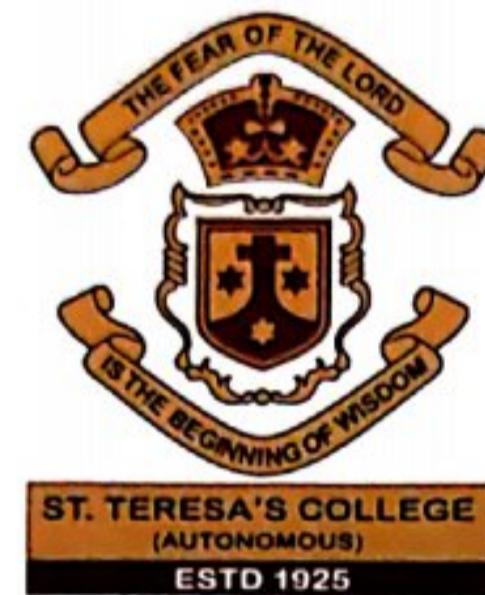


**HEALTH CARE AND FINANCIAL MANAGEMENT PRACTICES
ADOPTED BY ELDERLY FACING YOUTH MIGRATION**

Dissertation submitted to

ST. TERESA'S COLLEGE, ERNAKULAM

(Autonomous)



Affiliated to

MAHATMA GANDHI UNIVERSITY

In partial fulfilment of requirement for the

AWARD OF THE DEGREE OF MASTER OF SCIENCE IN

HOME SCIENCE (BRANCH B)

RESOURCE MANAGEMENT AND INTERIOR DESIGNING

By

TANIA MARIA JOHN

Register no. AM23HRM008

**DEPARTMENT OF HOMESCIENCE AND CENTRE FOR RESEARCH
APRIL 2025**

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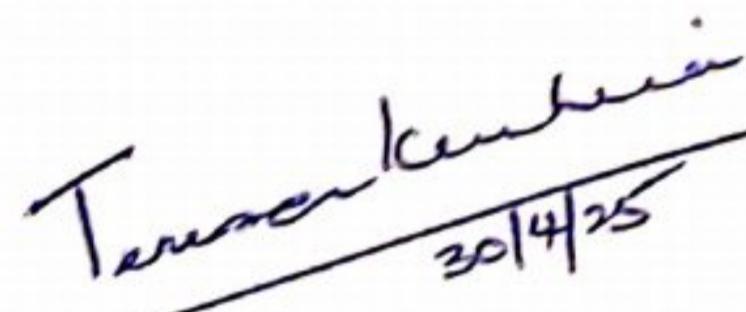
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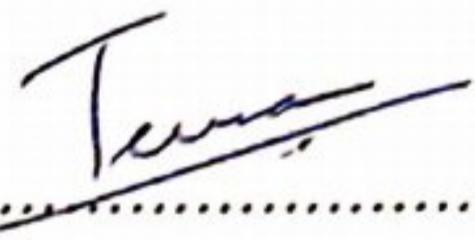
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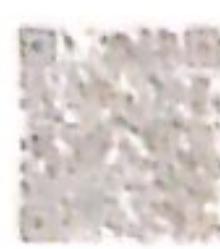


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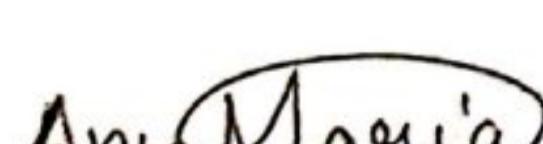
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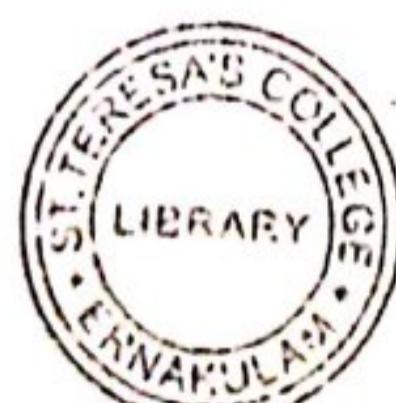
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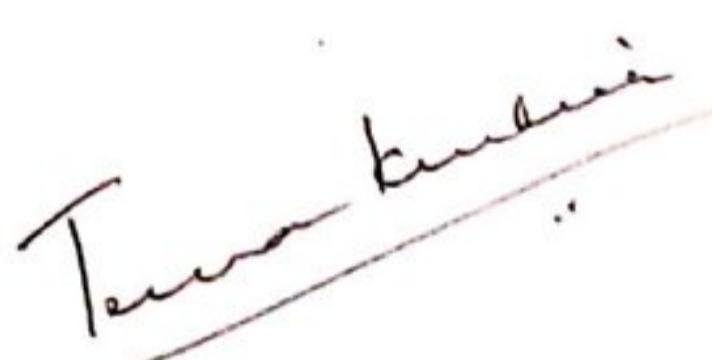
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DECLARATION

I hereby declare that the thesis entitled '**Health Care and Financial Management Practices Adopted by Elderly Facing Youth Migration**' is a Bonafide record work done by me during the course of the study, under the supervision and guidance of Mrs. Teresa Kuncheria, Department of Home Science and Centre for Research, St. Teresa's College, Ernakulam.

TANIA MARIA JOHN

Place: Ernakulam

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TANIA MARIA JOHN

LIST OF TABLES

Sl.no	Title	Page No
1	Age of Elderly	30
2	Gender Distribution of Elderly	30
3	Marital status of Elderly	31
4	Educational Status of Elderly	31
5	Nature of Employment of Elderly	32
6	Number of Children	33
7	Number of Youth Who have Migrated	34
8	Duration of Migration of Youth	35
9	Purpose of Migration of Youth	35
10	Factors Favoring Youth Migration	36
11	Perceived Challenges Of Migration	37
12	Parental Attitude toward Settling Abroad	38
13	Factors preventing Parents from Migration	39
14	Expectations of Parents with regard to return of Youth from Abroad	40

Health Status and Medical Management		
16	Frequency of visit to Health Care Providers	43
17	Blood Test/Check among Elderly	44
18	Assistance required by Elderly for Hospital Visit	45
18	Accessibility to Healthcare Service	45
19	Mode of Transportation to Healthcare service	46
20	Medical Expenditure of Elderly	46
21	Primary Source of Health Information for Elderly	48
22	Health Care routine Adopted by Elderly	49
23	Communication with Children Regarding Health Concerns	50
24	Affordability of Health Care Service for Elderly	51
25	Health Insurance Adopted by Elderly	53
26	Number of People availed for Assistance	54
27	Agencies providing Formal Help to Elderly	55
28	Primary Source of Income for Elderly	56

29	Financial Management Method Adopted by Elderly	58
30	Extend of Financial Support from Children	59
31	Extend of Financial Support received between two groups	60
32	Extend of Social Engagement of the Elderly	61
33	Engagement in Social /Community Activities	61
32	Perception of Loneliness faced by Elderly	63
33	Comparison of Loneliness Experienced	64

LIST OF FIGURES

Sl.no	Title	Page no.
1	Perceived Health Status of Elderly	53
2	Perception of Elderly on Sufficiency of Income	57
3	Perception of Elderly on importance of Financial Management	57
4	Engagement in Social/Community Activities	61

Chapter 1

Introduction

Migration is the process of relocation carried out by the individual or group with an intention of settling. Relocation occurs due to various factors including the search for resources, betterment of life, and establishment of a new permanent or semi-permanent residence. Relocation, known to human kind since the beginning of history, is not new but rather an old phenomenon where people of different ages migrate. It plays a significant role in population change, along with birth and death. Many developing countries, such as India, are experiencing increased relocation especially of youth across the globe. Countries facing relocation experience their own positives and negatives. Relocation of individuals has improved the socio-economic status and living conditions of migrant families. However, it also led to family distancing, brain drain, and loss of youth, affecting the future of the country. Migration is seen in larger amount among the youth. The major pull factors which drive the youth to migrate are desire for better economic status and higher education opportunity. factors such as lack of employment within native country, poverty lack of medication facilities act as major push factors influencing the youth migration. The decision and support received from the families also play a crucial role in migration of the youth. Countries experiencing youth migration experience both positive and negative effect due to relocation of individuals. On one hand, remittances received by families of relocated members can enhance living conditions and economic status, contributing to overall development. On the other hand, the effect of relocation extends beyond the youth who migrate, affecting family members left behind, especially the elderly, who are increasingly dependent on youth.

The population of elderly are increasing drastically which affect the socio-economic status of the countries. The needs and demands of the elderly are wide range. The effect of youth migration on the elderly left behind are diverse. Migration of the youth has enabled the families especially the elderly obtain remittances which help in reducing the financial burden. However youth migration has led to the absence of children which lead to decreased assistance received for the families from the youth who have migrated. Migration of youth has led to loss to decrease in manpower within the families especially in families with agricultural background leading to increased dependency on the external sources for help and assistance.

Migration of youth has resulted in the breakdown of traditional support system received by the parents. In countries such as India where elderly depend on the youth for emotional and financial support, migration has resulted in the disruption of the families affecting the elderly's overall well-being. Migration resulted in families left behind to shoulder financial responsibilities in some cases thereby increasing the financial burden to a larger extend. When adult children migrate to abroad the elderly parents being left behind in the home country increases. This scenario can lead to social and emotional challenges for the elderly and they face loneliness isolation and limited access to healthcare. In the absence of the children elderly parents struggle to cope up with the daily task and manage their health. The effect of this phenomenon can be far reaching not only on the elderly but also on the elderly left behind. Youth who leave for migration experience guilt, anxiety and stress related to leaving their parents behind. In the study health care financial management practices adopted by elderly facing youth migration, the financial practices adopted by the elderly and health care practices adopted by the elderly are analyzed in detail. the study tries to analyze how migration of youth impacts the health and financial management of the elderly. The study was conducted among elderly aged from 60 and above. The area selected for the study was Ernakulam district. Purposive sampling method was adopted for the study. About 59 samples were collected for the study purpose.

The study help government to formulate policies tailored to meet the needs and demands of the growing elderly population. The study also helps to analyze whether youth migration has any significant influence on the elderly population's health and finances who are left behind. The study also helps in understanding the demographic and population changes. Health care gaps and challenges faced by the elderly are being analyzed with the study. The study also helps in identify financial management strategies suitable for elderly and promoting them. The study also helps in taking informed decisions and formulating government policies that meet the changing needs and demands of the elderly. in order to find solution to the challenges it is crucial to develop support systems and policies that help elderly people and thereby we can ensure their wellbeing and quality of life.

AIM

To identify health care and financial management practices adopted by the elderly

OBJECTIVES

- 1) Pros and cons of youth Migration in Families
- 2) Health care management practices adopted by elderly
- 3) Financial Management Strategies adopted by Elderly
- 4) Assistance and Social support received by elderly

CHAPTER 2

REVIEW OF LITERATURE

2.1 Pros and Cons of Youth Migration

Migration is a process of movement of people from one location to another with the intention of settling down temporarily or permanently. Various factors influence the process of migration including family dynamics. Extended family members, spouses/partners, and most importantly parents all have a significant influence on young adults' migration decision. Notably, young adults' migration choices are often shaped by caregiving responsibilities for parents and grandchildren. Furthermore, family members play an important role in enabling migration decisions by providing financial assistance, educational support and shaping cultural expectation. Migration leads to cultural exchange, leading to increased independence from family, especially in the Indian context. Additionally, migration results in increased distance between the migrant and their family. Furthermore, geographical distance results in decreased parental influence on the migrant's family (Kou et al., 2017). The health of elderly parents plays a pivotal role in shaping migration decision of migrants particularly young adults. According to Giles et al. (2007), parental illness can be a major barrier to migration among young adults. However, the presence of siblings can alleviate concerns about parental care, thereby reducing the impact of parental health on migration decisions. Notably, non-resident family members play a crucial role in shaping migration decisions (Giles et al., 2007).

Push pull models have an important impact in students' decisions on migration destinations and seeking foreign education. Economic and societal elements inside the home nation serve as motivators for migration. In contrast, the decision to select a host country is impacted by a wide range of pull factors (Mazzarol et al., 2002). Numerous studies have identified various pull factor's which contributed to youth migration. According to Kaur et al, (2023) better job opportunities, higher wages and higher living standard are major pull factors which motivate youth for migration. Similarly, the desire for better career prospects, higher education, and improved job opportunities offered by the host country are significant pull factor of student migration. Countries like the UK, Germany, and New Zealand are top destinations for student migration owing to perceived educational excellence and language familiarity. However, migrant students often encounter numerous obstacles that hinder their integration with host country. These challenges include financial difficulties, social and psychological problems, and cultural barrier (Skariaha et al., 2024).

Interestingly these challenges are result of push factor's that motivated students to migrate in the first place. For example, lack of employment opportunity that matches youth goals, lower salaries, dissatisfaction with the location of residence, peer pressure and craze for foreign land can motivate students to migrate (Kaur et al., 2023). Poverty, reduced career opportunities, Inadequate access to excellent health care, education, and social services in rural areas has contributed to rising rural-urban migration (Okah et al., 2024). The drawbacks of home states, such as low-quality education, outdated syllabi, and lack of job-oriented courses, significantly influenced the migration decision. They acted as push factors in youth migration. It is important for the home state's educational system to align with global standards and student aspirations to reduce the rate of flow of student migration (Skariah et al., 2024). Inadequate development in developing nations has prompted an escalation in rural urban youth movement, leading to a depletion of the familial labour force and an increased burden of workload (Dadi, 2021). The primary pull factor driving international migration from Nepal, particularly among youth, is the lack of better opportunities for education and employment in their place of origin Lamichhane (2024). The elderly who are left behind suffer major challenges, due to a lack of remittances, poor alternative care-arrangements reduced social support network, making it difficult to cope with the absence of children (Okah et al., 2024). The number of old-age homes is increasing due to the disruption of traditional family living arrangements, where children typically care for their elderly parents, largely caused by rising out-migration. Children frequently abandon their parents in old age homes for a variety of reasons. These include a lack of individuals to care and give attention for the elderly, as well as a decrease in children's desire to live with their parents. Furthermore, difficulty adjusting to unfamiliar situations and parents' wish to spend their final days in their native country are both contributing factors (kanal et al., 2018).

In most poor nations with a high emigration rate, elderly parents rely on their offspring for support and income. A study conducted in Moldova found that sibling relationship plays an important effect in migration decisions. Sibling interaction can either result in chain migration, in which all siblings within a family migrate, or specialization in certain cases where siblings stay behind to care for the elderly. This is the first study in Moldova to show that when one of the children migrates overseas, the siblings stay behind to care for the elderly who are left behind (Stohr, 2015). In addition to the impact on migrants, migration also has a profound and far-reaching impact on the lives of the elderly left behind.

The Physical separation of family members, resulted in the disruption of the traditional family support system ultimately leading to the fragmentation of the family, which can have severe emotional consequences on the migrant and their family (Kaur et al., 2023). Providing care for aging parents, particularly those who suffer from chronic illness in migrant families, creates a mental strain within the children. The responsibility of cross- border care imposes emotional stress among migrant children. Migrants use traditional and innovative methods to provide for elderly individuals across borders. The return migration decisions of the youth are influenced by these coping mechanisms (Chandrarathne et al., 2024). Migration has brought significant challenges to the survival of elderly individuals left behind in the communist context.

The departure of young adults has led to a loss of intergenerational care and intimacy in close familial relationships, resulting in feelings of loneliness and abandonment among the elderly. Furthermore, migration has limited their opportunities for engagement in activities such as grand parenting. Several factors, including the high cost of travel, restrictive visa policies, and immigrants' irregular status in their host countries, deter the elderly from reaching out to their children who reside abroad (vullnetaria et al., 2008). Children's urban to urban migration has a significant impact on the health of the left behind elderly parents as absence of daily care and emotional support from children resulted in the increased chronic health issues and elevated depressive symptoms among the elderly parents. Interestingly migration didn't have profound impact on the daily living activities, memory and instrumental task of elderly. Notably Female children's migration greatly impacted the physical health while the male children's migration impacted the mental health of the elderly. However, children's achievement played a crucial role in mitigating the negative impact of migration (Zhao et al., 2014)). The challenges faced by the elderly, especially those who live in rural areas, are a significant issue in the modern era. Large-scale youth migration has resulted in shift in caregiving practices, and shifting youth attitudes about aging. These changes have led to a significant decline in family involvement in providing care for the elderly. When young family members migrate, they often leave behind their elderly parents who require care.

To cope with this challenge family members, adopt various strategy for the care of elderly such as hiring helpers and rotating care of elderly among the family members. However, this coping mechanism cannot fully alleviate the negative impact caused by migration on the care of elderly left behind (Uzzano et al., 2022)). Youth migration has disrupted traditional Nepalese culture, in which elderly parents rely on their children for care and support in their old age.

This cultural norm is founded on the idea that parents invest in their children's care and education in their growing phase, and in exchange, children are expected to look after their parents in old age. However, when more young adults migrate, the workload of older parents has increased, resulting in decreased output and more barren land. Consequently, parents are frequently observed struggling with inadequate support and maintenance, which adds to their distress (Lamichhane, 2024). This phenomenon has resulted in significant increase in the elderly population who are left behind by younger generations in pursuit of opportunities abroad. The impact of this trend on the health of elderly is multifaceted. Despite the increased need to see the physician empty nesters utility of health-care were at a lesser rate than non-empty elders. Lack of aid, economic-support, and insurance coverage served as a hurdle to obtaining treatment. They also reported feeling more socially isolated as a result of their children's absence (Liu et al., 2007). Furthermore, elderly individuals reported higher self-rated health but they suffered from various disabilities attributed to lack of presence of children. These disabilities included mobility issues, communication problems and difficulties with self-care (Sarkar et al., 2024). Although migration is frequently viewed as a way out of poverty, it has a far more negative impact on the elderly who are left behind, causing disconnection between family members and affecting their emotional and physical well-being. The elderly play a crucial role in facilitating and supporting migration decisions, and they are seen to suffer from loneliness and miss their children (Ablezova et al., 2008)). Many elderly individuals struggle with the absence of caregivers, which leads them to seek assistance from close relatives or extended family members (Bailey et al., 2018).

Migration of children to foreign country has a severe consequence on the left behind parents. Children's migration has led to a sharp decline in family visits and social interaction among elderly parents left behind. The migration of children results in disconnection of elderly parents from their community thereby increasing the emotional distress of the parents.

The structure of families and the roles that each member plays within them have changed as a result of movement of adult children to other nations. Parents are motivated to seek comfort and relief through religious practices and prayer in the absence of children. Farming and daily routines are another method adopted by the elderly, which helps provide them with a sense of purpose and structure and helping them alleviate emotional distress. The family and friends play a significant role in mitigating the negative impact caused by migration through social support received to a large extent. These coping mechanisms provide parents with some degree of relief (Sharma et al., 2025).

Aged parents are seen to depend on relatives for their care and support due to the absence of children. According to a recent study, 80% of aged parents of relocated children lived in joint families, compared to 48% of parents from non-migrant families. Additionally, non-migrant families feel more content with their sleeping arrangements compared to migrant families, who feel more content with the food and clothing provided by the joint family. Most parents, despite the struggles they faced, believed that their children's relocation helped provide economic stability for their families. However, 10% of parents think that this monetary gain comes at the cost of the absence of their children (Roy et al., 2021).

Contrary to view of adult child migration associated with abandonment of elderly people research has shown that parents and children adapt to the change brought by migration without affecting their relationship. Adult children migration does not necessarily have a significant negative effect on the elderly left behind. In fact, migration can enable parents to access material support, while the widespread use of cell phones plays a crucial role in reducing the physical distance and maintaining social contact with the migrants. On the other hand, migration has led to changing living arrangements and smaller family size posing a significant threat to the care and wellbeing of elderly people especially those suffering from chronic illness and frailty who require long term care and assistance (Knodel et al., 2010). Notably research has shown that remittances from migrant children have a positive impact on the health and wellbeing of elderly parents. Studies have found that elderly parents who receive remittances tend to have improved health outcomes, including higher body mass index, increased mobility, and better self-reported health (Bohme et al., 2015). Parents of non-migrant children are at higher risk of depression according to a study conducted in rural Thailand, where parents rely heavily on their children for support. The study found that children's rural movement is associated with positive health results for parents, contrary to the common belief. Specifically, parents with migrant children reported low levels of depression, with an odds ratio of 0.46, compared to parents of non-migrant children. This may be connected to increased social reputation and relief that parents experience when their children become independent (Abas et al., 2013). Migration has resulted in a change in the relationship between rural parents and urban-dispersed children, resulting in a modified extended family in the Thai context. Moreover, parents and children have adapted to the geographical distance. Here, modern advancements in technology play a crucial role in enabling them to overcome geographical barriers. Advances in communication and transportation play an important role in maintaining emotional exchanges and social ties at a larger spatial distance.

Children and parents are adapting to the increased need to live separately (Knodel et al., 2007). A study conducted in Moldova, which assessed five dimensions of well-being, found that migration does not have a significant negative impact on the well-being of the elderly. Instead, age and material living standards emerged as strong predictors of well-being (Gassmann et al., 2012). Climate-induced occupational risk drives farmer to migration. Migration act as coping mechanism against climate change risks, providing benefits through remittances, new knowledge, and social networks. Socioeconomic factors, including age, education, land size, ownership, and dependency ratio, influence migration decisions. Migrating households have a comparative advantage in terms of adaptive capacity, with better access to climate and agricultural extension services compared to their Counterpart (Jha et al., 2017).

Migration significantly contributes to the economic development of the Indian state of Kerala. Migration helps improve the social status and financial condition of families of migrants. Remittances received from migrants helped improve living standards and provide better education for children. They also helped migrants fulfil social obligations expected of them (Kaimal et al., 2020). Elderly parents use a variety of coping techniques to deal with the absence and loneliness caused by youth migration. Coping Mechanisms are techniques, methods, strategies, and behavioural modifications that people use to deal with stressful situations. The elderly parents of migrants rationalized the migration process to make it more acceptable and valid. Regular contact with children helped parents fill the vacuum caused by their absence. Furthermore, technological advancements helped alleviate parental distress. Technologies such as video calls, messaging, and the internet enabled parents to transcend geographical obstacles and interact with migrants (Kaur et al., 2023). Family structure, support systems, and local context of the elderly play a crucial role in mitigating the impact of youth migration on those left behind. One effective coping method utilized by elderly parents to mitigate the negative effects of migration is to rely on extended family members. Elderly parents of migrants who resided in extended families received emotional, care, and economic support from family members, allowing them to cope with the strains of migration. It was also noted that visits from children to migrant parent were quite beneficial in coping with absence of children (Ghimire et al., 2018). Elderly parents coped with migrants decreased social contact by using remittances, which improved their food and lifestyle while also reallocating time for leisure (Bohme et al., 2015).

To manage the challenges faced by children's absence, parents adopt two key strategies: rationalizing their children's absence and finding ways to compensate for it (Bailey et al., 2018). Absence of family members affected the social relationship within the family members by causing loneliness and depression. Various coping strategies are adopted as to overcome the problems caused by migration. To overcome the problem caused by labour loss family adopt strategies such as land renting, hiring labour who perform dual duty of filling labour constraints and supporting migration affected parents who are left behind. They also include adopting children of relatives (Dadi, 2021). The migrant parent's dependence on informal support network is greatly reduced through hired help. Despite this, parents left behind suffer from feeling of loneliness and depression, mainly due to emotional void created by the absence of their children which affects their mental health (Miltiades, 2002). Similarly living arrangement of elderly can serve as an effective coping strategy in mitigating the impact of migration on the health of elderly left behind. Research suggests that compared to elderly individuals with non-migrant children, those with migrant children tend to experience positive health impacts when living in a multi-generational household. Specifically, the negative effect caused by migration such as emotional distress caused by absence of children are coped through the presence of grandchildren who play a crucial role in filling the emotional void created by migration (Song et al., 2022)).

Youth migration and economic decline have led to the decline of rural communities and social isolation of left behind elderly. Elderly individuals attempt to cope with social isolation by receiving practical and emotional support from non-family members, such as neighbours. Emotional adjustment is achieved by reducing requirements, lowering expectations, and taking pride in the accomplishments of younger generations (Conkova et al., 2019)). The use of the telephone, visits from children in times of need, and living with grandchildren enabled parents to cope with their children's absence and shield them from depression. Although parents received less social support from their children, they received significant support from others, which helped them cope (Abas et al., 2009).

2.2 Youth migration and health care management practices of Elderly

Physical challenges faced by elderly parents when their adult children migrate are complex and can severely impact their overall well-being. As children move to urban areas or abroad, the elderly are often left without their primary caregivers, which can lead to a range of health problems.

These challenges stem from a lack of adequate care, increased feelings of loneliness, limited access to healthcare, and lifestyle changes that arise due to the absence of family support. The health of elderly parents left behind is influenced by children's relocation according to a study by Huang et al., 2025. The study reveals the extent of migration's impact on the elderly individuals is influenced by factors such as age, locality gender, and employment status. In addition, the study finds that the impact of migration is suffered severely by older females and unemployed parents compared to their counterparts (Huang et al., 2016). According to Zhai et al (2015) there is a significant correlation between empty nesters and the development of depressive symptoms. The study found that empty nest elders are more vulnerable to depression compared to their non-empty nest counterparts. Furthermore, the research identified specific subgroups that are particularly susceptible to depression, including males aged 70 and above, elders with primary education, and retirees. Empty nest elders are at a higher risk of experiencing poor mental and physical health, yet they are less likely to access medical care, despite having more chronic health conditions. As a result, they often have unmet healthcare needs. The main challenges they face in accessing healthcare include practical difficulties, such as getting to appointments and finding support, as well as financial struggles. (Liu et al., 2007).

In India, lifestyle-related chronic diseases such as cardiovascular conditions and diabetes have become leading causes of death and disability. Research shows a correlation between the migration of younger generations and the increase in chronic illnesses among the elderly left behind. Socioeconomic changes, coupled with lifestyle shifts, were seen as significant contributors to the health problems of these seniors. Furthermore, elderly individuals with migrant sons reported receiving less medical attention, which worsened their health outcomes (Falkingham et al., 2017). Migration resulted in the absence of family members, leading to empty nest syndrome, emotional distress, and added responsibilities for the left behind family members especially elderly. Despite these challenges, families exhibit resilience in the face of these difficulties (Kaimal et al., 2020).

Similarly, a study conducted in Khizarabad village, Punjab, India, explored the effects of transnational migration on the lives of parents left behind. It was noted there was a noticeable reduction in the physical and emotional support they received. The study also highlighted the important role of technology, with phone and video calls helping maintain family connections. Despite this, parents often struggled with emotional distress, frequently experiencing feelings of sadness and loneliness after their children left (Kaur et al., 2023).

Increasing number of older individuals and increased labour migration pose a significant challenge to society. Studies have indicated a connection between the migration of adult children and higher levels of depression among parents. Depression is influenced by various factors such as the location of migration, the frequency of interactions with adult children, and the relevance of living together. However, when children relocate to developed and safer areas, it can lead to reduced depression levels in elderly parents. Additionally, migration impacts not only the financial security but also the emotional health of elderly parents who are left behind (Kumar, 2021). A strong link between cognitive impairment and migration has been discovered. Research conducted in Mexico revealed that loneliness and social isolation were contributing factors to cognitive decline, particularly among elderly women. Dementia, one of the most significant medical challenges globally, is strongly linked to environmental factors. An unhealthy lifestyle and behaviour are often cited as key contributors to its development. Social isolation and loneliness also play a major role in development of dementia and interfere with the cognitive development (Antman, 2010). In the past, families were the main source of support for the elderly. However, increasing migration has disrupted this traditional support system in later life. The focus on higher education has led to more children relocating to different regions, leaving their parents behind. As a result, many older adults experience a loss of social interaction, feelings of loneliness, and a lack of adequate support (Bailey et al. 2018).

Migration affects the physical, mental, and emotional health and well-being of both the migrants and those at their destination. While much of the discussion has focused on the negative health effects of migration on elderly parents, it is important to note that migration can also have positive impacts on their health. The relationship between migration and health is two-fold. For example, a study by (Adhikari et al, 2011) noted that older adults with migrant children were more likely to receive medical care for recent illnesses compared to those whose children had not migrated. The study also found that migration didn't have a significant impact on the physical health of the elderly. However, it did highlight a substantial effect on the mental health of older adults. Symptoms of poor mental health were notably higher among elderly individuals with migrant child. Migration has resulted in a growing number of nuclear families, often leaving elderly parents behind. As a consequence, many older adults no longer hold secure positions within their families. The inability of family members to care for their aging parents has led to a rise in institutional care, such as old age homes. This trend has caused many elders to become homeless, despite having families.

According to the 2020 Longitudinal Ageing Survey of India, there are 18 million homeless elderly individuals in the country, with 728 old age homes available. Elders left in such facilities are often perceived to experience more loneliness compared to those without migrant children. They also tend to feel dissatisfied with their current living arrangements and suffer from various physical and mental health issues, which may be linked to being placed in care homes. Despite their basic needs being met, they endure a profound emotional void. (Limaye et al., 2023). The traditional family structure is being altered due to migration of children, posing significant challenges for the elderly, particularly in terms of access to healthcare and caregiving. A study conducted in Tamil Nadu revealed that although elderly parents with migrant children reported better self-rated health compared to those with non-migrant children, they faced various disabilities such as communication difficulties and chronic health issues. The absence of their children was a key factor contributing to the development of these disabilities. The study also found a strong link between socio-demographic factors and self-rated health. (Sarkar et al., 2024).

The health-seeking behaviour of elderly individuals left behind due to adult migration is significantly impacted on a large scale. In Ray's study, it was revealed that factors such as the availability of healthcare services, as well as economic and environmental conditions, played a pivotal role in influencing the health of the elderly. The study primarily explored the effects of migration on the elderly's health and the challenges they faced in accessing their preferred healthcare services. Interestingly, the study found that the elderly tended to rate their own health more positively than the parents of migrants, despite facing various disabilities such as communication difficulties and morbidity. The lack of interpersonal communication with their children was identified as a key factor contributing to the development of these disabilities. This research explores how the migration of adult children affects the physical and emotional well-being of their elderly parents. It also investigates whether financial support from migrant children can offset the negative consequences of their absence (Ray, 2023). Elderly parents encountered several physical and emotional obstacles. Physically, they struggled to find caregivers for themselves, lost their appetite, and were unable to have regular health check-ups. They suffered worry, insomnia, and a strong want to see their children. These issues had a substantial influence on their overall health and quality of life (Kanal et al., 2018).

In the study physical and mental wellbeing of older adults: - Examining the impact of financial support from male migrant children on Indian left behind parent, the study reveals that elderly parents left behind tend to experience poorer physical health and higher levels of depression compared to those whose children did not migrate. Interestingly, financial support from migrant children significantly improves the self-reported health of elderly parents. However, it has limited impact on reducing symptoms of depression. They cannot replace the emotional support and caregiving provided by adult children. The study underscores the critical role of emotional bonds between parents and children in bridging the emotional gap caused by physical separation, providing vital emotional support and reassurance to elderly family members, and contributing to their overall well-being (Mandal et al., 2024). Rural elderly people were seen to experience both physical and psychological loneliness due to the absence of their children. In contrast to traditional societies, where social gatherings and meetups were common, modern times have seen a significant decline in such opportunities. As a result, occasional festivals and formal gatherings were viewed as ways to alleviate their loneliness, but these events have become increasingly rare in modern times leading to loneliness (Uzzano et al., 2022). Empty nest syndrome profoundly had a negative effect on the physical health, cognitive ability, and psychological wellbeing of the elderly. Notably, a study conducted by Guo et al (2017), found that urban elders' cognitive functioning was affected more negatively than that of their rural counterparts, suggesting that urban elders are at higher risk for the negative impacts of empty nest syndrome. It was also noted in the study that empty nest syndrome significantly affects vulnerable populations, especially female elderly, single elderly who live alone without a spouse or partner, and rural elderly. Factors such as access to healthcare, adequate living resources, availability of medical services, and social activity engagement in rural areas act as key mediators between empty nest syndrome and poor health (Guo et al., 2017).

A recent study conducted in Central and Eastern European (CEE) countries found a strong correlation between adult children's migration and older individuals' mental health. Specifically elderly parents of migrant children who resettled more than 500 km away are more likely to develop depressive symptoms than non-migrant parents, underscoring the possible mental health consequences of family migration and value of maintaining emotional connection. Emotional closeness and frequent parent-child contact dramatically minimize the incidence of depression in older persons. Notably, regular parent-child interaction was found to be the strongest predictor of depression in families with children living separately.

Overall, the study emphasizes the relevance of intergenerational support in fostering positive mental health among left-behind parents (Lee et al., 2023). According to research findings of Sarkar et al (2023), adult children's migration is strongly associated with poor self-rated health and depression among older parents. Notably the prevalence of depression is higher among empty nest parents whose entire family has relocated abroad compared to non-empty nest parents and left behind parents. Furthermore age, educational position, and living arrangement all play important roles in predicting the prevalence of depression and poor self-rated health among the elderly (Sarkar et al., 2023). Elderly parents with migrant children suffer from various physical ailments, yet often cannot access regular health check-ups. Many experience emotional distress, including loneliness, a constant longing to reunite with their children, loss of appetite, and a sense of hopelessness (Lamichhane ,2024).

Intergenerational support plays a vital part in the well-being of elderly parents who remain behind. Parents of migrant children originally reported lower levels of depression and instrumental support, according to research on the effects of adult children's migration on the wellbeing of elderly parents in rural China. But a different picture surfaced when intergenerational assistance was taken into account. Parents of migrant children reported reduced levels of depression and life satisfaction (Guo et al., 2009). Similarly social capital played a crucial role in significantly improving the health of the left behind parents. The study found that social capital comprising social network, trust and social participation among family members friends and others had a positive impact on health outcomes elderly left behind. Specifically elderly parents who were socially active exhibited improved health compared to their counterpart. Furthermore, the study revealed that benefits of social capital differed among male and female with male benefitting more compared to female although both genders experienced improved health (Dakua et al., 2023)).

Elderly people's self-reported health and well-being are significantly influenced by their living arrangements and socio demographic characteristics. Elderly people who live with a spouse and kids report higher levels of wellbeing, 3.15 times more than those who live alone. However, a growing number of older people are living alone as a result of increased migration, which lowers their well-being. Additionally, there is a correlation between lower well-being among older persons and variables including a broken marriage, inadequate education, employment, poverty, and living in a rural area (Kandapan et al., 2023)).

The absence of children is associated with significant mental health concerns among left behind elderly parents. Children's absence intensified their vulnerability to depressive symptoms, loneliness, decreased life satisfaction, reduced cognitive ability, and poor psychological health. Furthermore, risk factors that contribute to the development of these disorders include age, living arrangements, gender, education, income, physical health status, family and social support, and physical activity.

These factors underscore the complex interplay between socioeconomic, health, and environmental factors that have a significant influence on the development of mental health disorders (Thapa et al., 2018). The absence of adult children due to migration can lead to inadequate care and increased work hours for elderly parents, resulting in significant negative consequences for their mental health. Furthermore, the effect of children's migration on parental mental health can vary depending on factors such as gender, number of children and region. These factors can influence the extent to which the elderly parents are affected by children's migration highlighting the need for tailored support and care for the elderly (Zhang et al., 2022). The emotional void, resulting from absence of children has resulted in psychological distress, including loneliness, anxiety, depression, and social isolation (Sharma et al., 2025). The study by Ray et al. (2019) examines the impact of migration on five dimensions of well-being among the elderly namely physical, psychological, subjective, social, and housing well-being was done.

Research findings indicate that the migration of adult children has a positive impact on the physical and subjective well-being of the elderly. However, migration is often associated with adverse effects on the psychological and social well-being of the elderly. The absence of their children often causes the elderly to suffer from depression, loneliness, and other psychological problems (Ray et al., 2019). Aged parents face numerous problems such as dependency on community members, lack of timely aid, feelings of loneliness, and health concerns due to relocation of children and their absence (Roy et al., 2021). In countries like China, the one-child policy and frequent international migration have led to an increased ageing population, challenging the care of older individuals left behind by migrant children. The traditional family support system, in which elderly parents depend on children for their care and support, is disrupted by the migration of children. Migration of children has significantly impacted the mental health of the elderly parents, resulting in reduced happiness by 6.6%, increased loneliness by 3.3 percentage points and increased depression levels

among the elderly left behind. Additionally, it was noted that the mental health of elderly parents of recently migrant children was not significantly affected (Scheffel et al., 2019).

The study examining the effect of children's migration on health status and healthcare utilization among elderly parents left behind by adult migration found that migration had a negative impact. The study found that about 25.5% of elderly parents had at least one migrant child living outside due to migration. When evaluating the impact of children's migration on the health of elderly parents left behind, it was noted that 86.6% of elderly parents rated their health as poor. 42% of elderly parents experienced physical limitations. Nearly half of the parents, 45% suffered from depressive symptoms. The analysis of healthcare utilization among elderly parents revealed that only 25% received outpatient care, and 20% received inpatient care. The study found that children's migration negatively affected their parents (Liu et al., 2021). The relationship between adult child migration and the presence of chronic health conditions among left-behind elderly parents found that parents with migrant children had a higher prevalence of chronic health problems, attributed to the absence of children. Persistent stomach conditions and other health issues were more common among parents with at least one migrant child. Researchers noted a gender difference, with females at a higher risk compared to males (Evandrou et al., 2017).

A major growing concern in society is the rising population of elderly individuals. It is a result of increased child migration across the country. Many elderly people left behind face a range of serious health concerns, from chronic illnesses to mental health struggles. A major factor contributing to these health concerns is the migration of children. Factors such as socioeconomic status and demographic characteristics have a slight impact on the health of the elderly individuals left behind by child migration (Bhattacharjee et al., 2024). Conversely a study conducted in Nepal found no significant association between adult child migration and the elderly parent's physical health, depressive symptoms, or social support. However, this study did reveal that parents of migrants experienced emotional loneliness due to the absence of their biological children. Moreover, physical and emotional difficulties were prevalent among elderly parents, regardless of their children's migration status (Ghimire et al., 2018). Similarly, research conducted by Kuhn et al., (2011) suggests a positive link exists between elderly health and children's migration. According to this study migration of children enables parents to experience better health outcomes than their counter parts (Kuhn et al., 2011).

A study on the relationship between rural-urban migration and its impact on elderly people left behind found that migration did not have a significant negative impact on the elderly. The study revealed that the outmigration of children was associated with less depression among parents. Receiving support from children greatly helped parents reduce depression, resulting in a lower depression rate. However, when examining households with no migrant child and financially weaker, it was found that parents were at higher risk of depression (Abas et al., 2009).

2.3 Economic impact of migration on Elderly

Migration can be a vital source of financial support for family members left behind. The remittance flow and migration have both positive and negative effects. The increased flow of remittances helps to overcome barriers of poverty within households and on a larger scale. However, migration of youth to outer regions can also lead to brain drain. Young people are more attracted to migrating to countries where higher remittances are received, leading to labour loss and brain drain within households and on a larger scale (pirachi et al., 2013).

Remittances significantly contribute to the overall welfare of families including elderly. They play a vital role in the overall development of families by providing family members with essential financial support to meet basic needs, healthcare, and education. They also play a crucial role in boosting the economic development of receiving nations. However, dependence on remittances received can create a tendency for family members to rely too much on this income, which may lead to reduced interest in participating in the labour market. Additionally, remittances can result in decreased labour force participation. They also result in an increased consumption rate and may negatively impact the environment or the economy of the recipient areas (Dorantes et al., 2023). Family ties and migrant behaviour provide insight into the flow of remittances. Migrants' ability to send remittances back home is influenced by their migration status, with permanent migrants able to send more money back home compared to temporary migrants. Both emotional and economic ties of migrants with their family play a crucial role in influencing migrants' remittance behaviour, with stronger ties leading to more remittances sent back home. Factors like gender and higher wages also impact remittance-sending tendencies, with male migrants more likely to send remittances due to social responsibilities. Notably, education has little influence on the remittance-sending behaviour of migrants (Cai et al., 2003).

Parents of migrant children receive substantially greater remittances than parents of non-migrant children (Guo et al., 2009). Numerous countries are grappling with the challenges of rising labour migration and aging populations. The remittances received from elderly migrant children enabled them to adopt healthier diets, allocate time more effectively for rest and leisure and ultimately compensate for the loss of social interaction with their family members (Bohme et al., 2015). In the study conducted in Khizarabad village, Punjab which used personal narratives, it was found that financial remittances from migrant children improved the parents' economic condition (Kaur et al., 2024). In the study by (Adhikari et al., 2011) it was found that many elderly parents of migrant children received remittances, which played a crucial role in improving their health-seeking behaviour (Adhikari et al., 2011). Elderly parents who received remittances and were able to manage household tasks tended to have higher self-rated health (Sarkar et al., 2024). Remittances provide essential financial support, alleviating household financial pressures and ensuring food security and medical care (Mandal et al., 2024). Remittance received from the migrant family are found to improve the life of household members left behind by helping them solve budget problem, improve food consumption and improving the living standards of youth left behind. The remittance received also contributed to the labour loss (Dadi, 2021). Remittances from migrant children were critical in helping parents meet their daily living expenditures. Furthermore, these remittances helped to mitigate the negative effects of migration by providing vital financial support to the elderly parents left behind (Ghimire et al., 2018). Elderly individuals who receive remittances from their adult child migrants tend to have better physical health and are better able to mitigate the negative impacts of migration due to their child's absence (Zhang et al., 2022). Primary sources of support for parents with migrant children are hired help and extended family members. Migrant children's remittances enable their parents to hire help, replacing the loss of their children's support by providing essential daily assistance (Miltiades, 2002).

Remittances from migrants can improve the health and nutrition of elderly people left behind, but in some circumstances, migrant member's connections to their families can erode, resulting in less financial support (Gopinath et al., 2020). For those elderly living in rural areas, the lack of insurance and high costs create significant barriers to getting the healthcare they need. They are often seen to suffer from financial struggles (Liu et al., 2007). Providing financial support to adult migrant children was associated with increased depression among older adults, whereas receiving financial support had no significant impact on their mental

health (Lee et al., 2023). Material needs of the elderly people are met through remittances sent by migrant children especially in countries with higher emigration rates such as Albania (Conkova et al., 2019)). The health of parents has been negatively impacted by migration of young adult to foreign country. However, according to a study conducted in China, remittances received from migrant children can partially offset the negative effect of migration. Specifically, the study found that remittances helped to improve self-reported health by 15.33% and mental health by 20.37%. Nevertheless, despite these positive effects, no significant impact on deteriorating BMI status of left-behind elderly was noted (Pan et al., 2020)). Money received by the parents for health care expenses from children's rural to rural migration doesn't have significant effect due to already existing financial assets of elderly (Zhao et al., 2014))). Parents relied on remittances as their main source of financial comfort when their children moved from rural areas .Parents were given a sense of financial stability, temporary support, and improved family ties with the money they got from migratory children. Given that parents mainly depend on their children for financial security, the remittances that migrant children send provide them with a great deal of comfort and certainty (Abas et al., 2013). The living condition of elderly family members left behind was improved greatly through flow of remittance received from migrant children. Additionally, migrants who earned and stayed longer abroad saved more money compared to non-migrants, likely due to their increased earning potential and ability to accumulate savings. The study found that migrant's ability to send money to their families was influenced by the duration and intensity of stay resulting in their economic uplift. Furthermore, the money sent by migrants has been shown to improve the health-seeking behaviour of elderly family members left behind, leading to better health outcomes (Hadi et al., 1999).

Remittances have improved the living conditions of the elderly by increasing expenses on medicines and enhancing overall health, resulting in reduced illness among family members, particularly elderly parents. This improvement may be related to better access to healthy diets and medicines. However no significant relation was noted between remittances received and medical care access among the elderly. Nonetheless, a negative relationship was observed between remittances received and the likelihood of being sick from acute illnesses. Furthermore, regardless of increased income, medical care was a necessity for family members, (Jabbar, 2024). The Physical health of elderly individuals left behind is affected likely due to labour loss due to migration resulting in the loss of caregivers and financial support.

However, remittances from family members help to cope with this labour loss by providing financial support for healthcare and other basic essential needs. Notably financially disadvantaged, families are seen to enjoy the benefits of remittances received more compared to their counterparts. Furthermore, rural elders face greater financial struggle compared to their urban counterparts. Nonetheless, remittances received provide elderly individuals with financial security, support, and other essential needs (Yi et al., 2018). Elderly parents' overall life satisfaction declined primarily due to reduced intergenerational support received from the migration of children. As a result, remittances from their migrant children helped to reduce the negative impact of migration.

However, the effectiveness of remittances to fully invalidate the negative effects of migration varies greatly, limiting their ability to fully offset the negative effects of migration (Liu et al., 2023). Remittance from migrant children significantly contribute to enhancing the quality of life among family members left behind, particularly elderly parents. Moreover, having family members abroad, especially migrant children is often associated with improved quality of life and positive effects among family members. Notably the positive impact of remittances on quality of life is more prominent in economically weaker countries. However, having household members abroad can also lead to increased stress and depression which cannot be fully overcome by benefits of remittance (Ivlevs et al., 2018).

Studies have shown that family members, especially elderly parents left behind, are supported by remittances from migrants. Furthermore, the basic consumption needs are met through these funds. Additionally, the received remittances are utilized to raise their living standards by 12%, while some families allot the funds for everyday expenses. Moreover, there are regional differences in how remittances are spent, specifically with households in less developed areas depending more on remittances than those in more developed regions. As a result, the welfare of households is improved by the remittances received, which are especially significant when compared to families that do not receive any remittance income. Moreover, there is a beneficial indirect impact of migration and remittances on the household income of migrants (Kol et al., 2004). Remittances are viewed as a form of care currency since they allow migrants to demonstrate their support and concern for their aging parents and other family members. Migrants maintain relationships across borders and generations largely through migration and remittances. These migrant remittances enable elderly people to receive care from their non-migrant siblings, making caregiving easier.

Multiple migrations reshape family ties, communication, and the hub of the transnational family (Singh et al., 2010). Remittances received by migrant children help parents attain financial stability. Compared to families without migrant children, those receiving remittances are significantly in a better position, facing fewer difficulties in fulfilling essential needs, such as maintaining a proper diet.

However, this financial support comes at the cost of diminished or restricted intergenerational support received by the elderly, whose negative impact cannot be overcome by financial means alone. Intergenerational support received by the elderly, whose negative impact cannot be overcome by financial means alone (Vullnetaria et al., 2008). Migration enables financial security for household members, which in turn helps improve the living standards of elderly parents left behind. Remittances from migration play a significant role in enhancing housing and have a positive impact on the physical and subjective well-being of elderly parents. Furthermore, these remittances help alleviate the negative impacts of migration, particularly depressive symptoms, to a considerable extent (Ray et al., 2019). The relationship between remittances and the well-being of elderly individuals left behind is a complex matter. The social lives of their elderly parents are affected by financial support from migrant children. Recipients of remittances generally exhibit better social functioning than those who do not receive such support. The degree of impact that remittances have on social functioning is influenced by the total amount received by parents. By offering crucial financial assistance, remittances enhance the social welfare of elderly parents. The extent of the positive effect on social functioning is determined by the amount of the remittance received (Ojijieme et al., 2022).

The social and economic well-being of the elderly parents who remain in rural regions is significantly affected by the movement of children to urban areas. A research study by Knodel et al. (2007) found that the migration of children led to enhanced financial security for the elderly parents who stayed behind. The technology plays a vital role in addressing the challenges posed by geographical distances between the migrant and the elderly parents. The advancement of technology allows children to offer financial support to the parents to meet basic their essential needs (Knodel et al., 2007). Research conducted by Demurger et al. (2016) indicates that income sent by migrants back home significantly contributed to the rise in per capita consumption in rural China.

The incomes sent back by migrants offered an additional income source for elderly parents who remained at home. The consumption levels of households improved through the income sent by migrants, rather than through investment. Additionally, the income provided played a role in overcoming some poverty-related issues in rural regions. For many poor households, earnings from their children working away were their primary income source, providing essential financial support.

However, the use of income towards education-related expenses was restricted. The development of the workforce in less developed rural communities was affected as a result (Demurger et al., 2016). Financial support provided by migrants to their family members can be both a boon and a curse. On one hand, remittances received can foster an increased tendency towards dependency among family members who remain behind. A stronger dependency ratio is observed in international remittance-receiving households, which can result in reduced workforce participation.

However, remittances sent to families left behind also have their own advantages, such as mitigating labour loss due to migration, increasing labour supply, particularly in sectors like agriculture, and providing funds for investment in non-agricultural activities through the income received from migrants. The difference in the impact of income received from migrants is influenced by the size of the remittance and household characteristics (Dey, 2021). Research on the link between income support and depression among elderly parents left behind in India revealed a strong negative effect. A study by Song et al. (2025) found that older individuals without income support had a 33.8% higher chance of developing depression compared to those who received income support (29.9%) from their migrant children. Income support reduced the likelihood of depression among older individuals by 21%. Participation in social activities significantly contributed to overcoming depression by 17%. Furthermore, the influence of social engagement on mitigating the negative impact of migration varied across genders, with a higher mediating effect among older women (29.9%) than older men (13.5%). Therefore, both social participation and income support are essential in addressing the negative impact of migration on elderly individuals left behind (Song et al., 2025). The health status of family members, especially elderly parents left behind, is improved significantly through the income received.

According to a study on the relationship between migration, remittances, and their impact on health, it was found that adults in migrant families were less likely to suffer from underweight compared to members from non-migrant families. The relationship between income received from migrant children and the prevalence of overweight among recipient families was negative. Notably, higher nutritional status was limited to individuals from migrant families, stressing the importance of income in accessing nutrient-rich diets. Furthermore, the benefits of income and nutrient-rich diets varied across genders, with females enjoying more benefits from improved diets compared to males. The migration of family members and the availability of income played a significant role in improving the health of family members within families in resource-limited settings. Remittances received provided an opportunity for a better diet among family members (Lu et al., 2012).

Chapter 3

Methodology

Choosing the right methodology is important in the development of a research design. Research methodology encompasses the different types of methods used within a study and systematic approach to solving the research problem (Kothari, 2001). The methodology adopted for conducting the study titled “Health Care and Financial Management Practices Adopted by Elderly Facing Youth Migration” has been discussed under the following sub headings:

3.1 Nature of study

3.2 Selection of Area

3.3 Selection of Sample

3.4 Selection of Tool

3.5 Conduct of the Study

3.6 Analysis and Interpretation of Data

3.1 Nature of the Study

The present study is a survey and is also comparative in nature. Comparative study helps in analyzing similarities and differences between two or more factors within a study and help in exploring new relationships. According to Holt et al., (1970), a comparative study helps in identifying weakness within a study by identifying similarities and differences between unit thereby helping in improving the overall research quality. It is the comparison between two contemporary phenomena (Sharma, 1984). In the present study a comparative analysis between parents with all children migrated and few children migrated regarding their financial management practices and health care practices is done.

3.2 Selection of Area

The study was conducted in urban and rural areas of Ernakulam District, specifically Aluva, Ernakulam, and Angamaly. These areas were chosen primarily for their convenience in terms of sampling and respondent availability.

Notably, Ernakulam district has witnessed a significant rise in youth migration and an increasing number of elderly individuals being left behind in recent years, which influenced in the selection of this area for research.

3.3 Selection of sample

The study sample consisted of 59 elderly parents aged 60 and above. With children who have migrated abroad. Purposive sampling was employed to select the participants. Purposive sampling method, also known as judgmental or selective sampling method, is a method where researchers select a sample based on specific criteria for the research purpose. This method allows researchers to choose a sample according to the research objective.

3.4 Selection of tool

One of the most crucial aspects of conducting research is selecting an appropriate tool for data collection. For this study, we used a self-designed online questionnaire titled 'Health Care and Financial Management Practices Adopted by Elderly Facing Youth Migration.' The questionnaire comprised of 36 questions, collecting information on demographic data of elderly, migration status of youth, pros and cons of youth migration, healthcare management, financial management, assistance, and social support received by elderly. The questionnaire includes multiple-choice questions and checkbox-type questions. The study targeted elderly aged 60 and above whose children has migrated abroad.

3.5 Conduct of the study

Before administering the survey, the investigator provided a brief introduction on the purpose of the study to the elderly parents. The sample for the survey was selected through purposive sampling. The criteria for selection of respondents were that respondents must be aged 60 or above and must have at least one child who had migrated abroad. Fifty-nine elderly parents who met the criteria were selected for the study. The survey was distributed online via a Google Form link, and participants were asked to fill it out. Responses were then collected.

3.6 Analysis of Data

The collected data was tabulated, consolidated, and statistically analyzed using percentages. Visual aids such as tables, pie charts, and bar diagrams were utilized for better representation and interpretation of the data.

The data collected was compared statistically between elderly facing total migration - with all children having migrated and elderly facing partial migration -with few children migrated and a few settled in Kerala/other states, to understand the migration effect within both groups in detail.

Chapter -4

Results and Discussions

The results obtained from the present study “Health Care and Financial Management Practices of Elderly Facing Youth Migration” is discussed under following subheadings

4.1 Analysis of Socio- Demographic Information

- 4.1.1 Age of Elderly
- 4.1.2 Gender Distribution of Elderly
- 4.1.3 Martial Status of Elderly
- 4.1.4 Educational Status of Elderly
- 4.1.5 Nature of Employment of Elderly

4.2 Status of Youth Migration

- 4.2.1 Number of Children
- 4.2.2 Number of Youth who have Migrated
- 4.2.3 Duration of Migration of Youth
- 4.2.4 Purpose of Migration of Youth

4.3 Aspects of Youth Migration

- 4.3.1 Factors Favoring Youth Migration
- 4.3.2 Perceived Challenges of Migration

4.4 Parental Attitude towards Migration

- 4.4.1 Parental Attitude towards Settling Abroad
- 4.4.2 Factors preventing Parents from Migrating
- 4.4.3 Expectation of Parents with regard to return of Youth from Abroad

4.5 Health Care Management Practices Adopted by Elderly

- 4.5.1 Health Status and Medical Management
- 4.5.3 Health Care Utilization among Elderly

- 4.5.3 Assistance Required and Accessibility to Health Care Services
- 4.5.4 Medical Expenditure of Elderly
- 4.5.5 Primary Sources of Health Information for the Elderly
- 4.5.6 Health Care Routines Adopted by Elderly
- 4.5.7 Communication with Children about Health Concerns
- 4.5.8 Affordability of Healthcare Services
- 4.5.9 Health Insurance Adopted by Elderly
- 4.5.10 Perceived Health Status of Elderly
- 4.5.11 Number of People Available for Assistance for the Elderly
- 4.5.12 Agencies Providing Formal Help to Elderly
- 4.6 Financial Management Practices Adopted by Elderly**
 - 4.6.1 Primary Source of Income for Elderly
 - 4.6.2 Perception of Elderly on Sufficiency of Income
 - 4.6.3 Perception of Elderly on Importance of Financial Management
 - 4.6.4 Financial Management Methods Adopted by the Elderly
 - 4.6.5 Extent of Financial support from Children
- 4.7 Social Engagements Pursued by the Elderly**
 - 4.7.1 Extent of Social Engagement of the Elderly
 - 4.7.2 Engagement in Social/Community activities
 - 4.7.3 Perception of Loneliness Faced by Elderly

4.1 Analysis of Socio- Demographic Information

Demographic details are essential to be analyzed as they help investigator to understand the general details about the respondents like age, gender etc. The general information regarding the respondents is discussed in this section.

4.1.1 Age of Elderly

The respondents taken for the survey was aged between 60 and above. Details are given in table below

Table 1

Age of Elderly

Age (in yrs)	Frequency(N=59)	Percentage (%)
60-74	45	76.3
75-84	13	22.0
85 -above	1	1.7
Total	59	100

The results presented in the above table shows that more than three quarters (76.3%) of elderly respondents belong to the age group of 60-74 years, nearly one quarter of respondents (22%) were between 75-84 years, and less than one quarter (1.7%) were 85 years and above.

4.1.2 Gender Distribution of Elderly

The details regarding gender distribution of the respondents are given below.

Table 2

Gender Distribution of Elderly

Gender	Frequency(N=59)	Percentage (%)
Female	30	50.8
Male	29	49.2
Total	59	100.0

The results presented in the above table shows that the number of females (50.8%) were in slightly higher proportion compared to males (49.2%).

4.1.3 Marital Status of Elderly

The details regarding marital status of the elderly respondents within the survey is given below

Table 3

Marital Status of Elderly

Marital Status	Frequency(N=59)	Percentage (%)
Married	55	93.2
Widowed	4	6.8
Total	59	100

The marital status of the respondents is as follows: The majority of the respondents were married (93.2%), with a small proportion being widowed (6.8%). No cases of separation were noted among the respondents.

4.1.4 Educational Status of Elderly

The details regarding educational status of the elderly respondents are given in Table 4

Table 4

Educational Status of Elderly

Educational Status	Frequency(N=59)	Percentage (%)
Primary Education	9	15.3
Secondary Education	30	50.8
Higher Secondary Education	4	6.8
Graduate or above	16	27.1
Total	59	100

When analysing the educational status of respondents, it was noted that more than half of the respondents had secondary level education (50.8%), nearly a quarter (27.1%) of the respondents were graduates, a small group (15.3%) of the respondents had primary education and a minority (6.8%) of the respondents had higher secondary level education.

4.1.5 Nature of Employment of Elderly

The details regarding nature of employment of the respondents are given in the Table 5

Table 5
Nature of Employment of Elderly

Employment Type	Frequency(N=59)	Percentage (%)
Business(pursing)	7	11.9
Driver	1	1.7
Engineer	1	1.7
Farming(pursuing)	14	23.7
Government sector	4	6.8
Private Sector	10	16.9
Teacher	1	1.7
Thermal plant worker	1	1.7
None	20	33.9
Total	59	100.0

Among the respondents, nearly a quarter (16.9%) were previously employed in the private sector, while less than a quarter (6.8%) worked in the government sector. A significant proportion (33.9%) were unemployed, and nearly a third (30.5%) worked in other sectors, including engineer (1.7%), driver (1.7%), teacher (1.7%), and thermal plant worker (1.7%). Notably, farming (23.7%) was a prominent occupation. The results show that unemployment (33.9%) and agricultural work (23.7%) are the most prevalent among respondents, highlighting key trends in their employment status.

4.2 Status of Youth Migration

The status of youth migration is explored in this section, which details the number of children the elderly respondents have, the number of children who have migrated abroad, the duration of their migration, and the purpose of their migration. This information helps to understand the extent of youth migration within families.

4.2.1 Number of Children

The details regarding number of children in the family are given in Table 6. This table provides insight into family dynamics.

Table 6

Number of Children

Number of Children	Frequency (N=59)	Percentage (%)
1	7	11.9
2	27	45.8
3	19	32.2
4 and above	6	10.2
Total	59	100

Nearly half of the respondents (45.8%) have at least 2 children, while nearly a third (32.2%) have 3 children. A small proportion (10.2%) have 4 or more children, and only about a tenth (11.9%) have just 1 child. Overall, most families have 2-3 children, indicating a moderate family size.

4.2.2 Number of Youth who have Migrated

The Table 7 provides details on number of youths who have migrated abroad, offering insight into the level of youth migration within families.

Table 7
Number of Youth who have Migrated

Migrated Youth	Frequency (N=59)	Percentage (%)
1	23	39
2	24	40.7
3	9	15.3
4 and above	3	5.1
Total	59	100

Many of the respondents (40.7%) had at least 2 children who have migrated abroad, while more than a quarter (39%) had one child who had migrated. A smaller proportion (15.3%) had three children who had migrated, and a minority (5.1%) had four children who had migrated abroad. The data indicates that among households with migrated children, 1 and 2 child migrations are most common, revealing diverse family migration strategies.

4.2.3 Duration of Migration of Youth

Details regarding the duration of migration of youth are given in Table 8. It provides insight into how long elderly parents are being left behind.

Table 8
Duration of Migration of Youth

Duration of Migration	Frequency (N=59)	Percentage (%)
Less than 1	1	1.7
1-2 years	8	13.6
2-5 years	14	23.7
5 and above	36	61.0
Total	59	100

Majority of youth (61%) have migrated for more than 5 years, nearly a quarter (23.7%) have migrated between 2-5 years. A smaller proportion (13.6%) have migrated since 1-2 years, and a minority (1.7%) have migrated since less than a year. The data shows that the majority of youth have been migrants for an extended period (over 5 years).

4.2.4 Purpose of Migration of Youth

Details regarding purpose of migration of youth are provided in Table 9. The table sheds light on the reason for youth migration.

Table 9
Purpose of Migration of Youth

Purpose of Migration	Frequency(N=59)	Percentage (%)
Job	55	93.2
Studies	4	6.8
Total	59	100

Majority of the youth (93.2%) have migrated for the purpose of employment, while only a minority (6.8%) have migrated for the purpose of studies. The majority of the youth migrated for employment, suggesting that economic factors drive migration decision among youth.

4.3 Aspects of Youth Migration

This section explores aspects of youth migration, providing insights into factors favoring and hindering migration among the youth.

4.3.1 Factors Favoring Youth Migration

Insight on factors favoring migration among children of elderly is given in Table 10

Table 10
Factors Favoring Youth Migration

Favouring Factors of Migration	Frequency(N=59)	Percentage (%)
Employment Opportunity	35	59.3
Better Living Conditions	20	33.9
Higher Education	4	6.8
Total	59	100

Many of the respondents (59.3%) perceive employment opportunity as one of the major factors influencing migration while more than quarter of elderly (33.9%) perceive better living conditions as one of the major factors influencing migration among youth. A minority group of elderly (6.8%) perceive higher educational opportunities as a major factor in influencing migration.

4.3.2 Perceived Challenges of Migration

Table 11 presents perceived challenges due to youth migration, providing insight into the concerns of elderly.

Table 11
Perceived Challenges of Migration

Perceived Challenges	Frequency(N=59)	Percentage (%)
Inability to come often	30	50.8
Inability to stay for long	14	23.7
None	10	16.9
Non availability of family members for emotional support	2	3.4
Lack of Communication	1	1.7
Absence of Youth in Social engagements	1	1.7
Lack of Assistance	1	1.7
Total	59	100

Majority of the elderly (50.8%) experience challenges of children's inability to come often, which is perceived as one of the major challenges of migration. Nearly a quarter of elderly (23.7%) perceived children's inability to stay for long as a challenge. A minority of respondents (8.5%) perceived other factors such as lack of communication (1.7%), lack of assistance received (1.7%), absence of children (1.7%), and non-availability of family members (3.4%) as challenges. However, less than a quarter of parents (16.9%) perceived no challenges faced with migration. On the whole, it can be seen that most elders perceive children's inability to come often as a major challenge. This highlights the need for support systems to address the gap created by migration.

4.4 Parental Attitude towards Migration

This section explores how elders perceive migration, analyzing their attitudes through three key aspects: their desire to stay abroad, factors preventing them from doing so, and their expectations regarding the return of migrated youth.

4.4.1 Parental Attitude towards Settling Abroad

Table 12 reveals whether elderly were interested in migrating along with their children and staying abroad, providing insight into their migration aspiration.

Table 12
Parental Attitude towards Settling Abroad

Interest in Settling Abroad	Frequency (N=59)	Percentage (%)
Not interested	51	86.4
Interested	4	6.8
Unsure	4	6.8
Total	59	100

According to Table 12, the majority of elderly (86.4%) were not interested in migrating abroad with their children. Less than a quarter (6.8%) were undecided, potentially considering staying abroad depending on circumstances. Only a minority of parents (6.8%) expressed interest in permanently staying abroad.

4.4.2 Factors preventing Parents from Migrating

Table 13 highlights factors preventing elderly parents from migrating along with the youth. A total of elderly parents who seemed uninterested in migrating abroad and a few who were unsure were asked to provide reasons for the same.

Table 13
Factors preventing Parents from Migrating

Factors preventing Parental Migration	Frequency (N=55)	Percentage (%)
Family Responsibilities	19	32.2
Health or medical condition	16	27.1
Love for native country	10	17
Age	6	10.2
Family circumstances	1	1.7
Lack of interest of partner	1	1.7
Lack of interest to travel	1	1.7
Financial constraints	1	1.7
Total	55	93.2

The major factors preventing elderly parents from staying abroad include family responsibilities (32.2%), health and medical conditions (27.1%) and their love for native land (17%). Age was also cited as a reason by 10.2%. Other factors influencing migration decisions include lack of interest from partners (1.7%), family circumstances (1.7%), financial constraints (1.7%), and lack of interest in traveling (1.7%).

4.4.3 Expectation of Parents with regard to return of Youth from Abroad
Table 14 provides insight on parent's expectation of the return of youth who have migrated abroad.

Table 14
Expectation of Parents with regard to return of Youth from Abroad

Expectation of Return of Youth	Frequency (N=59)	Percentage (%)
Yes	27	45.7
No	23	39.0
Unsure	9	15.3
Total	59	100.0

According to Table 14, many of the respondents (45.8%) expect their children to return to the home country. More than a quarter of elderly parents (39%) do not expect their children to return, while a small proportion (15.3%) anticipate their children may return in the future depending on circumstances.

4.5 Health Care Management Practices Adopted by Elderly

In this section health care management practices adopted by the elderly parents are discussed. This section helps to understand Health status and needs of elderly, Health care utilization among elderly, support and accessibility available for the elderly.

4.5.1 Health Status and Medical Management

Table 15 provides insight on the health issues faced by the elderly and the management of medical needs.

Table 15
Health Status and Medical Management

Health Issues faced	Affected Elderly	Seeking Medication	
		Yes	No
Stroke	5 (8.5%)	5(8.5%)	—
Heart Disease	5 (8.5%)	5(8.5%)	—
History of Heart failure	1(1.7%)	1(1.7%)	—
Hypertension	3(5.1%)	3(5.1%)	—
Vision problem	2(3.4%)	1(1.7%)	1(1.7%)
Osteoporosis	7(11.9%)	5(8.5%)	2(3.4%)
Arthritis	2(3.4%)	1(1.7%)	1(1.7%)
Recurring Respiratory Issues	2(3.4%)	1(1.7%)	1(1.7%)
Asthma	2(3.4%)	1(1.7%)	1(1.7%)
Diabetes	20(33.9%)	18(30.5%)	2(3.4%)
Urinary Tract Infection	6(10.2%)	4(6.8%)	2(3.4%)
Thyroid Disorder	7(11.9%)	6(10.2%)	1(1.7%)

Constipation	2(3.4%)	-	2(3.4%)
Reflux problem	1(1.7%)	1(1.7%)	-
Cataract	3(5.1%)	3(5.1%)	-
Taste and smell impairment	1(1.7%)	1(1.7%)	-
Cancer	1(1.7%)	1(1.7%)	-
Sleep Related Issues	6(10.2%)	4(6.8%)	2(3.4%)
Fatigue	6(10.2%)	2(3.4%)	4(6.8%)
Memory Related Issues	2(3.4%)	1(1.7%)	1(1.7%)
Pressure	14(23.7%)	14(23.7%)	-
Cholesterol	16(27.1%)	16(27.1%)	-
Other diseases	14(23.8%)	13(22%)	1(1.7%)

The elderly face a wide range of health issues, including cardiovascular conditions such as high blood pressure (23.7%) affecting nearly a quarter of the elderly, as well as heart disease (8.5%), hypertension (5.1%), and a history of heart failure (1.7%). Metabolic conditions are also prevalent, with diabetes affecting over a third of the elderly (33.9%) and high cholesterol affecting over a quarter (27.1%). Additionally, musculoskeletal conditions like osteoporosis (11.9%) and arthritis (3.4%), sensory and neurological conditions like vision problems (3.4%) and memory-related issues (3.4%), and respiratory conditions like asthma (3.4%) and recurring respiratory issues (3.4%) are also common.

Other health concerns include thyroid disorders (11.9%), fatigue (10.2%), sleep-related issues (10.2%), urinary tract infections (10.2%), cataracts (5.1%), constipation (3.4%), reflux problems (1.7%), and cancer (1.7%). A minority of (3.4%) did not seek medication. Furthermore, 3.4% of individuals with sleep-related issues (10.2%) and 1.7% of those with memory-related issues (3.4%) did not seek medication. A significant proportion (1.7%) of individuals with vision problem (3.4 %) also did not seek medication, while only a small proportion (1.7%) of those with other health issues (23.8%) failed to seek medication.

4.5.2 Health Care Utilization among Elderly

Table 16 presents data on healthcare utilization patterns of elderly in which frequency of visit made by elderly to healthcare providers and pattern of blood test utilization among elderly individuals, are discussed shedding light on their healthcare management.

Table 16

Frequency of visit to Healthcare Providers

Frequency of Visit to Health Care Providers	Frequency(N=59)	Percentage (%)
Rarely	21	35.6
Once in 3 months	15	25.4
Once a month	12	20.3
Once in 6 months	11	18.6
Total	59	100.0

Blood Test/check among Elderly		
Blood test/check	Frequency(N=59)	Percentage (%)
Frequently (every 6-8 months)	33	55.9
Rarely (in 1 or 2 years)	26	44.1
Total	59	100.0

Majority of the elderly parents (35.6%) rarely visited health care providers. A quarter of elderly parents (25.4 %) visited health care providers once in three months. A small proportion (20.3%) visited health care providers once a month. A minority (18.6%) visited health care providers once in six months. The visit to health care providers among majority of elderly is comparatively less.

The findings from the table suggest that healthcare utilization among elderly varies significantly, with majority having limited engagement. When analyzing the frequency of blood test/check among elderly, more than half the respondents (55.9%) conduct blood tests frequently, however, a significant proportion (44.1%) rarely do the test highlighting a notable difference in blood test/check among this group under study.

4.5.3 Assistance Required and Accessibility to Health Care Services

Table 18 presents data providing insights into challenges faced in accessing healthcare, their assistance requirements, and modes of transportation adopted.

Table 17
Assistance Required by Elderly for Hospital Visit

Assistance Requirements	Frequency(N=59)	Percentage(%)
Do not require assistance	31	52.5
Requires accompaniment and transportation assistance	19	32.2
Require transportation assistance	8	13.6
Require accompaniment	1	1.7
Total	59	100.0

Accessibility to Healthcare Services

Accessibility	Frequency(N=59)	Percentage (%)
Have easy access	40	67.8
Have limited access	19	32.2
Total	59	100.0

Mode of transportation to Health Care Services

Transportation Mode	Frequency (N=59)	Percentage (%)
Private vehicle	43	72.9
Public Transportation	9	15.3
Ride-hailing services	7	11.9
Total	59	100.0

Elderly support requirements and healthcare accessibility vary significantly. Analysis shows that elderly parents exhibit varying levels of dependence/assistance needs during healthcare visits. According to the survey more than half the respondents (52.5%) require no assistance during healthcare visits, while nearly a third of them (32.2%) need accompaniment and transportation support. A small but notable proportion (13.6%) requires transportation assistance, and a tiny fraction (1.7%) needs accompaniment alone. Regarding accessibility, more than two-thirds of elderly (67.8%) have easy access to healthcare services, whereas nearly a third (32.2%) face limited accessibility. In terms of transportation, almost three-quarters (72.9%) use private vehicles, and a smaller minority (11.9%) relies on ride-hailing services for reaching healthcare services.

4.5.4 Medical Expenditure of Elderly

The table below highlights the monthly medical expenditure and healthcare costs experienced by the elderly, offering insights into their medical spending patterns.

Table 18
Medical Expenditure of Elderly

Medical expenditure	Frequency(N=59)	Percentage (%)
Below Rs 2000	33	55.9
Rs 2000 – Rs 4000	11	18.6
Rs.4000 and above	15	25.4
Total	59	100.0

The data reveals that more than half of the elderly population (55.9%) have medical expenses below Rs.2000, while nearly a quarter of elderly (25.4%) have expenses of Rs.4000 and above. A minority (18.6%) falls within the Rs.2001-Rs.4000 range, highlighting significant variation in medical expenditure among the elderly.

4.5.5 Primary Sources of Health Information for the Elderly

Table 19 provides insights into primary sources of health information for the elderly, highlighting their preferred channels for addressing health concerns and gaining health information.

Table 19
Primary Sources of Health Information for the Elderly

Health information providers	Frequency(N=59)	Percentage (%)
Primary health physician	44	74.6
Family members	5	8.5
Primary health physician and family members	5	8.5
Primary health physician, friends and online resources	2	3.4
Primary health physician, family members, online resources	1	1.7
Primary health physician, family members, radio	1	1.7
Primary health physician, friends/peers	1	1.7

Elderly depend on various sources for health information. Nearly three-quarters (74.6%) rely on primary health physicians. Others use combinations, such as primary health physicians and family members (8.5%), while some (8.5%) solely depend on family members. Smaller groups use diverse sources, including primary health physicians, friends/peers, and online resources (3.4%); family, primary health physician, and radio (1.7%); family, primary health physician, and online resources (1.7%); and primary health physician and friends/peers (1.7%).

4.5.6 Health Care Routines Adopted by Elderly

In the table below, an insight on healthcare routines adopted by elderly is provided with details on type of healthcare routines adopted and the most prevalent healthcare routine among them.

Table 20
Health Care Routine Adopted by Elderly

Health care routine adopted	Frequency(N=59)	Percentage (%)
None in particular	23	39.0
Physical activities	21	35.6
Food control	4	6.8
Medication management, Regular health checkup, physical activities	3	5.1
Yoga	3	5.1
Regular health checkup	2	3.4
Food control, avoid smoking and Drinking	1	1.7
Medication management	1	1.7
Total	59	100

4.5.7 Communication with Children about Health Concerns

This section deals with comparison of communication of health concerns among elderly facing youth migration in total (where all the children have migrated) and with elderly facing partial migration (some have migrated, some are present in India). The p value was calculated to test the significance of difference between two groups. The result obtained is given in Table 21

Table 21
Communication with Children regarding Health Concerns

Category	N	Communication		p value
		Frequent	Not Frequent	
Elderly facing partial Migration of Children	30	26(86.7%)	4(13.3)	0.506 ^{ns}
Elderly facing total Migration of	29	23(79.3%)	6(20.7)	

The statistical analysis reveals that there is **no significant difference** in the communication of health concerns to children among the two groups of elderly (those who are facing total migration and those who are facing partial migration).

4.5.8 Affordability of Healthcare Services

Affordability of the health care services is analyzed in Table 22 and 22 (a)

Table 22

Affordability of Health Care Services

Affordability of Health Care	Frequency (N=59)	Percentage (%)
Very Affordable	29	49.2
Somewhat Affordable	15	25.4
Not very Affordable	15	25.4
Total	59	100

Nearly half (49.2%) of the elderly find healthcare services very affordable, with about a quarter (25.4%) finding them somewhat affordable and another quarter (25.4%) finding them not very affordable.

Affordability of Healthcare Services for Elderly

The comparison of the ability to afford health care services among elderly facing youth migration in total(where all the children have migrated) and with elderly facing partial migration(some have migrated, some are present in India). The p value was calculated to test the significance of difference between two groups. The result obtained is given in Table 22 (a)

Table 22 (a)

Affordability of Healthcare Services for Elderly

Elderly facing Migration	N	Affordability of Healthcare services			P value
Partial Migration (where some children have migrated)	30	11 (36.7)	7 (23.3)	12 (40)	0.124
Total (where all the children have migrated)	29	4(13.8)	8 (27.6)	17 (58.6)	

The above table shows the comparison of difference in ability to afford health care services among elderly facing youth migration in total(where all the children have migrated) and with elderly facing partial migration(some have migrated, some are present in India). The statistical analysis reveals there is no significant difference in the ability to afford healthcare services among two groups.

4.5.9 Health Insurance Adopted by Elderly

In the table below health insurance status of elderly parents are being analysed.

Table 23
Health Insurance Adopted by Elderly

Health Insurance	Frequency (N=59)	Percentage (%)
No	35	59.3
Yes	24	40.7
Total	59	100

When health insurance status of the elderly parents was analysed, it was found that many elderly (59.3%) did not have health insurance coverage while nearly a half of elderly population (40.7%) had health insurance.

4.5.10 Perceived Health Status of Elderly

The perceived health status of the elderly is given in Figure No.1

Perceived Health Status of Elderly

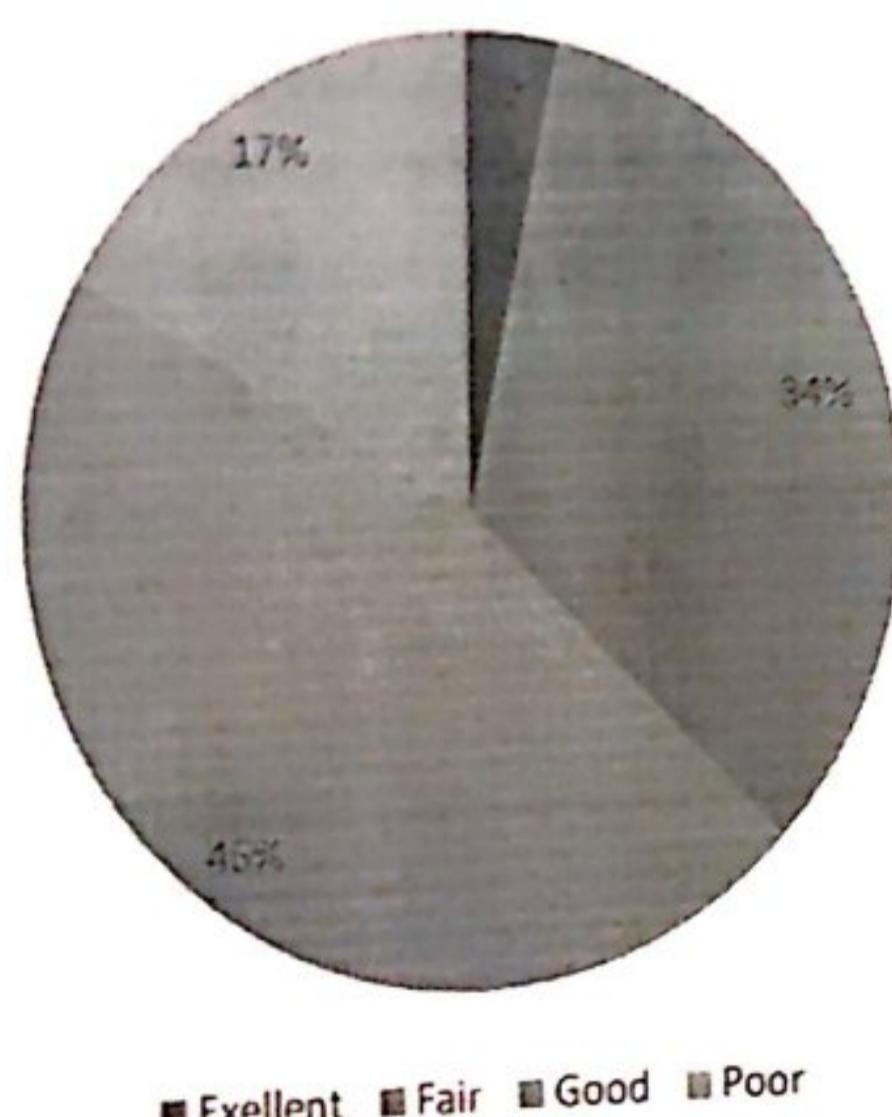


Figure: 1

Perceived Health Status of Elderly

Nearly half the elderly (45.8%) perceived their health as good while more than a quarter (33.9%) perceive their health as only being fair. A lesser number (16.9%) considered their health status as poor. A minority (3.4%) consider their health as excellent.

4.5.11 Number of People Available for Assistance for the Elderly

Table 23 provide insight on the number of people available during daytime for help and assistance of the elderly.

Table 24
Number of People Available for Assistance

Number of people available	Frequency (N=59)	Percentage(%)
1	47	79.7
2	5	8.5
3	1	1.7
None	6	10.2
Total	59	100

A significant majority of the elderly (79.7%) have only one individual present during the day for assistance. A few elderly (10.2%) have no one present for assistance, while others have more than one - two members (8.5%), 3 members (1.7%) present for assistance.

4.5.12 Agencies Providing Formal Help to Elderly

Table 22 provides insights into the various agencies adopted by the elderly for receiving formal help and explores the pattern of dependency among them.

Table 25
Agencies providing Formal Help to Elderly

Agencies providing formal help	Frequency (N=59)	Percentage (%)
None	45	76.3
House Care service	12	20.3
Paid Health Assistance	2	3.4
Nursing Care Services	1	1.7
Total	59	100

A significant majority (76.3%) of elderly do not depend on any agencies for formal help, while slightly more than a quarter (25.4%) of elderly depend on formal agencies for help, which include house care services (20.3%), paid health assistance (3.4%) and nursing care services (1.7%). According to the data, the majority of the elderly parents did not depend on any agencies for formal help.

4.6 Financial Management Practices Adopted by Elderly

In this section various financial management methods adopted by the elderly are discussed in detail

4.6.1 Primary Source of Income for Elderly

Table below provide insight on primary source of income for the elderly

Table 26

Primary Source of Income for Elderly

Sources of income	Frequency (N=59)	Percentage(%)
Pension, Remittance from children	12	20.3
Pension	10	16.9

Remittance from children, farming	9	15.3
Savings, remittance from children	6	10.2
Remittance from children	4	6.8
Family support	3	5.1
Pension, farming	3	5.1
Pension, remittance from children, farming	3	5.1
Farming	2	3.4
Remittance from children, business	2	3.4
Business	1	1.7
Business, remittance from children, farming	1	1.7
Land resources	1	1.7
Remittance from children, family support	1	1.7
Remittance from children, land resources	1	1.7
Total	59	100

The primary sources of income for elderly were diverse. A notable proportion relied on pensions (16.9%) and family support (5.1%), while smaller percentages depend on farming (3.4%), business (1.7%), or land resources (1.7%). However, many elderly parents rely on combined sources, such as pension and remittance from children (20.3%), remittance from children and farming (15.3%), savings with remittance from children (10.2%), pension with farming (5.1%), and pension with remittance from children and farming (5.1%). Other combinations include remittance from children and business (3.4%), business with remittance from children and farming (1.7%), remittance from children and family support (1.7%), and

remittance from children and land resources (1.7%). From the data the complexity of financial sources of elderly can be identified.

4.6.2 Perception of Elderly on Sufficiency of Income

Elderly's perception regarding sufficiency of income to meet basic needs is given in Figure 2



Figure No. 2

Perception of Elderly on Sufficiency of Income

Many elderly (59%) perceive their income to be sufficient to meet the daily life requirements while nearly two fifth perceive their income as barely sufficient to meet their basic needs

4.6.3 Perception of Elderly on importance of Financial Management

The perception of elderly on the importance of financial is given in Figure no.3

Financial Management



Figure No 3

Perception of Elderly on importance of Financial Management

Majority of the elderly (93%) consider financial management as a very important aspect while only a few elderly (7%) consider it as not very important.

4.6.4 Financial Management Methods Adopted by the Elderly

The table below highlights the most frequently adopted financial management methods among the elderly.

Table 27
Financial Management methods adopted by the Elderly

Financial Management Adopted	Frequency (N=59)	Percentage (%)
Pension Scheme	23	39.0
None	15	25.4
Bank Deposit	12	20.3
Chitti	2	3.4
Interest from properties sold	2	3.4
Responsible spending	1	1.7
Investment in land	2	3.4
Bank deposit, Pension scheme, Stock market	3	5.1
Total	59	100

More than a quarter of elderly (39%) adopted pension scheme as a major financial management method. A quarter of elderly have not adopted any financial management method and a lesser number (20.3%) adopted bank deposit as their major financial management method. Other financial management methods adopted by the elderly include Chitti (3.4 %), Interest from properties sold (3.4%), Responsible spending (1.7%), Investment in land (3.4%). Combination of various financial management methods such as

bank deposits, pension schemes and investment in stock markets (1.7%) were also adopted by minority of the elderly.

4.6.5 Extent of Financial Support from Children

In the table below the extent of financial support that the elderly received from their children is analysed.

Table 28

Extent of Financial Support from Children

Financial support received	Frequency (N = 59)	Percentage (%)
Very supportive	49	83.1
Somewhat supportive	5	8.5
Not very supportive	4	6.8
Not at All supportive	1	1.7
Total	59	100.0

A significant majority (83.1%) of the elderly perceive their children as very supportive financially, while a smaller proportion of elderly perceive them as somewhat supportive only (8.5%). A few elderly pointed out that their children were not very supportive (6.8%) and a minority responded that the children were not at all supportive (1.7%). The data shows diversity in financial support received by the elderly parents.

Extent of Financial Support From Children

This section deals with comparison of extend of financial support among elderly facing youth migration in total (where all the children have migrated) and with elderly facing partial migration (some have migrated, some are present in India). The p value was calculated to test the significance of difference between two groups. The result obtained is given in Table 28 (a)

Table 28 (a)

Extend of Financial Support Received between Two Groups

Elderly facing Migration	N	Supportive		p value
		Yes	No	
Partial (where some children have migrated)	N =30	27(90)	22(75.9)	0.181 ns
Total(where all the children have migrated)	N=29	3(10)	7(24.1)	

The statistical analysis reveals that there is **no significant difference** in the extent of financial support received among the two groups of elderly (those who are facing total migration and those who are facing partial migration).

4.7 Social Engagements Pursued by the Elderly

This section explores the level of social contact, engagement in social activities, and perceived loneliness among the elderly, thus helping to understand their social life.

4.7.1 Extent of Social Engagement of the Elderly

In the table below, the extent of contact the elderly have with friends and family members are analysed.

Table 29
Extent of Social Engagement of the Elderly

Extent of Contact with others	Frequency (N=59)	Percentage (%)
Daily	54	91.5
Weekly	4	6.8
Never	1	1.7
Total	59	100

According to the data collected a significant majority of elderly (91.5%) maintain regular contact with friends and families while a minority have limited contact. Some had a weekly contact (6.8%), while a very small number preferred to have no contact (1.7%). The data shows that majority of elderly are having regular contact with friends and families

4.7.2 Engagement in Social/Community activities

The extend of engagement in social and community activities among the elderly is given in Figure No. 4

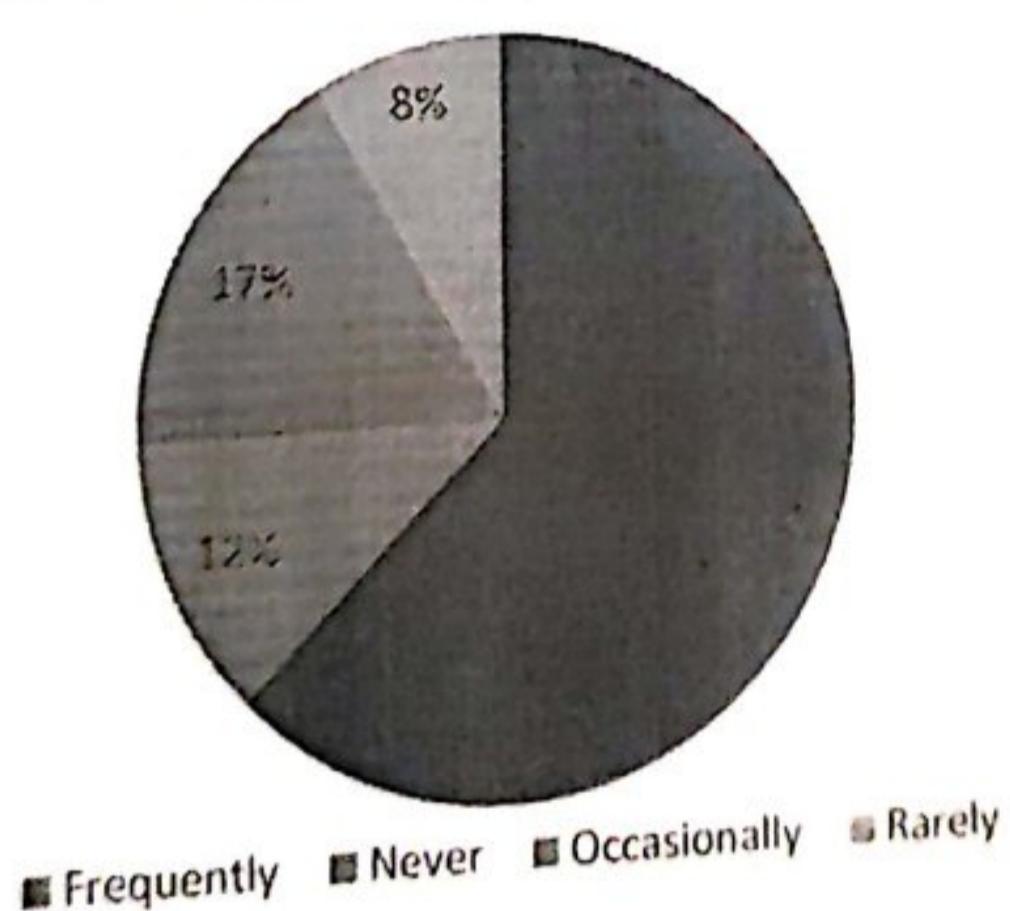


Figure No.4
Engagement in social /community Activities

A large proportion of elderly parents (62.7%) engage in social activities frequently, while others engage occasionally (16.9%), rarely (8.5%), or never (11.9%). The data shows that the majority of elderly parents actively participate in social activities.

Engagement in social /community Activities

This section deals with comparison of Engagement in social /community activities among elderly facing youth migration in total (where all the children have migrated) and with elderly facing partial migration (some have migrated, some are present in India). The p value was calculated to test the significance of difference between two groups. The result obtained is given in Table 4.7.2 (a)

Engagement in social /community Activities

Elderly facing Migration	N	Engagement in social /community activities			p value
		Never	Frequently	Rarely	
Partial Migration (where some children have migrated)	n=30	4(13.3)	18(60)	8(26.7)	1.00 ns
Total(where all the children have migrated)	n=29	3(10.3)	19(65.5)	7(24.1)	

The statistical analysis reveals that there is no significant difference in the extent of financial support received among the two groups of elderly (those who are facing total migration and those who are facing partial migration).

4.7.3 Perception of Loneliness Faced by Elderly

Insight on the extent of loneliness experienced among the elderly is given in the table below

Table 30

Perception of Loneliness Faced by Elderly

Loneliness experienced	Frequency (N=59)	Percent (%)
Often	12	20.3
Sometimes	26	44.1
Rarely	9	15.3
Never	12	20.3
Total	59	100

Forty-four-point one percent of elderly experience loneliness sometimes. Twenty-point three percent of elderly experience loneliness often, and an equal number of elderly never experience loneliness. A small proportion of fifteen-point three percent experience loneliness rarely. From the data, it can be concluded that the majority of the elderly experience various degrees of loneliness.

Loneliness Experienced by the Elderly

This section deals with comparison of loneliness among elderly facing youth migration in total (where all the children have migrated) and with elderly facing partial migration (some have migrated, some are present in India). The p value was calculated to test the significance of difference between two groups. The result obtained is given in Table 4.7.3.

Table 30 (a)

Comparison of loneliness experienced

Elderly facing Migration	N	Never	Often	Rarely/Sometimes	p value
Partial Migration (where some children have migrated)	n=30	4(13.3)	5(16.7)	21(70)	0.218
Total(where all the children have migrated)	n=29	8(27.6)	7(24.1)	14(48.3)	

According to the data provided by the table there is no significant statistical difference between elderly facing youth migration in total (where all the children have migrated) and with elderly facing partial migration (some have migrated, some are present in India) with regard to loneliness experienced.

Chapter 5

Summary and Conclusion

5.1. General summary of the study

The study entitled 'Health Care and Financial Management practices Adopted by Elderly Facing Youth Migration" aimed to find the influence of youth migration on the elderly left behind. The method adopted for the study was survey method in which self-designed questionnaire with 36 questions were provided. The sample selected for the study were elderly population aged from 60 and above. The data collected using the questionnaire was tabulated, consolidated and analyzed.

5.2. Findings of the study could be summarized as follows.

- More than three quarters (76.3%) of elderly respondents belong to the age group of 60-74 years. The number of females (50.8%) respondents within the survey were in slightly higher proportion compared to males.
- Nearly half of the respondents (45.8) had at least two children within the family and most of the them (40.7%) had at least two children migrated.
- Majority of youth (61%) have migrated for more than 5 years, and reason for migration of youth (93.2%), was purpose of employment. More than half of the elderly (59.3%) perceive employment opportunity as one of the major factors influencing migration of youth.
- The major setback perceived by the elderly due to migration was the children's inability to come often.
- Majority of the elderly (86.4%) were not interested in settling abroad with their children.
- More than a quarter of the elderly (32.2%), stated family responsibilities as reason preventing them from staying abroad.
- Nearly half (45.7%) of the elderly expected their children to return back to home country.
- Analysis on the health and medication management of elderly revealed that many of the respondents suffer from diabetes (33.9%), high cholesterol (27.1%), high blood pressure (23.7%), and other chronic conditions (23.8%).

- More than a quarter (35.6%) of elderly rarely visited healthcare facilities. However, it was found that frequent blood test checkup was done by a significantly higher number of respondents (55.9%).
- More than half of the elderly (52.5%) did not require any form of assistance for hospital visits. Most of the elderly (67.8%) have easy access to the hospitals and mode of transportation used by three fourth of the elderly (72.9 %) were private vehicles.
- Analysis of medical expenditure of elderly revealed that more than half the respondents (55.9%) had medical expenses below Rs.2000/month.
- More than a quarter (39%) have not adopted any healthcare routine to manage health. It was found that more than three fourth of the elderly (83.1%) shared their health concerns with their children.
- The statistical analysis reveals that there is **no significant difference** in the communication of health concerns to children among the two groups of elderly (those who are facing total migration and those who are facing partial migration of youth).
- Nearly half of the elderly (49.2%) find healthcare services very affordable and **no significant difference** in affordability of health care services among among the two groups of elderly (those who are facing total migration and those who are facing partial migration of youth).
- Slightly more than half of the elderly (59.3%) did not have any health insurance. Nearly half of the elderly parents (45.8%) perceived their health as good.
- A significant majority of the elderly (79.7%) have only one individual present for assistance during the day. Majority (76.3%) do not depend on any agencies for formal help.
- For nearly a quarter of the elderly (20.3%), the primary source of income was a combination of various sources such as pension and remittance from children.
- More than half of the elderly (59%) perceive their income to be sufficient to meet basic needs. Three fourth of the elderly parents (93%) consider financial management as very important aspect in day-to-day life.
- More than a quarter of elderly (39%) adopted pension scheme as their major financial management method.
- Analysis of extent of financial support that the elderly received from children revealed that a significant majority (83.1%) of the elderly perceive their children to be very

supportive financially and **no significant difference** was noted among the two groups.

- It was found that a significant majority of elderly (91.5%) maintained regular contact with friends and families. A large proportion of elderly (62.7%) was found to be socially active.
- Nearly half of the elderly (44.1%) experienced loneliness. However, there **was no significant statistical difference** between elderly among the two groups, with regard to loneliness experienced.

Conclusion

The study reveals that most elderly respondents are between 60 and 74 years old, with females slightly outnumbering males. Nearly half have two or more children, many of whom have migrated mainly for employment lasting over five years. Employment is identified as the primary reason for youth migration, which has led to fewer visits and social challenges for the elderly. Health-wise, common chronic conditions include diabetes, high cholesterol, and hypertension, with the majority regularly monitoring their health and communicating concerns to their children. Healthcare services are generally accessible and affordable, though over half lack health insurance. Financially, pensions and remittances form the main sources of income, with most elderly perceiving sufficient financial support from their children and valuing sound financial management. Socially, while many maintain regular contact and remain active, nearly half experience loneliness, regardless of their children's migration status. Finally, most elderly prefer to stay in their home country due to family responsibilities, rather than relocating abroad.

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