Health Impact on Left Behind Families of Migrant Workers

Key Findings of the National Study

- 31% of sample was single parents out of which 57% were female headed house holds.
- Caregivers are worse affected psychologically and Physically
- Children left behind have more psychological and behavioral issues than the comparative group with non migrant families
- 25.4% of children left behind were under weight
- 11% - migrant workers were not sending any remittance to their families.
- It took repeated cycles of migration to achieve a minimum indebtedness; Average 5 years of continues work
- 50.5% stay abroad more than 2 years . 7.1% are away for more than 10 years.
- 53.9% have not returned since migrated and 29% return only in 2 -5 years
- 51.3% families found “the remittance WERE NOT sufficient at all” to cover their expenses
- Participants had very poor knowledge on interventions by governmental agencies in case of an emergency to the worker abroad.

As labour migration flows increase in a rapidly developing post-conflict Sri Lanka, the impact on those families left-behind leave many unanswered questions. The delicate balance between promoting international labour migration for economic prosperity and ensuring health and social protection is a formidable policy challenge, and a one that has largely been ignored by many states.

The impact such repeated patterns of circular migration have on family relationship structures, parenting and health vulnerabilities is complex and need further analysis. Whether remittances have a positive impact on human capital formation through spending on better health care, education and other non pecuniary gains also need further exploration.

Inside this issue: National Study on Families Left Behind

- Future Generations
- Care giver migrated
- Spouse left behind

This national study utilized both quantitative and qualitative methods to study the associations between the health status of ‘left-behind’ spouses, children and caregivers, and comparative non-migrant families. A cross-sectional study design with multi-stage random sampling was used. We surveyed a total of 1990 persons; 875 adults (from 410 migrant and 410 non-migrant families), 820 children from 410 migrant and 410 non-migrant families matched for both age and sex, and 295 school teachers linked to these children. Socio-demographic and health status data were derived using standardized pre-validated instruments. Univariate and multivariate analyses were used.
Health impacts on Families Left Behind

**Health status of left behind children**

*Future Generations At Risk?*

- In our study sample children of 31% of the migrant families were left behind without mother or father with only the caregiver to look after them.
- 44% of left-behind children had some form of psychopathology
- Association of emotional, hyper activity, conduct problems and having any psychiatric diagnosis was strongest in children from migrant family households and was exacerbated in families where the sole parent was the overseas based migrant worker.
- Children of migrant families had nine times (9.1% vs 1%) higher prevalence of conduct disorders than comparative families
- Over a quarter of those under 5-years being underweight or severely underweight (29%)
- 12% CHDR was either missing or not maintained
- Several other studies revealed similar findings and also the school performance was poorer and school drop out rate was higher (Senaratne BCV, 2011, Jayasinghe, 2005, Hewage et al 2010)
- 57% were female spouses left behind
- Average age group 37.9 years (SD 7.8)
- 37% left behind male spouses has no education or education up to grade 5 compared to 6.4% female spouses
- Prevalence of Depression measured using the PHQ was higher in left-behind spouses 12.3% (CI: 12.23-12.31), than for spouses in comparative families 7.3% (7.29-7.34).
- Prevalence of Somatoform disorder in spouses of migrant families was 3.6% (CI: 3.59-3.63) compared to 2.9% in the non-migrant spouse group (CI: 2.91-2.95).
- Active suicidal ideations were more than twice high among migrant spouses (9.7% vs 3.4%)
- Prevalence of depression and somatoform disorder was higher among male spouses in the left behind families. Female headed households cope better (Jayaweera et al, 2010)
- Migrant family spouses were shown to have higher levels of smoking and alcohol usage (Alcohol 31.9% vs 17.6%) than comparative family spouses
- The spouse of the migrant worker has a less than average quality of life in all domains with mental health less than physical health compared to non migrant families where their health was above average on all areas.

**Spouse Left Behind — Female headed households fare better**

- Caregivers are Affected Worst
  - They belong to a older age (30% > 60 years, mainly (95%)female, lower educational level. Mean age group 54.1 years (SD 11.9)
  - The level of depression was highest among caregivers at 25.5%
  - Screening questionnaire for suicidal ideations was conducted based on the ascending severity of suicidal ideations among participants. Helplessness, hopelessness, passive and active suicidal ideations were highest among care givers compared to spouses of migrants. Active suicidal ideations were three times higher (10.1% vs 3.4%)
  - Somatoform disorder (a mental disorder where the person complains of physical ailments that do not conform to a recognized medical diagnosis) in caregivers 11.7% compared to 2.9% in the non-migrant spouse group
  - Examination of health seeking behaviours as measured by the number of visits made to a medical practitioner during last 3 months, revealed caregivers as the leading group
  - 53.2% caregivers had a previously diagnosed medical condition

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