

Original Article

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Prevalence of Anxiety and Depression among Wives of Men Working or Living Abroad from Sylhet: Exploring Impact on Mental Health

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Abstract:

This article finds out the prevalence of anxiety and depression among women whose husbands work abroad and also explores the significance of consequential impact on their mental health imposed by the situation as compared to those who live with their husbands. Based on a comprehensive analysis of relevant literature and empirical studies, the research sheds light on the implied challenges faced by these women, considering factors such as separation, communication barriers, and social support. The results showed significant differences between the study and the control groups. The prevalence of anxiety and depression among the study group was 51.2% and 44.1% and the average anxiety and depression score were 19.82 and 21.24 respectively. The combined odds ratio (OR) for anxiety and/or depression between the study and control groups was 9.87 with a 95% confidence interval of [5.49, 17.86] and a chi-square test p-value <0.001. The findings are important as they may contribute to a deeper understanding of the mental health implications in this specific demographic, providing valuable insights for healthcare professionals, policymakers, and support networks.

Key words: anxiety, depression, husbands living abroad, spousal separation, left behind wives, migrant workers of Sylhet.

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Introduction:

The people of Sylhet, the picturesque region in northeastern Bangladesh, have a rich history of venturing abroad in pursuit of better economic opportunities.

This migration beyond borders, which can be traced back to the early 20th century, predominantly driven by the quest for employment, has shaped the socio-economic landscape of the Sylhet region and the foreign lands they migrated to.¹ Though it started with moving onboard ships to London, over the last century it expanded to the Middle East, other parts of Europe, North America, and many other parts of the world. To save their hard-earned income, they often left their wives and family members behind. It undoubtedly earned valuable remittances for the poverty-laden country but also brought about several unfavorable consequences.^{1,2} The impact of this on the mental health, particularly in the context of family disruption, is a multifaceted and complex.³ While overseas employment can bring economic benefits, it often comes at the cost of strained family relationships, leading to a range of mental health challenges for both the migrant worker and their family members back home. The physical distance between migrant workers and their families can lead to emotional distress and a sense of isolation. Family members left behind may experience loneliness, longing, and

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emotional detachment, contributing to mental health issues such as anxiety and depression. In an increasingly interconnected world, where globalization has become synonymous with professional mobility, the phenomenon of husbands working abroad has become a prevalent aspect of contemporary family dynamics.^{4,5} The strain of prolonged physical separation between spouses has produced difficulties in spousal relationships, and at times, the left behind wives and children have been vulnerable to maltreatment by extended family members and society.⁶ This article explores the often-overlooked realm of the mental health of women whose spouses are employed abroad in terms of the prevalence of anxiety and depression within this demographic. It tries to recognize and comprehend the extent of the mental health burden among such women and aims to fill a critical gap in existing literature, offering insights about the necessity and potential implications for intervention in medical and social support mechanisms.

Materials and Methods:

This was a cross-sectional observational study done in the Medicine inpatient of Sylhet Women's Medical College from July 2021 to December 2022. Ethical approval from the Institutional Review Board (IRB) was obtained. A total of 251 married women, having husbands working or living abroad for at least one year and, presenting to the medicine inpatient with different health issues, were selected as the study population by consecutive sampling. Non-consenting parties, patients diagnosed with anxiety or depression before marriage or husband's moving abroad, patients suffering from chronic or debilitating illness like malignancy, systemic lupus erythematosus, rheumatoid arthritis, tuberculosis, thyroid dysfunction, diabetes mellitus, pregnant women, widows and, patients having had a major life event recently, were excluded. Informed consent from them was obtained before enrolment. After the exclusion of the non-eligible subjects, 213 cases were finally selected (Figure 1). On the other hand, 182 married women admitted into the hospital due to acute short-term problems and, living with their husbands in Bangladesh, with similar age and, socio-cultural, educational

and economic background as compared to the study group, were recruited in the same time frame as control. Detailed history taking, physical examination and relevant investigations were done as per the protocol of the hospital. The presence or absence of depression and/or anxiety among the enrolled subjects was assessed by the MMSE (Mini Mental Scale Examination) scale and the severity of the two entities was evaluated by a psychiatrist by the Hamilton scoring system (Table 1) by interview. Data were analyzed with SPSS.

Results:

Of the 395 participants, 213 were in the study group and 182 were in the control group. The average age of the study group and the control were 32 years and 33 years respectively. The participants were 19-50 years old with a mean age \pm SD 31.95 \pm 6.84 years. They were all from the Sylhet division and, the highest number of participants were from the Sylhet district (Figure 2). Seventy-four percent of the husbands living overseas were in the Middle Eastern countries of Asia and, 22.6% were in Europe. KSA (Kingdom of Saudi Arabia) was the top country where the highest number (77) of the husbands worked (Figure 3). The prevalence of anxiety and depression among the study group was 51.2% and 44.1% respectively. More than 10% of them had severe anxiety and, 9.4% had severe depression (Table 2). The average anxiety and depression score among the study group were 19.82 and 21.24 respectively and, the average anxiety and depression score among the control group were 15.02 and 13.46 respectively (Table 3). The combined odds ratio (OR) in this study for anxiety and/or depression between the two groups was 9.87 with a 95% confidence interval of [5.49, 17.86] and a chi-square test p-value <0.001 rejects the null hypothesis of 'husbands' living or working abroad is not a risk factor for anxiety or depression among their wives', in the study. The isolated OR for anxiety was 2.84 with a 95% confidence interval of [1.86, 4.35] and for depression it was 1.87 with a 95% confidence interval of [1.23, 2.58] with a chi-square test p-value <0.001 for both the parameters.

Figure 1: Flow chart of selection of study population

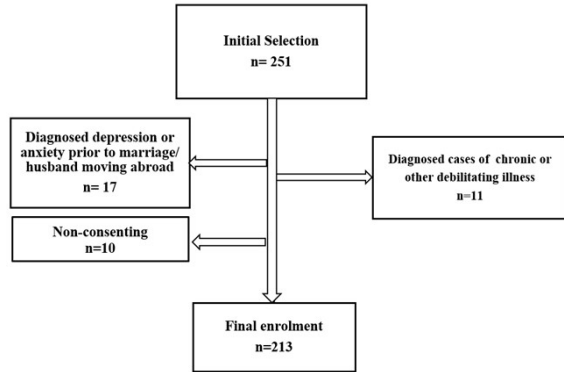


Table 1: Hamilton scoring of anxiety and depression

Anxiety	Mild	<17
	Moderate	18-24
	Severe	25-30
Depression	Mild	0-7
	Moderate	17-23
	Severe	>24

Figure 2: District-wise distribution of participants of Sylhet division

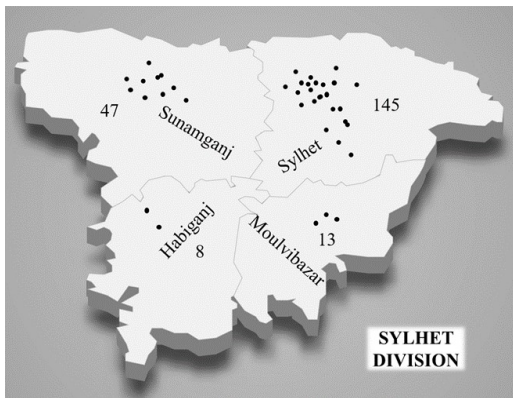


Figure 3: Number of husbands of study population working/living in different countries

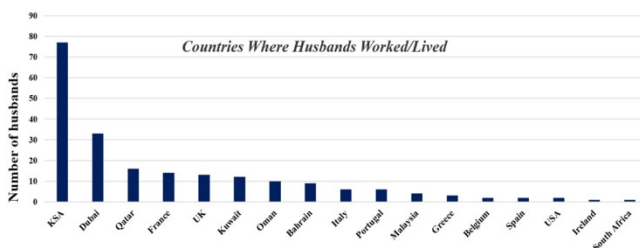


Table 2: Anxiety and Depression severity among the study group

Anxiety status	Frequency	Percent
No anxiety	104	48.8%
Mild	27	12.7%
Moderate	59	27.7%
Severe	23	10.8%

Depression status	Frequency	Percent
No depression	120	56.3%
Mild	29	13.6%
Moderate	44	20.7%
Severe	20	9.4%

Table 3: Anxiety and Depression scores among groups

	Anxiety	Average score of anxiety	Depression	Average score of depression	Both	None
Study group (n=213)	n=103	19.82	n=88	21.24	n=6	n=16
Control group (n=182)	n=47	15.02	n=52	13.46	n=2	n=81

Discussion:

Recognized risk factors for anxiety and depression encompass a range of influences, including genetic predisposition, family history, traumatic life events, chronic medical conditions, substance abuse, imbalances in brain chemistry, and specific personality traits. Often, it is the interplay of these factors that contributes to the onset of these mental health conditions.⁷ Furthermore, prolonged exposure to stressful circumstances can precipitate changes in brain chemistry, heightening the susceptibility to mental health disorders. Chronic stress, in particular, serves as a significant risk factor for both anxiety and depression.⁸

Historically, migration from underdeveloped and developing countries to more affluent ones in pursuit of employment opportunities has been pivotal in bolstering both familial and national economies. However, this achievement has not been without its challenges, particularly concerning strained family dynamics.^{8,9} The separation from spouses due to international employment emerges as a prominent stressor on families. The absence of a partner, exacerbated

by physical distance and time zone disparities, can engender feelings of isolation and emotional strain. Recognizing this dynamic aspect, targeted mental health strategies are essential to address the distinct challenges faced by these women.¹⁰ Communication barriers further compound the situation, as maintaining meaningful connections across borders proves arduous. The limited frequency and quality of interaction may exacerbate feelings of loneliness and emotional distress. Consequently, strategies aimed at facilitating effective communication tools and establishing support networks tailored to the needs of these women become imperative in mitigating the adverse mental health consequences associated with this specific form of separation.^{11,12}

The Sylhet region of Bangladesh is marked by a notable socio-economic phenomenon characterized by the separation of families, particularly due to the migration of husbands for work or residence abroad. This separation often leads to a myriad of health issues among wives left behind, which frequently manifest as somatization symptoms indicative of underlying anxiety or depression.¹³ Despite the scope of this research being relatively modest, it aimed to examine the repercussions of such familial separations on the mental health of women from the Sylhet region. The study revealed prevalence rates exceeding 50% for depression and over 40% for anxiety, underscoring the pervasive nature of these mental health challenges.

In a parallel investigation conducted prior to the COVID-19 era, focusing predominantly on rural housewives with husbands working abroad, within the same geographic area, lower rates of anxiety and depression prevalence were observed, standing at 32.7% and 28.3%, respectively.¹² The heightened prevalence rates identified in the index study may stem from various factors. Particularly noteworthy is the widely recognized impact of the COVID-19 pandemic, which has imposed significant socio-economic stress on a global scale, potentially amplifying the propensity for generalized anxiety and depression among affected populations. Moreover, the earlier study exclusively enrolled outpatient participants, a

selection criterion that may have systematically excluded a substantial cohort of women presenting with somatization symptoms stemming from underlying anxiety and depression in the inpatients.

In a Nepalese study on population with similar demographics, 30% of the study women with an average age 29 years and with almost no literacy, had some form of mental illness.¹¹ Another study conducted in China echoed similar findings, highlighting the propensity for depression among rural women experiencing prolonged separation from spouses working abroad. The majority of participants in our study exhibited symptoms consistent with tension-type headaches, fibromyalgia, non-ulcer dyspepsia, functional chest pain, and palpitations. Comparatively, a pre-COVID-19 study in the same region indicated that 33% of wives of men working abroad, who presented with anxiety or depression, also exhibited gastrointestinal symptoms.^{5,14,15}

Notably, the prevalence of anxiety and depression in this demographic was significantly higher compared to a matched control group of women living with their husbands, with an odds ratio of 9.87 and a statistically significant p-value. This underscores the urgent need to reassess health protocols for these women, given their heightened vulnerability to mental health issues, particularly anxiety and depression.

Further research is imperative to delve deeper into the underlying contributing factors and potential avenues for intervention. Social support, or lack thereof, emerged as a critical factor influencing mental well-being, emphasizing the necessity of robust support systems for women with husbands working abroad to ensure the family's overall productivity.

Moreover, the majority of study subjects presented with somatization symptoms, with common complaints including headaches, restlessness, and shortness of breath, chest pain, and body ache. Addressing these symptoms, particularly among this group of women, necessitates collaborative efforts involving psychiatrists.

Community-based interventions, online support groups, and culturally sensitive mental health services can play a pivotal role in mitigating the heightened risk of anxiety and depression in this demographic. Additionally, it is crucial to consider the broader societal and cultural contexts influencing these women's experiences, including cultural expectations, societal norms, and stigmas associated with their mental health. Tailoring interventions to accommodate these cultural nuances and fostering mental health awareness within these communities is paramount.^{9,15}

Since the 1970s, a significant population of Bangladeshi workers has established residence in the Kingdom of Saudi Arabia, comprising the largest contingent of Bangladeshi expatriates.¹⁶ It is anticipated that this number will further rise in line with the initiatives outlined in Vision 2030.^{17,18} In the present study, a substantial proportion of the husbands (36.49%) of the female participants were found to be employed in the Kingdom of Saudi Arabia. Nonetheless, the potential adverse effects of their working conditions in that country on the mental well-being of their spouses were not investigated.¹⁸ Pregnancy constitutes a unique phase in women's lives, entailing an increased susceptibility to experiencing anxiety and depression both during gestation and postpartum.^{19,20} However, it is noteworthy that this study did not encompass pregnant women within its scope. Consequently, it failed to evaluate the potential effects of husbands' absence due to living or working abroad on the mental well-being of expectant mothers during the perinatal period. Additionally, the prevalence of anxiety and depression observed among women experiencing spousal separation in the study was not directly attributable to the causal influence of pregnancy. Hence, there is a clear need for separate investigations specifically targeting this vulnerable demographic of pregnant women, as well as their offspring, to comprehensively comprehend the health ramifications for both maternal and child health.

Conclusion:

In conclusion, the elevated odds ratios reveal a concerning vulnerability to anxiety and

depression among women with husbands working abroad. Addressing this mental health risk requires a multifaceted approach encompassing targeted interventions for separation-related stressors, improved communication support, enhanced social networks, and culturally sensitive mental health initiatives. By understanding and addressing these factors, healthcare professionals and policymakers can work towards fostering resilient mental health in this specific demographic.

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