THE EFFECTIVE OF SOLUTION FOCUSED BRIEF GROUP THERAPY (SFBGT) ON DEPRESSION AND RESILIENCE AMONG INDONESIAN WOMEN MIGRANT WORKERS IN MALAYSIA

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"Give thanks to the Lord, for he is good, for his steadfast love endures forever. Give thanks to the God of gods, for his steadfast love endures forever. Give thanks to the Lord of lords, for his steadfast love endures forever; to him who alone does great wonders, for his steadfast love endures forever; to him who by understanding made the heavens, for his steadfast love endures forever; ..." Ps. 136:1-5

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ABSTRAK

Banyak kajian telah menunjukkan bahawa terdapat jumlah kematian yang tinggi disebabkan buruknya kesihatan mental dalam kalangan pendatang, terutamanya kemurungan dan tekanan. Sesetengah kajian ini mendedahkan bahawa hubungan imigran dengan kesihatan mental adalah akibat tekanan dari pekerjaan yang mereka jalankan. Peratus wanita dalam pekerja imigran semakin meningkat sekitar 49.6 peratus daripada semua pekerja migran diseluruh dunia. Pada masa ini, Malaysia mempunyai 2.9 juta perkerja asing terdaftar dan kira- kira 3 juta pekerja asing tanpa ijin dan majoriti adalah Indonesia sebanyak 50.9 peratus. Objektif kajian ini ialah: Pertama, untuk mengenal pasti faktor- faktor yang disebabkan kemurungan dalam kalangan perkerja imigran wanita Indonesia di Malaysia. Kedua, adalah untuk mengenal pasti faktor – faktor yang membina ketahanan antara perkerja imigran wanita Indonesia di Malaysia. Ketiga, adalah untuk mengukur tahap kemurungan dan ketahanan sebelum dan selepas intervensi. Keempat adalah menilai keberkesanan intervensi Solution Focused Brief Group Therapy (SFBGT) -Teknik Penyelesain Ringkas Group Terapi. Reka bentuk penyelidikan untuk kajian ini adalah kaedah gabungan eksperimen kuasi. Kaedah pengumpulan data kuantitatif menggunakan Kemurungan Beck Inventory (BDI)- dan Resilience Inventory Scale Connor Davidson (RIS-CD) – Ketahanan skala Connor Davidson. Serta pengumpulan data mengunakan transkripsi kaunseling dan temubual. Sebanyak 228 responden melakukan ujian kemurungan dan ketahanan dan dari 228 dipilih 32 responden yang

memiliki tingkat kemurungan teruk dan sederhana yang melakukan kaunseling dan temu bual. Hasil kajian telah menunjukan jenis pekerjaan, kesusahan kewangan, sokongan sosial dan pendidikan adalah faktor yang paling mencetuskan kemurungan di kalangan pekerja imigran wanita Indonesia di Malaysia. Sebaliknya, faktor yang meningkatkan ketahanan adalah aspek rohani, sokongan sosial, kecakapan peribadi dan persekitaran kerja. Solution Focused Brief Group Therapy (SFBGT) - Penyelesain Ringkas Group Terapi telah memberikan kesan penurunan kemurungan dan peningkatan ketahanan kepada pekerja imigran wanita Indonesia di Malaysia. Hasil kajian ini disarankan untuk dilaksanakan oleh kedutaan Indonesia yang berada di Malaysia untuk mengatasi krisis kemurungan. Kesimpulan SFBGT berkesan dalam menangani isu kemurungan dan meningkakan ketahanan dalam kalangan pekerja imigran wanita Indonesia di Malaysia.

THE EFFECTIVE OF SOLUTION FOCUSED BRIEF GROUP THERAPY (SFBGT) ON DEPRESSION AND RESILIENCE AMONG INDONESIAN WOMEN MIGRANT WORKERS IN MALAYSIA

ABSTRACT

Numerous studies have shown that there are high levels of morbidity due to mental turmoil among immigrants, principally depression and anxiety. Some of these studies disclose that migrant contact mentally depressed because they are strained with jobs that fall below their educational status. Women engage in recreation and rising role in international labour migration and presently constitute 49.6 percent of all labour migrants worldwide. At this time, Malaysia has 2.9 million acknowledged and about 3 million unacknowledged workers with the majority of them from Indonesia with a record of 50.9%. The objectives of this study are: First, to identify the trigger factors and the level of depression among Indonesian women migrant workers in Malaysia. Second, is to identify the factors and the level of resilience among Indonesian women migrant workers in Malaysia. Third, is to assess the level of depression and resilience before and after intervention and the effectiveness of the interventions technique, Solution-focused brief group therapy (SFBGT). The research design for this study is quasi experimental mix method. Quantitative research method using Beck Depression Inventory (BDI) and Resilience scale - Connor Davidson (RIS-CD) to evaluate the depression level and resilience level of Indonesian women migrant workers in Penang state of Malaysia. As well as qualitative research method using interviews and counselling transcription. There are 228 participants have depression symptom from 308 who had test. And from 228 participants selected 32 participants who have major and severe depression symptom

to have intervention. The result of this study found that Occupation, financial hardship, Social support and education are the most trigger factors of depression among Indonesian women migrant workers in Malaysia. On the other hand, the factors that enhanced Indonesian women migrant workers resilience are spiritual aspects, social support, personal competence and job environment. SFBGT has significant impact on the depression level and enhanced resilience of all the participants, that is, the Indonesian women migrant workers in Malaysia. The results of this study are recommended for implementation by the Indonesian embassy in Malaysia to handle the depression crisis of most Indonesian women migrant workers. Summary SFBGT is significant to reduce depression and develop resilience among Indonesian women migrant workers in Malaysia.

CHAPTER ONE

1.0   Introduction

Increased migration is a reality in industrialized countries all over the world, and it has psychological, social, political, and economic consequences for the migrating groups, as well as for their country of origin and host country. According to the United Nations, the definition of a migrant worker is any person working outside of his or her country of birth. The United Nation Population facts set the total number of international migrants at 232 million worldwide and women was claimed to be about 48 percent (United Nations, 2013). Asia is the leading continent in the world with close to 71 million international migrants living in the continent (Castles, De Haas, & Miller, 2013). Among all the nations in Asia, Malaysia has the highest number of migrant workers in Southeast Asia, representing approximately 20% of the country's labour force (Malaysia Digest, 2015). As of 2015, Malaysia has 2.9 million recognized and almost another 3 million unrecognized workers (Malaysia Digest, 2015), with the bulk of the workers from Indonesia. It was established that 50.9% of the migrant workers in Malaysia are Indonesian (Ahmad, 2012). One in three of the workers in Malaysia are migrants (Robertson & Association, 2009).

The migration process is tedious and complex as attested to by past literatures whereby it was confirmed that migration to a another country is a tremendously comprehensive and demanding procedure as it consists of series of transformations in the life aspects, such as social, psychological and cultural (Benish-Weisman & Shye, 2011). The focus of this study is depression and resilience level among Indonesian migrant women workers in Malaysia who have migrated for economic reasons. The motivation for this study is influenced by the increased rate of depression and the need to build resilience among Indonesian women migrant workers in Malaysia.

Migrant workers are people moving from other countries for economic reasons and are usually employed in a nation where they are not citizens. They commonly have higher health risks compared to non-migrant workers. These menaces are varied and touch all facets of health: road traffic accidents, acquaintance with deadly substances, transmissible and/or long-lasting diseases, psychological shock, and dangerous sexual practices (Alswaidi et al., 2013).

Migrant workers habitually live in congested and deficient conditions, eat all kinds of food without any health consideration, get insufficient sleep, and frequently lack accessibility to healthcare. They are less probable to access the healthcare system available to nationals, even when it is offered to them (Al-Maskari et al., 2011). In extensive reports, they normally return to their home country in a more deteriorated health condition than when they departed (Ullmann, Goldman, and Massey, 2011).

Migrant workers habitually enjoy little social defence, tend to be poorly educated, have lesser rates of basic health insurance coverage, and their jobs are referred to as "3D" jobs (i.e., Dangerous, Difficult, and Dirty). They are also separated from their loved ones, family, and close associates (Lau et al., 2009; Wong et al., 2007). They are probably being abused, e.g., by means of forced labour and trafficking, sexual harassment of female workers, verbal and physical abuse, and long hours working with least possible rest (Amnesty International, 2010). All these factors negatively affect their health and activate depression. One prominent health threat of migration is the decline of mental health, which has been connected to suicide and more stern diseases like schizophrenia. For example, death by hanging or suicide is more common among migrants than citizens (Al-Maskari et al., 2011).

Migrant populations usually underutilize health facilities and therefore may have an elevated level of unattended needs for mental healthcare (Kaltman, Pauk, and Alter, 2011; Kouyoumdjian, Zamboanga, and Hansen, 2003). Additionally, the act of migrating is tough and intricate, so migrating to unfamiliar cultural locations is observed as a problematic process of cross-cultural adaptation, which is frequently complemented by substantial psychological stress (e.g., homesickness, discrimination, and language difficulties). Consequently, migration procedure exposes migrants to a risky point of stress because of negative sensations such as nervousness and depression as was pronounced in the acculturative stress theory (Crockett et al., 2007).

Globally, many studies have proposed that increased level of morbidity is a consequence of mental maladies among migrants, most importantly, depression and anxiety such as in the United States (Reddy et., 2015; Varkey, 2016), China (Tsai, 2012; Wong & Chang, 2010) and Thailand (Meyer et al., 2016). Moreover, some studies disclose that women are more disposed to mental health during migration than their men counterparts (Aroian, Norris, and Chiang, 2003; He& Wong, 2013; Chae, Park and Kang, 2014;). Conversely, there are only a small number of studies that reported mental health of Indonesian migrant workers in Malaysia (Noor& Shaker, 2017; Ratanasiripong et al., 2016) and more importantly, none of them mentioned anything about the depression level of Indonesian women migrant workers. This reality highlights the importance of this study.

Individual, group, and societal factors play a crucial part in the formation and perpetuation of depressive thought and symptoms of depression. Depression and resilience are connected, likewise, personality type and resilient behaviours are factors that determine how to overcome the depression at any given time as established in the

study conducted by Edward (Edward, 2005). Resilience is considered as an ability to rebound back from hardship and at times it can be seen as a defensive factor (Resnick, 2000). It can as well be a positive development factor (Bonanno, Wortman, and Nesse, 2004; Richardson et al., 1990). Until now, some resilience research has been done using younger populations, but very little research is conducted about how resilience develops in adulthood relative to depression (Campbell-Sills, Cohan, and Stein, 2006), therefore the need of this research. Some studies have been conducted about resilient adaptation in adulthood among female migrant workers of nationalities such as Filipinos and Chinese (Van der Ham et al., 2014), but there is no record of studies conducted on Indonesia women migrant workers in Malaysia.

1.1   Background of the study.

Women play an increasing role in international labour migration and according to record, as at 2015, women constitute 49.6 percentage of all labour migrants globally (IOM, 2015). In several countries in the world, the number of female labour migrants has been estimated as 70 percentage of the total number of labour migrants. For instance, in Indonesia, 69 percentage of labour migrants from 2006 to 2007 were recorded to be female (ILO, 2008). Some studies also reported that women are more predisposed to mental health problems in migration when compare to their men counterparts (Aroian et al., 2003; Chae et al., 2014; He & Wong, 2013). For instance, in the continent of Asia, the largest category of female employment is domestic workers, and the majority are employed in domestic services. However, the domestic sector is often not covered by labour and industrial relations laws in the host countries, which makes this group of migrants particularly vulnerable to abuses. Studies have shown that stressful experiences increase one's vulnerability to diseases and mental health problems (Green & Ayalon, 2015).

Several studies have shown that there are elevated levels of morbidity due to mental disorders among migrants, particularly from depression and anxiety (Al-Maskari et al., 2011; Balkir Neftçi and Barnow, 2016; Bhugra & Ayonrinde, 2004; Cantor-Graae & Pedersen, 2013; Hovey & Magana, 2000; Lam & Johnston, 2015; Mejía & McCarthy, 2010; Wong, Chou, and Chow, 2012). Some of these studies suggested that migrants get mentally depressed because, in addition to dealing with the stressful nature of the jobs of migrant workers, they are losing family contacts and support.

Migrant workers contribute to the economic development of many high-income nations. However there are few disadvantages of migrant workers all over the world and it can be troublesome (Green & Ayalon, 2015). Asia as a continent shares from these worrisome circumstances due to increase of population and some other factors. Malaysia has one of the highest percentages of foreign workers in Asia. Indonesia has highest number of migrants to Malaysia as well as to other Asian countries, closely followed by Bangladesh and the Philippi nes (Hugo, 2002).

People of different culture backgrounds, languages, and countries are usually subjected to psychological trauma when they migrate to another country outside their socio-cultural affiliations. Migration can provide great opportunity but also great uncertainty and mental strain. As migrant workers attempt to familiarize themselves to life in their destination countries, they can face the challenge of negative feelings of being relocated from their cultures and communities, as well as culture shock. The data from leading international organizations such as the International Organization Migration (IOM, 2010), unsettled feelings on the part of migrants can be caused by feelings of isolation and helplessness, difficulties related to acculturation and

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communication difficulties. Therefore, many migrant workers tend to be more susceptible to significant mental strain and possible mental illness.

Migrant women domestic workers were ranked the third largest group in Malaysia (IOM, 2010). According to record, among Indonesian migrant workers, 76% are women (ILO, 2012) and 90% are employed in domestic services (Andrevski & Lyneham, 2014). ILO reports concluded that some of the women who migrate from Indonesia to Saudi Arabia and Malaysia could only secure work as domestic services provider. Females contribute the highest number of migrants to Malaysia and most of those are from Indonesia. Many women migrant workers are young, poor, have low education, and can only be employed as domestic workers. These are significant factors in the susceptibility and intolerable treatment of women migrant workers (Cox, 1997) which can lead these women to depression. The aim of this study is to investigate the propensity of depression among Indonesian women migrant workers in Penang, Malaysia.

A number migration studies have revealed associations between depression and socio-demographic migration and resilience-related variables (Alizadeh-Khoei et al., 2011; Anikeeva et al., 2010; Galatzer-Levy et al., 2013; Ghaffarian, 1998; Ghazinour, 2003; Ham et., 2014; Hosseini et al., 2017; Keshishian, 2000; Khavarpour & Rissel, 1997; Noorbala, Yazdi, and Hafezi, 2012; Sharifi et al., 2015; Southwick & Charney, 2012; VicHealth, 2012). Resilience is a process that may help adaptation to adverse experiences and may decrease the risk of depression (Boardman et al., 2011; Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003; Garmezy, 1991; Hjemdal, Aune, Reinfjell, Stiles, & Friborg, 2007; Rutter, 1987; Samani, Jokar, & Sahragard, 2008). Resilience is referring to a person's ability to overcome adversity and stress and to maintain normal psychological and physical functioning resulting from an interaction

between their neurobiological, personal, and social characteristics (Elisei, Sciarma, Verdolini, & Anastasi, 2013). Depressed people can develop their resilient qualities by counselling and psycho-social tutoring (Edward, 2005).

Solution Focus Brief Group Therapy (SFBGT) is one type of counselling therapy that can develop resilience qualities and reduce depression symptoms. The aim of this research is to evaluate the effect of SFBGT on depression and the rate of resilience enhancement among Indonesian women migrant workers in Malaysia. SFBGT can develop the resilience level. Resilience level develops by instilled hope and focus on personal strength in a group setting. Solution-focused brief therapy has been in use for approximately twenty years. It was advanced by Steve de Shazer and Insoo Kim Berg in 1985 (Abbasi et al., 2017). SFBGT involves some techniques used by Steve de Shazer & Insoo Kim Berg as cited (De Shazer, 1985, 1988, 1994; De Shazer & Isebaert, 2003). These techniques are: (1) search for change of processions, (2) question on miracle, (3) scaling questions, (4) search for exceptions, (5) goal setting, (6) questions on relationship, (7) consulting break, (8) good wishes, (9) homework assignment, and (10) concentration on better things. These techniques are applied as well in this study to achieve the aims and objectives.

Trepper, Dolan, McCollum, and Nelson (2006), in their review of the future of solution-focused therapy, agree that the main weakness of solution-focused therapy is the lack of standardized tools that determines which techniques should be used in sessions and how the techniques are comparably distinguished from other approaches. Therefore, they recommend researchers pay more attention to treatment fidelity for future studies. This includes implementing specific guidelines and peer supervision.

1.2 Problem Statement

The increased rate of Indonesian migrant workers entering Malaysia does not only raise concern, but it also raises many problems associated mental health such as depression because of the adversities and challenges. According to Varia (2004), women migrant workers habitually encounter stern limits on their movement liberty; assaults that are psychological and physical (including sexual harassment), and embargoes on practicing their religion (Varia, 2004). They confront the risk of exploitation and abuse at every stage of the migration cycle, including recruitment, training, transit, employment, and return. The nature of the job is not only dangerous, but dirty and degrading (3D). They tend to experience more abuse and ill-treatment from their host nation, compared to their own country. In many cases, these problems have resulted in severe depression and even suicide (Al-Maskari et al., 2011; Limon., et al., 2018).

The National Agency for Placement and Protection of Indonesian Workers (BNP2TKI) in 2014 revealed that about 5-15% of 200-400 thousand migrant workers who returned to Indonesia every year have mental health problems and about 1 million Indonesian migrant workers working in Malaysia are faced with various degrees of these same problems. The report confirmed that 60 percent of them suffer from Post Traumatic Syndrome Disorder (PTSD) and psychiatric illnesses such as depression and anxiety (BNP2TKI, 2014). Lu (2010) concluded that internal Indonesia migrants from rural to urban workers are having high depressive symptoms because of separation from family and reduced social support (Lu, 2010a). Little research is done on depression level among Indonesian women migrant worker in Malaysia.

Indonesian women migrant workers have been reportedly subjected to a range of exploitative practices involving irregular or non-payment of wages, excessive work hours, no weekly day off, poor living conditions, unsafe work, and tasks not related to domestic work and restricted freedom of movement, among others. Indonesian women migrant workers face many stressors that affect their mental health, partly because of high level of exploitation (Andrevski & Lyneham, 2014; Green & Ayalon, 2015). Current study on Indonesian migrant workers in Malaysia found workplace discrimination was positively related to their psychological distress (Noor & Shaker, 2017) and the quality life (Iqbal, 2016) but no one has dealt with the challenge of the rate of depression and resilience among Indonesia women migrant workers in Malaysia. This gives a one-sided study in the literature. Therefore, this study aims to justify how non-payment of wages has led to depression and to present ways to solvethe problem by making some strategic policy suggestions that will be useful for the government. Despite the extant literature on depression and resilience, none of these studies have carried out specific research on the intervention of SFBGT. Hence, there is a gap in the literature which this study attempts to fill.

NGOs that fight for migrant workers' rights and challenge abuses of foreign domestic workers note that there are unreported cases which range between five to ten cases of abuse for every reported case (Pudjiastuti, 2003). The critical problem about this is that some state authorities are accused of been quiet on the specific number of abuse cases (Chin, 2003). Abuses are recurrent, so is the frequent murder of migrant workers in some of the host countries (Anderson, 2001). Going by these factors, it is certain that the cases of abuse committed against migrant women are increasing with resulted severe depression cases. However, until recently, no empirical data has been

available to establish the rate of depression and resilience level of Indonesian women migrants in Malaysia.

Likewise, in all the research study on depression and resilience in Indonesian women migrant workers, none has made use of SFBGT as a means of intervention, although, this technique has been employed in other continents like Europe and the United States. This has caused a lacuna in the body of literature which this study is to bridge by utilizing the techniques for Indonesian women migrant workers in Malaysia which is different from the study in China where it was used for internal migrants from rural area to urban city (Dai et al., 2015; Wong, 2008).

The serious problems experienced by women migrant workers is a clear indication of the lack of expertise on the part of the government in providing needed services and regulation (Abubakar, 2002; Pudjiastuti, 2003). Besides the above problem associated with the women workers in Malaysia, literature has also indicated that there is no social support for the migrant workers. The high demand for women migrant workers, rapid development of economics in the host nations, and the emerging socio-economic circumstances in Indonesia have cumulated into a bigger precedence for attaining government goals for female worker sent abroad than defending the women migrant workers themselves (Pritzker & Minter, 2014; Pudjiastuti, 2003).

The International Trade Union Confederation (ITUC), in May 2014, handed Malaysia a gloomy report tagging the country one of the most horrible locations in which to work, as a result of violations of workers' rights (Malaysian Digest, 2015). Based on the backdrop of the problems associated with Indonesian migrant workers in Malaysia as succinctly espoused above, there is a need for serious introspection on the

path to a solution. These are some of the gaps this study will address. There is little or no research in the literature that has investigated the rate of depression among Indonesian women migrant workers in Malaysia. This study will examine the causes of depression of this set of women workers in Malaysia and proffer strategic ways of ameliorating the social maladies among the Indonesian women workers in Malaysia by using Penang as a case study.

1.3 Objective of the study

The general objective of this study is to analyse the effectiveness of SFBGT to decrease the effects of depression and the developing resilience among Indonesian women migrant workers in Malaysia. Precisely, the objectives of this study are:

1. To identify the factors that cause depression among Indonesian migrant women workers in Malaysia

2. To identify the factors that develop resilience among Indonesian migrant women workers in Malaysia

3. To examine the level of depression before and after intervention among Indonesian migrant women workers in Malaysia

4. To examine the level of resilience before and after intervention among Indonesia migrant women workers in Malaysia

5. To analyse the effective of Solution Focused Brief Group Therapy (SFBGT) on the depression and resilience among Indonesian migrant women workers in Malaysia

1.4 Research Questions

Consistent with the objective of this study, the issues to be examined are:

1. What are the factors that cause depression among Indonesian migrant women workers in Malaysia?

2. What are the factors that stimulate resilience among Indonesian migrant women workers in Malaysia?

3. What is the level of depression before and after intervention among Indonesian migrant women workers in Malaysia?

4. What is the level of resilience before and after intervention among Indonesian migrant women workers in Malaysia?

5. What is the effective of Solution Focused Brief Group Therapy (SFBGT) on depression and resilience of Indonesian migrant women workers in Malaysia?

1.5 Hypothesis.

H0- There is no significant impact of SFBGT on the depression level of Indonesian migrant women workers in Malaysia.

H1- There is no significant effect of SFBGT on the resilience level of Indonesian migrant women workers in Malaysia.

1.6 Importance of the research

This research is necessary for the benefit of women migrant workers, most especially the Indonesian women migrant workers in Malaysia. It will also assist counsellors and social workers. More noteworthy significance is the hope that the study will not only influence the Malaysian government's decision on migrant workers, it would also benefit the Indonesian government in policy formulation that has to do with the

rationale for its citizens that desire to seek greener pasture outside its borders. The awareness created through this study will enable government to make policy on migration matters hence reducing the suffering level of migrant workers and particularly Indonesian migrant women workers. Also, this study offers suggestions that are useful for the application of several methods that strengthen migrant worker resilience and reduce migrant worker depression. This, in turn, might enhance employment opportunities, support programmes and social connections through methods that limit discrimination and stress of settlement process, and provide interventions that improve mental health literacy and education.

In other words, the findings of this research study may serve as proof pointing to the immediate need of government policies that target the reduction of migrant worker depression so that their social life can be improved, thereby giving them access to a healthy and high-quality lifestyle. This is in line with the submission of HOME, (2015), whereby it was confirmed that with the globalisation and the projected increase in the need of migrant workers in many countries, there is a necessity for policies that support migrant workers health and quality of life and facilitate their accessibility to quality coping strategies.

Generally, most of the social resources tackled in this study are frequently associated with more significant reduction in depression than personal resources. The findings in this study signify that having a good relationship with employers and co-workers improve their well-being.

1.7 Definition of terms

Solution Focus Brief Therapy (SFBT)

Solution-Focused Brief Therapy (SFBT) is a brief therapeutic approach that highlights client potentials and concentrates on assisting the people to construct future solutions instead of tackling their past challenges (Bannink, 2007). It is focused on assisting people to envisage how they would desire their lives to be, recognise the period at which the solution (or part of it) has already occurred, and reckon with what is desirable to bring the solution to bear and keep it occurring (De Shazer, 1994). In this study SFBT is a technique intended to employ the therapeutic factor to assist people, Indonesian women migrant workers in this study, to build up solutions that boost their anticipation of transformation and their confidence for an optimistic result.

Solution Focus Brief Group Therapy (SFBGT)

Solution Focus Brief Group Therapy (SFBGT) is a group therapy that makes use of solution focus brief technique to emphasise what individual members are doing well at, or what they possess the prospect of doing well at, as a means of ease of goal achievement among the group, especially in group (Lafountain & Gamer, 1996). SFBGT is a means of creating new connotations, insights, and solutions with all group participants. Sharry (2007) has noted that the SFBGT goal is to institute cooperative and jointly helpful goals so as to tie together the group's strengths and resources so as to empower its members to create truthful short-term strides in the direction of their goals (Sharry, 2007).

In this study SFBGT is ultimately maximized effectiveness by conceptualizing SFBT within a developmental group framework. This process emphasises participants' s commitment to the facilitators reverence for them and supports them to

respect others. The "facilitators" are there to keep the process on track. It can be two therapists as "facilitators" who have been trained in SFBT, along with their women migrant workers.

Depression

The World Health Organization (WHO, 2012) defines depression as: a frequent mental disorder, branded as grief, feelings of guilt or low sense of self, loss of interest or pleasure, distressed sleep or hunger, weariness, and poor attention. American Psychological Association (APA), on the other hand, expresses depression as a general and severe medical illness that adversely influences how you feel, the way you act, and manners of your thinking. Depression brings about feelings of grief as well as lack of interest in actions one used to take pleasure in. It can also result in a series of sensitive and physical difficulties and could minimise an individual's capability to perform at both work place and home.

Depression in this study refers to symptoms of social isolation and an emotional state that is manifested by sadness, feelings of vulnerability, worthlessness, hopelessness, self-blame, self-harm, possibility to commit suicide, and decrease in individual's capacity to perform at work place and home front. However, the concept of depression which is reviewed in this study are those that belong to the people who are said to have a moderate level of depression and achieve a score of 20 to 28 under Beck Depression Inventory (BDI).

Resilience

Resilience can be expressed as one's ability to bounce back, or the successful adaptation from adversity and difficulties (Block & Kremen, 1996; Masten & Garmezy, 1985; Zautra et al., 2008). In another perspective, resilience is a personality quality or coping resource that is theorized to facilitate the process of overcoming adversity, surviving stress, and rising above disadvantage (Cicchetti & Garmezy, 1993; Flach, 1988; Garmezy, 1993; Staudinger, Marsiske, and Baltes, 1993). In this study, resilience is perceived as protection factors and adaptation in spite of the adversities or difficulties of migration life that affect mental health such as depression (Garmezy, 1991; Liebenberg & Ungar, 2009; Reich & Zautra, 2010; Sue et al., 1999; Werner & Smith, 1982). The level of resilience measure with Resilience Scale Connor Davidson (CD- RIS). To identify characteristics of participants having different resilience levels, divided into three categories based on their CD–RISC score percentile, as was done in a previous study (Winggo et al., 2010). High-resilience group as having CD–RISC scores ≥ 72, the medium resilience group as CD–RISC scores ≥ 57 and <72, and the low-resilience group as CD–RISC scores <57 (Min et al., 2013).

Migrant worker

The International Organization for Migration (IOM, 2010) defined migrant workers (labour migration) as the movement of persons from one country to another, or within their own country of residence, for employment. Labour migration is addressed by most countries in their migration laws.

In this study, migration is expressed as the movement of a person or group of persons from one geographical unit to another country rather than their place and

country of origin. Migrant workers according to this study, are skilled, non-skilled, and semi-skilled workers who are working in another country rather than their own country of origin. The Indonesian migrant women workers focused in this study are semi-skilled or non-skilled and have two years working experience in Malaysia.

1.8 Conceptual Framework

The conceptual framework for this study as shown in figure 1.1 can be categorized into two variable consisting dependent and independent variables. The dependent variables include depression and resilience level, while the independent variable is Solution Focus Brief Group Therapy (SFBGT). The independent variable is also the intervention that will influence the dependent variables. The purpose is to evaluate the effective of SFBGT techniques on the depression and resilience level.

Figure 1.1 Conceptual Framework
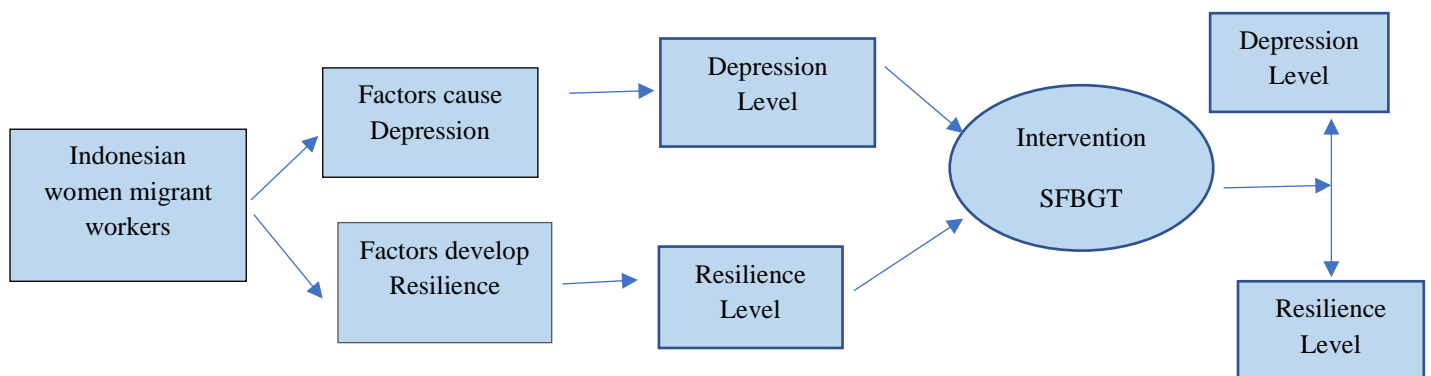
1.9   Limitations of The study

This study focuses on Indonesian women migrant workers in Malaysia who are having some depression symptoms and it does not consider other Indonesian women migrant workers that are suffering from depression related to disability. The depression measurement comply with Beck Depression Inventory Indonesian version (Ginting et

al.,2013). Hence, this study focuses on Indonesian women migrant workers in Malaysia with moderate level of depression according to BDI-II. Resilience level measure by Connor Davidson Resilience Scale Indonesian version (Azzahra. F, 2016). This study does not consider acculturation stress that causes depression. This study also does not consider generalized factors such as population and geographical factors. The counsellors in this study are applying SFBGT for the first time, hence the need to adjust to Indonesian culture in the course of application and implementation.

1.10 Summary

Population of migrant workers are increasing every year. Likewise, depression is in the higher rate among migrant workers generally. Indonesian women migrant workers have been reported to be the subject of several exploitative exercises relating to inconsistent wage payments, undue working hours, lack of day off, deprived standard of living, dangerous working conditions, non-related tasks to domestic work, and restricted freedom of movement, among others. SFBGT, Beck Depression Inventory and Resilience scale (CD-RIS) details, methods, advantages, and disadvantages was thoroughly discussed in the chapter. The research objectives and research questions were highlighted. Scope of the study with the limitation was stated. There is a few literature that has investigated the rate of depression and resilience among women migrant workers of Indonesia in Malaysia. The aim of this research is to test the effective of SFBGT, using experimental design methods, as an alternative approach in helping women migrant workers to decrease depression levels and develop resilience.

CHAPTER TWO

Literature Review

2.0 Introduction

This chapter is divided into two major parts. This first part examines the previous studies on depression and resilience among women migrant workers. However, in line with the scope of this study, this part pays attention to Indonesian women migrant workers in Malaysia. The second substantive section of this chapter identifies the therapy for addressing depression, before theoretical framework. It focuses on Solution for Brief Group Therapy (SFBGT) in depression and resilience among women migrant workers.

2.1 Depression among women migrant workers.

Depression will be the foremost cause of worldwide disability by the year 2020(WHO, 2012). Depression is one of the most common mental illnesses to several groups of people that search for medical attention from professionals that specialise in mental health (Andreescu et al., 2008; Antai-Otong, 2003). Australian well-being statistics suggested that depression has been increasing and mood disorder ranks among the top 10 bases of disability (Edward, 2005).

In Malaysia, depression is considered one of the prominent causes of mental disorders (Mukhtar & Oei, 2011). Likewise, women are usually diagnosed with depressive disorders twice as often as men (Nolen-Hoeksema, 1995). Depression is gradually becoming acknowledged as the foremost source of disease among women globally. The World Health Organization reported that depression is currently the fourth most common disorder for women but is expected to be second to heart diseases by 2020 (WHO, 2012).

Many studies show that depression among migrant workers is high. For example, 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). Depression, anxiety, and post-traumatic stress disorder (PTSD) are the most prevalent psychiatric disorders among the general populace and it was described to be highly prevalent among migrants (Lindert e tal., 2007). From the foregoing, it is evident that there are higher prevalence rates of depression among immigrant women in the world (Aroian et al., 2003; Berry et al., 1987; Dinesh Bhugra et al., 1997; Flaherty et al., 1988; Furnham & Shiekh, 1993; van der Ham et al., 2014). Therefore, it can be concluded that being a woman as well as an immigrant signifies a twofold jeopardy.

2.1.1. The cause(s) of depression

In the literature, migrant workers are reported to experience depression from many factors which are categorised into two different sections; first, they are usually confronted with losses like family and relative's death, loss of emotional support, and the loss of culture background, familiar living environment and social status (Karen et al., 1998; Bhugra, 2004). At times a sense of loss, particularly when an individual has not had an adequate opportunity to mourn that loss, may lead to depression (Bhugra, 2003).

Second, acculturation is reported by the previous studies to be another important factor for depression in migrants (Bhugra & Ayonrinde, 2004; Chae et al., 2014; Hovey & Magaña, 2002). In contrast studies with Korean migrants in the USA, acculturation and social support are moderating the depression factor (Kim et al., 2005; Park & Bernstein, 2008).

Third, sufferings and difficulties in handling aspects of daily living in terms of finances and job-related difficulties (Nicassio, Solomon, and McCullough, 1986; Thompson et al., 2002; Wong et al., 2008), poor standard of living (Hovey & Magaña, 2003; Wong, 2008), discrimination (Aroian et al., 1998; Bhugra, 2003), and poorly planned migration. But on the other hand, social support minimised its harmful effect, based on cross-sectional data (Chou, Wong, and Chow, 2011).

Fourth, they are confronted with frustrated anticipations such as feeling disenchanted with the certainty of living in the host country (Thompson et al., 2002; Ward & Searle, 1991). High expectations that cannot or do not become fulfilled may be related to poor adjustment and increased mental illness.

The most potent cause factor for migrant women workers to have depression is separation from family, relatives, loved ones, and close associates, as established by literatures (Fox & Kim-Godwin, 2011; Hiott et al., 2006). This compliments the result of a study on Filipina women migrant workers, where it was established that they are subjected to depression because of their pitiable working environment, loneliness, homesickness, challenges of culture transformation and financial constraints (van der Ham et al., 2014). Chinese women migrant workers suffer from oppression, discrimination, and exploitation within the framework of globalization and industrialisation (Tan, 2000). Indonesian internal migrants from rural to urban work having high depressive symptoms due to separation from family members and low social support (Lu, 2010b).

However, migrants who have a meaningful migration purpose were found to have better mental health. Wong and Song (2008) research results observed that workers whose assessment of being overseas was positive, principally those who

professed migration as a means of providing additional financial and material achievements, possessed better mental health (Wong & Song, 2008). But, as for most Indonesian migrant workers, they perceived migration as a means of supporting the family and relatives they left behind in their country and anything less than their expectation in the host country can trigger depression or serve as resilience factors.

2.1.2 The effect of Depression

The effect of depression to migrant is more complicated because its effect physical, psychological and social. A study that surveyed the quality life of Indonesian migrant workers in Sabah, Malaysia found that their quality of life was bad, which lead physical illness (Iqbal, 2016). The quality of life can be the cause and the effect of depression. Studies also found a high suicide rate among migrants (Lipsicas et al.,2012; Al-maskari et al.,2011). Depression can affect disability and productivity in the workforce that in turn threatens economics, harmony, and the stability of society

2.1.3. Intervention to reduce depression among women migrant workers

Intervention to reduce depression among women migrant workers have been studied. Studies reveal social support, religion, faith, and activities as significant factors that influence the well-being of women migrant workers (Bhugra, 2003; Bjorck, Cuthbertson, Thurman, and Lee, 2001; Cochrane, 1977; Cruz, 2006; Ritsner, Modai, & Ponizovsky, 2000; Sanchez & Gaw, 2007; Yeh & Wang, 2000). As amplified in literature, cordiality and mutual connection to others (family or social support) and God (religious activity) play a vital role for women migrant workers' 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). Social support

has served as a major resilience factor because it contributes to a sense of acceptance and improved self-esteem.

Some scholars reported that the more social support migrant workers receive from loved ones like immediate relatives, colleagues, and friends, the easier it will be for them to familiarize themselves to the novel surroundings (Qiu et al., 2011). A research conducted in the United States with its meta-analysis focusing on clinical studies and population (Yoon, Langrehr, and Ong, 2011), concluded that a tendency for high cultural adjustment is linked with a reduced amount of psychological distress and depression.

Summarily, few literature known interventions that reduce depression level by developing resilience in group setting . Hence, more study is needed to examine SFBT in a group work therapy to assess its effect on women migrant worker who have depression and how to develop resilience traits.

2.2. Resilience among women migrant workers.

Resilience is a process that may help adaptation to adverse experiences and may decrease the risk of depression (Boardman et al., 2011; Friborg et al., 2003; Garmezy, 1991; Hjemdal et al., 2007; Rutter, 1987; Samani, Jokar, and Sahragard, 2008). Many research literature works established that resilience among migrant workers is related to lower depression level (Aroian & Norris, 2000; Miller & Chandler, 2002). Resilience concepts such as mastery (Pearlin & Schooler, 1978) and hardiness (Kobasa, 1979), also have been studied in immigrants. Mastery was inversely related to depression scores in a sample of Chinese, Vietnamese, Portuguese, and Latin American women (Franks & Faux, 1990). In another study, hardiness was

the strongest predictor of depression in a sample of Chinese, Filipino, Japanese, and Korean immigrants (Kuo & Tsai, 1986).

People who experience depression habitually experience feelings of disconnectedness (Edward, 2005). Resilience may offer the link to shift from disconnectedness to connectedness (Cruz, 2006; Nakonz & Shik, 2009; Van der ham et al., 2014). Therefore, resilience is a solution of depression or in another term, depression can be reduced by enhanced resilience.

The word resilience is from the Latin original word 'resilere', which denotes a jump back from adversity (Kumpfer, 2002). Resilience studies were initiated by Garmezy (Garmezy, 1991 and 1993). He centred his study on what stopped children from submitting to their experienced family member. Since then, resilience research have been greatly expanded by focusing on behaviour sciences in the specialised area of prevention and intervention. Many studies define resilience as a protective factor (Edward & Warelow, 2005; Rutter, 1993; Wagnild & Young, 1993), constructive development or vibrant process of adaptation (Bonanno et al., 2004; Luthar, Cicchetti, & Becker, 2000; Richardson, 2002; Truffino, 2010), and strengthening the capacity for mastery (Campbell-Sills and Stein, 2007), within the context of momentous hardship.

Resilience can be improved by counselling and psychosocial education (Reivich & Seligman, 2011; Sood Amit et al., 2011; Edward, 2005). Even though studies revealed that resilience was not part of the immigration demands, personal resilience has been found to promote successful adaptation and prevent depression among immigrants (Aroian & Norris, 2000). Resilience is linked to depression (Edward, 2005) therefore, enhanced resilience traits are needed to minimise depression