

Review of: "Impact of Men's Labour Migration on Non-migrating Spouses' Health: A Systematic Review"

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Potential competing interests: No potential competing interests to declare.

Dear Editor

Thank you for the opportunity to contribute on this study titled "Impact of Men's Labour Migration on Non-migrating Spouses' Health: A Systematic Review". The authors pose new questions about the consequences of migration on left-behind women as the disease profile landscape is increasingly dominated by mental health conditions. I raise a number of methodological concerns as detailed below.

Introduction

How does living arrangements of women left behind affect their health specifically, can you identify the health outcome likely caused by such exposures. Anyhow, there is need to more broadly highlight why the health of left behind women is important when it is the migrant men to whom migration imposes greater disease risk. Are you interested in demonstrating the health paradox, though there is a potential economic benefit, there is a health cost.

Toyota et al 2007 is a very dated reference and does not truly represent the breadth of current literature on the impact of male migration on left behind women. Surely there is lots published for both within-country and international migration beyond 2007.

Methods

What is the justification for the 2005-2022 timeline? Beyond time as context, could a search of studies by geography have identified those from South America and the Caribbean LMIC countries? Currently there is a bias to Asian and African settings.

Article screening and selection

What about studies on generic impacts on women left behind with health outcomes as secondary outcomes, would you include them? If not why

Is the quality assessment output attached as an appendix to the manuscript.

The PECOS rubric must be used to predetermine the broad type of information to be extracted i.e., the population, exposure, comparative group, outcome and settings. Specifying this will help for instance knowing that results are

comparing non-migrating women with migrant spouses/partners with other women with non-migrant male spouses/partners across all the studies, if not any deviation from this should be noted here and in the results.

What rubric was used to determine the preferred information to be extracted from the studies. The PRISMA-P checklist is ideal, currently this looks discretionary.

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Findings

Mental health

I appreciate the inclusion of protective behaviours to attenuate the negative health impacts but there is lots of repetition, otherwise summarize both impacts and coping mechanisms in compact paragraphs, integrating both quantitative and qualitative data.

Table 1

Chen et al.,2015 Be consistent with how you report the sample, how large was the sample

Shattuck et al.,2019 As you have done in the reporting, I would rename 'Family planning health-care accessibility' to 'sexual and reproductive healthcare'

Physical Health

'autonomy' may not be the right word but 'overburdened by additional responsibility'

Discussion

Last line of first paragraph - An expanded discussion of the health disadvantage women face in LMIC should have been included in the introduction to the problem statement

Policy recommendations

How feasible is this suggestion, it obviously requires large structural shifts to accomplish while migration persists with ongoing political instability, climate catastrophes, etc.

Overall

I have strong reservations about referring to this work as a systematic review, a narrative or scoping review perhaps. Various guides and rubric traditionally used in conducting systematic reviews were either not used or attached to this manuscript, I have highlighted a few. For example, there was no clear strategy to capture the quantitative data consistently when 24/33 studies were quantitative, use of a PRISMA-P checklist should have compelled the authors to report the data thus 'truly' being a systematic review.

