# Rural to Urban Migration, Childhood Abuse and Risks for Mental Problems

## BACKGROUND

In the last few decades Thailand has experienced a dramatic growth in internal migration, especially from rural areas to Bangkok and its vicinity. Today about 69 percent of urban population in the country is living in Bangkok (Cummings 1999), which has a population density of 3700 persons per $km^2$, the highest rate in Asia (TDRI, 1990). The national migration survey (Chamrathrithirong et al, 1995) revealed that Bangkok was the destination for 47 % of all the moves within the past two years. However, the mental health consequences of this largely economically motivated mass movement of the Thai population are still unknown. Migrants, often characterised by exposure to stressful life events and lack of social network and support, may have higher risk for mental health problems such as anxiety, depression, alcohol and drug problems (Harpham, 1994).

Adult migrants, largely moved for economic reason, may experience economic hardship together with lack of social support, leading to mental distress. However, findings have been inconsistent about the effect of migration on mental health of these migrants in different countries. Shen (1998) found that young Chinese migrant workers had poorer mental health than their local counterparts. A study in Brazil found that a positive association of migration with risk for common mental disorder appeared to be explained by the confounding effects of education and marital status, and was modified by employment status (Coutinho, 1996). Previous Brazilian studies (Coutinho, 1996) had also reported larger effects among unemployed migrants suggesting a mechanism of frustrated economic ambitions, the 'selection-displacement model'.

Psychosocial adjustment in the face of rural to urban migration may be particularly difficult for child migrants, who moved with their migrant family (Williams 1990). Here the research evidence is more limited. Few studies, all conducted in North America, found that frequent family moves were associated with higher risk for psychopathology and substance use among adolescents (DeWit 1998, Wood et al 1993). Clearly the

pattern, context and significance of relocation in North America is likely to be very different from that in the developing world.

In Thailand, there is a growing awareness of the public health relevance of mental and behavioural problems in young people. Attention has been drawn to the relatively high rates of common mental disorder in primary care (Jirapramukpitak et al, 2000), high rates of drug and alcohol use among young people (Department of medical services, 1999) and high rates of child abuse (Jirapramukpitak et al 2000, Archavanitkul 1999), especially in Bangkok and its vicinity. However, the relationships between migration, and mental and behavioural outcomes have yet to be investigated. We hypothesise that rural to urban migration may be a key explanatory variable, with both high life stress and reduced social networks mediating risk for common mental disorder.

**AIMS AND OBJECTIVES:**

To conduct a population-based cross sectional survey to measure the prevalence of common mental disorders (CMD), substance use and alcohol drinking problems, and childhood abuse in a household sample of adolescents and to test hypotheses that: i) migrants would experience more abuse and have a higher risk for mental problems ii) part of the effect of migration on risk for mental problems would be mediated through abuse.

**METHODOLOGY**

- **Place and settings**

Catchment areas, located adjacent to the north border of Bangkok, were selected as the base population for the main study, because it seemed in many ways to be typical of those suburban metropolitan districts, which increasingly were the destination for rural to urban migrants to Greater Bangkok.

- **Participants**

A sample of 1,052 young residents, aged 16-25 years living in the selected catchment areas

- **Instrument:**

The main survey instruments consisted of two parts: an interviewer administered questionnaire, and a self-administered questionnaire on sensitive information. The self-report questionnaire was completed by the respondent in private and returned in a sealed envelope to the interviewer.

**ANALYSIS**

- **Dependent variables**:

1. Common mental disorder was assessed with the Revised Clinical Interview Schedule (CIS-R; Lewis et al. 1992), which estimates prevalence for the one week period prior to interview and was designed to be used by a lay interviewer. Those scoring above 12 on the CIS-R or having symptoms fitting into an ICD-10 diagnostic category were regarded as having a common mental disorder.
2. Substance abuse/dependence was assessed using five questions taken from the ECA (Robins & Regier 1991)
3. Alcohol problems wass assessed using AUDIT-Thai version (Klaewthanong et al 2001). An AUDIT Thai version was developed by Klaewtanong et al (2001) in Thailand and its validity was tested against a psychiatrist's clinical diagnosis and Gamma glutamyl transferase (GGT), in screening for hazardous and harmful drinking. AUDIT- Thai version had significant high internal consistency ($\propto$ =0.85). A cut-off score above 7 had a sensitivity of 80% and specificity 74.5%.

- **Independent variables**

**1. Migration history** was obtained using the approach developed by Dr Bencha and colleagues at Mahidol University IPSR. It included the destinations for all moves, the reason for migration, persons with whom the migrant has lived, and the age at migration. The significant migration event was defined as the occasion when a young person, born in a more rural area moves for the first time into Greater Bangkok.

**2. Other variables**

- Sociodemographic factors: respondents' sex, age, education level, employment status, parents: years of education and employment,

- Serious life events: the List of Threatening Events (LTE) (Brugha et al 1985)
- Long term difficulties: the Social Problems Questionnaire (Corney RH et al 1985)
- Social network: Social Network Scale (Wenger 1989)
- Social support: Close Persons Questionnaire (Stansfeld et al 1992)
- Abuse Exposure variables: Emotional and physical abuse questions modified from Straus's Conflict Tactic Scale (1979) and sexual abuse from Wyatt (1985). Three categories of childhood abuse were used: emotional abuse, physical abuse, and sexual abuse. The abuse exposure was regarded present if the respondent reported they had experienced any of the abuse events before the age of 16. Information on emotional and physical abuse was collected on the frequency and timing of the abuse. Data on sexual abuse was collected on the identity of the perpetrator, the frequency and severity of the abuse, and the timing of the abuse.

**RESULTS**

Mental health problems were prevalent in the sample, with prevalence of 11.4%, 10.9% and 24.3% for common mental disorder, substance use and alcohol drinking problems, respectively. About 46% of the adolescents had migrated from rural areas to Bangkok, mostly independently after the age of 15 to seek work. Being male migrant was independently associated with substance and alcohol use. The tests of the other specific hypotheses will be presented and discussed.

**REFERENCES**


1. TDRI, *Final Report Area 1: Global and National Issues in Thailand's Urban Development. National Urban Developement Policy Framework*. 1990, Bangkok, Thailand: National Economic and Social Development Board.
2. Archavanitkul, K., *What is the Number of Child Prostitutes in Thailand?* Journal of Population and Social Studies, 1999. **7**(2).
3. Brugha, T., et al., *The list of threatening experiences: a subset of 12 life event categories with considerable long-term contextual threat.* Psychological Medicine, 1985. **15**: p. 189-194.

4. Chamratrithirong, A., et al., *National Migration Survey of Thailand*. 1995, Thailand: Institute of Population and Social Research.
5. Corney, R. and A. Clare, *The construction, development and testing of a self-report questionnaire to identify social problems.* Psychological Medicine, 1985. **15**: p. 637-649.
6. Coutinho, E., et al., *Minor psychiatric morbidity and internal migration in Brazil.* Soc Psychiatry Psychiatr Epidemiol, 1996. **31**: p. 173-179.
7. Cummings, J., *Thailand*. 1999, Australia: Lonely Planet Publications.
8. DeWit, D., *Frequency childhood geographic relocation:its impact on drug use initiation and the development of alcohol and other drug-related problems among adolescents and young adults.* Addictive Behaviors, 1998. **23**: p. 623-634.
9. Harpham, T., *Urbanization and mental health in developing countries: a research role for social scientists, public health professionals and social psychiatrists.* Social Science & Medicine, 1994. **39**(2): p. 233-45.
10. Jenkins, R., et al., *The National Psychiatric Morbidity Surveys of Great Britain-initial findings form the Household Survey.* Psychological Medicine, 1997. **27**: p. 775-789.
11. Jirapramukpitak, T. and W. Wongsarnsri, *The Recognition of Mental Disorders Reported by Primary Health Care Physicians of Thammsat University Hospital.* Journal of the Psychiatric Association of Thailand, 2000. **45**(3): p. 207-16.
12. Jirapramukpitak, T., et al., *An Evaluation of the Multidisciplinary Child Protection Project of Thammasat University Hospital.* Journal of the Psychiatric Association of Thailand, 2000. **45**: p. 179-88.
13. Klaewtanong, J. and S. Assanangkornchai. *Validity Estimates of Alcohol Use Disorder Identification Test (AUDIT) for Hazardous and Harmful Drinking in Southern Thailand*. in *the annual meeting of the Royal College of Psychaitrists of Thailand*. 2001. Bangkok, Thailand.
14. Lewis, G., et al., *Measuring psychiatric disorder in the community: a standardized assessment for use by lay interviewers.* Psychological Medicine, 1992. **22**: p. 465-486.
15. Robins, L. and D. Regier, *Psychiatric Disorders in America: The Epidemiologic Catchment Area Study*. 1991, New York: Free Press.

16. Shen, Q., et al., *A preliminary study of the mental health of young migrant workers in Shenzhen.* Psychiatry Clinical Neuroscience, 1998. **52**: p. s370-3.
17. Standsfeld, S. and M. Marmot, *Deriving a social measure of social support: The reliability and validity of the Close Persons Questionnaire.* Social Science & Medicine, 1992. **35**: p. 1027-1035.
18. Straus, M., *Measuring Intrafamilial Conflict and Violence: The Conflict Tactics (CT) Scales.* Journal of Marriage and the family, 1979. **41**: p. 75-88.
19. Wenger, G., *Support networks in old age: Constructing a typology*, in *Growing Old in the Twentieth Century*, M. Jeffreys, Editor. 1989, Routledge: London.
20. Willaims, B., *Assessing the health impact of urbanization.* World Health Statatistics Quarterly, 1990. **43**(3): p. 145-52.
21. Wood, D., et al., *Impact of family relocation on children's growth, development, school function, and behavior.* Journal of the American Medical Association, 1993. **270**: p. 1334-1338.
22. Wyatt, G., *The sexual abuse of Afro-American and white Americam women in childhood.* Child Abuse & Neglect, 1985. **9**: p. 507-519.