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EFFECTS OF LABOR MIGRATION ON THE HEALTH OF CHILDREN LEFT BEHIND

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INTRODUCTION

Today's news said that "Diesel, LPG prices up again" (Inquirer Vol.23 No.218, 2008:1). While the price increase may not be felt much in the rural areas, in urban setting this economic change is easily felt and may add up to the push of out-labor migration. Other push factors may be triggered by changes in social or political situations. In the Philippines and in the major cities of Region X, in particular, studies show that the difficulty in supplying the household needs prompted its members to look out for "greener pasture" in other countries. The idea of readily available work, amenities and bigger income offered in other countries pull certain group of urban (and even rural) population to migrate. Mangahas said in his earlier studies on the potential OFW destination countries that "[t]hose pieces (studies) showed nearly all conditions, overseas to be better, on the average, than Philippine conditions, though with variations from country to country" (Inquirer Vol.23 No.218, 2008:A11). Although the OFWs felt better in their destination countries, their absence and type of remittances in the home country have may have effect on the health conditions of the children they left behind.

Low level or lack of income to support a family has always been one of the economic reasons for people to move within and outside of the country. This is especially true when the family is greatly affected by financial crisis such as what is experienced globally this year like oil price increases, rice shortage, lack of work opportunities or unemployment and underemployment in places or countries where the potential migrants would come from.

Even immediately prior to the Asian financial crisis in 1997, 5.9 percent of Philippine households had one or more household members overseas in a wide variety of foreign

countries (Yang, 2006) working as production and related works, domestic helpers, entertainers, nurses, and other professions. As of December of 2004, already 8.1 million Filipinos or nearly 10.0 percent of the Philippine's 85 million people are remarkably dispersed worldwide (Country Health Information Profile, 2007). It is perhaps safe to say that as of this date a culture of migration has emerged among the Filipinos with millions of them eager to work abroad despite the risks and the consequences they are likely to face. With this observation and the above estimates of Filipino migrants qualify the Philippines to be classified as mainly an emigration country.

It is moreover noted that the Philippines like other Asian countries is one of the largest suppliers of female workers (Hugo, 2005) majority of whom are in the domestic services or entertainment sectors often not covered by Philippine labor laws. This does not deny however that the demand for nurses also attracted Filipino nurses to meet the shortages of nurses in wealthier or rich countries.

Between 3 – 6 million children have been left behind by Filipino parents working overseas. This, according to John Bryant (2002), implies that roughly 10 – 20 percent of Filipino children have a parent overseas. Thus one cannot help but ask, 'What effects does migration of parents have on the children that they left behind to someone or family?' 'Are the children left behind getting the benefits of their parent/s working outside of the country?' Specifically this study asked for the impact of labor migration on the health of children below five years old left behind by their parent/s.

FINDINGS FROM PREVIOUS STUDIES

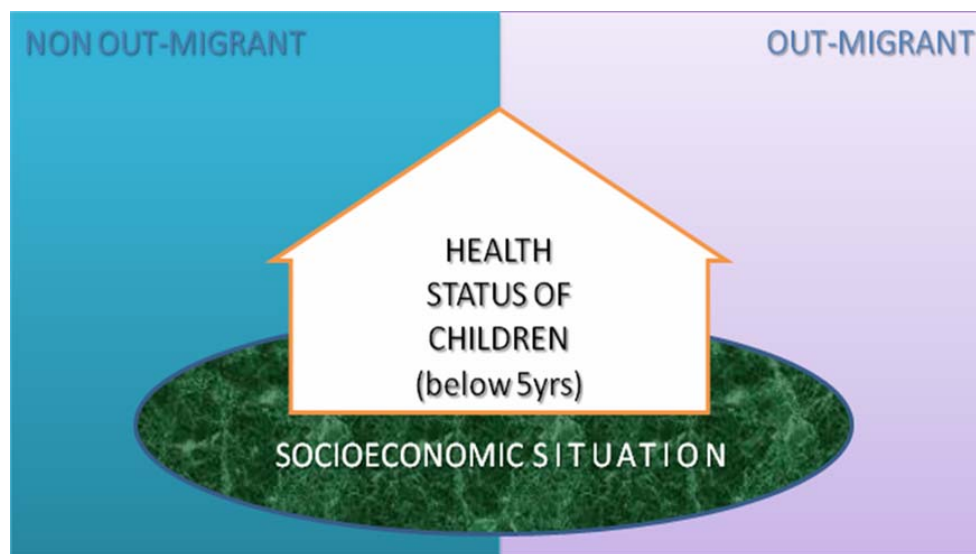
In their study *The Cost of (Im)Mobility: Children Left Behind and Children Who Migrate With Their Parent*, Yeoh and Lam found that labor migrants, both men and women, left their children behind with extended family members or friends in their home countries in quest to

improve livelihood and life of their families through migration. Thus for Filipino labor migrants, the level of remittances for the families including the children of migrants is high.

The UNFPA (2006) noted the difference between the male and female parents pointing out that mothers tend to be more concerned about their children's well being and remit money home than the fathers. John Bryant () also noted an evidence from the Philippines, that migration of parents improved the conditions of children left behind which may flow through children's health and schooling. Further he discovered from a different survey done in 2002 that children of migrants are healthier than children of non migrants.

The above observation is however not always true. For instance in Sri Lanka, children left behind by their migrant parents were noted have lost their appetite and consequently weight loss. In China, the negative consequences on the health of children include serious malnutrition manifested in 'big-head disease' because they are left to poorly educated grandparents who were found victims of the sale of 'fake milk formula'.

CONCEPTUAL FRAMEWORK



Labor migration and health of children below 5yrs old who were left behind

STUDY OBJECTIVES

The general objective of this study aimed at determining the impact of out-labor migration on children left behind in terms of health in Cagayan de Oro City. Specifically, it will attempt to:

1. Determine the extent of labor migrants in terms of remittances;
2. Determine if the remittances of labor migrants are spent for the health of the children below five years old who are left behind;
3. Determine if children below five years old of migrant parent/s are suffering from signs and symptoms and/or diseases;
4. Identify the specific signs and symptoms and/or illnesses of the children below five years old;
5. Determine if children suffering from signs and symptoms and/or disease/s identified in Problem 4 are properly treated and if they are treated by professional health care provider/s;
6. Determine if children below five years old are given the required vaccinations;
7. Determine if children below five years old who are left behind by their migrant parent/s are brought to a medical doctor for check up or consultation, if this done frequently by the guardian/s, and in what clinic are they brought by same guardian/s;
8. Identify the medicines including vitamins that children below five years old of migrant parent/s, the reason/s for giving the medicines that these children are taking, and if these medicines are prescribed by a physician;
9. What measure/s or policies can be recommended based on the results of the study.

ASSUMPTION

The study made an assumption that migration may have both positive or negative effects on the health of children. The positive effects on child or children's health may result if remittances coming from labor migrants are used to pay medical bills or expenses. The negative effects may result if the remittances are not spent to ensure the health of the child or children left behind by their respective migrant parent/s.

METHODOLOGY

To answer the objectives presented above, the quasi-experimental research design was utilized. Families with no out-migrant served as the control group while the families with out-migrant comprised the experimental group. The setting of the study is Cagayan de Oro City situated in the upper central northern portion of Mindanao. It is one of the progressive cities of the Northern Mindanao Region or of the entire island of Mindanao. The city has 56 barangays. Of these only the urban barangays were included in the sampling frame.

This study conducted interviews focused on households with no and with out - migrant workers. In doing so a structured survey instrument was used which included questions on the health condition and other health related matters concerning the children left behind by their migrant working mothers using proxy respondents.

Restrictions observed by government agencies in providing lists of overseas workers leads this project to decide to do a random sample of thirteen urban barangays of Cagayan de Oro City. Sampling for this research further employed the snowballing technique using information concerning household/s with no and without – migrant workers starting from barangay and/or purok leaders. Thus, this study was able to obtain a sample size of 60 households, half (or 30 households) of which included households with no out – migrant members and the other 30 households with out – migrant working members. In turn, there was

an average of four households per barangay, two each for those with out-migrant and with no out-migrant.

ANALYSIS OF FINDINGS

Table 1 contains the relationship of the respondents to the household head. Wives made up the highest number of respondents in both with out-migrant and with no out-migrant families, each with 53.34%. These figures are in concordance with the common family set-up where the wife remains at home while the husband works to earn a living for the family. However, among the out-migrant families, a relatively noticeable number of husbands at 30.00% served as the respondents indicating the possibility that it could be their wives who are working abroad leaving the husbands to take care of the children left behind. In comparison, only one (3.33%) husband among the families with no out-migrant who took part in the study. Instead, 30.00% of the respondents among the families with no out-migrant are mothers of the household head. With this, it could be deduced that among families with no out-migrant, both husband and wife tend to be working leaving their children in the care of the grandparents.

Table 1. Relationship of Respondents to the Household Head

Relationship of Respondents to Household Head	Residence Status			
	With out-migrant		With no out-migrant	
	f	%	f	%
Daughter	0	0	3	10.00
Husband	9	30.00	1	3.33
Mother	2	6.67	9	30.00
Mother-in-law	1	3.33	0	0
Relative	1	3.33	0	0
Sister	1	3.33	0	0
Wife	16	53.34	16	53.34
Yaya	0	0	1	3.33
Total	30	100.00	30	100.00

Shown in Table 2 is the gender of the respondents. In both groups of respondents, a higher number are females: 60.00% for the families with out-migrant and 93.33% for families with no out-migrant. These numbers suggest that males tend to be out-migrants leaving behind the female spouses who then served as respondents for this study.

Table 2. Gender of the Respondents

Gender	Residence Status			
	With out-migrant		With no out-migrant	
	f	%	f	%
Female	21	60.00	28	93.33
Male	9	30.00	2	6.67
Total	30	100.00	30	100.00

In terms of civil status, the two of groups of respondents have nearly the same number of married respondents. As shown in Table 3, 90.00% of the respondents among those with out-migrant are married while 86.67% of the respondents from families with no out-migrant 86.67% are also married. With this, civil status could not be a factor in migration, particularly among these groups of respondents.

Table 3. Civil Status of the Respondents

Civil Status	Residence Status			
	With out-migrant		With no out-migrant	
	f	%	f	%
Married	27	90.00	26	86.67
Single	3	10.00	4	13.33
Total	30	100.00	30	100.00

Table 4 depicts the number of children in the family. For both groups of respondents, the highest numbers of respondents have two children: 46.67% for families with out-migrant and 43.33% for those with no out-migrant. An interesting finding is that there are four more families

among those with no out-migrant than those with out-migrant. Nevertheless, the data displayed in Table 4 is indicative of the awareness and practice of family planning methods available to these particular groups of respondents. As can be seen for both groups of respondents, the lowest number of children is one while the highest number of children is only four.

Table 4. Number of Children

Number of children	Residence Status			
	With Out-migrant		With no out-migrant	
	f	%	f	%
One	9	30.00	8	26.67
Two	14	46.67	13	43.33
Three	6	20.00	4	13.33
Four	1	3.33	5	16.67
Total	30	100.00	30	100.00

Table 5 to Table 15 provides data pertaining only to the out-migrant respondents.

Reasons for going abroad to work are given in Table 5. All of the respondents claimed that the monetary benefits gained by working abroad propelled the out-migrant to get a job outside the country. In particular, majority (66.67%) work abroad to support the family implying that the income from abroad is the main source of the family's livelihood. Twenty percent (20.00%) of the respondents profess that augmenting the family income is the reason for working abroad. This response indicates that the income earned domestically might not be enough to support one's family, hence, the need to work abroad to add to the income of the family. A small percent (13.33%) have debts to pay; thus, they are working abroad. In general, the pecuniary benefits of working abroad become the main reason for becoming out-migrants.

Table 5. Reasons for Working Abroad

Reasons for working abroad	f	%
To augment family income	6	20.00
To pay debts	4	13.33
To support the family	20	66.67
Total	30	100.00

Illustrated in Table 6 is the length of time (in terms of number of months) that the out-migrant has been away from the family. Nearly two-thirds (60.00%) has been away for twelve months or one year. In this respect, this finding suggests that majority must be halfway through their contract, which is usually two years. Of note is the lone out-migrant who has been away for 60 months or 5 years. This represents an extreme case given that most Filipinos, although willing to go abroad to work, found being away from the family as one main hurdle in being out-migrants. Knowing the reasons for this somewhat longer length of time away from the family might provide more insight to the phenomenon of out-migrants among Filipinos.

Table 6. Length of Time Away from the Family

Length of Time Away from the Family	f	%
4 months	1	3.33
5 months	1	3.33
7 months	1	3.33
8 months	1	3.33
9 months	2	6.67
12 months	18	60.00
24 months	5	16.67
60 months	1	3.33
Total	30	100.00

In Table 7, data on whether money is sent to the family left behind by the out-migrant is provided. Surprisingly, one respondent, comprising 3.33 percent, does not send money for the family who has been left behind. This is of note since most of the reasons are money-related. A closer look between Table 5 and Table 7 reveals an interesting phenomenon among the out-migrants. A look back at Table 5 shows that four (13.33%) went abroad in order to have the financial capacity to pay debts. Surmised from these data is that those who went abroad so that they could pay existing debts go one step further by still sending money back home for their family. Thus, even if their main reason of going abroad is to pay debts, they still send money for the needs of their family. Here, the ever effervescent cultural Filipino to help the family no matter what is strongly exemplified.

Table 7. Presence of Absence of Money Sent to the Family

Is money being sent to the family?	f	%
Yes	29	96.67
No	1	3.33
Total	30	100.00

The frequency of remittance is given in Table 8. Almost all send remittance to their family on a monthly basis. This monthly remittance supports the data in Table 5 as to supporting the family or augmenting the family incomes as the main reason for working abroad. Of interest is the 10. 35% who sends money twice a month. Probably, these out-migrants are working in a job that enables them to earn enough money, which in turn enables them to send money back home twice than the common practice of a monthly remittance.

Table 8. Frequency of Remittance

Frequency	f	%
Monthly	26	89.65
Twice a month	3	10.35
Total	29	100.00

Provided in Table 9 is the average amount of remittance regularly sent back to the family. Almost a third (31.03%) send an average of P20,000 with another 31.03% sending an average of P10,000. The lowest average amount sent back is P5,000 (6.90%) while the highest is P28,000 (10.35%). With the poverty threshold set at P13,000 (NEDA X, 2007) for Region X of which the research site is part of, two-thirds of the out-migrant families manages to stay above this threshold level (62.07% or 18 families). These eighteen (18) out-migrant families is nearly equal the twenty (20) out-migrant families who indicated that their main reason for going abroad is to support the family (Refer to Table 5). Given this, it could be surmised that they have been successful in realizing the main reason for leaving their families behind. Additionally, a few of those who said they want to augment their family income have been able to do so more successfully than the others. This is evidenced by the remittances that are above the threshold level, which is then added to their current income earned locally.

Table 9. Average Amount Sent Regularly

Average Amount	f	%
Php 5,000	2	6.90
Php 10,000	9	31.03
Php 15,000	6	20.69
Php 20,000	9	31.03
Php 28,000	3	10.35
Total	29	100.00

The respondents from out-migrant families were also asked whether things other than money are being sent back home. This is seen in Table 10. Although a little more than one-fifth (23.34%) send packages home, almost twice (43.33%) do not send anything at all aside from money. One out of three (33.33%) gave no response to this particular query. These figures suggest that most of the out-migrants prefer to send money rather than other things. It could also be possible that the type of occupation and the corresponding income that the out-migrant earns could account for not being able to send packages home.

Table 10. Other Things Sent to the Family

Other things sent to the family	f	%
None	13	43.33
Packages	7	23.34
No Response	10	33.33
Total	30	100.00

Table 11 shows the frequency of the other things sent to the family. More than half (57.14%) receives packages from the out-migrants once a year while the remaining 42.86 percent receives package twice a year. When corroborated with the data on Table 10 on the average amount sent back home, it could be possible to surmise that the three (3) out-migrants who sends an average of P28,000.00 could also be the ones who sends packages twice a year. This is because undoubtedly the income and other benefits earned working abroad determines the amount and other things that could be send back home.

Table 11. Frequency of Other Things Sent to the Family

Frequency of Other Things Sent to the Family	f	%
Once a year	4	57.14
Twice a year	3	42.86
Total	7	100.00

Since this study focuses on the health of the children below five years old among families who have out-migrants, the respondents were asked for the amount of remittances spent for the health of the child. The data for this question is summarized in Table 12. Nearly half (46.67%) indicated that they spend P2,000 for the said purpose. This is followed by those who said they spend P3,000 (30.00%). Given that eighteen (18) or 60% of the out-migrants sends P15,000 and above as remittance, the figures in Table 12 suggest that health expenses on children below five years is a substantial part of their budget. This is an encouraging data showing that parents do spend for the health of their children below five years old.

Table 12. Amount of the Remittances Spent for the Health of Children below Five Years Old

Amount of the remittances spent for the health of children below five years old	f	%
Php 1,000	1	3.33
Php 2,000	14	46.67
Php 3,000	9	30.00
Php 10,000	3	10.00
None	3	10.00
Total	30	100.00

In relation to the previous table (Table 12), Table 13 summarizes the data on the amount of remittance that is spent on members of the family other than children below five years old. A significantly high number of respondents (63.34%) noted that they have no budget for such expenditure on health. These data suggests that in terms of health expenditures taken from remittances, children in the family who are five years of age and below are given priority. Thus, it could be safely stated that most of the health expenditures of the family go to their children. This implies the importance that is given to the maintenance of health of the said children by the respondents.

Table 13. Amount of Remittance Spent for the Health of Other Members of the Family

Amount of remittance spent for the health of other members of the family	f	%
Php 1,000	6	20.00
Php 2,000	1	3.33
Php 5,000	3	10.00
Php 7,000	1	3.33
None	19	63.34
Total	30	100.00

Depicted in Table 14 are the ages of child below five years old when the out-migrant respondent went abroad. Nearly half (43.33%) of the children are two years old. Meanwhile, seven (23.33%) out-migrant respondents have children one year or old below at the time that they went abroad. These figures could help explain the importance given by the family to the health expenditures on these children, even to the point of foregoing any health expenditures on the other members of the family (See Table 13). At these young ages, children require immunizations and special food items to nurture their growth. In addition, these age groups of children means they are totally dependent on their parents for all their needs including health needs. In response to these, parents then tend to exert more efforts to meet such needs.

Table 14. Age of Children Below Five Years Old when Out-migrant Left

Age when parents left	f	%
4 months	1	3.33
5 months	1	3.33
6 months	1	3.33
12 months	4	13.34
24 months	13	43.33
36 months	4	13.34
48 months	6	20.00
Total	30	100.00

Table 15 gives the age of the children at the time of the study. Nearly half of the children below five years old are three years old. Four-year-olds follow with 26.66%. These data supports the finding on the length of time that the out-migrants have been away from the family (Refer to Table 6) wherein majority have been away for only one year or less.

Table 15. Age of Children Below Five Years Old at Present

Age at present	f	%
1 year	2	6.67
2 years	5	16.67
3 years	13	43.33
4 years	8	26.66
5 years	2	6.67
Total	30	100.00

Table 16 to Table 28 compares the health status and other health-related data between families with out-migrant and with no out-migrant.

Data on the vaccination of the children below five years old are shown in Table 16. In this study, complete vaccination included the four vaccines as indicated in the 2002 National Demographic and Health Survey: BCG, OPV, DPT and Hepa B. Additionally, the respondents were not asked if booster shots have been given to the children below five years old. Noteworthy is the 100% complete vaccination of the children in the out-migrant families. This reflects the health expenditures that are provided to these children as previously presented in Table 11. Given this, it could be implied that the health expenditures for these children went to acquiring the recommended vaccinations for this age group. Though not 100%, a relatively high percentage of the children in the families with no out-migrant have acquired complete vaccination (93.34%). The data reveals a high awareness of the importance of the

recommended vaccination among the respondents, translating into these high numbers of children with complete vaccination.

Table 16. Vaccinations Received by Children below Five Years Old

Age now (year)	Residence Status			
	With Out-migrant		With no out-migrant	
	f	%	f	%
HB only	0	0	1	3.33
Measles only	0	0	1	3.33
Complete	30	100.00	28	93.34
Total	30	100.00	30	100.00

Table 17 reveals the responses to the question on whether the child has been sick lately. Majority, in both groups of respondents, have not been sick. However, a higher number of children in the families with out-migrant (70.00%) has not been sick compared to those children from families with no out-migrant. These data tend to correspond to the data on the complete vaccination of the children (See Table 15) where the all out-migrant families have acquired complete vaccination for their children while only around 90% of the non-migrant families have done the same. This high percentage of not getting sick could be partly attributed to the vaccinations acquired the children of the respondents.

Table 17. Response to “Has the child been sick lately?”

Has the child been sick lately?	Residence Status			
	With Out-migrant		With no out-migrant	
	f	%	f	%
Yes	9	30.00	14	46.66
No	21	70.00	16	53.34
Total	30	100.00	30	100.00

In Table 18, the signs & symptoms and/or diseases experienced by children below five years old is illustrated. Fever tends to be the most common signs & symptoms and/or diseases with the highest percentage in both groups of respondents. Among the children below five years in families with out-migrant, common respiratory-related signs & symptoms and/or diseases such as cough and colds are prevalent. On the other hand, children below five years old in families with no out-migrant experienced more varied signs & symptoms and/or diseases. Although common signs & symptoms and/or diseases like cough and cold were present, others such as amoeba and diarrhea have been experienced by the children of the said group of respondents.

Table 18. Signs & Symptoms and/or Diseases Experienced by Children below Five Years Old

Signs & Symptoms and/or Diseases	Residence Status			
	With out-migrant		With no out-migrant	
	f	%	F	%
Amoeba	0	0	2	14.29
Bronchitis	1	11.11	0	0
Cold and fever	0	0	2	14.29
Cough	2	22.22	2	14.29
Cough and cold	1	11.11	2	14.29
Diarrhea	0	0	1	7.14
Fever	4	44.45	3	21.42
Fever and cough	1	11.11	0	0
Fever, cough and cold	0	0	1	7.14
Flu	0	0	1	7.14
Total	9	100.00	14	100.00

Among those who replied that the children below five years old in the family had been sick lately, a follow-up question on whether the sickness was treated was asked. The responses to the said inquiry are recorded in Table 19. A somewhat surprising result could be observed

since 100% of the children below five years old in families with no out-migrant who were sick were treated. In contrast, one (11.12%) child in families with out-migrant was not treated. Although this number borders as insignificant, it is still noteworthy given that children from families with out-migrant have had complete immunizations with a clear budget for their health needs. Delving into this result could yield more information into the health issues among families with out-migrant.

Table 19. Response to “Was the sick child treated?”

Was the sick child treated?	Residence Status			
	With out-migrant		With no out-migrant	
	f	%	f	%
Yes	8	88.88	14	100.00
No	1	11.12	0	0
Total	9	100.00	14	100.00

The medicines used in treating the sickness of children below five years old were all commercial drugs (Table 20). Consistent with the sicknesses indicated in Table 18, paracetamol (50.00%) and carbocisteine (37.50%) are the two most common medicines used among families with out-migrant. Similarly, paracetamol is the most common medicine used among families with no out-migrant (42.86%) followed by the paracetamol taken along with antibiotic (21.43%). Other types of medicines were also used by families with no out-migrant to treat other signs & symptoms and/or diseases such as amoeba and diarrhea. Implied in these findings is that traditional/herbal medicines are not being used by either group of respondents. Instead, treatment of common illnesses has largely depended on commercially-produced medicine. In turn, this practice requires more financial capability compared to using traditional/herbal medicines. Thus, the need to spend more for health concerns is highlighted.

Table 20. Medicine Used in Treating the Sickness of Children below Five Years Old

What medicine?	Residence Status			
	With out-migrant		With no out-migrant	
	f	%	f	%
Ambroxol	0	0	1	7.14
Metronidazole	0	0	2	14.27
Carbocisteine	3	37.50	1	7.14
Domperidone	0	0	1	7.14
Paracetamol	4	50.00	6	42.86
Salbutamol	1	12.50	1	7.14
Paracetamol taken together with antibiotic	0	0	3	21.43
Total	8	100.00	14	100.00

The responses to “Who treated the signs & symptoms and/or diseases of the child below five years old?” are indicated in Table 21. Among families with out-migrant, treatment is given by either doctor (50.00%) or mother (50.00%). Given the signs & symptoms and/or diseases that children in this group of respondents experienced, such responses might not be surprising. Common signs & symptoms and/or diseases like fever, cough and colds are usually treated by the mother herself eliminating the need to see a doctor and the consequent fees required for such consultation. Still, half preferred to bring the sick child to a doctor. For families with no out-migrant, more mothers (57.15%) opted to treat their sick child than those who brought the sick child to a doctor (42.85%). Again, implied in this is that mothers prefer to treat sick children by themselves, especially when the signs & symptoms and/or diseases are the common cough, colds and fever.

**Table 21. Responses to
“Who treated the sickness of the child below five years old?”**

“Who treated the sickness of the child below five years old?”	Residence Status			
	With out-migrant		With no out-migrant	
	f	%	f	%
Doctor	4	50.00	6	42.85
Mother	4	50.00	8	57.15
Total	8	100.00	14	100.00

Both groups of respondents provided responses to whether their children are brought to the doctor for regular medical checkups. This is shown in Table 22. Majority of the respondents in both groups do not bring their children below five years old to the doctor for regular checkups: with out-migrant (76.67%) and with no out-migrant (70.00%). The results show that more families with no out-migrant take their children below five years old to the doctor for checkups. These findings tend to suggest the confidence among the families with out-migrant on the complete vaccination obtained by their children. In addition, the data seen in Table 22 parallels the data in Table 21 on who treats the sick child wherein most of the time the mother herself treats the sick child. These figures tend to suggest that mothers prefer home treatment as well as opting to not bring their children to the doctor for regular medical checkups.

Table 22. Responses to “Is the child below five years old regularly brought to the doctor for medical checkup?”

Is the child regularly brought to the doctor for check-up?	Residence Status			
	With out-migrant		With no out-migrant	
	f	%	f	%
Yes	7	23.33	9	30.00
No	23	76.67	21	70.00
Total	30	100.00	30	100.00

Table 23 provides the frequency of the medical checkups of children below five years old. Of the seven (7) families with out-migrant who indicated that they bring their children to the doctor for a regular checkup, more than half (57.15%) do it once a month. Two (2) or 28.57 percent have their children checked two times a month, which is more than the required monthly checkup implying a high level of concern of these families for their children below five years old. On the other hand, among the nine families with no out-migrant, 44.45% bring their children to the doctor on a monthly basis. This is followed by 33.33% who stated they seldom bring their children to the doctor for medical checkups.

Table 23. Frequency of Medical Checkups for Children below Five Years Old

How frequent is the child checked by the doctor?	Residence Status			
	With out-migrant		With no out-migrant	
	f	%	f	%
Every two months	1	14.28	0	0
If ill	0	0	1	11.11
Once a month	4	57.15	4	44.45
Seldom	0	0	3	33.33
Sometimes	0	0	1	11.11
Twice a month	2	28.57	0	0
Total	7	100.00	9	100.00

As can be seen in Table 24, children from families with out-migrant are taken either to free clinics (42.86%) or private hospitals (42.86%) while children from families with no out-migrant are taken to health centers (77.78%). Based on these data, families with no out-migrant tend to avail of the free services offered by barangay health centers. Families with out-migrant, on the other hand, prefer to bring their children to private hospitals or free clinics instead of health centers. These preferences of both groups of respondents could be affected by their financial capacity to pay for such services.

Table 24. Responses to “Where is the child brought for medical checkup?”

Where is the child brought?	Residence Status			
	With out-migrant		With no out-migrant	
	f	%	f	%
Free clinics	3	42.86	1	11.11
Health center	1	14.28	7	77.78
Private Hospital	3	42.86	1	11.11
Total	7	100.00	9	100.00

Table 25 summarizes the reasons for not bringing the children below five years old to the doctor for a medical checkup. The most predominant reason given by both groups of respondents is that their children experience no sickness. For the families with out-migrant, this comprised 73.92% while for families with no out-migrant, this is 71.42%. An implication for this finding is the prevalent practice among these particular groups of respondents to bring their children below five years below to the doctor only when their children are sick. In other words, the recommended regular medical checkup for this particular age group is not strongly followed.

Noteworthy is the reason of not having money for checkup, especially the 13.05% of the families with out-migrant, which is higher than the 4.77% from the families with no out-migrant. This percentage from the families with out-migrant could be the same respondents who indicated that they have no budget for the health of their children below five years (Please see Table 12). Despite the remittances that they received, the family members left behind must still found it difficulty to provide a budget for the health needs of the children below five years old. It could be that the remittance is only enough for the most basic needs of the family like food and shelter.

Table 25. Reasons why is the child not brought to a medical doctor for checkup?

Reasons why is the child not brought to a medical doctor for checkup?	Residence Status			
	With out-migrant		With no out-migrant	
	f	%	f	%
No sickness/Normal	17	73.92	15	71.42
No money for checkup	3	13.05	1	4.77
No time for check-up	1	4.34	2	9.52
No response	2	8.69	3	14.29
Total	23	100.00	21	100.00

Given in Table 26 are the responses to the query, “When was the last time that the child was brought for medical checkup?” All of the respondents were asked this question regardless of whether they bring or do not bring their children to the doctor for regular checkups. Interestingly, more families with out-migrant (83.34%) than families with no out-migrant (63.34%) preferred to give no response to this particular question. This relatively considerable number of no responses tends to support the results in Table 22 in which a relatively greater percentage of respondents in both groups of respondents does not subject their children below five years old regular medical checkups.

Among those who gave responses from families with out-migrants, 16.66% brought their children below five years old for a medical checkup in the present year, 2008 while twice this number of families with no out-migrant (33.33%) also brought their children for medical checkups in the same year, 2008. Overall, the data in Table 26 lend credence to the data in the previous tables regarding medical checkups of children below five years old.

**Table 26. Responses to
“When was the last time that the child was brought for medical checkup?”**

When was the last time that the child was brought for medical check-up?	Residence Status			
	With out-migrant		With no out-migrant	
	F	%	f	%
2007	0	0	1	3.33
2008	5	16.66	10	33.33
No Response	25	83.34	19	63.34
Total	30	100.00	30	100.00

The data presented in Table 27 could also explain the results regarding medical checkups of children below five years old from families with and without out-migrant. Table 27 contains responses to whether children below five years old are taking supplemental vitamins. Almost all of families with out-migrant (93.33%) indicated that their children below five years old are given supplemental vitamins. At the same time, 80.00% of families with no out-migrant provide supplemental vitamins to their children below five years old. Giving children supplemental vitamins could have raised the confidence of the families in maintaining the health of their children, thus, eliminating the urgency to bring their children for regular medical checkups.

Table 27. Is the child taking vitamins?

Is the child taking vitamins?	Residence Status				Total
	With out-migrant		With no out-migrant		
	f	%	f	%	
Yes	28	93.33	24	80.00	52
No	2	6.67	6	20.00	8
Total	30	100.00	30	100.00	60

The vitamins taken by children below five years old are given in Table 28. In both families with out-migrant and with no out-migrant, multivitamins are commonly given to children below five years old: with out-migrant (42.86%) and with no out-migrant (58.33%). As can be gleaned by the data, more families with no out-migrant provide multivitamins than families with

out-migrant. What the remaining families with out-migrant provide their children are either vitamin C (35.71%) or a combination of vitamin C and multivitamins (21.43%). Although the families with no out-migrant also provide vitamin C (25.00%) and a combination of vitamin C and multivitamins (16.67%), these numbers are lesser than among families with out-migrant. Suggested by these figures is that children from families with out-migrants either take multivitamins or vitamin C while children from families with no out-migrant tend to be concentrated in taking multivitamins.

Taken further, most families with out-migrant tend to provide their children with branded vitamins: Ceelin and Enervon-C for vitamin C as well as Cherifer, Growee and Clusivol for multivitamins. On the other hand, families with no out-migrant indicated generic multivitamins and tiki-tiki to be commonly given to their children below five years old.

Table 28. Vitamins Taken by Children below Five Years Old

Type of Vitamins	Residence Status			
	With out-migrant		With no out-migrant	
	f	%	f	%
Vitamin C	10	35.71	6	25.00
Combination of Vitamin C and Multivitamins	6	21.43	4	16.67
Multivitamins	12	42.86	14	58.33
Total	28	100.00	24	100.00

CONCLUSION AND RECOMMENDATIONS

In general, the results of the study proved to be inconclusive as to whether labor migration has a positive or negative effect of the children under five left behind. This could be brought about by the sample size of the study, which serves as a limitation of the study and which calls for a bigger sample for the study. Still, the results of the study provided insights into

the health status of the children below five years old left behind by out-migrant parent/s, albeit the difference between the two groups of respondents is not that considerable.

In this study, children from families with out-migrant have had complete vaccinations as well as taking branded vitamins to supplement the food intake. Given this, families with out-migrant have a higher tendency to not bring their children to the doctor for regular checkups. In spite of this, most of the families with out-migrant included in this study indicated the presence of a clear budget for the health of children below five years old.

Mainly, this study pushes for the government to take measures to protect the health of children below five years old. Concretely, this could be realized with an agreement between labor migrants and the government to ensure the welfare of the children left behind, particularly those below five years old. Perhaps, a regulation could be strictly enforced requiring labor migrants to provide a certain percentage of their remittance for the provision of the health needs of the children below five years old who are left behind. This study could be further expanded taking a larger sample to more accurately capture the health status of children below five years old who are left behind by labor migrants.

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