PSYCHIATRIC MORBIDITY OF MIGRANT WORKERS IN MALAYSIA - FOR IRPA STUDY ON HEALTH PROBLEMS OF FOREIGN WORKER

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ABSTRACT: Malaysia has been swamped by migrant workers from nearby countries like Indonesia, Philippine and also Bangladesh since 1980's. The main pulling forces which motivated them to migrate to Malaysia are better economy, political stability and religious freedom in Malaysia.

Another way of classifying migration pattern is to divide it into push and pull migration or a combination of the two. Pull migrants are those who migrate to obtain better economic opportunity while push migrants are those who try to run away from being prosecuted or due to fear of political and religious suppression. Whatever the push and the pull factors, they are bound to encounter some acculturation challenges. This will inevitably produce certain psychological sequelae. Therefore, the main aim of this study is to determine the point prevalence of psychiatric morbidity experienced by the migrant population.

The psychological impact of push and pull migrations is fundamentally distinct. There were significant numbers of migrants admitted to University Hospital psychiatric units who suffered from psychological distress and para suicide. The reasons for these problems are multi-faceted. Hence, another purpose of this study was to investigate factors which make them to be at risk of developing psychiatric morbidity. The findings of this study can be used as a basis for making recommendations to the government of the rationale to include psychological assessment as one of the important components in the pre-employment selection criteria. *(JUMMEC 2002; 1:62-66)*

KEYWORDS : Push migration, pull migration, psychiatric morbidity, psychological impact.

Introduction

Since 1980's Malaysia has been swamped by migrant workers from nearby countries like Indonesia, Philippine and also Bangladesh. The main pulling forces that motivate them to migrate here are better economy, political stability and religious freedom. Historically these three factors have been the primary factors which initiate migration from one country to another (1).

There are several kinds of migration

1) Primitive migration is a form of migration which is neither planned nor forced. The people judge the political or economic situations in their country or residence to be unbearable and hence they flee in order to have a better way of life. Our migrant population in Malaysia mainly fall into this category of migration pattern. They come here because of the better living condition which they are not able to get in their own countries of origin. For example, this is obvious in the case of Indonesian and Bangladeshi migrant workers whereby their over populated and under-developed home countries have forced them to find jobs in Malaysia in order get better living condition, attractive economic opportunities and monetary rewards in this country.

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2) Forced migration, such as seen in the case of British convicts to Australia between 1788 and 1867, or slave trade in the 19th centuries to America. This form of migration is where it is inflicted upon unwilling populations.

3) Free migration, is characterized by groups of individuals who are motivated not by push factors or political reasons but by alienation from their society of origin. They choose to make a new life for themselves. The number of migrants who fall in this category in Malaysia is generally small.

4) Mass migration. This involves the movement of very large numbers of individuals. The largest reported mass migration in the history is the Great Atlantic Migration whereby between 1820 and mid 20th century about 40 million people emigrated from their countries.

Another way of classifying migration pattern is to divide it into push and pull migration or a combination of the two. Example of the pull migrant are those who migrate in order to get better economic opportunities while those called push migrants are those who try to run away from being persecuted and also those who fear political and religious suppression (2).

Whatever the push and pull factors which cause people to migrate they are bound to encounter acculturation challenges. This is inevitable and produces certain psychological sequelae. It includes feeling of homesickness, uprootedness, isolation from and mistrust of the local majority, mood disturbances and psychosomatic illnesses (3-5). Therefore the main aim of this study is to determine the prevalence of psychiatric morbidity that these migrant workers are experiencing.

Nevertheless the psychological impact of the pull and push migrations is fundamentally distinct. The 'pull" migrants are usually more resilient and enterprising than the latter. In fact, studies have shown that the psychological difficulties experienced by the pull migrants have are less than what is being experienced by the push migrants (6). Even though our migrant populations are noted to be more pull migrants but anecdotally we found that many of them do have significant psychosocial adjustment problems to life in Malaysia. Recently we also noted that there were significant numbers of migrants admitted to University Hospital psychiatric units with complaints of psychological distress and para-suicide(7). The reasons for these problems are multi- facetted. They include factors like forced separation from loved ones, low level of social support, acculturation difficulties low educational and low socioeconomic status. Hence another purpose of this study was to investigate factors which make them to be at risk to psychiatric morbidity. Hopefully, the understanding of the factors which contribute to psychiatric morbidity will help us to recognize some preventive strategies that can minimize the rate of psychological problems among the migrant workers in Malaysia.

The understanding about the impact of psychiatric morbidity among migrants seemed lacking. This could be the reason why a detailed psychiatric assessment is not part of the pre-employment medical examination for these migrant workers. As a result, there were several instances where those employers who subsequently discovered that them foreign workers were suffering from psychiatric problems. There were instances where these employers feel cheated and do not know what to do when they found out that their workers were mentally ill. Therefore. the purpose of knowing the prevalence of psychiatric morbidity among migrant workers is to help us to make the recommendations to the government on the possibility of making a detailed psychological assessment for migrant workers as a routine process.

A unique feature about this study is that it is the first such study done in this region and in Malaysia. We would like to examine psychological morbidity with respect to adjustment difficulties, coping, overall physical health and social support.

For the purpose of identifying the prevalence of psychiatric morbidity we used General Hospital Questionnaire. The factors which may be correlated to the psychological well being of the workers were tested using a semi structured interview technique. General Health Questionnaire (GHQ) is a self administered screening questionnaire designed to diagnose psychiatric conditions (8). It helps to identify two major classes of phenomena: a) Inability for a person to carry out their own normal healthy functions. b) The appearance of new phenomena of a distressing nature. The reason why GHQ-12 is chosen for this study is because it has been validated in different languages and cultures and in diverse settings. In Malaysia its validity to screen psychiatric morbidity in the community has also been established. Recently it was being used in the National Health Morbidity study to identify psychiatric morbidity in the Malaysian population (9).

Among factors which we examined included the correlation between socio-demographic variables (which include age, gender, year of schooling, income, years of residence in Malaysia, marital status, immigration status) and psychiatric morbidity. These are based on previous studies which noted that there was a strong correlation between socio-demographic factors and psychological adaptation as measured by the presence of psychiatric morbidity (10-15).

Sample data

A total of 1500 subjects were randomly selected from 4500 migrants workers who were identified and inter-

viewed during the period 6 January 1998 to 14 January 1999. Of these 877 agreed to participate in the study.

Those migrant workers from Klang valley were identified from three sources namely:

1) Field sites - Putra Jaya/ Kuala Lumpur, International Airport projects, factories, food services outlets.

2) Primary Care clinic of University Malaya Medical Centers (UMMC).

3) Accident Emergency Unit, UMMC. They were interviewed during period from 6 January 1988 to 14 January 1999 using a structured questionnaire.

Other than the psychological component, the questionnaire also included socio-demographic data, migration pattern, lifestyle habits, women's health, recent illness, dental health, occupation and related health safety issues and sexual health. General Health Questionnaire (GHQ-12) was chosen to identify the psychiatric morbidity. The questionnaire was translated into the Malay language and was administered to those subjects who cannot understand English. For this study "0-0-1-1" score were used to analyze the data. In essence it simply assigns a score of 0 to the first two choices and a score of 1 to the latter two. The 'cut off ' criteria used here is any score 4 and less is labeled as 'Non Case' whereas a score of 5 and above is labeled as 'Case'.

From this total of 877, only 93.5% (820) respondents were considered appropriate for analysis. The remainder was unsuitable due to inappropriate subjects (i.e. housewives, diplomatic staff, and students) and under aged respondents (below 18 years old).

Findings

The sample shows that males were over-represented. Majority of females were of Thai and Indonesian origin. Nearly half of the sample were from Bangladesh. The majority of them (93.7%) were Muslims. Almost 96% of study respondents had been in Malaysia for more than 8 years duration ,with only 4% having been in this country for a duration of two years and less. Majority (84%) of them were young adults whose ages ranged from 18 to 37 years old

Though more than half of the respondents were married, a majority had left their children and family in their own countries of origin. In terms of place of stay the employers were providing houses, hostel and "kongsi" houses to the majority of the respondents (85.5%). They were staying in groups and together with their own nationalities. Hence their contacts with their fellow country men were still quite intact.

In addition to provision of shelters the employers were also required to provide health care services to the migrant workers. According to the respondents 40 percent of them were using private health care facilities while 60 percent of the respondents said that they sought treatment from government hospitals.

Pertaining to their health status about 17 percent of the respondents alleged that they had suffered from work related injuries in the past one year and it was slightly more common among the female respondents (21.6%). Out of those who suffered from these injuries about half of them said that they had to be hospitalized. Approximately 46.3% of the respondents said that had they suffered from non-worker related illness or injuries. Again the percentage of female respondents (50.0%) were slightly higher than males (45.6%) (see Table 4 and Table 5). In terms of insurance coverage in cases of injuries and illnesses, about 78% of the migrant workers were either covered by insurance or SOCSO.

The vast majority of the sample had some form of formal education. Males had some form of formal education compared to female respondents. Among the males the proportion with formal education for a duration of 13 years and more were mostly those who came from Bangladesh and Myanmar.

In terms of their occupational background the vast majority of them were working as laborers in the construction and manufacturing sectors. Their working hours were usually longer and on the average they had been working for a duration of 54 hours per week.

Assessment of psychological well being

With regard to gender the distribution of GHQ score among the respondents by is as shown in figure 4. The results were highly skewed in both male and female respondents with means (s.d) of 0.7 (1.5) and 0.9 (2) respectively. Only 4.2% of the respondents were classified as a "Case" according to the GHQ score. This study also showed that there is a higher proportion of psychiatric morbidity among females (8.2%) compared to males (3.6%). The proportion of "Case" is the same for both marriage and single respondents. Based on nationality it was found that for Indonesians, those classified as "Case" comprised 9.1% and this figure is much higher than the number of "Cases" found in respondents from other nationalities.

Discussion

This study showed that 4.5% of migrant workers were suffering from psychiatric morbidity. Female Indonesians were identified as more at risk. No comparison can be made with other studies because there was never any known migrant mental health study that has

been done in this region. Up to now, the majority of report on the effects of migration mental health of the Asian immigrants were mainly from studies done in America and Europe. Based on the finding of these studies it was also found that Asian migrant workers have particularly high levels of mental disturbance (16-17).

The association between migration and mental disorder has yet to be established. At though migration is a stressful experience which can cause mental illness there were also finding that suggest that the migrants were already suffering from mental illness when they were still in their countries of origin. As a result they may become unsettled and move to another country. Thus migration can either be the result or the cause of mental disorder (18).

There are several sources of stresses that can possibly predispose or cause these migrant workers to be at risk to mental health problems. First is acculturation and the effects of trying to assimilate with the local cultures. These include cultural conflicts, social integration and assimilation and also role change and identity crisis. Several studies do show that migrants do have problems in adjusting to these effects and hence some of them can experience stresses which can precipitate mental disorders (3).

Separation from family members especially from their children and wife can also be another source of stress. Almost half of the study subjects are married but due to many circumstances they had to leave their families in their home countries. This loss of family' ties will definitely make them experience loss of social support and there is evidence to show that it can be one of the possible factors causing mental illness (12).

Our study was focused on the blue collar worker migrants. Their low level of education's and low income could also compound them stress and predispose them to be at risk of developing mental illness. Other immigrant studies do show the strong association between low socioeconomic factors and mental disorders among migrant workers(13).

Majority of the migrant workers were given proper shelters by their employers but at least about 20% of them had to find their own shelters to stay. Due to their low income, they had limited choice to choose proper dwellings for their shelters. Even for those whose place of stay were provided by employers the living conditions were very poor. There were obvious problems of over crowding and lack of basic amenities such as water supply and sewage disposal.

Another basic amenity which is still lacking and which could be the source of stress is accessibility to the health care systems psychiatric services and counseling. The language problem and the lack of awareness of the existence of such services could prevent the migrant workers from getting help at an early stage to overcome their psychological distress. The employers themselves might not be aware of such a need. This fact possibly explain why the provision of help rendered the employers catered only to their physical health rather than to their psychological well being. Hence the psychological distress suffered by the migrant workers might not be detected and it may progress to the extent that they might finally succumb from it.

Even though all our migrants were considered to be "pull" migrants, they still live in fear of being persecuted. No doubt that it is beyond the scope of to examine issues pertaining to victimization and abuse, the workers expressed feelings of suspiciousness and fear of being persecuted. This may be one of reasons why many migrant workers who were selected for the study refused to be interviewed. Other studies noted that the feeling of insecurity and the thought of having to face persecution by the local communities may also be a precipitating factor of mental distress among the migrant communities.

The main issues that this study has addressed are the detection of mental illnesses among migrant workers. The findings suggest that there must be provisions to enable migrant workers to seek help in order to overcome their psychological distresses. It also highlights the fact that assessment of migrant workers who being recruited to work in Malaysia should not only be confined to physical examination health but should also include a psychological assessment as well. It can be done by using both general psychiatric interview technique and the translated version of General Health Questionnaire.

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