Migration and women: A study of Mental health and ill- health

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ABSTRACT

Migration is the process of stress and trauma, resulting in multiple changes in physical and mental health. The study is aimed to find out the differences in coping styles and mental illness of Kashmiri migrant and Non-migrant women, as during the process of migration women are found to have negative effects on health and their coping styles are also affected. In order to understand the effects of migration on mental health we must need to compare them with native population. The present study consists of 200 participants out of which 100 participants were Kashmiri migrant women and 100 were Kashmiri Non-migrant women. Crown and Crisp experimental index (CCEI) (1979)were used for studying mental illness and coping. The results showed no significant difference in mental health and ill health of Kashmiri migrant and Non-migrant women

Key Words : Migration, Mental health, Ill-health,coping

INTRODUCTION

Migration refers to movement of people from one place of residence to some other place. Migrant is a person who faces multiple problems after migration such as adjustment in new country, language, social and cultural barriers.The causes of migration can be, natural or man made disaster, armed conflict and war. Due to migration not only a persons physical health is disturbed but also his mental and social life is disturbed. Apart from its effect on mental health, migration also implies the loss of job, schooling, social life, and other patterns. A migrant is someone who leaves his routine life at his native place and begins his new life in another place. A move within the same area is considered mobility, not migration, because the mover can continue day-today life (keep the same job or school, shop at the same stores, and socialize with the same people) without significant disruption (Weeks, 1999)

Internal migrants face numerous constraints, including lack of political representation; inadequate housing and lack of formal residency rights; low-paid, insecure or hazardous work; limited access to state provided services such as health and education;and discrimination based on ethnicity, religion, class or gender (UNICEF, 2012).

Migration in Kashmir :

Approximately 650,000 people were displaced since 1990 by terrosist violence in north east states of india.As many as 300,000 Kashmiri Pandits have fled their home and hearth and been

reduced to living the lives of refugees in their own country.

A large number of them are suffering from a variety of stress and depression related diseases. A study conducted on them by a group of doctors found high incidence of 'economic distress, stress induced diabetes, partial lunacy, hypertension and mental retardation.' Statistics reflect high death rate and low birth rate among the Kashmiri Pandit refugees.

Some Pandits blamed terrorist out fits for forced migration because they received threats from them but some believed that all Kashmiri Muslims ware responsible for that movement. Threats on posters, telephones and some news papers was given to them,an atmosphere of fear is created by terrorist outfits.An ultimatum from Hizbul Mujahidden was given to them to leave Kashmir within two or three days in 1990 unless they all will be killed in near future (Shekhawat, 2006).

Health :

World Health Organisation (2001) defined health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Health is explained not only as the absence of disease or providing preventive, causative, and curative services, but also a rhythmic balance that is maintained between the human being and his environment.

Mental health is not only defined as the absence of mental illness,but a state of psychological well being.The World Health Organization (WHO, 2001) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". It was previously stated that there was no one "official" definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. There are different types of mental health problems, some of which are common, such as depression and anxiety disorders, and some not so common, such as schizophrenia and Bipolar disorder.

Everybody responds differently to the stresses and strains of modern life and it is common to describe ourselves as 'depressed', 'stressed' or 'anxious' at times. For some, these feelings can become serious enough to make it difficult to carry on with everyday life. 1 in 4 people experience common mental health problems – harmful levels of stress, anxiety, depression. 1n migrants Schizophrenia is one of the most dramatic and serious of ill health problems. It is highly disruptive of family life, affecting not only patients but also immediate caregivers. The people of Caribbean, Irish and Polish origin have the highest hospital admission rates for schizophrenia. In fact Caribbean immigrants tend to be diagnosed with schizophrenia 1s 3to 6times more often than non-Caribbean people (Cochrane and Bal, 1987; Littlewood and Lipsedge, 1988).

Mental ill health covers a wide range of problems ranging from stress to suicide, depression etc. A person suffering from mental illness feels aloof and detached from reality. He is not able to cope with even daily life stressors (WHO, 2001) Everybody has different physical and mental make to respond towards stress Researches have shown that one in four persons is supposed to suffer from mental disorders.

METHODOLOGY

Variables :
Independent variables :
  - Ill health

Dependent variable:
  - Mental health

Objectives of the study :
-   To study the correlation of ill health and Mental health among Kashmiri Migrant and Non-migrant women.
-   To study the impact of migration on mental health of Kashmiri migrant and Non-migrant women.
-   To compare the mental health and ill health of Kashmiri migrant and Non-migrant women

Hypothses :
-   There will be no significant correlation of ill health and Mental health among Kashmiri Migrant and Non-migrant women.
-   There will be no significant impact of ill health on mental health of Kashmiri migrant and Non-migrant women.
-   There will be no significant difference in ill health and mental health of Kashmiri migrant and Non-migrant women

Sample :
The sample for this study consists of (200) women out of which (100) women will be Kashmiri migrant (Kashmiri Pandit migrated to Jammu due to terrorism) and 1020) will be Non migrant women (Kashmiri Muslim Women residing in Kashmir). The sample will be selected by using the convenient sampling technique from different areas of Jammu and Kashmir region.

Tools :
-   Eight state questionnaire (8SQ) by Curran and Cattell (1976) is used for assessing ill health of participants. It measures 8 dimensions of anxiety, stress, depression, regression, fatigue, guilt, arousal and extroversion. This questionnaire is used for peoples above 16 years of age and responses are scored on a four point rating scale. Both negative and positive factors are included in this scale.The theoretical importance of measuring emotional states lies in the fact that any prediction of how a person will act or how he will perform depends as much on his present state on his usual trait 8SQ consists of two forms –A and B.Both forms contain 96 items, 12 of which measure each state.The test may be administered individually or in a group. The test was not designed, as yet for really low educational levels. It measures anxiety, stress, depression, regression, fatigue, guilt, extraversion and arousal.There are 12 items per state on each form,the highest possible raw score is 36 answer sheets can be either hand scored with a stencil key or machine scored.Each item is scored 3,2,1 or 0.The high scoring direction is indicated by the letter a or d.If the letter is a,the a response is scored 3,the b response is scored 2,and the c response is scored 1.If the letter is d,the d response is scored 3,the c response is scored 2,and the b response is scored 1.The test is reported to be reliable and valid measure of different emotional states. The equivalence coefficients and concept validities for the 8SQ scale are; anxiety .83/.62, stress .74/.86, depression .82/.58, regression .82/.55, fatigue .89/.90, guilt .86/.48, extraversion .87/.92 and arousal .88/.84.
-   Crown and Crisp experimental index (1979) which consists of 48 items and considering different aspects of mental health such as free-floating anxiety, somaticism, depression etc. is used for assessing mental health.It provides quantative scores for as many as six neurotic manifestations.It is widely used both in Britian and India. It is reported to be reliable and valid. Reliability co-efficents are low on the phobic and obsessional subtest,the reliability of a test as this is understood psychometrically, *i.e.* whether test will measure quality consistency is usually assessed by either by repeating test or by split half method.As regards to the split half method, if a sub test is shown to be valid what does it mean to say that it is unreliable by that method. the score range is 0–16 on each scale, which has been extensively validated in various clinical and community samples.

RESULTS AND DISCUSSION

The first hypothesis is framed to assess the correlation of migration and Mental health among Kashmiri Migrant and Non-migrant women. Results were interpreted by using Pearson's co-relational technique with the help of SPSS(20) and obtained a negative correlation of 0.005 and 0.940 as the value is not significant at 0.05 level (2-tailed). Our second hypothesis was that there will be no significant impact of ill health on mental health. As our results of linear regression proved that there is no impact of ill health on mental health as the table below shows the results:

Table 1: The model summary and ANOVA results for ill health as a regressor or predictor variable and mental health as a regress and or outcome variable

		Model summary			ANOVA[a]				
N	R	R Square	Adjusted R Square			Sum of Square	df	Mean Square	F	Sig.
200	.005[a]	.000	-.005	Regression	1.416	1	1.416	.006	.940[b]
				Residual	49189.464	198	248.432		
				Total	49190.880	199			

a. Predictors: (Constant),Ill health
b. Criterion Variable: Mental health

The calculated (p-value)for regression analysis is 0.940 which is not significant at alpha (0.05) level. Thus, our model, $F(1, 98) = 0.006$, $p = 0.940$ is not significant at alpha level (2-taled). Now we will consider the model summary our adjusted R square, *i.e.*, -.005 that means -0.5 per cent of variance in dependent variable *i.e.* mental health is because of independent variable *i.e.*ill health. Thus we can say that there is no significant difference between the two variables.Stillman *et al.* (2009) conducted a study on migrants displaced from Tonga to New Zealand and found that migration do not have negative effect on mental health but there is improvement in social and mental health after migration.So,our study also showed no effect of migration on mental health.

Table 2 : The coefficients of regression analysis

N	Coefficients[a]				
	Non-standardized coefficients		Standardized coefficients	T	Sig.
		B	Beta		
200	Constant	57.904		2.503	.013
	Ill health	.011	.005	.075	.940

In order to interpret the slope and y-intercept, let us have a look on the coefficients; un-standardized and standardized. In case of first one our calculated B for ill-health is 0.011 which basically shows the slope of regression line for ill health In turn slope shows the rate at which y, here ill health, increases per unit. For the variables kept constant B is 57.904. Our equation of regression line would be as:

$$y = 0.011x + 57.904$$

Thus, for every 1 unit increase in ill health there will b a change of 0.011 units change in the mental health. But question is this slope significant? For it we have to look at t value and significance value against ill health in the table of coefficients which are .075 and 0.940, respectively, showing that it is not significant at alpha (0.05) level. In short our hypothesis which purposed that ill health does not have any impact on mental health will be accepted..For checking significance of third hypothesis

which is that there will be no significant difference of migration on ill health and mental health of Kashmiri migrant and Non-migrant women the calculated value of F is 0.006 and corresponding significance value is 0.940,which shows that there exists no difference between ill health and mental health of Kashmiri migrant and Non-migrant women

In case of third hypothesis we calculated t-test which is -25.075 and significance value is 0.000 showing a significant difference in on ill health and mental health of Kashmiri migrant and Non-migrant women Thus our hypothesis of no difference is rejected.

Conclusions:

Following conclusions can be drawn from the present study:

– A correlation of 0.005 has been found between ill health and mental health and value of adjusted R is -0.005 and both are not found significant at 0.05 level. It means that mental health can have an impact of -0.5 percent on the ill health of the Kashmiri migrant and Non-migrant women

– Standardized Coefficient (B) for ill health *i.e.* predictor variable is 0.005 which is also not found significant at 0.05 level. Thus one unit change in predictor variable will bring significant unit change in criterion variable.

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