

THE LEFT BEHINDS
A SOCIOLOGICAL STUDY ON ELDERLY PARENTS OF EMIGRANTS AT KOCHI



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THE LEFT BEHINDS
A SOCIOLOGICAL STUDY ON ELDERLY PARENTS OF EMIGRANTS AT KOCHI

Thesis submitted to St. Teresa's College (Autonomous), Ernakulam in *fulfillment of the requirements for the award of the degree of **Master of Arts in Sociology***

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CERTIFICATE

I certify that the thesis entitled “**THE LEFT BEHIND:A SOCIOLOGICAL STUDY ON ELDERLY PARENTS OF EMIGRANTS AT KOCHI** ” is a record of bonafide research work carried out by (name of the student), under my guidance and supervision. The thesis is worth submitting in fulfillment of the requirements for the award of the degree of Master of Arts in Sociology.

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DECLARATION

I, ANU JOSEPH ARAYATHEL, hereby declare that the thesis entitled “**THE LEFT BEHIND: A SOCIOLOGICAL STUDY ON ELDERLY PARENTS OF EMIGRANTS AT KOCHI**” is a bonafide record of independent research work carried out by me under the supervision and guidance of Smt. DORA DOMINIC. I further declare that this thesis has not been previously submitted for the award of any degree, diploma, associateship or other similar title.

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CHAPTER – 1
INTRODUCTION

The great thing about getting older is that you get a chance to tell the people in your life who matter what they mean to you.” – Mike Love.

Ageing was not viewed as a positive process in ancient times, but rather as a harmful process. It was believed that as people age, their social, physical, and cognitive capacities will decline. There was a more optimistic view on ageing by the 1980s. But ageing was perceived as a process that causes disease, impairments, loneliness, and memory loss. Ageing is a social, physical, and psychological process that occurs as part of our life cycle. They fall within the 65 and older age bracket. Older persons have a decreased life expectancy, are more susceptible to injuries, syndromes, and other illnesses. They are also receptive to a variety of societal issues, including ageism, loneliness, and retirement. The ageing process of the elderly causes changes in historical and cultural context. All around the world, the old population is expanding in both quantity and percentage. By 2030, one in six individuals worldwide will be 60 or older, according to numerous research. As a result, the population will grow from 1 billion in 2020 to 1.4 billion. It will increase to 2.1 billion by 2050. Population ageing refers to this movement in a nation's population distribution towards older ages. Population ageing is more prevalent in nations with greater incomes than in nations with middle- or lower-income levels. The UN proposed a human rights pact that would explicitly safeguard senior citizens in 2011.

In developed nations, there are lots of old people in their 60s and 70s who are healthy, fit, and capable of taking care of themselves. But, from the 1980s, they grow significantly more frail and sensitive and suffer from substantial physical and mental impairment. Those who research the elderly, their ageing, and their health divide old age into different subgroups, such as the young old, who fall into the age range of 60 to 69, the middle old, who fall into the age range of 70 to 79, and the very old, who fall into the age range of 80 and above. Elderly persons experience biological molecular and cellular impairments, which further reduce their physical and mental capabilities, raise their risk of sickness, and ultimately cause them to pass away. In addition to biological changes, aged persons experience additional changes as a result of friend deaths, retirement, etc.

They also experience geriatric symptoms. The health of the elderly is a crucial determinant in how much they contribute to families, societies, and the economy. Health issues may run in families, but there are other causes as well. This includes their living environment as well as their immediate surrounds, such as their house, their neighbours, and other societal elements. The health of elderly individuals is also influenced by their identity, race, and socioeconomic level.

Elderly adults who want to stay healthy must maintain a well-organized diet, engage in regular exercise, and abstain from tobacco use, which makes them reliant and unable to care for themselves. Elderly people should be allowed to use public transportation, enter buildings, and move around in supportive and safe situations. The elderly above the age of 65 are frequently viewed as a disadvantaged group in society and as a burden on society by the majority of people. They are discriminated against and lack access to a variety of social services and opportunities. Most elderly parents prefer to complete their daily activities independently, without assistance from others. Even though they have serious health issues, they don't want to be dependent on anyone. Sometimes, elderly parents will ask for assistance from others. Older parents without family support who have children living overseas ask their neighbours, relatives, cousins, etc. for assistance with shopping, finances, cooking, cleaning, and other tasks. The elderly may experience emotional difficulties when it is challenging for them to interact with their offspring and when they feel uncommitted.

Children may not have the time due to their hectic schedules, which may make the elderly parents feel lonely, anxious, and depressed. The social and economic elements, their living conditions and environment, daily activities, psychological and emotional well-being, and if they are content with their lives should all be taken into consideration by immigrant children of elderly parents. In today's globe, older people make up a significant portion of both the western and eastern societies. Compared to earlier times, life expectancy has increased mostly due to advancements in science and technology. Compared to their old parents from the ancient age, they are also able to use modern innovations and technology. The majority of elderly parents want to leave their own country and immigrate along with their kids. The ageing process of elderly persons has many different facets. These are the biological process of ageing, psychological ageing, economic ageing, social ageing, and spiritual ageing.

BIOLOGICAL ASPECTS OF AGEING

The most prevalent type of ageing is biological, and it has been extensively discussed in both popular culture and academic literature. The biological explanation for ageing looks into the fundamental biological causes. The biological aspects of ageing investigate the fundamental biological processes that underpin ageing and general health status, i.e., the alterations that increase an individual's susceptibility to illness as they get older. Simply put, structural changes and physiological process slowing that lead to a decline in some abilities and a depletion of energy reserves are the hallmarks of biological ageing. Each individual experiences many life stages as their chronological age advances. At a certain age, which varies from society to society and even from country to country, everyone reaches old age. By adopting the proper mindset and lifestyle, one can maintain a young outlook even as their chronological age advances.

According to Soodan (1975) "the beginning of old age in an individual is associated with different conditions or changes occurring in one's life, viz, the onset of graying of the hair, the advent of bifocals, a serious impairment of vital physical components, failure of the individual to function independently, ceasing to be productive and imposition of an arbitrary retirement age by the society." The bio-physiological element of ageing investigates the fundamental biological processes that underpin ageing and general health status, i.e., the changes that increase a person's susceptibility to illness as they get older. Physically and physically, an individual's overall demeanour and behaviour provide a good indication of their age. The signs of ageing include wrinkled skin, thinning hair, frontal holding, and dark circles under the eyes.

Regardless of their sex or hair colour, half of the population has grey hair by the age of 60. There is some vertical thinning and bitemporal regression in over 60% of people in this age group. Moreover, hearing declines, slows the acceptance of darkness, and vision declines. Sensitivity to smell and taste also decreases. Efficiency decreases, equilibrium is lost, structures are weakened or damaged, and eventually health breaks down as a result of ageing. Internal signs of ageing include changes in body composition, the loss and replacement of tissue cells, and changes in structural components.

When weight grows, the body's reserves of water and body fat grow. The effects of ageing are evident in tissues like blood and intestinal epithelium, which require constant replenishment. The symptoms of ageing include a decline in the quantity of proliferating cells, a slowdown in cell division, and a reduction in responsiveness to feedback signals. As a result, blood production, the ability to focus on both distant and close things, and wound healing are all delayed. Hence, the disarray or progressive loss of significant big molecules (such as protein and nucleic acids) within the body is the physical cause of ageing.

PSYCHOLOGICAL ASPECTS OF AGEING

The overall mental decline that comes with ageing is known as psychological ageing and is researched in terms of changes to the neurological system. The short-term memory deficit and increased response time are the two most notable psychological effects of ageing. Also, it encompasses how other people treat them. Due to changes in their cognitive, conative, and other capacities, elderly people must adapt to new tasks or positions. He or she must navigate a number of status transitions, including retirement, widowhood, and adjusting to death. It's critical to recognise whether a person's worldview or overall perspective changes as a result of changes in their circumstances, including their status, responsibilities, and capacities. Older people start to change their opinions of themselves as they become more conscious of their shortcomings.

They must also learn to deal with their declining physical health, decreased income, status shift, and loss of friends and spouse. Age-related psychological changes include slowing of thought, memory loss, a decrease in zeal and rise in caution, as well as changes in sleep patterns. A lot of the dysfunctional aspects of old age are caused by social pressure and a lack of resources. Physical decline, decreased income, and a sudden end to a certain type of professional life cause retired people to have psychological issues. Age-related attitudes, loss of social standing, issues with isolation and loneliness, and generational differences are the main factors driving psychological distress among the elderly. The elderly are said to endure symptoms of anxiety that include feelings of loneliness and emptiness, economic worry, general unhappiness or general dejection and aggression. The majority of elderly persons want to limit their social contact since they tend to become more cautious and inflexible in their behaviour. The majority of elderly people have low

self-esteem and a negative self-image. Negative self-image among seniors is highly influenced by changes in appearance, likeability, and perceptions of others. As a result, psychological effects of ageing are increasingly common in senior people's lives.

ECONOMIC ASPECT OF AGEING

Age is typically accompanied by a decline in participation in economically beneficial and productive labour. Many of the issues that older people face might be linked to the loss of income that comes along with full or partial employment withdrawal as well as the loss of social standing gained via employment. The vast majority of older people in our society live in poverty and depend on financial assistance even for basic needs. The bulk of them are forced to continue working because they must support their families. Most research done on the economic circumstances of the elderly has revealed that the majority of them were living in poverty.

Retirement is a vital part of getting older. Retirement can be a period of fulfilment when one is relieved from toil and is free to enjoy other elements of life to which he has not been able to dedicate much attention. Few people can actually substantiate this half truth, so it must be untrue. The majority of retired people experience money losses as one of their worst setbacks. Many of them spend down all of their funds within a few years of retiring, leaving them reliant on the generosity of their kids. No one else is qualified for a pension besides those who work for the government or a semi-government organisation.

For those who work in unorganised industries, there is a severe financial hardship. The majority of the ageing population has unfinished business in terms of family obligations like kid education and marriage, home construction, and other things. Two-thirds of the elderly still need to be employed, while just 10% of the older population has access to retirement security, which highlights the necessity for income production initiatives. Compared to those in the unorganised sector, the problems faced by retired people are much more widespread and have a completely different influence on the individual.

SOCIAL ASPECT OF AGEING

According to sociology, ageing can be regarded as starting when a person reaches the concepts of young adulthood or middle age and when social attitudes and other environmental factors start to limit his behaviour or prevent him from meeting his basic needs for activity, status, companionship, financial security, and emotional outlets. The prestige connected with ageing used to be heavily valued in the traditional Indian value system. The most revered and in charge members of the family were the elderly.

Ancient Hebrews, Greeks, and Romans believed that those who were approaching the end of their lives possessed mystical power, overpowering wisdom, and unquestioned authority. Old age also elicited a great deal of respect and esteem in our society. With the joint family arrangement, a gerontocracy of sorts predominated. It was usual to obey the direction of the eldest member of the family. He had the final say in everything. The best source of social education, social service, and social cohesiveness is regarded to be the elderly. Their knowledge and insightful concepts are excellent resources for the growth of the neighbourhood. Yet, as time goes on, the situation is gradually changing. The community's traditional way of life is changing due to the processes of industrialization, urbanisation, social mobility, easy communication, and individualism. Hence, traditional bonds and earlier emotional connections have been impacted by modernity and technological advancements. The younger generation migrates to urban regions, abandoning their ingrained rural behaviours.

The elderly who remain behind cannot be cared for and do not have the same status and honour they once did in such a situation. These changes lead to their growing alienation and isolation from their family members and from society at large. In the old agrarian society, caring for the elderly was typically the responsibility of their children. The multigenerational family has become less prevalent due to industrialization, urbanisation, and modernization, and the male children of ageing parents frequently live separately with their own wives and children. The majority of parents are then made to live alone. The respect shown to the elderly, the value placed on their counsel, and the consideration shown when they were asked to sit in judgement over a dispute are things of the past and are seen as unnecessary in the present world. The loss of these privileges as a result of the advent of new values and standards left the aged in a great deal of grief and agony. Because of the way society was set up in the past, ageing did not provide any challenges to older people's roles.

The respect, honour, prestige, and power that the old once enjoyed in the traditional society, however, gradually started to fade in recent years due to changes in family structure and value systems.

SPIRITUAL ASPECTS OF AGEING

It is only later in life that a person begins to dwell on their prior lives and contemplate about their trip back to their origin. Except for those who have attained a great level of spirituality, everyone is afraid of dying. Death is a riddle that no one can fully grasp. This is the reason that as a person gets older, they start to worry about the future and divert their focus to religious pursuits as a result. They firmly believe that engaging in religious pursuits will provide them with comfort from daily issues. The socio-religious notion that one is reborn as a human being in his or her future life is the root of the spiritualism trend.

Many senior people spend their time and energy rediscovering their spiritual principles as they get older or during the post-retirement period. This facet of their interest with spiritualism is indicated by their devotion with prayer, the study of religious books, and active engagement in organised religion. On the other hand, due to materialistic trends, some elderly people who enjoy all the comforts of life continue to work hard and rarely spend time engaging in spiritual activities themselves. However, they may donate a portion of their income to socio-religious organisations and spiritual causes, or they may host talks with spiritual leaders at their homes or community centres. Consequently, adopting a religious or spiritual lifestyle becomes a means of avoiding the numerous psychological issues.

The globalisation of society has made migration, a social phenomena that has grown over the past few decades, particularly more difficult. Migration has possible detrimental effects on the physical and mental health of both the migrants and the elderly parents who are left behind, in addition to the significant positive benefits. The traditional family structure, which placed the male child at the bottom of the food chain, has become unstable in many developing nations as a result of migration. Also, the overall wellbeing of the aged population in these countries has been severely harmed by the inadequate infrastructure for social care and pension systems. Moreover, migrants frequently absorb the local culture of the country they have immigrated to.

Population demographic trends are largely influenced by migration. The term "migration" describes the process of human mobility both inside and across nations. The population size is also altered. Social, political, cultural, and economic considerations are some of the things that affect migration. Also, it affects the economy and society socially. During the industrial era, it was clear that people moved from rural to urban areas in quest of employment, education, and because of advances in technology. The trend of migration has led to thriving economies and quick development. Industry and trade grew, greatly altering the job landscape.

According to the Demographic Dictionary of United Nations, "Migration is such an event in which people move from one geographical area to another geographical area. When people leaving their place of residence go to live permanently in another area then this is called migration." Migration stream, migration interval, site of origin and destination, and migrant are a few terms related to migration. People travel from one location to another in a stream over time. It is travelling from a starting point to a finishing point. Migration interval is the term for a split of data that is tied to a specific period and is used to quantify continuous movement over a period of time. The data is separated into periods of one to five years or more. When someone moves, they are moving from their place of origin to their new location. A migrant is someone who relocates from one location to another in quest of better living and employment conditions.

When people relocate to cities, agriculture and land productivity rise, and farmers adopt improved methods of production, increasing farm output in rural areas. Individuals from rural areas who relocate to metropolitan areas in search of jobs contribute their salaries and savings to their houses in the village, raising the income of the latter and fostering the growth of agriculture. Those who have gone to urban areas return to their villages with fresh concepts and inventions to advance rural communities. Modernized household items like refrigerators, TVs, and air conditioners have been introduced in rural areas, which also slows down population growth there. Moving from rural to urban settings also weakens ties between families and introduces new values and practises by eradicating the old ones. Urban areas are impacted by migration as well. The demographic makeup of urban regions changes as a result. Slums are produced as a result of excessive population. There will be issues with the provision of water, energy, public services, and sewage systems due to the greater population rate. There will be issues with housing shortages as well as increased pollution in urban areas. There are many different types of migration, including internal and external

movement, gross and net migration, and immigration and emigration. Permanent emigration from one country to another, such as from Pakistan to Russia, is referred to as immigration in Russia and as emigration in Pakistan.

Migration that occurs within a territory is referred to as in migration, and migration that occurs outside the territory of residence is referred to as out migration. Gross migration refers to both the total number of people entering the country and those leaving it for residence during any given time period. Net migration is defined as the difference between the total number of people entering a country to live and leaving it to live during any given time period. Internal and external migration is the final category of migration. External migration is the movement of people from one country to another, while internal migration is the movement of people inside a country to various states.

The actual wealth of our country and the power of Kerala comes from non-resident Indians. Since independence, a notable rise in the number of people seeking employment and better possibilities overseas has been seen. Every element of Kerala's economy and society has been impacted by this exodus. Remittances from Keralites who are not residents of the state are correlated with the prosperity and economic growth of the state. Cash remittances received by Kerala households from overseas showed a significant development throughout the last part of the 20th century. The NRI community makes significant economic contributions to both the national and state economies. Remittances from NRIs in Kerala have become the single most dynamic component contributing to the state. The people of Kerala have demonstrated a significant degree of tendency to migrate to other states in India and to foreign nations for employment due to the high population density and high incidence of unemployment.

Kerala was a net-immigration state up until the start of World War II due to the enormous influx of workers and traders from nearby regions, primarily the Madras Presidency. In the past, the Malabar region, which was a part of the Madras Presidency and where people's living conditions were less favourable than in the princely states of Travancore and Cochin, was the main destination for Keralites emigrating to other regions of India. Other factors that encouraged the migration of Keralites to other states, particularly to the metropolitan cities like Madras, Bombay, Delhi, and Calcutta, included greater expansion in the field of education compared to other Indian states and demographic explosion within the state, which led to pressure on land and mounting

unemployment among the educated youth. Prior to independence, the majority of Keralites who emigrated to other nations were Muslims from the Malabar region or came from a small number of localities like Chirayinkeezhu, Varkala, Chengannur, and Pathanamthitta in Travancore. The first wave of immigration outside of the country was to the former British colonies in South East Asia, including as Malaysia, Singapore, and Sri Lanka. As these nations gained independence, they implemented restrictions on mass migration.

A process of industrialization and social transformation in West Asian countries was hastened by the rise in oil prices in the 1970s and the resulting big income, demanding the services of a sizable number of foreign employees. The infrastructure investment that followed led to a high demand for foreign workers, particularly from Asian nations, both skilled and unskilled. Since then, a significant number of employees have started to go from India to West Asia. The movement, which began with a few thousand a year in the middle of the 1970s, took on significant dimensions in the 1980s and 1990s. Kerala state in India, which has a high rate of unemployment, contributed the most labourers to foreign nations. Keralites have migrated to practically all nations, however the highest number of emigrants from Kerala work in the Gulf countries. In 1980, the Economics and Statistics Department of Kerala performed a housing and employment census, which revealed that 5.1 lakh people from Kerala had left the state in search of job, 2.1 lakh of them were abroad. The state's socioeconomic development was significantly impacted by migration to other nations, particularly the Gulf countries. Kerala's Economics and Statistics Department performed a migration survey in 1992–1993 that estimated there were 6,41,387 migrants from Kerala living in Gulf nations.

Emigration is the term for people moving to another country to settle. Because there are more economic prospects and better living conditions, the likelihood of emigrating is increased. Emigration also results in a decline in consumer spending and the labour force of the nation. The emigrants' help the receiving nations. For emigration, there are pull and push factors. Poor living conditions, overpopulation, unemployment, a lack of educational opportunities, racial and gender discrimination, difficulty finding a life partner, restrictions on the freedom to practise one's religion, poverty, natural disasters, and other factors all contribute to emigration. Higher life quality, a variety of economic options, greater education, freedom, and cultural opportunities are pull factors as well. The Emigration Act was created in 1983 to safeguard the rights of Indian

nationals who are employed overseas. All workers who are looking for contract-based employment abroad must comply with this Act in order to obtain emigration clearance from any one of the ten officers of POE, or Protectors Of Emigrants.

A registration with the Protector General of Emigrants, Ministry of Foreign Affairs, and Government of India is required, according to the Emigration Act, before an agency can accept an application from an Indian for employment in a foreign country. The Emigration Act's key provisions include the following: • Any Indian person may be hired for a job abroad through a recruiting agent registered under the Act or by an employer with a permit in good standing. The current study focuses on how emigration affects senior citizens. Because they have no one to turn to for assistance, elderly individuals confront a variety of issues, including social, psychological, mental, and physical issues. Nonetheless, in today's society, the majority of seniors are technologically savvy, have easy access to it, and are also generally self-sufficient. The elderly immigrants also have communication problems, transportation problems, stress and loneliness problems, separation anxiety, changing lifestyles, and health problems.

CHAPTER – 2

LITERATURE REVIEW

A literature review is a “critical analysis of a segment of a published body of knowledge through summary, classification, and comparison of prior research studies, reviews of literature, and theoretical articles”. By doing this literature review, the researcher gets more ideas about various aspects of their study. (University of Wisconsin Writing Centre, 2020).

Parents who emigrated with one or more biological or adopted children and are still residing in the nation or location of origin are known as left behind parents. Elderly people without children under the age of 18 are not regarded as being at risk of being "left behind." The term "empty nest" is used to describe homes with just older adults after children have left the house, while other studies also include childless households in this definition. So-called "empty nest syndrome" affects older people who live alone or only with their spouse and may feel anxiety, melancholy, guilt, and loneliness. While the terms "left behind" and "empty nest" parents convey sentiments that are similar, there are several key differences. First off, older persons without children may not be regarded as being "left behind," but rather as belonging to the "empty nest" group if they live alone or with a partner. Second, regardless of living arrangements and family dynamics, parents are "left behind" when one or more children leave the home. While individuals who live with one or more children are considered non-empty nest elders, even when the parent may have some children who have moved away, elders who live alone or with their spouse alone are defined as empty nest elders. The purpose of this research is to examine the effects of children leaving for other countries on the mental health of the older parents who remain behind. Studies have looked into how adult children's migration affects elder parents who stay behind and some have shown a major negative impact on their mental health. Young people leaving the country have an adverse effect on ageing parents, who become lonely, isolated, and lose basic support. According to Antman, the exodus of adult children was linked to worsening physical and emotional health for ageing parents in Mexico. A tight relationship and emotional cohesiveness with children are linked to better parental mental health, according to studies done on older parents in general. (Thapa, D. K., Watson, R., Kornhaber, R., & Cleary, M. (2018, October 22). *Migration of adult children and mental health*

of older parents 'left behind': An integrative review. PLOS ONE; Public Library of Science. <https://doi.org/10.1371/journal.pone.0205665>).

For instance, Dykstra and de Jong Gierveld discovered that older Dutch women's weekly contact with their children was adversely correlated with social and emotional loneliness. Similar results were found for elder European parents who spoke or visited their kids more frequently than once per week. Living with direct family members increased the general well-being of the elderly Chinese population and was connected with higher subjective well-being. In Indonesia, internal child migration had a detrimental impact on older parents' quality of life, self-rated health, and death. (Dykstra and de Jong Gierveld, 2012). Studies, however, indicate that elderly parents who are left behind have better physical and emotional health. According to Waite and Hughes' research, American parents who were left behind had better health than those who were cohabiting with their kids. According to a Chinese study, non-empty nest seniors receive superior health care than empty nest seniors. According to Wenger et al.'s multi-country study, elderly people with children who were living elsewhere had greater freedom and free time to socialise and establish new friends. Parents who live alone have the chance to reconnect and rekindle old interests. The exodus of their children in Moldova resulted in the elderly parents who were left behind having greater physical health. Nonetheless, this research and a related Gibson. However, this study and a similar study by Gibson et al. in Tonga showed no effect of the migration on the mental health of parents. (Gibson et al. in Tonga, 2018)

There are several risk factors for poorer mental health among the left behind, ranging from inherent factors that predispose (like age, sex, education, disease status, prior mental illness, and place of residence) to community and social factors that affect a larger population, like the presence of social support, the number of social ties, community engagement and interactions, and access to health services. Males, younger parents, living in cities, having better access to medical care, and having fewer children are all factors that are favourably connected with the mental health of empty nesters. Despite this area of research receiving more attention, the actual results are conflicting. A thorough study is necessary because the research on how children's relocation affects elderly people's mental health and wellbeing is still ambiguous. (Umberson et al., 2010; Van der Geest et al., 2004).

Ageing populations and young individuals moving to cities in search of employment are signs of modernization processes that have altered family relations in many nations around the world. These sociodemographic trends have caused worry in affluent nations with strong social support systems since, although being in a financially secure situation, elderly people may still feel lonely and emotionally distressed due to the absence of their offspring. The World Bank (2016) notes that the demographic changes in Southeast Asian nations have been more fast than those in Western counterparts, raising more serious questions about the effects of ageing and youth out-migration on the elderly. In these countries, adult children are the mainstay of old-age support; personal care during old-age is not only traditionally expected in these contexts, but is also necessary given the lack of state-provided safety nets (Kinsella and Phillips, 2005; UNDESA, 2007).

Yet with declining family size, the dispersion of adult children, and shifting attitudes and opportunities that come with development more broadly, the extent to which the growing elderly population can rely on traditional forms of care is becoming increasingly uncertain (He and Ye, 2014; Mujahid, 2012). Some scholars argue that labor migrant children can assist older, non-migrant parents by transferring resources back home, and by providing emotional support through regular contact (Knodel and Saengtienchai, 2007). However, there is no assurance that these alternative forms of support will appear, and even if they do, there is no guarantee that they will be able to lessen the psychological toll that family disruption, changes in care arrangements, and increased anxiety about the safety of the offspring at destination can cause. The population of the world has grown exponentially during the past century, but not uniformly across the age spectrum. There are increasingly more people over 65 in the modern world as a result of the declining birth rate and rising life expectancy. An increasing amount of pressure is being placed on governments and the general public to provide for this age group as a result of the mortality decrease brought about by improvements in health care, particularly in developing countries, and the impact of strict anti-natalist policies. The strong family unit within the community in most developing nations helps to some extent to alleviate the challenges of caring for the elderly. Over many generations, their cultures have inextricably incorporated the obligation that children have to support their parents in the future. In nations like India, Nepal, and China, family traditions and lineage are very significant, with a responsibility for the male children (the so-called heads of the home) to care for their parents, forming a strong extended family. (Adams Jr., 2011; Lucas and Stark, 1985)

But, issues occur when the male child does not have enough money to assist the parents or, in the worst case scenario, flat-out refuses to do so. Furthermore, there is no legal requirement for young people to financially support the family unit when they leave their place of origin in quest of better employment possibilities and a lifestyle. These kinds of events destabilise the system, leaving ageing parents with a host of life-threatening socioeconomic problems. In many developing nations, additional issues brought on by a lack of a social pension system and an inadequate infrastructure for community social care have resulted in unanticipated disarray. The Chinese government has implemented a legislation requiring children to care for their families as a legal obligation for many years. . This may seem advantageous for senior care, however after the One Child Policy was put into place in 1979, the system drastically failed.

The main issue was the ageing population brought on by the birth rate decline, which eventually produced the 4-2-1 impact. One child ended up being jointly accountable for their two parents and their four grandparents. Many of the elderly who needed money for food or adequate accommodation found themselves on the streets, starving and homeless. The rising cost of healthcare due to the ageing population is a significant additional problem. Beyond age 65, over half of a person's lifetime health care expenses are incurred. This proportion could be higher in underdeveloped nations. These nations' pricey private health industry is thriving because of the For those who are at risk, only financial assistance or health insurance programmes can offer adequate care. Unfortunately, many older persons who live in rural areas do not experience this. Certain groups may frequently turn to less expensive alternatives, such traditional or herbal remedies, which may have negative effects. The absence of counsel and support from their children in these circumstances exemplifies the inherent drawbacks of migration. Compared to the infectious diseases that ravaged the world in earlier times, chronic diseases are now more common in the older population in recent decades. Heart disease, cancer, and dementia are among the chronic conditions that affect about 80% of the ageing population and 50% of people have two or more underfunded and inadequately equipped government-funded healthcare institutions. (Holecki, T., Rogalska, A., Sobczyk, K., Woźniak-Holecka, J., & Romaniuk, P. (2020, August 25). *Global Elderly Migrations and Their Impact on Health Care Systems*. *Frontiers in Public Health*; Frontiers Media. <https://doi.org/10.3389/fpubh.2020.00386>)

This necessitates a lot of help and guidance, such as instruction on maintaining a healthy lifestyle and access to frequent checkups and cancer tests. Yet, in the less developed regions of the world, there are little opportunities for this. The elderly are now alone, vulnerable, and afflicted by these issues as a result of the emigration of the younger people. Also, there is a dearth of carers or healthcare professionals trained to recognise and address these urgent requirements. Combining the absence of a close family member with the lack of a substantial pension system or community support can result in grief and isolation, which may ultimately result in preventable morbidity and mortality. People have less opportunities to travel home after emigrating to other nations.

The high expense of transportation and the absence of paid vacation time provided by businesses are the main causes of this. Even if there is a strong desire to return to one's hometown and culture, the current state of the economy can prevent this from happening. Yet, senior family members may feel unfairly abandoned by their own family because they may not see these difficulties in the same manner. This could result in ongoing feelings of social isolation and loneliness. These emotions may be the first signs of depression, and if they don't receive any emotional support from loved ones or carers or have anybody to talk to, their mental health may worsen. The process of changing lifestyles tends to have a considerable impact on the culture of a person's origin, as one may anticipate in migration. The migrant may benefit from assimilating new customs, but the traditional generation in the parent nation may suffer. Older adults may experience emotional distress if they observe their children or grandchildren slowly eroding their cultural ties. They would prefer that their culture, language, and heritage be passed on to their offspring. Their mental health may suffer as a result of this emotional stress. (Adhikari, R. K., Jampaklay, A., & Chamratrithirong, A. (2011). Impact of children's migration on health and health care-seeking behavior of elderly left behind. *BMC Public Health*, 11(1). <https://doi.org/10.1186/1471-2458-11-143>)

Consequently, it is clear that the adverse impacts of globalisation, which could eventually result in the blending of all cultures, have a terrible impact on this frail senior population. Migration's considerable effects on elderly parents who stay behind have not been sufficiently studied or comprehended. According to research by Antman et al, parents of Mexican children who immigrated to the United States are more prone to experience both physical and mental health issues. In this situation, it has been proposed that the declining physical health may be caused by the poor mental health brought on by social isolation. Older adults whose children had migrated

suffered from bad mental health rather than poor physical health, according to studies from Thailand. . A different study discovered that parents who were married and had high levels of education experienced less depression when their children moved away.

The expansion of the global economy may additionally benefit this problem. Emigrants typically send a portion of their income to their ageing parents back home when they build a better lifestyle in their new nation and when this is followed by a rise in salaries. By lowering the financial risk and making healthcare more accessible, these remittances can encourage patients to seek treatment more frequently and make medical facilities more widely used. Their general well-being and way of life can be enhanced by this health care seeking behaviour. Also, by ensuring financial security, remittances can lessen social isolation by encouraging regular phone and online communication. Moreover, passing on health knowledge might help parents who are elderly become more alert and aid-seeking, thereby improving their psychological wellness.

Migration has increased in recent years due to a variety of circumstances. Some of the significant factors that contribute to this phenomenon include improvements in the transportation infrastructure, communications technology advancements (which make staying in touch with those who are left behind easier and less expensive), increased trade between nations (including the impact of trade brought on by globalisation), political instability, poverty, and unemployment in economically underdeveloped areas/countries. Migration and health interact in a complicated and dynamic way. The physical, mental, and emotional health and well-being of migrants, as well as those of those left behind in the country of origin and those at the destination, can all be impacted by migration. Migration and health status are inextricably linked, as is the other way around. The act of migrating may have an impact on health outcomes in one way. On the other hand, a person's health may have an impact on their inclination to migrate or their choice of destination. In many regions, and particularly in the majority of emerging nations, the ageing population is posing problems for the governmental and social organisations in charge of providing for the aged. These nations also have to deal with an accelerated population ageing process and a lack of institutional support for older people. Life expectancies are on the rise, and the population is ageing at an increasing rate as a result of changes in demographic events, particularly steep drops in fertility and mortality.

The elderly in Thailand have traditionally relied on their children for financial support and personal care, as is the case in the majority of other Asian nations. From 1985, when a period of sustained economic expansion began, trends in Thailand have included decreased fertility and rising internal migration. As a result of these trends, there are fewer kids available to look for their ageing parents. Concerns regarding whether the absence of children in the home or community impacts the health of elderly people who are left behind or their behaviour in seeking medical care have arisen as a result of the increasing out-migration of young adults. The literature that has already been written on the implications of migration has mostly concentrated on how migration affects receiving communities and migrants themselves, while paying little attention to how migration affects sending communities and the family members who migrants "leave behind." Research from the literature demonstrates that migration can have both beneficial and negative effects on the health of individuals left behind. Those who receive more money via remittances have easier access to health services, can purchase pricey medications, and can afford to consume healthier food. Hence, migration can improve the well-being of both migrants and family members who are left behind. The family left behind could be supported by remittances by reducing economic risk and overcoming capital limitations.

According to a study conducted in South Africa, temporary internal migrants were able to improve the health of their family members, including elderly parents who remained behind, by raising their household income. Other studies demonstrate that population health can improve as a result of migration. Similarly, a study conducted by Abas et al. found that out-migration of children was independently associated with less depression in parents. On the other hand, some research indicates that young adults leaving their hometowns have serious negative effects on ageing parents, including loneliness, isolation, and the loss of basic social and financial support. Evidence of a causal relationship between poor elderly health outcomes and children migrating to the US was discovered in a study on migration from Mexico to the US. According to research conducted in Bangladesh, individuals who are abandoned by adult migrant children run the risk of suffering from social isolation and neglect.

The prospective health impacts on old left behind in Thailand are still unknown, despite the fact that family separation due to migration may have major effects on the health status of elderly left behind and their behaviour when seeking medical care. This study intends to investigate the effects

of adult children's relocation on the health of the elderly left behind and on their behaviour in seeking medical attention. A thorough investigation of these concerns will give decision-makers and programme designers the knowledge they need and bring this public health issue to the public's notice. The study's findings will help close a knowledge gap, give understanding for advocacy efforts, and aid in the creation of effective interventions pertaining to migration in Thailand.(Citation, 2020, 195)

Living arrangements between parents and children change as a result of international migration in a variety of ways that are unique to the requirements that arise at various stages of life. First, as part of a household income-generating strategy, many developing nations expect unmarried, adult children to travel to urban regions and send money back home. Therefore, while migration may disrupt parent-child cohabitation, it also increases financial assistance for the elderly. Second, in locations where married sons go to earn money to buy a house or support the family, migration may result in extended households. Finally, most older parents eventually turn to their children for financial assistance as they age, but given the popularity of migration, some only have a few options. The number of older people living alone or looking for other sorts of living arrangements to suit their needs may therefore increase as a result of migration. (Castles Citation, 2010).

Research of how migration affects social structure, links, and support have a tendency to centre on host societies, such as integration. Little attention has been paid to the effects on the communities of origin caused by the gaps left by migrants. Literature on the social changes that occur in sending areas after emigration is still scarce. Migration-induced social change tends to be more profound in sending countries and areas than in receiving societies, according to a 2010 special issue of this journal on migration and social change. (Portes Citation, 2010, 1555; also Van Hear Citation, 2010).

According to Portes' theory, sending-community alterations will be most pronounced in situations when outmigration is ongoing and considerable in terms of numbers. Changes must be made to social institutions and values of the sending society for them to take hold below the surface. The research by Portes prioritises transnational effects (like remittances) over local socio-structural adaptations and rely on sparse empirical data. Research by Anghel on ethnic relations after labour migration from a multiethnic Romanian village captures these changes at the local level. Anghel

demonstrates that while greater economic conditions are unable to overcome century-old ethnic obstacles to interaction and prestige for some ethnicities, migration results in both increased economic and social status in the sending community. In the setting that Anghel investigated, migration is transient, and returning migrants change the social dynamics. The current study, which is conducted in the same multiethnic region of Romania, deals with the permanent emigration of one ethnic group, which has a long-lasting impact on interethnic relations due to fluctuating demographic weights. (Portes Citation, 2010, 1555; also Van Hear Citation, 2010).

This study looks at how social ties are affected by migration via the lens of caregiving. This strategy is based on theorising by anthropologist Tatjana Thelen, who recognised the crucial part relationships and caregiving activities play in social organisation: Care practises need to be recognised as essential for both constituting and dissolving major interactions, as opposed to coming from already existing relationships. Together, these actions contribute to both the shaping of social change and the (re)making of social order. (Citation, 2015a, 498). Because it removes actors who would typically offer care from local networks, outmigration has a direct influence on healthcare. As a result, "renegotiation of cultures and practises of care" is required. (Vullnetari and King Citation, 2016, 210), especially where migration affects large proportions of younger cohorts. Examining who is "allowed" to care reveals community boundaries and how these fluctuate because caring is an intimate practise that involves intimacy, touch, human waste, and death. Transformations at the meso-level of sending communities happen when migration-induced modifications in individual care behaviours translate into overall changes in values and practises. Instead of providing a drastic departure, these adjustments often build on pre-existing structures and ideals. (Portes Citation, 2010).

Recent volumes highlight the ability of transnational families to provide "care from a distance," which is extensively established in terms of the impact of transnational links and remittances on sending communities. Local networks' mediation function in sending communities has gotten less attention. They translate resource flows for migrants into behaviours of care that are delegated. The importance of non-migrants alerting absent siblings about their parents' needs and using remittances to address those needs is highlighted in the fundamental study by Baldassar, Baldock, and Wilding on transnational care for ageing parents. Children of migrants may hire and pay local carers to take care of their parents. Schaab and Wagner conclude, 'mobilizing, motivating, and/or

producing care transnationally requires both mobile and immobile interconnected people'. Yet how the 'immobile' network members mobilise and sustain care is rarely examined, nor how local networks are transformed in the process of care (Baldassar Citation, 2007, 279).

The creation or strengthening of local support networks is supported by two migration-related factors that mutually reinforce one another. On the one hand, influxes of material, financial, or informational support may inspire regional support efforts. On the other hand, rather than being a byproduct of emigration, the importance of local networks may be a response to the voids left behind. Local networks in turn promote institutionalised relationships between sending and receiving groups, which facilitates future global assistance. Peleikis, for instance, describes how a tiny German-speaking minority in Lithuania has kept in touch with the diaspora by luring funds and volunteers from Germany and utilising them to renovate a church and a cemetery. This has sparked "roots tourism," which is advantageous for the entire community.

If global links deteriorate over time, local networks also become more significant. Sanders indicated a decline in the linkages that once existed between Germans in Kazakhstan and émigrés in Germany; the former are now looking to other ethnic groups in Kazakhstan for support and social contact. In the current study, where declining transnational family support is promoting interethnic harmony and the institutionalisation of unique local arrangements, both trends are apparent. The literature on neighbours and civic society is useful for understanding them. (Sanders Citation, 2016). Even in welfare states, it's usual to rely on a social security mix of government assistance, assistance from family, friends, and neighbours, as well as sources from civil society. The welfare area "between relatives and the state," where official social protection is constrained or vanishing, is filled by a variety of players and activities in developing and ex-socialist states. Support might come from institutions, behaviours, or relationships whose main goal is not to provide support but which still do so by fostering bonds, fostering reciprocity, and developing social capital.

Neighborhood bonds that foster participation in lifecycle or religious celebrations and encourage spontaneous assistance in times of need are a prime example. At times of disaster and need, people might turn to a network of social relationships rather than just having access to material resources to feel comfortable. Neighborhood support networks have the advantage of being deeply ingrained

in local cultures and traditions, which gives them a thorough understanding of local conditions and preferences as well as the ability to act quickly. For fear of crossing lines or creating an imbalance in reciprocity, neighbours often fall lower on people's care hierarchy lists than family. Another drawback is that neighbourhood networks can be exclusive because they reflect regional divisions along racial, religious, or class lines. Research is required to understand how migration affects neighbourhood support by altering the demographic makeup of the smaller communities that make up the underlying solidarity community. (Kreager et al. Citation, 2015).

Religious networks are a good example of how civil-society institutions may flourish in areas with limited informal neighbourhood support. Religious networks perform locally, just like neighbourhood networks, but they also maintain translocal and transnational connections. Their shared, frequently selfless beliefs might encourage concern for the well-being of people. Also, religious communities foster social capital since their members frequently connect over long periods of time. Support for members who are more vulnerable, such as senior citizens, may result from this. Although the importance of civil society organisations in providing for the elderly has been acknowledged, little is known about how their function adapts to migration. In contexts like post-socialist Romania, emigration weakens family and neighbourhood support as the state retreats from monopolistic welfare provision is obvious. (Krause Citation, 2015)

In many developing countries, deprived families are using labour migration as one of the most efficient ways to break the poverty cycle (Clemens, Reference Clemens2011). However, due to the geographic distance created by the migration, the frequency of intergenerational interaction and exchanges of assistance between the two generations decrease significantly, leading to adverse effects on intergenerational solidarity (Bengtson and Roberts, Reference Bengtson and Roberts1991) and the health of left-behind family members (Lu, Reference Lu2013). Much of the literature has reported that offspring migration is detrimental to the health and wellbeing of the left-behind rural elders. Antman (Reference Antman2010) uses data from Mexican Health and Ageing Study to examine the relationship between children's migration status and parental health outcomes, and reports that left-behind older parents in Mexico are more likely to experience poor physical and mental health if their children migrate to the United States of America. Similarly, based on a Thai national survey of older people, Adhikari et al. (Reference Adhikari, Jampaklay and Chamrathirong, 2011) also found that the older adults who had migrant children were more

likely to report symptoms of mental health issues than their counterparts with no out-migrated adult children. However, their study claimed there were no significant impacts on the physical

Other scholars, however, contend that adult child migration and the health of rural seniors are positively related. Using data from Moldova, a country with one of the highest emigration rates in the world, Böhme et al. reported that adult child migration had a positive impact on the body mass index and self-reported health of the elderly who remained behind but had no negative effects on mental or cognitive abilities. Since 2000, there has been a steady increase in the amount of literature in China examining the social effects of child migration, and the majority of scholars have found that adult child migration can seriously harm the senior parents who are left behind, both physically and mentally. health of left-behind rural elders. (Reference Böhme, Persian and Stöhr2015). A growing number of research are examining the processes or channels by which adult children's relocation can have a significant effect on the physical and/or mental health of rural elders who are left behind as the literature develops. For instance, Antman contends in his study that the physical and mental health of rural seniors who have migrant children can be considerably impacted by intergenerational support from migrant offspring, including remittances, physical support, and emotional support. (Reference Antman, 2010). According to Böhme et al., the favourable migration impacts they discovered are related to an income effect. A senior's diet can be greatly improved with more money, and less time is needed for farm work, which allows for more leisure and sleep time. Hence, when the elderly parents' family members migrate, it can make up for the negative impacts of decreased social contact. The money Böhme refers to is the remittance provided by migrant children, which has emerged as a key factor in assessing the total impact of migration on the health of the rural elderly who are left behind. (Reference Böhme, Persian and Stöhr2015).

Contrary to popular opinion, some studies have revealed that adult children's migration does not negatively affect the welfare of the elderly left behind. This finding can be attributed to the beneficial influence brought about by remittances. (Gassmann et al., Reference Gassmann, Siegel, Vanore and Waidler2012). Two of the latest studies on remittances and migration have reported that remittance can partly compensate for the negative effects brought by migration (Yi et al., Reference Yi, Liu and Xu2019; Pan and Dong, Reference Pan and Dong2020). However, these two studies hold different opinions on the overall effects of migration on the physical and mental

health of the left-behind rural elderly. Yi et al. (Reference Yi, Liu and Xu2019) conclude that, overall, migration benefits left-behind parents both physically and mentally despite the loss of labour due to migration, because the remittances sent back from migrant children can compensate for the adverse effects on physical and mental health. By contrast, Pan and Dong (Reference Pan and Dong2020) report that remittances can only compensate for around 15 per cent of the loss in self-reported health and about 20 per cent of mental health, arguing that, overall, adult children's migration is detrimental to rural elders. Since the migration effects have not been fully explained, researchers are investigating other channels to obtain the whole picture of how migration has an influence on the health of the rural elderly left behind. (Reference Yi, Liu and Xu, 2019)

Migration and Elderly in Kerala

One of humanity's greatest accomplishments has been to extend life expectancy. Humans now live longer thanks to advancements in nutrition, sanitation, medicine, health care, education, and the economy. Kerala is the Indian state with the greatest percentage of senior citizens. This also holds true for migration. Kerala is one of India's top states for emigration, sending 2.2 million employees abroad in 2011. 17% of Kerala's labour force is made up of emigrant workers, the majority of whom are employed in gulf nations. Every year, millions of unemployed individuals in Kerala are given jobs thanks to international migration, which also caused Kerala's unemployment rate to drop from 32% in 1998 to 34% in 2011. It is not only important for the improvement of unemployment situation in Kerala but also has a significant impact on the state economy through the inflow of remittances. In 2011, Kerala received ₹ 497 billion, which accounts for 31 per cent of the NSDP. Remittance flows are predicted to boost reservation wages, increase leisure demand, and decrease the labour market involvement of migratory family members who are left behind. The reserve salary of the migrant household's members who are left behind increases as the household income through remittances rises. When the market wage is less than the reservation wage, there is a lower likelihood that members of the left-behind group will enter or remain in the labour market. It is common knowledge that non-migrants in the home country may experience both positive and negative effects as a result of international migration.

Secondly, there's a chance that remittances from abroad will loosen the restrictions on home spending, resulting in improved child health and education and a decline in older labour market

involvement. Future intergenerational exchanges and contacts are predicted to be increasingly complex. The family relationship will undoubtedly change as a result of longer life expectancies and increased youth migration. Large-scale youth migration can have a variety of effects on the welfare of the elderly left behind. On the one hand, adult migration may reduce intergenerational, social, and emotional support; increase the older population's isolation, all of which contribute to increased chronic stress; on the other hand, it can produce both protections and risks for the elderly who are left behind by altering their levels of prolonged stress. The most active driver in Kerala's otherwise hopeless economic situation during the final part of the 20th century appears to have been migration. One of the benefits of the Kerala model of development is this. Massive migration from Kerala to the Gulf nations has caused unprecedented and rapid changes in the socioeconomic makeup of Keralans. The enormous amount of foreign remittances delivered to Kerala in the form of remittances is one of the immediate and direct benefits of migration. The elderly are thought to have been negatively impacted by migration and remittances in a variety of ways, including by depriving them of parental care, increasing feelings of loneliness and worry, boosting their economic and financial stability, and improving their quality of life. (Kumar, S. (2021). Offspring's labor migration and its implications for elderly parents' emotional wellbeing in Indonesia. *Social Science & Medicine*, 276, 113832. <https://doi.org/10.1016/j.socscimed.2021.113832>)

CHAPTER – 3

METHODOLOGY

STATEMENT OF THE PROBLEM

The topic of study is “The Left Behind:A Sociological Study On Elderly Parents Of Emigrants At Kochi”. Emigration of children has impacted the lives of elderly parents in both positive and negative ways. The migration of children to other countries has influenced the social and economic background of the elderly parents in positive and negative ways. It has also changed the daily lives of the elderly parents as being better and worse and also in a neutral state. Migration of the children has also affected the psychological well being and social well being of the elderly parents. The study also stresses on the life satisfaction of the elderly parents of emigrants at Kochi. The study seeks to find answers and solutions.

OBJECTIVES

The purpose of this study was to accomplish the following objectives:

General Objective

The general objective of this study is to analyze the impact of migration on elderly parents of emigrants.

Specific Objective

- To study the socio-economic background of the elderly parents
- To understand the daily lives of elderly parents of emigrants at Kochi
- To examine the factors affecting psychological well being of elderly parents of the emigrants at Kochi
- To analyze the factors affecting social well being of elderly parents of the emigrants.
- To find out the life satisfaction of elderly parents of the emigrants.

CLARIFICATION OF CONCEPTS

Theoretical Definition

- Emigrants

According to Oxford Dictionary Emigrants refers to a person who leaves their country to live permanently in another.

- Elderly

According to Collins Dictionary Elderly refers to those who are somewhat old, past middle age, approaching old age

Operational Definition

- Migration - Migration is the movement of people from one place to another within the country itself or between the countries
- Emigrants - Emigrants are those people who leave their country and live in other country.
- Elderly - Elderly refers to the people who are aged above 60 years.
- Social well being - Social well being means the positive well being in society through interaction and communication.
- Life satisfaction - Life satisfaction is a persons overall satisfaction of his life in a society.
- Psychological well being - Psychological well being is the well being of mental health and mind.

VARIABLES

The independent variables in this study are

- Age
- Family type
- Income
- Gender

The dependent variables in this study are

- Level of satisfaction
- Social and psychological well being

PILOT STUDY

A pilot study was conducted to check the feasibility of the study in the month of December, 2022.

POPULATION

According to Ram Ahuja a population refers to all those people with the characteristics which the researcher wants to study within the context of a problem. In this study population includes elderly parents of the emigrants of Cochin city.

UNIVERSE

The universe consists of elderly parents of the emigrants from Cochin city which includes 50 males and 50 females

SAMPLING METHOD

The study uses the method of snowball sampling which is a non – probability sampling method which consists of 100 respondents.

TOOL OF DATA COLLECTION

The study uses interview schedule as the tool of data collection as some of the respondents are literate and some are illiterate. It is also easy to administer from researchers point of view. The interview schedule was done among 50 female elderly parents and 50 male elderly parents in rural and urban areas of Cochin city using snowball sampling.

CHAPTER – 4

DATA ANALYSIS AND INTERPRETATION

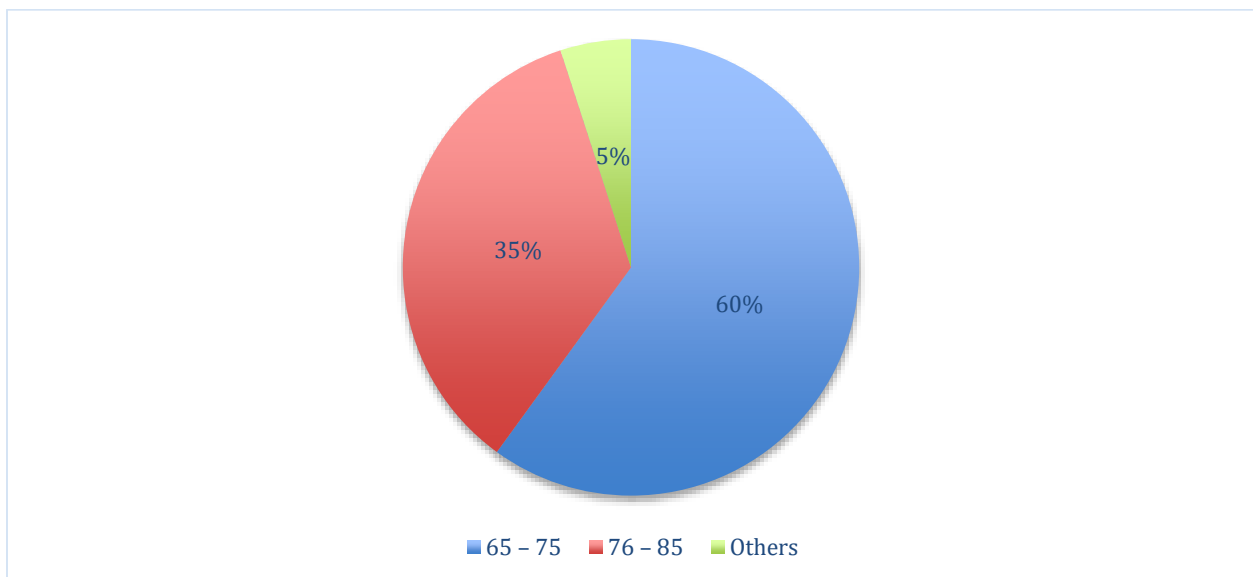
Data analysis and interpretation is one of the most important aspects of research. This chapter explains how the collected data are used to accomplish the objectives. Data analysis is essential to the development of any research project. The information was gathered from 100 elderly parents residing in urban and rural parts of Kochi.

4.1 - AGE OF THE RESPONDENTS

TABLE 4.1

Age	Frequency	Percentage of the respondents
65 – 75	60	60
76 – 85	35	35
Others	5	5
Total	100	100

FIGURE 4.1



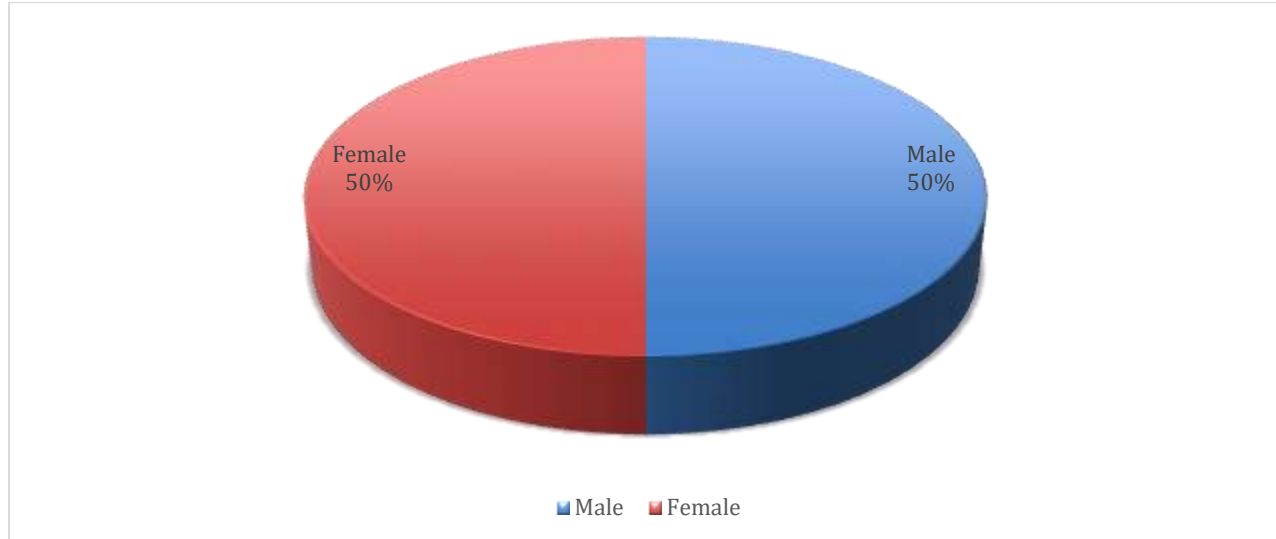
Age is the length of time a person has lived. Out of the 100 respondents 60% comes between the age group 65 – 75, 35% are coming in the age group 76 – 85 and the rest 5% comes in the category others. From this it is clear that most of the respondents who are old age comes in the age group between 65 – 75.

4.2 - GENDER OF THE RESPONDENTS

TABLE 4.2

Gender	Frequency	Percentage
Male	50	50
Female	50	50
Total	100	100

FIGURE 4.2



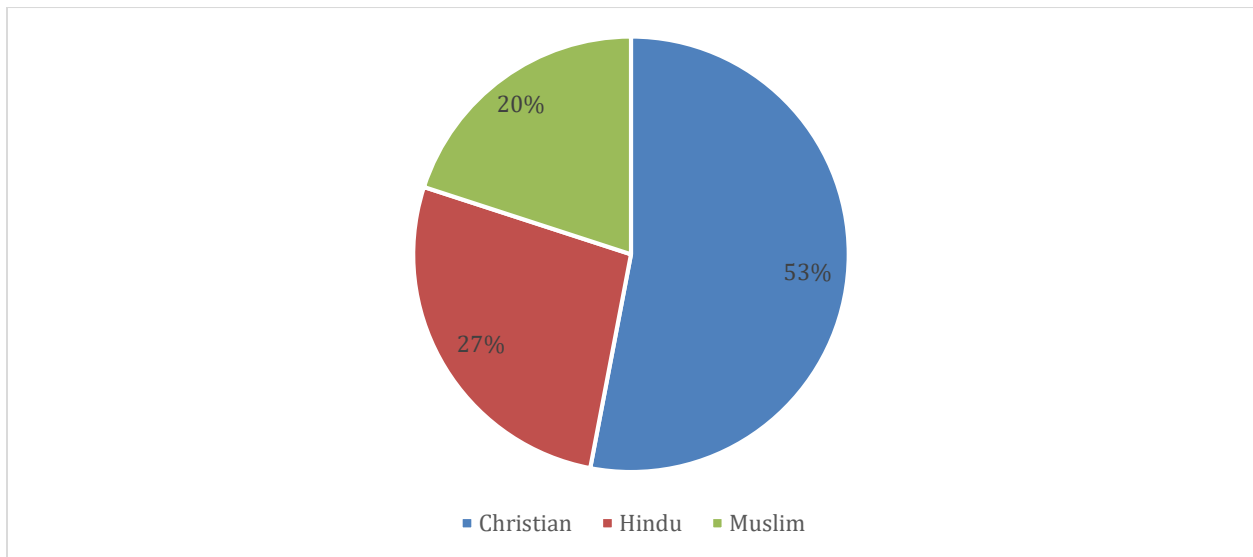
The socially constructed qualities of men, women, girls, and boys are referred to as gender. This covers interpersonal connections as well as the standards, mannerisms, and roles that come with being a woman, man, girl, or boy. Out of the 100 respondents 50% are males and 50% include females.

4.3 - RELIGION OF THE RESPONDENT

TABLE 4.3

Religion	Frequency	Percentage of respondents
Christian	53	53
Hindu	27	27
Muslim	20	20
Others	100	100

FIGURE 4.3



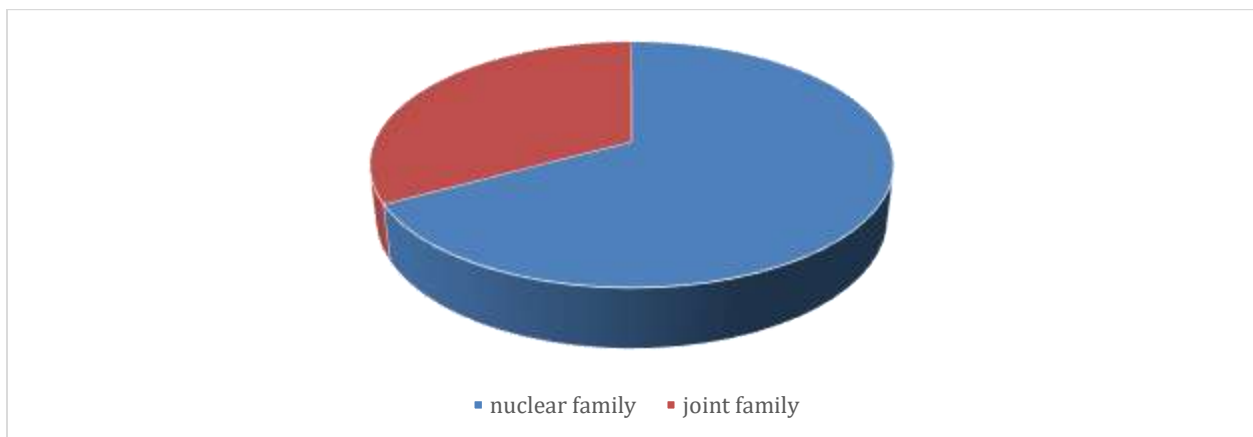
Religion is a major demographic factor and from the collected data, out of 100 respondents 53% of them were Christians, 27% were Hindus and 20% of them were Muslims. Hence most of the respondents belong to Christianity.

4.4 - FAMILY TYPE OF THE RESPONDENTS

TABLE 4.4

Family type	Frequency	Percentage of the respondents
Nuclear family	67	67%
Joint family	33	33%
Total	100	100%

FIGURE 4.4



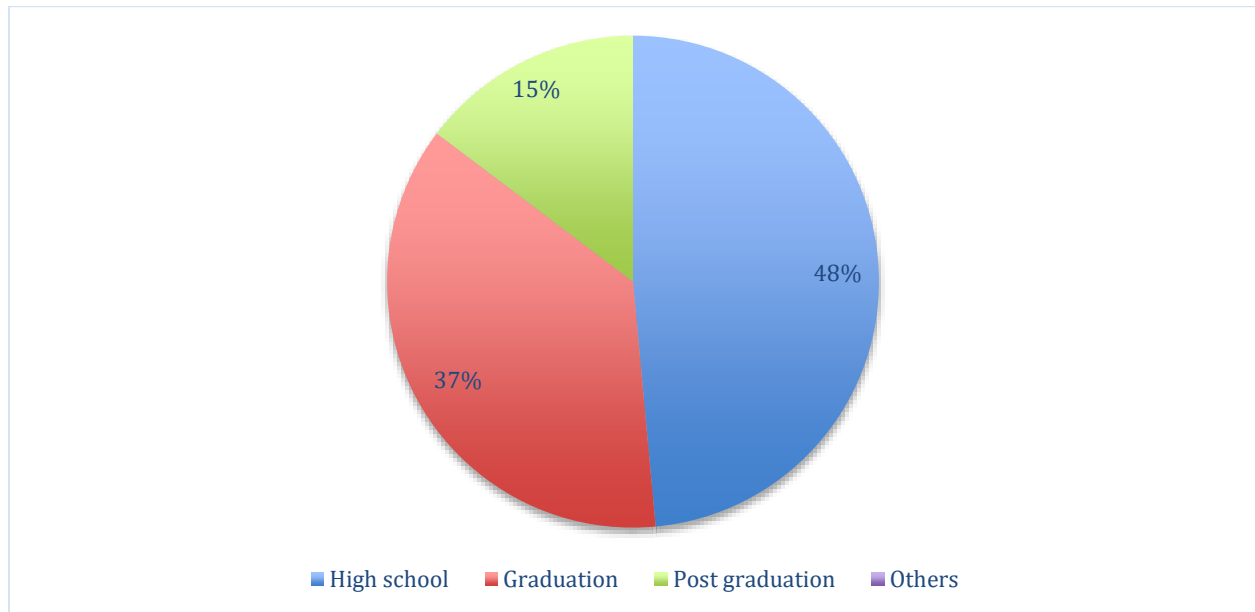
Family is the primary element of socialization, it consists of parents and their children, as a group. However the respondents of the present study are from nuclear family and joint family. The largest percentage of respondents that is 67% responded that they have a nuclear family type, while 33% percent of them have joint family.

4.5 - EDUCATIONAL QUALIFICATION OF THE RESPONDENTS

TABLE 4.5

Educational qualification	Frequency	Percentage of respondents
High school	33	33
Graduation	25	25
Post graduation	10	10
Others	32	32
Total	100	100

FIGURE 4.5



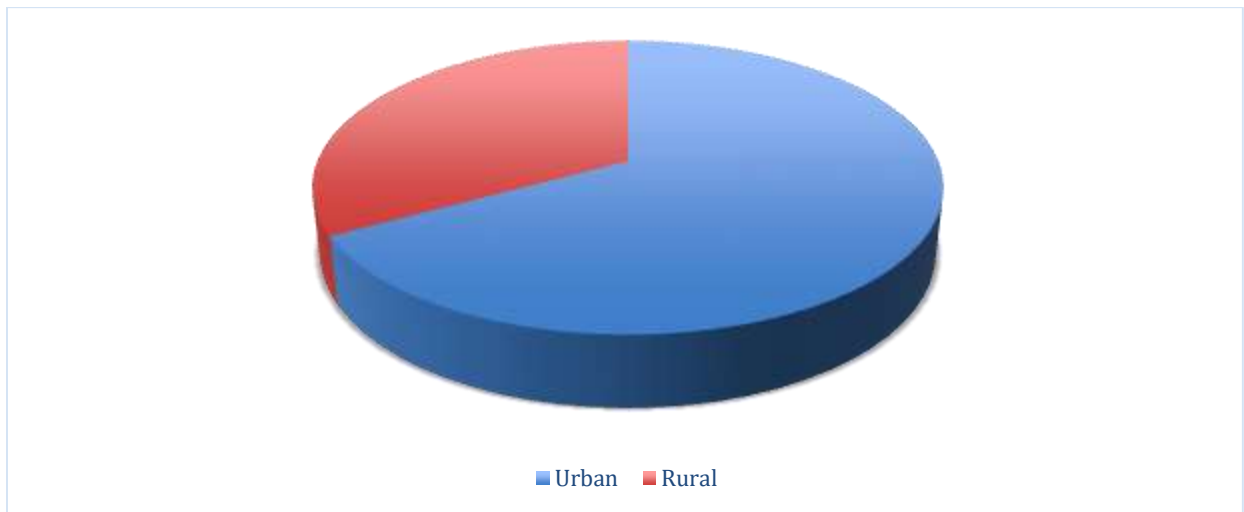
The process of promoting learning or gaining knowledge, skills, values, principles, beliefs and behaviours is education. In the present study, 33% of respondents attained education from high school, 25% attained degree, 10% attained masters degree and the rest 32% attained education from other classes.

4.6 - LOCALITY OF THE RESPONDENTS

TABLE 4.6

Locality	Frequency	Percentage of respondents
Urban	67	67
Rural	33	33
Total	100	100

FIGURE 4.6



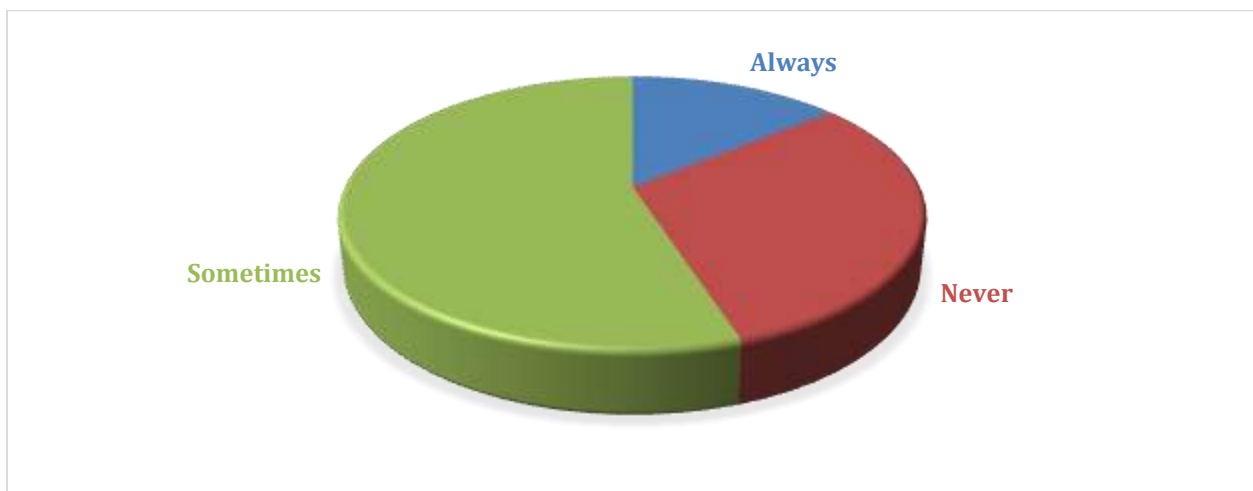
A rural area is an expanse of open ground with few houses or other structures and few inhabitants. An urban area, also known as a built-up area or an urban agglomeration, is a place where people live in close proximity to one another. The above figure depicts that 67% of the respondents belonged to urban area where as 33% belonged to rural area.

4.7 - RESPONDENTS GONE ABROAD

TABLE 4.7

Gone abroad	Frequency	Percentage of respondents
Always	14	14
Never	31	31
Sometimes	55	55
Total	100	100

FIGURE 4.7



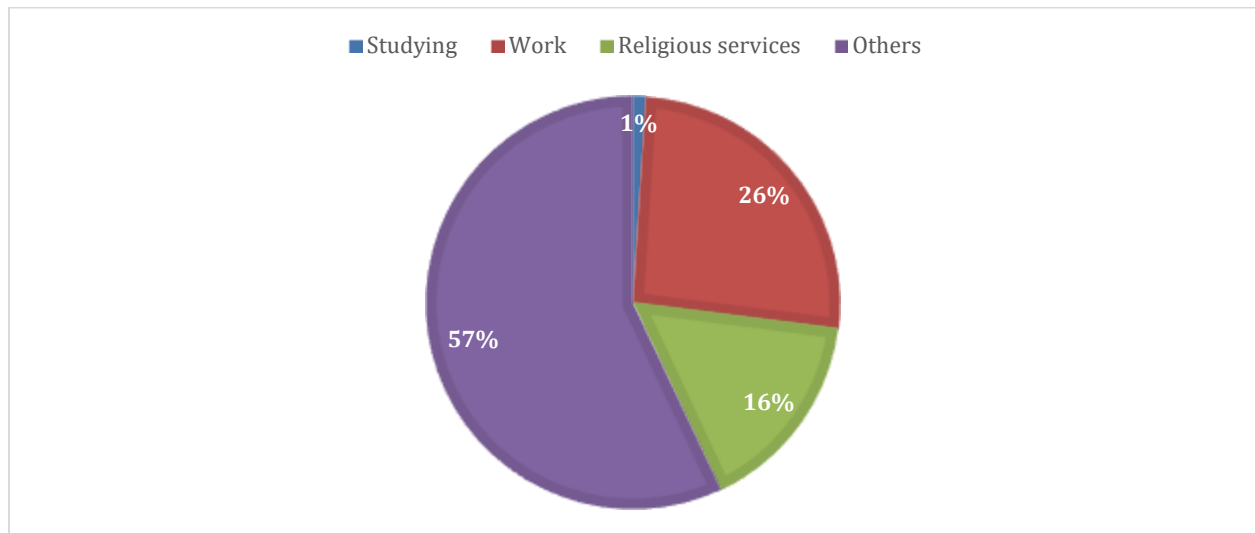
Outside one's country's borders or to a foreign country is referred to as travelling abroad. The figure indicates that 14% of the respondents has always gone to abroad, 31% has never gone to abroad and the rest 55% has gone to abroad sometimes.

4.8 - PURPOSE OF MIGRATION OF THE RESPONDENT

TABLE 4.8

Purpose of migration	Frequency	Percentage of respondents
Studying	1	1
Work	26	26
Religious services	16	16
Others	57	57
Total	100	100

FIGURE 4.8



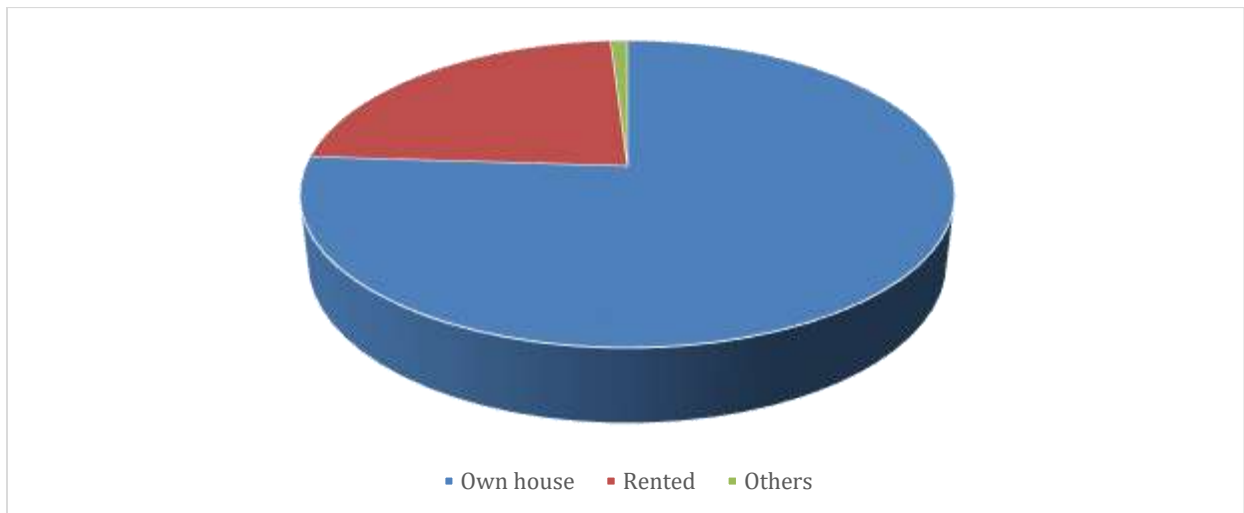
Moving from one location to another with the purpose of living there either permanently or temporarily is known as human migration. Most of the respondents that is 57% of the respondents among which the data was collected has migrated to places for various purposes like tour, visiting children etc; 26% of the respondents purpose of migration was work, 16% have migrated to places for religious services and the rest 1% has migrated for studying purpose

4.9 - HOUSING OF THE RESPONDENTS

TABLE 4.9

House	Frequency	Percentage of respondents
Own house	76	76
Rented	23	23
Others	1	1
Total	100	100

FIGURE 4.9



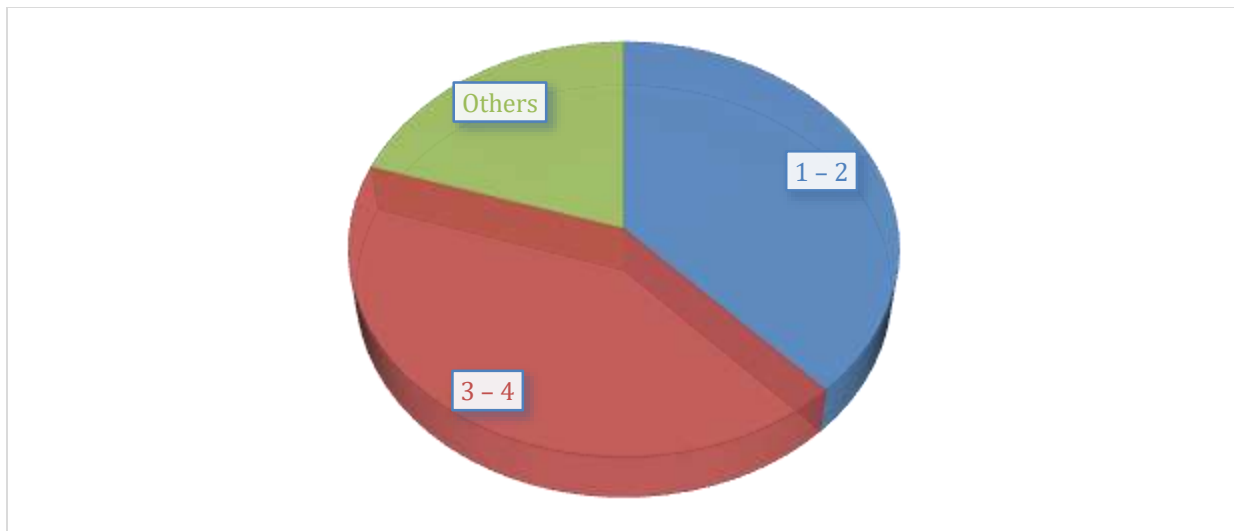
Housing provides shelter, affording protection from bad weather and being a victim of street crime, according to sociology of housing at its most basic level. From the figure we can see that 76% of the respondents own their houses, 23% live in houses for rent and the rest 1% resides in their relatives house.

4.10 - NUMBER OF CHILDREN OF THE RESPONDENTS

TABLE 4.10

No of children	Frequency	Percentage of respondents
1 – 2	38	38
3 – 4	42	42
Others	20	20
Total	100	100

FIGURE 4.10



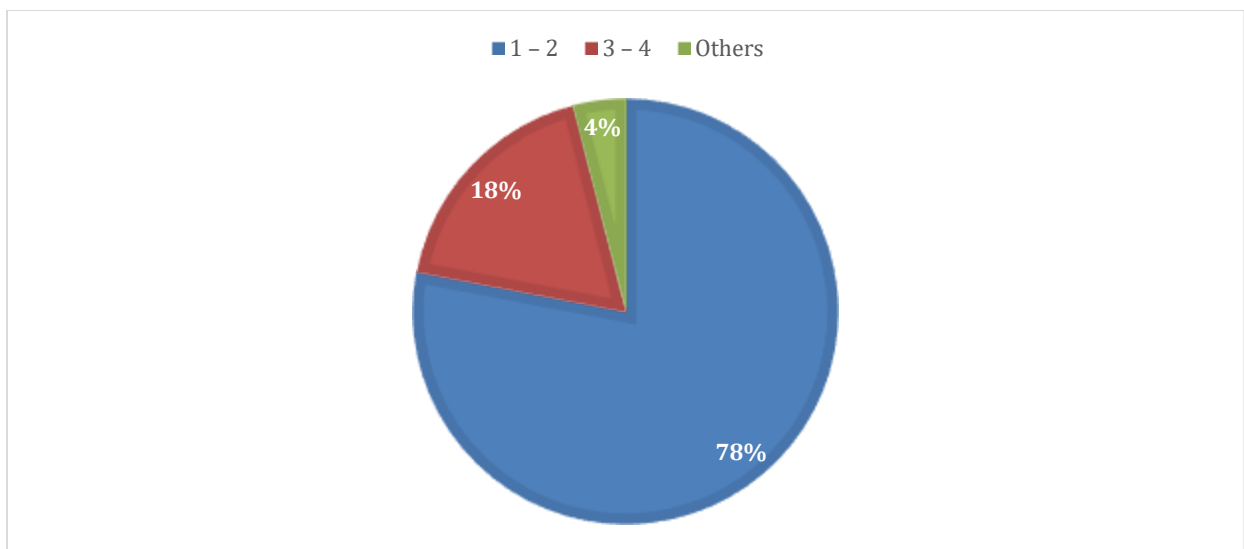
The above figure and table indicates that 42% of the respondents have 3 – 4 children, 38% of the respondents have 1 – 2 children and the rest 20% have children more than 4.

4.11 - NUMBER OF CHILDREN MIGRATED

TABLE 4.11

No of children migrated	Frequency	Percentage of respondents
1 – 2	78	78
3 – 4	18	18
Others	4	4
Total	100	100

FIGURE 4.11



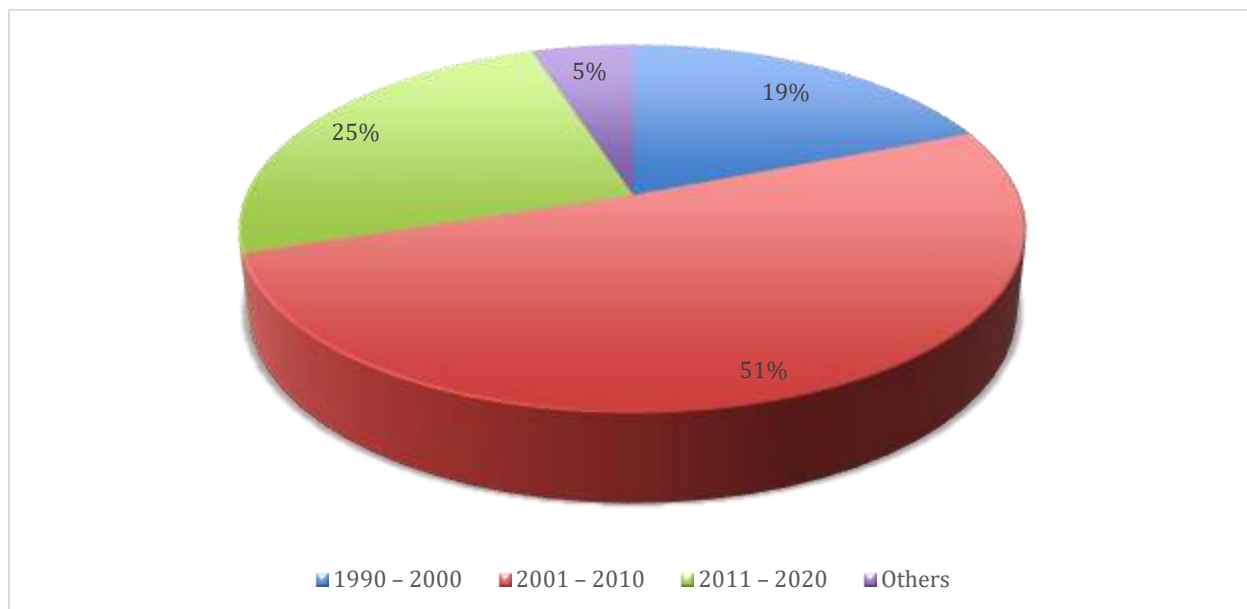
The study shows that 78% of the respondents children have migrated which comes between 1 – 2, 18% of the respondents children have migrated which comes between 3 – 4 and 4% of the respondents children have migrated which includes migration of more than 4 children.

4.12 - YEAR OF MIGRATION OF CHILDREN

TABLE 4.12

Year of migration	Frequency	Percentage of respondents
1990 – 2000	19	19
2001 – 2010	51	51
2011 – 2020	25	25
Others	5	5
Total	100	100

FIGURE 4.12



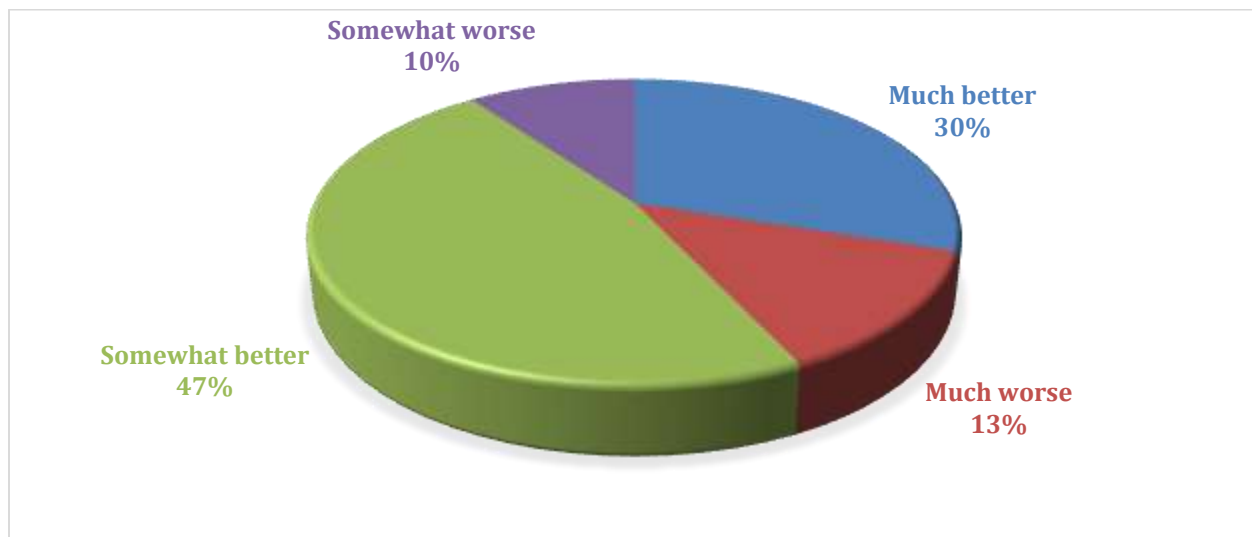
About 51% of the respondents children have migrated in the year between 2001 – 2010, 25% of the respondents children have migrated in the year 2011 – 2020, 19% of the respondents children have migrated between the year 1990 – 2000 and the remaining 5% of the respondents children have migrated in other years.

4.13 - CHANGE IN LIFESTYLE OF RESPONDENTS

TABLE 4.13

Changing of lifestyle	Frequency	Percentage of respondents
Much better	30	30
Much worse	13	13
Somewhat better	47	47
Somewhat worse	10	10
Total	100	100

FIGURE 4.13



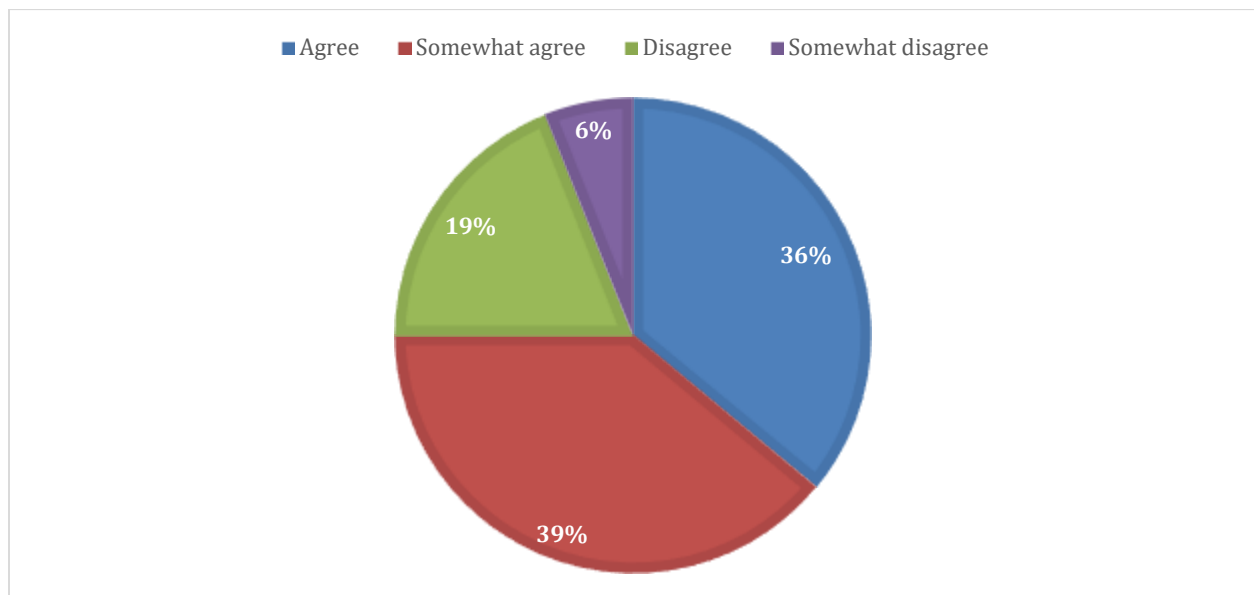
Lifestyle refers to the behaviours, attitudes, preferences, moral codes, socioeconomic status, etc. that collectively define a person's or a group's way of life. The figure shows that 30% of the respondents lifestyle has changed in a much better ways, 47% of the respondents lifestyle has changed in somewhat better manner, 13% of the respondents lifestyle has become much worse and 10% of the respondents lifestyle has been somewhat worse.

4.14 - FEELING OF ANXIETY

TABLE 4.14

Feeling of anxiety	Frequency	Percentage of respondents
Agree	36	36
Somewhat agree	39	39
Disagree	19	19
Somewhat disagree	6	6
Total	100	100

FIGURE 4.14



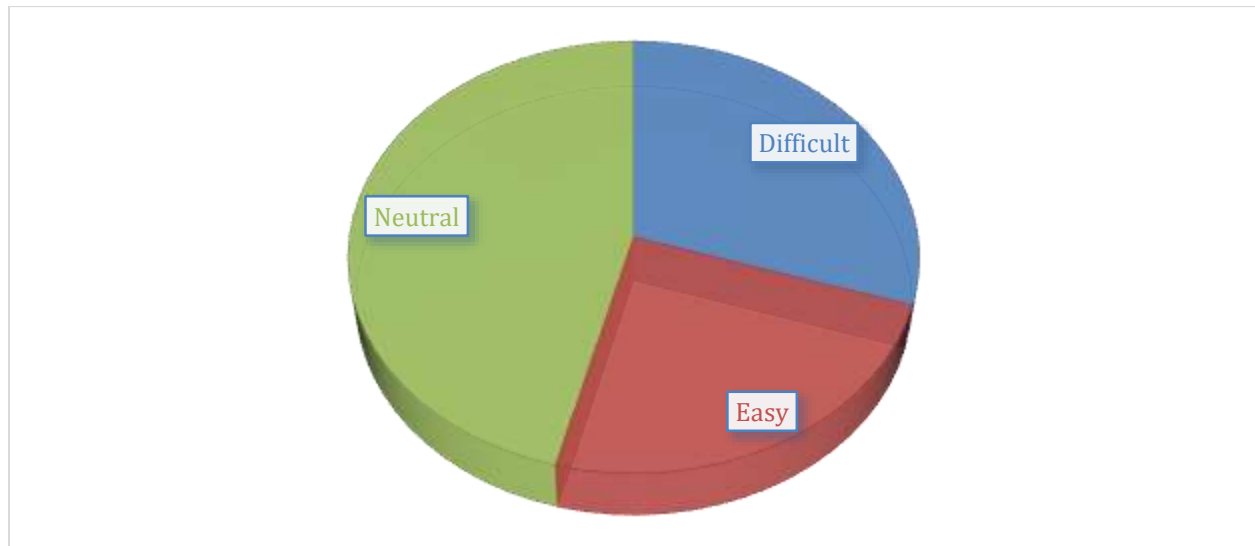
From the study it is clear that most of the respondents that is 36% of the respondents agree that they had anxiety issues during the time of separation from their children, 39% of the respondents somewhat agree to that, 19% of the respondents disagree that they didn't have anxiety issues during the time of separation and 6% of the respondents somewhat disagree.

4.15 - FEELING WHEN CHILDREN MIGRATED

TABLE 4.15

Feeling when children migrated	Frequency	Percentage of respondents
Difficult	30	30
Easy	24	24
Neutral	46	46
Total	100	100

FIGURE 4.15



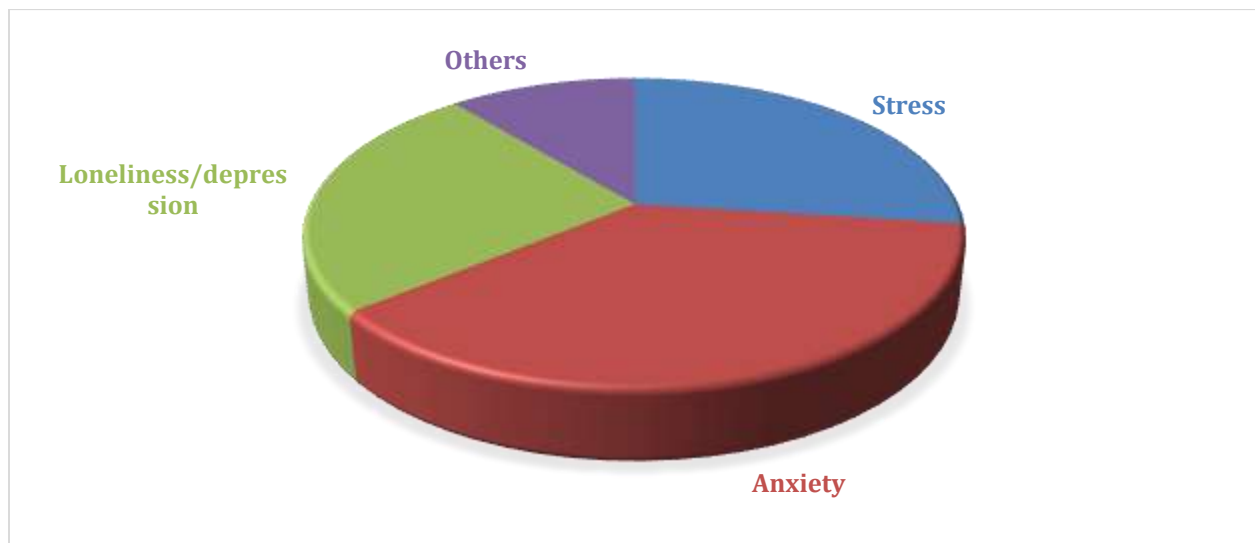
In this study 30% of the respondents felt difficulty when their children migrated, 24% of the respondents responded that it was easy for them when their children migrated and the remaining 46% was in a neutral state.

4.16 - CHALLENGES FACED MENTALLY AFTER CHILDRENS MIGRATION

TABLE 4.16

Mental challenges	Frequency	Percentage of the respondents
Stress	27	27
Anxiety	37	37
Loneliness/depression	25	25
Others	11	11
Total	100	100

FIGURE 4.16



Mental challenges are the battles one must wage on a daily basis with their own minds in order to survive mental illnesses, disabilities, and afflictions. In this study from the above figure it is clear that 27% of the respondents had undergone stress after the migration of their children, 37% of the respondents had undergone anxiety, 25% had undergone loneliness and depression and the remaining 11% had undergone other kinds of mental challenges after their children migrated.

4.17 - FEELING OF SADNESS

TABLE 4.17

Feeling of sadness	Frequency	Percentage of respondents
Always	30	30
Sometimes	45	45
Never	25	25
Total	100	100

FIGURE 4.17



The above figure and table shows that 30% of the respondents always felt sad while doing tasks in which they usually needed their children's help, 45% felt sad sometimes and the rest 25% never had the feeling of sadness while doing tasks in which they usually need their children's help.

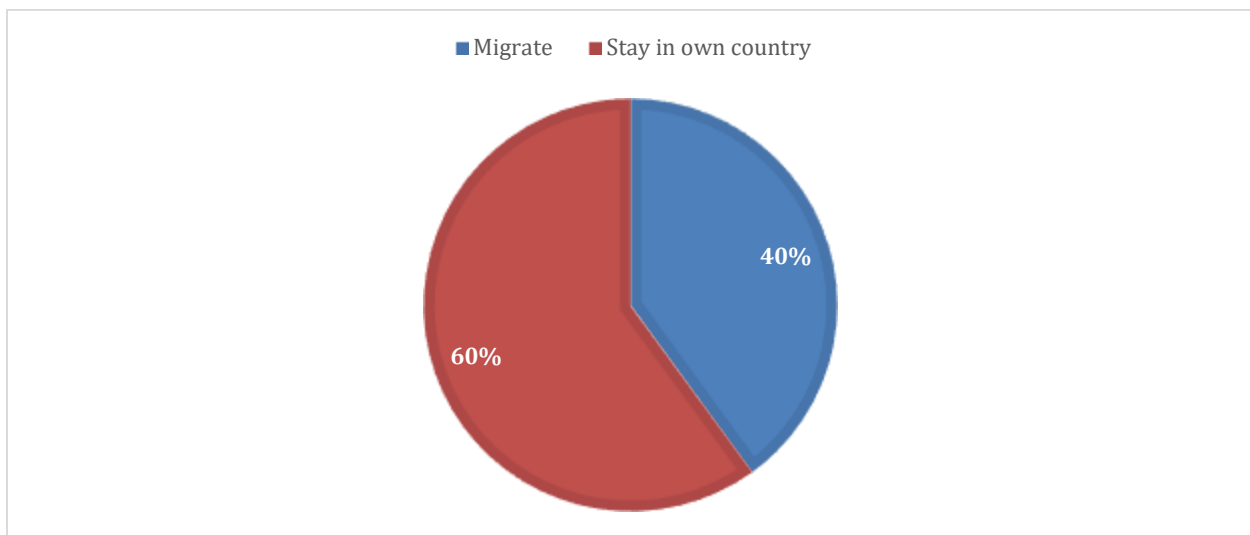
The pattern of family type of the elderly parents indicates that the anxiety of separation has not varied significantly that is 0.222 Pearson chi square value and it is the same with feeling of elderly parents when children migrated because the Pearson chi square is 0.202. The challenges faced mentally by the elderly parents after the migration of their children also has not varied significantly because the chi square is 0.751. There is also no significant variance between family type and anxiety of separation between the elderly and their children.

4.18 - PREFERENCE OF STAY

TABLE 4.18

Preference of stay	Frequency	Percentage of the respondents
Migrate	40	40
Stay in own country	60	60
Total	100	100

FIGURE 4.18



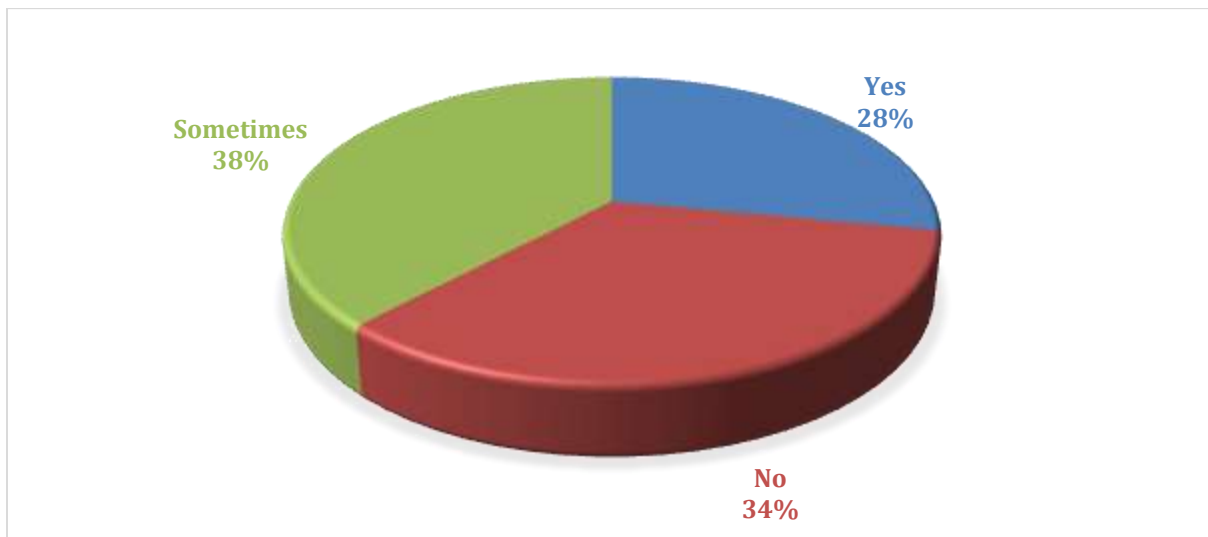
To stay is to remain for a while in a location, a circumstance, or with a person or group. About 60% of the respondents prefer to live in their own country or hometown and the rest 40% prefer to migrate with their children to other countries.

4.19 - SEEKING FOR HELP

TABLE 4.19

Seeking help	Frequency	Percentage of respondents
Yes	28	28
No	34	34
Sometimes	38	38
Total	100	100

FIGURE 4.19



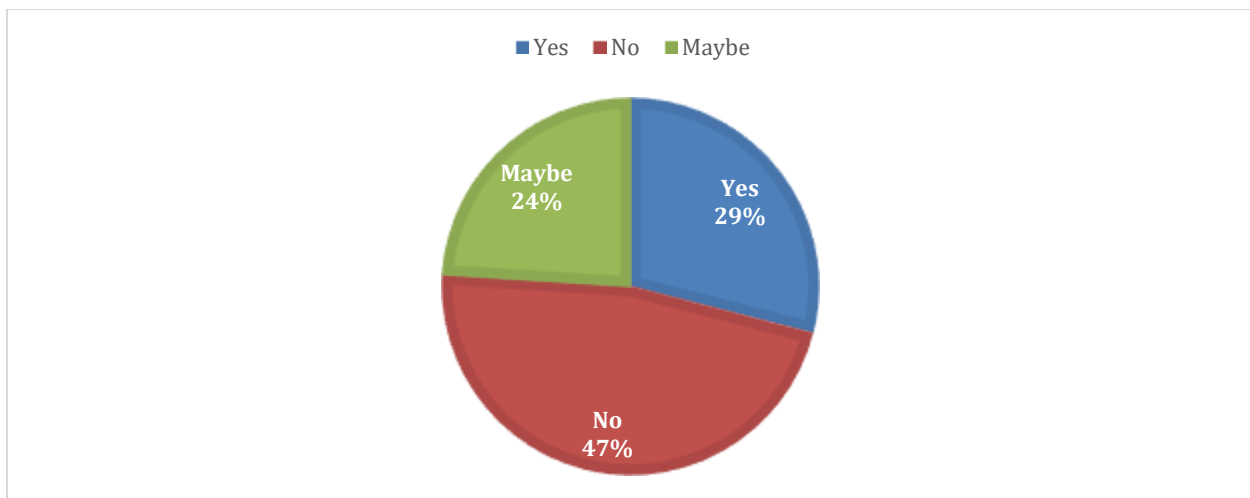
The figure shows that 28% of the respondents seek for help from others, 34% of the respondents do not depend on others for help and 38% of the population sometimes seek others for help.

4.20 - WILLINGNESS TO HIRE A MAID

TABLE 4.20

Willingness to hire maid	Frequency	Percentage of respondents
Yes	29	29
No	47	47
Maybe	24	24
Total	100	100

FIGURE 4.20



In this study 29% of the respondents are willing to hire a maid, 47% of the respondents are not willing to hire a maid and the rest 24% responded maybe in case of willingness to hire a maid.

4.21 - HEALTH PROBLEMS OF THE RESPONDENTS

TABLE 4.21

Health problems	Frequency	Percentage of respondents
Yes	19	19
No	37	37
Sometimes	44	44
Total	100	100

FIGURE 4.21



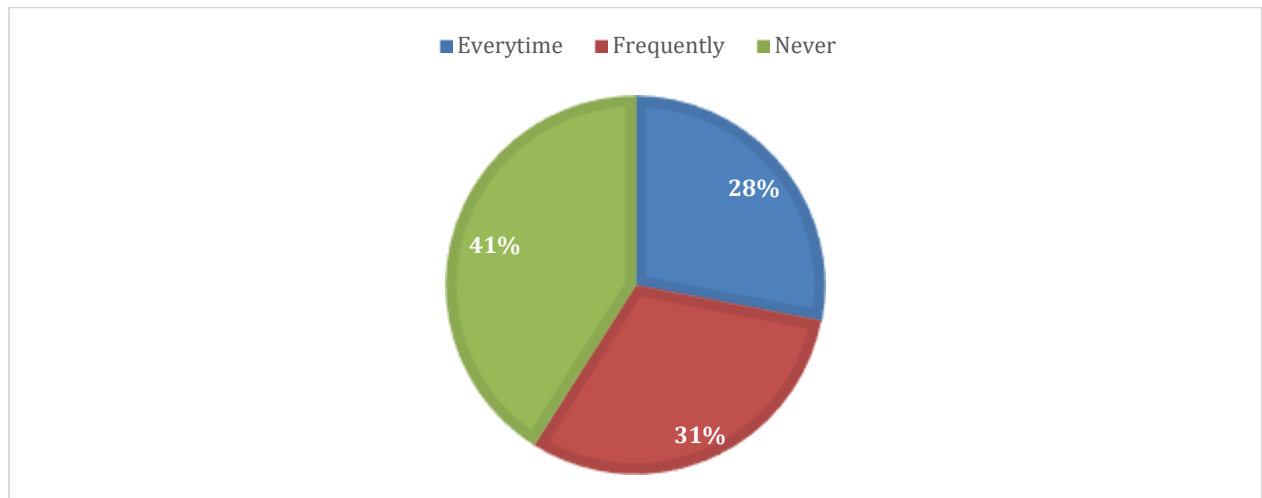
A sickness, medical condition, or environmental issue that increases the likelihood of developing a disease or medical issue is referred to as a "health problem." The study shows that 19% of the respondents frequently visit the hospital for their health problems, 44% of the respondents visit the hospital sometimes because they have very rare poor health conditions and 37% of the respondents do not have any severe health problems.

4.22 - ACCOMPANY TO THE HOSPITAL

TABLE 4.22

Accompanying to hospital	Frequency	Percentage of respondents
Everytime	28	28
Frequently	31	31
Never	41	41
Total	100	100

FIGURE 4.22



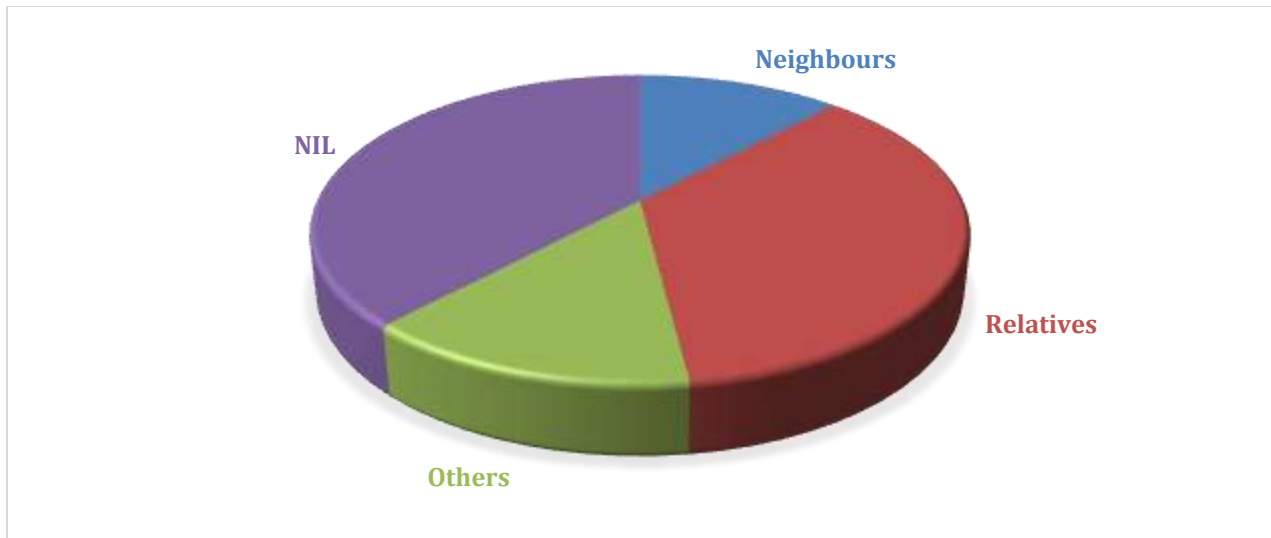
Out of 100 respondents 28% of the respondents said that they are accompanied to the hospital, 31% of the respondents said they are frequently accompanied to the hospital and the rest 41% are never accompanied to the hospital.

4.23 - IF YES WHO

TABLE 4.23

If yes who	Frequency	Percentage of respondents
Neighbours	12	12
Relatives	36	36
Others	14	14
NIL	38	38
Total	100	100

FIGURE 4.23



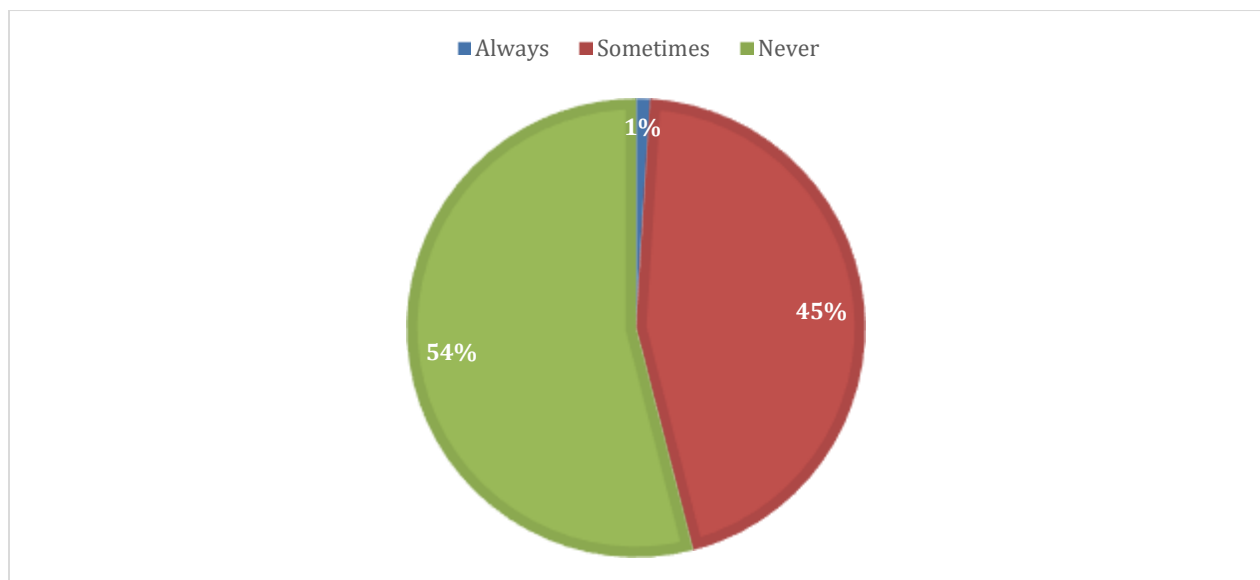
The figure indicates that out of 100 respondents 12% of the respondents are accompanied by neighbours to the hospitals, 36% are accompanied by relatives, 14% of the respondents are accompanied by others to the hospital and the rest 38% have responded NIL.

4.24 - PROBLEMS REGARDING YOUR VISION AND HEARING

TABLE 4.24

Problem in hearing and vision	Frequency	Percentage of respondents
Always	1	1
Sometimes	45	45
Never	54	54
Total	100	100

FIGURE 4.24



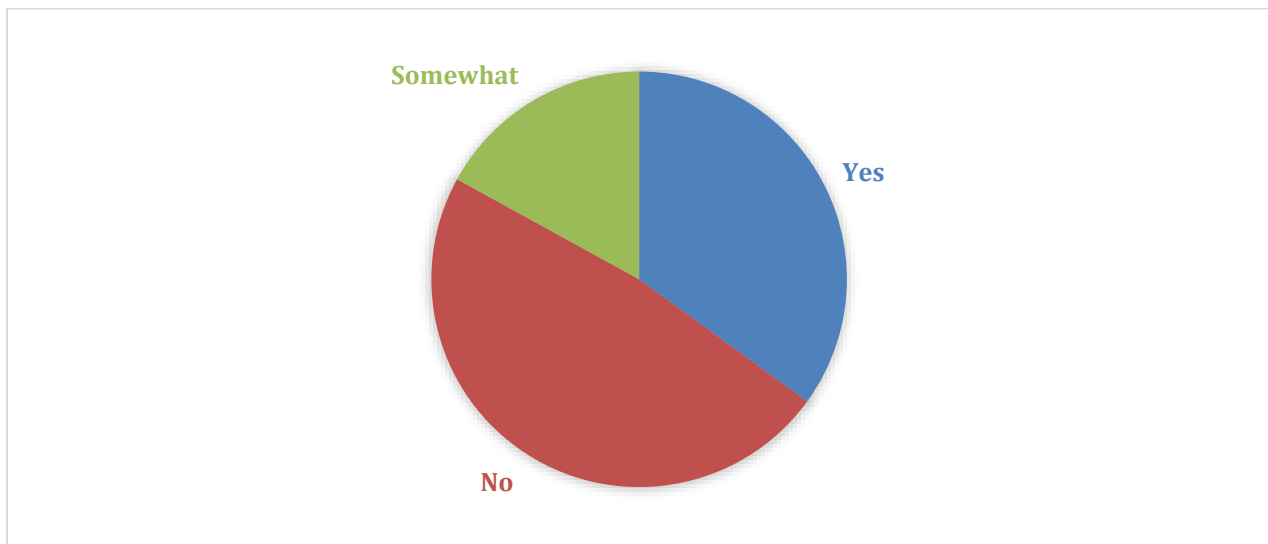
In this study out of 100 respondents only 1% of the respondents had problems regarding vision and hearing, 45% of the respondents sometimes had problems regarding vision and hearing and 54% of the respondents did not have any problems regarding vision and hearing. In the present study from the Pearson chi square test gender is not varied significantly with the health problems of the respondents (0.744), anyone accompanying the respondents to the hospital (0.068), who is accompanying to the hospital (0.174) and problems regarding vision and hearing (0.396).

4.25 - KNOW DRIVING

TABLE 4.25

Knows driving	Frequency	Percentage of respondents
Yes	35	35
No	48	48
Somewhat	17	17
Total	100	100

FIGURE 4.25



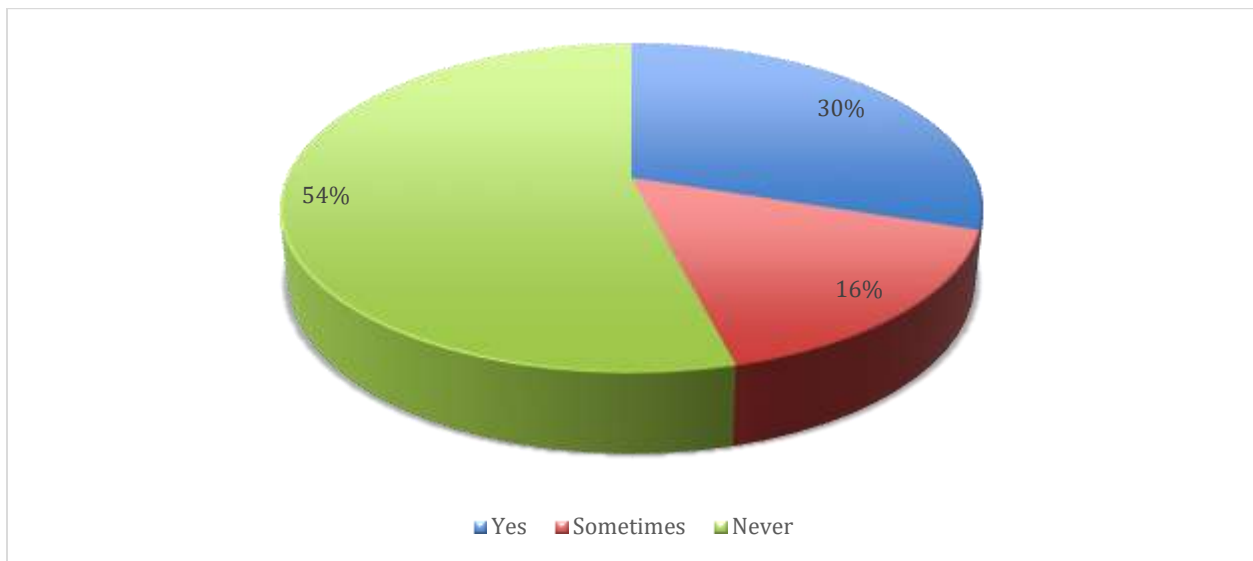
Out of the 100 respondents 35% of the elderly parents knows driving, 48% of the elderly parents don't know how to drive and the rest 17% responded somewhat.

4.26 - CAPABILITY OF DRIVING NOW

TABLE 4.26

Capability of driving now	Frequency	Percentage of respondents
Yes	30	30
Sometimes	16	16
Never	54	54
Total	100	100

FIGURE 4.26



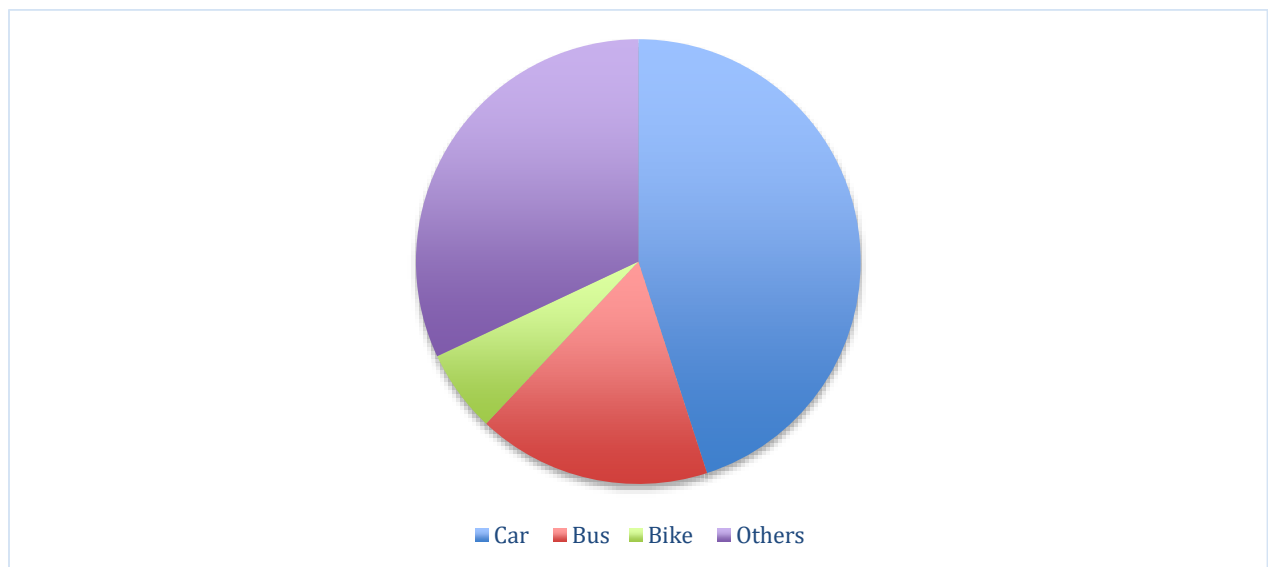
From this study it is seen that 30% of the respondents are still capable of driving on their own, 16% of the respondents are sometimes capable and 54% of the respondents do not have the capability to drive on their own.

4.27 - MEANS OF TRANSPORTATION

TABLE 4.27

Means of transport	Frequency	Percentage of respondents
Car	45	45
Bus	17	17
Bike	6	6
Others	32	32
Total	100	100

FIGURE 4.27



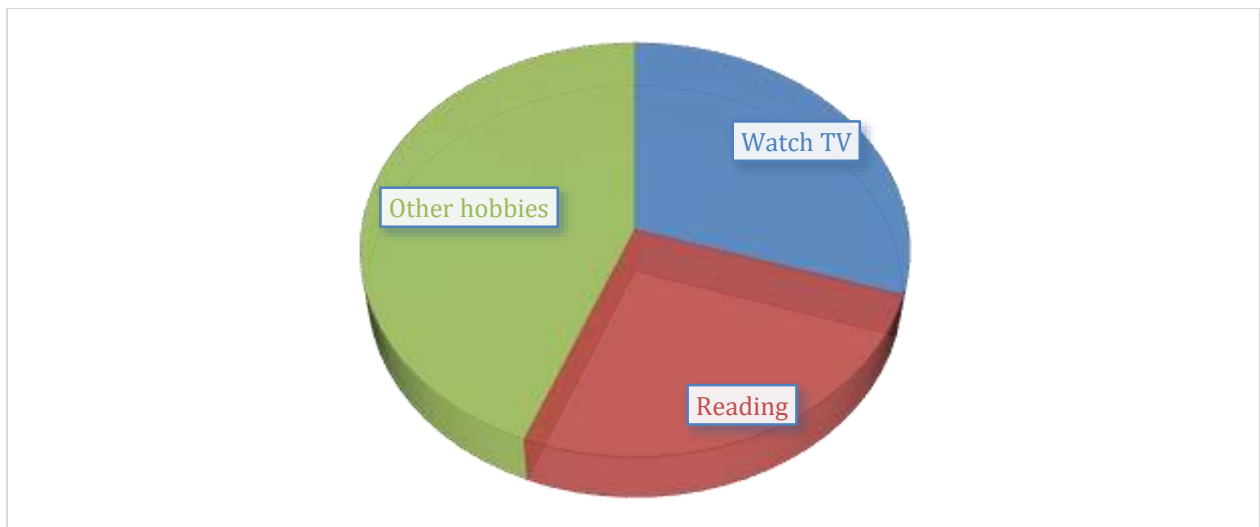
Transportation refers to a vehicle or system of vehicles used to move people and goods from one location to another. By looking at the means of transportation most of the elderly parents that is 45% of the respondents use car for travelling to different places, 17% of the respondents use bus, 6% of the respondents uses bike and remaining 32% out of 100 respondents use other vehicles as means of transportation to travel to different places.

4.28 - FAVOURITE HOBBY

TABLE 4.28

Favourite hobby	Frequency	Percentage of respondents
Watch TV	30	30
Reading	26	26
Other hobbies	44	44
Total	100	100

FIGURE 4.28



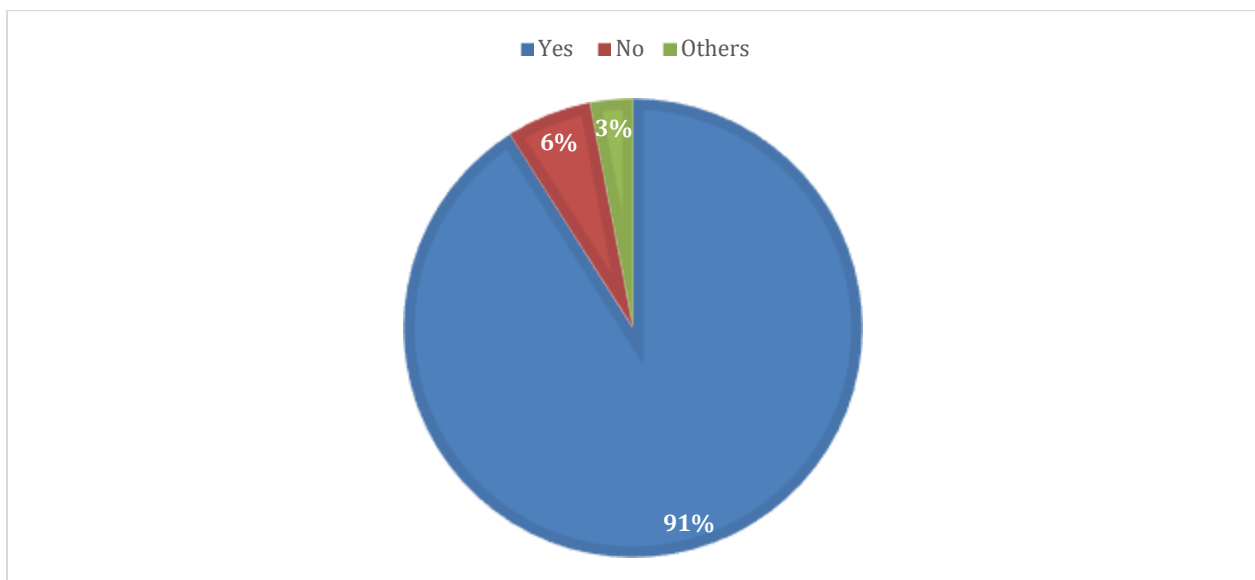
A hobby is something you do for fun when you're not working. In this figure and table it is clear that 30% of the elderly parents prefer watching TV during their free time, 26% of the elderly parents prefer reading as their hobby and 44% of the elderly parents are interested in other hobbies.

4.29 - OWN PHONE

TABLE 4.29

Own phone	Frequency	Percentage of respondents
Yes	91	91
No	6	6
Others	3	3
Total	100	100

FIGURE 4.29



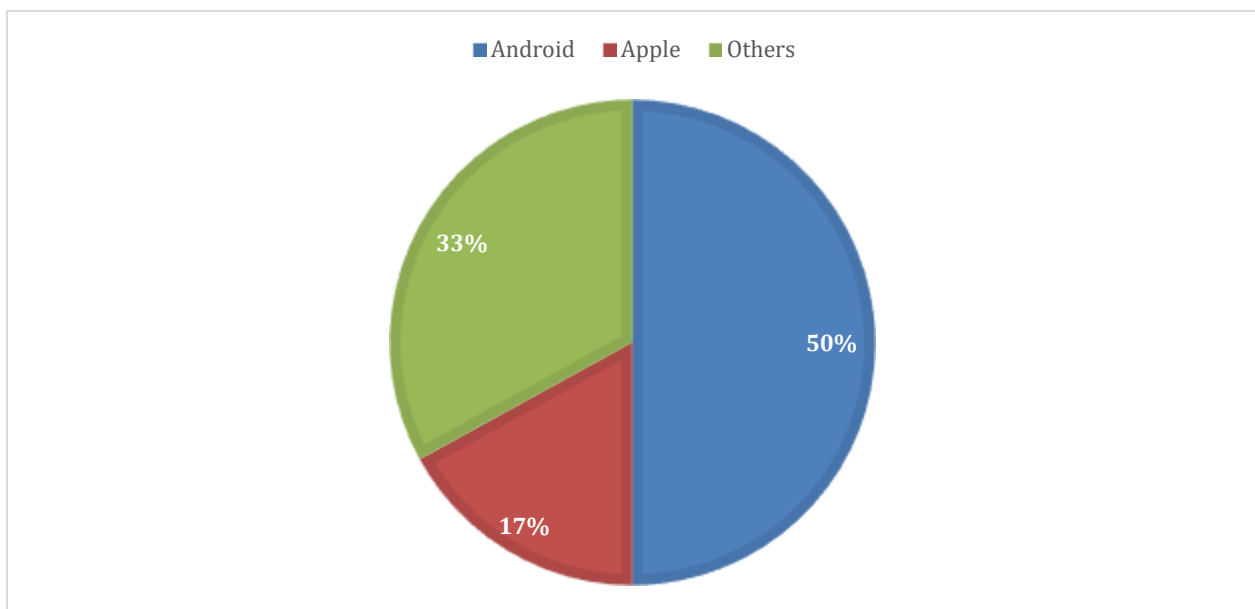
Out of 100 respondents 91% of the respondents have their own phone, 6% don't have phones and 3% of the respondents use others phone to communicate.

4.30 - PHONE TYPE

TABLE 4.30

Phone type	Frequency	Percentage of respondents
Android	50	50
Apple	17	17
Others	33	33
Total	100	100

FIGURE 4.30



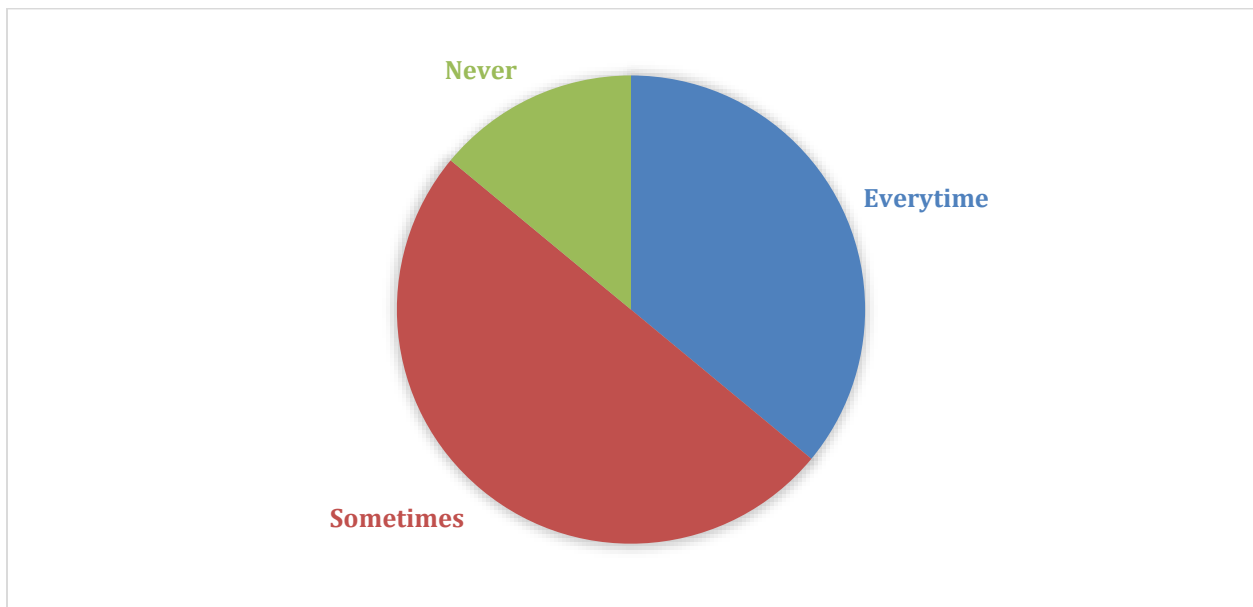
In this study 50% of the respondents use android phones, 17% of the respondents use apple phones and remaining 33% of the respondents use other phones.

4.31 - COMMUNICATION WITH CHILDREN

TABLE 4.31

Communication with children	Frequency	Percentage of respondents
Everytime	36	36
Sometimes	50	50
Never	14	14
Total	100	100

FIGURE 4.31



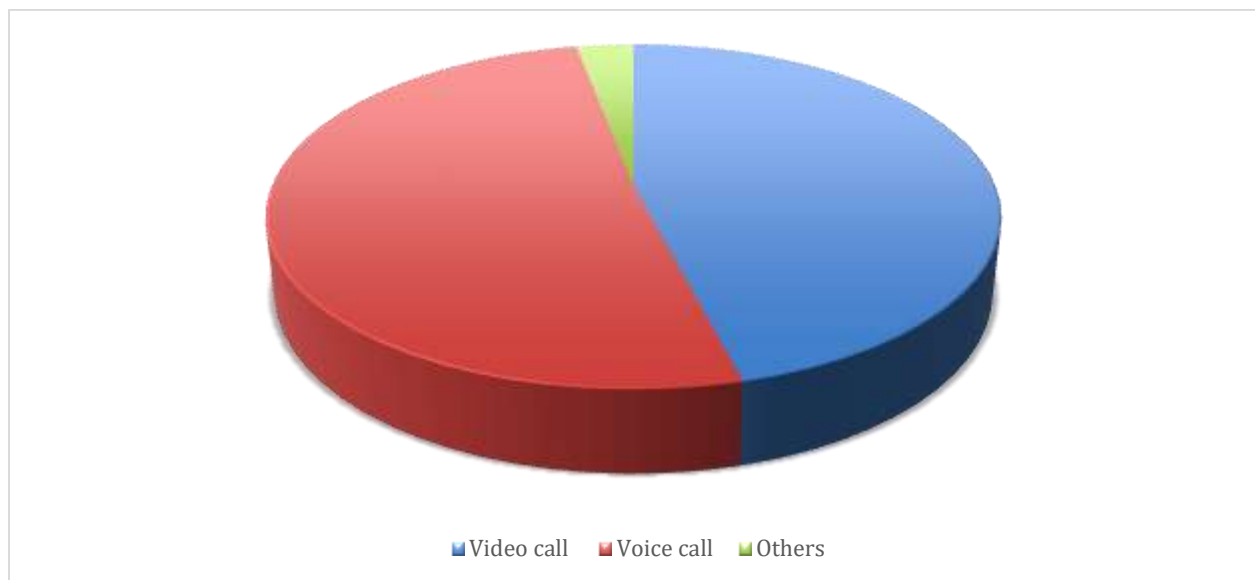
The transfer of information is the traditional definition of communication. About 36% of the respondents were able to communicate with their children everytime, 50% of the respondents were able to communicate with their children sometimes only and the rest that 14% of the respondents never communicated with their children.

4.32 - MODE OF COMMUNICATION

TABLE 4.32

Communication	Frequency	Percentage of respondents
Video call	46	46
Voice call	51	51
Others	3	3
Total	100	100

FIGURE 4.32



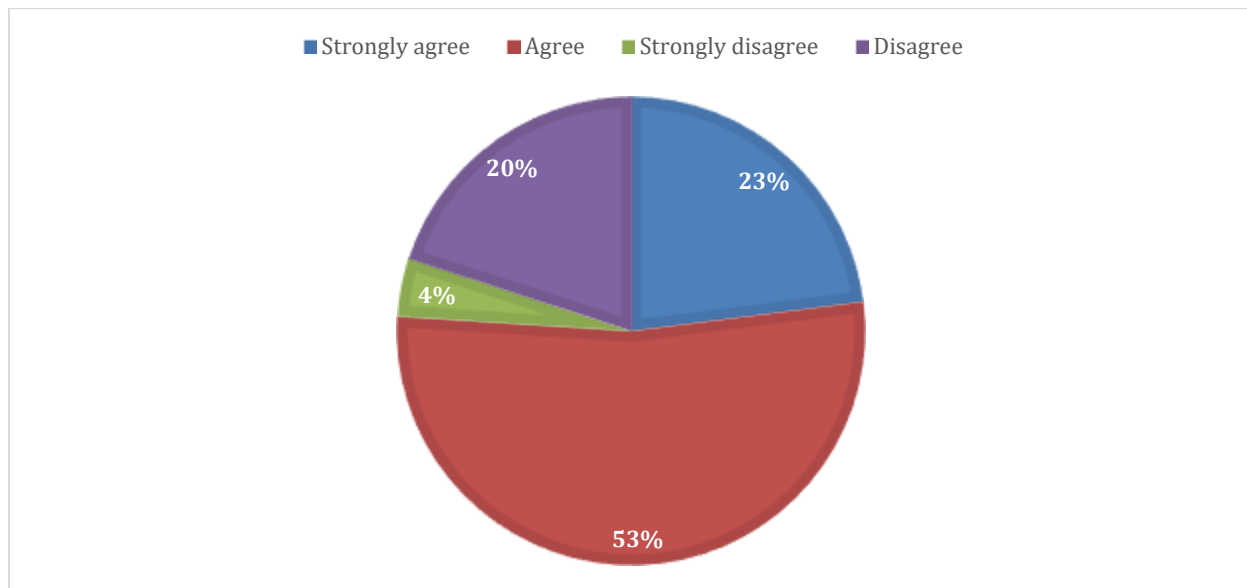
From the figure it is clear that out of 100 respondents 46% of the respondents prefer video calls to communicate with their children, 51% prefer voice calls and the rest 3% of the respondents prefer other ways to communicate with their children. The pattern of locality of the elderly parents indicates that the communication with the children by the elderly parents has significantly associated that is the pearson chi square is 0.005. it is also significantly associated with the owning of phones by the elderly parents that is the pearson chi square is 0.043, but in the case of the type of phone used by the elderly parents it has not varied significantly with their locality because the pearson chi square is 0.516 and it is the same with the mode of communication with the children by elderly because pearson chi square is 0.126

4.33 - TECHNOLOGICAL CONVENIENCE

TABLE 4.33

Technological convenience	Frequency	Percentage of respondents
Strongly agree	23	23
Agree	53	53
Strongly disagree	4	4
Disagree	20	20
Total	100	100

FIGURE 4.33



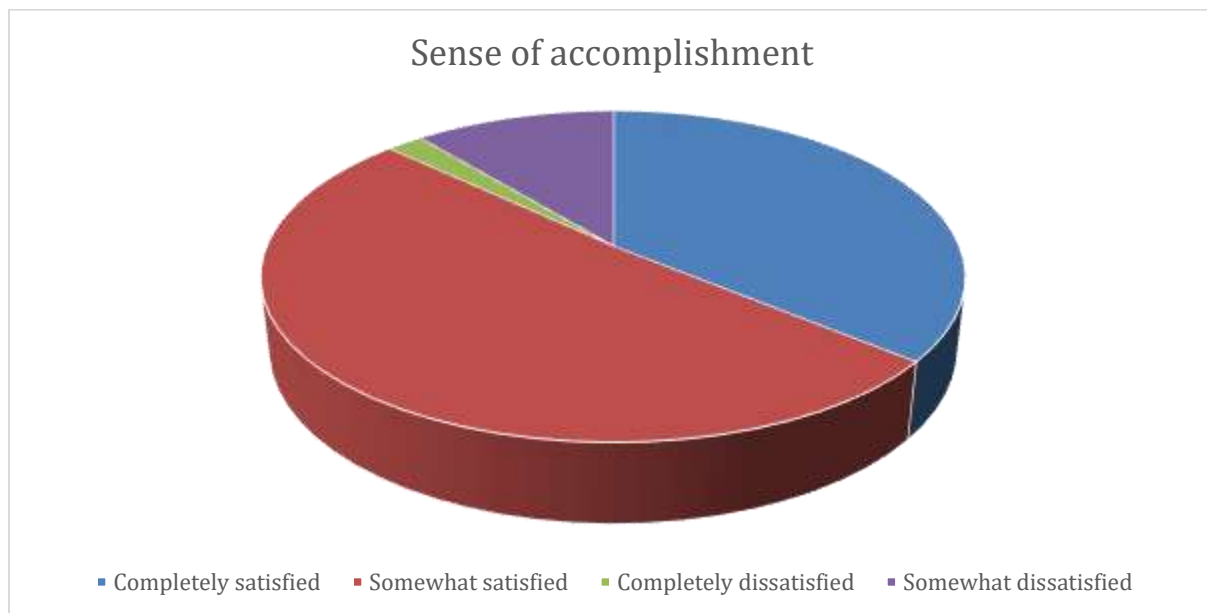
Technology is the application of knowledge to the attainment of realistic objectives in a repeatable manner. In this study 23% of the respondents has strongly agreed that new technology has made their life more convenient, 53% of the respondents has agreed with the same, 4% of the respondents has strongly disagreed that new technology has not made their life convenient and 20% disagreed with the same.

4.34 - SENSE OF ACCOMPLISHMENT

TABLE 4.34

Sense of accomplishment	Frequency	Percentage of respondents
Completely satisfied	36	36
Somewhat satisfied	51	51
Completely dissatisfied	2	2
Somewhat dissatisfied	11	11
Total	100	100

FIGURE 3.34



The act of accomplishing is called accomplishment. Out of 100 respondents 36% of the respondents are completely satisfied with the migration of their children and has a sense of accomplishment, 51% of the respondents are somewhat satisfied, 2% of the respondents are completely dissatisfied and 11% of the respondents are somewhat dissatisfied with the migration of their children

CHAPTER – 5

FINDINGS AND CONCLUSION

The study of the Left Behinds: A Sociological Study On Elderly Parents Of Emigrants At Kochi is of paramount importance because of the scale of out-migration from the region. Antman (2013) reports that elderly parents receive lower time contributions from all of their children when even one child migrates. As a result of the youth leaving the area, the elderly are left in a precarious position. The vast majority of senior people in the research region are Christians who are part of nuclear families. Although while the older population expresses a high degree of life satisfaction, the absence of their children seems to be a significant issue. The senior respondents reported a variety of difficulties, including psychological issues including stress, worry, loneliness, and sadness. The elderly also encounter numerous challenges when using public transit, going to the doctor, and performing various household chores. Even some elderly parents experience eyesight and hearing issues. Using interviews, this study was done among elderly parents in rural and urban parts of Cochin city.

Among the 100 respondents most of them were between the age group 65 – 75 which consisted of 60% and the least respondents were 5% which came in the age group more than 85. 35% of the respondents were under the age group 76 – 85. Among 50 male elderly parents and 50 female elderly parents most of them belonged to the Christian community and only 20% of the respondents were muslim. 27% of the respondents belonged to the Hindu community. Most of the elderly parents had nuclear family that is 67% and the rest 33% had joint family. 33% of the elderly parents attained education from high school, 25% of the respondents attained degree, 10% of the respondents attained post graduation that is the masters degree and the remaining 32% had attained education from other classes. Out of the 100 respondents 67% of elderly people resided in urban areas and 33% of the elderly parents resided in rural areas. Most of the elderly parents that is 14% had gone to abroad always, 55% has gone sometimes and the remaining 31% have never been to abroad. Among the fourteen percentage of people who had gone to abroad, most of them that is 57% had visited various countries as a part of tour or to visit their children, 16% has gone abroad for religious services, 26% of the respondents has gone abroad for the purpose of employment and

the least percentage that is 1% has gone abroad for education. Among the 100 elderly parents which includes males and females 76% own their houses whereas 23% live for rent and the 1% live in houses of relatives. The highest percentage of respondents that is 42% have 3 to 4 children and the least percentage that is 20% have more than 4 children. The remaining 38% of the respondents are having 1 to 2 children.

Among this 78% of the elderly parents one to two children has emigrated, 18% of the elderly parents three to four children has migrated and the rest that is elderly parents who are having children more than 4 has responded 4%. In case of the year of migration of the elderly parents children the highest percentage of migration that is 51% has happened between the year 2001 – 2010, 25% of them has migrated between the year 2011 – 2020, 19% of them has migrated between the year 1990 – 2000 and the rest of the respondents children that is 5% has migrated in the year after 2020 or before 1990. 39% of the elderly parents has somewhat agreed that they were anxious during the time of separation from their children, 36% of the respondents has fully agreed, 19% of them has disagreed that they were anxious during the time of separation from their children and 6% of the respondents somewhat disagree to it. When children migrated to different places 30% of the respondents felt difficulty whereas 24% of the respondents found it easier, the remaining 46% of the respondents was in a state of neutrality.

The highest percentage that is 50% of the elderly parents were able to communicate with their children sometimes only whereas 36% of the respondents always communicated. 14% of the respondents were not able to do so and they never communicated because of the absence of technological advancement and so on. 30% of the respondents lifestyle has changed in a much better way after the migration of the children, 47% of the respondents said somewhat better, 13% of the respondents said that their lifestyle has become much worse after the migration of their children and 10% of the elderly parents responded somewhat worse. In the case of the psychological well being of the elderly parents all of them has faced challenges mentally and among that 37% of the elderly parents suffered anxiety after the migration of their children, 27% of the respondents suffered from stress, 25% of the respondents suffered from loneliness and depression and the rest 11% suffered from other psychological problems. 60% of the respondents wishes to stay in their own country and 40% of the respondents prefer to migrate with their children.

In case of seeking help 38% of the respondents sometimes depend on others for help whereas the least percentage that is 28% always seek for help. 34% of the respondents does not rely on others for help. When elderly parents do tasks in which they usually need childrens help 45% of the respondents sometimes feel sad while doing so, 30% of the respondents are always sad and 25% of the respondents has never felt sadness while doing certain tasks. 29% of the elderly parents are willing to hire a maid whereas 47% of the respondents are not willing to hire a maid, the remaining 24% of the elderly parents has responded maybe. In the case of health problems 44% of the respondents has said that they sometimes visit the hospital, 37% of the respondents has said no and 19% of the respondents have health problems always for which they visit the hospital. While going to the hospitals 28% of the respondents that is the elderly parents are always accompanied by someone to the hospital, 31% of the respondents are frequently accompanied and 41% of the respondents are never accompanied by anyone. In this 36% of the elderly are accompanied by their realtives, 12% are accompanied by their neighbours, 14% are accompanied by others and 38% have responded NIL.

Among the 100 respondents the highest percentage that is 54% do not have any problem regarding their vision and hearing whereas 45% of the respondents sometimes suffer from hearing and visionary problem, 1% always have problems regarding the same. Most of the elderly parents that is 48% don't know driving, 35% of the respondents knows to drive and 17% of the respondents knows driving somewhat and in this 30% of the elderly parents are still capable of driving on their own whereas 54% of the respondents are not capable of driving at present, 16% of the elderly parents drive sometimes. In the case of means of transportation the highest percentage travel in car that is 45%, 17% prefer to travel by bus, 6% of the respondents travel by bike and the remaining 32% opt for other means of transportation. 30% of the respondents watch TV during their free time and 26% of the respondents prefer reading as their favourite thing to do during free time and 44% of the elderly parents prefer other hobbies. 91% of the respondents have their own phone whereas 6% of the respondents don't have their own phone and the rest 3% of the respondents use phone of others and among this 50% of the elderly parents use android phones and 17% of the respondents use apple phones. 33% of the respondents use normal phones.

In the matter of communication the highest percentage that is 51% of the respondents prefer to do voice call, 46% of the elderly parents prefer to do video calls and the rest 3% has responded others. 23% of the elderly parents strongly agreed that technology has made their life more convenient, 53% of the respondents agree, 4% of the elderly parents responded strongly disagree and 20% of the respondents disagreed that technology has made their life convenient. In the case of sense of accomplishment after the migration of the children of elderly parents 36% of the respondents are completely satisfied, 51% of the respondents are somewhat satisfied, 2% of the respondents are completely dissatisfied and the rest 11% of the respondents are somewhat dissatisfied. The study was very reliable and easy to conduct. A lot of knowledge on social and psychological well being and also the level of satisfaction of the elderly parents of the emigrants was gained.

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APPENDIX

INTERVIEW SCHEDULE

1. NAME

2. AGE

- a) 65-75
- b) 76-85
- c) Others

3. GENDER

- a) Male
- b) Female
- c) Others

4. RELIGION

- a) Christian
- b) Hindu
- c) Muslim
- d) Others

5. FAMILY TYPE

- a) Nuclear family
- b) Joint family

6. EDUCATIONAL QUALIFICATION

- a) High school
- b) Graduation
- c) Post graduation
- d) Others

7. LOCALITY

- a) Urban
- b) Rural

8. HAVE YOU GONE ABROAD

- a) Always
- b) Never
- c) Sometimes

9. IF YES WHAT WAS THE PURPOSE OF YOUR MIGRATION

- a) Studying
- b) Work
- c) Religious services
- d) Others

10. IS THIS YOUR OWN HOUSE OR IS IT RENTED

- a) Own house
- b) Rented
- c) Others

11. HOW MANY CHILDREN DO YOU HAVE

- a) 1-2
- b) 3-4
- c) Others

12. HOW MANY CHILDREN HAVE MIGRATED

- a) 1-2
- b) 3-4
- c) Others

13. IN WHICH YEAR YOUR CHILDREN MIGRATED

- a) 1990-2000
- b) 2001-2010

- c) 2011-2020
- d) Others

14. DID YOU FEEL ANXIOUS DURING THE TIME OF SEPERATION

- a) Agree
- b) Somewhat agree
- c) Disagree
- d) Somewhat disgaree

15. HOW DID YOU FEEL WHEN YOUR CHILDREN MIGRATED

- a) Difficult
- b) Easy
- c) Neutral

16. WERE YOU ABLE TO COMMUNICATE AFTER YOUR CHILDRENS MIGRATION

- a) Everytime
- b) Sometimes
- c) Never

17. HAS YOUR LIFESTYLE CHANGED IN ANYWAY AFTER YOUR CHILDREN
MIGRATED

- a) Much better
- b) Much worse
- c) Somewhat better
- d) Somewhat worse

18. WHAT ARE THE CHALLENGES THAT YOU FACED AFTER YOUR CHILDREN
MIGRATED

- a) Stress
- b) Anxiety
- c) Loneliness/depression
- d) Others

19. DO YOU PREFER TO MIGRATE WITH YOUR CHILDREN OR STAY IN YOUR OWN COUNTRY

- a) Migrate
- b) Stay in own country

20. WHEN YOU NEED SOMETHING IS THERE SOMEONE WHOM YOU ASK FOR HELP

- a) Yes
- b) No
- c) Sometimes

21. DO YOU FEEL SAD WHEN YOU DO TASKS IN WHICH YOU USUALLY NEED CHILDRENS HELP

- a) Always
- b) Sometimes
- c) Never

22. ARE YOU WILLING TO HIRE A MAID

- a) Yes
- b) No
- c) Maybe

23. DO YOU HAVE ANY HEALTH PROBLEMS FOR WHICH YOU HAVE TO VISIT THE HOSPITAL

- a) Yes
- b) No
- c) Sometimes

24. DOES ANYONE ACCOMPANY YOU TO THE HOSPITAL

- a) Everytime
- b) Frequently
- c) Never

25. IF YES WHO

- a) Neighbours
- b) Relatives
- c) Others
- d) NA

26. DO YOU HAVE ANY PROBLEMS REGARDING YOUR VISION AND HEARING

- a) Always
- b) Sometimes
- c) Never

27. DO YOU KNOW HOW TO DRIVE

- a) Yes
- b) No
- c) Somewhat

28. ARE YOU CAPABLE OF DRIVING ON YOUR OWN NOW

- a) Yes
- b) Sometimes
- c) Never

29. HOW DO YOU TRAVEL TO DIFFERENT PLACES WHERE YOU NEED TO BE

- a) Car
- b) Bus
- c) Bike
- d) Others

30. WHAT IS YOUR FAVOURITE THING TO DO DURING YOUR FREE TIME

- a) Watching TV
- b) Reading
- c) Other hobbies

31. DO YOU HAVE YOUR OWN PHONE

- a) Yes
- b) No
- c) Others

32. WHAT PHONE DO YOU USE

- a) Android
- b) Apple
- c) Others

33. HOW DO YOU COMMUNICATE WITH YOUR CHILDREN

- a) Video calls
- b) Voice calls
- c) Others

34. HAS NEW TECHNOLOGY MADE YOUR LIFE MORE CONVENIENT

- a) Strongly agree
- b) Agree
- c) Strongly disagree
- d) Disagree

35. DO YOU FEEL A SENSE OF ACCOMPLISHMENT AFTER THE MIGRATION OF YOUR CHILDREN

- a) Completely satisfied
- b) Somewhat satisfied
- c) Completely dissatisfied
- d) Somewhat dissatisfied