

論文の内容の要旨

論文題目 Mental health status and social support among Burmese adolescent
students who stay in the boarding houses in Thailand

和訳 タイにおける思春期のミャンマー人移民寄宿生の精神状態とソーシャル・サポート

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Introduction

Unaccompanied refugee adolescents are those who live outside the country of origin and separated from parents or their previous primary caregivers. They experiences loss of home, belongings, friend and family. Traumatic experiences in their home country are often reported. They have to start a new life in an unknown country where they are unfamiliar with the language, culture and customs. Many studies

reported various mental health problems, such as post-traumatic stress, depression, anxiety, and delinquent behavior among them.

In Tak province, Thailand, 67 Burmese migrant schools existed in the year of 2009. Among them, 26 schools had established boarding houses. Those boarding houses accommodate the students of migrant schools with various reasons. Those students who had lost their parents and those who were sent by their parents due to the military conflicts inside Myanmar resided in boarding houses. If they were those who were potential unaccompanied refugee adolescents, they might be with various distresses in mental health status.

This study aimed at studying on the mental health status of Burmese adolescent students residing in boarding houses. It also aimed at a quantitative evaluation on the role of the social support on the mental health of these adolescents. Thus this study evaluated positive relationship between social support and mental health status among those adolescents. The primary hypothesis of this study was proposed as follows. Traumatic events experienced by the participants in this study will have a negative relationship with their mental health status. The secondary hypotheses were as follows. The social support provided by other individuals will have a positive relationship with the mental health status of the participants. Furthermore, the positive association

between social support and the mental health status will be different between the participants who had resided in the boarding houses for over 1 year and less than 1 year.

Methods

This was a cross-sectional study conducted in Tak province, Thailand. Tak province is borders Myanmar. In 2004 registration drive, the number of work permits issued for the migrants from Myanmar counts about 50,000 in Tak.

This study was conducted on Burmese adolescent students staying in the boarding houses in Tak Province during September and October 2009. At the time of study, 28 boarding houses were established. Then this study included those students who aged from 12 to 18 years old (Grade 7-12). The total number of expected participants was 771. Of total, 428 students agreed with the participation. As a result, 304 participants completed the all questionnaires.

In order to measure the perceived social support in those adolescents, Medical Outcome Study (MOS) Social Support Survey Scale was used. The MOS Social Support Survey Scale is self administered and consists of 19 items, asking current availability of social support by 5 points Likert scale.

In order to measure mental health, the Hopkins Symptom Checklist-37 for refugee adolescents (HSCL-37A) was used. The HSCL-37 A assesses mental health

status such as anxiety and depression of the participants. This is four-point Likert rating scale with 37 questions. The Stressful Life Events Checklist (SLE) was used to assess the number and type of stressful event (s). This checklist is self administered and consist of 12 dichotomous (yes/no) questions. Reactions of adolescents to Traumatic Stress Questionnaire (RATS) was used to assess post traumatic stress reactions defined in the DSN-IV. The RATS is self administered scale and consist of 22 items. All the above mentioned questionnaires were translated into local languages.

Multivariate logistic regression analysis was conducted to examine the risk factors for the mental health. As for the HSCL-37A and RATS, 90th percentile was employed for clinical thresholds. Analysis of variance was conducted to examine the interaction between social support and the duration of residence in boarding houses (for over 1 year versus less than 1 year) . For the statistical analysis, significance level was set at 0.05.

Results

Majority of participants stayed in Thailand for over 1 year (73.0%). Of the total participants, 62.8 % of them had resided in the boarding house for over one year. The mean years of residing in Thailand was 4.5 years. The mean years in the boarding house was 3.5. A large part (62.8 %) of participants indicated that both parents lived

in Myanmar.

From the result of SLE checklist, most commonly, 69.4 % of the participants saw that someone was physically mistreated. It was followed by experience of someone in great danger (59.2%). The mean number of traumatic events experienced by the participants was 5.2 (SD=2.7).

The score of MOS Social Support Survey Scale among the participants indicated that mean total score was 2.7 (SD=0.7). Regarding the subscales, mean score of emotional / informational support was 2.5 (SD=0.7), tangible support was 2.9 (SD=1.0), affectionate support was 3.0 (SD=1.0), and positive social interaction was 2.6 (SD=0.9).

The mean score of the HSCL-37A was 63.1 (SD=11.4) and mean score of RATS was 41.4 (SD=9.9). The result of the multivariate logistic regression analysis indicated that the female gender and the number of traumatic experience had positive relationship with the almost all mental health problems in the HSCL-37 and RATS. Odds ratio (OR) of social support score was statistically significant in depression subscale of the HSCL-37 A (OR=0.2), the total scale (OR=0.2), and hyperarousal subscale of RATS (OR=0.3) among the participants residing in boarding houses for over 1 year.

Furthermore, the interaction between the MOS Social Support Survey Scale and the duration of residence in boarding houses (more versus less than 1 year) was statistically significant in the total scale of HSCL -37 A, internalizing subscale, and externalizing subscale. In the RATS scale, this interaction was statistically significant in intrusion, avoidance, and hyperarousal subscales.

Discussion

The students residing in boarding houses had experienced traumatic events and those events had negative relationship with the mental health status of the participants. Social support from others had positive relationship with their mental health status of the students residing in the boarding houses for over 1 year. Female gender and the number of traumatic experiences were indicated as a risk factor for the mental health status among the Burmese student residing in the boarding houses, as indicated in other studies on the unaccompanied refugee adolescents. Past studies suggested stressful life conditions could have a significant impact on the internal resilience from traumatic events. The separation from family members and adjustment to life in a boarding house might have detracting influence on the positive effects of social support.

Conclusion

In conclusion, the participants had experienced a certain number of traumatic

events. Furthermore, this study revealed the role of perceived social support as a protective factor for mental health status, another contribution to the research on unaccompanied refugee adolescents. Perceived social support had a positive relationship with the mental health status. This relationship was found in the participants who had been residing in boarding houses over 1 year. In addition, the interaction between social support and residence in boarding houses (for over 1 year versus less than 1 year) was significant. Further study is needed, especially in longitudinal form, to examine the effect of social support on the mental health status of such adolescents.