



## Parental migration and the mental health of those who stay behind to care for children in South-East Asia



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### ABSTRACT

The international migration of parents from the global south raises questions about the health impacts of family separation on those who stay behind. This paper uses data collected in 2008 and 2009 for a project on Child Health and Migrant Parents in South-East Asia (CHAMPSEA) to address a largely neglected research area by investigating the mental health of those who stay behind in Indonesia, Philippines and Vietnam to care for the children of overseas migrants. A mixed-methods research design is employed to answer two questions. First, whether carers in transnational (migrant) households are more likely to suffer mental health problems than those in non-migrant households; and secondly, whether transnational family practices and characteristics of migration are associated with mental health outcomes for stay-behind carers. The Self-Reporting Questionnaire (SRQ-20) was completed by carers in selected communities ( $N = 3026$ ) and used to identify likely cases of common mental disorders (CMD). Multivariate logistic regression and thematic analysis of qualitative interviews ( $N = 149$ ) reveal a nuanced picture. All stay-behind carers in the Indonesian sample are more likely than carers in non-migrant households to suffer CMD. Across the three study countries, however, it is stay-behind mothers with husbands working overseas who are most likely to experience poor mental health. Moreover, infrequent contact with the migrant, not receiving remittances and migrant destinations in the Middle East are all positively associated with carer CMD, whereas greater educational attainment and greater wealth are protective factors. These findings add new evidence on the 'costs' of international labour migration and point to the role of gendered expectations and wider geopolitical structures. Governments and international policy makers need to intervene to encourage transnational family practices that are less detrimental to the mental health of those who stay behind to care for the next generation.

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### 1. Introduction and background

The international migration of parents from the global south raises questions about the costs, as well as the benefits, of a livelihood strategy that results in families being divided across national borders. When parents migrate, new 'transnational' household arrangements and family practices emerge as childcare is (re) configured in ways that affect the well-being not only of children but also of their carers. This paper addresses a largely neglected area of research by investigating the mental health of mothers, fathers and other family members who stay behind in South-East Asia to care for the children of overseas migrants. Using data

collected by our research team in three countries, the analysis examines the impact of parental absence on the mental health of carers in relation to, first, household arrangements, and second, transnational family practices and the characteristics of migration.

Several previous studies of caregiving in the Asia–Pacific region have investigated the health and well-being of family members who provide care, especially for older relatives, but not in the context of migration. Gender differentiation in well-being has emerged as a cause for concern, with female carers at greater risk of poor psychosocial health compared to male carers (Chiou et al., 2005; Ho et al., 2009). Moreover, maternal depression has been found to impact negatively on infant growth in Asia but not in Africa or South America (Stewart, 2007). Such regional differences may reflect variations in poverty and healthcare provision but are also likely to be influenced by different socio-cultural narratives

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that frame the role of 'woman and mother', and Asian motherhood may be especially disempowering (Harpham et al., 2005). However, none of these studies considered carer mental health from the perspective of the transnational family.

Within the substantial body of literature devoted to the study of international migration from Asia, those studies that do consider psychosocial health have largely focused on migrants rather than on those who stay behind. Recent work has examined the well-being of immigrant Asian Americans (Qin, 2008), the difficulties facing migrants who are themselves care workers (Ohno, 2012), the mental health needs of Asian refugees (Hsu et al., 2004), and caregiving in diasporic communities (Lee, 1999; Yoon, 2005). Exceptions which give attention to the impact of adult children's international migration on the health of older parents who stay behind include Kuhn's (2006) work on Matlab, Bangladesh where high rates of out-migration (internal and international) and remittance receipt were found to have a favourable effect on parents' physical health.

There is also a small but growing body of literature that looks at the mental health of children who stay behind in Asia when parents migrate overseas (Battistella and Conaco, 1998; Graham and Jordan, 2011; Hewage et al., 2011; Senaratna et al., 2011), or within China (Fan et al., 2010; Zhao et al., 2014). Nevertheless, there remains a need to extend this work to other non-migrant members of transnational families, especially those who care for the children of migrants (Mazzucato and Schans, 2011).

The few studies that have considered caregiving in South-East Asia in the context of migration have mostly examined the impacts of internal migration on family members who stay behind. Research has reported negative impacts on the intellectual development of Thai children raised by grandparents (Nanthamongkolchai et al., 2011), and several health risks for adults who stay behind in Indonesia, including a greater likelihood of psychosocial distress (Lu, 2012). To the best of our knowledge, the present study is the first to investigate mental health among those who stay behind in South-East Asia to care for children of international labour migrants.

Previous studies point to a number of competing expectations in relation to psychosocial outcomes for stay-behind carers. While the wealth generated by remittances might be expected to mitigate or even eliminate any negative effects of parental absence, the dominance of traditional gender roles in the region (ascribing domestic tasks to women and breadwinning to men) suggests that fathers who stay behind to care for their children while their wives work overseas may face the biggest challenges to their (masculine) identities (Pingol, 2001; Hoang and Yeoh, 2011), which could be detrimental to their mental health. On the other hand, women in low income countries are around three times more likely than men to suffer CMD (Patel, 2001), which suggests that mothers are more at risk of poor mental health than fathers. Further, those mothers coping without the co-resident support of their migrant husbands may be more vulnerable than mothers in non-migrant families. The carer's age and relationship to the child(ren) in their care may also influence their psychological well-being. Grandparent carers may be especially vulnerable to anxiety and stress if they struggle to cope with the physical demands of childcare, although any negative consequences could be outweighed by material security and improved self-esteem associated with the recognition of the importance of their role (Knodel and Chayovan, 2009). The mental health of stay-behind carers merits further examination.

Our aim is to explore the relationships between different family arrangements (non-migrant and transnational) and the mental health of those principally responsible for childcare in selected communities in three countries: Indonesia, Philippines

and Vietnam. We adopt a mixed-methods approach to investigate two specific questions: (1) *Are those who stay behind to care for the children of overseas migrants more likely to suffer mental health problems compared to carers in non-migrant families?*; (2) *Are transnational family practices and the characteristics of migration associated with mental health outcomes for stay-behind carers?* The questions are addressed in three stages. To answer the first question, we conduct quantitative analyses that distinguish the main correlates of poor mental health among carers in non-migrant and transnational households within each study country. Next, we examine qualitative data from in-depth interviews with a subsample of these carers in transnational households to ascertain their major concerns and thus possible sources of stress for those who stay behind. Lastly, we combine measures that capture these concerns along with the main correlates identified in the first-stage models to provide a further quantitative analysis predicting poor mental health among stay-behind carers. Qualitative evidence is also used to interpret the quantitative results. This provides a synthesis of the quantitative and qualitative findings and allows us to address the second research question.

## 2. Transnational households in South-East Asia

In the twenty-first century, the global pattern of demand for migrant workers from South-East Asia has shifted away from North America and Europe towards the Middle East and wealthier Asian countries. Crucially, these 'new' host countries retain strict controls on migrant labour, ensuring that migrants return to their countries of origin at the end of their contracts. The migrants in our study have all crossed national borders to work in other countries, including Saudi Arabia, Japan, Taiwan and Singapore. Their migration and employment are stringently controlled by legal frameworks that typically allow entry on the basis of temporary 2–3 year work contracts (Piper, 2004). This has three important consequences. First, where low-skilled labour migration is concerned, there is no legal provision for family reunification in destination countries, and taking children (or other family members) with them is very rarely an option for migrant parents. Second, the enforcement of temporary contracts often dictates the frequency of visits home. For both contractual and financial reasons, migrants may wait until the end of a contract before leaving the destination country. Third, temporary contracts are often renewed, or alternative contracts entered into either at the same or a different destination. This process can lead to some migrants spending a decade or more separated from other members of their family. It also introduces an element of uncertainty over when the migrant will finally return. Coping with this uncertainty is just one aspect of contemporary labour migration that may impact negatively on both migrants and those who stay behind.

Those who care for the children of migrants must (re)negotiate 'care' within a web of caring relationships among three main participants: the left-behind child, migrant parent(s), and co-resident carer(s) (Graham et al., 2012). Family practices, including contact with migrant parents, can therefore be expected to influence both the quality of childcare and the well-being of carers. Family members are separated geographically, but generally over far greater distances than the urban-rural migrants discussed by Knodel and Saengtienchai (2007), and certainly with greater barriers to communication or visits. Thus patterns of contact between carers and migrant parents are not only a reflection of personal relationships but will also be structured by the geopolitical contexts in which migration occurs and the gendered norms around responsibility and 'care' (Parreñas, 2005).

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