

Association between Social support and Depression in Early Middle Adult Myanmar Migrant Workers

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KEYWORDS

Depression, Social Support, Migrant Worker, Early Middle Adult

ABSTRACT

Introduction: It is common for migrant workers to work for difficult, dirty, and dangerous kinds of jobs. Therefore, migrant workers worldwide are commonly susceptible to depression. There are very limited studies focusing on the relationship between depression and social support among early middle-adult Myanmar migrant workers in Thailand. **Objectives:** The objective is to explore the prevalence of depression and to evaluate the association between social support and depression among early middle-adult Myanmar Migrant Workers. **Methods:** The study design was a cross-sectional study. From the inclusion and exclusion criteria, the sample size was around 112. Chi-square test was used for bivariate analysis and multiple logistic regression analysis was used for multivariate analysis. **Results:** Out of 112 total participants, the prevalence of depression was about 47.3%. From the result of multiple logistic regression, social support was associated with depression (adjusted odd ratio=2.48, 95% confidence interval=1.11-5.51; $p=0.026$). **Conclusions:** Based on the result, the participants with low social support were 2.48 times more likely to have depression than those with high social support. Therefore, it is recommended that social support is an important variable for reducing depression. Mental health care and social support services should be incorporated into reducing depression..

1. Introduction

Ove last few decades along with growing modernization and urbanization, migration is one of the global phenomena in contemporary world. From the data of IOM, the number of international migrants was increasing remarkably from 84 million in 1970 to 272 million in 2019 [1]. Nowadays, global health are shaped by the growth of migration, population mobility, and international trade [2]. The vast majority of migrant workers come from lower-income countries [3] and most of them are working in manufacturing, construction, and agricultural industries, as well as in domestic services [3,4]. Economic growth of upper-income countries is mainly provided by migrant workers as a vital part [5].

Based on the data of Ministry of Labor, the total numbers of legalized workers were around 5.2 million from Cambodia, Laos, and Myanmar. Among these, around 4 million migrant workers were from Myanmar.¹ Migration can positively and negatively impact health outcomes. It is common that migrant workers need to work for difficult, dirty and dangerous kinds of job.⁶ Therefore, migrant workers worldwide commonly are susceptible to depression [6]. Recent studies proved that migrant workers had higher depression when compared to native workers [7-10].

Social support is one of the protective factors that may prevent depression. It is found out that social support variable promotes the mental well-being [11,12]. Unfortunately, migrant workers are less accessible to the healthcare treatment, resources, and information, from their host countries [13,14].

Objectives

There are very few studies focusing on association between social support and depression in early middle adult Myanmar migrant workers in Thailand. Therefore, the purpose of this study is to investigate the association between socio-demographic, social support, and depression among early middle adult Myanmar migrant workers in Thailand.

2. Methodology

It was a cross-sectional study design conducted at six factories in Samut Prakan Province, Thailand from August to December 2023. The total sample size was around 112 participants. For selecting the participants, a simple random sampling method was used.

The inclusion criteria were who between 35 and 44 years old, legalized working in Thailand, and interested to join the research study. Participants who had history of mental disease, serious physical impairment, and cannot communicate in Burmese language were excluded.

Data collection was done by self-administered method. The questionnaires included socio-demographic characteristics (age, sex, marital status, ethnicity, duration of residence in Thailand), The Interpersonal Support Evaluation List-12 (ISEL-12) for measuring social support, [15] and Center for Epidemiological Studies-Depression (CESD) for measuring depression [16]. Cronbach's alpha was above 0.80.

Statistical Package for the Social Sciences (SPSS) version 29.0 was used for data analysis. Frequency and percentage were used to do descriptive statistics. For bivariate analysis, chi-square test and fisher's exact test was used at 95% confidence interval. For multivariate analysis, multiple logistic regression was used at 95% confidence interval.

Ethical approval was obtained from The Research Ethics Review Committee for Research Involving Human Research Participants, Group I, Chulalongkorn University.

3. Results and dsicussion

Table 1 provides frequency and percentage of socio-demographic characteristics and depression on 112 participants in a study. Among them, most early middle adult Myanmar migrant workers were between 35-39 years old (61.6%), men (50.9%), single (56.3%), and Burmese (95.5%). About 69.6% of participants stayed in Thailand more than five years. According to the result, it is noted that most of the participants had low social support with 51.8%. Out of 112 total participants, the number of early middle adult Myanmar migrant workers having depression was about 53 (47.3%).

Table 1. Frequency and percentage of socio-demographic characteristics and depression in early middle adult Myanmar migrant workers (n=112)

Characteristics	Frequency (n)	Percentage (%)
Age		
35-39 years	69	61.6
40-44 years	43	38.4
Gender		
Man	57	50.9
Women	55	49.1
Marital Status		
Single	63	56.3
Married	49	43.8
Ethnicity		
Burmese	107	95.5
Others	5	4.5
Duration of residence in Thailand		
Less than five years	34	30.4
More than five years	78	69.6
Social support		
Low Level	58	51.8
High Level	54	48.2
Depression		
Yes	53	47.3
No	59	52.7

Table 2 shows bivariate analysis of association between depression and selected variables in early middle adult Myanmar migrant workers by using chi-square and Fisher's exact test. As shown in Table 2, social support (χ^2 value= 4.424, $p=0.035$) was statistically significant associated with depression.

Table 2. Bivariate analysis of association between depression and selected variables in early middle adult Myanmar migrant workers at 95% Confidence Interval

Characteristic	Depression		χ^2 value	<i>p</i> -value
	No n (%)	Yes n (%)		
Age			0.275	0.600
35-39 years	35 (59.3)	34 (64.2)		
40-44 years	24 (40.7)	19 (35.8)		
Gender			1.267	0.260
Man	33 (55.9)	24 (45.3)		
Women	26 (44.1)	29 (54.7)		
Marital Status			0.478	0.489
Single	35 (59.3)	28 (52.8)		
Married	24 (40.7)	25 (47.2)		
Ethnicity			2.242	0.187 [€]
Burmese	58 (98.3)	49 (92.5)		
Others	1 (1.7)	4 (7.5)		
Duration of residence in Thailand			0.141	0.708
Less than five years	17 (28.8)	17 (32.1)		
More than five years	42 (71.2)	36 (67.9)		
Social support			4.424	0.035 [*]
Low Level	25 (42.4)	33 (62.3)		
High Level	34 (57.6)	20 (37.7)		

Notes: χ^2 , chi square test; €, fisher's exact test; *p-value<0.05; **p-value<0.001.

Table 3 presents multiple logistic regression between depression and selected variables in early middle adult Myanmar migrant workers. According to multiple logistic regression analysis, participants with low social support had more depression 2.48 times than participants with high social support. (AOR=2.48, 95% CI: 1.11-5.51).

Table 3. Multiple logistic regression of factors associated with depression in early middle adult Myanmar migrant workers at 95% Confidence Interval

Characteristics	AOR (95% CI)	<i>p-value</i>
Age		
35-39 years	1.08 (0.48-2.43)	0.842
40-44 years	1.00	
Gender		
Man	0.62 (0.28-1.37)	0.244
Women	1.00	
Marital Status		
Single	0.83 (0.37-1.85)	0.649
Married	1.00	
Ethnicity		
Burmese	0.17 (0.01-1.70)	0.132
Others	1.0	
Duration of residence in Thailand		
Less than five years	1.45 (0.61-3.48)	0.397

More than five years	1.0	
Social support		
Low Level	2.48 (1.11-5.51)	0.026*
High Level	1.0	

Notes: AOR, Adjusted odds ratio; CI, confidence interval; *p-value<0.05.

Discussion

From the study, the prevalence of depression among early middle adult Myanmar migrant workers were 47.3%. This result was a similar result to some previous studies. In one cross-sectional study among 119 migrants in Rome, Italy between May 2017 and April 2018, the prevalence of depression was 42.37% [17]. From the study of Hong & Lee, [18] migrants from low-income countries had higher depression than those from middle- or high-income countries. In one cross-sectional study among 300 Myanmar migrant workers in Ratchaburi province, Thailand in March 2011, the prevalence of depression was 42.7% [19].

On the contrary, one cross-sectional study among 136 Myanmar migrants in Penang, Malaysia in 2016, the prevalence of depression was 70.8% [20]. In one cross-sectional study cross-sectional study conducted in 2018 in China among 2573 migrant workers, the prevalence of depression was about 24.3% [21]. From the study of Hatch et al., [22] the percentage of participants reported having depression was with 10.7%. It may be due to this study focusing on the early middle adult age range. This result suggests that mental health care should also be focused on this age range. This result was similar with a study by Mental Health Research Canada. It was found out that those aged range was at the highest rate of having depression when compared with other age ranges in Canada [23]. In addition, it may be due to the post COVID-19 situation. According to WHO, since the COVID-19 pandemic situation, the prevalence of depression has increased by 25% worldwide [24] Another reason is that migrant workers had higher depression than non-migrant workers. Also, migrant workers are commonly hired for three kinds of jobs those that are dangerous, difficult, and dirty [25].

Among these age range, most of the workers were between 35-39 years old. This may be due to the requirement of manual labor work. Younger people need it more than older ones. Gender was not statistically significant with depression in this study. As opposed to the result, some research proved that females had higher depression than males [26]. In one cross-sectional study among 177 Myanmar migrant workers in Samut Sakhon Province, men had lower levels of depression when compared with women [27]. This research was supported by one cross-sectional survey among 1006 migrants in China [28]. Gender differences were negligible in predicting depression. No statistically significant association was observed between other socio-demographic variables, such as marital status, ethnicity, and duration of residence with depression.

The result of the study shows that participants with low social support had more depression 2.48 times than those with high social support. Therefore, there was a stronger association between social support and depression. This study was supported by other recent studies [29,30]. It may be due to people migrating from one place to another leaving their friendly environment and their social network [31-33].

4. Conclusion and future scope

In conclusion, this study highlights the importance of addressing depression among early middle adult Myanmar migrant workers in Thailand. Social support plays an important role in reducing depression, especially for these vulnerable communities. Social care services should be integrated into the mental health system. In addition, this study results would be benefit for health policy makers and health care providers for the future. Further studies should be explored for other associated factors with depression and implement interventions to reduce depression.

Reference

- [1] International Organization for Migration. World Migration Report 2020. 2020. Available from: <https://worldmigrationreport.iom.int/wmr-2020-interactive/>. Accessed September 10, 2023.
- [2] Macpherson DW, Gushulak BD, Macdonald L. Health and foreign policy: influences of migration and population mobility. *Bull World Health Organ.* 2007;85(3):200-206.
- [3] International Labour Organization. ILO global estimates on international migrant workers: results and methodology. 2021. Available from: https://www.ilo.org/global/topics/labour-migration/publications/WCMS_808935/lang--en/index.htm. Accessed October 25, 2023.
- [4] International Labour Organization. Domestic Workers Across the World: Global and regional statistics and the extent of legal protection. 2013. Available from: https://www.ilo.org/global/publications/books/WCMS_173363/lang--en/index.htm. Accessed October 9, 2023.
- [5] International Labour Organization. Employment-rich Economic Growth. 2020. Available from: <https://www.ilo.org/global/topics/dw4sd/themes/employment-rich/lang--en/index.htm>. Accessed November 12, 2023.
- [6] Amon JJ. Realizing the Right to Health: A Long and Winding Road. *Health Hum Rights.* 2023;25(2):1-14.
- [7] Aalto AM, Heponiemi T, Keskimäki I, Kuusio H, Hietapakka L, Lämsä R, et al. Employment, psychosocial work environment and well-being among migrant and native physicians in Finnish health care. *Eur J Public Health.* 2014;24(3):445-451.
- [8] Cayuela A, Malmusi D, López-Jacob MJ, Gotsens M, Ronda E. The Impact of Education and Socioeconomic and Occupational Conditions on Self-Perceived and Mental Health Inequalities Among Immigrants and Native Workers in Spain. *J Immigr Minor Health.* 2015;17(6):1906-1910.
- [9] Pham KTH, Nguyen LH, Vuong QH, Ho MT, Vuong TT, Nguyen HT, et al. Health Inequality between Migrant and Non-Migrant Workers in an Industrial Zone of Vietnam. *Int J Environ Res Public Health.* 2019;16(9):1502.
- [10] Devkota HR, Bhandari B, Adhikary P. Perceived mental health, wellbeing and associated factors among Nepali male migrant and non-migrant workers: A qualitative study. *J Migr Health.* 2021;3:100013.
- [11] Zeidner M, Matthews G, Shemesh DO. Cognitive-social sources of wellbeing: Differentiating the roles of coping style, social support and emotional intelligence. *Journal of Happiness Studies: An Interdisciplinary Forum on Subjective Well-Being.* 2016;17(6):2481-2501.
- [12] Wang J, Mann F, Lloyd-Evans B, Ma R, Johnson S. Associations between loneliness and perceived social support and outcomes of mental health problems: a systematic review. *BMC Psychiatry.* 2018;18(1):156.
- [13] Hargreaves S, Rustage K, Nellums LB, McAlpine A, Pocock N, Devakumar D, et al. Occupational health outcomes among international migrant workers: a systematic review and meta-analysis. *Lancet Glob Health.* 2019;7(7):e872-e882.
- [14] Abubakar I, Aldridge RW, Devakumar D, Orcutt M, Burns R, Barreto ML, et al. The UCL-Lancet Commission on Migration and Health: the health of a world on the move. *Lancet.* 2018;392(10164):2606-2654.
- [15] Cohen S, Mermelstein R, Kamarck T, Hoberman HM. Measuring the functional components of social support. *Social support: Theory, research and applications: Springer;* 1985. p. 73-94.
- [16] Radloff LS. The CES-D scale: A self-report depression scale for research in the general population. *Applied psychological measurement.* 1977;1(3):385-401.
- [17] Gambaro E, Mastrangelo M, Sarchiapone M, Marangon D, Gramaglia C, Vecchi C, et al. Resilience, trauma, and hopelessness: protective or triggering factor for the development of psychopathology among migrants?. *BMC Psychiatry.* 2020;20(1):358.
- [18] Hong J, Lee J. Decomposing Income-Related Inequalities in Self-Reported Depression and Self-Rated Health Among Married Immigrants in South Korea. *Int J Environ Res Public Health.* 2019;16(10):1869.
- [19] Phyo AZ, Hongsranagon P, Soe HHK. Factors Inducing Anxiety and Depression among Adult Myanmar Migrant Workers: A Case Study in Ratchaburi Province, Thailand. *Journal of Health Research.* 2012;26(2):101-103.
- [20] Htay MNN, Latt SS, Maung KS, Myint WW, Moe S. Mental Well-Being and Its Associated Factors Among Myanmar Migrant Workers in Penang, Malaysia. *Asia Pac J Public Health.* 2020;32(6-7):320-327.
- [21] Chen H, Wang L, Wei Y, Ye B, Dai J, Gao J, et al. The Potential Psychological Mechanism of Subjective Well-Being in Migrant Workers: A Structural Equation Models Analysis. *Int J Environ Res Public Health.* 2019;16(12):2229.
- [22] Hatch SL, Gizard B, Williams DR, Frissa S, Goodwin L, Hotopf M. Discrimination and common mental disorder among migrant and ethnic groups: findings from a South East London Community sample. *Soc Psychiatry Psychiatr Epidemiol.* 2016;51(5):689-701.
- [23] Canadian institute for pandemic health education and response. Mental Health During COVID-19 Outbreak: Poll #12. 2022. Available from: <https://mjhlmcgill.files.wordpress.com/2023/05/81cd1-166361780.pdf>. Accessed September 11, 2023.
- [24] World Health Organization. COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide. 2022.

Available from: <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>. Accessed October 15, 2023.

- [25] Hasan SI, Yee A, Rinaldi A, Azham AA, Mohd Hairi F, Amer Nordin AS. Prevalence of common mental health issues among migrant workers: A systematic review and meta-analysis. *PLoS One*. 2021;16(12):e0260221.
- [26] Lee H, Ahn H, Miller A, Park CG, Kim SJ. Acculturative stress, work-related psychosocial factors and depression in Korean-Chinese migrant workers in Korea. *J Occup Health*. 2012;54(3):206-214.
- [27] Howteerakul N, Suwannapong N, Than M. Cigarette, alcohol use and physical activity among Myanmar youth workers, Samut Sakhon Province, Thailand. *Southeast Asian J Trop Med Public Health*. 2005;36(3):790-796.
- [28] Wang B, Li X, Stanton B, Fang X. The influence of social stigma and discriminatory experience on psychological distress and quality of life among rural-to-urban migrants in China. *Soc Sci Med*. 2010;71(1):84-92.
- [29] Wong WK, Chou KL, Chow NW. Correlates of Quality of Life in New Migrants to Hong Kong from Mainland China. *Soc Indic Res*. 2012;107(2):373-391.
- [30] Wong DF, Leung G. The functions of social support in the mental health of male and female migrant workers in China. *Health Soc Work*. 2008;33(4):275-285.
- [31] Qiu P, Caine E, Yang Y, Chen Q, Li J, Ma X. Depression and associated factors in internal migrant workers in China. *J Affect Disord*. 2011;134(1-3):198-207.
- [32] Mo PKH MW, Kwan CSY. Cultural change and Chinese immigrants' distress and help-seeking in Hong Kong. *Journal of Ethnic and Cultural Diversity in Social Work*. 2007;15(3-4):129-151.
- [33] Li Y, Wu S. Social networks and health among rural-urban migrants in China: a channel or a constraint? *Health Promot Int*. 2010;25(3):371-380.