Migration & Health: Focus on those who stay behind

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June 2018
Types of migrants:

Who are we talking about when we talk about migrants?
Reasons/motivations for migration

Forced
- Conflict
- Violence
- War
- Persecution
- Environment
- Access to services

Voluntary
- Family
- Education
- Retirement
- Job
- Life-style
- Better opportunities

Person 1:
- Education
- Job
- Better opportunities

Person 2:
- Family
- War
- Access to services
Migration & Development

Migration

Development
Association between development and migration

Migration & Health (& Nutrition)

- Health(care) in transit and destination
- Health of stay-behinds
- Migration & transfer of disease
- Migration of healthcare workers
Mechanisms through which effects take place

Absence / Presence

Additional money

Additional knowledge / skills
Migration and Health of those who stay behind (left-behind)

Key Points
Health of the left-behind (stay behind)

• Men
• Women
• Children
• Elderly
Mechanisms: The effect of financial remittances

- Remittances and migration may have positive long term effects on child health outcomes (i.e. child mortality rates, low birth weight) (Frank & Hummer, 2002) since migrant households have more disposable income to spend on healthcare services and/or health insurance (Amuedo-Dorantes & Pozo, 2011; Valero-Gil, 2008).

- Remittances provide the left-behind with purchasing power to enter the formal healthcare system, which is often not available otherwise (Lindstrom & Munoz-Franco, 2006).
Mechanisms: The effect of financial remittances (continued)

- This additional expenditure on healthcare affects both migrant and non-migrant households (Kanaiaupuni & Donato, 1999)... why?
- for instance, better access to healthcare for particularly vulnerable groups reduces the emergence and transmission of preventable diseases within the community (Lindstrom & Munoz-Franco, 2006),
- remittances have been proven to be more effective in improving health outcomes in richer than in the poorest households (Chauvet, Gubert, & Mesplé-Somps, 2008; Drabo & Ebeke, 2011).
Mechanisms: The effect of financial remittances (continued)

- Remittances have been reported to be specifically used to increase health care expenditures, leading to greater access to private clinics and medicine in case of sickness, as well as improved health knowledge.

- It is important to note that the use of remittances has been more associated with emergency situations rather than preventative care (Ambrosius & Cuecuecha, 2013; López-Cevallos & Chi, 2012; Ponce, Olivié, & Onofa, 2011).

- Remittances have shown to alleviate the debt burden in migrant households in situations of health shocks (Ambrosius & Cuecuecha, 2013).
Mechanisms: The effect of financial remittances (continued)

• Remittances have also shown to shift the use of healthcare services from the public to the private sector in low income developing countries (Drabo & Ebeke, 2011).

• Furthermore, remittances are often spent on achieving primary and secondary education, which has been associated with greater life expectancy and lower child mortality rates (Zhunio, Vishwasrao, & Chiang, 2012)
Mechanisms: The effect of financial remittances

- Positive: In a study conducted in El Salvador with young children during the worldwide food price crisis showed that households with access to international migrants and specifically financial remittances, were not affected as negatively, showing lower declines in height for age scores in comparison to other households (De Brauw, 2011).
Mechanisms: The effect of social remittances

- These knowledge transfers increase information and induce behavioral changes in the left-behind regarding health and hygiene (Kanaiaupuni & Donato, 1999).

- Social remittances often present effects in the knowledge of women regarding child and maternal health as well as fertility, regardless of economic effects (Hildebrandt, McKenzie, Esquivel, & Schargrodsky, 2005a).
Mechanisms: The effect of social remittances

• Negative: Another study focused on adult measures to evaluate the impact of community migration intensity on nutritional and health outcomes. Results suggest and positive relationship between community-level migration intensity and the individual risk of being overweight and obese (Riosmena et al., 2013).
Mechanisms: The effect of social remittances

• Frank and Hummer (2002) also emphasize the relation between monetary and social remittances within the scope of increasing transnational ties. “By raising expectations of health services while simultaneously encouraging and facilitating political and civic organization, social and economic remittances have the potential to result in better health programs and infrastructure” (Frank & Hummer, 2002, p. 761).
Mechanisms: The effect of social remittances

- Social remittances have also been found to have an impact on fertility levels of origin countries. Beine (2008) describes that the transfer of norms from migrants in low fertility destination countries lowers fertility for destination countries (Beine, Docquier, & Schiff, 2008).
Evidence

- A study conducted in China shows that rural-urban migrant women are more likely than their non-migrant rural counterparts to adopt positive family planning and reproductive health attitudes. The results also indicate a spill-over effect on rural women living in communities with high prevalence of return rural-urban migrants (Chen, Liu, & Xie, 2010)
Evidence: Our Work

Migration and its influence on the knowledge and usage of birth control methods among Afghan women who stay behind (Roosen & Siegel, 2018)

- Afghan Mortality Survey (2010)
- Pashtun women with a migrant in the household had lower levels of overall knowledge and were less likely to use birth control methods than women without a migrant household member
Women left-behind

- A study conducted in Mexico evaluated the impact of male migration on wives left-behind, finding that wives with migrant husbands to the US had poorer mental health, higher prevalence of heart disease, and were more likely to be obese than wives of non-migrants (Ullmann, 2012).

- Bojorquez et al (2009) finds that having a husband abroad increases the odds of depression symptoms among Mexican wives of migrants in the US, even among those who experience economic autonomy (Bojorquez, de Snyder, & Casique, 2009).
Elderly left behind

- Many countries are facing the burden of accelerated population aging and a lack of institutional support to meet the needs of older individuals.
- In developing countries, adult children are primarily responsible for the care of their elderly parents. However, out-migration of adult children is common in these countries (Adhikari, Jampaklay, & Chamratrithirong, 2011).
Elderly left-behind

- A study conducted in Thailand evaluating the impact of migration of adult children on the elderly left-behind, found that elderly with migrant children were more likely to present symptoms of poor mental health than those with non-migrant children (Adhikari et al., 2011). (*absence of a person)
- However, elderly with migrant children showed no significant difference in physical health, and were more likely to seek care for recent illnesses (Adhikari et al., 2011). (*additional money)
Our work: Does it matter where the children are? the wellbeing of elderly people 'left behind' by migrant children in Moldova (Waidler, Vanore, Gassmann, Siegel, 2017)

- Physical and mental health: no difference between elderly with migrant children and no migrant children
Migration and the Multi-Dimensional Well-Being of Elderly Persons in Georgia (Wailder, Vanore, Gassmann, Siegel, 2017)

- Physical health and mental health: better physical health of elderly with migrant children
Children left-behind (our work)

• Health of Children Who Stay Behind in Ghana and Nigeria (Cebotari, Mazzucato, Siegel, 2016)

• children with international migrant parents who are divorced/separated are less likely than children in non-migrant families to have good health

• Among children with parents living abroad who are stably married, specific dimensions of children’s transnational life are associated with negative health, while others are not. This study highlights the sensitivity of results to the context of parent-child separation and to the transnational dimension being measured.
Psychological Well-being of Ghanaian Children in Transnational Families
(Cebotari & Mazzucato, 2016)

- find that being in a transnational family is associated with lower levels of psychological well-being only in families where parents are divorced or separated
- whether a parent migrates internally or internationally, who the caregiver is, and having a good relationship with the migrant parent are not associated with poorer well-being outcomes
- if a father migrates, if the child changes caregivers more than once, and if the child has a bad relationship with his or her migrant father are associated with lower levels of well-being
Migration and child health in Moldova and Georgia (Cebotari, Siegel, Mazzucato 2018)

• This study uses nationally representative data collected in 2011–2012 in Moldova (N = 1601) and Georgia (N = 1193).

• Findings show that, regardless of the transnational family setting, children of migrants have overall positive or no differing health compared to children in non-migrant households.

• However, significant gender differences are found in both countries. More often than not, Moldovan and Georgian girls are more at risk of having poorer health when living transnationally. These results add nuance to a field of research that has mainly emphasized negative outcomes for children in transnational care.
Unpacking the Relationship between Parental Migration and Child well-Being: Evidence from Moldova and Georgia (Gassmann, Siegel, Vanore, Waidler, 2018)

- Physical (vaccinations) and mental health (SDQ)
- Moldova-no difference between children with migrant in hh and non-migrant hhs
- Georgia-children scored better in migrant hhs