

Impact of Overseas Migration of Male children on the Health of Left behind Parents

A study of selected cities of Pakistan & Azad Jammu & Kashmir

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Abstract— The present study aimed at analyzing the impact of the international migration of adult male children on the health of left behind parents. It basically tried to find out its impact on physical health and emotional state of the migrants' parents. Quantitative methodology was deployed and researcher administered questionnaire was used for collecting the data. Three cities namely Gujrat, Jhelum (Pakistan) and Mirpur (AJK) were selected on the basis of existing higher trend of international migration in these regions. A sample of 94 respondents was chosen-by conducting preliminary survey-on the basis of certain characteristics i.e. demographic profile and their all working age male children who were living abroad. Furthermore, data was analysed in SPSS where univariate (frequency distribution) and bivariate analysis (chi-square test was applied) was done. The findings revealed that respondents had suffered with feelings of sadness, isolation, depression and loneliness in absence of their children. The research also showed a strong relationship among international migration of male children with feelings of left behind parents.

Keywords—international migration; health, left behind parents; Pakistan; Azad Jammu & Kashmir

I. INTRODUCTION

Health and migration are interrelated and goes hand in hand. The relationship between these two is dynamic, complex and bi-directional. Migration creates a significant impact on the health of people (both migrants and left behinds) in terms of their physical, mental and emotional state [1]. On one hand, it affects the health outcomes while on other hand health status is an important indicator in considering the decision to migrate for choosing a country of destination [2]. A larger amount of scholarship argued that international migration is a social phenomenon and have socio-economic consequences on the left behinds [3], [4]. Consistently, it has impact on their health and health-care behaviour particularly [5]. These social impacts are determined by economic contributions such as receiving remittances from the migrants. The dependents living in native countries have easy access to better health-care services, expensive medicines and edibles of higher quality [6]. Migration allows better living standards and decreases the tendency of economic risk among the people [7] [8]. Thus, it is beneficial for both migrant and members who stay behind in

the country of origin as it enhances their welfare [9]. Internal and international migration are two major patterns of migration and later is the most significant pattern of migration [10]. Internal migration increases the household income and has positive impact on the physical health outcomes not only for the migrant but also on the member who stay behind [11] including the left behind elderly particularly [12]. Overseas migration is a socio-economic and political prodigy which affects the one who move (migrants), the left behind members (wife, children & parents) and the area of destination for where they leave. People migrate with the hope of getting their living conditions improved but alongside it affects the lives of those who stay behind in different ways [13]. After settling over there, they call their families to lessen the loneliness of their families and themselves [14]. But here comes difficulties for parents who are generally left behind and suffered. Parents who at this age of life need care, love, support and time from their children but due to this trend of migration they live without their children and suffer with a number of social, psychological and health problems [15]. The increasing trends of adult children migration is raising the issue of sufferings of those who are left behind (parents stay behind particularly) and their reliance on the migrant for support [5]. The similar trend has been observed in Pakistan where large number people have migrated towards America and European countries. According to statistics, Pakistan is ranked at 7th among those countries who has large number of migrants [16]. Similarly, the phenomenon has increased the level of remittances in their country of origin where these remittances were invested on properties (houses, lands and business). Further the left behind parents look after these properties. Instead of getting care from their own children, they are taking care of their chattels [14]. Hence, overseas migrants think that they have provided them all the facilities but in reality ignore their sufferings that parents may face in the absence of their children such as loneliness, missing their children on different social and religious events, neglect and so on [17]. Thus, the present study aimed to examine the impact of adult children's international migration on the health of left behind parents. Thus, it tried to analyze the impact in terms of wellbeing (physical health and emotional state) provided by migrant

children to left behind parents by contributing time and money.

II. METHODS

This study aimed to explore the impact of adult children's international migration on the health of left behind parents. In this regard some basic variables were developed to measure the phenomenon of health in relation to migration. This includes the basic demographic profile of the left behind parents, their health status, and prevalence of disease, medical examination, and response of children towards parents' illness, parents' feelings regarding children's attitude, availability of good hospitals, specialist doctors and economical resources, and feeling in the absence of male children. The following hypothesis were developed to measure different segments of health issues: **H1:** Higher the frequency of parent-children communication lower will be the feelings of loneliness. **H2:** Higher the frequency of parent-children communication lower will be the feelings of depression. **H3:** Higher the frequency of parent-children communication lower will be the feelings of restlessness. Quantitative methodology was deployed and the data was collected by using researcher administered questionnaires. The questionnaire was designed according to the above mentioned themes following with basic demographic profile. Ninety four respondents were taken as the sample (through preliminary survey) of the study that were chosen on the basis of two major characteristics i.e. demographic profile of the respondents and their all working age male children must be living abroad. Finally, data were collected and further analyzed on SPSS. Univariate analysis was done for knowing about the frequency trend of each variable and Chi square test was applied for knowing about the association between independent and dependent variable according to the nature of the data.

III. RESULTS AND DISCUSSION

The results revealed about socio-economic background of the respondents such as their area of residence, gender, age and educational qualification of the respondents. Two districts (Jhelum and Gujrat) from Pakistan and one district (Mirpur) were selected for the present study as these regions have higher tendency of international migration towards European and Scandinavian countries. The study was conducted by taking a total of 94 respondents from these three districts. Among those respondents, 45 respondents belonged to Mirpur, 27 respondents were from Gujrat and 22 belonged to Jhelum. Data further shows Tehsil-wise distribution of the respondents. Among eight Tehsils, 24.5% and 23.4% of the respondents belonged to Tehsil Mirpur and Tehsil Dadyal of the District Mirpur respectively. From 28.7% of the respondents who belonged to District Gujrat, 12.8% were from Tehsil Gujrat while 6.4% and 4.3% belonged to Tehsil Sarai Alamgir and Tehsil Kharian. Rest (23.4%) of the respondents who belonged from District Jhelum where from three Tehsils namely: Dina, Jhelum and Sohawa with frequency distribution of 14.9%, 8.5% and 5.3 correspondingly. It further documents the gender of the

respondents. Fifty one percent respondents were female while 49% were male. Moreover, respondents were asked about the type of area of residence. Most (43.6%) of the respondents were living in urban area while 38.3% of them belonged to rural areas. Rest (18.1%) of the respondents was from Peri-urban areas. Age is an important indicator for the present study as this research has been done on elderly. Age is defined as total number of years completed by the respondents since their birth to the time of interview. Age is one of the important variables in any social research which affects the attitude and behaviour of a person at different stage of life. The data further entails the age of the respondents. A majority (38.3%) of the respondents belonged to the age group (81-90 years) while 25.5% were of age group 71-80 years. A similar occurrence of the respondents (18.1%) found who belonged to the age group less than 70 years and above 90 years separately. The results also portray the educational level of the respondents. Education plays a decisive role and is considered to be a very important indicator in understanding and defining respondents' behaviour. Education can be measured and described under the categories of illiterate, primary, middle, matriculation and graduation. The study data shows that a greater majority (52.1%) were illiterate while most (32.0%) of those who have got some education, were having primary level education. Rest (6.4%, 6.4% & 3.2%) of the respondents had passed middle level, matriculation and Masters respectively. The data also gives results about employment status of the respondents. A greater majority (97.9%) of the respondents was not working and among those 41.5% had stopped working completely whereas only 2.1% of the respondents were still working. Among those who were working, one respondent was doing his own business while the other was running her organization who was a social worker.

TABLE I. FREQUENCY DISTRIBUTION OF THE RESPONDENTS REGARDING THEIR CONTACT, SOURCES AND FREQUENCY OF CONTACT WITH THEIR MIGRANT CHILDREN

Source of contact with migrant children			
Sr.	Category	Frequency	(%)
i.	Phone call	52	55.3
ii.	Internet	5	5.3
iii.	Phone call & internet	37	39.4
Total		94	100.0
Frequency of contact with migrant children			
i.	Random routine	44	6.8
ii.	Daily	26	27.7
iii.	Once in a week	22	23.4
iv.	Twice in a week	2	2.1
Total		94	100.0

Table reveals the results about sources of contact of parents with their migrant children. The above results show that more than half (55.3%) of the parents were having contact with their children via phone call, 39.4% of the respondents responded that they were having contact with their migrant male children via both phone call and internet. A very few

(5.3%) of them were relying only on internet as a source of communication with their migrant male children. Communication between left behind parents and migrant children was further measured by asking about the frequency of communication. Table depicts the results about the frequency of contact with migrant children. Less than half (46.8%) of the respondents replied that they have random routine of connection with migrant children. There were 27.7% and 23.4% of the respondents who were having contact with migrant male children either daily or once in a week respectively. Available scholarship also witnessed the frequent usage of mobile phones for contacting the elderly left behind parents in case of out migration of adult children. Mobile phones are considered as convenient source of communication [17]. The above mentioned table concluded that majority of the parents contacted their migrant children through phone call. The quantity and quality of communication and social interaction has been identified as the predictors of well-being. Data reveals the results about health status of the respondents. It is an important indicator of the present study as health is one of the imperative indicators of well-being. A majority (59.6%) of the respondents ranked their health as average while 23.4% of the parents said that they are somewhat unhealthy. Seventeen percent of them reported their health status as healthier than average. Despite a greater number of the respondents reported their health status as average but still there was a tendency of different types of diseases found among the respondents. The data shows the results regarding different diseases prevailing among elderly who are living without their male children. A greater (73.4%) number of the respondents were having chronic diseases (high blood pressure, diabetes and hypertension), joints pain and weak eye sight while remaining 26.6% respondents did not have these types of diseases. Furthermore, majority (79.8%) of the respondents were not having heart disease whereas 20.2% of them were suffering with this disease. Moreover, a greater majority (95.7%) of the respondents reported that they were not suffering with any liver problem while remaining were not having liver ailments. Respondents were further asked about the fractures and hearing problem. A majority (78.7% & 72.3%) of the respondents were having different types of fractures (hip, leg, arm or feet) and difficulty in hearing respectively whereas rest of them were not suffering with these types of problems. As individuals grow older, they typically have an increased risk of developing a variety of age related diseases [18], [19]. These complications in older age may include hypertension, arthritis, heart disease, cancer and other health problems that typically require intense utilization of healthcare resources [20]. The results obtained from the data collected demonstrate frequency of examination of left behind parents by the doctors and children's response towards illness. According to the data reported, most (51%) of the respondents said that they visit to the doctor once in a month and 33% of them do not visit to the doctor regularly while 16% used to visit twice in a month. Data also depicts the results about taking care of left behind parents in the absence their male children. From the data, it was found that majority

(62.8%) of the respondents told that their daughters come to see them in case of illness while only 11.7% were those whose male children come for taking care their parents. Moreover, 10.6% were those who take care by their own selves and not by anyone. In addition, 9.6%, 3.2% and 2.1% of the left behind parents were cared by their children (both sons and daughters), relatives and spouse respectively. Although parents in developed nation live independently from their adult children but situation is different in developing countries where parents rely on their children. There are two major factors behind it; one is the economic condition while other is cultural notions, to which people give greater importance. In the countries with high cultural context, adult children are continued to be the main care providers for both health and social support to the elderly parents [21]. The results further disclose the information about visit of male children to the country of origin for knowing about parents' health. A greater majority (90.4%) of the respondents' children visit their parents to know about their health while rest (9.6%) of them told that their male children do not come for knowing about the parents' health. Moreover, it tells about the taking care of parents especially in absence of male children. A majority (48.9%) of the respondents reported that their daughters took care of them in absence of male children and apart from them they mostly rely on their spouse. As Knodel and Saengtienchai [17] also depicted in his findings that there is an overall tendency of elderly to live with female children in case of having all male migrant children. The collected data portrays the results whether male migrant children call their parents for knowing about their health when they get sick. A greatest majority (96.8%) of the respondents responded that their male children call them to ask about their health state while 3.2% of the respondents' children do not call their parents in case when they get sick. When they were further asked about their feelings, two respondents said that we feel sad, depressed and non-worthy when our children do not call us for knowing the health whole one respondent reported, it seems that there is no importance of parents in children's life. Emotional support is very much important at later stage of one's life and especially for parents who become dependent upon their children. As our results indicate that parents suffer with negative feelings generally if their children do not contact them in case of illness. Thus, a number of studies suggested different ways to overcome these feelings such as sadness and less worthy in children's life through frequent contact via phone or mail as well as by visiting the parents [22], [17]. Results revealed about having the facility of good hospitals in local area of the respondents where they can get easy access to specialist doctors. Sixty seven percent of the respondents reported that they are having facility of good hospitals at their local area whereas rest (33%) of them did not have this facility. Furthermore, respondents were asked about whether they use to visit specialist doctors or not. A majority (93.6%) of the respondents responded that they visit specialist doctors either available in their local area or not while only 6.4% were taking their treatment from local doctor and when asked about the reason, they were of the opinion that they do not have such

type of serious health problems for which they need to visit a specialist doctor. Moreover, respondents were asked whether they get enough money from their migrant children to visit a specialist doctor or not. Most (88.3%) of the respondents told that they get enough money to visit specialist doctor for taking better treatment while remaining were not getting enough or any separate money for this purpose.

Respondents were asked whether they were having depression, restlessness, happiness, loneliness and frightened feeling in absence of their male children or not. None of the respondents stated their happy feeling while living without their male children. Among other, 52.1%, 62.8%, 89.4% and 54.3% of the respondents were having feelings of depression, restlessness, loneliness and frightening while living without their male children whereas rest of the respondents were not having these types of feelings. Thus, this variable found that a greater number (89.4%) were feeling loneliness in absence of their male children. As the available scholarship also depicted the psychological health of elderly due to outmigration of adult children and the findings of literature revealed that lack of social contact leads the risk factors for poor physical health and depression among parents [23]. It also found that due to isolation, parents generally feel lonely and they become hesitant to share their feelings [24]. Thus, out migration of adult children may leads the parents towards depression, loss of role, isolation and lack of support [25].

A. Testing of Hypothesis

1) *Hypothesis: There is an association between frequency of parent-children communication and feelings of left behind parents.*

The above hypothesis analyzed the association between frequency of parents-children communication and emotional state of left behind parents. Here frequency of contact among left behind parents and migrant male children is an independent variable while emotional state of left behind parents including the feelings of loneliness, depression and restlessness is dependent variable in the analysis of present study. The major hypothesis found that there is a direct relationship between frequency of contact of male children with their parents and feelings of the parents. Thus, different specific hypothesis were made in this regard as higher the frequency of parent-children communication lower will be the feelings of loneliness, higher the frequency of parent-children communication lower will be the feelings of depression & higher the frequency of parent-children communication lower will be the feelings of restlessness.

TABLE II. FEELINGS BY FREQUENCY OF CONTACT AMONG PARENTS & CHILDREN

Variables	Chi	Square	df	P-value
Feeling of loneliness	8.652	3	0.034*	
Feeling of depression	16.307	3	0.001*	
Feeling of restlessness	34.880	3	0.001*	

Note: * $p < 0.05$

2) *Higher the frequency of parent-children communication lower will be the feelings of loneliness.*

Loneliness is defined as negative feelings about being alone and as such is an experience that occurs irrespective of choice [26]. The migration experience affects the whole family life. It changes the interpersonal dynamics of immigrant family and in the ways the family dynamics in the country of origin as well. Due to this pattern of living, elderly sometimes suffer and the traditional support role became disrupted that further arise the presence of isolation and loneliness among elder parents [27]. It also shows that the parents whose male children were not contacting regularly, suffered with the feeling of loneliness more than those whose children used to contact their parents regular. The frequency of contact among left behind parents and migrant male children is an important indicator for the presence of feelings of loneliness among the left behind parents. The above cross table clearly shows that there is an association existed between independent variable frequency of parents-children contact and dependent variable i.e. feelings of loneliness. It demonstrates that more frequent the left behind parents have contact with their children, lower will be the feelings of loneliness among left behind parents. The relationship is then verified by the Chi Square test above.

3) *Higher the frequency of parent-children communication lower will be the feelings of depression.*

Depressive syndromes are common among older people with prevalence ranging from 9% to 33% [28]. The rising rate of out-migration of younger people contributed to late-life depression in rural Southeast Asia. It is commonly believed that older people are left behind in the rural areas of many low and middle income countries by out-migrant children leading to isolation, depression, loss of role and even loss of basic support [25]. Table shows that the parents who had less frequency of contact with their migrant male children suffered with the feeling of depression more than those whose children used to contact regular. Thus, frequency of contact among left behind parents and migrant male children is an important indicator for the presence of feelings of depression among the left behind parents. The above cross table clearly shows that there is an association existed between independent variable frequency of parents-children contact and dependent variable i.e. feelings of depression. The relationship is then verified by the Chi Square test above.

4) *Higher the frequency of parent-children communication lower will be the feelings of restlessness.*

Table also reveals the results about the frequency of communication among migrant male children and parents by the feelings of restlessness. It shows that the parents whose male children were not contacting regularly suffered with the feeling of restlessness more than those whose children used to contact regular. The above cross table clearly shows that there is an association existed between independent variable frequency of parents-children contact and dependent variable i.e. feelings of loneliness. The relationship is then verified by the Chi Square test above.

IV. CONCLUSION

Most of the parents reported that they felt isolation, sadness and depression when they do not have contact with their offspring frequently. The study wrapped up with a fairly important finding that respondents were having feelings of depression, restlessness, loneliness and fear in the absence of male children. Lastly, the present research concluded that migration trend of male children abroad, and their feelings by contributing their time (through visiting their parents in homeland or calling them abroad) have a significant impact on the health status of left behind parents.

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Note: This paper is part of first author's Masters Thesis and most of the contents have been taken from that research work.