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Urban Living and Multicultural Cities in Asia: from Colonial Past to Global Future

International Conference on Psychology & Multiculturalism

November 7th - 9th | JS Luwansa Hotel & Convention Center - Jakarta, Indonesia



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URBAN LIVING & MULTICULTURAN CITIES IN ASIA:
FROM COLONIAL PAST TO GLOBAL FUTURE

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Scientific Committee did not edit or correct the paper accepted for proceeding. It was assume the paper's grammar, spelling error, and writing style according to APA was the author's responsibility.

Proceeding of The International Conference on Psychology and Multiculturalism

Editor : Bernadette N. Setiadi

Cover Design : Eric Geraldny

Layout : Henrico Torkis Lamhot



Published by Atma Jaya Catholic University of Indonesia, Jakarta

Jl. Jenderal Sudirman No. 51, Jakarta 12930

Telephone/Fax : (021) 5719558/ 57088390

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Jakarta, November 2017

Greetings From the Dean

Welcome to the first International Conference on Psychology and Multiculturalism,

In 2017, Faculty of Psychology, Atma Jaya Catholic University of Indonesia celebrates its 25th anniversary. On the 8th of June 1992, the faculty was opened with a bachelor degree program and started the academic activities with only about 70 students. Twenty five years passing by, currently we have four study programs at bachelor, master (professional and science), and doctoral level serving about 1500 students. It is a great achievement that this year we finally have a complete level of study program!

As a commemoration of our gratitude and celebration for this achievement, we are convening academicians, students, and practitioners to discuss and learn from each other in an international conference, namely “Urban Living and Multicultural Cities in Asia: From Colonial Past to Global Future”. This is our first international conference and it is a reflection of our academic themes, namely to understand and develop urban dwellers, multicultural, and disadvantaged people. It is relevant with Jakarta, where our campus is located, that the conference covers behaviors and psychological aspects of people within the history of the city, its economic and industrial growth, health, education, and information technology innovations.

Our keynote speaker and panelists are experts in their field. I hope we can learn a lot from them. For presenters and guests, welcome and thank you for joining our conference, I hope you can have wonderful discussions in this conference.

Dr. Angela Oktavia Suryani, M. Si

Dean of Faculty of Psychology, Atma Jaya Catholic University of Indonesia

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The Prevention of Depression among Indonesian Migrant Workers

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ABSTRACT

According to World Health Organization, depression is predicted to be the second top global burden and disability in 2020. In Indonesia, depression is often found among workers, especially Indonesian migrant workers. Therefore, health policy on providing health promotion efforts and preventing depression among Indonesian Migrant Workers is needed. This research is based on literature reviews as well as news reports method. The study shows that many migrant workers who started working abroad in good condition recurrently experiencing severe depression and some eventually ended up in death. Depression prevention programs provided for Indonesian migrant workers are very important. This paper will give some recommendations to solve this issue through the training implementation for Indonesian migrant workers using Triple S Model (Self Awareness, Sharing, and Safety at work).

Keywords: Depression, Indonesian Migrant worker, Health Promotion, Training, Occupational Safety and Health

According to World Health Organization (WHO), depression is a mental disorder characterized by the emergence of symptoms of mood depression, loss of interest in something, feelings of guilt, sleep disturbance or appetite, energy loss, and decreased concentration. According to the World Health Organization, depression is predicted to be the top global burden and disability in 2020 (World Health Organization [WHO], 2017, February). Depression is a disease which is suffered by most people over the world with more than 350 million depressed people. Depression is a major public health problem which shows a constant improvement in prevalence and contributes to the burden of the global burden of disease. Based on the World Federation for Mental Health (2012) Survey in 17 countries, it was found that the average of 1 in 20 people was reported of getting periods of depression each year. In Indonesia, Based on Basic Health Research in 2007 data results show that there are 1.740.000 adults who experience emotional mental disorders such as anxiety disorders and depression. This prevalence tends to increase with age, the severity of psychosocial stressors, chronic illness, and religious issues (Ministry of Health, 2007). This prevalence number tends to increase along with age, psychosocial stressor, chronic diseases, and religious problems (Hawari, 2011). In Indonesia, depression is often found among workers, especially Indonesian migrant workers. The data of the depression prevalence of the workers have not a valid record yet as stated by the Director of Mental Health Development of the Ministry of Health Diah Setia Utami stated that "the Ministry of Health has no recording or data of the total numbers of the migrant workers who get mental disorder, although there are many cases which have been handled" (Suara Pembaruan, 22 June, 2012)

Indonesian Migrant Workers are each Indonesian citizen who is eligible to work abroad in employment for a certain period of time by receiving wages (Ministry of Manpower, 2010). Based on the data from the National Agency for Placement and Protection of Indonesian Workers the number of overseas workers from January to September 2017 reaches 181,740 people (National Agency for Placement and Protection of Indonesian

Workers, 21 October, 2017). Depression experienced by Indonesian Migrant Workers is caused by internal factors including gender and getting emotional shock/pain. External factors include psychosocial factors such as violence by employers, high work load, injustice due to unpaid wages, away from family, life pressures, lack of social support, cultural and linguistic differences (Albers, Kinra, Radha, Ben-Shlomo, & Kuper, 2016; Meyer et al., 2015; Hossain, Zimmerman, Abas, Light, & Watts, 2010; Zhong et al., 2016). The impact of depression on Indonesian Migrant Workers can affect bad impact to the workers themselves, family and country. The burden of the families of depressed migrant workers will increase because they have to prepare more funds for the healing efforts, psychological and social shocks will be another impact as well for the family.

The cases of depression of Indonesian Migrant Workers cannot be separated from the responsibility of the government, the government must be responsible for the cases of violence which affect the depression of the Indonesian Migrant Workers by facilitating them to obtain good capabilities before they go abroad, provide legal protection and health access for them about the importance of preventing depression. One of effort to overcome the phenomenon of depression for Indonesian Migrant Workers can be done by conducting special training by using Triple S Model. Those are Self-Awareness, Sharing, and Safety at Work. This model focuses on the educational and health promotion efforts to increase self-awareness, promote the importance of sharing to reduce the symptoms of depression, the importance of implementing safety at work in order to create a safety system in their work. These three components become an important reference in training workers in a holistic way to prevent depression. The purpose of implementing the Triple S model is providing a holistic educational idea for Indonesian Migrant Workers in preventing depression and it can be made as a pilot project health promotion in depression research on Indonesian Migrant Workers.

Discussion

Depression on Indonesian Migrant Worker

Indonesian Migrant Worker is one of the working groups which are vulnerable to various forms of physical, psychological and sexual violence. All these forms of violence can lead to the depressed conditions for labor migrants who will have an impact on the declining the quality of their life. Depressed migrant workers will experience behavioral disorders, excessive anxiety and sadness, difficult emotional conditions controlled, hallucinations which cause the desire to do the suicide because they cannot solve the pressure and burden faced (Albers et al., 2016).

If we classify some factors which affect the depression on Indonesian Migrant Worker, we can classify them into internal and external factors, those are as follows:

1. Internal stressors:

- a. Gender

The prevalence of the incidence of depression is higher for female than male (Cyranowski, Frank, and Young, 2000; Ford and Erlinger, 2004). In 2010, globally, each year shows that 1.7 times greater incidence of depression occurred for women, doubling depression occurs to young women in the age of about 12 to 25 years compared to men of that age. However, at the age of 65, the average prevalence of depression in women and men has the same prevalence (Patten *et al*, 2006; Pearson, Janz and Ali, 27 November, 2015).

- b. Trauma (getting an emotional shock/pain)

A sense of trauma such as after experiencing physical or mental violence may trigger the depression. Deep sadness can cause depression as well (Hossain, Zimmerman, Abas, Light, & Watts, 2010).

2. External stressors:

- a. Psychosocial which includes social and cultural factor.
In general, migrant workers are depressed because they cannot have strong interpersonal relationships because of the cultural and linguistic differences. According to the research conducted by Maulana (2013), one of the problems of migrant workers is the difference of language and lack of cultural understanding in each country, it causes migrant workers get a warning even an abuse from the employer. This causes the depression of migrant workers because they lack of social support.
- b. Working load
Most of the migrant workers do not get off days in each month, especially on migrant workers who work as domestic servants (PRT). They do not get holidays and enough rest time. Otherwise, they have a high workload which causes stress and depression. This happened to the first migrant workers who worked abroad for the first time (International Organization for Migration, 2010).
- c. Away from family and the people whom they loved
For the workers who have high workloads desperately need social support from family and the people whom they loved, but the distance among them makes migrant the workers feel lonely and isolated. It leads them to experience in a depression ((Hiott, Grzywacz, Davis, & Quandt, 2008).
- d. Changes and pressures of life.
The various events and pressures in life can trigger a depression such as when they face a divorce issues, dismissal, retirement, job change or living to a new place, social isolation, and many others (Salleh, 2008).

Government Policy towards the Cases of Depression

The issue of the protection of the Indonesian Migrant Workers is still become a problem which needs to get special attention from the government. The number of cases of violence and injustice affecting the depression cases among Indonesian workers proves that the protection policy of Indonesian labor migrants has not been fully enforced, to overcome the high number of depression cases in Indonesia, the Ministry of Social Affairs has prepared Trauma Center Protection House (Trauma Center Protection House, 2007).

Based on the Regulation of the Minister of Social Affairs No. 102 / HUK / 2007, the House of Trauma Protection Center is an institution which provides early protection services and psychosocial recovery and recovery of traumatic conditions experienced by the victims of violence. The establishment of the Trauma Center Protection House has a purpose in the context of social protection such as preventing and handling risks from shocks and social vulnerability for migrant workers deported from the countries where they work and being victims of violence and injustice in the countries where they work. Three social protections provided by the government such as (Firdaus, 01 December, 2012) :

1. Social Assistance
Social assistance is provided for Indonesian Migrant workers experiencing in depression and social vulnerability to survive properly and appropriately.
2. Social Advocacy
Social advocacy is aimed to protect and defend the Indonesian Migrant workers who become victims in their workplace, which includes awareness of the rights and obligations of labor migrants, the defense and fulfillment of the rights of migrant workers.
3. Legal Assistance
Legal aid is aimed at providing support for obtaining legal advocacy and consultation for Indonesian Migrant workers who need it.

However, those three social protections provided by the government have not been maximally applied to all Indonesian Migrant workers, because there are still many illegal labor migrants and the majority of problems arise from the workers themselves as well as from the service companies that send them. In addition, the lack of awareness of Indonesian Migrant workers that being an illegal Indonesian Migrant worker will not have legal protection which cause the number of misconduct of self-employed migrants such as human rights violations, mistreatment, sexual harassment, and employee salary deductions.

Cases on Depression among Indonesian Migrant Worker

The following information contains the news which show that depression cases are one of the important issues and depression preventive action among Indonesian Migrant Worker are needed :

1. Director of Mental Health Development of the Indonesian Ministry of Health stated that "The acts of violence that result in psychic distress experienced continuously by Indonesian Migrant Worker can cause mental health disorder resulting in depression until leading a suicidal desire" (Suara Pembaruan Team, 22 June, 2012).
2. A migrant worker from Cilacap is known to suffer from severe depression after working in Saudi Arabia. The symptoms of depression that were initially considered normal eventually turned into a symptom of severe depression, a result of depression experienced by these workers are often angry and speak for themselves (Ibad, September 07, 2012).
3. The leader of Indonesian Migrant Worker Sukabumi said "70% of migrant workers are depressed while working in the Middle East, the Indonesian Migrant worker is subjected to unhealthy treatment such as physical violence, sexual violence to psychological pressure by the employer" (Viva Team, 14 February, 2012)
4. A migrant worker suffers from depression after working in Singapore, the Indonesian Migrant worker is experiencing severe depression due to the violence that happened (Sarono, 08 June, 2014).
5. Women and Family Planning Agency of Mesuji S. Bowo Wirianto District revealed that "Ten migrant workers who work in Malaysia are depressed, to self-imposed as a result of the trauma of torture done by their employer, and because most of the workers come from poor families, further on these workers are experiencing problems " (Radar Lampung Team, 05 March, 2015).
6. Directorate General of Manpower Placement Development and Employment Opportunities Ministry of Manpower of Taiwan Hery Sudarmoto revealed "an Indonesian migrant worker from Indonesia experienced sexual violence to depression, this worker is known not to know service of grievance channel so that concerned cannot report case of sexual violence that happened " (Alif, 14 September, 2016).
7. Coordinator of Alliance of Violence of Children and Women Edi Arsada said "A migrant worker from Lampung often experience violence since the Indonesian Migrant Worker is young to cause the current experience of severe depression, this case indicates that during this time the sponsors and the Indonesian Employment Service Company only thinking profit only when sending migrant workers abroad" (News Lampung Terkini Team, 27 September, 2016).
8. Three Indonesian migrant workers working in the Middle East and Hong Kong are severely depressed, but the data on the examination and treatment of migrant workers is not available, because the mental health is not covered by insurance and the workers do not get insurance coverage (Gaungntb Team, 24 Mei, 2017).
9. The head of the West Kalimantan Social Service, M Junaidi, reported the case of migrant workers from West Kalimantan that there were 14 cases for deadlines,

including 3 cases, 4 cases, 4 occupational accidents, 1 case depression, and worker dismissal) 2 cases (Viduka, 2015, 18 Maret).

10. "Head of Department of Social Affairs and Labor Ponorogo Sumani said every year there are migrant workers from Ponorogo who returned home because of illness and depression" (Alawi, 22 November, 2016).

From the results of the online news above, it can be concluded that some depression problems of the Indonesian Migrant worker include :

1. The number of migrant workers and the incidence of depression increased but the attention to the psychology service is still low.
2. There is no valid data on the prevalence of depression for Indonesian Migrant worker.
3. Lack of workers' knowledge in the prevention and treatment of depression.
4. Legal protection and advocacy regulations for labor migrants are still weak.
5. The need for a strictly illegal and illegal Indonesian Employment Service Corporation that do such tricky things.

Triple S Model (Self-awareness, Sharing, and Safety at work).

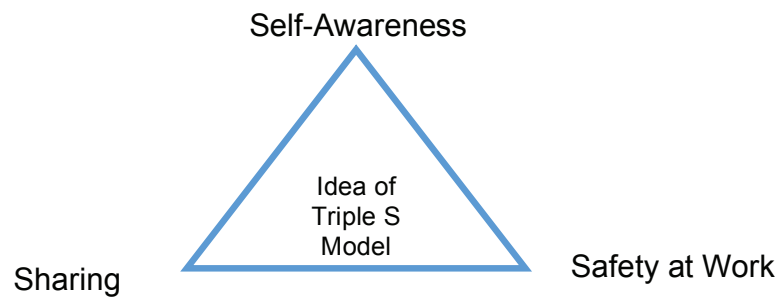


Figure 2.1 Triple S Model

Self-Awareness

Indonesian Workers should give more attention on the psychological health, especially in realizing the condition of depression, symptoms of depression initially assumed normal course by the worker, so that the condition of depression become heavier. Self-awareness approach is a step aimed at providing knowledge stock to awaken the workers' self about the importance of preventing and facing the depression. Signs of depression that must be realized include more than five symptoms below (American Psychology Association [APA], 2013):

- Depressed mood for more than 2 weeks (most Of the day, nearly every day)
- Loss of interest or pleasure in previously enjoyed activities
- Significant changes in appetite, eating and weight
- Significant changes in sleep
- Fatigue
- Significant changes in activity
- Feelings of guilt and negative self-worth
- Reduced concentration
- Suicide

Sharing

Sharing is an approach used to reduce depression by promoting the importance of sharing in the face of stressors in life. On October 10, 2017 which is the world's mental health anniversary with the theme of mental health in the workplace, the data from WHO show that 10% of off days workers for depression, 36 working days lost due to depression, 50% of depression did not receive treatment, 94% decisions resulting from a decrease in work concentration lead to a decrease in work productivity (World Federation for Mental Health, 2017). On April 7, 2017 the WHO raised the global issue of Depression: Let's Talk. This is because knowing the benefits of sharing / talk is the first step in preventing depression. WHO (2017) makes a major theme about depression as it wants to campaign for countries in the world to suppress and minimize the burden of the state due to depression.

Safety at work

Safety at work is an important approach in implementing a safe and healthy work culture. Safety is a free condition from an accident or almost saves from incident. Based on Law no. 23 of 1992, health is a prosperous state of body, soul, and social which enables one to live socially and economically. This is in line with the definition of occupational safety and health by The ILO Convention on Occupational Health Services Number 161 and The ILO Recommendation on Occupational Health Service number 171 (1985) that is to safeguard and improve the physical, mental, social and social health of workers and in all occupations, prevent occupational diseases, protect workers from risks that aggravate health conditions, place and keep workers in an environment compatible with physiological and psychological conditions, adjusting workers to their tasks and work.

Why the triple S Model approach is used?

Depression is often not recognized and is still an issue which is simplified, because it is regarded as normal things. If depression is not prevented and overcome properly, it will adversely affect the daily activities, physical illness and increase the suicide cases. This shows that self-awareness of depression is very important to be understood by everyone, especially the workers who have a work environment with high stressor such as Indonesian Migrant worker. Based on the research conducted by Nam et al. (2008), it was stated that by increasing knowledge of depression and suicide, it will help to reduce the mental health disorders and increase one's preparedness to seek help.

In the previous discussion, it was found the number of cases of depression and suicide cases of the Indonesian Migrant worker. Based on this phenomenon, the model of sharing should be promoted to the Indonesian Migrant worker to prevent depression. A Specialist Doctor of mental health, dr. Andri, SpKJ, FAPM revealed, the primary key and the first time can be done to overcome symptoms of depression is talk. Feel free to tell the burden of thoughts, personal problems, or feelings of sadness to those closest to you. Initially, there was a mental health service over the phone for 7x24 for sharing preventing depression, but for now it is closed and there is no such service yet (Maharani, 26 March, 2017).

Cases of depression occurring to the migrant workers are inseparable from cultural differences between original Indonesian cultures and the cultures in other countries where Indonesian migrant workers work. Understanding of multiculturalism should basically be formed from the beginning so that migrant workers can survive and maintain their identity. Multiculturalism is a concept that explains two differences with interconnected meanings, Multiculturalism as a condition of cultural pluralism or cultural pluralism of a society condition can create a tolerance (Alo, 2005). For example, the danger of not understanding multiculturalism in Saudi Arabia, for example, being caught carrying a talisman, can be put

to death if a female / male smile against another's spouse, or otherwise, then this will get into trouble (Fira, 04 December, 2014).

Training of safety at work for Indonesian Migrant workers is needed to equip the application of the importance of understanding the culture, realizing the importance of safety at work and improving the supervision of illegal Indonesian labor service company. The research result from Ramos, Carlo, Grant, Trinidad, & Correa (2016) showed that significantly work accident is not a factor cause to be stress but become a depression factor. Participants who have a history of occupational injuries have seven times the risk of becoming depressed. The results of this study provide a picture of the relationship between the influences of the environment with mental health. Most workers do not always recognize and apply the importance of safety training with the assumption that they will be familiar with what they are doing. But with the holding of safety training will remind workers that the hazards encountered in the work can be overcome by prevention, because it prevents better treat. Knowing, recognizing, and understanding the cultural differences which exist are very important. Each culture has its own uniqueness and characteristics, having a different language means having a different culture. How to increase cultural sensitivity can be done with training to improve intercultural communication and to enhance intercultural awareness (Luthfia, 2014). Working safety related to the knowledge of cultural differences in the limitations of intercultural communication can lead to misunderstandings which involve the incidence of irritation and distrust in cooperation. It becomes a prove that appropriate training and education is needed for prospective workers before departing to the destination country, so the approach using triple S model will provide a holistic unity in emphasizing the importance of preventing depression for the Indonesian migrant workers.

How to Implement Triple S Model to Overcome Depression Case of the Indonesian migrant workers

Triple S Model can be applied by improvising the government program which has been applying in Indonesia related to the education program (training) to the Indonesian migrant workers before they go to the destination country. The efforts to awaken or self-awareness understanding for the Indonesian migrant workers can be done through "safety talk" program which is given during the training before the migrant worker is sent to the destination country. Informing them directly by displaying depression cases and their impact on overseas workers is very important, so that the migrant workers who will be dispatched can recognize and be aware of the risks of their work so that they can develop their own self-protection.

Indonesian migrant workers who already have this awareness will be able to at least seek to keep them in a safe and healthy condition, if there is a problem then the role of sharing approach is needed in this case, in addition to campaign sharing to the people closest it is also necessary to improve and facilitate the communication / sharing, then the efforts can be done by improving the performance of the policy of the House Protection Trauma Center program launched by the Indonesian government by providing person in charge (PIC) in each country where the Indonesian migrant workers works as a facilitator if migrant workers experience problems especially related to cases of depression. In this regard, before the migrant worker departs, the Indonesian migrant workers must know first the PIC contact so that when they get problems, they can immediately consult to be assisted in solving the problem. The approach of safety at work can be implemented by increasing the supervision, control, and sanction firmly removal against the Indonesian labor agency company which is illegal by the employment because it does not provide adequate training, in addition to the Indonesian labor service company emphasized the policy on safety at work and the understanding of depression because of the depression cases of the Indonesian migrant workers is still no specific policy and has not been a concern even though the issue of

depression is increasing. So the three approaches in this triple S model can be a holistic whole and need to be emphasized in their application to protect Indonesian workers from the depressive effects of depression.

Weaknesses of the study

The literature review method used in this study becomes the weakness itself. The search of evidences and articles are based on Google search engines without a systematic basis. Thus, the results may not be replicated and are more subjective in nature. The research results are only a statistical method for combining the results of studies into quantitative estimation. Furthermore, it needs to be examined further in the form of a pilot project for this idea.

In conclusion:

1. The issue of depression on Indonesian migrant workers is the case of depression cases without any epidemiology data, poor protective and preventive government's policy about depression prevention.
2. Depression can be prevented with the idea of triple S model (self-awareness, sharing, safety at work).
3. Self-awareness on depression will provide knowledge to the workers to prevent the occurrence of depression.
4. Sharing is the right step to prevent depression and in accordance with the campaign from WHO Depression: Let's talk. It needs to be put back in the psychology service in the form of sharing via phone or email.
5. Safety at work and multicultural awareness for migrant workers needs to be employed for the workers both physically and mentally.

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