

**Women's insecurities in the context of male migration:  
mental health outcomes and risks**

1. Research Objectives

The goal of my exploratory research is to investigate how male migration from Kyrgyzstan creates insecurities for women who stay behind, and, specifically, to understand the outcomes of male migration for the mental health of married women.

My research is founded in the discussion of international migration from Kyrgyzstan. Natives of Kyrgyzstan were part of the growth of international migration from Central Asia to Russia after the collapse of the Soviet Union in 1991. Migration started and developed as primarily male (men constitute about 60-70% of the flow, see FMS 2014) and was informed by economic hardships and political instability in Kyrgyzstan. Economic decline in Russia encouraged movers to find new destinations and new opportunities including travel to the U.S. (Zotova and Cohen 2015). The development of transborder migration over a short historic span led to shifts in the social landscape of Kyrgyzstan and lives of its citizens.

Male migration and remittances to sending households have positive outcomes for family well-being. Remittances support everyday expenses and provide funds for children's education, land purchases, construction of houses or starting businesses (Zotova and Cohen 2016). However, migration related separations encourages women to problem solve and challenge them to cope with multiple obligations. Negotiating power in the sending households produce complex insecurities for married women left behind; and threaten their mental health particularly around stress, depression or anxiety (Lu 2012).

I explore the outcomes of male migration for the mental health of married women, who stay behind. In doing so I will connect gender, migration and health in order to understand how inequalities in gender relations and access to power in Kyrgyzstan society exacerbate vulnerability of women. I will use ethnographic methods to explore the following questions:

- a. How do gender relations transform in the context of male migration in terms of decision-making, division of labor, emotional/material support and responsibilities in the family?
- b. What are the social and cultural shifts in marriage for the married women left behind?

- c. How do married women perceive their bodies and health?
- d. What are the women's stressors that are associated with male migration and prolonged separation with husbands?

## 2. Theoretical Framework

I apply the concept of insecurity in order to explore complex outcomes of male migration on women's health. An environment of insecurity emerges from the complex relations of social, historical and cultural factors that influence migrants and sending communities; and define outcomes as too costly to stay home (Sirkeci 2005). This concept is also applicable to the members of families who stay behind, since they are an intrinsic part of migration process, and as such both benefit from it and experience drawbacks.

My research also builds upon critical feminist perspective and critical medical anthropology. The feminist framework allows me to explore the role of power relations within families, different meanings of marriage and gendered understanding of intimacy and sexuality, as well as the attitudes toward extramarital sex in women's exposure to mental health risks. Hirsch et al. (2009) conducted research in developing countries and discovered the role that male migration plays in the growth of extramarital sexual relations (including access to commercial sex) and increase women's vulnerability. Building upon their cross-national findings I will test how different factors, associated with the large male migration from Kyrgyzstan contribute to insecurities of women left behind.

The concept of structural violence in medical anthropology emphasizes political and economic factors that produce social vulnerability of groups and individuals (Farmer 1996; Parker 2001). The concept of structural violence is useful for understanding the background of economic and social factors, which inform migration from Kyrgyzstan, as well as power and gender relations within the Kyrgyz society. By applying this critical perspective, I will explore women's vulnerability and mental health risks in the context of structural factors that guide migration.

Cross-national scholarship on international and rural-urban migration demonstrate that left behind family members are likely to experience psychological problems and might have higher level of mental health disorders and other stress-related health impairments (Mou et al. 2012; Lu 2012a; Lu 2012b). Stickley et al. (2013) showed that divorced and widowed women in Kyrgyzstan are likely to demonstrate high levels of loneliness. Since prolonged separation and changes in behavior of spouses in a different socio-cultural environment of

the receiving country place considerable strains on marital unions (Zotova, Agadjanian 2014), it may lead to the growing divorce rates and produce negative health outcomes for women.

My work in Kyrgyzstan will allow me to test the social context of women's insecurities and mental health risks, associated with the large male migration. My research will help to develop instruments for further investigation of women's general and mental health in Kyrgyzstan and, potentially, neighboring Central Asian countries. The emphasis on the role of migration will help to address structural inequalities in Central Asia at a broader scale and develop a comparative perspective.

### 3. Methods

I propose to do research in two research sites in Kyrgyzstan. These are Bishkek, the country's capital, and Chui region (in the north of Kyrgyzstan). Bishkek is a place of origin for international migrants (primarily Russian-bound) and a place of destination for internal rural-urban migrants. Bishkek offers employment opportunities that are scarce in rural areas and allows for more varied lifestyles as well as consumption patterns. Local communities of Chui region is the place of origin of both international and internal migrants. By choosing urban and rural areas as two research sites, I aim at capturing differences that may exist in experiences of Kyrgyz women, left behind.

I will gather different types of qualitative data in order to understand the context of women's insecurity and health risks, guided by the complex interplay of different factors: attitudes to male migration, marriage, and gender roles at different levels. I will also collect non-invasive biomarkers during the interviews, which will allow me to assess respondents' general health and stress response (allostatic load): measurements of blood pressure, heart rate, weight, height and skin fold.

I will start with interviews with key informants from two different sectors: family doctors in public and private health care clinics, and executives at NGOs that provide services to women. To define complex insecurities of migrants' wives and their health risks I will conduct 5 interviews, which will provide insights on the major problems that migrants' wives experience and their implications for women's general and mental health.

I will use my contacts among NGOs to recruit participants for two focus groups (6-8 participants in each group, married women of different age). One focus group will be conducted in Bishkek, and one in a rural area (Chui region in the north part of Kyrgyzstan; not far than 30

miles from Bishkek). During focus groups I will discuss women's perception of husbands' migration, their psychological conditions and question how male migration influences their general health and mental health. Focus groups will allow me to get important insights of women's perspectives, and also to build rapport and trust. I will use contacts, established through participation in focus groups, to follow informal communications of women and recruit participants for semi-structured interviews.

After establishing contacts in women's networks and building rapport I will conduct 20 semi-structured interviews with women (10 in each research site); and apply snowball sampling in order to reach the target number of respondents. The interviews will focus on women's socio-demographic characteristics (employment, income and expenses of the family); their experiences as migrants' wives: responsibilities and pressure to juggle multiple responsibilities, gendered division of labor within their families and possibility to negotiate important decisions with husbands; women's views of their marriage and intimacy in the family, views of (in)fidelity of husbands; and their self-assessment of general health and mental health (stress, depression, anxieties). At the end of the interviews I will collect non-invasive biomarkers: measurements of blood pressure, heart rate, weight, height and skin fold.

I will transcript the audio recordings into the Word files and code in MaxQDA software for qualitative analysis. This will help to discover patterns in respondents' narratives and analyze them.

#### 4. Training and previous experience

The proposed research is guided by the findings from two previous research projects. In 2015 I conducted research among Central Asian migrants in New York City, which included natives of Kyrgyzstan among other. This research was supported by a grant from Mershon Center at OSU. My data showed that transformations of gender relations were important concerns for a number of respondents, who discussed divorce or disrupted relationships between spouses, changing value of marriage in the context of migration, or the choice of potential partners. Qualitative data from two collaborative research projects (NIH-RFBR), conducted among Central Asian female migrants in Russia in 2010-2013, informed my research questions as well. This data revealed women's concerns of infidelity and behavior of husbands in the different socio-cultural context in the urban Russian settings, and limited ability to negotiate the issues of safe sex/ use of condoms (Agadjanian, Zotova 2014). For

women left behind in Kyrgyzstan unequal gender relations and prolonged separation with husbands may exacerbate women's exposure to stress and mental health risks.

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