

Extended abstract:
**The Impact of Transnational Labor Migration on Mental Health of Left-behind Family:
Care Drain and Care Chain Situation in Thailand**

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Purpose of study

study examines the impact of transnational labor migration and factors associated with the mental health of left-behind children and the main caregivers in Thailand. The study also aims to explore the situation and impact of care drain and care chain. The study includes both quantitative and qualitative approaches. Secondary data of 997 households from the Child Health and Migrant Parents in South-East Asia (CHAMPSEA) project were used in quantitative phase. Qualitative data were collected using in-depth interviews with 10 mother migrants in Hong Kong and 10 main caregivers in Thailand. Data were analyzed using binary logistic regression and content analysis.

Background

Parallel to the growth of industrialization and globalization, there is an increase in demand for labor and consequential transnational migration. The possibility of higher wages has helped drive the expansion of labor migration in developing countries, which consider that migration will enhance the well-being and economic status of their families, despite the long separation from their family and children.

In Thailand, the resources to present and encourage broad public interest about the health outcomes and well-being of transnational labor migration households are still limited. The previous study on mental health of both children and caregivers in households of origin departs from a theoretical lacuna that requires more exploratory analysis. The negative effects of parents' migration in the mental health literature should be analyzed more to identify associated factors, to contribute to efforts in reducing vulnerability and enhancing resiliency among left-behind family. The small number of previous studies about care have been conducted only in origin households, i.e., not following both migrants and left-behind family. For these reasons, this research focuses on the topic of the impact of labor migration on mental health of left-behind family and the phenomena of care drain and care chain by collecting data of both migrants themselves and their household of origin.

Current study and context

Research on migration and left-behind families in the context of Thailand has recently received more attention. Thailand was part of the 2008 Child Health and Migrant Parents in South-East Asia (CHAMPSEA) project. CHAMPSEA has published several articles on the subjective well-being of left-behind families and the consequences of parental migration, including physical health, psychological well-being, education of left-behind children and care arrangements in transnational household (e.g., Adhikari et al., 2014; Graham and Jordan, 2011; Graham et al., 2015; Hoang et al., 2015; Jampaklay and Vapattanawong, 2013; Jordan and

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Graham, 2012). A longitudinal study granted by UNICEF Thailand investigating the impact of parental absence on early childhood development found that children do not have a higher risk of delayed development as long as their mother was present (Jampaklay et al., 2018).

Studies on the impact and factors associated with mental health of left-behind family in Thailand are also limited, especially in terms of the mental health of caregivers. Two recent studies have demonstrated, for the first time, the situation in transitional household about how caring for left-behind children is associated with the mental health of caregivers. A study is in four countries in Southeast Asia (Indonesia, Philippines, Thailand, and Vietnam) (Graham & Jordan, 2011). In Thailand, an analysis by Adhikari et al. (2014) examines the mental health of left-behind children, but not caregiver's mental health, and none focuses on care drain or care chain phenomena and the impact as well.

Data

Data come from the 2008 Child Health and Migrant Parents in South-East Asia (CHAMPSEA) project. Criteria of eligible households include both non-migrant households and transnational households: having a child in one of two age groups – younger children (3 - 5 years) and older children (9 - 11 years). The study sample in the survey covered 1,030 households. The sample includes 519 transnational households (486 of these had a father working abroad, three had a mother working abroad, and 30 had both parents working abroad) and 511 non-migrant households. For this analysis, the study population covered 997 households – the sample excluded three mother migrant households and both parent migrant households due to the few number of cases. A migrant or transnational household was one which had a father working overseas for at least six months prior to the survey, while a non-migrant household had both parents living in the same household for at least six months prior to the survey. The caregivers were defined as the main caregiver for the target child in those households.

The qualitative part in this thesis included primary data collection of both migrant mothers and main caregivers in the household of origin. The setting is Hong Kong as a destination area and Thailand as origin. The author conducted the in-depth interviews (IDIs) with 10 migrant mothers in Hong Kong first, followed by IDIs with 10 members of their household of origin in Thailand.

Measures

The measures we are using allow us to test our hypotheses. Measures fall under domains which indicate household migration status, child characteristics, Caregiver characteristics, household characteristics, social support and context of migration. Descriptive statistics for the total sample. A multivariate analysis was conducted to assess how selected covariates may be associated with the mental health status of left-behind family members, based on the SDQ and SRQ scores for target children and caregivers.

For qualitative analysis on care drain and care chain situation, the content was synthesized and categorized into the emerging themes to explain the phenomena and impact of care drain and care chain in Thailand.

Findings

Overall, parental migration is positively associated with mental health problems of children, especially conduct problems and hyperactivity. After the odds ratio are presented in the model, the converting log odds to probability was done to estimate the difference in

presence of mental health problems between non-migrant household and migrant household by assuming that the values for all coefficients are controlled in the equation (Figure 1). The result shows that children in migrant households have higher probability of mental health problems than those in non-migrant household, especially for conduct problems and hyperactivity. In addition, Figure 1 presents the CMD of caregivers, even though there was no statistically significant relationship in the model. The direction of the results suggests that there is a higher percentage on CMD of caregivers in migrant households than non-migrant households.

Findings from the qualitative data collection are suggestive of the care drain definition that implies two dimensions – monetary and instrumental cares. The mother migrants utilize various strategies for taking care of their children from distance. The care chain situation indicates that the main caregivers in the household of origin are the grandmother and most of them are willing to take responsibility of taking care of the migrants’ children. However, they also hope that the mother migrant will return soon.

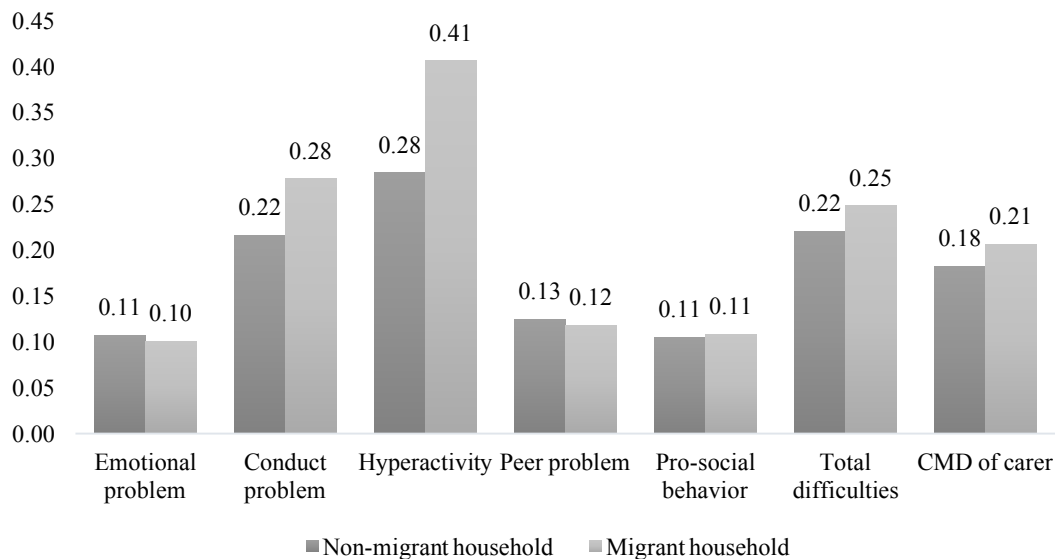


Figure 1 Probability of Mental Health Problems by Household Migration Status

Conclusion

By addressing the previous studies, our findings elucidate the relationship between parental migration and left-behind family, and raise concerns for the issue of children living separately from their father, especially as it relates to hyperactivity and other behavioral problems in the left-behind children. Most people may think these behaviors are a normal part of young child development, and do not indicate a clinical problem. However, if these problems worsen and are not responded with appropriately, they can fester and become more serious issues for the children as they transition into adulthood. The children with hyperactivity may have trouble paying attention, while those with other behavioral problems may acquire aggressive behavior and may also have relationship problems. These mental health problem can interfere with school, home life, and a child’s social development. Regarding the qualitative results, our study points out the value of childcare and the advantages of parents’ expression of love to the left-behind children. Thus, the findings in this study can inform policy which aims to support the health of vulnerable families and migrant households in Thailand.

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