



PERGAMON

Social Science & Medicine 57 (2003) 769–774

SOCIAL
SCIENCE
&
MEDICINE

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Psychological distress among Thai migrant workers in Israel

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Abstract

The purpose of this cross-sectional study was to examine the associations between migration stressors and psychological distress among Thai migrant agricultural workers in Israel, and to examine the direct and indirect contribution of socio-cultural variables to this relationship. Two hundred and twenty-one Thai male workers were interviewed using a structured questionnaire that included demographic variables and occupational exposures to organophosphate pesticides (as control variables), migration stressors, intervening variables (traditional health beliefs, social support, drinking behavior, and utilization of medical services), and a psychological distress scale. In multivariate analysis, migration stressors, the migrants' traditional health beliefs, quality of current social relationships, drinking behavior, as well as age and occupational exposure were significantly associated with psychological distress. Workers who reported higher migration stressors (perceived the migration to be difficult, and often felt homesick), those with higher levels of traditional health beliefs, those whose social relationships with other Thai co-workers were poor, those who consumed either no alcohol or large amounts of alcohol, and those who reported "problem drinking" had significantly higher levels of psychological distress. A moderating effect of the quality of social relationships with co-workers on the association between homesickness and psychological distress was found. Additionally, migrants aged 28–34 and those who were experiencing eye irritation from chemicals at work had significantly increased levels of distress. The findings demonstrate the focal role of specific migration stressors and the current socio-cultural context on psychological distress of migrant workers.

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Keywords: Thai migrant workers; Stress; Psychological distress; Traditional beliefs; Social support; Israel

1. Introduction

Trends in economic globalization and widening disparities between countries have increased migration to many countries, including Israel (Bartram, 1998; Stalker, 1994). While migration may offer economic benefits, physical health problems and psychological distress are often results of the social stress involved in moving from one's country (Chung & Kagawa-Singer, 1993; Shuval, 1993), reduced security in daily life (Sundquist, 1994), and experiences of alienation and discrimination (Kaplan & Marks, 1990). Using the stress process paradigm (Folkman, 1997; Pearlin, Menaghan,

Lieberman, & Mullan, 1981), psychosocial mediators of the migration-health link, such as social support (Flaherty, Kohn, Levav, & Birz, 1988), hardy personalities (Kuo & Tsai, 1986), beliefs and other factors inherent in the sending culture (Alderete, Vega, Kolody, & Aguilar-Gaxiola, 2000) have been examined.

Thai migrant agricultural workers in Israel

Thai foreign workers make up 26% of the total agricultural workforce in Israel, with more than 20,000 legally employed workers (Central Bureau of Statistics, 1999). Approximately 14,000 of these workers are employed through the Moshavim Movement, a collective of cooperative agricultural villages called *Moshavim*. Most agricultural migrants in Israel are male farmers

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from northeastern Thailand and are known as *Thai-Isaan* (Cohen, 1999).

Migrating to Israel involves profound changes in the Thai migrant workers' social, environmental, and cultural context. Many workers migrate without their families or existing social networks. Life in Israel limits opportunities for normative behaviors for young Thai men, such as drinking with friends and "going about" (*pai tiao*) (VanLandingham, Knodel, Saengtienchai, & Pramualratana, 1998). Israeli *Moshavim* farmers indicated that drinking among Thai workers is moderate, with occasional incidents of problem drinking. Environmental changes in migrating to Israel include occupational exposures to organophosphate pesticides, still commonly used in *Moshavim* (Richter et al., 1992). Organophosphate pesticide exposures may result in psychological effects such as anxiety, depression, irritability, and restlessness (Mearns, Dunn, & Lees-Haley, 1994). *Thai-Isaan* beliefs about health incorporate animist and Buddhist elements, including the use of amulets, spirit houses, meditation, and traditional medicines. Of particular significance to migrants is the belief that moving or changing jobs can result in the loss of one or more of an individual's thirty-two souls that reside in the body. The *baci* ceremony is used to bind one's souls in times of change in order to prevent soul loss and subsequent ill health (Westermeyer, 1988).

To date, no study has examined social stress, living context, working conditions, and psychological distress of non-Jewish migrant populations in Israel. The purpose of this study was to examine the associations between migration stressors and psychological distress among Thai migrants, and to examine the direct and indirect contribution of intervening variables (traditional health beliefs, social support, health behaviors and utilization of medical services) on this relationship, controlling for sociodemographic variables and occupational exposures.

Participants and methods

Male migrant workers employed in Israel for at least one month were drawn from the 14,000 legal Thai agricultural workers employed through the *Moshavim Movement* (in mid-2000).

In a two-stage sampling process, nine *Moshavim* were randomly selected by size of the Thai migrant population: six small-to-medium sized *Moshavim*, and three large *Moshavim* (100 Thai workers or more). In each of the *Moshavim*, a convenience sample was used due to time and financial constraints. Thai workers were asked to attend a meeting where they were informed about the study and completed the questionnaire in small groups. While the response rate of those who attended the meetings was high (>99%) overall, between 25% and 87% of the workers were interviewed in any individual

Moshav. The final sample included 221 participants. We believe that there was no major selection bias in participation. Age and the duration of time since migration of the participants were similar to the total population of Thai workers (data from the *Moshavim Movement*). Some differences may have occurred in the final convenience sample as those who did not attend the meetings were generally working at the time of the interview.

The structured questionnaire was translated from English into Thai by a professional translator, was reviewed by a senior researcher in Bangkok, and was back-translated into English by Thai translators in Israel. The questionnaire included: (1) control variables; (2) migration stressors; (3) psychological distress; and (4) intervening beliefs, social and behavioral variables.

Control variables: Socio-demographics included age, years of education, marital status, and region in Thailand. Occupational exposures included smelling irritating chemical odors, experiencing eye irritation from chemicals, and experiencing skin or clothing contamination from chemicals.

Migration stressors: Variables were designed to assess aspects of migration stress within the specific context of the workers' lives. Objective measures included: duration of migration, previous migration to other countries, whether the worker migrated to family or friends, and English/Hebrew proficiency. Subjective measures included: the pre-migration perception of migration, pre-migration feelings about migration, and current frequency of homesickness.

Psychological distress: A 9-item scale, originally developed to address the major forms of distress (depression and anxiety) in Thai internal migrants was used. The response categories range on a four-point Likert scale (from '1' never, to '4' often), with a dichotomous response to one item ('1' no, '2' yes). The developers reported good validity, a single underlying factor and an alpha coefficient of 0.84 (Fuller, Edwards, Sermisri, & Vorakitphokatorn, 1993). In this study, the alpha coefficient was 0.82.

Intervening variables:

(a) *Health beliefs:* Based on known traditional health beliefs held by *Thai-Isaan* (Westermeyer, 1988), a 4-item scale of the importance of traditional health practices was developed for the study: using traditional medicines, having a *baci* ceremony to prevent soul loss, having a spirit house, and wearing an amulet (Cronbach's alpha = 0.59).

(b) *Social support and relationships with peers:* Perceived support was measured by a 3-item scale (Cronbach's alpha = 0.63) that determined the current frequency of: (1) receiving practical assistance if sick and confined to bed; (2) having friends to "go around with" (*pai tiao*) and; (3) having a confidante. Adequacy of similar short-form (2–4 item) scales of social support has

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