

Protocol

Health and wellbeing issues of Nepalese migrant workers in Gulf Countries and Malaysia: a systematic review

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Background

Nepal is a low-income country going through a demographic transition with an aging population and attendant chronic diseases. Approximately 3.8 million Nepalese (14% of the total population) work abroad (excluding India). Remittance contributes 27% of nation's Gross Domestic Product (GDP). Malaysia and the Gulf Cooperation Council (GCC) countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and UAE) have been the most attractive destinations for migration, contributing to 85% of labour migration. Working migrants send home £6 billion every year, one third of the national income, but at great cost to migrants, their families and to the nation. Many Nepalese die abroad every year, and more return home with debilitating injuries, mental and physical illness and often silent risks of transmitting sexual or other infectious diseases at home.

As part of the Global Challenge Research Fund (GCRF) study, we aim to conduct a systematic review to summarise the evidence on health and wellbeing of Nepalese migrant workers in GCC countries and Malaysia.

Research Questions

What are the health and wellbeing issues of Nepalese migrant workers in Malaysia and GCC countries?

Methods

The systematic review will be reported using PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines and recommendations of the Cochrane Collaboration (www.prisma-statement.org). Studies will be eligible if they: 1) include Nepalese migrant workers aged ≥ 18 years working currently in GCC countries or Malaysia, or returnee migrant workers from these countries within the last 12 months; 2) investigate health and wellbeing issues (physical

health, mental health, accidents and injuries, infections and any other health related issues including access to healthcare); and 3) are published in English until 20 May 2019. Any studies conducted on health issues of Nepalese migrant workers in countries other than GCC countries and Malaysia will be excluded.

Electronic Search:

A combination of search terms as described in the table below will be used to identify studies using MEDLINE and EMBASE database. No health outcomes specific search terms will be used so that the search identifies all relevant studies regardless of any health outcomes under investigation. We will also search the references of all eligible full-text articles and any relevant review articles to identify additional studies.

Search terms for Migration	Search terms for Countries
Migration, Migrant, Emigrant, Immigrant, Expatriate, Foreign worker, Labor migration, Left-behind , Migrant families	Nepal, Nepalese, Nepali, UAE or United Araba Emirates, GCC or Gulf Cooperating council, Middle East Bahrain, Saudi Arabia, Oman Qatar, Kuwait, Malaysia

Article Screening

Once the electronic search is completed, the identified articles will be exported to Rayyan (<https://rayyan.qcri.org/welcome>) and screening will be carried out by two reviewers independently to identify the eligible articles. The title of the identified studies will be double screened and any duplicates and irrelevant articles will be removed. The abstract of the remaining articles will be screened independently by two reviewers to identify eligible full text articles. The full text articles will also be screened by two reviewers and a consensus will be reached to finalise the articles to be included in the study.

Quality Assessment

The study quality will be assessed by two reviewers using the Joanna Briggs Institute checklist for prevalence studies (https://joannabriggs.org/critical_appraisal_tools).

Data Extraction

We will produce a descriptive summary table summarising the findings of the eligible studies. The table will include following information: study reference (authors, publication year and country), study design and settings, participants characteristics (age, sex), and health outcomes and measurement tools and key findings. If sufficient information could not be extracted from the published studies, we will contact the authors of the studies to provide missing or additional information. Based on the reported health outcomes in the identified studies, a narrative summary report of these health outcomes will be provided. Study quality will be reported in a separate table.