FACTORS AFFECTING ANXIETY AND DEPRESSION IN MYANMAR MIGRANT ADOLESCENTS IN BANG BON DISTRICT, THAILAND.

Hpoo Pwint Khine* and Alessio Panza[2]

[1]Civic Society Initiative, British Council, Myanmar
[2]College of Public Health Sciences Chulalongkorn University Bangkok 10330 Thailand

ABSTRACT: This study was conducted on the February 2010, to describe the independents variables of the demographic factors , socio-economic factors , parental factors, educational background and the school status, behavioral factors and access the association of these independent variables with the dependent variables of (anxiety ,depression)among the Myanmar migrant adolescents in Bang Bon district , Bangkok, Thailand. The data was collected the interviewer administrated questionnaire. The majority of the respondents were in the age of 18-19 years old adolescents of ethnicity Myanmar and Karean, full time workers, had attained middle school education. Most of the adolescents were not attending the migrant school .Most of the respondents were live together with their friends and relatives, some were live with their spouse.64%of the adolescents have both parents,16% had divorce parents and 19 % had single parents. Majority of the teens mothers' had primary education and only 36 5 of the teens mothers' had anxiety, depression .35% of the teens were drinking alcohol and 25% were smoking; only 5.5% of the teens had forced sex against their will. The prevalence of anxiety in that migrant teen had 22.1% and depression was 12.9% mild depression and 1.8% moderate depression.

Keywords: Adolescents, Anxiety , Depression.

INTRODUCTION: Adolescence (10 to19 years) is the transitional stage of development from child to adult. That time is identified with dramatic changes in body, psychology and academic career. In the onset of adolescence, children usually complete elementary school and enter secondary education, such as middle school or high school[1]. There are an estimated 1.2 billion adolescents in the world today. Adolescence is a period of major physical and psychological change, as well as great changes in social interactions and relationships [2]. One in every five people in the world is an adolescent, and 85% of them live in developing countries[3] .Migration can positively and negatively impact on health outcomes just a health status can affect the migration status. Migration is in and of itself not a risk to health. Condition surrounding the migration process is venerable to ill health[4]. In Thailand, there are many Myanmar Migrant workers, estimated about 2 to 4 millions. Migrating to Thailand involves profound changes to the Myanmar migrant workers' social, environmental, and cultural contexts. Many workers migrate without their families or existing social network [5]. Adolescence is divided into three stages, early adolescence (11 through 13 years of age), middle adolescence (14 through 16years of age) and late adolescence (17 through 19years of age)[6]. At least 20% of young people will experience some form of mental illness[3]. The most common disorders among adolescents include depression, anxiety disorders and 6-18% of adolescents are experiencing an anxiety disorder[7]. Whereas, in Thai adolescents the prevalence of depressive symptoms varied from 20–21% [8] .In a Kenyan study severe anxiety (not including moderate and mild anxiety) was 8.3% [9]. Relatively little is known about the prevalence of depression among migrants. The aforementioned three studies showed the

* To whom correspondence should be addressed.
E-mail: hpoopwintkhine@gmail.com

measured depression through the use of the Center for Epidemiologic Studies Depression Scale (CES-D).Typically, approximately18% of individuals; complete the CES-D [10].

Anxiety is defined as having excessive and uncontrollable feelings of fear or nervousness about future event or an actual situation. A small amount of anxiety or stress can be beneficial for development, but it becomes a problem if the anxiety is developmentally inappropriate or prevents or limits appropriate behavior [11]. Depression can be defined as feeling sad, hopeless, and/or unmotivated for at least two weeks or more[12]. In this study, for measuring anxiety and depression scale by using Zung Self -Rating Anxiety and Depression Scale .There are 20 items for each scale that rate the four common characteristics of anxiety and depression[13].

MATERIALS AND METHODS: This study was cross-sectional descriptive and also analytical in nature. To establish of the reliability of the questionnaire, pilot study was conducted among 30 Myanmar Migrant Adolescents in Bang Khun Thian District, Bangkok, before doing the actual data collection. Then, internal consistency of the rating scales was done by Cronbach's alpha coefficient to measure the reliability. Overall Cronbach's alpha coefficient was 0.74. (Cronbach's alpha coefficient for anxiety test was 0.64; Cronbach's alpha coefficient for depression test was 0.8).

It was done among 271 Teen agers aged 15-19 from Myanmar Migrant Adolescents living in Bang Bon District, Bangkok. The subjects were selected purposively, by snowball technique by the public health volunteers at the (Network for Migrant Worker Development-NGO) who knows the adolescence age group in that district. Data was collected by face-to-face interview with the subjects by the researcher and two other research assistants who understand Burmese language well. All subjects were interviewed by the use of the same questionnaire. After interviewing, the researchers checked the items of the questionnaire which was required to be answered completely.

RESULTS: The researcher used SPSS 16 to organize and analyze data.

For the prevalence of anxiety and depression, 22.1% of the respondents had mild to moderate anxiety. The mean was36.4, standard deviation was 8.58 and the range was 21-57.

Prevalence of Anxiety

Anxiety	N	%
Normal	211	77.9
Mild to Moderate	60	22.1
Severe	-	-
Extreme	-	-
Mean 36.4,SD 8.58, Range 21-57		

For depression, about 13% had mild depression and nearly 2% of the respondents had moderate depression. The mean was40, standard deviation was 8.46and the range was 26-67.

Prevalence of Depression

Depression	N	%
Normal	231	85.3
Mild	35	12.9
Moderate	5	1.8
Severe		
Mean 40, SD 8.46,Range 26-67		

DISCUSSIONS: Prevalence of anxiety in Myanmar migrant adolescents is quite high (22.1%). This was higher than the study done by David M Ndetei in Kenyan adolescents (14-18 years) where severe anxiety (not including moderate and mild anxiety) was 8.3%[9].

Prevalence of depression in Myanmar migrant adolescents is 15.1%.The prevalence of depressive symptoms varied from 20–21% in Thai adolescents by Sukjai Charoens in chon buri Thailand[8]. But the depression in Virginia adolescents was 14%done by Novella Ruffin, in Virginia[14]. Compared with depression in Thai teens the depression studied in Myanmar migrant adolescent was quite lower.

CONCLUSION: Promoting mental health care programmed in the migrants area because total 15.1% of mild and moderate depression and

22.1%of mild and moderat anxiety found in the adolescents Myanmar migrants. Thai government should also support the NGOs for the migrant mental health care.

RECOMMENDATIONS: NGO should support more mental health care of the teens. Although they have health care centre in that district they still need the counseling services. As they are teenagers they still need care from the parents or relatives, even we assume that they are adults and working as a migrant workers they are still under 18, so we have to support their physical as well as mental health needs. The doctors and health assistants of the Bang Bon health centre give the health education to the parents' of adolescents about the nature of the teenagers and also to the migrant school teachers if they found the adolescents who are really anxious or depress in the class, give them counseling and refer to appropriate professional for further counseling when necessary. Further studies should be done on the migrant parents and teachers to know about the behavior and attitude about the teens at home and school. For mental health, qualitative studies are as necessary as quantitative studies by NGOs specialized in research, academic institutions and also future MPH students. Give health education to the adolescents about the nature of the puberty and promote the peer and family relationship because it was the important factors for adolescent mental health. Youth-friendly services in youth-friendly community settings should be developed for young people in general and for young people at risk in particular. And one important thing is if they were abused (both physically and mentally) by others don't shy to discuss with the health care provider about that.

REFERENCES

1. Steinberg, L. 1996. Adolescence (4th edition). New York: McGraw-Hill.

2. World Health Organization. 2009, Child and adolescent health and development, (Online) Avalible at http://www.who.int/child_adolescent_health/topics/prevention_care/adolescent/en/.

3. World Health Organization 2008. Adolescent Health "World Health Organization, 10 facts of Adolescent Health.(Online) available at, http://www.who.int/ features/ factfiles/ adolescent_health /facts/ en/ index.html

4. Clapham, A. and Robison, M., 2009. Realizing the Right to Health, Zurich: ruffer &rub

5. GriffinJ,SoskolneV. 2003 Psychological distress among Thai migrant workers in Israel. Soc Sci Med

6. Clark, S. D. 1991. Early, Middle and Late Adolescents' perception of their relationship with significant others. Journal of adolescent research . 1991. volume 6.

7. Jamieson,P. 2006."If your Adolescent has anxiety disorder, The Annenberg Foundation Trust at Sunnylands' Adolescent Mental Health Initiative.

8. Martin, L. 2007. Accessing the mental health of adolescents: A guide for out-of-school time program practitioners.

9. Zung, K. 1965. Self rating anxiety and depression scale, Archives of General Psychiatry.

10. Ndetei David M et al. 2008 The prevalence of anxiety and depression symptoms and syndromes in Kenyan children and adolescents. Joumal of Child and Adolescent Mental Health.

11. Charoensuk, S. 2000. Negative thinking: Key factors in depressive symptoms in Thai adolescents. Boromarajonani College of Nursing, Chon Buri, Thailand.

12. Ruffin,N. 2009. Adolescent Depression (Extension Specialist, Virginia State University,