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AFFECTIVE DISORDERS AMONG MIGRANT WORKERS

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Abstract. *Objective.* This study aimed to investigate factors impacting on the mental health of female migrant workers and affective disorders among migrant workers. *Material and Methods.* A total of 72 people participated in the study; the sample was made up of persons with personal experience of employment abroad. Age of more than half of those polled: 40 people (55%) fell into the category of "30-45 years" - the most economically active group, 14 of them surveyed, representing 20%, were in the category of 18-29 and 18 persons (25%) - in the category of 46-60 years old. The patients with a diagnosis of affective disorders were evaluated using the Hamilton Rating Scale for Depression (HRSD) and Hamilton Rating Scale for Anxiety (HRSA). *Results.* Of the 72 female patients, the mean age was 47.9 ± 1.85 years. Affective disorders in women of labor migrants included mixed anxiety-depressive reaction due to an adaptation disorder were found with 28 patients (38,9%), prolonged depressive response due to adaptive disorder – 18 (25,0%), depression episode – 12 (16,7%), and recurrent depressive episode – 8 persons (11,1%), bipolar affective disorder, current episode of depression – 6 persons (8,3%). *Conclusion.* The identified factors contributing to the occurrence of affective disorders should be taken into account when developing treatment and rehabilitation measures for women migrant workers.

Keywords: labor migration, psychological adaptation, affective disorders.

Introduction. There is a global increase in migrant workers. Female migrant workers may experience high levels of stress and social isolation, which may negatively impact on their health and quality of life. However, there is a lack of empirical research with this population [1]. There is a body of literature documenting the mental and physical effects of occupational stressors, as well as exposure to exploitation and abuse, among labour migrants [2-5]. This study aimed to investigate factors impacting on the mental health and quality of life of female migrant workers, including socio-demographic characteristics, stress, social isolation. The results of investigation of Ukrainian woman labor migrants' affective disorders are presented in the article.

Material and Methods. A total of 72 people participated in the study, the sample was made up of persons with personal experience of employment abroad. Age of more than half of those polled: 40 people (55%) fell into the category of "30-45 years" - the most economically active group, 14 of them surveyed, representing 20%, were in the category of 18-29 and 18 persons (25%) - in the category of 46-60 years old. More than half of the respondents were married (59%); had children - 61%.

Assessments. The patients with a diagnosis of affective disorders were examined using Hamilton Rating Scale for Depression (HRSD) and Hamilton Rating Scale for Anxiety (HRSA). HRSD and HRSA are both 35-questioned multiple-choice self-report inventories. For depression, 21 points and over are significant; for anxiety, 14 points and over are significant.

Primary data of scientific research were transferred to the electronic database. Statistical analysis was performed in SPSS for Windows 17.0 and STATISTICA for Windows 5.1. In the statistical processing of the results that corresponded to the normal (Gaussian) distribution, commonly used in medicine methods of variation statistics. Assessment of the type of distribution was carried out with the definition of the degree of central tendency. When calculating the statistical variables, we calculated the arithmetic mean sample (M) and the standard error of the arithmetic mean (m). When estimating the probability of the difference between the average values, the coefficient t was calculated using the Student method. For the assertion about the likelihood of difference, account was taken of the generally accepted level in the medical-biological studies the level of probability (p) - $p < 0,05$.

Results. Migrant workers have various disturbances in the emotional sphere: indifference, oppression, loss of interest in life, inhibition of apathy and depression, irritability, aggressiveness, uncontrolled outbreaks of anger. Anxiety is exacerbated, excitability raises, sudden mood swings occur, phobic reactions. In most migrants there are serious sleep disorders: insomnia, nightly horrors. Affective and motivational problems of forced migrants are accompanied by violations in the cognitive sphere: there are cases of disorders of all major cognitive processes - memory impairment (amnesia - memory

loss, difficulties in memorizing), inattentiveness, violation of perception (for example, time), Disorders of thinking (spontaneous evasion from the main topic of conversation). Analysis of psychological difficulties and mental disorders in forced migrants shows a complex nature, covering all major areas of personality: emotional, cognitive, behavioral, communicative. Violations in different areas of mental health of migrants, overlapping, can lead to global personal problems. (Tab.1).

Table I. Demographic features of patients

Parameters	Patients (n=72)	%
Age (year)	47.9 ± 1.85	
Marital status		
Married	43	59,7
Single	9	12,5
Divorced	20	27,8
Educational status		
Primary school graduates	45	62,5
College graduates	19	26,4
University graduates	8	11,1
Place of residence		
City	24	33,4
Village	42	58,3
Urban village	6	8,3

Affective disorders in women of labor migrants were distributed according to the international classification of diseases ICD-10. A mixed anxiety-depressive reaction due to an adaptation disorder (F 43.22) was observed in 28 patients, prolonged depressive response due to adaptive disorder (F 43.21) - 18, depression episode (F 32.2) - 12, and recurrent depressive episode (F 33.1) - 8 persons, bipolar affective disorder, current episode of depression (F 31.3-31.4) - 6 persons (Tab.2).

Table 2. Affective disorders in women of labor migrants.

Parameters	Patients (n=72)	%
Anxiety-depressive reaction due to an adaptation disorder (F 43.22)	28	38,9
Prolonged depressive response due to adaptive disorder (F 43.21)	18	25,0
Depression episode (F 32.2)	12	16,7
Recurrent depressive episode (F 33.1)	8	11,1
Bipolar affective disorder, current episode of depression (F 31.3-31.4)	6	8,3

In the clinical picture of an acute and prolonged depressive response, the following symptoms predominated: pathologically lowered mood, depression, inability to concentrate on work, difficulty in performing daily activities, anxiety, uncertainty in the future, increased irritability. There were also physical disorders, such as: headache, insomnia, chest pain, digestive disorders, difficulty breathing, tachycardia, nausea, appetite loss.

Depressive disorder was characterized by a persistent decrease in mood with a feeling of anxiety, apathy, a decrease in interest in whatsoever there was no incentive to activity, a decrease in self-esteem, indecision, weakening of concentration, and also vegetative disorders: sleep disturbances, appetite loss, weight loss and libido

The highest level of depression in the M. Hamilton scale among patients with depressive disorders was found in migrant workers aged 46-60 (22.3 ± 2.2 points), lower among migrants from the age group of 18-29 years old - from immigrants (19,0 ± 2,4 points), and the lowest - for migrants from the age group of 30-45 years (16,7 ± 2,6 points).

Discussion. In summary, it should be noted that affective disorders play an important role in the structure of the diseases suffered by migrant women. Affective disorders are an intrapersonal conflict that can be regarded as an indicator of an individual's identity crisis as a mismatch between

desirable and real; and secondly, the identity crisis can affect several spheres - cultural, ethnic, professional, family; thirdly, among the negative consequences of a personally-friendly conflict are the following: psychological disorganization of the personality, decrease of activity and efficiency of activity; increased level of anxiety; the dependence of a person from other people and circumstances; stressful conditions; frustration of basic needs; sense of inferiority and worthlessness; disorder of vital values; loss of meaning of life [6-7]. The impossibility of a positive constructive exit from the crisis is accompanied by the emergence of painful experiences of failures, dissatisfied needs, failure to achieve goals, loss of meaning of life.

Conclusions. Affective disorders in women of labor migrants included mixed anxiety-depressive reaction due to an adaptation disorder were found with 28 patients (38,9%), prolonged depressive response due to adaptive disorder – 18 (25,0%), depression episode – 12 (16,7%), and recurrent depressive episode – 8 persons (11,1%), bipolar affective disorder, current episode of depression – 6 persons (8,3%). The identified factors contributing to the occurrence of affective disorders should be taken into account when developing treatment and rehabilitation measures for women migrant workers.

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