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THE MENTAL HEALTH OF ADOLESCENT REFUGEES IN MALAYSIA

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Abstract

As of June 2017, 24.8 % of the 149, 200 reported refugees in Malaysia aged 18 years and below and of that figure, 33% were females. There has been little research into the mental well-being of the refugee adolescents. This cross-sectional survey study examined the differences in stress, anxiety, and depression faced according to gender and whether there is any association between them. 104 refugee adolescents from four non-governmental organization educational centers

participated in the study. The Depression, Anxiety, Stress scale 21 was used to measure the severity of the core symptoms of depression. The results showed that females have significantly higher stress, anxiety and depression compared to that of males at $p < .001$. Generally, the refugee has mild to normal stress as compared with anxiety and depression where a significant majority of those aged 14-27 years experienced severe to extreme severe anxiety with a moderate level of depression. A further analysis found that severe stress positively associated with anxiety and depression. Insights into the stress, anxiety and depression experienced by refugee adolescents are crucial towards understanding the mental health of young refugees. The current study may benefit mental health workers and humanitarian agencies to address and improve the mental health of refugees, regardless of any labels attached to them.

Keywords

Adolescent refugees, Anxiety, Depression, Gender, Stress

1. Introduction

In 2017, approximately 152,000 documented refugees were reported residing in Malaysia (UNHCR). Of these, about 89% were from the persecuted ethnic groups from Myanmar. They comprised of Rohingyas, Chins, Shans, Myanmar Muslims and Arakanese and Rakhines. Officially about 41690 of them were children below the age of 18 (UNHCR). As Malaysia is not a signatory to the 1951 Refugee Convention (UN refugee Agency), it does not provide for asylum systems or laws to manage and regulate the status of refugees. As a result, refugees in Malaysia are seen as asylum seekers and who may be subjected to detention, corporal punishment and deportation if caught. Many of these refugee children are either accompanied by their parents and family members or unaccompanied due to forced migration. Leaving their homeland at such a tender age, many of them face post-traumatic stress, depression and psychosomatic complaints (Riley, Varner, Ventevogel, & Hasan, 2017; Tol, Song, & Jordan, 2013) resulting in a poor quality of life (Siah, Lee, & Goh, 2015). Like all refugee children across the globe, these refugee children in Malaysia are extremely vulnerable and require special assistance to survive and to meet their basic needs. They are deprived of basic public education, health care and employment. To supplement their parents' income, these adolescents work illegally, carrying out menial jobs such as restaurants' helpers after school.

These adolescents are in a challenging and vulnerable developmental period which is also characterized by increased anxiety, depression, conduct disorders and phobias (Costello,

Mustillo, Erkanli, Keeler, & Angold, 2003). Literatures on anxiety indicate that anxiety is twice as prevalent in females as in males and increases with age (Lewinsohn, Gotlib, Lewinsohn, Seeley, & Allen, 1998). In Asian cultures, female adolescents tend to be very self-conscious in relation to the changes in their physical development and are expected to follow specific values of nurturing. This may lead to increased anxiety, stress and depression. One particular study found that discrimination and acculturation attempts accounted for the high prevalence of depression among female adolescents where the variance in levels of depression for girls was 53.6 %, as compared to 31.0% for boys (Patil, Porche, Shippen, Dallenbach, & Fortuna, 2017). This is because, in a traditional patriarchal society, girls are supposed to be docile and obedient accepting their roles as domestic homemakers. Adhering to this belief of traditional femininity ideology had shown to account for the significant variance in depression for low self- esteem in adolescent girls (Tolman, Impett, Tracy, & Michael, 2006). Prior studies have documented that female adolescents reported a higher severity of stress, depression and anxiety as compared to their male counterparts (Pinto, Sanchez, & Tomita, 2010, Vanneste, Joos, & De Ridder, 2012, Yaacob, Juhari, Abu Talib, & Uba, 2017). In addition, female adolescents faced the fear of child marriage where their male guardians or parents believed that girls will be better protected if they are married. (Pocock, et al, 2018) A study on the coping ability of Myanmar youths, found that the females were not coping well when faced with financial, social and academic challenges (Kok, Lee & Low, 2017). Anxiety, stress and depression could have had negative impacts on their mental health.

Faced with the highly stressful and challenging living environment, the refugee adolescents encountered daily stresses, such as the lack of access to their basic needs - education, food and safety, which were associated with poverty and insecure living conditions and which in turn have an adverse impact on their mental health. Previous studies found that there were disparities in mental health disorder impacting refugee youth such as depression and suicide among refugee youth (Colucci, Szware, Minas, Paxton & Guerra, 2012) This study of refugee adolescents' state of mental health is important as there is a lack of literature in the context of Malaysia. There are limited studies on the psychological aspects of these adolescents who might become easy prey of exploitation and victimization such as child labour. In order to better understand the mental health of these adolescents, this current study aims to investigate the following:

- To study the levels of stress, anxiety and depression in these adolescents.

- To determine if there are differences in the levels of stress, anxiety and depression between the genders.

2. Methodology

2.1 Procedure

This study was correlational, cross-sectional and quantitative study in nature. The respondents were recruited using the purposive sampling method and data was collected from four educational centers for refugees located in the Klang Valley in Malaysia. The educational centers were identified through enquiries made via emails and telephone calls to the Non-Governmental Organizations which were involved in the provision of free education for the refugees. The teachers of the refugee centers helped to administer the questionnaire through the distribution and collection of the questionnaires. All these refugee teachers were English Language teachers, and as English was the medium of instruction for the teenage refugees, the questionnaire was comprehensible to the students. All the students were provided with written information on the research and a written consent form. For participants under the age of 18, parental consent needed to be obtained. The students were also briefed by their teachers about their right to withdraw from the study at any time. A total of 150 sets of questionnaires were distributed with the returned rate of 78.7% (118 sets). However, after filtered out those incomplete data, 104 samples were included in the analyses. This study was conducted between May to August 2017.

2.2 Measures

The survey tool comprised two sections – one for demographic information and the other the Depression, Anxiety and Stress Scale (DASS-21; Lovibond & Lovibond, 1995). DASS-21 was used to measure the severity levels of the core symptoms of depression, anxiety and stress. Each sub-scale is measured using 7-items. The respondents were asked to give their responses on the presence of a symptom over the previous week. The scoring is from 0 (did not apply to me at all over the last week) to 3 (applied to me very much or most of the time over the past week). Each sub-scale yielded at total score multiply by 2 which the total scores were ranging from 0 to 42. The cut-off point to indicate the severity (see Lovibond & Lovibond, 1995 is presented in Table 1. which provides descriptive information regarding respondents' psychological states. The cut-off of 0-14 indicates normal stress, 15-18 indicates mild stress, 19-25 indicates moderate stress, 26-33 indicates severe stress and more than 34 indicates very severe stress. In regard to

depression, score in the range of 0-9 represent normal depression, mild (10-13), moderate (14-20), severe (21-27) and very severe (28 and more). The cut-off points for anxiety are normal (0-7), mild (8-9), moderate (10-14), severe (15-19) and very severe (20 and more). The total scores for each psychological state was then used for correlation analysis. A high score corresponds to a higher level of severity on each sub-scale. The reliability for each subscale ranged from 0.70 to 0.72.

3. Results

3.1. Profile of the sample

A total of 104 refugee adolescents currently attending educational centers in Malaysia were the respondents for the study. More than half the respondents (55.8%) were females (refer Table 1). The ages of the respondents were between 12 and 19 years, with the mean age of 14.79 years. (SD= 1.67). 54.8% of the respondents were from Myanmar's, (21.2%) Pakistani, (7.7%) Sri Lankan, (2.9%) Burmese, (2.9%) Somalian and (1%) each for Bangladeshi. The duration of the respondents living in Malaysia ranged from half a year to 18 years, with a mean of 5.15 years (SD= 3.29). Majority of the respondents were UNHCR card holders (85.6%), while the rest held community cards (9.6%) and passports (3.8%).

Table 1: Respondents' profile information

	n (%)	Mean	SD	Min.	Max.
Age		14.79	1.67	12	19
Sex					
Male	46 (44.2)				
Female	58 (55.8)				
Nationality					
Bangladeshi	1 (1.0)				
Burma	13 (2.9)				

Myanmar	57 (54.8)				
Pakistan	22 (21.2)				
Somalia	3 (2.9)				
Sri Lanka	8 (7.7)				
Unknown	10 (9.6)				
Year of living in Malaysia		5.15	3.29	0.5	18
Card holders					
UNHCR	90 (86.6)				
Community	10 (9.6)				
Passport	4 (3.8)				

Note: *SD* = standard deviation; Min.= Minimum; Max. = Maximum

3.2. Descriptive statistic

The result displayed in Table 2 shows the descriptive statistics of the main variables under study. The refugee adolescents are reported to have mild stress if the mean was 16.85 (*SD*= 8.19). A total of 46.1% adolescents reported severe (19.2%) to extremely severe (26.9%) anxiety levels with a mean of 14.81 (*SD*= 7.71). The mean score for depression was 14.31 (*SD*= 7.84) which indicates a moderate level of severity.

Table 2: Descriptive Statistics on the variables under study

Variable	n(%)	Total		Male		Female		<i>t</i>	<i>p</i>
		Mean	<i>SD</i>	Mean	<i>SD</i>	Mean	<i>SD</i>		
Stress (n=104)		16.85	8.19	13.70	6.88	19.34	8.33	-3.79	<.001
Normal (0-14)	44 (42.3%)								
Mild (15-18)	24 (23.1%)								
Moderate (19-25)	20 (19.2%)								
Severe (26-33)	13 (12.5%)								

Extremely Severe (34+)	3 (2.9%)								
Anxiety (n=104)		14.81	7.71	13.48	7.71	15.86	7.61	-1.58	.119
Normal (0-7)	14 (13.5%)								
Mild (8-9)	12 (11.5%)								
Moderate (10-14)	30 (28.9%)								
Severe (15-19)	20 (19.2%)								
Extremely Severe (20+)	28 (26.9%)								
Depression (n=104)		14.31	7.84	12.57	7.99	15.69	7.50	-2.04	.045
Normal (0-9)	25 (24.0%)								
Mild (10-13)	26 (25.0%)								
Moderate (14-20)	34 (32.7%)								
Severe (21-27)	12 (11.5%)								
Extremely Severe (28+)	7 (6.7%)								

Note: *SD* = standard deviation

3.3 Stress, anxiety and depression between the genders

Results of the *t*-test analyses indicate that female adolescents (Mean= 19.34, *SD*= 8.33) experienced a significant higher stress level compared to male (Mean= 13.70, *SD*= 6.88) adolescents ($t = -3.79, p < .001$). With regards to anxiety, no significant differences were found for the different genders. By comparing the mean, females (Mean= 15.86, *SD*= 7.61) scored higher than males (Mean= 13.48, *SD*= 7.71), but the difference was insignificant ($t = -1.58, p = .119$). Males (Mean= 12.57, *SD*= 7.99) scored significantly lower than females (Mean= 15.69, *SD*= 7.50) in depression ($t = -2.04, p = .045$).

3.4 Correlations between stress, anxiety and depression

Results of Pearson Correlation Coefficient revealed positive relationships were found between stress, anxiety and depression. High stress is associated with high anxiety and depression. Respondents who reported high anxiety tend to have high depression.

Table 3: Correlation Analysis among Stress, Anxiety and Depression

Variable	1	2	3
1. Stress	1		
2. Anxiety	.570***	1	
3. Depression	.657***	.491***	1

Note: ***p<.001

4. Discussion

Our findings show that majority of our participants experienced mild to moderate levels of stress and depression but a moderate to extremely severe level of anxiety. A positive relationship was found between stress, anxiety and depression. Female scored significantly higher in stress and depression than males. Explanation for the findings in which the overall levels of stress, and depression were reported mild to moderate could be due to the background of the participants. For the fact that they were being sent to the four educational centres reflected their parents have somehow secure a job to provide them with education. Nugent and Roberts (2013) reported that the adaptability of refugee children can be amazing. American Psychological Association (2010) suggests that there are a number of factors that predict adjustment among refugee children such as post-migration and family experience, besides the experience prior to migration. The high anxiety level might be due to coping with new school environment, life uncertainty and the use of non-productive coping styles. Study has revealed that financial, social and academic were the main challenges encountered by refugee's adolescents in Malaysia (Kok, Lee & Low, 2017)

Our findings also show that levels of stress and anxiety experienced by the refugee adolescents are linked to the development of depression which affects their mental health. Female refugee adolescents indicate a significant higher stress and depression level compared to their male counterparts. This finding is consistent with previous findings that reported higher anxiety levels shown by the females (Lewinsohn, et al., 1998; Telzer & Fuligni, 2013). This can be explained by the fact that family interactions affect females more as females normally tend to strive for closer emotional connections with their family members and the people around them. Therefore, they would not only internalize their earlier childhood experiences, but also the distress and violence experienced by their parents, perceived discrimination, danger, injustice and psychological stress from their respective environments. Role expectations in an Asian

culture tend to impose females with nurturing expectations. Therefore, being daughters in a family, they would be expected to take on family burdens of caring for their siblings and helping with the family finances.

Mental health issues among the teenagers have become a concern for health care professionals in Malaysia, because the rates of suicide and mental health issues have seen an increase in this group of young people (Kok & Goh, 2012). Adolescents and young adults constitute a high-risk group for depression. Adolescence is the time when they are in transition into adulthood. They tend to feel confused while attempting to cope with the physical, cognitive, emotional and social changes they encounter during this transitional period. In addition, in their attempts for the establishment of identity, the teenagers also encounter tremendous challenges and stress. (Khoo, 2014). Besides experiencing their own developmental stress, the refugee adolescents also encounter challenges in adapting to the culture in Malaysia thus affecting their mental health and well-being. (Siah, et al., 2015; Low, Kok, & Lee, 2014).

Currently, refugee adolescents in Malaysia would be trying to cope with their educational challenges, learning the English Language while waiting to be settled in a third country or even worrying about their possible job prospects. These are the sources of stress and tension faced by these refugee adolescents (Kok, et al., 2017). These stresses that they encounter could contribute to the development of mental illnesses and affect their sense of identity (Ellis, MacDonald, Lincoln, & Cabral, 2008).

4.1 Implications

We propose that mental health workers from non-governmental organizations (NGO) work closely with community and family members to provide workshop sessions and training on coping and resilience skills for these adolescents. Parents, caregivers and community educators would be able to detect any psychological problems encountered by these adolescents. Early detection will prevent these problems from getting worse. Meeting with parents, imparting psychological knowledge and building living skills will better enhance their coping skills and promote positive family interactions in order to improve their mental health well-being.

Besides working closely with refugee children and the various refugee communities, it is necessary for the NGOs in Malaysia to work collaboratively. Currently, there are various faith-based communities and NGOs working with different refugee communities where assistance is given based on the religious status of the refugee. However, there seems to be no strategic coordination among all the agencies. To effectively address the refugee mental health issues, we

need to have more coordinated effort. It may be wrong to think that basic needs such as food, shelter and safety need to be given priority before addressing the issue of mental health issues. Both physical and psychological needs need to be addressed concurrently. If left unaddressed, psychological stress could further develop into serious psychiatric disorders. Working towards meeting the basic physiological needs (make sure they have food and shelter and their safety are being taken care of) will reduce the stress levels of the refugee families, thus resulting in lesser psychological distress levels in their young children. We hope that such coordinated efforts will ensure that the refugee families in Malaysia have their basic needs met; and also, able to offer more psycho-social programs to address their psycho-social needs thus reducing the levels of stress, anxiety and depression among teenage refugees.

5. Conclusion

The findings from the study revealed that the refugee adolescent experienced mild to moderate level of stress and depression while majority of them experienced moderate to severe level of anxiety. However, the female refugee adolescent experienced higher stress, anxiety and depression than the males.

This study has highlighted the mental health issues of teenage refugees in Malaysia. While the authorities in Malaysia have started the initiative to raise public awareness on mental health literacy and preventive actions, we hope to advocate for the basic physiological and psychological needs of this group of vulnerable teenage refugees. Denying refugees, the right to basic education will only perpetuate their poverty and destitution. No child shall be left behind, including the vulnerable refugee children in Malaysia.

There are limitations in the findings of our study. The data that we collected was only from four educational centers in the Klang valley; and with such a small sample size, the results cannot be generalized to the whole refugee population. Future research studies should include refugee adolescents living in the other states of Malaysia. Studies could also focus on the resilience and support levels of these vulnerable teenagers in overcoming the challenges they encounter living as asylum seekers

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