



Psychosocial and spiritual training to improve the Indonesian Migrant Workers (IMW) wellbeing in Taiwan

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ARTICLE INFO	ABSTRACT
<p>Article history Received: 2023-03-10 Revised: 2023-05-25 Accepted: 2023-05-29 Published: 2023-07-06</p> <p>Keywords Migrant worker Psychosocial Spiritual</p>	<p><i>The high number of uneducated Indonesian Female Migrant Workers (FMW) in Taiwan makes migrant workers a vulnerable group to receive discriminatory treatment, to get less access to health services, and to experience sexual violence or harassment. Psychological problems and lack of family support for IMWs are exacerbated by low literacy skills. The aim of this community service training is to improve the IMWs wellbeing. The training was followed by 16 migrant workers. Prior to the training program, the pre-test result showed that the lowest score of the participants was 5 and the highest score was 14. The average score of the participants' pre-test was 9.72. After the training activities were completed, a post-test was conducted to determine if there will be any changes in knowledge. The results of the post-test indicated that the lowest score of participants is 10 and the highest 15. The average post-test score of participants was 13.27. Based on the test results, it can be concluded that there is an increase in the average test score given, with an increase of 3.55. Participants who took part in the training experienced an increase in knowledge related to the topics of the training material provided. Therefore, assessment and training related to language or communication, occupational health, psychosocial health, and job skills training are needed to be improved for the FMW.</i></p>
<p>Kata Kunci Pekerja migran Psikososial Spiritual</p>	<p>Pelatihan psikososial dan spiritual untuk meningkatkan kesejahteraan Pekerja Migran Indonesia (PMI) di Taiwan. Tingginya angka pekerja migran perempuan Indonesia yang tidak berpendidikan di Taiwan membuat pekerja migran tersebut menjadi kelompok yang rentan untuk mendapatkan perlakuan diskriminatif, mendapatkan akses yang kurang ke pelayanan Kesehatan, dan mengalami pelecehan seksual. Masalah psikososial dan kurangnya dukungan keluarga bagi pekerja migran tersebut diperparah dengan rendahnya tingkat literasi pekerja migran. Tujuan dari pelatihan psikososial dan spiritual ini untuk meningkatkan kesehatan dan kesejahteraan pekerja migran Indonesia. Pelatihan psikososial dan spiritual ini diikuti oleh 16 pekerja migran wanita Indonesia di Taiwan. Hasil <i>pre-test</i> menunjukkan skor yang cukup rendah yaitu skor terendah 5 dan skor tertinggi 14. Nilai rata – rata <i>pre-test</i> partisipan adalah 9,72. Setelah pelatihan selesai, <i>post-test</i> dilakukan untuk mengetahui apakah ada perubahan nilai pengetahuan peserta. Hasil <i>post-test</i> menunjukkan nilai terendah partisipan adalah 10 dan nilai tertinggi adalah 15. Nilai rata – rata peserta setelah <i>post-test</i> adalah 13,27. Berdasarkan hasil tersebut, dapat disimpulkan bahwa ada peningkatan nilai rata – rata peserta setelah dilakukan pelatihan sebesar 3,55. Peserta yang mengikuti pelatihan mengalami peningkatan pengetahuan terkait topik yang diberikan saat pelatihan. Oleh karena itu, pengkajian dan pelatihan terkait bahasa komunikasi, kesehatan kerja, kesehatan psikososial dan keterampilan kerja perlu ditingkatkan untuk pekerja migran wanita.</p> <p style="text-align: right;">Copyright © 2023, Hidayati, et al This is an open access article under the CC-BY-SA license</p> 

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INTRODUCTION

Taiwan is one of the destination countries for Indonesian migrant workers (IMW). Taiwan is the most popular destination among other destination countries because Taiwan offers more diverse job opportunities and higher salaries for workers from Indonesia. The number of IMWs stationed in Taiwan has increased from year to year. Taiwan is the second country with the highest number of IMW placements after Malaysia (BNP2TKI, 2020). Data from the national agency for the placement and protection of Indonesian workers (BNP2TKI) shows that Malaysia has the greatest number of IMWs, namely 492,903 people, in second place, namely Taiwan, which has several around 370,252 people, besides that there is also Hong Kong with 207,905 IMWs. Then there is Singapore, the fourth country targeted by IMW as many as 101,978 people, and Saudi Arabia, which has a small number, only reaching 93,228 people (BNP2TKI, 2020). International migrant workers comprise nearly 5 percent of the global labor force and are an integral part of the economy (ILO, 2021).

Data from Taiwan's ministry of manpower also reports that the most significant number of migrant workers in Taiwan come from Indonesia, with a total of 257,496. Most (75.99%) of these migrant workers are female and work in the household sector (Pangaribuan et al., 2022). Research conducted by Pangaribuan et al. (2022) on 500 female IMWs in Taiwan showed that female IMWs in Taiwan experience high levels of anxiety, stress, and depression, which affect the quality of life of female IMWs. In addition, IMW also experiences problems such as unpaid salaries, heavy workload, having to work long hours and overtime, inadequate health services, difficulty getting leave, sexual violence, and other physical illnesses (Chan & Kuan, 2020; Syamsuddin & Utomo, 2016). The Ministry of Foreign Affairs noted that from January 1 to September 30, 2014, there were several cases experienced by Indonesian Migrant Workers abroad, namely 1,785 cases related to occupational health and safety (salary, work accidents, heavy workload, stress). There are 6,610 cases related to immigration matters (overstaying, visa abuse) and as many as 23 civil cases (divorce, fighting over child custody). Other cases such as crime (drugs, murder, robbery, human or trafficking) by 816 people and 2,273 cases related to lost contact, death, illness, natural disasters, or political riots. (Syamsuddin & Utomo, 2016).

Factors that cause Indonesian migrant workers to experience problems when working abroad include falsifying documents, inadequate training and information provided, and lack of self-preparedness mentally and linguistically (Huling, 2012). IMW women often use coping mechanisms to overcome their psychological problems, including consuming alcohol, smoking, and using drugs (Pangaribuan et al., 2022). Even so, there are IMW women who use coping mechanisms based on religiosity to overcome their psychological problems and show an increase in quality of life when using coping mechanisms with a religious approach (Cabrera et al., 2023; Hasan et al., 2021). Based on the results of this study, the research team suggested the importance of detecting psychosocial and spiritual health as well as training in strategies to deal with anxiety, stress, and depression with various approaches, including psychiatric intervention and intensive counseling, including training using religiosity-based coping mechanisms (Hasan et al., 2021; Kumar et al., 2020).

Another study was conducted by Marella (2019) to determine the relationship between the psychological distress experienced by IMW and the characteristics of individuals, families, and the work environment. Of the 181 IMWs who participated in the study, 17% experienced symptoms of depression and anxiety (Marella, 2019). The factors related to the psychological stress experienced by IMW are routine communication with family, being active in the community, and working reasons to seek better opportunities (Chander et al., 2021; Marella, 2019). This research implies the importance of community activity and the potential of the community to reduce the psychological stress experienced by IMW, so community service programs are critical to be carried out by involving IMW as participants.

IMW's lack of training and readiness also affects the occupational health problems experienced by these migrant workers. IMWs primarily work in the household sector, where most of them are assigned to care for the elderly or care for babies or children. However, due to a lack of training and information, many IMWs did not pass the due diligence test, so they were confused when they arrived in Taiwan. Many are also surprised and do not act swiftly when asked to care for the elderly or babies and toddlers, unlike the Filipino workers who immediately act swiftly according to their training. Like factory workers, domestic workers from Indonesia also need a long time to get used to and be alert to their jobs (Trimaya, 2015). In addition, most IMW women leave their children in Indonesia. This also adds to their anxiety, especially if the children are still small and only live with their father or are entrusted to their parents. IMW parents also feel anxious about the health and safety of their children in Indonesia (Syamsuddin & Utomo, 2016).

The lack of support from the Taiwanese family also exacerbated the condition of these IMWs. They (Taiwanese families) sometimes do not believe when workers complain about being sick and keep asking them to do household chores and other work. Regarding health access, study participants reported difficulties accessing health facilities and health information due to language barriers and obstacles in Taiwanese family relationships. They said they often shared the problems they faced with their families in their home countries (Indonesia and Vietnam). In addition, they also experience problems with adaptation to the roles and conditions they are currently experiencing (Huang & Mathers, 2008).

Low literacy skills exacerbate psychological problems and lack of family support for these IMWs (Corley & Sabri, 2021). A total of 248 IMWs participated in research to find out IMWs' access to health services (Weng et al., 2021). As many as 85.1% of participants stated that they had experienced illness, but only 48.8% visited health services in Taiwan. The main factor hindering access to health services is the lack of health literacy of Indonesian migrant workers (Weng et al., 2021). Therefore, assessment/assessment and training related to health literacy, not only physical health but also psychosocial health and occupational health training, need to be improved. Based on the problems above, the servant will strengthen collaboration activities for international community service collaboration with partners and UMY. In general, the opportunity to develop Taiwan PCIM is excellent because many activists are already involved, so it has more potential. We

act as facilitators to develop this potential so that it can develop further and bring benefits. The activities were a webinar targeting PCIM members in Taiwan and IMW targets in Taiwan. This community service aims to improve Indonesian migrant workers' health and wellbeing in Taiwan through psychosocial dan spiritual training. This aim is relevant with one of the Sustainable Development Goals (SDGs): The SDG 3 which is to "Ensure healthy lives and promote well-being for all at all ages" (United Nation, 2022). By conducting this training, we provide access to IMW (a vulnerable group) to psychosocial and spiritual intervention so that they can implement the strategies in their daily living which subsequently improve healthy living and promote health and wellbeing of the IMW.

METHOD

The method used in implementing this community service program refers to the health education model for large groups (Notoatmodjo, 2012). This method is usually carried out beforehand by examining health problems and preparing health education program plans using lectures followed or without, followed by questions and answers, seminars, and workshops. To strengthen this method, it is also necessary to assist with tools such as using a slide projector, film, sound system, and so on (Notoatmodjo, 2012). In this community service, the process of providing health education is carried out through several stages, which are assessment of health problems at IMW Taiwan, activity plans preparation, and activity process.

Assessment of Health Problems at IMW Taiwan

The study of health and psychosocial problems at IMW in Taiwan was carried out using three methods: literature review, interviews, and observation. The literature review includes the dissemination of literature related to health and psychosocial problems that occur in IMW in Taiwan, both psychosocial health problems including anxiety. Furthermore, the literature review also includes stress and depression (Marella, 2019; Pangaribuan et al., 2022), occupational health problems (Huang & Mathers, 2008), low literacy skills and difficulties accessing health facilities (Weng et al., 2021) and health problems associated with a lack of work skills such as parenting skills and the elderly.

Interviews and observations were carried out by partners (PCIM Taiwan) represented by Mr. Fahni Haris, a service partner. The results of interviews and observations show that most IMWs work 12 hours a day in a standing position and with limited rest periods. Most IMWs complain about the inability to submit complaints or objections regarding the workload they have to carry out and feel afraid of losing their jobs if they convey their complaints to managers or leaders at work. Most IMWs are women working in factories or the household sector, complaining of a lack of knowledge regarding their work, such as raising children. IMW women also complain about their anxiety about leaving their young children in Indonesia. They are worried about the health and safety of their children in Indonesia. In addition, they experience language barriers, where most of the language used in everyday life is Mandarin. IMW's limited time also makes it difficult to access health facilities if they feel sick because they must leave work to check themselves. This causes IMWs to tend to endure their illness and not immediately seek health service assistance when they are sick.

Based on the literature review results, observations and interviews, the service team agreed to plan a program that focuses on increasing the ability to carry out independent assessments and self-management of several health problems, especially related to psychological and occupational health problems.

Activity Plans Preparation

The preparation of this activity plan will involve partners (PCIM Taiwan) and IMW representatives so that the activities to be carried out will be by the objectives and outcomes to be achieved. In general, the method that has been used is the provision of practical and accessible training to IMWs, specifically by using Zoom meetings, which will be broadcast live on YouTube so that IMWs who cannot access Zoom meetings can access them via YouTube. The provision of training will be carried out in two meetings which will be held on Saturday or Sunday when IMW is mostly on holiday. The methods used in training include lectures, discussions, and demonstrations. During the training, pre-tests and post-tests will also be carried out and interspersed with quizzes with prizes or door prizes for participants who actively take quizzes or answer questions. Detailed planning for the implementation of activities will be discussed with representatives of IMW and PCIM Taiwan so that they can facilitate IMW's needs and bring benefits to IMW.

Activity Process

Community service activities in the form of Psychosocial and Spiritual training to Improve Well-being at IMW Taiwan were made into two material delivery sessions. The first session will be held on 15 January 2022, and the second will be held on 9 February 2022 at 20.00 WIB. This activity was carried out online using the Zoom meeting facility. The committee waits for the training participants to enter the Zoom meeting room within 30 minutes. While waiting for the participants to enter, the committee played a profile video of Yogyakarta Muhammadiyah University. The training activities began at 20.30 WIB, with an opening led by the Master of Ceremony (MC). Before the material delivery activity, the MC distributed the registration and pre-test links to the participants. The pre-test filling time by the participants was approximately 10 minutes. A moderator leads the process of training activities. Each speaker was given a session of 30 minutes, with a discussion at the end of all sessions. Submission of material using power point and video media. The speaker explained using PowerPoint and continued live practice with the participants during the presentation. The material delivery took place well and calmly. The participants listened to the material presented and obeyed the rules by maintaining

conduciveness during the delivery. After the presentation of the material, a discussion session was opened on the three topics that had been presented. The participants were quite enthusiastic in asking questions. A total of six participants submitted questions related to the topic of discussion. Participants who ask questions get door prizes from the organizing committee. After the discussion session, the MC distributed the post-test link to the participants.

RESULTS AND DISCUSSION

The self-assessment that was carried out consisted of an assessment of psychosocial problems, occupational health problems and work skills problems. Migrant workers are the most vulnerable group (Aziz et al., 2022). The service team provides training materials on examining psychosocial and health problems experienced by Indonesian migrant workers in Taiwan, which can be carried out independently by each individual. Self-assessment can be done by examining the Self-Reporting Questionnaire (SRQ). The SRQ instrument is used to assess mental health, which consists of 20 questions. This instrument was developed by the World Health Organization (WHO) and is claimed to be a valid, reliable, easy and efficient assessment to use both in the community (community) and for clinical identification (Chen et al., 2009; van der Westhuizen et al., 2016). This assessment asks about symptoms related to mental health in the last 30 days with yes and no answer choices with a value of 0 and 1 so that the possible score can be obtained between 0 - 20. IMW, by conducting an independent assessment using the SRQ, is expected to be able to find out mental health status independently. Hence, there is an increase in IMW mental health after participating in this training activity.

The results of the pre-test and post-test are described in Table 1. The pre-test results showed that the participant's lowest score was five and the highest score was 14. The average participant's pre-test score was 9.72. After the training activities are completed, a post-test is carried out to determine any changes in knowledge. The post-test results obtained the lowest participant score of 10 and the highest of 15. The average post-test score of the participants was 13.27. Based on the test results, it can be seen that there is an increase in the average value of the test given, with an increase of 3.55. Participants who took part in the training experienced increased knowledge regarding the topic of the training material provided.

Table 1. Pre and post test results of community service participants

	Mean	N	Deviation standard	Error mean standard
Pre-test	9.7273	11	2.90141	.87481

In more detail, the pre-test results revealed specific topics where the training participants had the lowest or insufficient knowledge related to assessing and managing mental health problems. Based on Figure 1 and Figure 2, it is known that only about 62.5% of the participants were able to answer correctly regarding the purpose of self-recognition and understanding related to anxiety. Other studies also found similar results that most migrant workers do not understand and recognized their mental and emotional problems as well as the goal of early detection of mental health problems (Sahoo & Swain, 2022; Chander et al., 2021).

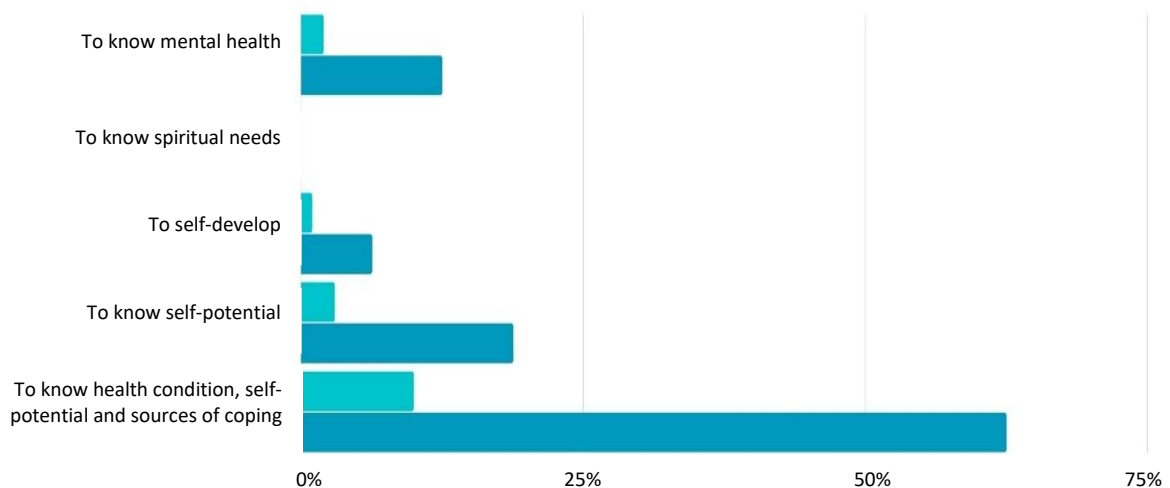


Figure 1. Participants' knowledge related to the purpose of mental health assessment

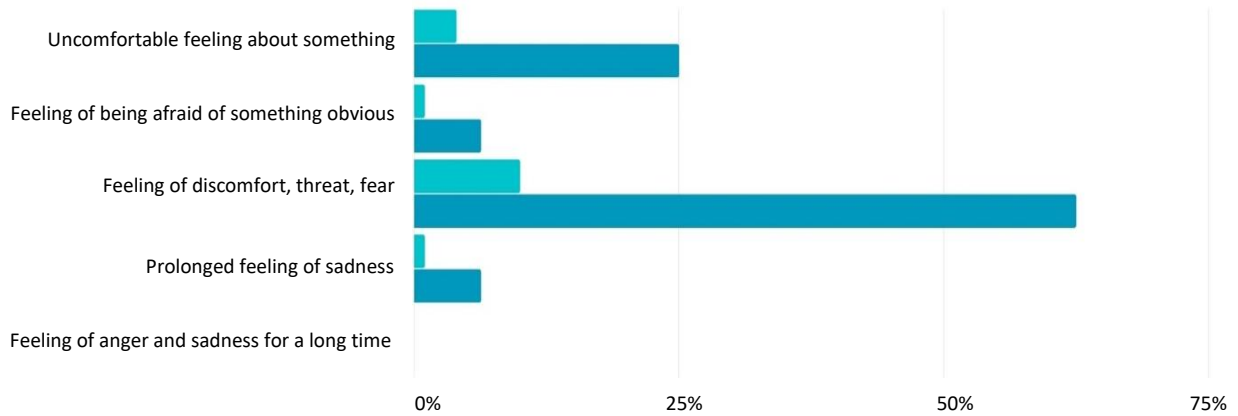


Figure 2. Participants' knowledge related to anxiety definition.

The training participants also do not understand one of the psychosocial management or therapies that can be done, namely Benson therapy. From the responses given by the participants, it was found that only half (56.3%) of the participants knew about Benson's therapy (Figure 3).

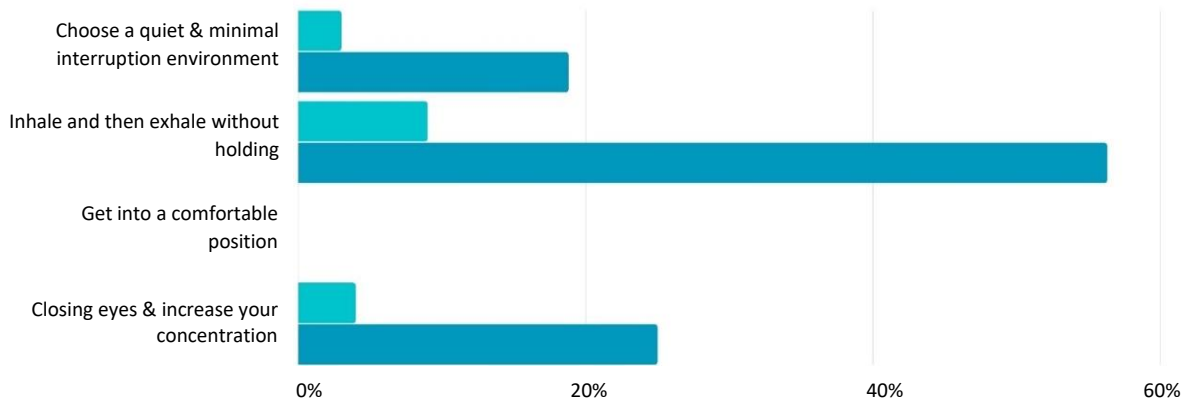


Figure 3. Participants' knowledge related to Benson therapy requirements

In addition to material related to psychosocial health, the responses from the training participants also indicated that the participants' knowledge regarding physical care for work, especially foot care, was also lacking. Based on the pre-test results, it was found that the participants still thought applying moisturizer between their toes was the right thing to do. Even though, based on the latest evidence, this causes damp feet and bacteria to breed quickly. IMW's knowledge regarding therapies that can be carried out to maintain physical health, especially feet, needs to be improved. Only 25% of the participants were able to answer the leg exercises correctly.

After attending the training, participants showed increased knowledge regarding the topics above, as evidenced by 100% of participants answering correctly during the post-test. The information provided in this training follows the topic of the problem and training objectives. The target is Taiwanese IMW workers who generally have problems related to anxiety and stress due to work and also lack foot care due to busy work. Submissions are given by lecture methods, video screenings, and demonstrations given by great sources so that they become interesting. During the training process, the participants also actively asked the resource person about the problem so that the participants became clearer. The service activity (Figure 4) ended with testimonies from participants who said this training was instrumental and could be applied in everyday life.

This training is conducted online through a zoom meeting because the target is located abroad. The implementation of online community service provides a calm, adequate and conducive atmosphere for training because it is where participants are usually located.

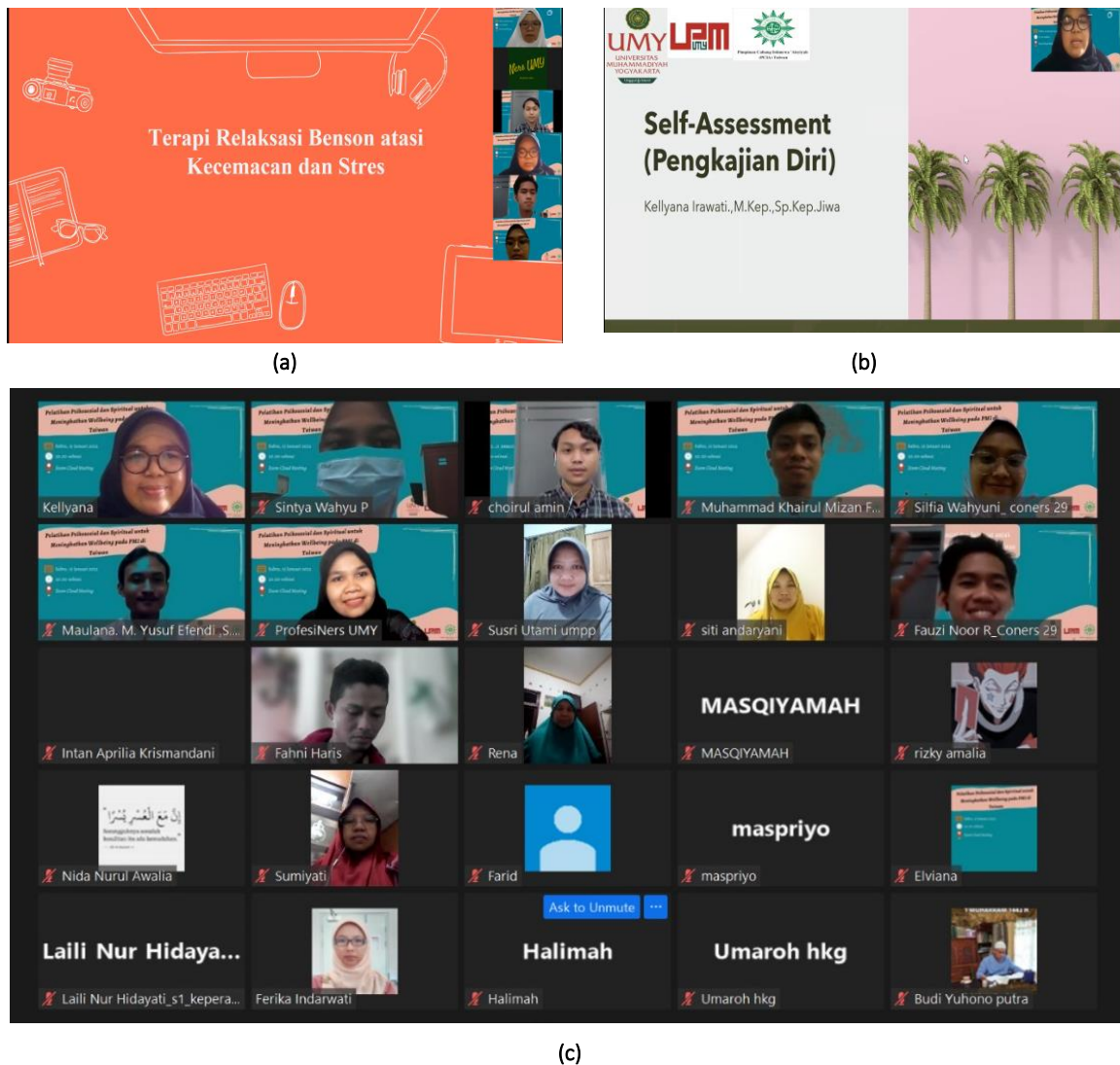


Figure 4. (a) Presentation of material one community service; (b) presentation of material two community service; and (c) documentation with participants

Self-management (self-management) of psychosocial and health problems in this series of activities, the service team conducts training on how to self-management to deal with psychosocial and health problems experienced by Indonesian migrant workers in Taiwan. Mental health issues in community are commonly manageable (Agustin et al., 2023; Eiroa-Orosa, 2020).

This self-management is carried out by providing relaxation and dhikr training materials. IMW in their work often experiences stress when they cannot adapt to existing desires and realities, both from within and outside. Stress is the body's reaction that arises when a person faces a threat, pressure, or a change. Stress can occur because a person's situation or thoughts make him feel hopeless, nervous, irritable, and unenthusiastic. The inability to fight will lead to frustration, conflict, anxiety, and guilt. Anxiety is also defined as feeling as if something terrible is going to happen and uncomfortable, accompanied by physical symptoms such as palpitations, cold sweat, shaking hands and tremors (Annisa & Ildil, 2016; Franklin & Gkiouleka, 2021). The result varies depending on a person's self-concept and ability to tolerate stress, so flexibility and adaptation are needed to deal with stress well. Reactions that arise when someone experiences stress can be in the form of physiological and psychological reactions, so both must get attention to be overcome slowly. Symptoms of stress that can appear in IMW include sadness, frequent daydreaming, lack of appetite, insomnia, unable to control emotions and feelings of unrest.

The devotee tries to use one of the relaxation and dhikr therapies to help reduce the stress problem so that his mind becomes calm. Dhikr is a practice of worship that can bring rewards as well as being a therapy for various psychological ailments, such as stress, worry, anxiety, depression, and others, as well as overcoming physical ailments as well. The dhikr activity that is carried out makes us immediately feel peace of mind which, when accompanied by good deeds, will make a

person happier, as stated in Q.S Ar Ra'd: 29, which means "Those who do good deeds, for them happiness and a place to return the good one."

Dhikr to Allah SWT as a tip to achieve peace of mind. If someone mentions the name of Allah, then peace of mind will be obtained. When we are in an atmosphere of fear and then recite in the form of *ta'awudz* (asking Allah for protection), our souls will become calm. When we sin and then recite the phrase *istighfar* or repentance, we become calm again because we feel that Allah SWT has forgiven our sins. When we get great enjoyment, and we recite it by saying *hamdalah* then we can achieve peace because we can make good use of it and so on so that with dhikr, peace of mind will be obtained by a Muslim.

The Benson relaxation technique is a relaxation technique that controls muscle tension and reduces negative emotions such as fear, anxiety, anger, and depression (Heshmati Far et al., 2020; Sari et al., 2022). Since the 1970s, Benson's relaxation technique has become an inexpensive and easy-to-use stress management tool. It is based on four components: (1) Quiet environment: choose a place without distraction. (2) Proper positioning: Find a comfortable position, such as sitting, standing, lying down, or walking. (3) Concentration: stay aware of unique breathing patterns and breathing through the nose. (4) Proper reception: relax the muscles from the soles of the feet, and progress gradually towards the face, keeping everything relaxed.

This technique decreases the activity of the sympathetic nervous system and reduces endogenous catecholamine levels. This results in muscle relaxation and reduces tension, anxiety and depression. Additionally, Benson's relaxation technique has been linked to increased self-esteem. By concentrating, individuals can regulate breathing, reduce heart rate and blood pressure, and eliminate many adverse physiological reactions to stress. Maintain a passive attitude and let relaxation happen at its own pace. When disturbing thoughts occur, return to repeat the dhikr.

Dhikr or *Dhikrullah* is remembering Allah SWT for His majesty, His love, His generosity, His mercy, and His protection, both through speeches and meditation in the heart according to the instructions of the Prophet (SAW) (Faisal Muhammad Nur, 2017).

God has said: "Remember me, all of you, and I will remember you." (QS. Al-Baqarah: 152).

"And remember your Lord in your heart with humility and fear and do not raise your voice either in the morning or in the evening and do not be among those who are heedless." (QS. Al-A'raaf: 205).

Based on the verse, it is clear that we must never forget Allah SWT. in the sense of always having personal communication as a servant with his Creator *Rabbul-'izzati* through *tasbih*, *tahmid*, *takbir*, *taqdis* and other readings as taught by the Prophet.

CONCLUSION

Based on the results of the training, it was found that there was an increase in the average pretest and posttest scores given to participants, namely 3.55, so it can be seen that the participants who took part in the training experienced an increase in knowledge related to the topic of the training material provided. Benson's relaxation method with dhikr can improve the psychological condition of Taiwanese IMW workers, which includes levels of anxiety and levels of depression as well as stress, self-confidence, and fear of facing a job. Improvements in this psychological aspect have an impact on improving the well-being of IMW Taiwanese workers. Benson's relaxation can be applied to independent nursing interventions. Besides that, it is also an alternative and complementary therapy. Benson relaxation is a method that does not cause side effects. It is cost-effective, affordable, and easy to apply anytime and anywhere when IMW Taiwan workers feel anxious, depressed, or stressed about their work. In addition to therapy for mental health, IMW also needs to maintain physical health, especially foot health. Therefore, the foot exercise presented at the training this time can be used to revitalize and improve IMW's physical fitness. With adequate physical and mental health, IMW is expected to work well and optimally.

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