PREVALENCE OF DEPRESSION AND ITS DETERMINANTS AMONG INDONESIAN DOMESTIC WORKERS IN MALAYSIA

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ABSTRACT. Indonesian women migrant workers are a big population in most Asian countries. Past research indicates a large percent of Indonesian domestic workers being exposed to exploits, verbal and sexual abuse that further exposes them to various problems such as psychological, social, cognitive, behavioural, and physical challenges. Few subjects have thus far have been taken out on the prevalence of and associate factors with depression among Indonesian domestic workers in Malaysia. The objective is to know the prevalence of and the associated elements of depression among Indonesian domestic workers in Malaysia. This study engaged mix method. Quantitative information was accepted from 380 respondents by using Beck depression inventory (BDI-II), while qualitative data was collected from selected 32 respondents who have moderate depression (BDI-II) through interview. The questionnaire of total randomly 380 subjects were retrieved and 228 where participants who have depression symptom according to BDI-II. Three from five Indonesian domestic workers in Malaysia are having a depression symptom (60 percent). This study found that occupation, financial hardship, social support, and level education are the associate factors of depression among Indonesian domestic workers in Malaysia. Meanwhile, most of domestic workers who live with their employer have a moderate to severe depression.

The awareness created through this study will enable proper government-to-government policy on domestic migrant workers matters, hence reducing the low rate and policy level intervention. It will as well contribute to the consistency of knowledge on depression of Indonesian domestic workers in a foreign country, especially the advocates and the social workers employed by the Indonesia embassies in all countries.

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Introduction and review of literature

Malaysia has 3-4 million migrants, according to the ILO (International Labor Organization, 2016) with the majority of the workers from Indonesia. It was established that 50.9% of the migrant workers in Malaysia are Indonesian (Ahmad, 2012). Indonesia is one of most migrant workers sender among Southeast Asian countries (Abella and Ducanes, 2009). It is predictable that 76 percent of Indonesian migrant workers are women (ILO 2012) and 90 percent of them are domestic workers (Andrevski et al., 2014).

According to the International Labor Organization (ILO), almost 53 million are employed as migrant workers and the majority of them are women (ILO 2013). About 41 percent of them are working in Asia (ILO, 2013). Malaysia has more than 400,000 registered migrant domestic workers from numerous countries, and Indonesian making up 90% of them (Hakim, 2015). Migrant domestic workers (MDWs) are wage-earner working in a household, under whatever method and period of remuneration, who may be employed by one or by several employers and who receive no financial gain from their work in other country (D'Souza, 2010, p. 9). ILO said that mostly MDWs have very low incomes, work extremely long hours, have no day off, are exposed to risks of physical, mental and sexual abuse and limitations on freedom of movement due to their working conditions (ILO,2013; Ullah,2013).

Migration is hard and complex as it has psychological, social, political, and economic consequences for migrating groups, as well as for their country of origin and host country. Depression and PTSD (post-traumatic stress disorder) are the most prevalent psychiatric disorders among Mexican migrant workers in the USA (Hovey & Magana, 2000), Latino migrants residing in the USA (Hiott et al., 2006), as well as China internal migrant workers (Dai et al., 2015; Lam & Johnston, 2015; Qiu et al., 2011). Moreover, studies also found a high suicide rate among migrants (Lipsicas et al., 2012; Al-maskari et al.,2011). The associate factors of depression among migrant workers was significantly correlated with their physical illness, low mental health, low income, heavy workload, debt, and kind occupation such as construction workers and domestic workers (Reza et al., 2018; Al-Maskari et al., 2011; Sarwani et al., 2013; Nadim et al.,2016). However women migrant have higher prevalence rates of depression than men (Aroian et al., 2003; Berry et al., 1987; Bhugra, 2003; Furnham & Shiekh, 1993; Van der Ham et al., 2014).

Recent studies on Indonesian migrant workers in Malaysia found that workplace discrimination was positively related to their psychological distress (Noor & Shaker, 2017), the low quality of life (Iqbal, 2016), subjected to a series of exploitative that cause mental health problem (Andrevski & Lyneham, 2014; Green & Ayalon, 2015) and faced three situations namely demanded, exploited, and humiliated (Maksum, 2017). However, there are only few studies on the level and associate factors of depression among Indonesian domestic workers.

Migrant Domestic Workers (MDWs) are among the most vulnerable among migrant workers. Depression among MDWs is high (Malhotra et al., 2013). For example, in Brazil (Sales and Santana, 2003), in Kuwait (Zahid et al., 2003), in Israel (Ayalon, 2012), in Hong Kong (Lau et al., 2009), and in China (Moderno et al., 2018). Studies found the associate factors for MDWs with depression are separation from family, relatives, and loved ones (Fox & Kim-Godwin, 2011; Hiott et al., 2006). This complements the result of a study on Filipino domestic workers, where it was established that they are subjected to depression because of their working environment, loneliness, homesickness, challenges of culture transformation and financial constraints (Van der Ham et al., 2014). Domestic workers are cut from outside world; they are often cut from

the social interaction beside their employ. Therefore, most domestic workers who experienced depression and trauma remain silent due to the fact that there is no one to see, report, or trace abusive behaviours (Dekker & Barling, 1998)

Methodology

Instrument

The instrument used to measure depression was the Beck Depression Inventory-II (BDI-II), which have been outlined by Beck (1985). BDI-II is valid, short, simple, and most frequently used because it is a self-rating scale to assess depression (Demyttenaere, De Fruyt, & rgen, 2003). BDI scales of 21 items covering the whole of the symptoms of depression such as sadness, despair, failure mood, bored and discontent, guilt, frustration, feeling of being punished, hating you, self-blame, desire for suicide, rate of recurrence of crying, inability to take decision and isolation from socializing. BDI-II is a valid measure of depression for Indonesian general population. The reliability of the Indo BDI_II, Cronbach's alpha, analysed for all participants, was .90 for the overall score (21 items) of the Indo BDI-II. (Ginting et al., 2013).

Sampling procedures

Randomly sampling to find participants through the support of Indonesian embassy in Penang Malaysia where the records of registered and genuine employers of Indonesian domestic workers. About 380 Indonesian domestic workers received questionnaire and depression test and 228 were have depression symptom according to BDI-II measurement. From this number, 32 selected participants that have moderate depression symptom and have worked more than 2 years in Malaysia were subjected to interview. Face to face in-depth interview with structure (30-50 minutes/ each interview) were conducted until data saturation was achieved. Interviews were audio recorded and transcribed verbatim. Transcribed data were analysed using thematic analysis (Braun & Clarke, 2006).

Result and Discussion

The quantitative data is collected and analysed using Beck Depression Inventory –II (BDI-II). Descriptive analysis was performed for the background characteristics of the respondents and prevalence of depressive symptoms. Multiple logistic regressions were carried out to determine the associated factors of depressive symptoms from 228 participants and qualitative data collected through interview 32 participants who have moderate depression and working in Malaysia above 2 years. Thematic analysis was done on the verbatim transcripts using three step approach: familiarisation with primary data, generation of initial codes and development of themes (Braun & Clarke, 2006). Codes were reviewed, and related codes were collated into subthemes. Subthemes were gathered into themes, which provided a wider encompassing meaning of the subthemes. The generation of codes, subthemes and themes were conducted independently by the two researchers. Findings from each researcher were then compared, and the differences were discussed among the team until consensus was reached.

Demography

The demography of participants is shown in table 1.1. The age range of 18-28 years have the highest frequency (84.6%). The high school graduates were the highest percentage (84.2%). The participants who are single have the highest percentage (85.5%). The result shows that domestic workers that are not living with the employer have the highest percentage (84%). Domestic workers who live with their employers were all having depression symptom (BDI-II). Participants have worked more than 2 years are (62%).

Table 1.1. Demography profile

	Frequency (n= 228)	Percent (%)
1. Age:		
18-28	193	84.6
29-39	24	10.5
40-49	10	4.4
50-60	1	.4

	Frequency (n= 228)	Percent (%)
2. Education:		
Elementary (SD-SMP)	24	10.5
High school (SMA)	192	84.2
University	12	5.3
3. Marital Status:		
Single	195	85.5
Married	20	8.8
Widow	13	5.7
4. Occupation:		
Domestic workers not live in	192	84.2
Domestic workers live in	36	15.8
5. Time in Malaysia		
0-1 year	89	39.0
2-4 year	109	47.8
above 5 year	30	13.2
6. Depression Level:		
0-13 (minimum)	6	2.6
14-19 (mild)	99	43.4
20-28 (moderate)	82	36.0
29-63 (severe)	41	18.0

Source: authors' compilation

Quantitative Data

Depression has an association with age, education, relationship status, occupation, and time in Malaysia. Pearson correlation was used the association factors of depression with demography. The relationship between age and depression shows that there was a very weak positive relationship. Meanwhile, the statistically significant value (P - value = 0.091) indicates that P> .0005. The relationship between education and depression revealed (r = -.249, p- value, = 0.000) a negative relationship. Education have significant factors and a strong and negative relationship with depression. The relationship between marital status and depression shows (r = .139, p- value .018) a positive relationship, although very weak. The relationship occupation and depression level (r = .290, p-value.000). Its show a moderate positive relationship, the more dirty,

difficult and dangerous (3D) their type of occupation, the higher the depression level. Relationship Participants stay in Malaysia and their depression shown (r = -.001, p-value 0.494) very weak and negative relationship. Education has strong and negative relationship and occupation have strong positive relationship.

Table 1.2. Associate factor of Depression among
Indonesian domestic workers

		D Level
Pearson Correlation	D Level	1.000
	Age	.089
	Education	-.249
	Marital status	.139
	Occupation	.290
	Time in Malaysia	-.001
Sig. (1-tailed)	Age	.091
	Education	.000
	Marital status	.018
	Occupation	.000
	Time in Malaysia	.494

Source: authors' compilation

Qualitative Data

Table 1.3. Qualitative data was gathered using interview from 32 participants.

Theme	Sub-theme	N=32
1. Occupation	• Employer	29
	• Working hours	32
	• Excessive work demands	30
2. Social Supports	• No communication to the Family	20
	• Family Problem	26
	• Love relationship	11
	• Discrimination as domestic workers	20

Theme	Sub-theme	N=32
3. Less spiritual aspect	• No religious activity	30
4. Hard to adjust	• Bad experience in first year • Adjusting life style	8 20
5. Financial hardship	not have salary every month The agents cut and take their salary	28 30

Source: authors' compilation

Job Environments

i). Employer

The most causes of Twenty-nine of participants' depression arise from their relationship with their employer. Their employer exploit demanded and abused them.

> *"My boss always angry at me, she screamed and bit some time with no reason just to release her anger to me. I always sick because I am very scared and not enough rest; so many things must to do sometimes I have bad dream that she will kill me"*

There are five of domestic workers who experience sexual abuse and were forces to sleep with their boss whenever the boss wants it.

> *"My Boss rape me many times and he threaten me if tell his wife. That why I run away because if I continue stay there, I will be crazy. I feel so sinful and dirty."*

ii). Working hours

All participants have as cause factors of depression the working hours. They have extremely high workload and extended work hours. Participants who live in with their employer work twenty hours and have no day off.

"I always work… work, no rest at all. Sometimes I don't have time even to eat and no off day. I just slept 3 hours every day; do many things".

The participants who do not live in with their employer have to work 12–14 hours per day because their agency forces them to work within several houses per day.

"I work 12-13 hours per day because my agency asks me to work three to four houses in a day and no off day. If I late to come even five minutes late my o agency will take one-hour's fee"

iii). Excessive work demands

Thirty participants experienced exhaustion because of so many things must be done every day and have to perform all kinds job from house cleaning to taking care of sick people.

"I have to do all kinds job even to clean up old sick women. Taking care sick old women requires me to help like professional nurse which is I cannot do by the ask me to do that. I have job that suppose handle by three people. That why after two years here I lost 25 kg I am so thin now."

Ten participants received risky work demand but they don't benefit from safety at work so they encounter accidents many times without insurance cover.

I worked in the morning in their house and at night working in their restaurant. I always have to cut many big fish and cook it; can you see I lost half of my finger and my employer didn't cover any medical expenses

Social support

i). No communication with the family

Seven participants became very anxious because they did not know what is going on with their families. They cannot contact their

family back in Indonesia because their agency does not allow them have a phone. Moreover, they are also isolated from the world outside because they cannot go out without their boss

> *"I feel so anxious because since I work here, I never heard news about my family. Maybe my children so angry at me because I never contact them or maybe my husband already married to other women" (cry) I am so lonely, no friends and never talk to my family. I never go out by myself and always with my boss and I cannot talk with others if go out with them" (angry)*

Thirteen of the interview participants have lived in dorm that agency provided but have restriction to the use of a phone.

> *"Even though I live with my friends in this hostel but we cannot call our family back in our home town. I always anxious think too much about my family because I miss them so much. I leave my child when he is still baby. So I always think that he will never recognize as his mother since I never have contact with him (cry)*

ii). Family problem

> *"I came to Malaysia because I want to run away from my village. My husband has affair with my best friend. I cannot forgive my husband even until now I still very sad when I remember him*

iii). Love relationship

Five participants are under twenty years old so they are still very young and do not have experience with men so many men take advantage of that. However other six of them are widows who still desire a relationship with a man.

> *"I have love relationship with Bangladesh men. I was pregnant but he asked me to abort my baby (cry). I feel so bad and guilty even until now and the worst things he left me because he has affair with my friend (cry with anger) that why I tried suicide, but I remember my mother*

iv). Stigma as migrant domestic workers

Stigma as domestic migrant workers are second class or low class often experienced discrimination. This experience often makes migrant workers feel uncomfortable and not acceptances and many of them were bullied by the locals.

"I feel I don't belong anywhere in Malaysia. They always talk bad to me and look down on me because People here see Indonesian as bad people".

No religious activity

Most of Indonesian domestic workers do not have free time to perform their religious activities. The agents and their employers do not allow them to perform religious activity. It makes participants feel guiltier because they don't have religious activity and also no inner power to face the adversities and challenges. So they feel hopeless, hence depressed

"I was devoted Muslim but since I work here I never take sholat/ prayer (cry). I am so sinful and scared of God's judgement. My agent's rule cannot perform sholat."

Hard to Adjust

i). Bad experience during the first year

Eight of participant had hard and bad experiences in their first year in Malaysia that cause them trauma and scared them to meet the local people even after two year working.

"I still remember until now when first time I arrived here. The gangster bit me and ask all my money.

ii). Adjusting life style

"I come from a remote rural village. I am not used to modern and technology business of the city and I also have to learn to use washing machine, all cooking staff are very modern I don't know how to use it that why my boss always angry at me. I run away because I don't know how to live in the modern house "

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The qualitative data found that associate factors of depression in Indonesian domestic workers in Malaysia are occupation, financial hardship, lack of social support, lack of spiritual activity, and hard to adjusting life in Malaysia. However, occupation, financial hardship, and lack of social support are the most cause factors of depression.

Discussions

Quantitative and qualitative data show that occupation, financial hardship, lack of social support, and education are the biggest cause factors of depression among Indonesian women migrant workers in Malaysia. This result supports the earlier study among Latina migrant workers where it was found that exposure to family conflict, perceived discrimination, and economic insecurity were associated with more depressive symptoms. Furthermore, economic insecurity were associated with a threshold of depressive symptoms that could be clinically significant, above and beyond family conflict (Roblyer et al., 2016; Zhong et al., 2016)). Study on depression and resilience among Iranian migrants in Australia found that being younger, being unmarried, having a shorter duration of residence in Australia, having an incomplete tertiary education, being unemployed, and experiencing higher levels of discrimination are significantly related to a higher level of depression (Hosseini et al.,2017).

Occupation (difficult, dirty and dangers job) in this study mean the kind of responsibilities and also their live in with their employer or not. Employer, working hours, excessive work and requires skill that they not train to do (too much demand) are greatest causing factors of depression among Indonesian domestic workers. In line with demand-Control Theory of stress, people working in high tension jobs are more disposed to a variety of psychological and physical problems (Karasek and Theorell, 1990). Excessive work demands, job insecurity, unemployment, and low status jobs were commonly reported sources of stress (Roura et al., 2015). This fact is in line with the experience of Indonesian women migrants in Taiwan, where it was found that have fatigue and leads to depression symptom because their risk of her job (Palupi et al., 2017). MDWs in Singapore who take cared dementia were 5.47 times (p = 0.013) more likely to experience stress than local (Ha et al., 2018). Relationship with

their employer is associate factors of their depression. MDWs work together with employer in taking care of person with dementia more effective and have better wellbeing too (Tam et al., 2018). Some studies found that the insecurity of workplace cause lack of social well-being such as harsh to the new environment, a persistent fear of sexual abuse due to poor intergroup relations; lack of freedom and choice in working environment; and lack and restricted access to public services and welfare benefits (Reza et al., 2018; Bernardo et al., 2018). Therefore, MDWs living in with their employer have more have depression symptom and in line with study on MDWs in Argentina found working conditions differ substantially between live-in and live-out workers, with living in the employer's house being a predictor of poor general health and psychological (Bauleo et al., 2018).

No communication to the family, love relationship and stigma as domestic workers are cause factor of Indonesian domestic workers' depression. The quality of Indonesian migrant workers life is low because they have discrimination from the local (Iqbal, 2016). A good social support has been recognized to shield people from mental, physical challenges such as depression (Grav et al., 2012; Hou et al., 2015; Westdahl et al., 2007). Study on MDWs in Singapore found social connections to be positively associated with the quality of life, and acceptance of working management style was positively associated with physical health, psychological health and environmental quality of life (Anjara et al., 2017). Social support from friends or peers was positively association (Mendoza et al., 2017). Using online community empower MDWs enhancing their psychological wellbeing (Wijaya et al., 2018).

Lack of religious activity is cause factor of Indonesian domestic workers. Religious aspects are central for Indonesian life (Rochmawaty et al., 2018). Therefore, study on resilience Indonesian factory workers in Malaysia found religious activity is one their resilience factors (Purba E J and Abdullah, 2017). Having affectionate and mutual connection with others (family or social support) and God (religious activity) plays a vital role for MDWs' capacity to survive depression and anxiety (Aroian et al., 1998; Badger & Collins-Joyce, 2000; Caplan & Caplan, 2000; Chou, 2009; Fagg et al., 2008; Hovey, 2000; Mulvaney-Day, Alegria, and Sribney, 2007; van der Ham et al., 2014).

Low education level minimise experience and the lack of skills are associate factor of depression among Indonesian domestic workers. Level education also will impact learning ability of a new languages and cause hardships to adjust to the new life in new country (Chen et al., 2012; Ladin et al., 2009), while some other studies found no effect (Hou et al., 2015). Study on domestic workers in Singapore highlighted the need for more physical rest, social support and caregiver training on behavioural management for migrant domestic workers (Heng et al., 2018). Therefore, Indonesian domestic workers before they are sent to other country must have training to enhance their ability and skills so that they have resilience traits to face their challenges in their job and have better jobs.

Conclusions

This study confirms that depression is common among Indonesian domestic workers in Malaysia according to Beck Depression Inventory (BDI). Three from five Indonesian domestic workers in Malaysia are having depression symptom. The associate factors of depression are: occupation, financial hardship, social support, and education. The awareness created through this study will enable proper government-to-government policy on Domestic Migrant Workers matters hence reducing depression rate and policy level intervention and implementation, is needed to improve working conditions, including minimum wages and regulation of working hours is recommended. It will as well contribute to the body of knowledge on depression of Indonesia domestic workers in a foreign country especially the counsellors and the social workers employed by the Indonesia embassies in all nations throughout the world.

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