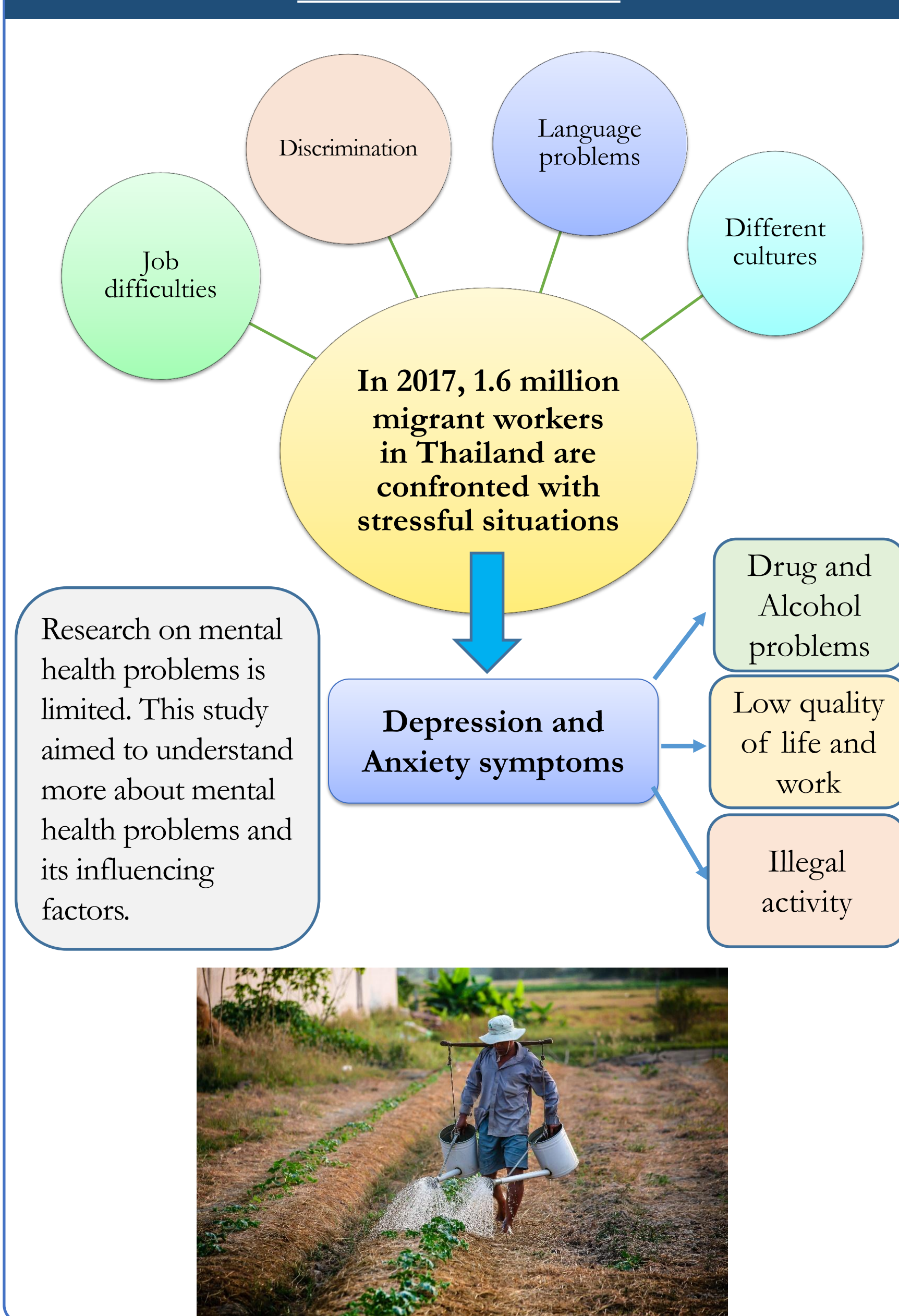


BACKGROUND



RESEARCH QUESTIONS

1. What are the levels of acculturative stress and incidence of mental health problems?
2. What are the relationships among factors that are known to influence mental health problems?

RESEARCH METHODS

Research Design: a cross-sectional survey study

Settings and Site selection

The setting is Mueang Samut Sakhon, a coastal district in the central area, where several industries are located. Extensive labor is needed across all of these types of industry. There are 31 migrant communities in 10 sub-district areas. Ten migrant communities in 6 sub-district areas were randomly selected by the probability proportional to size (PPS) sampling method.

Population and Sample

Migrant workers from Myanmar with the following characteristics: (1) 18 - 60 years old, (2) were born in Myanmar, (3) have lived in Thailand at least 3 months, and (4) have worked as a semi or low skilled worker with a work permit.

Instruments

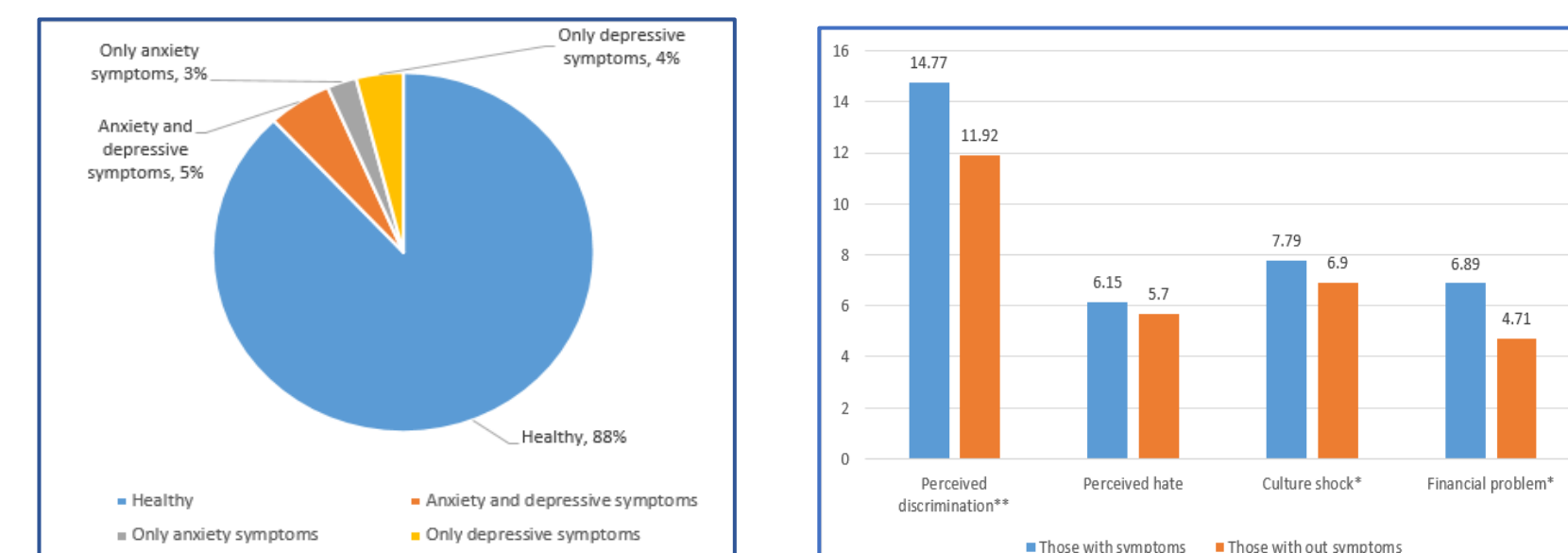
1. Interpersonal support evaluation list – 12 (ISEL-12) was used to measure perceptions of the availability of supports.
2. The Acculturative Stress Scale (ASS) was used to measure sources and level of stress.
3. Perceived stress scale-10 (PSS-10) used to measure perceptions about current levels of stress and ability to manage their stress.
4. The Hopkins Symptom Checklist-25 (HSCL-25) widely used as a screening tool for mental health symptoms.

RESULTS

Characteristics of the Participants

Participants were fairly evenly split by gender (F/M: 45.5/55.5%) with a mean age was 31.24 (range 18–59). Approximately one-third of the participants lived in Thailand 1-5 years. The majority of participants were factory workers with a mean of income \$ 270 per month, perceived their physical health as good (64.7%) and had fair ability to speak in Thai.

Incidence of mental health problems Level of acculturative stress by two groups of participants



Logistic Regression Analysis Predicting person with and without depression and anxiety symptoms

	B	p	OR
Gender			
Male (reference)			1.00
Female	1.558	0.000	4.747
Age	0.009	0.696	1.009
Marital status			
Single (reference)			1.00
Married	-0.001	0.998	0.999
Others	-0.086	0.932	0.918
Income sufficiency			
Not enough (reference)			1.00
Enough	-0.344	0.439	0.709
Self-rated Physical health			
Poor (reference)			1.00
Good	-1.757	0.029	0.172
Very good	-2.081	0.018	0.125
Thai Language Proficiency			
Poor (reference)			1.00
Fair	-0.839	0.068	0.432
Good	-0.885	0.122	0.413
Perceived Stress	0.262	0.000	1.300
Acculturative Stress	0.042	0.057	1.043
Constant	-6.345	0.000	0.002

The result indicated that gender, perceived physical health, and perceived general stress directly affected the presence of the mental health symptoms by 49.2% (Nagelkerke R²).

DISCUSSION

Almost all participants in this study were mentally healthy. The explanations of the findings are following. First, hundred percent of the participants lived with their spouse, parents, relatives, or friends and also lived in areas of high density of migrant workers. Thus, personal supports were readily available. Second, they were physically healthy; as a result, they could work as usual with low levels of both absenteeism and turnover and earn maximum income. Furthermore, Thai government announced to increase the daily minimum wage rates, which likely accounts for their satisfaction on income (80% reported enough income). In addition, Thailand and Myanmar are in the Mae-Khong River culture group, which share similarities in some aspects of cultures such as religion, belief, habits, and ingredients of food. Therefore, these similarities may have contributed to lower levels of mental health problems than expected from previous studies of migrant workers.



DISCUSSION

In this study, female gender was associated with increased mental health symptoms. There is evidence that fluctuations in female hormones may increase women's vulnerability to emotional problems. Traditional gender roles and societal expectations may also contribute to the poorer mental health of women. Women are not only employed outside their homes, but they may also be expected to continue to be primary caregivers of children and/or elderly parents, as well as maintaining the home.

Increasingly, women's roles in Myanmar and Thailand have changed from being exclusively homemakers to going out to work to earn money for their family.



IMPLICATION

1. Most of the participants were healthy; thus public health programming can focus on health promotion strategies to maintain strong physical and mental health.
2. Health professionals need to actively engage with this important component of the workforce, to ask about mental health status to identify those who require mental health services and provide easy access to culturally appropriate services.

ACKNOWLEDGEMENTS

This study is supported by Faculty of Nursing, Mahidol University and Graduate Studies of Mahidol University Alumni Association.