The Mental health of Thai women living in Sweden

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ABSTRACT

Background: Thai women living in Sweden have their own doctrines, beliefs and traditions. One of their roles is the responsibility for making the family feel safe and to provide funding. Resettlement and displacement in a new country may create many problems for them and their mental healthshould be a concern. Thus, the aim of this paper was to describe the mental health of Thai women living in Sweden.

Method: It was a cross sectional study which collected data from immigrants selected from Thai women living in a medium sized town in Sweden. The study was conducted on 65 immigrants based on the Thai Mental Health Indicator version 2007 (TMHI-55). The convenience sampling, snowball technique was established. A descriptive statistical analysis was performed.

Results: The four domains; mental state, mental capacity, mental quality and supporting factors, were at a very good level. The results of this study supports mental health being associated with well-being, and other supporting factors are the family sharing the responsibility and Buddhist doctrine for spiritual calming of Thai women.

Conclusions: Consequently, caring for Thai women with issues can be promoted by reassurance and helping to cope with emotional, practical and spiritual problems. This can be considered when dealing with such cases in the future.

Keywords: mental health, Thai women, immigration, adaptation

BACKGROUND

In 2000,almost 49 percent of all international migrants were women[1]. By the end of 2004, the number of migrants globally totaled 9.2 million, a number which has reduced slightly since the beginning of the same year. Sweden was the 7th main receiving country and became the main destination country for immigrants in 2004.[2]The number of women immigrants from Thailand increased by more than 80 per cent.[3]In Sweden, in2000 the number of Thai women was about 672 and in 2009 this had increased to 2,489. Thai women are the third largest immigrant female population in Sweden, following 3,521 Iraq women and 2595 Somali women.[1,4]

In Swedish media, Thai women are sometimes reported as or are connected with

social problems such as "import wives", victims of "two years role", prostitution and domestic violence.[3]Especially, Thai immigrant women in Sweden have their own doctrines, culture, beliefs and traditions. Many of them live with Swedish spouses who have different beliefs and traditions. Furthermore, in Thai society and Thai tradition, the male roles are to be the head of the family, being responsible by making the family feel safe and earning money. Also, sociologically and economically, Thai females tend to be treated as inferior to their men. Thai females are frequently referred to as "the back legs of the elephant,"meaning that men are most important in terms of economic influence to the family butfemales are just as important as their appropriate place is behind men.[5]In Thai culture, a kind and respectful manner is strongest in the relationship between younger and older. Taking care of their parents when they become old or sick is a responsibility taken by Thai women. Thus, caring and responsibility is reflected in the traditional Thai female role and is expressed by belief in Buddhist adoration care.Nurturing a caring family is the important role of a wife and mother. Even though they may be employed Thai women must look after their families. [5]This might be stressful and lead to problems with mental health when they move aboard.

The World Health Organization shows the definition of health as "a state of complete physical, mental and social well-being, and not merely the absence of disease". It used to be considered that persons having good mental health just showed no signs or symptoms of a mental illness. Mental health is defined as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.[7]

Pumariega, Rothe & Pumariega (2005)[8] found the mental health of immigrant and refugee populations were influenced by proximity to traumatic events, and the duration of exposure. The intensity of the traumatic experience may affect psychological response. Thereby, stress becomes a problem when people do not know how to handle the situations that cause it. Steven et al. (2007)[9]showed resettlement and displacement in a new country created problems for them to overcome, speaking and understanding a new language and economic poverty were the most important issues they had to face. Psychological adaptation has been considered an important issue for immigrants' health, as previous research has consistently demonstrated that they suffer from higher levels of emotional distress and poorer mental health than the host populations. Poor adaptation patterns among immigrants relate to increased levels of depression, anxiety, low self-esteem, and other psychological problems (Aroian& Norris 2002,Pernice et al. 2000 and Ward et al. 2001).[10,11,12]

The Western way and the Buddhist way of dealing with mental health have many similarities. They both teach how the mind can

help bring peace and quality of life by having a balance with body and mind. The disciplines of teaching how to cope and deal with problems and stresses in life vary between the two beliefs. The western doctrine is a religion and centered on an unseen God and based on faith whereas the Buddha's teachings have been passed on from the very first Buddha - a real person - through to today, and ispracticed by the whole family.[13,14]

The effect of immigration is that it is changing the entire life situation of immigrants, causing psychological distress and disorder. A key reason for immigrants experiencing stress and related mental health problems is adaptation. The stresses they face during their physical and psychological pilgrimage can put them at a high risk of developing mental health problems. It is important that nursing in Sweden recognizes contributing factors. Nurses should be aware and responsive to the complexities of cultural adaptation that these women face and they have a duty of care to assess their mental health and implement supportive programs and strategies.

AIM

The purpose of this thesis is to describe the mental health of Thai women living in a middle size town of Sweden.

METHODOLOGY

Research design

The study design was a cross sectional, descriptive design.

Population and sample

The population consisted of immigrant Thai women aged 18-60 years in a middle size town. Using the convenience sampling that snowball technique accidentally.[15]The number of participants were 65 persons (100%) but the number who replied to the questionnaires were 49 persons (75.38%). The participants were recruited by satisfying the criteria given below:

(a) Born in Thailand and identified themselves as Thai,

(b) Lived in Sweden for at least 6 months,

(c) Between 18 to 60 years of age,

(d) Read and speak Thai well enough to communicate.

Data collection

Data was collected in three ways: (1) Data collected by the author, sitting face to face (2) Data collected by the research assistants who were trained to use the TMHI-55 questionnaires before collecting data, and (3) The author asked for the Thai women's email or mail addresses, and in the cases where there were no addresses the author sent items of the TMHI-55 to the participants and allowed a period of one week before the returns. Data was collected by the author and after the participants completed the THMI-55 questionnaires, the author asked to be referred to other Thai women who met the relevant criteria, with the aim of including more participants.

Research instrument

There were two parts: the primary socio-demographic characteristics and The Thai Mental Health Indicator version 2007 (TMHI-55).

1 The primary socio-demographic characteristics

The primary socio-demographic characteristics were developed by the author. There are 19 questions with open answers concerning personal data about age, marital status, religion, the period of residence in Sweden, the reasons for coming to Sweden, education, occupation, working time per day, stressful aspects of job (or not), income per month (and is it enough?), whoThai women need to consult and share problems with, relationship with spouse or partner.

2 The Thai Mental Health Indicator version 2007 (TMHI-55).

The research instrument TMHI-55 has been developed by Dr. Apichai Mongkoll and others. It has been approved and used to assess mental health for Thais by the Department of Mental Health, the Ministry of Public Health, Thailand.[16]

The TMHI-55 scale was used as a specific measure to assess mental health. It has 55-items and contains 4 domains; mental state (13 items), mental capacity (15 items), mental quality (15 items) and supporting factors (12 items) including 15 sub domains. The scores are ranging from 55 to 220. The scores for the complete version were divided into 3 groups: better than average mental health (179-220), average mental health (158-178), and below average mental health(55-157).[16]

The general nature of the instrument makes it appropriate for Thai people aged 15-60 years to include males and females but in this study the author focused on females. The instruments have shown strong evidence of validity and reliability. The reliability of TMHI-55 is 0.92 and in each domain the reliability of Cronbach's alpha of domain1: Mental state= 0.84, domain 2: Mental capacity = 0.83, domain 3: Mental quality =0.88 and domain 4: Supporting factors = 0.83 reliability.[16]

Data analysis

Data was analyzed using the Statistical Package for the Social Sciences (SPSS) version 19 for Windows. Descriptive statistics were used to analyze the primary socio-demographic characteristics data. Descriptive statistics, including mean and standard deviations or frequency distributions as appropriate to the level of measurement, were used to summarize the prevalence of a level of mental health status.[15]

RESULTS

Findings of the study have been shown in the text and three tables as follows; The primary socio-demographic characteristics of the study participants are outlined in Table 1, Table 2 shows the level of mental health status and Table 3 is the level of the domain of mental health status of Thai women living in Sweden.

1. The primary socio-demographic characteristics

The mean age of participants was 36.88 years (S.D. = 7.57). Most of the participants were married with Swedish men and living together (65.3%). Nearly all of the participants were Buddhist (98.0%). The mean of the years living in Sweden was7.26 years (S.D.= 5.59). Approximately one third of the participants had graduated from primary school (34.7%). Participants working but not permanent employees (35.4%). Also they work about 6.5-10 hours per day (56.8%). Participants not getting stress from their job (68.2%). Some had income 7,001-10,000 SEK/ month (25.6%) and participants replying to the open questionnaire that their income was enough (77.6%). Thai's responding with kids (48.9%). Some of the participants with problems talked to friends (28.6%). The participants' relationships with spouse/partner by perception were very good (40.8 %). The participants feeling good and liking living in Sweden (77.6%).Some of the socio-demographic characteristics data is shown in the table 1.

Table 1 The socio-demographic characteristics

Characteristics of participants	Frequency *(n=49)*	% *(n=49)*
Age		
18-30	8	16.3
31-40	27	55.1
41-50	13	26.6
51-55	1	2.0
Total	49	100
(Mean =36.88, S.D. =7.57)		
Married status		
Single	4	8.2
Married and living together	32	65.3
Married but not living together	4	8.2
Divorced/ Separated	6	12.2
Widow	3	6.1
Total	49	100
Years living in Sweden		
(Mean = 7.25, S.D. = 5.49)		
Relationship with spouse / partners by perception		
Very good	20	40.8
Good	13	26.5

Characteristics of participants	Frequency (*n*=49)	% (*n*=49)
General	4	8.2
Less good	2	4.1
Other	7	14.3
None answer	3	6.1
Total	49	100

2 **The level** of mental health status

In table 2 is shown the mean of mental health status. The highest frequencies were those at the average mental health and better than average mental health levels. Most of the participants (55.1%) had the level of mental health status at average level. Some of the participants (24.5%) had mental health in the better than average level. Below average mental health status exposed the lowest frequency 20.4%. The mean of the mental health of Thai women living in Sweden was 3.09 (S.D.= .27). That means the participants had better than average mental health.

Table 2 The level of mental health status

The level of depressive symptoms	Frequency (*n*=49)	% (*n*=49)
Below average mental health (55-157)	10	20.4
Average mental health (158-178)	27	55.1
Better than average mental health (179-220)	12	24.5
Total	49	100
(Mean=3.09, S.D. =.27)		

3 **The level of domains mental health status**

Below average mental health (1.00 - 1.99), average mental health (2.00-2.99). Better than average mental health (3.00-4.00).[16] As shown in table 3, most of the participants had the highest frequency for the domain level of the mental health status - better than average.

The mean of the domain 1 **mental state** is an indication of a person's mental health which can be perceived in their feelings; how they feel physically and psychologically about being happy or unhappy, including the feeling of kindness that is unique to thinking, feeling and being. It was 3.25, S.D.= .40, that means the participants had the mental health state in the better than average.

The mean of the domain 2, **mental capacity** is an indication of a person's mental health which can empower and protect people, know how to build relationships with people, solve problems and be able to make decisions. It was 2.83, S.D.= .31, that means the

participants had an average mental health state.

The mean of the domain 3, **mental quality** is an indication of a person's mental health and concerns the individual's quality of life, good mind, good spiritual guidance and willingness to help people. It was 3.25, S.D.=.37,that means the participants had a mental health state in the better than average.

The mean of the domain4, **supporting factors** are the factors that promote recovery and encourage people to have good mental health through family support, peer support, socialization, education, gain employment, maintain independence and earn acceptance within their communities and includes ability to work and security in living. It was 3.02, S.D. = .39, that means the participants had a mental health state in the better than average.

Most of the participants had a level of domain mental health status at better than average. The mean of the mental health of Thai women living in Sweden was 3.09 (S.D.= .27). The level of mental health is described in table 3.

Table 3 The level of domains mental health status.

The level of depressive symptoms	Mean (*n*=49)	S.D. (*n*=49)	Meaning
Domain 1 Mental state			
1.1 General well-being positive affect	2.83	.60	average
1.2 General well-being negative affect	3.29	.47	better than average
1.3 Perceived ill-health and mental illness	3.72	.52	better than average
(Mean = 3.25, S.D.= .40)			
Domain 2 **Mental capacity**			
2.1 Interpersonal relationships	3.17	.42	better than average
2.2 Expectation achievement congruence	2.80	.57	average
2.3 Confidence in coping	2.76	.42	average
2.4 Adequate mental mastery	2.69	.63	average
(Mean = 2.83, S.D.= .31)			
Domain 3 Mental quality			
3.1 Kindness and altruism	3.26	.41	better than average
3.2 Self Esteem	3.25	.64	better than average
3.3 Faith	3.28	.55	better than average
3.4 Creative thinking and Enthusiasm	3.22	.52	better than average
(Mean = 3.25, S.D.= .37)			
Domain 4 Supporting factors			
4.1 Social support	2.77	.68	average
4.2 Family support	3.43	.58	better than average
4.3 Physical safety and security	3.05	.61	better than average
4.4 Health and social care	2.71	.56	average
(Mean = 3.02, S.D.= .39)			

DISCUSSION

This descriptive study was the first study in which the mental health of Thai women living in Sweden was assessed using the Thai Mental Health Indicator version 2007 (TMHI-55).

The discussion has been divided into four parts and includes method discussion, result discussion, ethical discussion, conclusions and limitations.

1 Methodological Discussion

This study was cross sectional. The methodology of this study was designed to achieve the objectives and answer the research questions.

Strengths

The instruments employed in this study have shown strong evidence of validity and reliability as commented previously. The Snowball sampling that was used in the study is a good method for populations that are not well surrounded nor well numbered.

Limitations

There were several limitations associated with this study: Firstly, snowball restraint from one person's suggestion to other person- sometimes it's difficult to find new participants who want to share in the study because if people are feeling bad or sad, they may not want to join this project. While convenience sampling is the weakest form of sampling in dissimilar populations, there is no other sampling approach in which the risk for sampling bias is greater.

Secondly, this study has not covered most of the Thai women in Sweden. Therefore, the result of the study can only claim to generalize about Thai women living in this area of Sweden but possibly not any other part in Sweden.

Thirdly, the general nature of the instrument (TMHI-55) makes it appropriate for Thai people aged 15-60 years, including males and females, but in this study the author related to females limited by the age of 60 and could not assess Thai people whose age was over 60.

2 Result discussion

The mental health status from the analysis did add new information about the mental health of Thai women living in Sweden.

2.1 The level of mental health status of Thai women living in Sweden

The overall score has shown those with better than average mental health level (24.5%), average mental health level (55.1%) and below average mental health level (20.4%). According to the result of the study, the author found that good mental health of Thai woman may be related to the physical, mental and social well-being that includes support from the Buddhist religion. Buddhists should know and learn how to live day by day, nothing is permanent, there is no such thing as certainty according to Buddhist teaching. Thus, people can be happy and have good mental health.[13,14] Therefore, maybe they had a successful adaptation in a new culture.

Psychological adaptation has been considered an important issue for immigrants' health.[10,11,12] This study may be supported by the research of Pernice, Trlin, Henderson, North & Skinner (2009)[17]which looked at employment status, duration of residence and mental health among skilled migrants to New Zealand and found an initial enraptured period followed by a mental health crisis, showed poor mental health status in the first two years of employment status. Then, mental health developed slightly, as did engagement rates. This study supported the research of Steven et al.,(2007)[9]that showed attempts to build a new sense of belonging, as well as a feeling of self-accomplishment, achieved re-establishment of income and social status. This made their adaptation a positive experience and opportunity for enlargement, and immigrants with strong family ties were able to cope with emotional and practical problems far better because of the support and understanding the family unit offered.

2.2 The level of domains mental health status

The results of participants' responses on the level of domains mental health status showed the highest frequency was better than average,

This finding showed that domain 1, mental state is an indication of a person's mental health which can be perceived in their feelings. It's score was 3.25, S.D.= .40. Among those previously reported, of the present study, similarities shown by the Canadian Mental Health Association (2011)[18] include key characteristics when measuring mental health are ability to enjoy life, learning from the past and planning for the future, resilience, ability to sit on the fence with hard times or serious life events without losing confidence and a sense of perspective, change to reinstate balance, discriminate and advance strengths to reach full potential, and flexibility may get overwhelmed expressing emotion when problems occur to change expectations, allowing problems to be solved. Furthermore, the present study supported the research of Soonthornchaiya & Dancy (2006)[19] that studied the perceptions of depression among elderly Thai immigrants, and found that Thai Buddhism teaches about positive thought and not to let negative thoughts take over the mind. Thus, going to a temple to pray and listening to the teachings was a way of comforting the state of mind that could be used as treatment and prevention of mental health problems.

These findings of the present study showed that domain 3, mental quality, is an indication of a person's mental health and concerns the individual's quality of life, good mind, good spiritual guidance and willingness to help people. It was 3.25, S.D.=.37. Relating to a previous study that Lundberg (2000)[5]has shown, caring for parents is important because when they were children their parents looked after them and it was important that they gave back in different ways. The Thai family building, traditions, and social interaction from early childhood provides a mechanism of social

support. Thus, caring and responsibility is reflected in the traditional Thai female role and is expressed by belief in Buddhist adoration care, Buddhist belief being reflected in familial devotion is a feature of the Thai culture.

These findings of the present study showed that domain 4, supporting factors, are the factors that promote recovery and encourage people to get good mental health through family support, peer support, socialization, education, gain employment, maintain independence and earn acceptance within their communities and include ability to work and security in living. It was 3.02, S.D. = .39. According to a previous study reported by the American Institute for Preventive Medicine (2004)[20] it suggests that people who are mentally healthy may feel good about life, control emotions, don't become overwhelmed, they nourish permanent personal relationships, relax, are happy, respect individuals and different abilities, are able to accept life's displeasures and also handle problems, and can also make decisions based on reason, environment, and can modify when essential.

The lowest frequency for the domain level was domain 2, mental capacity. It is an indication of a person's mental health which can empower and protect people, know how to build relationships with people, solve problems and be able to make decisions. It was 2.83, S.D.= .31. Among the previous studies was a report by The Canadian Mental Health Association (2011)[18] showing stress becomes a problem when people do not know how to handle situations that can happen. This may be related to Thai women living in Sweden in assessing their physical and mental health, also knowing how to cope, release tension, empower and encourage themselves. Lundberg (2000)[5] found in Thai culture, a kind and respectful manner is strongest in the relationship between younger and older. Thus, the family shares responsibility for resolving or managing serious problems experienced by family members.

3. Suggestion for further research

Further research should concentrate in depth on the phenomenon of mental health by using the qualitative study or mix methodology for new knowledge. The author would like to suggest that qualitative design may benefit by being used in further research. When studying the lifestyle of Thai women when living abroad it would be interesting to compare the results from this study including Thai women who have lived in Sweden several years, with those who have newly arrived in Sweden.

Conclusion

Thai women living in Sweden generally have good mental health. Given they have immigrated to a new country with very dissimilar cultures, there is potential for stressful situations which could lead to mental health problems. Thus, women from Thailand are unfamiliar with Northern Europe and have some difficulty adjusting to European culture, such as languages, beliefs, religions, lifestyles, education, and even the different types of food. When it comes to religion, Thai Buddhism has

its own doctrine and preaches such things as "nothing is permanent" so the Thai women can come to accept change which is beneficial for coping when they have times of suffering. Conversely, in Thai society and Thai tradition, inequality and social hierarchy is common and Thai females tend to be treated as inferior to their men.

Even though Thai women marry Swedish men, many of them live with different beliefs and traditions to each other which can cause problems in a relationship. It was found that equality between Swedish spouses and Thai women is more congenial and supportive of each other therefore creating a good state of mental health. Suggestions for social network, occupation and education, should be improved and encouraged in Thai women.

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สมาคมสถาบันอุดมศึกษาเอกชนแห่งประเทศไทย

ขอมอบเอกสารฉบับนี้ให้ไว้ เพื่อแสดงว่า

บทความเรื่อง The Mental health of Thai women living in Sweden

โดย Weerati Pongthippat

ได้เข้าร่วมนำเสนอผลงานวิชาการ

ในการประชุมวิชาการระดับชาติ ประจำปี ๒๕๕๕

ให้ไว้ ณ วันที่ ๒๘ พฤษภาคม พุทธศักราช ๒๕๕๕

(ผู้ช่วยศาสตราจารย์ ดร.วิรัช เลิศไพฑูรย์พันธ์)

ประธานคณะกรรมการจัดการประชุมวิชาการระดับชาติ ประจำปี ๒๕๕๕

สมาคมสถาบันอุดมศึกษาเอกชนแห่งประเทศไทย