

Impact of Economic Labour Migration: A Qualitative Exploration of Left-Behind Family Member Perspectives in Sri Lanka

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Abstract Sri Lanka is a major labour sending country in Asia, with a high proportion of female labour migrants employed as domestic housemaids in the Middle East with increasing remittances. Despite such financial gains for families and national economy, health and social effects on the left-behind families have had limited exploration. This qualitative study was carried out across five districts with high labour migration rates in Sri Lanka. Twenty in-depth interviews were conducted with participants recruited through purposive sampling. Data was analysed using content and thematic analysis and emerging themes were mapped. Pre-migration socio-economic situation, economic difficulties and higher earning possibilities abroad were considered to be the major push and pull factors for labour migration. Post-migration periods were shown to be of mixed benefit to left-behind families and children suffer the negative effects of parental absence. The absence of support mechanisms for dealing with adverse events such as serious injury, death, abuse or imprisonment were cited as major concerns. Post-migration periods affect the health,

well-being and family structures of left-behind families. Promoting economic prosperity while ensuring health and social protection is a formidable policy challenge for 'labour sending' countries such as Sri Lanka.

Keywords International labour migration · Left-behind families · Labour-sending countries · Sri Lanka

Abbreviations

IOM International Organization of Migration
SLBFE Sri Lanka Bureau of Foreign Employment
ILM International labour migrant

Background

Sri Lanka, a low-middle income country with a total population of 20 million, is currently considered one of the

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foremost labour sending countries in the Asian region, with 24 % of its total labour force employed abroad [1, 2]. Sri Lanka's current migrant work force numbers approximately 1.8 million, without accounting for irregular and unregistered migrant workers. Approximately 250,000 migrant workers leave for employment abroad every year [3, 4]. International labour migrant (ILM) numbers from Sri Lanka have rapidly increased during the past 10 years, with a majority (86 %) of female labour migrants employed as domestic housemaids in the Middle Eastern region [3, 4]. Sri Lankan economy extensively benefits from ILM remittances, and foreign employment revenues rank as the number one source of foreign currency income (4.1 billion USD in 2011) for the country [3]. However, despite these financial gains, research has shown mixed economic benefits for returning ILMs, while migration-related negative impacts from social, cultural and health issues are threatening to overtake positive outcomes [5, 6].

Negative impacts such as employer abuse, death, circular migration, extended periods of separation from family (more than 10 years), physical/mental ill health and culture shock affect many ILMs while working abroad. Furthermore, their 'left-behind families', defined as 'families where one or both spouses are ILM workers (non-migrant spouse if available, children, caregivers such as grandparents or relatives)', are increasingly found to be affected by a myriad of adverse outcomes [5–7]. Family breakdown, child abuse, increased child malnutrition, alcohol abuse by the non-migrant spouse, and breakdown of social and cultural norms are some of the negative impacts of international labour migration on left-behind families [8, 9]. Effects of international labour migration have been researched using quantitative and qualitative methodologies in Asian labour sending countries [5, 10]. These studies have explored both ILMs and their left-behind families. However, empirical research on the impact of labour migration on left-behind families is still in its infancy and the evidence is sometimes contradictory and country-specific, especially regarding actual health impacts. As migration and mobility become extended phenomena, their impact on those left-behind is still an unanswered question [11]. An evidence-based research agenda focusing on health of migrants to counter the dearth of global evidence has been advocated [12–14].

In Sri Lanka, various research institutions, individual researchers, government bodies, and international and local non-governmental agencies have conducted studies on ILMs and left-behind families. These studies show evidence of mental and physical health problems among children of left-behind families, difficulties of role-reversal for male left-behind spouses, and sexual and other abuse of children in left-behind families associated with international labour migration [5–7, 15–17]. Although the

frequency of such studies have increased in parallel with the increase of Sri Lankan ILM numbers employed abroad during the last three decades, the majority have been small-scaled and of limited focus, mainly concentrating on left-behind children in the urban Colombo district [5, 18].

A qualitative study conducted among 'substitute-mothers' for children of female ILMs has shown increased physical and mental health problems attributed to providing care [7]. This study also showed that these primary carers of ILM children considered their care provision to be a formidable burden considerably affecting socio-cultural and socio-economic aspects of their lives [7]. Another study explored gender roles and support networks of left-behind family members of ILMs [17]. This study concluded that both male and female left-behind spouses of ILMs experience gender-role reversals in order to provide care for children and other left-behind family members, sometimes creating tensions between spouses. The study also concluded that support often comes from the immediate extended families of ILMs [17]. Other studies, not directly focusing on ILMs, have found that migration of parents for work (locally or internationally) is a key risk factor for potential child abuse [19].

However, an in-depth exploration of the impact of labour migration on left-behind families has not been carried out in Sri Lanka. This paper describes a qualitative study designed to address the lack of insight and understanding of the impact of labour migration on 'left-behind' family members. It also aims to describe knowledge and practices of the left-behind family members about dealing with situations of death, illness, abuse or imprisonment of an ILM while working abroad. Diverse migrant family types across ethnic, religious and socio-economic strata were included in the sample, enriching the research questions explored through qualitative methodology.

Methodology

Study Design, Setting and Participants

The study presented here contributed to a larger national (mixed-method) research programme in Sri Lanka aiming to generate an evidence base for the 'National Migration Health Policy'. The overall research programme was a collaboration of multiple governmental and international non-governmental organizations affiliated to the National Migration Health Task Force of Sri Lanka [20]. Institute for Research and Development conducted a cross-sectional survey (reported separately) and the qualitative research component reported here themed 'Impact of economic labour migration on left-behind families' commissioned by Sri Lanka's Ministry of Health in 2011 and funded by the

International Organization of Migration (IOM Sri Lanka). The quantitative component was carried in six districts with the highest recorded departure rates for labour migration in the country (Colombo, Gampaha, Kandy, Kurunegala, Puttalam, Kalutara) which, according to official statistics in 2009, accounted for 62 % of the total migrant work force in Sri Lanka [3]. The qualitative component was conducted in parallel among participants from five districts (Colombo, Kandy, Kurunegala, Puttalam, Kalutara).

Twenty participants were interviewed. Each of them was responsible for managing family finances and caring for the children of respective left-behind families. All participants were selected from the list of ILM families originally consenting for the cross-sectional survey and approached for additional consent for the qualitative component. Purposive sampling was used and designed to include maximum variation in terms of ethnicity, gender, geographical region, family size, age, and education level of the participant heads of left-behind households. A critical realist perspective was adopted in the design of the qualitative study aimed at the identification of causal mechanisms, observable events, processes, phenomena, perceptions, meanings and representations linked to labour migration of ILMs and subsequent life events of left-behind families [21, 22].

Data Collection, Data Analysis and Ethics

Two researchers conducted in-depth, face-to-face interviews with participants using a semi-structured interview guide. Another study team member acted as the observer for the interviews. The researchers were medical graduates trained in conducting qualitative research and consent procedures. However, steps were undertaken to minimize any potential therapeutic misconceptions by informing the participants that the interviews did not constitute as psychological therapy, medical history taking or diagnostic interviews. The medically trained interviewers were trained to avoid following 'clinical interview' formats and to avoid potential clinically-driven misconceptions. After an initial telephone appointment, in-depth interviews were conducted at a location convenient for and selected by the participants, minimizing any impact of 'unfamiliar' backdrops. Interviews were conducted in Sinhalese, one of the primary languages spoken in Sri Lanka, and audio-recorded with the consent of the participants. There was no probing nor leading questions asked outside the topic guide and the interviewers strictly made sure that the information flow was not disturbed. Furthermore, at the end of each interview, all participants was given extra time for additional comments or thoughts. Maximum care was taken to

assure that the privacy and dignity of participants were not affected.

At the beginning of each interview, basic socio-demographic information was gathered. The topic guide explored rationale and push-and-pull factors for migration, type of work of the ILM, health impact, benefits from remittance, child care and education, family harmony, spousal role reversal, impact of death, illness or injury to ILM while abroad and patterns of ILM migration. These broad questions were selected and agreed on by the research team; the topic guide was approved by the ethics committee. Each interview lasted approximately 45 min to 1 h.

The audio-recorded interviews were transcribed verbatim and then translated from Sinhalese into English. During transcription, data was made completely anonymous removing any identifiable personal information. Audio recordings were destroyed immediately upon completion of transcription. Transcribed interviews were verified by the interviewers, and supplemented from the interviewer notes and comments to ensure data accuracy. Each transcript was then analysed by two independent researchers, using the line-by-line content and thematic analysis method with a non-frequency based approach. Manual coding was used instead of computer programme based coding due to unavailability and high cost of qualitative analytic software. Information in each section of text was compared and grouped until similar thematic groups were formulated. The analysis process used 'method of constant comparison' to triangulate the thematic coding. The final thematic coding framework was discussed within the research team for consensus. The emerging themes and underlying broader concepts were mapped together to formulate the foundation of key thematic findings.

Ethical approval for the study was received from the Ethics Review Committee of the Faculty of Medicine at the University of Colombo. Informed written consent was obtained from all participants for both the in-depth interview and concurrent audio-recording.

Results and Discussion

A total of twenty participants from Colombo, Kandy, Kurunegala, Puttalam and Kalutara districts of Sri Lanka were interviewed (see Table 1). The sample had an equal gender representation with ten males and ten females. Sixteen respondents were left-behind spouses of ILMs (seven wives and nine husbands), three were mothers (caregiver) of ILMs and one was recruited for the specific reason of having experienced the loss of the sibling ILM abroad. Eight participants (six spouses and two caregivers) were unemployed, seven of them female. The unemployed

Table 1 Demographic details of participants

Characteristic	Number of participants (N = 20)
<i>District</i>	
Colombo	3
Kandy	5
Kurunegala	7
Puttalam	2
Kalutara	3
<i>Age</i>	
25–35	6
36–45	5
46–55	6
55–65	3
<i>Gender</i>	
Male	10
Female	10
<i>Ethnicity</i>	
Sinhala	9
Tamil	5
Muslim	6
<i>Relationship to ILM</i>	
Husband	9
Wife	7
Parent	3
Brother/sister/other	1
<i>Family setup</i>	
Nuclear family	10
Extended family	10
<i>Employment</i>	
Unemployed	8
Agriculture/plantation worker	7
Self-employed/trade	5

male was physically disabled. Out of the twelve employed participants, four were self employed, seven in the agricultural sector and one in trade. The participants were equally representative of nuclear and extended family setups. During the thematic content analysis of the data, several main themes of interest emerged and are discussed below. Supporting quotes are used to illustrate the original views of participants.

Rationale for Migration, Push and Pull Factors

Participants viewed international labour migration as a path to economic prosperity. Push and pull factors varied according to the specific individual and family needs. The main rationale for going abroad was almost always the economic impediments which rise with an increase in the number of family members. Economic concerns interlinked with increasing

family debt was another push factor. Low levels of education were indicated as barriers in finding suitably paid jobs in Sri Lanka whilst, with the same levels of education, better paid jobs could be found in foreign employment, especially as domestic helpers. Further, some participants indicated that they wanted to provide for their children's education while for others peer pressure acted as a push factor. Foreign employment is perceived to be the best possible option for gaining higher income, which can be influenced by narratives of relatives and neighbours who seemingly improved their quality of life by working abroad. These may act as pull factors "in deciding" to migrate for economic reasons.

The money he earned here was not enough to clear the debts and to educate the children (female spouse)

She was a manual labourer, she did not finish school. So she said that she could not earn enough with that work. (mother of migrant worker)

My elder sister also went abroad and built her house. So my wife thought we would also be able to live better if she worked abroad (male spouse)

Perception of Life After Migrant Worker Went Abroad

It is worthwhile to consider how left-behind families are affected by one parent leaving for foreign employment. Inquiry into participants' feelings about their family member working abroad indicated that they reluctantly accepted the situation but that both spouse and children were emotionally affected and missed ILM family member despite receiving financial benefits. Others expressed unhappiness because they were not only missing their spouse but were also finding it difficult to manage the family by themselves.

...they miss him (father) very much, specially my daughter..... when he's abroad we have fewer problems, we are able to eat three meals a day, but we still need money for the children's clothes and education. (female spouse)

Some spouses were unemployed and were fully dependent on the remittances from the ILM. The responses on how they perceived life was mainly positive based on their financial situation, emotions or future expectations.

I feel happy since my wife can bring some money to do something of our own (male spouse)

Participants' opinions of their ILM family member being abroad varied depending on their relationship with them and the levels of financial and other support given to the left behind family. Some of the left-behind spouses thought it beneficial for their partner to work abroad whilst others,

the majority being male, saw it as a disadvantage. The main explanations offered by the study participants for these disadvantages were; not receiving enough remittances, lack of improvement/worsened quality of life. Some male respondents indicated a mixed situation with both advantages (economic benefit) and disadvantageous (emotional isolation, increased responsibilities, role reversal) linked to their spouse working abroad. Mothers of ILMs were undecided on how they felt about their children working abroad, some seeing it as disadvantageous.

Many participants expressed the view that the quality of life of the left behind family had improved since the ILM went abroad. Some thought that there had been no change in quality of life. A male, whose ILM wife had abandoned him, stated that the quality of life had clearly worsened for him and his two children.

..... I am unable to do a job now, I have two children, and I have to look after them so I can't do anything else, my siblings help me... Since my wife went abroad, I have not heard from her, she doesn't even check on her children.... until I hear from my wife, I will look after these two children..... I have to take them to school, feed them, I do everything alone.....my wife has been abroad for eight years..... she left when my daughter was ten months old.....she never calls us, I'm upset because she doesn't check on them. My children feel hurt (male spouse)

Most people appeared to live in a nuclear family set up and indicated that they expected the help of extended family with the migration of the ILM family member. In situations of ILM being a mother, maternal relatives became predominantly responsible for caring for her left-behind family, mainly due to cultural practices that exist in society. In such situations, the left-behind spouse may have been unable or unwilling to step-into fill the void and fulfil responsibilities previously carried out by the ILM such as taking care of children, preparation of meals or house-keeping. Extended family, particularly the grandparents, struggle to fulfil such responsibilities and often become an additional burden on household expenditure, particularly in cases of economic non-contribution. Similarly, domestic disturbances can be caused due to limitation of space and privacy within the family.

International labour migrant spouses also contribute to the family economy in various ways, mostly involved in self-employment. These spouses usually attempt to manage daily expenses through their earnings whilst saving ILM remittances for future. When left-behind spouses are unemployed due to a physical disability, overwhelmed by household responsibilities or personal preference, remittances sent by the ILM are usually utilized for daily expenditure, effectively slowing the rate of expected

financial improvement. The burden of domestic responsibilities, previously shared by both spouses and becoming the responsibility of the left-behind spouse subsequent to migration of the ILM, is seen to cause significant stress within families. This can be further aggravated by the long-term absence of intimacy between the ILM and left-behind spouse. However, frequent contacts with the family from the ILM showed to relieve the pressure on left-behind spouses. Certain ILM's were in better paid employment where the income exceeded the family expenses, allowing left-behind spouses to use the surplus for capital expenditure. Participants in nuclear family setups reported to be more capable of adequately balancing their daily expenses.

Health Impact of ILM Migration on Their Left-Behind Family

Reported feedback of participants indicates that on the whole, the migration of the ILM family member was perceived to have a negative impact on the overall health and wellbeing of the left-behind family. The interviewed spouses indicated a decrease in their mental well-being linked to an increase in daily stressors and worry over the well-being of their ILM partner. Most interviewed left-behind family members referred to low mood, cheerlessness, anxiety, and depressive symptoms. Childcare was highlighted as a significant worry and stressor whilst reference was made to children suffering from the absence of their ILM parent. Children growing up with single parents were reported to develop psychological problems and become stubborn and aggressive. Most male interviewees referred to household chores as a significant cause of psychological burden.

My wife not being here affects me about 90 %, there are other problems, with those problems, problems at work, and all these things when they add up, I feel psychologically down. (male spouse)

...the youngest keeps asking when the mother is coming back... (male spouse)

Elderly caregivers (mostly parents of ILMs) felt that their overall health was significantly affected by the absence of the ILM. This was mainly due to having the added responsibility of caring for their young grandchildren. They reported a significant reduction in both their physical and mental health and well-being. They felt that they did not have the physical nor psychological ability to cope with various challenges, stresses and strains in caring for young children and felt ill-equipped to deal with the rapidly changing social demands associated with growing children. This 'generational gap' indicated by grandparents show that they are unfamiliar with and have difficulties grasping

the new social concepts of younger generations (especially in relation to the school environment) and modern-day technology (such as mobile phones) in a rapidly changing and technologically advancing world. All these were perceived to add to the increased mental burden. The burden of caring for their grandchildren was seen as a reason for preventing them from seeking medical care for their age-related existing health problems which in turn was linked to exacerbating the feeling of ill health.

Children of Left-Behind Families

In most the cases, children were looked after by the spouse of the ILM and in some families, the grandmother (mother of the ILM) fulfilled the role of a caregiver. However, in one particular family, the sibling of the ILM was the caregiver. In a few cases, children were solely cared for by the grandparents because the left-behind spouse had either died or abandoned the children. One spouse, whose children were being looked after by the grandmother, expressed the view that it would be better for the ILM to look after the children.

My mother-in-law is not like my wife. She doesn't send them to school on time. She is old, so by the time she cooks for them and sends them to school, it's late (male spouse)

The majority of participants expressed satisfaction with their children's school performances, whilst one participant admitted that one of his children had dropped out of school.

We put her into an Arabic college (a type of private school), which we have to pay for. We had money problems, so we could not pay, so she dropped out of Arabic college and did not want to go back to the government school, since she was too old (male spouse)

Younger children who were not attending school were looked after by the spouse or elder (mostly female) children and family members of the ILM. In cases where the ILM was female, the male left-behind spouse had to give up his job to look after children. In most cases the remittances sent home by the female ILM was sufficient enough, allowing the husband to stay at home with children. Where remittances were not sufficient, the husband went out to work during the day whilst the children were left in care of grandparents until his return. The majority of the spouses admitted that their children miss their ILM parent while some claimed that the care and love given by the left-behind parent was sufficient to compensate for the absence of the ILM parent. One

participant, a sibling of an ILM, stated that although there are financial benefits, separation from the parents has a negative impact on the children.

But the son says that this time when the mother(ILM) comes, he won't let her go back. No matter how much we do, he still misses the mother. He says that the family is separated (sibling of migrant worker)

International labour migrant departures cause considerable impact on children of left-behind families, especially when the mother goes abroad. These include emotional issues as well as hindrances to education in certain cases. Children living in extended family setups were hindered in receiving education due to domestic problems and due to the limited space at home. In one instance where the grandparents were looking after their two granddaughters, the participant grandparent was of the opinion that the girls did not miss their parents. Several of the interviewed fathers were of the opinion that they were unable to balance their occupations, household chores and looking after children, and strongly expressed that mothers do need to be at home to look after the children.

He misses his mother. But he misses me most, because I am close to him. He talks about her, but I try to fill in the position of the mother and do those duties as well. (male spouse)

Remittances and Support to the Left Behind Family

Support of the left-behind family by the ILM was evaluated through the amount and quality of contact with their family and the sufficiency of their sent remittances. The majority of the ILMs contacted their family members frequently, yet some of them kept in touch less frequently and one ILM had never contacted home. Families having frequent contacts with ILM appeared to be more satisfied.

I didn't hear any news from him for seven months. I had two children; my father was living with me. I suffered a lot and I ate only one meal a day. I thought he was dead. After seven months he called me and I was very happy. (female spouse)

The majority of participants were of the opinion that their ILM sent sufficient funds back home, yet a few indicated otherwise. Several participants mentioned investing the remittances in capital expenditure (such as building a house, buying furniture and vehicles) whilst others only spent the money on daily expenses. A few families even saved all the remittances for future use whilst the daily expenses were covered using the left-behind spouse's income. Even though the physical absence of the ILM was

perceived as a negative impact on the family, participants who received sufficient funds indicated that the ILM being abroad is beneficial. They used physical evidence in the improvement of quality of life such as improved housing and other amenities. Those who were not receiving sufficient remittances expressed regret at being unable to improve their quality of life and perceived negative impacts of ILM working abroad.

.....it isn't enough. It will be a problem when she comes back, the house isn't fully built yet, and she will want to go back, otherwise the house won't get built..... we have made a small house with 2 rooms, and it's not finished.... it would be better if she was here..... (male spouse)

Expenses in extended families tend to be higher since not all of the family members contribute to daily expenses, creating more difficulty in building up savings. Participants from extended family units had to work to gain extra income and linked this to less-improved quality of life.

We have money problems. My husband sends money once a month. When that money comes I have to pay the children's class fees, electricity, water and tax bills, after that is all over, I can spend on the children, that's why I sell food parcels. (female spouse, living in an extended family setting)

Migration Process, Death, Illness, Abuse or Imprisonment of an ILM Abroad

The lack of decision space prior to migration and the need for greater discourse on the spousal migration choice was an important issue raised by the interviewees. Some participants felt that chances for more proactive engagement with the Sri Lanka Bureau of Foreign Employment (SLBFE—the main responsible government authority for employment abroad) was required along with expanded role of SLBFE to take the lead in facilitating information/discussion. Interviewed spouses and caregivers mentioned that they were not allowed inside the SLBFE when they accompanied the ILM family member prior to migration.

There should be room for more dialogue between us [migrants and their family members] and with the Government agency which registers all ILMs at pre-departure phase. (female caregiver)

...they [SLBFE] should do some sort of talk session [counselling] with us [prospective migrant and family members] not just those going [abroad]...there's lots of issues we are not aware. (male spouse)

While participants were aware of the compulsory requirement for ILM registration with the SLBFE, some indicated they did not know about legal and other requirements admitting that their ILM family member had gone abroad unregistered.

Participants were asked as to how to act in case of an emergency with their ILM abroad such as illness, abuse, imprisonment or death. The majority responded that, in case of emergency, they would go directly to the private employment agency (which usually facilitates foreign employment) and request help. Some interviewees knew that agencies are linked to the SLBFE and that the bureau would subsequently get involved. Several participants indicated that they had been previously helped by the agencies during minor crises such as not being able to contact the ILM after going abroad.

I would go to the agency, when she went abroad the first time, I wasn't able to contact her, so I went to the agency and they called the house she worked in and I got the phone number. (male spouse)

We went through an agency. We were given papers, I was told to take those papers to the Sri Lankan bureau of foreign employment in an emergency. (female spouse)

Some respondents were unaware of what to do in case of emergency. These were mostly the parents of ILMs who were also the caregivers of the left-behind children and who were from small villages far away from Colombo, the Sri Lankan capital. In these cases, ILMs had mostly gone abroad via small sub-contractor agencies who took the ILM to Colombo for necessary documentation work leaving the left-behind families in remote villages without any instructions or information on what to do in case of an emergency.

..... I don't know, a person from this village took her to Colombo to talk to the people at the agency. (male spouse)

A few participants who did not like their spouses working abroad had not been involved in the migration process and had no knowledge of which actions to be taken in case of an emergency.

I don't know. I didn't like her going abroad, so I didn't get involved, I didn't ask how much she was getting paid or what sort of work she was going to do. (male spouse)

One person, who himself had been an ILM, was interviewed specifically because he had lost a sibling migrant worker abroad. During the interview he stated that his

sibling's family had not received any compensation from any organization or from the foreign employer.

I went to the foreign ministry. There I was asked to bring a 'legal affidavit' to prove that the dead person is my own brother. His wife was also asked to bring a letter. I got a letter from the 'grama niladhari' (village level administrative officer) as well. Then I handed over all the documents to the ministry.... they sent back all the documents related to my brother's illness including medical records to me. Governmental officers at foreign ministry helped us a lot until we got the body, which took one week. I went to the agency through which he went abroad; they did not help at all. They said – if you want to get down the body, you have to pay to the agency. (male sibling)

Participants demonstrated very poor knowledge regarding interventions by government agencies in case of an emergency concerning the ILM. They had heard about numerous media reports on problems faced by ILMs but lacked clear understanding of what to do in case of a similar situation occurring with their ILM family member. Most participants knew only to go to the employment agency when they needed help. These agencies had not informed the ILMs, their spouses and families about the SLBFE or other government agencies which would intervene in times of need nor about the many benefits of registering in the SLBFE. The implications of not knowing what to do in times of crisis may lead to many problems within the household of the left-behind family including significant emotional distress and financial difficulties.

Conclusion

This paper presents the qualitative findings from interviews conducted with adult members of left-behind families of ILMs in Sri Lanka. The findings show that pre-migration socio-economic situation, economic difficulties and chances of gaining higher income can be considered as the major push and pull factors for labour migration. The post-migration period has demonstrated to be of mixed benefit to left-behind families dependent on numerous factors such as the amount of remittances sent home, family structures, and the amount and quality of support available. Indication was made towards a decreased overall health and wellbeing of left-behind families with children of ILMs suffering negative effects of parental absence and lack of care. There was also a clear lack of knowledge about how to act in emergency situations affecting the ILM and lack of support from concerned agencies.

As labour migration flow increases in a rapidly developing post-conflict Sri Lanka, the impact on those left-behind families leave many unanswered questions. The delicate

balance between promoting ILM for economic prosperity and ensuring health and social protection is a formidable policy challenge and one that has largely been ignored. Through an economic lens, remittances benefit a majority of poorer households by increasing income and standards of living. However, as revealed in current and previous other studies, this benefit was inconsistent across most families [5, 8]. Reliance on remittances alone as a measure of poverty alleviation has also been challenged [23].

From an economic perspective, the 'left-behind' do not simply extend to families but extend to entire communities. Despite the Government's push towards skilled migration via a 'knowledge' economy, the vast majority of Sri Lankans entering into international labour markets are represented in low-skilled employment categories and stem from rural settings [3]. Ensuring a safe, healthy and productive migration journey begins with the provision of tailored information and family orientation during the 'migration contemplation' phase, with a quality health assessment at pre-migration phase all the way through to health protection and service access at destination and return phases [24]. A meaningful realization of the overall health of migrants requires the commitment from both sending and receiving countries.

In most cases the choice to migrate is not taken collectively within families. For the individual migrant and their families, ensuring 'informed choice' through meaningful dialogue on costs and benefits of migration at pre-departure phase, including ensuring a care-plan for children, are crucial. This process has been termed 'the social contract' in migrant families. The state can also play a role in stimulating 'informed choice' in sessions involving potential migrant worker families at SLBFE's mandatory pre-departure training program. Identifying left-behind families with increased risks of developing social, financial and health problems using a case-management strategy by education, health and social services at local community/district level in partnership with families may be highly effective. Specific interventions are required such as campaigns to enable informed choice for families, pre-departure orientation programmes which meaningfully engages family members, provision of respite support for elderly caregivers, and capacitating families in financial planning and investment to maximise use of remittances.

Whilst it is clear that remittances do play a role in enhancing the migrant families' monetary gains and have led to upgraded living conditions, the social impacts also persist. This study raises important issues in relation to the role parenting (or grand parenting) plays in social, emotional and physical wellbeing of the 'left-behind' ILM child. Whilst this study did not explore specific illness perceptions or behaviour, the findings show perceived impact on child nutritional and cognitive development.

A number studies have shown migration requires the reconfiguration or renegotiation of familial and gender roles [25], and that transnational family arrangements exact a high 'emotional cost' due to multiple layers of parental authority and reshaping of care-giving arrangements [26–28]. The link between transnational migration and marital conflict, which in turn cause difficulties for children have also been documented [29, 30]. The trajectories of migration impact on families, and especially on the child, have a gender dimension with differing vulnerabilities in male versus female headed households. A study in Philippines showed intimacy with children is more challenging for migrant men to achieve than it is for migrating women [31]. Change in gender roles is complex and requires contextual analysis. Studies in Philippines and Moldova have shown that women assume men's responsibilities when the men migrate, but men do not as readily take up care-giving duties when women migrate [32], an indication that traditional gender roles influence duties and responsibilities within the family, even if migration may contribute to the empowerment and emancipation of women [33]. In recognizing the transnational parenting role of mainly female ILMs, linking welfare support services and respite care for caregivers is crucial [5, 8, 9, 23].

In addition to outbound migrant workers, there are other internal economic migrant groups in Sri Lanka, who stay away from their families and households for considerable amounts of time. Approximately 400,000, mainly female workers are currently employed in the garment manufacturing sector, with majority having temporary residency in areas closer to factories and away from home. Sri Lanka also has internally displaced people/forced migrants due to the recently concluded conflict or due to large-scale natural disasters such as the 2004 tsunami. These internal migrant population numbers are highly fluctuant and depend on various economic, logistical and other factors. However, most of the forced migrant populations are displaced as whole family units, and do not involve parental migration in many instances [34]. The migration health policy research programme also included research into the internal migration related health issues, and the findings have been incorporated into the policy formulation process.

The migration health policy (launched in 2012) sets the tone for policy and practice reform agenda to create an enabling environment to make migration a safe, healthy and dignified process for around 1.8 million labour migrants and their families. However, further research is needed to explore the long term impacts and implications of ILM on the migrants, their families and communities in countries such as Sri Lanka, which are highly dependent upon migration for livelihood sustainability and development. The true health, social and cultural cost of ILM can

only be realized through dedicated research and practice efforts.

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