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## A study on migration of adult children and its correlation with quality of life of elderly

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### Abstract

Globally, the population is aging rapidly. Elderly persons are more at risk since most of them are no longer in the economically active phase of life and the social security schemes for elderly pay a very meagre amount which is almost negligible for their day to day living and health expenses. Added to it, the traditional family support is decreasing as urbanization and migration is taking young members of the family away. The collapse in family ties and structure also have negative effect on elders who used to enjoy support from extended joint families where traditionally the elders were respected and properly catered. The data indicates an annual average flow of close to 9 million migrant people between the states. Although migration has become a widespread social and demographic phenomenon in developing countries, the subjective consequences of migration are often overlooked. Thus, the study aims at finding the positive or negative effect of migration of adult children on the quality of life of elderly left behind. The study was conducted to know the correlation between migration of adult children and quality of life of elderly parents from Bagalkot and Vijayapura districts. The sample comprised of 150 elderly of whom 100 elderly were living with children and 50 elderly were living with children. The scale on quality of life developed by Bowling and Stenner was used for the study. It consists of 35 statements with 8 dimensions. The data was subjected to correlation test. The results revealed that elderly living alone faced problems related to health whereas elderly living with children faced financial problems. A significant relationship was found between gender, occupation and migration with quality of life of elderly living all alone and a significant relationship between gender and type of family was observed with quality of life of elderly living with children.

**Keywords:** Problems, quality of life, elderly parents, migration, adult children

### Introduction

Globally, the population is aging rapidly. Both the number and protection of people aged 65 years and above is increasing, although at different rates in different parts of the world. The number of older adults has risen more than threefold since 1950, from approximately 130 million to 419 million in 2000, with the elderly share of the population increasing from 4 percent to 7 percent (Waite and Hughes, 2004) [6].

Elderly persons are more at risk since most of them are no longer in the economically active phase of life and the social security schemes for elderly pay a very meager amount which is almost negligible for their day to day living and health expenses. Moreover, many older people are unable to access social security services due to inability to prove their age. Added to it, the traditional family support is decreasing as urbanization and migration is taking young members of the family away. The collapse in family ties and structure also have negative effect on elders who used to enjoy support from extended joint families where traditionally the elders were respected and properly catered (Asiyanbola, 2009) [1].

This system of intergenerational support as an informal pension substitute is under consistent pressure and might even collapse because of the drastic migration flows to the cities. It is revealed from data that there is an increase of rural to urban migration from 21.2 percent in 1991-01 to 24.1 percent in 2001-11. Inter-state labour mobility averaged 5 - 6.5 million people between 2001 and 2011, yielding an interstate migrant population of about 60 million and an inter district migration as high as 80 million, according to the Economic survey 2016-17. The data for the period 2011-16, indicates an annual average flow of close to 9 million migrant people between the states. In urban areas, elderly are provided pensions as they have given their pre-retirement incomes. In rural areas, in contrast, land is regarded as a form of insurance for old age since it can be passed on to the children. However, in the presence of the large migration flows of adult children to the cities, this system is likely to break down as the elderly can no longer be supported by their children in the traditional way.

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The overall living conditions, psychological well-being and quality of life of the elderly is affected in three main ways i.e. financial support, emotional support and physical support. Regarding financial support, there are two scenarios. Those adult children who are able to achieve higher income after migrating to urban areas are able to remit some of their additional income back home. This could probably make the elderly financially better off and it could even stop them from doing farm work or other type of paid jobs any longer. On the other hand, if migration reduces the disposable income of adult children, they would not be able to send money back home to their old parents. In this case, the elderly receives no support, which is likely to cause pressure on them to continue to work on their farms or to even undertake other paid jobs. In many cases, the elderly also has to take care of their grandchildren which is additional burden and could further deteriorate the welfare of the elderly and increase the poverty risk.

In spite of remittances from their adult children, migration results in the absence of a caregiver and hence a worsening of the well-being of the elderly in terms of access to daily physical care. Families are still the main source of old-age support for the rural elderly and adult children are the primary providers giving basic financial and instrumental support to their aged parents. Thus, the more dispersion of adult children as a result of massive rural-urban migration may undermine the old-age support arrangement and affect the well-being of the elderly left behind in villages. The separation of families due to migration presents a stressful event for elderly parents who are left behind, with potential implications on older adults' mental health. Although migration has become a widespread social and demographic phenomenon in developing countries, the subjective consequences of migration are often overlooked. Thus, the study aims at finding the positive or negative effect of migration of adult children on the quality of life and older parent's left behind in villages.

### Objectives

1. To study the problems of elderly with migrated children.
2. To study the relationship between migration and quality of life of elderly parents.

### Materials and Methods

The study was carried out in three villages of Bagalkot and Vijayapur districts. The total sample comprised of 150 elderly persons aged 60 years and above whose adult children had migrated to other places other than their place of origin and elderly living alone. The selected 150 samples out of which 100 were elderly living alone due to migration of children to other places and 50 elderly were living with children. Quality of life of elderly was measured using the scale developed by Bowling and Stenner (2011). The scale consists of 35 statements with 8 dimensions like life overall, health, social-relationship and participation, independence, control over life and freedom, home and neighbourhood psychological and emotional well-being, financial circumstances and leisure and religious activities. It was rated on 5-point scale from "strongly disagree to strongly agree" and these items were coded as 1 to 5. All items are positive statements. The scores were classified into three categories i.e. low, medium and high as per the norms. Lower score indicated poor quality of life and higher score indicated better quality of life Chi-square

test was used to know association between quality of life and elderly living without and with children Bagalkot and Vijayapura districts. Correlation was used to know the relationship of demographic variables like age, gender, income, education, occupation and migration quality of life of elderly.

### Results and Discussion

The sample of 150 elderly participated in study, where 100 elderly were living without children and 50 elderly were living with children. Table-1 shows that among elderly living without children, 46% percent of elderly belonged to old-old group (75-84 years), followed by 35 percent who belonged to young-old group (60-74 years) and 19 percent belonged to oldest-old (>85 years) age group. With respect to elderly living with children equal percentages i.e., 40 percent of them belonged to young-old (60-74 years) and old-old (75-84 years) group and only 20 percent of them belonged to old-old (>85 years) category.

With regard to gender, among elderly living without children more than half (56%) of them were male and 44 percent of them were female. Among elderly living with children, majority (60%) of them were male and 40 percent of them were female.

With respect to education of elderly, among elderly without children, nearly 36 percent of elderly had completed upper primary education, followed by 35 percent of elderly who were illiterate and 29 percent of them had completed primary education. With regard to elderly with children nearly 44 percent of elderly had completed primary education, followed by 40 percent of elderly, who were illiterate and only 1 percent of them had completed upper primary education.

With regard to per capita income, among elderly living without children nearly 41 percent of elderly had their income between 4000-8000/-, followed by 35 percent of elderly who had their income level between 1001-3999 and 24 percent of them had income less than Rs. 1000 /-, whereas among elderly with children nearly 40 percent of elderly had income level less than 1000/- followed by 36 percent who had income level between 1001-3999 /- and 24 percent of them had their income level between 4000-8000/-.

With respect to occupation majority of elderly were non-working (75% and 68%) wherein only few elderly i.e. 25 percent and 32 percent respectively were working elderly.

With regard to migration, migration is categorized into temporary and permanent. Among elderly without children majority (51%) were temporarily migrated and 49 percent of them were permanently migrated. Whereas elderly with children had no such kind of migration because their children were working in native place.

With regard to duration of visits, majority (68%) of migrant adult children visited home once in 6 to 12 months, followed by 33 percent of adult children who visited home once in 12 months.

Fig 1-reveals the problems faced by elderly living with and without children. Problems of elderly were categorized as physical, financial, health and psychological problems. Elderly living alone due to migration of adult children faced problems with regard to health (39%) followed by physical problems (30%), financial problems (24%) and only 7 percent had psychological problems. In case of elderly living with children, nearly 42.0 percent of them had problems with finance, followed by 28.0 percent of them facing health

problems, 20.0 percent physical problems and only 10.0 percent of them had psychological problems. A study carried out by Kheraj *et al.* (2015) [2] supports the findings of the study wherein half of the respondents i.e. 54.4 had physical problems, 78.2 percent had emotional problems and only few respondents had economic and social problems.

Comparison of different dimensions of quality of life of elderly of Bagalkot and Vijayapura district is presented in table 3 shows that higher percentage of elderly of Bagalkot district had high over all life (58.7%), social relationship (61.0%), independence (37.3%), financial circumstances (45.3%) and cultural beliefs (38.7%) compared to Vijayapura districts. Lower percentage of the respondents of Bagalkot district. And good health (34.3%), home and neighbourhood (28%), psychological and emotional wellbeing (28%), (58.7%), social relationship (61.0%), independence (37.3%), financial circumstances (45.3%) and cultural beliefs (38.7%) compared to Vijayapura districts. Lower percentage of the respondents of Bagalkot district. And good health (34.3%), home and neighbourhood (28%), psychological and emotional wellbeing (28%).

Similarly, association and comparison of quality of life between Bagalkot and Vijayapura districts is depicted in table 3. The difference in mean scores of quality of life between the two districts is very negligible and the 't' test also reveals non-significant difference, however the association between districts and quality of life is found to be significant at 5 percent level. Further a study by Liang and Wu (2014) explored the health-related quality of life (HRQOL) of empty-nest elderly in rural China. Research subjects were empty-nest rural elderly from three cities: Nanjing, Suzhou, and Wenzhou (ages  $\geq 60$ ,  $n=967$ ). This study used the five-dimensional European quality of health scale (EQ-5D) and the 12-item

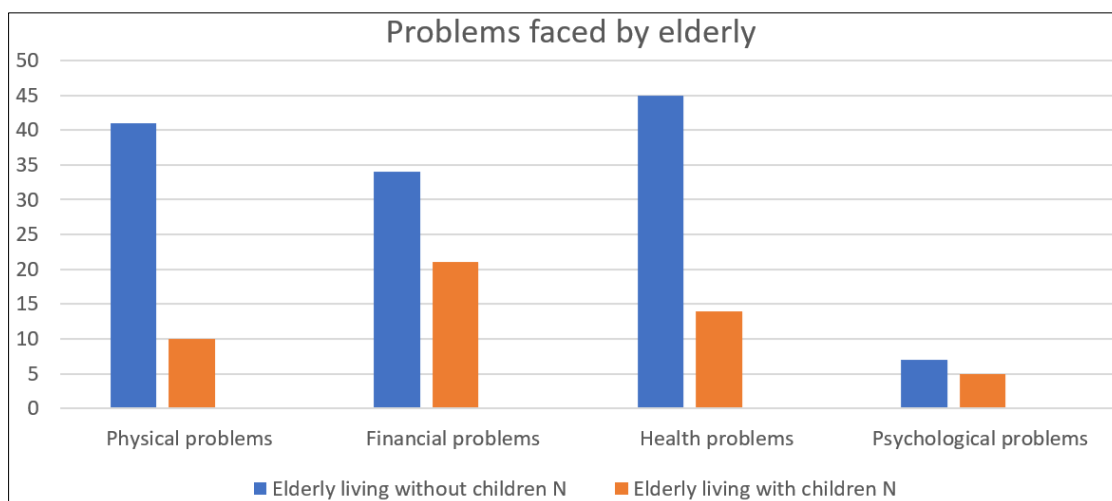
Short Form Health Survey (SF-12) to measure the HRQOL of the respondents. Spearman correlation coefficient, stereotype logistic regression, ordered probit regression and multinomial logistic regression, and structural equation model (SEM) methods were employed to study the relationship. The Spearman correlation coefficient showed that the correlations of similar domains between the SF-12 and the EQ-5D scales were relatively strong. Men's scores were higher than that of women's in general health (GH) and anxiety/depression (AD) models. The scores of physical component summary (PCS), physical functioning (PF), mental health (MH), and usual activities (UA) declined with age.

Results from table 4 reveals correlation between selected independent variables with quality of life of elderly living all alone and elderly living with children. A significant relationship was found between gender, migration and occupation with quality of life of elderly. Here, also elderly male had good quality of life than elderly female. The results are in line with the study investigated by Xie *et al.* (2014) [5] in rural China. Cluster sampling was used to select 456 elderly left behind when family members migrated out of rural China to participate in a cross-sectional study by completing a general data questionnaire and Quality of Life questionnaire. For the elderly, scores for mental health ( $39.56 \pm 13.73$ ) were significantly lower compared with Chinese standard data ( $61.6 \pm 13.7$ ) ( $p < 0.001$ ). Chronic disease type, gender, occupation, migration, residence pattern were the main psychological factors influencing this population. Further a significant relationship was observed between gender and type of family with quality of life of elderly who were living with children. The elderly living with children had better quality of life.

**Table 1:** Distribution of respondents based on their demographic characteristics (N=150)

Sl. No	Variables	Category	Elderly living without children (N=100)	Elderly living with children (N=50)
1.	Age	Young-old (60-74)	35 (35.0)	20 (40.0)
		Old-old (75-84)	46 (46.0)	20 (40.0)
		Oldest-old (85>)	19 (19.0)	10 (20.0)
2	Gender	Male	56 (56.0)	30 (60.0)
		Female	44 (44.0)	20 (40.0)
3	Education	Illiterate	35 (35.0)	20 (40.0)
		Primary education	29 (29.0)	22 (44.0)
		Upper primary education	36 (36.0)	8 (16.0)
4	Per capita income	<1000	24 (24.0)	20 (40.0)
		1001-3999	35 (35.0)	18 (36.0)
		4000-8000	41 (41.0)	12 (24.0)
5	Occupation	Working	25 (25.0)	16 (32.0)
		Non-working	75 (75.0)	34 (68.0)
6	Migration	Temporary	51 (51.0)	-
		Permanent	49 (49.0)	-
7	Duration of visits	< 6 months	8 (8.0)	-
		6-12 months	68 (68.0)	-
		>12 months	33 (33.0)	-

Figures in the parenthesis indicates percentage



**Fig 1:** Problems faced by elderly living without children and living with children

**Table 2:** Frequency and percentage distribution of respondents based on different dimensions of quality of life

Dimension	Bagalkot (n=75)			Vijayapura (n=75)		
	Low	Medium	High	Low	Medium	High
Life overall	5(6.7)	26 (34.7)	44 (58.7)	6 (8.0)	49 (65.3)	20 (26.7)
Health	12 (16.0)	37 (49.3)	26 (34.3)	13 (17.3)	29 (38.7)	33 (44.0)
Social relationship	5 (6.7)	24 (32.0)	46 (61.1)	13 (17.3)	30 (40.0)	32 (42.7)
Independence	10 (13.3)	37 (49.3)	28 (37.3)	12 (16.0)	51 (68.0)	12 (16.0)
Home & neighbourhood	8 (10.7)	46 (61.3)	21 (28.0)	13 (17.3)	34 (45.3)	28 (37.3)
Psychological& emotional well being	7 (9.3)	47 (62.3)	21 (28.0)	20 (26.7)	29 (38.7)	26 (34.7)
Financial	7 (9.3)	34 (45.5)	34 (45.3)	6 (8.0)	39 (52.0)	30 (40.0)
Cultural beliefs	5(6.7)	41 (54.7)	29 (38.7)	29 (38.7)	46 (61.3)	18 (24.0)

**Table 3:** Comparison of quality of life of elderly between Bagalkot and Vijayapura districts

Districts	Quality of life			Modified $\chi^2$ -value	Mean $\pm$ SD	t-value
	Low	Medium	High			
Bagalkot	31 (41.3)	26 (34.7)	18 (24.0)	8.86*	105.24 $\pm$ 17.91	1.09 <sup>NS</sup>
Vijayapura	19 (25.3)	21 (28.0)	35 (46.7)		104.00 $\pm$ 29.11	

\* $p \leq 0.005$  level of significance

NS- Non significant

**Table 4:** Correlation co-efficient between selected independent variables with quality of life of elderly with living all alone and elderly living with children

Variables	Quality of life elderly with living all alone	Quality of life elderly living with children
Age	0.126	-0.112
Gender	0.262*	0.218*
Type of family	0.035	0.200*
Education	0.019	-0.015
Per capita income	0.144	0.014
Occupation	-0.191*	0.103
Migration	0.190*	-

**Conclusion**

A Study was carried out on correlation between migration of adult children and quality of life of elderly parents living with children and living alone from Bagalkot and Vijayapura districts. The results revealed that majority of elderly living all alone suffered from financial and health problems. The results also revealed that there was significant association between districts and quality of life. Among them Vijayapura district elderly had better quality of life. Further results also revealed a significant relationship between gender, occupation and migration with elderly living all alone and among elderly living with children gender and type of family had

relationship with quality of life of elderly.

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