

EXploring the experiences of Indonesian migrant domestic workers in caring for older adults in Asia' (EXIMA)

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Acknowledgement of Country

Monash University recognises that its Australian campuses are located on the unceded lands of the people of the Kulin Nations, and pays its respects to their Elders, past and present.

Agenda

- Migrant domestic workers in numbers
- Some related policies and the reality
- Methods
- Results
- Other projects



Introduction

- Domestic workers (DWs) are a significant part of the labour workforce globally with an estimation of 17% of all DWs worldwide. This number included around 11.5 million migrant domestic workers (MDWs), with the majority being women.
- The Convention 189 (C-189) and Recommendation 201 on Decent Work for Domestic Workers was established in 2011 to serve as the basis for minimum labour protection of DWs.
- The convention undertakes important rights of DWs in their challenging work environment and promotes measures against abuse, discrimination and exploitation.
- However, as of February 2023, **only 35 countries** have ratified C-189.

Number of non-resident workers in Macau by industry and country/region of issuance of identification document - End of March 2020 (vs end of Feb 2021, COVID-19)

https://www.dsal.gov.mo/download/pdf_en/statistic/nrworker/A1/A1_2020_03.pdf

https://www.dsal.gov.mo/download/pdf_en/statistic/nrworker/A1/A1_2021_02.pdf



Country	Domestic work	...	Total (%)
Philippines	17,194 (16,120)	...	34,034 (18.0%) (30,593; 17.5%)
Vietnam	6,810 (6,195)	...	14,457 (7.6%) (12,194; 7.0%)
Indonesia	4,418 (4,123)	...	6,273 (3.3%) (5,729; 3.3%)
Nepal	72 (50)	...	4,539 (2.4%) (3,888; 2.2%)
Myanmar	1,731 (1,555)	...	3,210 (1.7%) (2,790; 1.6%)
Malaysia	10 (9)	...	1,193 (0.6%) (883; 0.5%)
Thailand	42 (35)	...	1,066 (0.6%) (762; 0.4%)
... (other countries)	...	...	...
Total	30,986 (28,938)	...	189,518 (175,196)

Statistics on the number of Foreign Domestic Helpers in Hong Kong

<https://data.gov.hk/en-data/dataset/hk-immd-set4-statistics-fdh/resource/b983aa1d-2617-4051-9ec1-dc5ca281b117>

	A	B	C	D	E
1	As at end of Year	Philippines	Indonesia	Others	Total
2	2016	189,105	154,073	8,335	351,513
3	2017	201,090	159,613	8,948	369,651
4	2018	210,897	165,907	9,271	386,075
5	2019	219,073	170,828	9,419	399,320
6	2020	207,402	157,802	8,680	373,884

Table 12-4 Foreign Workers in Productive Industries and Social Welfare by Industry and Nationality in Taiwan

<https://statdb.mol.gov.tw/html/mon/c12040.pdf>

End of Jan., 2022

Unit : Person

Industry	Grand total	Indonesia	Philippines	Thailand	Vietnam	Others
Grand total	664,733	235,739	140,972	56,545	231,469	8
Human health & social work activities & other service activities	225,074	170,268	25,906	369	28,530	1

FOREIGN DOMESTIC HELPER (FDH)

APPROVED COUNTRY

- Indonesia
- Thailand
- Cambodia
- Philippines
- Sri Lanka
- India
- Vietnam
- Laos
- Nepal



Eligibility Conditions For Working As A Foreign Domestic Helper (FDH)

The FDH should:

- Female
- Confirmed fit by an appointed medical centre
- Reside in the country of origin
- enter Malaysia via the Visa With Reference (VDR) issued by the Malaysian representative office in the country of origin
- Be not less than 21 years old and not more than 45 years old



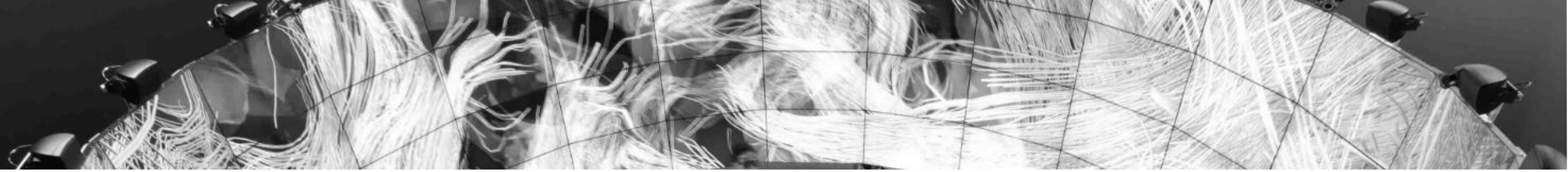
- Cost for Indonesia Domestic Helper enrollment through an appointed Malaysia Recruitment Agency (MRA) is RM 15,000.00 (Maximum) $\approx$ AUD 5,000
- Household income must be RM7,000.00
- Single household shall consist of family members maximum of six (6) person
- Indonesia Domestic Helper shall be employed in single household as;
 - Housekeeper & family cook
 - Child caretaker
 - Eldery caretaker
- Application should be made through Malaysia Recruitment Agency (MRA) and Indonesia Placement Agency (IPA) only
- Minimum wages for Indonesian Domestic helper is RM1500.00 per month $\approx$ AUD 500
- Employment contract needs to be certified/endorsed by Embassy of The Republic Of Indonesia

NEW TERMS OF EMPLOYING INDONESIA DOMESTIC HELPER IN ACCORDANCE TO THE MEMORANDUM OF UNDERSTANDING BETWEEN THE GOVERNMENT OF MALAYSIA AND THE GOVERNMENT OF THE REPUBLIC INDONESIA REGARDING EMPLOYMENT AND PROTECTION INDONESIA DOMESTIC HELPER (IDH) in April 2022

- Employers are allowed to employed a new Indonesian Domestic Helper replacement based on the following categories :



CATEGORIES	PERIOD
IDH who <u>did not perform or failed to do duties as required</u>	3 months
IDH unsuitable (Unfit)	
IDH Absconded	6 months



Additional Conditions

1. Make sure that the FDH is assigned to domestic chores (not including car wash).
2. Room amenities/accommodation provided for the FDH are equipped with basic facilities. The FDH should be given nutritious food and proper rest, including sleeping time.
3. Non-Muslim employers who employ Muslim FDH must respect the following religious sensitivities of the FDH. She should:
 - i. be allowed to conduct worship acts such as praying 5 times
 - ii. be allowed to observe the fasting month of Ramadan and
 - iii. not be asked to do chores around the house that oppose the religion of Islam.
4. d. Ensure that the FDH does not marry in this country while on the PL (KS). PL = PAS LAWATAN (VISIT PASS)
5. e. The FDH is not allowed to apply for an Entry Permit while she has been issued the PL (KS).
6. f. Ensure that the FDH does not change employment or change employers without the permission of the Immigration Department of Malaysia.

Does not specifically regulate a private bedroom for DW.



<https://www.imi.gov.my/index.php/en/main-services/foreign-domestic-helper-fdh/>

A typical weekend in Macau ...



Cleaning
Cooking
+
Caring



A long overdue recognition: domestic workers as caregivers for older people in Asia

Caring for older parents and relatives is a manifestation of filial piety or *sevā*—the cultural values and social norms for selfless service in various Asian communities.^{1,2} However, in regions such as Hong Kong, Singapore, and Malaysia, the responsibility of providing such care has shifted from family members to local and migrant domestic workers. Adult children who cannot live with their parents often hire migrant domestic workers, typically from southeast Asian countries such as Indonesia and the Philippines, to help to care for their parents in addition to handling household tasks.^{3,4} Important reasons for this shift are changes in social and demographic circumstances (eg, women's increasing participation in the workforce) and the inadequacy of long-term care systems provided by governments.¹ Older men with a partner in ill health (eg, with dementia or after a stroke) also often hire a domestic worker to assist them in providing care, to reduce unnecessary hospitalisation and alleviate the effects of caregiving and psychological distress on family members who are informal caregivers.^{3,5}

reducing the impact of caregiving on families, domestic workers are sometimes still perceived as cheap and disposable sources of labour.⁵⁻⁷ As invisible, informal caregivers, domestic workers are at high risk of mental distress and mental disorders resulting from their heavy workload—conditions that also affect older people's family members. However, most domestic workers have no social security (ie, work insurance), because domestic work is not classed as formal work in the employment ordinances of many host countries.⁹ One of the main reasons for this lack of recognition is that, although the International Labour Organization adopted Convention 189 and Recommendation 201 concerning decent work for domestic workers in 2011, these have been ratified by only 35 countries worldwide as of February, 2023, including only one country in Asia—the Philippines, in 2012. Most countries from where domestic workers emigrate do not yet recognise such workers in their labour laws. For example, as of February, 2023, the Domestic Workers' Protection Bill has been inactive in the Indonesian parliament for 19 years.

Liem, A., Anggraini, L., Bariyah, Nasriah, & Lestari, E. (2023). A long overdue recognition: domestic workers as caregivers for older people in Asia. *Lancet Healthy Longev*, 4(4), e129-e130. [https://doi.org/10.1016/S2666-7568\(23\)00033-8](https://doi.org/10.1016/S2666-7568(23)00033-8)

E X I M A

[M i x e d - m e t h o d s]



Phase 1: Information gathering through a systematic review and a quantitative study.



Phase 2: Exploring the experiences of IMDWs as informal caregivers of older adults through qualitative study.



Phase 3: Developing and piloting a dementia psychoeducation prototype.



Aim: To comprehensively explore the experiences of Indonesian migrant domestic workers (IMDWs) as informal caregivers.

Instruments

For IMDWs

- Sociodemographic status
- Depressive symptoms: Patient Health Questionnaire (PHQ)-9
- Anxiety symptoms: General Anxiety Disorder (GAD)-7
- Caregiving impact: Zarit Burden Interview (ZBI)
- Loneliness: UCLA Loneliness Scale Six Items (ULS-6)-Indonesian version
- Perceived social support: Duke Social Support Index (DSSI)-10
- Acculturation Scale
- The Control, Autonomy, Self-Realization and Pleasure (CASP-19) Questionnaire
- The Revised Scale for Caregiving Self-Efficacy (CGSE)
- Dementia Knowledge Assessment Scale (DKAS)
- The Dementia Attitudes Scale (DAS)

For older adults

- Sociodemographic status
- Health status and lifestyles
- Ascertain Dementia (AD8)
- The Lawton Instrumental Activities of Daily Living Scale (IADL)
- Problematic Behaviour Scale (PBS)

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Indonesia di luar negeri, khususnya yang
mengasuh/merawat/menjaga lansia.**



**Jika Anda merupakan seorang PRT Indonesia dengan
kriteria berikut:**

- Berusia minimal 18 tahun
- Saat ini bekerja di Malaysia / Singapura / Makau / Hong Kong / Taiwan

Mohon isi survei online: <https://bit.ly/surveiPRT>

Atau dapat menscan kode QR ini:

(periode survei Aug-Okt 2022)



**Ada e-money
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sebesar Rp 100,000 bagi
500 partisipan pertama
(tanpa diundi) sebagai
kompensasi waktu.**

**Hasil dari survei ini akan berguna untuk memetakan
kebutuhan PRT Indonesia yang melakukan pekerjaan
domestik sekaligus mengasuh / merawat / menjaga
lansia di luar negeri. Ayo ikut berkontribusi!**



**Informasi dan pertanyaan dapat menghubungi Andrian (andrian.liem@monash.edu)
Studi ini telah disetujui oleh Komite Etik Riset Manusia Universitas Monash (Nomor 31633)**

Inclusion criteria:

- 1) aged ≥ 18 years and working as a domestic worker in the selected countries;
- 2) taking care of an older adult aged ≥ 60 years old as part of the job for at least one year; and
- 3) understand the questionnaire in Bahasa Indonesia.

Exclusion criteria:

- 1) work exclusively for taking care of an older adult in the selected countries;
- 2) undocumented; or
- 3) have a visa or stay permit other than a working visa (i.e. permanent residence).

Results (N = 872)

Variable (N = 872)	f or M	% or SD
Country		
Hong Kong	275	31.5%
Malaysia	281	32.2%
Singapore	142	16.3%
Taiwan	106	12.2%
Macau	68	7.8%
Insurance		
Do not know/not sure	123	14.1%
None	66	7.6%
None, but the employer will reimburse it	61	7.0%
Basic work/health insurance (covers work accident only)	337	38.6%
Holistic work/health insurance (covers work accident and general illness)	285	32.7%
Total older adults in caring		
1 person	709	81.3%
2 people	147	16.9%
>2 people	16	1.8%
Caring for baby/child (yes)	201	23.1%

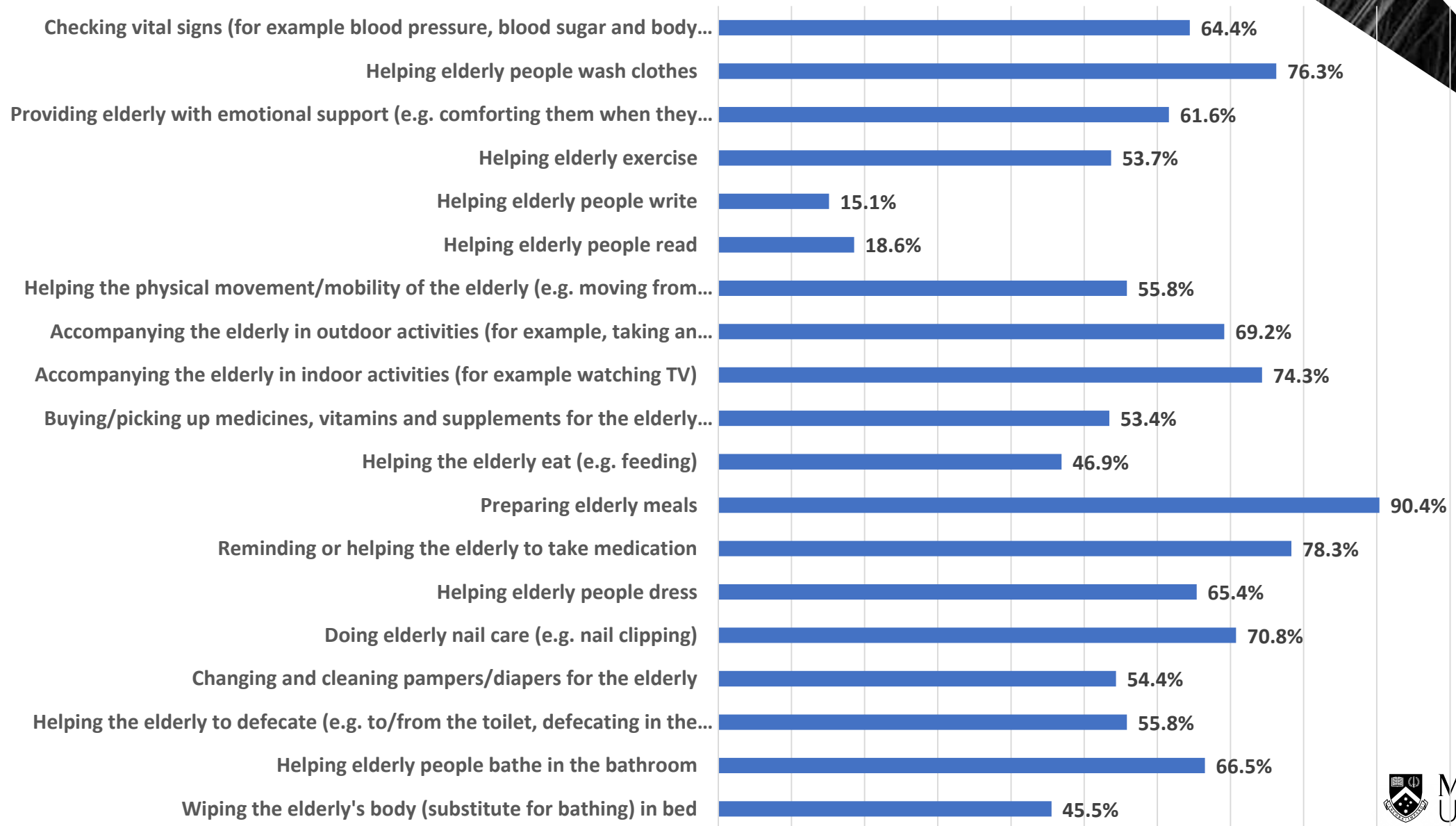
Variable (N = 872)	f or M	% or SD
Net income/month [IDR 10,000 = USD 0.67]		
<IDR 3,000,000 [<USD 200]	84	9.6%
IDR 3,000,000-3,999,999 [USD 200-267]	119	13.6%
IDR 4,000,000-4,999,999 [USD 268-334]	199	22.8%
IDR 5,000,000-5,999,999 [USD 335-401]	167	19.2%
IDR 6,000,000-6,999,999 [USD 402-468]	148	17.0%
IDR 7,000,000-7,999,999 [USD 469-535]	84	9.6%
IDR 8,000,000-8,999,999 [USD 536-602]	54	6.2%
IDR 9,000,000-9,999,999 [USD 603-668]	12	1.4%
IDR 10,000,000-10,999,999 [USD 669-735]	2	0.2%
>IDR 10,999,999 [>USD 735]	3	0.3%

Variable (N = 872)	f or M	% or SD
Age (year)	36.8	6.5
Working in the current country (year)	7.4	4.3
Total working as a MDW (year)	10.5	5.4
Total average working hour/day	14.2	2.3
Total average hour for caring tasks/day	7.6	3.0
Reading fluency average (1 lowest, 4 highest)	2.2	1.0
Listening fluency average (1 lowest, 4 highest)	2.9	2.8
Writing fluency average (1 lowest, 4 highest)	2.1	0.9
Speaking fluency average (1 lowest, 4 highest)	2.7	0.8

Variable (<i>N</i> = 872)	<i>f</i> or <i>M</i>	% or <i>SD</i>
PHQ-9 total average (0-27, higher = more severe)	7.7	4.7
Depression Severity		
None-minimal (<5)	187	21.4%
Mild (5-9)	470	53.9%
Moderate (10-14)	153	17.5%
Moderately severe (15-20)	36	4.1%
Severe (>20)	26	3.0%
GAD-7 total average (0-21, higher = more severe)	6.0	4.4
Anxiety Severity		
None-minimal (<5)	347	39.8%
Mild (5-9)	410	47.0%
Moderate (10-14)	48	5.5%
Severe (>14)	67	7.7%

Variable (<i>N</i> = 872)	<i>M</i>	<i>SD</i>
ZBI total average (0-88, higher = more burden)	30.5	13.3
ULS-6 total average (6-24, higher = more perceived loneliness)	11.5	3.2
DSSI-10 total average (10-30, higher = perceived better social support)	22.2	2.2
Acculturation		
Separation average (1-5, higher = more separation)	3.6	0.6
Integration average (1-5, higher = more integration)	3.5	0.6
Assimilation average (1-5, higher = more assimilation)	3.1	0.5
Marginalization average (1-5, higher = more marginalization)	2.5	0.7
CASP total average (0-57, higher = more autonomy)	39.6	7.0
CGSE total average (0-1,500, higher = more self-efficacy)	1,145	185
DKAS total average (0-54, higher = more knowledge)	16.3	7.3
DAS total average (20-140, higher = more positive attitude)	95.8	14.4

Activity they do when caring for the elderly ...



Older adults' demographic, health status, & lifestyle information

Variable (N = 872)	<i>M</i>	<i>SD</i>
Age (year)	80.7	8.3
AD8 (0-8, cut-off >2; higher = more symptoms)	4.7	2.6
IADL (0-18, cut-off is <9; higher = more independent)	5.2	4.1
PBS (14-56, higher = more frequent problematic behaviors)	27.7	9.1

Having this condition:	<i>F</i>	%
Diabetes	304	34.9
Arthritis	594	68.1
Heart disease	254	29.1
Stroke	193	22.1
Hypertension	616	70.6
Asthma	176	20.2
Kidney disease	75	8.6
Use wheelchair	448	51.4
COVID-19 infected	198	22.7

Variable (N = 872)	<i>F</i>	%
Sex		
Female	705	80.8
Male	129	14.8
Others / refused to answer	38	4.4
Marital status		
Not married	41	4.7%
Married	325	37.3%
Separated but not divorced	6	0.7%
Divorced	22	2.5%
Widow/widower	429	49.2%
Others / refused to answer	49	5.6%
Child status		
No child	46	5.3%
Has child	826	94.7%
Smoking status		
Not smoking / never smoke	718	82.3%
Yes, smoking	24	2.8%
Was smoking but has stopped	130	14.9%

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1. PHQ-9	1	.80**	-.08*	-.01	.05	.12**	-.10**		.01	.04	-.03	.09**	.50**	.51**	-.05	-.04	-.05	.04	.31**	-.29**	-.09**	.07*	-.09*	-.13**
2. GAD-7	2		1	-.05	.02	.05	.07*	-.02	.01	-.01	-.01	.08*	.50**	.46**	-.03	.04	.05	-.01	.28**	-.19**	-.05	-.02	-.01	.06
3. Working in the current country (year)	3			1	.74**	.02	-.05	.43**	-.12**	.09**	-.21**	.09**	-.08*	-.23**	.14**	.02	.03	-.13**	-.18**	.16**	-.06	-.07*	-.09*	.03
4. Total working as a MDW (year)	4				1	.06	-.08*	.61**	-.16**	.09**	-.23**	.09**	-.03	-.23**	.19**	-.06	.03	-.08*	-.08*	.15**	.01	-.12**	-.09**	.04
5. Total average working hour/day	5					1	.33**	.11**	.04	.11**	.04	.08*	.09**	-.02	-.08*	-.18**	-.06	.05	-.10**	-.02	-.05	.07*	-.05	-.07*
6. Total average hour for caring tasks/day	6						1	-.01	-.07*	.01	-.06	.02	.18**	.12**	-.08*	-.23**	-.09**	.11**	.04	-.11**	.01	.15**	-.06	.05
7. Age (year)	7							1	-.08*	-.08*	-.12**	-.06	-.06	-.26**	.16**	-.16**	-.04	-.17**	-.17**	.09*	.07	-.03	-.14**	.01
8. Reading fluency	8								1	.47**	.82**	.45**	.01	.09**	-.01	-.04	.08*	-.01	-.07*	-.05	.11**	-.13**	-.01	.03
9. Listening fluency	9									1	.44**	.76**	-.07*	-.03	.20**	.01	.18**	-.05	-.15**	.01	.07*	-.06	-.02	.03
10. Writing fluency	10										1	.47**	-.01	.12**	.07*	-.05	.09**	.03	-.01	-.05	.17**	.02	.08*	.13**
11. Speaking fluency	11											1	-.10**	-.01	.32**	-.07*	.11**	-.09**	-.08*	.11**	.21**	-.11**	.01	.10**
12. ZBI	12												1	.32**	-.24**	.07*	.05	.27**	.23**	-.27**	-.21**	.31**	.01	-.13**
13. ULS-6	13													1	-.20**	-.10**	-.15**	.17**	.42**	-.41**	.02	.11**	.01	-.09**
14. DSSI-10	14														1	-.11**	.03	-.15**	-.15**	.39**	.17**	-.07*	.17**	.24**
15. Separation [home country]	15															1	.49**	.14**	-.14**	.07*	-.04	.01	.13**	-.11**
16. Integration [both]	16																1	.27**	-.16**	.31**	.18**	.01	.33**	.26**
17. Assimilation [host country]	17																	1	.36**	-.07*	.11**	.16**	.04	-.06
18. Marginalization [none]	18																		1	-.36**	.13**	.04	-.17**	-.01
19. CASP-19	19																			1	.25**	-.02	.31**	.28**
20. CGSE	20																				1	-.10**	.15**	.43**
21. AD8	21																					1	-.01	.01
22. DKAS	22																						1	.38**
23. DAS	23																							1

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Variables	<i>n</i>	PHQ-9 (<i>M</i>)	(<i>SD</i>)	<i>F/t</i> value	<i>p</i> value	GAD-7 (<i>M</i>)	(<i>SD</i>)	<i>F/t</i> value	<i>p</i> value
Country				2.02	.09			20.87	<.001
Hong Kong	275	7.16	4.44			4.57	4.10		
Malaysia	281	7.98	4.80			6.54	3.67		
Singapore	142	7.45	5.83			5.39	4.59		
Taiwan	106	8.39	3.15			8.52	4.41		
Macau	68	8.19	4.63			7.32	5.51		
Insurance				8.31	<.001			3.92	<.01
Do not know/not sure	123	8.37	5.38			7.08	4.76		
None	66	10.12	5.60			7.12	4.89		
None, but the employer will reimburse it	61	6.34	5.02			6.31	3.81		
Basic work/health insurance (covers work accident only)	337	7.85	3.91			5.59	3.22		
Holistic work/health insurance (covers work accident and general illness)	285	6.97	4.73			5.79	5.28		
Total older adults in caring				16.16	<.001			2.19	0.11
1 person	709	7.47	4.39			5.99	4.25		
2 people	147	8.16	5.15			5.99	4.88		
>2 people	16	13.94	8.55			8.31	5.97		

F, ANOVA; *t*, t-test.

Variables	<i>n</i>	PHQ-9 (<i>M</i>)	(<i>SD</i>)	<i>F/t</i> value	<i>p</i> value	GAD-7 (<i>M</i>)	(<i>SD</i>)	<i>F/t</i> value	<i>p</i> value
Caring for baby/child				-2.84	<.01			-7.17	<.001
No	671	7.45	4.66			5.39	3.96		
Yes	201	8.54	4.79			8.18	5.08		
Net income/month [IDR 10,000 = USD 0.67]				1.68	.09			7.15	<.001
<IDR 3,000,000 [<USD 200]	84	7.36	5.86			5.90	5.25		
IDR 3,000,000-3,999,999 [USD 200-267]	119	7.82	3.62			8.24	5.39		
IDR 4,000,000-4,999,999 [USD 268-334]	199	8.26	4.75			5.97	4.11		
IDR 5,000,000-5,999,999 [USD 335-401]	167	7.75	4.79			6.42	3.86		
IDR 6,000,000-6,999,999 [USD 402-468]	148	8.14	5.51			5.94	4.52		
IDR 7,000,000-7,999,999 [USD 469-535]	84	6.32	3.71			4.02	2.84		
IDR 8,000,000-8,999,999 [USD 536-602]	54	7.26	3.43			4.51	2.80		
IDR 9,000,000-9,999,999 [USD 603-668]	12	6.00	2.56			3.51	2.51		
IDR 10,000,000-10,999,999 [USD 669-735]	2	6.50	0.71			4.50	2.12		
>IDR 10,999,999 [>USD 735]	3	5.00	1.73			3.67	3.21		

F, ANOVA; *t*, t-test.

Variables (Older adult's conditions)	<i>n</i>	PHQ-9 (<i>M</i>)	(<i>SD</i>)	<i>t</i> value	<i>p</i> value	GAD-7 (<i>M</i>)	(<i>SD</i>)	<i>t</i> value	<i>p</i> value
Diabetes				-4.53	<.001			-3.16	<.001
No / Don't know	568	7.14	4.23			5.69	4.28		
Yes	304	8.75	5.34			6.67	4.56		
Arthritis				-2.01	.04			-2.73	.01
No / Don't know	278	7.23	4.79			5.44	3.82		
Yes	594	7.92	4.66			6.31	4.63		
Heart disease				-2.39	.02			-1.58	.12
No / Don't know	679	7.50	4.47			5.89	4.19		
Yes	193	8.41	5.41			6.52	5.08		
Stroke				-2.63	.01			-0.91	.36
No / Don't know	618	7.43	4.57			5.94	4.54		
Yes	254	8.35	4.97			6.24	4.06		
Hypertension				-3.57	<.001			-6.15	<.001
No / Don't know	256	6.82	4.53			4.84	3.12		
Yes	616	8.07	4.73			6.53	4.75		

F, ANOVA; *t*, t-test.

Variables (Older adult's conditions)	<i>n</i>	PHQ-9 (<i>M</i>)	(<i>SD</i>)	<i>t</i> value	<i>p</i> value	GAD-7 (<i>M</i>)	(<i>SD</i>)	<i>t</i> value	<i>p</i> value
Asthma				-2.36	.02			-6.59	<.001
No / Don't know	696	7.48	4.33			5.42	3.76		
Yes	176	8.60	5.91			8.43	5.75		
Kidney disease				-0.52	.60			-0.91	.36
No / Don't know	797	7.68	4.62			5.99	4.46		
Yes	75	7.97	5.56			6.48	3.81		
Use wheelchair				-4.64	<.001			-6.63	<.001
No / Don't know	424	6.96	3.75			5.05	2.96		
Yes	448	8.41	5.37			6.96	5.27		
COVID-19 infected				-0.05	.96			0.84	.40
No / Don't know	674	7.70	4.45			6.10	4.21		
Yes	198	7.72	5.50			5.80	5.02		

F, ANOVA; *t*, t-test.

Conclusion

- ❑ Depressive and anxiety symptoms are associated with socio-culture-economical factors and older adults' health conditions.
- ❑ IMDWs with more tasks and working hours are more likely to have higher depressive and anxiety symptoms compared to their fellows with fewer tasks and working hours.
- ❑ Social security (i.e. insurance), language mastery, and integration in the host country could ease these depressive and anxiety symptoms among IMDWs.
- ❑ IMDWs should not be caring for older adults with declining physical health conditions as this task should be performed by professional caregivers.

Next steps

- Further analysis
- Qualitative study



BERSILATURAHIM



A participatory action research project for developing trans-affirming elderly care services in Indonesia and Malaysia

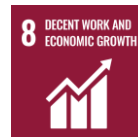
Objectives: 1) to explore the meaning of aging well for older trans people; 2) to assess the needs of older trans people, particularly for designing trans-affirming ECS; and 3) to facilitate the cross-countries knowledge exchange between stakeholders.

THERMOPILE



The mental health of queer asylum seekers and refugees: A scoping review and Delphi Method

Aim: to examine the mental health priorities among queer asylum seekers and refugees and inform future service provision for this population group in Australia.



RESEARCH INSIGHTS AND LIVED EXPERIENCES ON TRANS-AFFIRMING ELDERLY CARE SERVICES IN INDONESIA AND MALAYSIA

*Preliminary results from Bersilaturahmi:
A participatory action research project*

Andrian Liem

Research Fellow | Public Health Cluster,
Jeffrey Cheah School of Medicine &
Health Sciences, MUM



*Teratai: Palliative Care for older
transgender people in Yogyakarta*

Rully Mallay

Teratai Senior Support Center,
Indonesia



*SEED - T-Home: A shelter for
transgender women in Malaysia*

Nisha Ayub

SEED Foundation, Malaysia



*Indigenous and elder trans women in
South Sulawesi*

Eman Memay Harundja

Kerukunan Waria Bissu Sulawesi
Selatan, Indonesia



Minority stress among queer people

Vanlal Thanzami

Senior Lecturer | Department of
Psychology, Jeffrey Cheah School of
Medicine & Health Sciences, MUM



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Sep 8th, 2023

For any inquiries,
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Equity, Diversity
and Inclusion Week 2023

4-8 September

