seen in people between 65 and 74. Younger participants reported worse mental health than older participants. Poor social support, humiliation experiences, work status (being employed and getting a disability pension), financial hardship, significant life events, and functional disability were all factors that were strongly and independently correlated with mental health symptoms. Anxiety and depression were found to be strongly associated with how taxing household work was perceived to be. It applies to both men and women. The amount of education had no relation to the presence of mental health issues. Physical inactivity, being underweight, and drinking alcohol at risk were all independently linked to mental health symptoms.

Migration is a process since there are stages to go through. The migrants would frequently face discomfort due to a lack of preparation, challenges adjusting to the new environment, the complexity of the local system, language barriers, cultural differences, and negative experiences. Additionally, it has a detrimental effect on the population's mental health as a result. Migration and its impact on human well-being have become contemporary due to globalization, modernization, improved technologies, and developments in all fields. Accordingly, this article makes an effort to understand migration and its effects on the mental health of migrants based on studies conducted nearby (Virupaksha, et. al., 2014).

## **The Relation between Socio-economic Status and Mental Health of Returnee Labor Migrants from the Gulf Countries in Dhangadi Sub-Metropolitan**

One study on Nepalese female returnee migrant workers from the Gulf country reported the prevalence of mental health problems as 8.3%. Almost a quarter (23%) of labor migrants to Malaysia, Qatar, and Saudi Arabia had experienced mental health issues, with a strong positive link between perceived health risk in the work environment and mental health status. Workplace workers are more stressed than those working in their own businesses.

Paradoxical finding with a 4% increase in the predicted probability of depressive symptoms among Nepalese migrant workers compared with Arabs for every unit increase in perceived quality of life. The study analyzed the Nepalese government's report and looked at 1354 deaths in Nepalese migrant workers, of which 8.5% were due to suicide. The fifth quality qualitative study reported various mental health problems among the workers, including loneliness, social isolation, tension, anxiety, and attempts to suicide (Paudyal et al., 2020).

According to Tilahun et al. (2020), the prevalence of common mental disorders was high among migrants who returned from the Middle East and Gulf countries. Despite the high burden of mental distress, only a tiny proportion of returnee migrants with mental illness are getting mental health care services.

In a cross-sectional study, we aimed to assess the mental health problems of Nepalese migrant workers in the Gulf countries and assessed 747 individual members. Ninety-five returnee migrant workers received psychosocial counseling, 67% of whom were males. The majority (56%) of returnees suffered from anxiety, 23% had depression, and 11% had a severe mental illness. The left-behind family members amounted to 652, 93% of whom were females. The majority (56%) had anxiety, 25% had depression, 7% expressed suicidal ideation or had attempted suicide, and 2% had a severe mental illness (Mahat et al., 2020).

### **CONCLUSION**

This study concluded that migrants with grade 10 level education showed minimal stress, those in grade 12 showed mild stress, those with a bachelor's level showed minimal stress, and those with a grade below 10 levels showed mild and minimal stress. The master level showed a minimal level of stress. With the help of data collection tools and analysis, it can be concluded that education and mental health have a proportional relationship. The higher the education, the higher the stress, whereas a lower education level implies lower stress and anxiety, respectively.

The data above also represents the level of stress among the returnees. Migrants from Saudi Arabia have a higher level of stress but show a mild and minimal level of anxiety. Of the total 96, 3 were mild, and 93 had minimal stress levels, whereas individuals who returned from the UAE and Qatar only showed minimal stress. This study also indicates that, on average, people with a good level of support from their family are less stressed. In contrast, those who don't have support from their family are somehow affected by mental health issues.

As per the research study, people in farming jobs had mild stress levels, and 58 had minimal stress levels. Likewise, 1 and 69 people had mild and minimal stress levels. Therefore, based on the data, something can be concluded from this research: those participants who are engaged in any job have less stress and anxiety compared with those who haven't had a job yet after returning from the Gulf countries. Hence, it indicates that employment has a significant relationship with mental health.

## The Relation between Socio-economic Status and Mental Health of Returnee Labor Migrants from the Gulf Countries in Dhangadi Sub-Metropolitan

In this research, most people from Brahmin and Kshetri families had a higher level of stress and anxiety than Aadibshi and Janjaati among migrant returnees from the Gulf countries. Thus, the upper class and higher socioeconomic status lead them to mental health issues. This means the first hypothesis of this research matches.

### ***Implication of the Study***

This study's implications extend to contributing to a deeper understanding of these issues and guiding future research endeavors, particularly in Nepal. This research would contribute to a more comprehensive understanding of the complex interplay between socioeconomic status and mental health of returnee migrants in Nepal from Gulf countries. The results of this study have significant implications for higher-level authorities in enhancing the working environment and family support here in Nepal, particularly for those who have returned to Nepal. These results highlight the need to address a substantial working environment and some support from the government and family.

### ***Strengths and Limitations of the Study***

This research has examined the socioeconomic status and mental health of returnee migrant labor from Gulf countries in Nepal. Hence, it covers only a limited territory, Dhangadi Metropolitan, Kailali. The overall outcome may differ from those living in eastern or other areas of Nepal. This research was based on the quantitative method, which means it is not based on their personal experience; instead, they were obliged to answer the questionnaires. Besides that, this research has not evaluated the overall mental health status of the returnee migrants, nor has it examined their mental health history. Finally, this research is based on the recent situation, which means it needed to dig out the past issues they have faced that might cause today's problems.

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### **Conflict of Interest**

The author declares no conflicts of interest regarding the publication of this paper.

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## **APPENDICES**

### **List of Abbreviations**

- CBS: Central Bureau of Statistics
- FEPB: Foreign Employment Probation Board
- ILO: International Labor Organization
- MoLE: Ministry of Labour and Employment
- PMH: Past Medical History
- UAE: United Arab Emirates