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# MIGRATION AND THE WELL-BEING OF THE 'LEFT BEHIND' IN ASIA

## Key themes and trends

**Liem Nguyen, Brenda S. A. Yeoh and Mika Toyota**

*This paper serves as an introduction to the three substantive papers in this themed section on the impact of migration on the well-being of the 'left behind' in Asia. In the light of recent migration trends such as the 'feminization' of migration and 'brain-drain' of health workers in the region, the paper provides a brief review of the existing scholarly literature on the vulnerability of different groups of the 'left behind', particularly women, children and the elderly. It argues that a multi-dimensional approach is needed, taking into consideration not only the economic impact of remittances but also factors such as social networks and gender effects.*

KEYWORDS: Migration; left behind; gender; international migration; Asia; well-beings

### **Contemporary Asian Migration and the Vulnerability of 'Left-Behind' Groups**

While much work has been done on the impacts of international migration on receiving countries and on the immigrants themselves, the consequences of migration for the 'left behind'—broadly defined to include not only non-migrants from migrant households but also the communities at the sending countries—has not received the attention it deserves (Battistella & Gastardo-Conaco 1998, p. 220; Tiemoko 2003). Not enough is known, both theoretically and empirically, as to whether or not the 'left behind' are particularly vulnerable and how, when and under what circumstances they benefit and/or suffer from migration of their household members. Where the impacts of international migration on sending countries have been studied, the focus has largely been on macro determinants and economic and demographic changes (and even then, the findings remain inconclusive), rather than socio-cultural impacts (Battistella & Gastardo-Conaco 1998, p. 220; Hadi 1999, p. 1).

In general, the available literature on migration and health as an indicator of well-being in Asia shows that in several cases, migration leads to better health (see Gulati 1993 on India; Hadi 1999 and Kuhn 2004 on Bangladesh) and more favourable health-care behaviour (e.g. Gulati 1993 for India; Hadi 1999, p. 2 for Bangladesh) among the population left behind. However, there are also many cases in which it has adverse effects on health (e.g. HIV/AIDS transmission through migrants' visits or return trips) and greater burdens on the health-care system in sending communities (Kongsin 1997; Weerakoon 1997; Ganepola 2002, p. 9; Lentzner & Pamuk 2002; Jolly *et al.* 2003, p. 13; Roy & Nangia 2003, p. 2; Smith-Estelle & Gruskin 2003, p. 146; WHO 2003; Mendoza 2004).

In Asia, political stability, economic development and the increasing integration of countries in the region into the world economy has resulted in increased trade and enhanced flows of capital, labour, raw materials and technology. Labour movements have quickened in response to differences in income levels, wage levels and levels of human resource development as workers cross borders to seek better conditions. In this context of enhanced migration activity in the region, two dimensions of contemporary Asian migration have particular impact on the well-being of migrants and non-migrants, including the 'left behind'.

First, given rising demand for health workers in the more developed countries in the region and the corresponding policies supporting emigration as a means of augmenting remittances in the less developed source countries, the emigration of health workers has burgeoned, creating heavy burdens on the health-care systems of sending countries and hence directly affecting the health and health-care behaviour of the 'left-behind' population. The 'brain-drain' of health workers further inflates the health gap and inequality between developed and developing countries. So important is this issue that the effects of the 'brain drain' of migrating health professionals and its health consequences on the 'left behind' and the countries of origin was the central theme of the section of a recent World Health Organization (WHO) report on the 'health implications for those left behind'.<sup>1</sup> The report concluded that 'losing health-care professionals may produce serious deficiencies in the services available to local communities and in the capacity of developing countries to move forward with their health development plans' and that 'the health professionals who stay behind also bear the burden of greater work loads, added stress, poor pay, sub-standard equipment, inadequate supervision and information and lack of career opportunities, all of which may undermine their motivation to continue to work in such settings' (WHO 2003, p. 11).

A second dimension of migration in Asia which has important implications for the wellbeing of 'left-behind' families and communities stems from what has been called the 'feminization' of migration in the region. As many more Asian women—traditionally caregivers in the family—are on the move (Hefti 1997; Hugo 2000, pp. 294–297; Morada 2001; Asis 2003b; Asis & Baggio 2003; Gamburd 2003, p. 504; Jolly *et al.* 2003, p. 6). As female migrants begin to outnumber male migrants in several countries (Asis 2003b), Asian families increasingly face a 'care crisis'. This emerging phenomenon requires a rethinking of the nature of vulnerable groups among the 'left behind'.

In the past when male migrants tended to dominate emigration flows, it was believed that women and children were rendered most vulnerable as a result of migration. Studies showed that male migration led to greater responsibilities and increased workload for women (see reviews by Russell 1986, p. 689; Gardner 1995; Dwiyanto & Keban 1997; Hadi 1999, 2001; Hugo 2000, pp. 306–308; Castro 2002; Asis 2003a, 2003b; Jolly *et al.* 2003; Smith-Estelle & Gruskin 2003, p. 146), more financial hardships, difficulties with disciplining children (Battistella & Gastardo-Conaco 1998, pp. 224–225; Dwiyanto & Keban 1997; Hugo 2000, p. 308), lower access to food (Smith-Estelle & Gruskin 2003, p. 146) as well as loneliness and isolation (Gardner 1995; Skeldon 2003, p. 8).<sup>2</sup>

Given the increasing numbers of women on the move as labour migrants, 'left-behind' children need to be given further attention, especially in countries such as Sri Lanka, where three quarters of the female migrants are married and 90 per cent of these married women leave children behind (Gamburd 2003, p. 506). To date, contradictory impacts of migration on the education of 'left-behind' children have been found: positive

impacts (i.e. higher rate of school enrolment, better investment by parents on children's education, better performance at school) seemed to dominate in Bangladesh (Hadi 1999, 2001; Kuhn & Menken 2002), India, Pakistan, Thailand and Korea (Battistella & Gastardo-Conaco 1998, pp. 224–226), whereas negative consequences were found in the Philippines (Battistella & Gastardo-Conaco 1998, p. 232; Asis & Baggio 2003), China (*China Daily* 2004) and Sri Lanka (Fernando 2001, p. 10). Remittances (see later) apparently contributed to the positive effects of migration on the education of 'left-behind' children, whereas the negative effects suggest that the presence of parents in some cases is so important that it cannot be compensated for by remittance flows. Besides educational impacts on the children, studies show that remittances contribute to better nutrition and better access to modern health- and child-care services. On the downside, 'left-behind' children also seem to have a higher vulnerability to the spread of HIV/AIDS, a higher rate of drug use and heroin addiction (Battistella & Gastardo-Conaco 1998, p. 224), and to suffer higher levels of emotional disruption, stress and sadness (Ganepola 2002, p. 9; Mendoza 2004), loneliness and abandonment (Battistella & Gastardo-Conaco 1998, p. 231; Asis & Baggio 2003).

The existing scholarship also shows that many children of trans-national migrants are left with relatives or foster care-givers who play an important role in providing care and ensuring well-being (Gardner 1995; Battistella & Gastardo-Conaco 1998, p. 233; Olwig 1999; Hong Kong iMail 2000; Ganepola 2002, p. 7; Asis & Baggio 2003; Jolly *et al.* 2003, p. 11; Mendoza 2004). Nonetheless, there has been little focus on 'the children who grow up in these global family networks' (Olwig 1999) and the impacts of 'dollar mommies' and foster-care stations on the well-being and development of 'left-behind' children, especially in situations where extended families are shrinking in size and kinship networks loosening in the face of rapid socio-economic development and effective fertility control programmes.

The increase in female migration in Asia also implies that more males are joining the 'left-behind' population pool. Apart from some piecemeal evidence that 'left-behind' husbands are unlikely to fill the care-giving void by taking on women's family roles, little is known about the impact of female migration on 'left-behind' males. Another important lacuna lies in our knowledge of the 'left-behind' elderly. Despite the special call at the 30th section of the Commission on Population and Development in New York in 1997 for greater attention to be given to the impact of migration on the 'left-behind' elderly (NGLS 1997; United Nations 1997), we know little of how they cope with the absence of their children. Available evidence seems to suggest that the costs outweigh the benefits as the 'left-behind' elderly are often saddled with looking after their grandchildren (Knodel & Saengtienchai 2002) while remittances do not provide a satisfactory means of old-age insurance. Hugo (2000, p. 308) has called for more research on the 'left-behind' elderly women in particular, as they are 'among the most disempowered groups in less developed countries, yet gain little attention'.

### The Impact of Remittances

In the existing migration literature, remittances received by sending communities have often featured as an important factor leading to an increase in living standards and thus, indirectly affect the well-being of the 'left behind' and their access to social services.<sup>3</sup> Mediators that connect remittances to the improved health of people in 'left-behind'

communities include improvements in food habits, nutritional status and health seeking behaviour (Hadi 1999, p. 2), as well as improved infrastructure such as sanitation and health facilities in the sending communities (Hefti 1997; Taylor 1999). It has been found that remittances are not only used to compensate emigration-related expenses, debts, and income lost by the 'left-behind' household (Ganepola 2002, p. 7; Ramamurthy 2004, p. 28), but are also used by 'left-behind' families to meet daily needs (Dwiyanto & Keban 1997; Ganepola 2002, p. 7; Asis 2003b, p. 10; Gamburd 2003, pp. 506, 508), improve living conditions (Dwiyanto & Keban 1997; Hadi 1999, p. 5; Jones & Kittisuksathit 2003; Ramamurthy 2004, p. 28), enable land purchase, facilitate savings and investments (Russell 1986, p. 687; Gulati 1993; Gardner 1995; Dwiyanto & Keban 1997; Hadi 1999, p. 5; Hong Kong iMail 2000; Ganepola 2002, p. 7; Asis 2003a, p. 10; Gamburd 2003, p. 506; Ramamurthy 2004, p. 28), and invest in the education and caregiving of their children (Russell 1995, p. 9; Hong Kong iMail 2000; Ganepola 2002, p. 7; Asis 2003b, p. 10).

In contrast, it has also been found that reliance on remittances has some negative effects on the well-being of the 'left behind'. Kothari (2002, p. 16) argued that the 'left behind' may become 'vulnerable through lack of regular and sufficient remittances and other forms of support from those upon whom they are dependent in various ways but who have moved away'. In West Java (Indonesia), it was found that the economic situation of the families left behind did not improve due to the excessive charges imposed by middlemen and recruiters as well as the burden of debt (Dwiyanto & Keban 1997). In Nepal, it has been shown that 'left-behind' women did not receive much in terms of remittances, and become more vulnerable as they have to cope with a heavier workload while having less money to obtain health care and food (Smith-Estelle & Gruskin 2003, p. 146). Skeldon (2003, p. 8) noted that in Asia, 'many migrants go into debt in order to finance their migration. Although these migrants may not be from the poorest households, the resultant debt places financial strain on the families left behind.' Other negative impacts of remittances include increasing consumerism, an attitude of over-dependency that recipients develop (Russell 1986; Hefti 1997, p. 2), fuelled inflation and a rise in imports (Russell 1986).

### **The Impact of Gender and Social Factors**

While 'remittances' is an important mediator connecting migration to the well-being of the 'left behind', other factors have to be taken into account. Kuhn (2004, p. 18) found that the effects of migration on health are highly influenced by the gender of migrants. Gulati (1993, p. 130) found that the absence of husbands for long periods of time actually helps women regain their health—as the inter-birth interval is widened—and take better care of their children. Hadi (1999, p. 2) argued that families with a migrant member would have more knowledge about modern health facilities than non-migrant families, because the former benefit from exposure to other cultures and 'have greater confidence and ability to interact with health care providers'. The effect of migration on the well-being of the 'left behind' is also influenced by the extent to which social networks in the sending community effectively replace roles normally played by migrants (Gulati 1993; Battistella & Gastardo-Conaco 1998; Asis & Baggio 2003). Clearly, given the complexity of the linkages, any study on the impact of migration on the well-being of the 'left behind' needs to adopt a multi-dimensional approach.

## The Papers in this Themed Section

Given the limited and at times contradictory nature of the evidence, we are not in a position to develop a comprehensive theoretical framework to make sense of the social and economic dynamics which shape the vulnerability and well-being of a diverse range of 'left-behind' groups. Nevertheless, the three papers in this themed section represent an effort to provide concrete evidence contributing to a better understanding of the impact of migration on the well-being of a specific group of the 'left behind'—'left-behind' children—in three different countries of Asia, namely the Philippines, Bangladesh and Thailand.

Asis' paper on the 'left-behind' children in the Philippines focuses on caregiving arrangements for children in the wake of the migration of their parents, not only through comparisons of this group with children of non-migrants but also innovatively through the perspective of the children themselves. This study provides some evidence and answers to various issues presented above, including the living arrangements, education, general and emotional health of children left behind, and how these may vary with the availability of social networks, as well as the gender of the absent parent.

Kuhn's paper looks at the impact of the fathers' and siblings' migration on children's pace of schooling in Matlab, Bangladesh. By integrating the Matlab Health and Socioeconomic Survey data with Health and Demographic Surveillance System, this study is able to relate individuals or households to a prior vital registration or census data and hence able to control for the long-term effects of socioeconomic status and wealth on migration and schooling. It is found that migration has significant and positive effects on the schooling of the 'left-behind' children, even after controlling for the long-term effects of socio-economic status. The study also provides evidence for gendered effects of migration on schooling of children and the differential effects of internal *vis-à-vis* international migration.

Using data from a 2002 and 2003 longitudinal study in Kanchanaburi, Thailand, Jampaklay's paper looks at school enrolment of the 'left-behind' children. Findings from this study show that the effect of migration on school enrolment of children depends not only on the absent status of their parents but also on the duration of their absence. The positive effect of remittances is once again confirmed in this study. After controlling for remittances and other factors, migration, however, has negative effects on school enrolment of children.

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## NOTES

1. Entitled *International Migration, Health and Human Rights*, this report is part of the preparation to reach the health targets of the Millennium Development Goals. It is 'an overview of some of the key challenges for policy-makers in addressing the linkages between migration, health and human rights' (WHO 2003, p. 6).
2. On the other hand, it was also found that women gained greater self-confidence from being more actively involved in decision making and that their socio-economic status improved (Hadi 1999, 2001).
3. For a comprehensive review of various aspects, economic impacts and other consequences of remittances from international migration, see Russell (1986), Chaudhuri (1993), Taylor (1999), Glytsos (2001), Gammeltoft (2002), Adams & Page (2003) and HWWA (2003).

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