

Short Abstract

“Left Behind: The Effects of Children’s Migration on Elderly Parents’ Health”

Erika Arenas, Jenjira J. Yahirun

California Center of Population Research, UCLA

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Family disruption due to migration represents a stressful event for the parents left in the sending region with serious implications on their mental health. This paper has four aims. First, we investigate how adult children's migration affects the mental health of elderly parents left behind. Second, we investigate if the effect of migration on mental health varies by type of migration, internal vs. international. Third, we examine if this effect varies by elderly parents' characteristics such as physical health, childlessness, widowhood, living arrangements, urban/rural residence, and education. Fourth, we examine if this effect is mitigated by the impact of receiving financial transfers from their children. Finally, we ask whether the impact of migration on mental health varies by migrant children's characteristics such as sex, education, and birth order. We use nationally-representative longitudinal data from the Mexican Family Life Survey which includes a wide array of mental and physical health measures, elderly parent's characteristics, and children characteristics.

Long Abstract

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1. Background

In developed and most developing countries, the growing proportion of aging individuals challenges public and social institutions responsible for elderly care. Developing countries face an additional burden of accelerated population aging and a lack of institutional support to meet the needs of older individuals (Wong & Higgins 2007; Uthoff et al. 2005; Palloni 2000). In these contexts, children are primarily responsible for the care of their elderly parents through geographic proximity and co-residence. Yet migration, also a common phenomenon in developing countries, disrupts this process when children move away. The separation of families due to migration represents a stressful event for the parents left behind which might have serious implications on parents’ mental health. This stressful event is likely to be stronger among the elderly parents in the case of international migration when family members are separated by national boundaries.

Research on the mental health of the elderly suggests that the main determinants of mental health of this population are related to socio-economic conditions of the elderly, family care, and social support (Levkoff 1995). Thus, migration may affect the mental health of elderly parents through two possible mechanisms. First, by sending remittances, migrant children may improve the socio-economic condition of their elderly parents which might have a positive impact on their mental health. Second, parents’ mental and physical health may deteriorate because migrant children no longer provide proximate social or physical support.

The first objective of this paper is to investigate how adult children's migration affects the mental health of elderly parents left behind. Second, we will investigate if the effect of migration on mental health varies by type of migration, internal vs. international. Third, we will examine the impact of migration on mental health varies by elderly parents’ characteristics such as physical health, childlessness, widowhood, living arrangements, urban/rural residence, and education. Fourth, we will examine if the effect of migration of children on parent’s mental health is mitigated by the impact of receiving financial transfers from their children. Finally, we will ask whether the impact of migration on mental health varies by migrant children’s characteristics such as sex, education, and birth order.

2. Data

We will use data from Mexico, a developing country that is currently experiencing rapid growth of its elderly population. Mexico is the major source country of immigrants arriving to the United States; about nine percent of the population born in Mexico is now living north of the border (Passel 2006). Mexican immigrants account for approximately 30% of all immigrants and more than half of the undocumented population residing in the United States. This is significant for elderly well-being because undocumented status might increase the barriers to return in periods of family crisis.

We use data from the Mexican Family Life Survey (MxFLS), an ongoing nationally-representative longitudinal individual, household, and community survey of over 35,000 individuals who were interviewed in 2002 and again in 2005. Recontact rates in 2005 were over 90%. This survey is unique in that it follows and interviews Mexico-U.S. migrants across the border, facilitating an understanding of reunification and disintegration processes of families in both countries.

For multiple reasons these data are well-suited for this study. First, they allow for the identification of households with internal and international migrants (individuals who migrated within Mexico and to the United States between 2002 and 2005). Second, these data include a module of mental health that is asked to every household member aged 15 years or more. Third, these data include a rich array of physical health measures such as biomarkers and anthropometric measures (e.g. blood pressure, height, weight, and hemoglobin), as well as self-reported measures of health (e.g. general health status, activities of daily living, chronic diseases, short term health status in previous week). Fourth, these data include information of parent's characteristics such as number of surviving daughters and sons, living arrangements, marital status, education, employment, urban/rural residence and financial transfers. Fifth, these data encompass characteristics of adult children, including children's sex, birth order.

3. References

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