

The Burden of Separation: Health and Psychological Effects on Left Behind Parents in Rural Punjab

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Abstract

Punjab has become a hub of student migration as well as labour migration to the developed countries. When this migration took place, it tore families across the borders. Old-aged parents have to spend a significant portion of their life alone when their children migrate overseas and set up their families in their destination countries. The parents who stay at home may feel more emotionally stressed and burdened with household responsibilities due to the absence of their children. So, this study was undertaken with specific objective of knowing the socio-psycho and others problems faced by left behind parents in rural Punjab. A total sample of 120 households were selected with help of snowball sampling technique. The results revealed that about one fifth (22.53 %) of the total sample respondents belonged to the age group in 71-80 years and had high average income i.e., between Rs. 2-3 Lac/annum. The respondents had various social problems among which social isolation was major social issue. People have lot of psychological problems such as, no one care at this stage, loneliness after migration of children coupled with over thinking and insecurities were there. Along with this, about 48 per cent of the total respondents faced tension and anxiety which was mainly related to their children and about their settlement and future. The respondents called their homes as “empty nests”. As far as suggestions to overcome the issue, a large number i.e 71.66 per cent of respondents said that recreational activities must be there for parents such as social clubs, reading rooms with congenial atmosphere. Recreational activities as well as support and care must be there so that old aged parents can lead a comfortable life. Proper health care program should be paid by government for old aged person. Government should provide better health facilities, job opportunities, etc. to youth for curbing migration.

Keywords: Migration, Rural, Recreation, Old age

JEL codes: J6, R23, Z28, J14

Introduction

Punjab has become a hub of student migration as well as labour migration to the developed countries. When this migration took place, it tore families across the borders. These migrants have to leave their homes and families that separate them from their parents and other family members. It becomes stressful and chaotic for the left behind family members who will look after the elders. Old-aged parents have to spend a significant portion of their life alone when their children migrate overseas and set up their families in their destination countries. In such cases, parents depend on extended family members and neighbors for their necessities. On the one hand, parents who stay at home may feel more emotionally stressed and burdened with household responsibilities due to the absence of their children. Conversely, migrant children send back remittances to show their care and love for their parents

(Tuccio and Wahba 2020). Thus, the impact of migration on the parents who stayed behind has been both positive and detrimental. Adverse effects include increased chronic stress, greater social isolation, various health issues, reduced daily activity, and many more (Cohen and Thomas 1985, Sherbourne et al 1992, Xiang et al 2016). The positive side is that migrant children send remittances to their elder parents so that they can live comfortable life and afford nutritious food. If migrant member continuously sends remittances to their left behind family members, they have good mental and physical health, and if they discontinue sending remittances, they have a negative impact on their 3 health because of the shortage of money as they discontinue taking their medicine etc. In case of old-aged parents, migrants continuously send remittances to their relatives so they can take care of their elderly parents. But sometimes, when migrant does not send remittances to their relatives, they stop caring for their parents. The caregiving of old-age parents in the absence

of their family members becomes a big issue and creates a long-distance relationship. Sometimes these parents become dependent on others for their small needs and are also emotionally sick due to the non-availability of their children. They feel lonely and isolated after staying behind. In the case of the Punjabi migration, various studies were conducted on caste migration, country of migration, remittances flow and Punjabis migration in the colonial period. Left behind parents had higher depressive symptoms, higher levels of loneliness, lower life satisfaction, lower cognitive ability and poorer psychological health. A number of risk factors were identified for mental health disorders among the left behind parents, which included living arrangements, gender, education, income, physical health status, physical activity, family and social support, age, rural residence and frequency of children's visit (Kaur 2022). However, few research have looked into the link between adult children's migration and the health of parents who are left behind in rural areas to fend for themselves. The consequences of adult offspring migrating on the health of the elderly left behind have given conflicting outcomes in the literature. (Lee and Ellithorpe 1982; Lillard and Willis 1997; Kuhn 2005; Arif 2009; Abas et al 2009; Xiang et al 2016 and Taylor 2013). The objective of this study was to identify the socio-psychological and health problems of the left behind old aged parents and suggest possible measures to overcome these problems.

Data Sources and Methodology

Punjab state has been divided into three regional zones: Majha, Malwa and Doaba. Two of three zones i.e. Doaba and Malwa zone was selected because know to difference between Malwa and Doaba area's migration. Multistage random sampling technique was used for collection of data. At the first stage, two districts i.e., Sri Muktsar Sahib and Jalandhar were randomly selected to make the study representative of *Malwa* and *Doaba* region of Punjab. From each selected

district one block was selected randomly. From Sri Muktsar Sahib the block namely Kot-Bhai was selected whereas, from Jalandhar district the block Jalandhar-West was taken into consideration for the study. From two blocks, six villages were selected randomly at final stage of sampling. From each village a total of twenty left behind old aged parents (males and females) were selected randomly for collection of data. In all the sample comprised of 120 respondents i.e. 60 respondents from each *Doaba* and *Malwa* of Punjab were taken up for the study. Descriptive statistics used for to achieve the requirement of study.

Results and Discussion

In table 1, old aged people of all the ages were taken into consideration. The age of the respondents has been divided into four categories viz. 60-70 years, 71-80 years, 81-90 years, 91 years and above. The table, indicates that most of the old aged people belonged to age group 60-70 years in *Doaba* and *Malwa* region. About one fifth (22.53 %) of the total sample respondents belonged to the age group in 71-80 years in both regions. On the other side only 3.33% of total respondents lies in age group 81-90 years in Jalandhar district while questioning to female respondent. A very few 3.33 per cent of respondents belonged to 91 years and above and only in *Doaba* region.

Family income is one of the major indicators to access the economic conditions of family. Table 2, indicates that 45.83 per cent of respondent had income level between Rs. 2 to 3 lakhs per annum. Only 5.84 per cent earned less than Rs.1 lakh per year. It was seen that 20.00 per cent of the respondents had income above three lakhs. Further dissection of data shows nearly half of the respondents in *Doaba* region had income between Rs. 2-3 lakh. And in *Malwa* region 30.00 per cent had income above 3 lakhs. So, in the total sample majority of elderly had high average income i.e., between Rs. 2-3 Lac/annum.

Table 1: Distribution of respondents according to their age

| Age (years) | <i>Doaba</i> (n ₁ =60) | <i>Malwa</i> (n ₂ =60) | Total (N=120) |
|--------------|-----------------------------------|-----------------------------------|-----------------|
| 60-70 | 38 (63.33) | 46 (76.66) | 84 (70.00) |
| 71-80 | 13 (21.67) | 14 (23.34) | 27 (22.53) |
| 81-90 | 4 (6.66) | - | 4 (3.33) |
| 91 and above | 5 (8.34) | - | 5 (4.14) |
| Total | 60 (100.00) | 60 (100.00) | 120 (100.00) |

Note- Figures in parentheses indicate percentage

Table 2: Distribution of respondents according to their annual income of family

| Income of family (Lac/ annum) | (Lac/ annum) | | |
|----------------------------------|--------------------------------------|--------------------------------------|------------------|
| | <i>Doaba</i> (n ₁ =60) | <i>Malwa</i> (n ₂ =60) | Total (N=120) |
| Up to 1 | 3 (5.00) | 4 (6.66) | 7 (5.84) |
| 1- 2 | 20 (33.34) | 14 (23.34) | 34 (28.33) |
| 2 -3 | 31 (51.66) | 24 (40.00) | 55 (45.83) |
| 3 and above | 6 (10.00) | 18 (30.00) | 24 (20.00) |
| Total | 60 (100.00) | 60 (100.00) | 120 (100.00) |

Note- Figures in parentheses indicate percentage

Social problems they faced after children's migration

Social problems faced by the left behind respondents. Around 84.16 percent of respondents stated that due to old age they are not able to independently manage and they find lost sense of purpose. Also 62.50 per cent revealed the dependency on neighbours and relatives as they do not have their own children with them. In all, 80.00 per cent of respondents also found ageism as major issue. Overall, the respondents had various social problems among which social isolation children are abroad and busy in their own lives was major social issue.

The present table 3 clearly showed that people from both areas were under the pressure of debt. It is because people took (rank 1) debts from commission agents and banks for their children's migration. In *Doaba*, the major economic problem was that children took money from parents for settlement in abroad. In *Malwa* region, parents were facing more monetary problems (rank 3) as compared to *Doaba*

where the problem is less identified. The major reasons for the economic problems were taking away of money by children. Few parents even told their children want them to sell property and give money to them

Health problems

There are a number of health problems in the old age such as cold and cough, joint and knee pain, tension or anxiety, heart disease, diabetes etc. Almost all the respondents faced one ailment or the other at this stage. Table 5 shows that, around 70.00 per cent of the respondents from both *Malwa* and *Doaba* respondent faced joint and knee pain problems. About 48 per cent of the total respondents faced tension and anxiety which was mainly related to their children and about their settlement and future. Least number of respondents (10.00%) suffered with heart. Surjit Kaur, 90 years old, from village Dhaliwal Qadian, Jalandhar (*Doaba*) reported that her son Yoga Singh 60 years old, is currently living in

Table 3: Distribution of respondents according to the social problems faced by them

| Social problems | <i>Doaba</i> (n ₁ =60) | <i>Malwa</i> (n ₂ =60) | Total (N=120) |
|---|--------------------------------------|--------------------------------------|------------------|
| Increased dependency on neighbour's and relatives | 33 (55.00) | 42 (70.00) | 75 (62.50) |
| Mobility issues | 44 (62.85) | 37 (61.66) | 81 (67.5) |
| Ageism and loss of sense of purpose | 45 (64.28) | 51 (85.00) | 96 (80.00) |
| Social isolation as children are out and engaged in their own lives | 60 (100.00) | 60 (100.00) | 120 (100.00) |
| Inability to independently manage regular activities | 52 (86.67) | 49 (81.67) | 101 (84.16) |

Note-Figures in parenthesis indicates percentage (Multiple responses)

Table 4: Distribution of respondents according to economic problems faced after children's migration

| Economic problems | <i>Doaba</i> (n ₁ =60) | <i>Malwa</i> (n ₂ =60) | Total (N=120) |
|-----------------------|--------------------------------------|--------------------------------------|------------------|
| Debts | 29 (48.34) | 24 (40.00) | 53 (44.16) |
| Monetary issues | 22 (36.66) | 13 (21.66) | 35 (29.16) |
| Not proper investment | 14 (23.34) | 20 (33.34) | 34 (28.33) |
| Children took money | 32 (53.34) | 20 (33.34) | 29 (24.16) |

Note- Figures in parentheses indicate percentage

England from last 40 years. She also told that it was just Rs. 232 only spent for the migration and h migrated at the time when migration was rare. Being a widow, Surjit Kaur, regularly visit to see his son with his family in England. She told that she holds good relationship with her daughter in law and grand-children. Being a heart patient, Surjit Kaur is currently living alone and her nephew take care of her at difficult times. She reported that she doesn't need any money from her son because she owns 35 acres of land but still his son sends her remittances on regular basis. She had already done property on the name of his son but still have fear in mind that her relatives might not create dispute for property. She also feared who will take care of her if she is become ill as her health is deteriorate nowadays.

In *Doaba* and *Malwa* region, joint and knee pain is recognized as the major health problem in old age parents (rank 1) followed by tension and anxiety (rank 2) whereas heart disease is affecting the old aged parents the least. On the other hand, the least score was given to heart disease in both regions.

Psychological problems

Psychological problems are bound to sprout up among left behind old aged people they have lot of psychological problems such as ,no one care at this stage, loneliness after migration of children burdened ,over thinking and insecurities. In *Doaba*,55.00percentofrespondents were insecure as children moved away of respondents in *Malwa* had this feeling.

Parents also faced emotional breakdown after children's migration. In *Doaba*, 43.34per cent and *Malwa* half of the parents were feel burdened after children's migration and avery little number of respondents had feared that they have no one at their home for care and love. They called their homes as "empty nests" In the total sample, mostly left behind were missing their children. Almost 40.00 percent of the respondents were worried what they will do after death of spouse as they will be alone. One of the female respondents said that, "they felt if children are not there than spouse must be there to take care of them."

Table 5: Distribution of respondents according to their health problems

| Health problems | <i>Doaba</i> (n1=60) | <i>Malwa</i> (n2=60) | Total (N=120) |
|---------------------|-------------------------|-------------------------|------------------|
| Cough and cold | 19 (31.66) | 25 (41.67) | 44 (36.67) |
| Joint and knee pain | 42 (70.00) | 42 (70.00) | 84 (70.00) |
| Tension or anxiety | 29 (48.34) | 29 (48.34) | 58 (48.34) |
| Heart disease | 7 (11.66) | 5 (8.34) | 12 (10.00) |
| Diabetes | 9 (15.00) | 26 (43.34) | 35 (58.34) |

Note- Figures in parentheses indicate percentages

Table 6: Distribution of respondents according to their psychological problems

| Psychological problems | Doaba (n ₁ =60) | Malwa (n ₂ =60) | Total (N=120) |
|--------------------------------------|-------------------------------|-------------------------------|------------------|
| No one care at this stage | 4 (6.67) | 5 (8.33) | 9 (7.50) |
| Loneliness after the death of spouse | 29 (48.33) | 17 (28.33) | 46 (38.33) |
| Feel burdened after being left alone | 26 (43.34) | 30 (50.00) | 56 (46.66) |
| Over thinking and missing children | 32 (53.33) | 27 (45.00) | 59 (49.16) |
| Insecure | 33 (55.00) | 32 (53.33) | 65 (54.16) |

Note-Figures in parenthesis indicates percentage (Multiple responses)

Suggestions regarding Socio-psychological aspects

The suggestions regarding overcoming the socio-psychological problems were asked from the respondents. A large number i.e 71.66 per cent of respondents said that recreational activities must be there for parents such as social clubs, reading rooms with congenial atmosphere. Also 16.66 percent revealed that counseling of elder person and thus encouragement of self-care must be uncalculated in elderly persons. Further, emotional support by emigrant (56.66%) and other family members must be there. Few (10.80%) of the respondents also quoted trainings for health professionals

in promoting care for old person should be there for old person. Also 15.00 per cent of old aged talked about social and healthcare programmes to be started for elderly. In *Doaba* region, mainly of elderly quoted about recreational activities of old aged followed by counselling of elder person i.e., 71.66 per cent and 68.33 per cent. In *Malwa* region, about 29.00 per cent of respondents asked for providing security and freedom to the elderly.

Suggestions regarding economic aspects

It was observed that all of the respondents from *Doaba* and *Malwa*, suggested to have monetary help from

Table 7: Suggestions by respondents regarding improvement in Economic, health and psychological aspects.

| Suggestions regarding economic aspects | Doaba | Malwa | Total |
|---|-------------|-------------|--------------|
| Renumeration for left behind parents | 49 (81.66) | 57 (95.07) | 110 (88.33) |
| Bank facilities in village | 47 (78.33) | 11 (18.33) | 58 (48.33) |
| Monetary help from government | 60 (100.00) | 60 (100.00) | 120 (100.00) |
| Suggestions regarding health aspects | | | |
| Regular checkups at homes | 29 (48.33) | 33 (55.00) | 62 (51.66) |
| Better medical facilities in villages | 48 (80.00) | 54 (90.00) | 102 (85.00) |
| Organize free medical camps | 50 (83.34) | 52 (86.66) | 102 (85.00) |
| Free medicines and treatments for old aged | 60 (100.00) | 60 (100.00) | 120 (100.00) |
| Suggestions regarding socio-psychological aspects | | | |
| Providing security and freedom | 9 (15.00) | 17 (28.33) | 26 (21.66) |
| Emotional support by family members | 28 (46.66) | 40 (66.66) | 68 (56.66) |
| Developing age friendly services and settings | 16 (26.66) | 31 (51.66) | 47 (39.16) |
| Training for health professional in proudly lane for old aged | 5 (8.33) | 8 (13.33) | 13 (10.80) |
| Recreational activities for old aged | 43 (71.66) | 43 (71.66) | 86 (71.66) |
| Counselling of elder person and encouragement of self-care | 41 (68.33) | 33 (55.00) | 74 (61.66) |
| Social and health care programmes for elderly | 9 (15.00) | 9 (15.00) | 18 (15.00) |

(Multiple responses)

government. Also respondents suggested that bank facilities like international bank should be in villages. The respondents demanded monetary help from government in face of “*karjamafi, bjurag Bhatta*” etc. Respondents stated that government should help the left behind old aged parents of emigrants as they send their children as well as their finances went with them. So, remuneration must be given to them.

Suggestions regarding health aspects

The suggestions regarding health aspect were asked. All the respondents asked for free medicines and treatment for them. Large number of respondents suggested that there should be better medical facilities in villages like better government hospitals and proper educated staff. Government should organise free medical camps such as eye check-up camps, blood-sugar check-up camps, etc. Narinder Singh (79 years old) narrated that, he is heart patient. Many times he needs doctor near to him. But he is unable to visit to doctor because doctors are very far from them and he is unable to go by himself. They said they are aware about health issues but they are unable to control because some of them are living alone and are very old. Also parents from *Doaba* and *Malwa* suggested for having regular home check-up by good doctors and teams. Overall, all respondents were desired to free medicines and treatments for old aged parents by providing medical camps.

Conclusion and Policy Implications

Migration is an age old and universal phenomenon. Historical accounts vividly indicate the migration of individuals, tribes and communities from one place to another to hunt for food, shelter, trade and economic activities. As regard to suggestions regarding economic problems they said remuneration and bank facilities with in village must be there.

The study identified that left behind older parents are facing so many problems such as social, economic. Psychological and health problems. In this study parents had higher level of mental health problems. They had higher depressive symptoms, higher level of loneliness, lower satisfaction and poor psychological health. A number of factors acknowledged for mental health disorder among the left behind parents, which included insecurities, burdened, loneliness if father or mother’s partner is died, lower mental ability, overthinking and physical health status. There is adverse effect on their psyche and mental health. Out migration of young people has negative consequences for aging parents with loneliness, isolation and loss of basic support, physical well-being, financial impacts and more.

The paper have important implications for programmes and policies aiming to promote mental health of old agers. Based on study they suggested free medical camps and treatments must be there for all the old aged persons and given the higher prevalence of physical illness and chronic diseases. Programs to extend emotional intimacy between

their migrant children are required. Recreational activities as well as support and care must be there so that old aged parents can lead a comfortable life. Proper health care program should be paid by government for old aged person. Maintaining older parent’s contact with their migrant children, being visited by children more frequently and engaging older people in range of social activities reduces the negative consequences of their children’s migration. On the other side government should provide better health facilities, job opportunities, etc. to youth for curbing migration. Punjab is one of the largest agriculture states. For those who are engaged in agriculture, rural youth should be trained for better adoption of technology and imparted skill development trainings so that they can earn well for their livelihoods.

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