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Short Communication

Fostering Mental Wellbeing in Return Migrant Women

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Abstract

Migrant women ventured overseas to work in domestic roles and came back to their home countries enduring different types of physical and psychological mistreatment. Among those who faced various forms of mistreatment during their migration, a significant number experienced mental health issues upon returning home. An example is a 28-year-old female migrant who was physically abused in Saudi Arabia and later developed psychosis after coming back home. This case study provides a detailed understanding of the observation process, highlighting that female migrants who return home encounter diverse forms of social harassment and stigma, such as social isolation, excessive anxiety, depression, fear, and loss of dignity. Consequently, the report recommends the expansion of mental health services and rehabilitation programs for female migrants upon their return.

Key Words: *Migration; Female Return Migrant; Social Stigma; Mental Health; Bangladesh;*

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Introduction

According to Chowdhury (2021), women migrate to foreign countries for temporary domestic work contracts, but they eventually return home due to various reasons identified by Siddiqui & Bhuiyan (2013) as push factors. Unfortunately, many women who return after working abroad encounter numerous challenges. Abera et al. (2023) report that these challenges include physical and verbal abuse, inadequate and delayed payment, sexual violence, detainment, and denial of wages. Such experiences lead to negative consequences for returning migrant women, including social stigma, criticism, disrespectful treatment from neighbors, diminished respect, and reduced acceptance within their families upon returning home (Barkat and Ahsan, 2014). Consequently, many of these women suffer from mental health issues. Mental health refers to an individual's overall well-being, encompassing self-awareness, the ability to cope with daily challenges, productivity in work, and contribution to the community (WHO, 2018). Abera et al. (2023) found that mental health problems among returning migrant women are prevalent, with social isolation, excessive anxiety, fear, and sleep disturbances significantly associated with general mental illness. Getnet et al. (2016) further note that anxiety, depression, and unexplainedphysical symptoms are common mental disorders experienced by returnees who have undergone the harsh conditions of migration.

Many individuals who return to their home countries after living abroad face challenges such as anxiety and depression, and some are even diagnosed with severe mental disorders like schizophrenia (Mahat et al., 2020). Social stigma refers to the act of socially discrediting someone by highlighting negative traits and considering them inferior (Bhattacharya et al., 2020). This culture of stigma not only leads to neglect and animosity towards returning migrants but also results in the inhumane treatment of these individuals. According to the leveling theory proposed by Parvez (2021), returning migrants are perceived and treated differently from the rest of society based on specific conditions or characteristics they possess. Moreover, they

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lack emotional and moral support from their families, neighbors, and relatives (Barkat and Ahsan,

2014). The prevalence of mental health issues among returning migrants from Middle Eastern countries has become a significant and widespread concern (Zeleke et al., 2015). This case report describes the situation of a 28-year-old female migrant returnee who experienced physical and verbal abuse in Saudi Arabia, resulting in her unstable mental state and marginalization within her family and society. The report emphasizes the need for mental health care services in two settings for returning immigrants with mental health problems: resettlement centers or shelter-based mental health services (Tilahun et al., 2020).

Case Report

Rozina Begum (pseudonym), a 28-year-old resident of Sarkar Para village, took a leap of faith in 2017 and migrated to Saudi Arabia for work, driven by the desire for a better life for her impoverished family. She relied on an acquaintance from her village to borrow the necessary funds. Leaving behind her three-year-old daughter under the care of her mother, Rozina embarked on this journey with hopes of prosperity. Initially, the broker who facilitated her migration promised her a job in a company, without disclosing the salary beforehand. However, upon arriving in Saudi Arabia, Rozina was assigned a house-to-house job instead. Despite only having completed up to the second grade, Rozina was presented with a document stating that she had to stay abroad for two years, with a promised salary of 25,000 BDT. The broker had assured Rozina that life abroad would feel like home, but it turned out to be far from the truth. She was stripped of her phone privileges and forced to surrender her passport. Moreover, her salary was irregularly provided. She found herself subjected to inhumane labor conditions, with insufficient food provided—merely two meager meals consisting of bread and vegetables. The household she worked in was led by an agitated woman who frequently subjected her to verbal and physical abuse. The owner, a businessman, took advantage of Rozina's vulnerability. In the absence of his wife, he would engage in sexual acts with her almost every night, using threats of deportation and withholding her wages as a means of coercion. Overwhelmed by her circumstances, she eventually mustered the courage to confide in the owner's wife. Unfortunately, her plea fell on deaf ears as the wife dismissed her concerns. She found herself trapped in a state of helplessness, unsure of where to turn for support or relief from her distressing situation.

When she initially ventured abroad, she borrowed money from her brothers, but unfortunately, she was unable to repay them. Additionally, her relationship with her husband was strained, which compelled her to endure all the hardships she faced. However, a significant turning pointoccurred when she became pregnant, leading the owner's wife to take her to a hospital for an abortion. Later, she took the opportunity to tell her brother's wife over the phone. She revealed, "During my menstrual cycle, the owner forced himself upon me, subjecting me to torment by biting my chest and lips." As the owner's wife was initially hesitant to believe her, she mustered the courage to disclose another distressing incident in which the owner poured scalding hot water on her body. Eventually, driven by the burden of her financial obligations, she reluctantly agreed to the owner's advances. However, she faced immense challenges in seeking help, until a fellow Bengali worker from the neighboring house managed to contact the embassy. After a prolonged nine-day ordeal, the embassy arranged for Rozina's repatriation to her home country.

Her sudden return was met with little enthusiasm from her family and community. Fearing shame and societal judgment, she chose not to discuss her traumatic experiences with her husband or anyone else. Instead, she conveyed that she had been occupied with a significant workload and attempted to maintain a semblance of normalcy, while silently grappling with the memories that haunted her. She always found solace in moments of panic, realizing that her husband had squandered all the money she had sent from abroad and remarried. Her mother-in-law used to lend a sympathetic ear to her troubles, so why did she come back? If they had just one more year, they could have saved enough to keep their house. Their arguments were incessant, and after a few years, her husband kicked her out of the house. Unsure of what to do, she sought refuge in her brother's home, where she has spent the last three years. When she returned home, she started talking to everyone for the first time. She also showed affection to her daughter, caressing her. But for almost a year, she refuses to engage with anyone, even keeping her daughter at a distance. When approached, she hurls whatever objects she can find. Her brother has been trying to keep her isolated due to this compulsion. Initially, his wife would bring her food when she first arrived at the house, but even that has become impossible now. Currently, they keep her confined in a shed, and when she moves away from the front of the room, they slide her a plate for her to eat.

Recently a doctor from Sadar Hospital visited their home and examined her. The doctor determined that she was suffering from trauma and needed further evaluation, but it was impossible to take her to the hospital. Now everyone in the village considers her to be mentally unstable. According

to the villagers, she lost her sanity after returning from abroad. Some claim she brought back a considerable amount of money, which her in-laws took away as charms, and ever since then, she has descended into madness. However, Rosina believes that her current state of near insanity is due to the immense pain in her heart. She firmly believes that with proper treatment, she can recover. Rosina's brother laments, "*Taking her to the hospital is not feasible. How can I bring a doctor to my home and afford the expenses for my sister's treatment? We are poor people. I have my own family to feed, my daughter's school expenses, and an elderly mother to care for. I have a doctor for emergencies. I am a single person running a small grocery store. How can I manage everything on my own? It would have been a little better if the government had provided assistance to those who returned and fell ill or became sick.*"

Discussion

Based on Link's and Phelan's (2001) framework on social stigma, this case study demonstrates that individuals who return to their home country after migrating face various forms of socialharassment and stigma, such as being socially isolated and losing their sense of dignity. The report indicates that the reason migrants return home, as observed in this specific case, is due to the disparity between the information they receive and the reality they encounter in the destination country. The case report highlights the story of Rozina, a 28-year-old resident of Sarkarpara village in Satkhira district, who went abroad with the expectation of achieving financial prosperity. However, instead of being employed in a company with a salary of 40 thousand BDT, she was assigned domestic work and received a salary of only 25 thousand BDT.

This case study sheds light on the detrimental impact of social stigma on the mental well-being of returning migrants. The report reveals that individuals who go abroad for work are often perceived negatively by society, with assumptions that they engage in illicit activities. Consequently, when some migrants return prematurely, they are treated as outcasts by the community. These returning migrants are ostracized, excluded from social gatherings, and subjected to various forms of harassment. As a result, they experience psychological issues, including fear, anxiety, and depression. Over time, these difficulties persist and can even lead to the individual developing a mental illness. In the case of Rozina, upon her return from abroad, she faces dissatisfaction from her husband and in-laws when she moves to her in-laws' residence. As she returned earlier than expected, she frequently faces harsh words, arguments, and conflicts. Unable to cope with the situation, she is compelled to seek refuge at her brother's house. However, the continuous harassment and mistreatment from neighbors exacerbate her mental anguish, resulting in psychological problems. Traumatized by her experiences, she distances herself from family members, including her own daughter. She becomes suspicious of everyone, resembling the behavior of a person with schizophrenia. The hopes she had when going abroad remain unfulfilled, and she also loses her previous standing within the family, leaving her in a state of mere survival.

Conclusion

According to a report by Parvez (2021), female migrants who have returned to their home countries face a multitude of challenges, including various forms of social harassment and stigma. These returning migrants often experience social isolation, excessive anxiety, depression, fear, discrimination, and loss of dignity. Furthermore, they are subjected to harassment by family members, neighbors, and relatives, along with public shaming. Such mistreatment and the subsequent loss of status within their own families lead to significant mental distress for these women, eventually resulting in the development of mental disorders. Given the detrimental impact on the mental health of returning female migrants, the report emphasizes the urgent need for rehabilitation services catered specifically to their mental health issues. These services would provide crucial support and assistance to these individuals in overcoming the psychological challenges they face as a result of their migration experience. By offering targeted rehabilitation, these women can receive the necessary care to heal their mental well-being, reintegrate into their communities, and regain a sense of normalcy in their lives.

Declaration of Competing Interest:

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

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