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**The Impact of Internal Migration on
Early Childhood Well-Being and Development**
Baseline results of quantitative and qualitative surveys



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Aree Jampaklay
Kanchana Tangchonlatip
Kerry Richter
Institute for Population
and Social Research

Sutham Nanthamongkolchai
Faculty of Public Health

Aksarapak Lucktong
Charita Prasithima
Institute for Population
and Social Research
Mahidol University

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Executive summary

This is a longitudinal mixed-method study investigating the impact of parental migration on early childhood well-being and development in Thailand. This report presents the baseline results of quantitative and qualitative surveys. The study setting was one northern and one north-eastern province, each with high outmigration rates. The survey purposively selected children aged 36 months or younger from three household types, based on the presence of both parents, the mother only or neither parent. The study aims to compare children living in these three types of households at two points in time to assess whether children's outcomes are affected by parental migration.

The sample size for the three household types was predetermined: households with a child with both parents absent were set at 60 per cent of the total sample, with 20 per cent for children with the mother at home and father absent and another 20 per cent for children with both parents at home. In addition to interviewing caretakers and parents at the child's household, the Denver Development Screening Test (II) tool was used to assess whether children had suspected delayed development (usually measured at the district health centre), and children were weighed and measured to assess their malnutrition status. In total, 984 children were included in the analysis. The qualitative approach included in-depth interviews with 20 caretakers, 15 migrant parents and 10 returned migrant parents.



Descriptive results

Children's characteristics – There were more male (55 per cent) than female (45 per cent) children in the study. More than three-fourths of the children were aged 1 year or older. The mean age of the study children ranged from 18 to 21 months across household types, with children whose parents were both absent as the oldest (p -value <0.05).

Current primary caretaker – When the child lived with both parents (at 89 per cent) or with the mother alone (at 76 per cent), the biological mother was usually the main caretaker. In both-parent-absent households, 57 per cent of the caretakers were maternal grandmothers, while only 29 per cent were paternal grandmothers.

Childcare life history – More than 90 per cent of the study children were mainly cared for by their mother from when they were born to 1 month old. The proportion having their mother as main caretaker decreased as the children aged – especially among children with both parents absent – from 64 per cent at age 3 months to 25 per cent at age 6 months. Among children in father-absent households, the proportion having their mother as the main caretaker dropped from 96 per cent of newborns to 71 per cent at age 36 months. For children in both-parent-present households, the proportion with their mother as caretaker also declined, from 97 per cent at the first month to 83 per cent at 36 months.

Living arrangements taken from children's life history data – It was not uncommon for children in the sample to have lived apart from one or both parents since their birth, according to responses to life history questions. Among children living without their father at the time of the survey, 18 per cent had been separated since they were 1 month old; among children living without both parents in the household at the time of the survey, 29 per cent had been separated since they were 1 month old. Even among children with both parents present in the household at the time of the survey, 13 per cent had been separated from either one or both parents when they were 1 month old (for an undisclosed amount of time) and 14 had been separated from one or either parent when they were 6 months old (also for undisclosed amount of time).

Motivation to migrate and live separately from children

The main motivation for parents to migrate, as expressed in the qualitative interviews, was the need to earn money for the family. The motivations reflect the lack of opportunity in the rural home village, which in turn makes migration seem inevitable. Migration was perceived as a positive choice for their child, even if it meant being separated from the parents, because it would provide a better life. Parents also regarded migration and leaving their child to the grandparents' care as a household strategy that makes sense economically; parents believed that grandparents provide high-quality care at a low price, which is thus economically justifiable and efficient. Leaving children with grandparents is perceived by migrants as common in the Thai context; migrant parents said that they lived with their grandparents when young while their parents worked elsewhere – keeping the cycle of grandparental care churning.

Household wealth and remittances

Households with both parents present were the wealthiest ones in the sample, while those with both parents absent were the poorest (p -value <0.000).

Households with both parents absent were more likely to receive remittances (at 90 per cent) than those with an absent father (at 58 per cent). However, father-absent households received a

larger amount of remitted income than both-parent-absent households, which is consistent with our previous study on children living apart from migrant parents (Jampaklay et al., 2012). In the current study, migrant parents were supporting not just their children but also their parents and other family members, including younger siblings for education.

Migration and childcare practices

Child development activities – Fewer than half of the caretakers in the study engaged in child development activities on a regular basis, such as singing together with the child selected for the study or composing stories for that child. The percentage of caretakers engaging in these two activities every day or almost every day was highest among both-parent-present households (at 45 per cent who sing and 19 per cent who tell stories) and lowest among both-parent-absent households (at 39 per cent who sing and 15 per cent who tell stories). Both-parent-absent households also had the largest proportion of caretakers who said that they never read a book or looked at picture books with the child (at 16 per cent, compared with 8 per cent among both-parent-present households and 7 per cent among father-absent households). The qualitative data revealed that most caretakers – parents included – never or hardly ever told stories to the child, though some grandparent caretakers did sing and tell stories. Some migrant parents, however, thought that the grandparents paid less attention to the activities that support child development.

Discipline, physical punishment and caretakers' attitude towards physical punishment – Overall, non-violent discipline methods were most common among the caretakers, such as explaining (at 92–98 per cent), giving the child something else to do (at 67–85 per cent) and taking away some privileges from the child (at 58–65 per cent). Psychological aggression was also common, however, such as shouting, yelling or screaming at the child (at 80–88 per cent); calling the child dumb, lazy or other names was also reported by about one in five of the caretakers (20–22 per cent). Some forms of physical violence were uncommon, such as shaking the child's body (at 7 per cent in both-parent-present households), while some were quite common in some household types, such as spanking the child with a bare hand (87 per cent in father-absent households). Severe physical violence was not common; the highest frequency was found – at 7 per cent for beating the child with an implement – among households with neither parent present. The in-depth interviews revealed that using physical violence as a discipline method, such as spanking with a bare hand, was commonly practised, especially by grandparents, and most of the time it was approved by the parents. The interviews also suggest greater acceptability of physical punishment in disciplining children in households with both parents absent.

Migration and child outcomes

Child development – Children with both parents absent at the time of the survey had the highest percentage of suspected delayed development (at 25 per cent), based on the Denver II assessment, while children with both parents present had the smallest proportion (at 17 per cent) (p -value <0.05). However, only language development showed a significant difference by parental migrant status. Children with both parents absent had the largest proportion showing delay in language development (at 15 per cent).

Nutritional status – Most children were normal weight for age regardless of household type (at 94–97 per cent). About 1–3 per cent had severe stunting, and 5–7 per cent had moderate stunting, with no significant differences by parents' migrant status. Overweight ranked 6–10 per cent, while wasting was about 0–3 per cent. The majority of children (around 87–91 per cent) were in the normal range of weight for height across household categories. Overall, 79–83 per cent of children in the

sample had normal nutritional status, while 8–13 per cent had at least one kind of malnutrition (only underweight, stunting and/or wasting, excluding overweight).

Relationship between nutrition and child development – The statistical difference by household type was only significant for children of normal nutritional status within each category. Parents' presence mainly made a difference when other basic needs were met; in other words, children who did not receive sufficient nutrition were likely to have delayed development, regardless of whether their parents were present or not. Children with normal nutrition but with both parents absent were much more likely to show developmental delay than those with both parents present or only their father absent. Children who had normal nutritional status and both parents present had the lowest percentage of developmental delay (at 14.8 per cent), while one in four children with normal nutrition but both parents absent had developmental delay.

Other outcomes of parental migration – The qualitative data indicated that many grandparents were ambivalent about whether taking care of grandchildren was positive or negative. Some said they were eager to take care of their grandchildren. There were also cases in which grandparents said that taking care of their grandchildren takes them away from the hard work in the rice field. But there were cases in which migrant parents were aware that they had imposed hard work upon their parents. The emotional impact on parents who were living separately from their children was also a matter of concern.

Multivariate analysis: Migration and child development

Controlling for other factors, the findings indicate that the presence of the mother in the household is a crucial factor for early childhood development. Children who had a non-maternal main caretaker were not more likely to be developmentally delayed as long as their mother was present in the household. The father's absence did not make a difference in developmental measures when other factors were controlled. This finding, that children who lived separately from their mother were more likely to show developmental delays, raises concern for the large number of children living apart from their mother in Thailand and raises questions about the long-term effects of parental migration for this generation of Thai children. In the baseline survey findings, age and sex of the child also showed a significant relationship with development. And delayed development was more likely to have occurred among the male children than the female children and among children aged 24–29 months than among children younger than 12 months.

Conclusions and recommendations

The quantitative and qualitative findings showed that young children living apart from their parents tended to be in grandparental care, with maternal grandmothers twice as likely to be caretakers as paternal grandmothers (at 57 per cent, compared with 29 per cent). Parents migrated for economic reasons and believed that they had left their children in good hands; many of them were raised by their own grandparents. Absent parents nearly all sent remittances to support the family left behind. Yet, we found reasons for concern about children living separately from parents. Children living apart from parents were more likely to live in poor households, less likely to experience enriching activities with their caretakers and were more likely to experience physical punishment. In particular, children living apart from both parents were more likely to have delayed development, particularly in the language development domain. Children living without both parents were also more likely to be underweight and/or stunted. Malnutrition was associated with delayed development when the child lived with both parents.

The multivariate analysis suggests that the crucial factor for delayed development among young children is whether the mother is present in the household. Children who were cared for by others were not more likely to be delayed as long as their mother was present, while the father's absence did not make a difference, when other factors are controlled. On top of the absence of maternal-psychological comfort, the developmental delay among children living without their mother may be attributable to the lower prevalence of child development activities and interactions when the mother is away. This finding raises concern for the large number of children living separately from their mother and raises questions about the long-term effects of parental migration for this generation of Thai children.

The results presented here raise many issues of interest for further investigation as well as for policy recommendations. While these results derive from data collected at a single point in time, some broad recommendations for policy can be made and some issues deserve further study. We suggest that relevant government and non-government organizations consider the following.

Recommendations for policymakers

Prioritize parenting programmes for families with young children, especially of those living without the parents or with a non-parental caretaker; for example:

- Initiate comprehensive pre-service and in-service capacity-building support for community-based workers working with families, social workers and/or early child development health and care professionals to better identify and respond to the needs of children living separately from their parents. This type of support is more critically needed for grandparent caretakers.
- Use existing local resources more efficiently to provide support for non-parental caretakers of young children. This can be, for example, child care centres and resource centres that could meet the needs of families who must juggle responsibilities of financial support and child raising.
- Intensify public awareness campaigns and community-based work with families and children, aiming to change attitudes that are approving of physical punishment as a disciplinary method. This may be done by consistently and regularly introducing and promoting a variety of non-violent methods in disciplining children through multiple channels of mass media. The messages should emphasize the non-violent disciplinary methods as the more effective alternatives to physical punishment. The campaigns should be nationwide and accessible by the general public.
- Integrate non-violent disciplinary methods into the child development curriculum for educating child caretakers.
- Address the quality, parental skills and knowledge of caretakers, especially those of elderly or grandparent caretakers. Thai parents and children's caretakers may have only a limited understanding of child development and of the child-rearing practices that can contribute to enhanced development. The longitudinal study's baseline survey found that some child development activities were not regularly practised by the majority of the sample households (singing songs, composing stories, reading books). These practices seem to be least practised in both-parent-absent households and in households in which the caretakers were elderly. Young children may have a variety of caretakers, which points to the need to provide greater information about child development. Thus, a comprehensively educational support programme for child development for caretakers of young children that is designed to help children living separately from parents should be initiated.
- Educate and encourage families with young children to test and monitor their children from birth to raise awareness of development milestones.

Diversify the existing social welfare and early child development services to accommodate the phenomenon of children living apart from migrant parents; for example:

- Emphasize the critical role of the social workers to identify and to monitor families that are in need of further support. Currently, there are no official positions of social workers at the community level.
- Integrate child development and child development-promoting activities into village health volunteers' responsibilities. Village health volunteers can provide information to families with young children during their regular home visits.

Review the social protection and other social policies that can help the mother or parents to stay longer with their children; for example:

- Extend maternal leave, so that mothers working in formal sectors can stay longer at home with their babies.
- Encourage the establishment of early child development centres within large companies, especially in the construction business, so that migrating mothers continue to be with their children, especially in the first months of their life. The centres should be expanded to include children of early age (younger than 3 years old).
- Emphasize the influence of the private sector on children's well-being and encourage businesses to more actively take on the issue of childcare and child development as part of improving their employees' well-being. The focus of childcare and child development can be integrated in their corporate social responsibility policy. Also emphasize that return that benefits companies with improved employee well-being.
- Consider adequate financial support for families with young children. The Government has adopted child support grants for children aged 0–3 year from poor and near-poor families. Given the impact of household income on child development, it would be useful to consider expanding and continuing the grant for children up to age 6 years. The policy should also consider abolition of the residence rule to accommodate the high pattern of internal migration in the country.

Include children living without parents as a priority in the Government's next early child development plan:

- The Government, through the Commission for Early Childhood Development, is preparing the next national strategy for early child development for Thailand for the period 2017–2021. Given the influence of internal migration on children's development, it would be useful for the Commission to consider including the recommendations offered here within its forthcoming Early Child Development Strategy. More specifically, children living without parents should be included in Strategy 2, which focuses on protecting and developing children with special needs.

Recommendations for further research and analysis

- Explore how the different parenting styles of non-parental caretakers may influence child development. Previous research has shown that parenting styles are linked with delayed development in Thailand (Nanthamongkolchai, Ngaosusit and Munsawaengsub, 2007).
- The Government should initiate a longitudinal study on monitoring and special support for children with delayed development. The project can be a collaborative effort among relevant ministries.
- Adjust questions about child development activities to be more appropriate with families in a rural context, especially where child caretakers are older persons.

Abbreviations

CLAIM	Children Living Apart from Parents Due to Internal Migration
MICS	Multiple Indicator Cluster Survey
NSO	National Statistical Office
UNICEF	United Nations Children's Fund



1. Background

1.1 Introduction

This report presents findings from the first round (baseline) of a longitudinal study to investigate the impacts of parental absence on the well-being of young children (aged 0–3 years) in Thailand. According to Boyden and Dercon (2012, p. 12), “Early childhood is generally recognized as the most important life-phase in terms of development, for this is when growth processes are accelerated and milestones emerge.” The longitudinal research builds upon our previous study through the Children Living Apart from Parents Due to Internal Migration (CLAIM) Project (Jampaklay et al., 2012). The longitudinal research aims at addressing major gaps in the previous project. Despite its insightful findings, the CLAIM study was a cross-sectional design of quantitative methods only, relying on subjective measurement; it did not take into account parents’ perspectives and focused only on children aged 8–15.

The migration of adults from rural areas to work in cities or overseas, resulting in separation from their family and children, is a common phenomenon in Thailand as it is in other countries. Research in the Philippines, for instance, found that working overseas is now a livelihood strategy of Filipino families (see for example, Asis and Ruiz-Marave, 2011). And Indonesian research also indicated labour migration is an important phenomenon that needs to be addressed alongside issues of economic development (Sukamdi et al., 2012).

In Thailand, the 2012 national Multiple Indicator Cluster Survey (MICS) (NSO, 2013) found that 42.4 per cent of children younger than 18 were living separately from one or both parents, up from 36 per cent in 2005–2006; 21 per cent were living without either parent (both of whom were alive).

When looking at young children, the situation reported by the MICS 2012 is alarming. About two-fifths (40 per cent) of children aged 0–4 years lived without one or both parents, while more than one-fifth (21 per cent) lived without both parents (still living) (NSO, 2006 and 2013). The CLAIM study (Jampaklay et al., 2012) found that about three-fourths of the surveyed children had lived separately from their father and about 60 per cent from their mother for at least two months. Although this study was not nationally representative, like the MICS, the findings provide an informed indication of the common experiences and practices of children living apart from parents in the Thai context.

Migration is a process and a decision that impacts the welfare of the household, the home community and the whole economy in various ways (Azam and Gubert, 2006). Most often, the implications of migration on the welfare of the home are generally positive. Remittances are perhaps the most tangible and least controversial link between migration and development (Ratha, 2007). Migration alleviates poverty by, for instance, increasing household income with remittances, which helps smooth consumption and provides access to finance for starting a new business. Additionally, migration and remittance income allows for higher investment in health care and education (Ratha, 2007). In Thailand, for example, empirical evidence shows that children benefit educationally if any household member remits (see for example, Curran et al., 2004).

The findings from the CLAIM study (Jampaklay et al., 2012) indicated that the majority of migrant parents sent money home at least once during the 12 months prior to the survey, and the median amount of remittances sent to households each month was 3,000 baht (or around \$91). Other studies in rural Thailand, however, reflect that not remitting or intermittent remittance sending is not

uncommon (see for example, Jampaklay, 2009). Therefore, it may not be conclusive to assume that benefits from remittances outweigh the cost that migration may entail.

Although the benefits of migration have been recognized, associated serious challenges also are reportedly widespread. These include stressful separation between migrants and their family, which can lead to unfavourable outcomes among children living separately from the parents or with alternative caretakers. While migration reduces the need for children's labour and heightens chances of children to obtain a better education, research also warns that labour migration provides an example of an alternative route to economic mobility; for example, migration in the United States has been associated with lower aspirations to attend a university (Kandel and Kao, 2001). Many young adolescents in rural areas in developing countries are inspired by migrants and look forward to when they can leave home and work, following the same path of migrants from the same hometown who are perceived as successful (Jampaklay, Vapattanawong and Prasithima, 2012).

Migration may affect children, adolescents and caretakers who are left behind in the household in multiple ways. The causal ways by which each group is affected should be highlighted to inform the choice, design and implementation of public policy as well as evaluating the impacts. This will help to pursue policies that minimize the negative impacts of migration while maximizing its positive effects. Empirically, relatively little attention has been paid to assessing migration's impact on sending communities generally and more specifically on children living separately from their migrant parents.

The CLAIM study (Jampaklay et al., 2012) of children aged 8–15 in rural Thailand found that the majority of children in the sample experienced living apart from parents for a lengthy period, often since they were born, due to parents working in other provinces. The findings are indicative of both positive and negative effects. On one hand, the migrant households were wealthier, especially the one-parent migrant households, and household wealth was positively associated with remittances from the absent parents ($p < 0.000$). The wealthier a household was, the less likely the caretakers were to have psychological problems ($p < 0.000$).

On the other hand, caretakers from both-parent-migrant households and older caretakers were more likely to have psychological health problems than their counterparts (at 45 per cent in both-parent-absent, compared with 26 per cent in one-parent-absent and 34 per cent in non-migrant households ($p < 0.000$); 50 per cent for caretakers aged 60 years or older, compared with 24 per cent for caretakers younger than 35, and 37 per cent for caretakers aged 35–59 ($p < 0.000$)). Children of migrant parents reported doing worse in school, drinking alcohol more frequently and being less satisfied with where they lived, when compared with children of non-migrant parents ($p < 0.000$). Consistently, children of migrant parents (both parents or one-parent migrant) were reported to be less responsible ($p < 0.05$), less independent ($p < 0.01$) and less happy ($p < 0.000$) than children of non-migrant parents (Jampaklay et al., 2012).

In other contexts, research also indicates that parental migration is consequential for children. Past research examined children's physical and psychological health and found both positive and negative outcomes. In the Mexican context, for instance, where there is a long history of sending migrants to the United States, Hildebrandt and McKenzie (2005) analysed health outcomes of children in migrant and non-migrant households and found lower rates of infant mortality and higher birth weight for children in migrant households, compared with those in non-migrant households. The authors noted that the migration of parents improved the children's health outcomes by triggering wealth and knowledge, especially on the mother's part. However, while showing a positive impact, the authors also found that the children of migrants were less likely than children of non-migrants to be breastfed, fully vaccinated or taken to a doctor in their first year of life. They also noted that the phenomenon of absent parents may have longer-term negative effects on health outcomes.

The positive impact of migration on children's physical health was also found in a study by Carletto et al. (2011) that assessed the impact of Guatemalan parents' migration to the United States on height-for-age scores and stunting prevalence among children younger than 6 years who were left at home. They found that children in households with a migrant in the United States had higher height-for-age scores and lower prevalence of stunting relative to children with non-migrant parent. The researchers suggested that migration may lead to improved food security and reduced morbidity. In accordance with Carletto et al. (2011), Mansuri (2006) found in his analysis using Pakistani data that migration had a positive and extremely significant impact on height for age among children aged 6 months to 10 years. Gender differences were noted, with the effects much smaller for boys than for girls. The study suggested that boys may get preference in terms of nutrition and health care when resources are stretched.

Adverse impacts of parents' migration have also been documented. Graham and Jordan (2011), for example, measured psychological well-being among children of labour migrants younger than 12 years. The results showed that children of migrant fathers in Indonesia and Thailand had poorer psychological well-being indices than children from non-migrant households, while no differences were found in the Philippines or Viet Nam, thus suggesting contextual factors, including cultural norms. In Sri Lanka, Wickramage et al. (2015) found that 43 per cent of children aged 6–59 months who were left behind by migrant parents had mental disorders, compared with 34 per cent among children of non-migrant parents. The researchers argued that socio-emotional maladjustment and behavioural problems may occur among children in the absence of a parent. Male children who were left behind were more vulnerable to psychopathology.

Evidence of the adverse effect of migration on children's physical health has also been reported. For example, Nobles (2007) found that parents' international migration had a negative impact on the children's height for age in Mexico. A study by Zhen (2013), based on the data of the Chinese Food and Nutrition Surveillance System, indicated that the nutrition status of children younger than 5 years in China with mothers migrating to urban areas was lower than those with mothers who were employed in their hometown. The lower nutritional status of children in migrant households was also highlighted in a Sri Lankan study (Wickramage et al., 2015), which showed that more than a quarter (30 per cent) of the children left behind were "underweight or severely underweight", compared with 18 per cent of children in non-migrant households.

As seen in the literature review, previous research investigating the connection between migration and children's well-being focused on health outcomes, particularly nutritional status and psychological health. To our knowledge, attempts to particularly look at the risk on children's developmental outcomes as potentially affected by parental absence have yet to be conducted. Literature on child development has documented other factors affecting child development, including poverty, health, nutrition and sociocultural contexts (see for example, Walker et al., 2007; Leng and Park, 2010). Young children living in poverty or in sociocultural-risk environments are likely to be exposed to biological and psychological risks that affect their development through changes in brain structure and function. Factors such as gender inequality, low maternal education and reduced access to services are considered sociocultural risks. Biological risks include prenatal and postnatal growth, nutrient deficiencies, infectious disease and environmental toxins, while psychosocial risks include parenting factors, maternal depression and exposure to violence (Walker et al., 2007). Other researchers put forth that greater family resources enable the family to afford greater investments in multiple dimensions of children's human capital. Studies in the West found a strong association between higher household incomes and a variety of child development outcomes (see for example, Leng and Park, 2010).

In summary, previous literature in various settings extensively discussed potential outcomes both in favour of and negative towards migration. Outcomes of interest included health status, nutrition,

education, psychological health, risk behaviours and, to a lesser extent, child development. Past research suggested several factors through which the migration of parents operated to positively or negatively impact the well-being of children. These included increased household income due to remittances, which allow for higher investment in health care and education for children (although the research also showed that remittances may become a motivation for children to follow the labour migration route as an alternative to schooling). Improved child health outcomes are also attributed to triggering wealth and knowledge, especially on the mother's part, and to improving food security. There is a lack of research, however, on the impact of parental separation at very young ages (younger than 3 years old).

Based on the available literature, the following questions informed the development of the longitudinal study:

1. What are the effects of parental migration on child development for very young children (younger than 3 years)?
2. What are the direct and indirect drivers for delays in the development of children living in the household of internal migrants? Two paths should be explored in this respect: influence of migration on the household and eventually any potential impact on child development; and influence of migration and absence or presence of parents on their ability to interact or care for children, with discussion on the influence of this on child development.
3. Do remittances raise the socioeconomic level of the household left behind so that children's health and nutritional status are improved?
4. How do non-parental caretakers compare with parents with regard to childcare practices and discipline?

The findings from our research presented in this report examine the interconnection between parental migration and its consequences on the living arrangement and household management and the well-being of family members with child development outcomes. The findings provide evidence for looking at the future well-being of children and raise an alarm about the relationship between children's development, parental living arrangements and childcare issues.

1.2 Methodology

1.2.1 Design

This longitudinal study is following the same children at two points in time. The methodology allows for a justifiable assessment of whether children's outcomes are affected by parental migration. The longitudinal approach is also necessary to capture changes in attitudes or perceptions over time, which cannot be obtained through retrospective data collection. With a longitudinal design, the study is investigating the differences between young children who were cared for by parents and those cared for by others, while controlling for their characteristics at the baseline. The longitudinal design also enables us to look at the impact of parental moves that occur between surveys and the differences in parental behaviours in the two-year period.

The study is using mixed (both quantitative and qualitative) research methods. The qualitative study was designed to capture aspects that are missed by the quantitative survey or that call for more in-depth investigation. Thus, the quantitative analysis was conducted before designing the tools for the qualitative research; the preliminary quantitative results informed how to frame questions in the qualitative approach.

The four-year longitudinal study plans to follow a group of children aged up to 36 months at the baseline survey and their households, measuring their characteristics and aspects of well-being at two points in time. Round I of the quantitative survey was conducted from September 2013 to February 2014, followed by in-depth interviews with parents and caretakers conducted from the end of October 2014 to February 2015. The Round II survey and in-depth interviews with the same children and their households and the same in-depth interview respondents will be completed in the third year of the project (some time in 2016 or 2017). Respondents for the in-depth interviews were drawn from the quantitative sample, selected by characteristics of interest (the same approach will be used in the second round).

1.2.2 Sample children and eligible households

The baseline survey focused on children aged up to 3 years (0–36 months). These children will be 2–5 years old in the next survey round. Ample literature on young children emphasizes how important the very young childhood period is for their development and life outcomes. According to UNICEF (2013), “The early years of life are crucial not only for individual health and physical development but also for cognitive and social-emotional development. Events in the first few years of life are formative and play a vital role in building human capital, breaking the cycle of poverty, promoting economic productivity and eliminating social disparities and inequities.”

A major factor in determining the rate of children’s mental growth is their environment, especially the caretakers who can help a baby’s brain grow by providing the right stimulation and reactions. New science confirms that development involves a complex transaction between genotypic, biological and maturational processes that are shaped by children’s experiences, actions and interactions as well as by broader environmental influences, including caretakerthe cultural values of the caretakers (Boyden and Dercon, 2012; Walker et al., 2007).

Boyden and Dercon (2012, p. 13) explained that “individual characteristics (for instance, personality) and biological forces (including genetics, epigenetics and neurobiological factors) work together with family dynamics (for example, attachment to caretakers, family functioning) and broader historical, sociocultural and environmental factors (such as socioeconomic status) in shaping children’s growth and adaptation. This is most important in the first and second year of a child’s life, when the baby is being newly exposed to the world.

To disentangle the effects of parental migration from other factors, our study included only children who were normal-term weight at birth and not a low birth weight, such as children born at 37 weeks gestation or longer and with a birth weight of at least 1,500 grams (Matte et al., 2001) and without any disability.

Eligible households included at least one child aged up to 3 years (0–36 months¹). Each household had both parents, only the mother² or neither parent present. If more than one eligible child was present in the household, the child for the sample was randomly selected.

In our qualitative study, we collected data from three types of household respondents: caretakers (persons who assume the main task of looking after the sample child on a daily basis), current migrant parents and returned migrant parents.

1 We included newborns up to those aged exactly 36 months, those 36 months and 1 day or older were not included in the survey.

2 Father-only households were excluded because it is rare for young children to live with their father but not their mother.

1.2.3 Sample size and sampling strategy

The sample was designed to include children from three groups:

1. Children whose parents are both alive but are not usually present in the household, regardless of the reason for being away (such as parents are migrants, parents are divorced or separated, or the father has left the household permanently).
2. Children who live with their mother but whose father is absent, regardless of the reason (such as the father has migrated for work or is divorced or separated from the child's mother).
3. Children living with both parents.

The status of children at the time of the survey was used to determine which type of household they are in, regardless of their previous living arrangement. For instance, those living without parents at the time of the survey might have lived with both parents after they were born. Information about the children's lifelong experience was captured in the baseline survey questionnaire.

The targeted sample size was 1,000 households. The sample size of the three household types was pre-determined: households with a child with both parents absent were set to be 60 per cent of the total sample, with 20 per cent for children with the mother at home and the father absent and another 20 per cent for children with both parents at home. Table 1.1 illustrates the targeted and actual sample size by type of children's living arrangement.

Unless otherwise noted, all tables in the report are sourced from the 2013 baseline survey of the longitudinal study.

Table 1.1: Number of households in the quantitative survey (targeted and actual baseline), by household type

	Targeted sample	Actual baseline sample
Children living with both parents	200	227
Children living with mother, and the father is absent	200	221
Children with both parents away for whatever reason	600	632
Total	1,000	1,080

We included all parents regardless of their marital status to increase the chance of meeting the targeted sample size with our living arrangement criteria. In our sample, 18.7 per cent of the children had parents whose marriage was dissolved. Researchers who want to disentangle the effect of marital dissolution from migration will have to take this issue into account.

We conducted the survey in rural areas of two provinces, selected because of their high prevalence of internal migration, based on a nationally representative survey (NSO, 2006). One district from each province was purposively selected. To meet the targeted sample size (1,000 households), our survey covered 11 subdistricts and 130 villages in province 1 and 11 subdistricts and 135 villages in province 2.

Before the actual survey, we conducted a household screening survey using a list of eligible households from the health promoting hospitals in each subdistrict,³ which saved the fieldworkers much time.

The in-depth interviews included a number of caretakers, migrant parents and returned migrant parents (Table 1.2). The selection of caretaker respondents was based on household type and relationship to the child. Our aim was to cover all main types of relationships (mother, grandparents and others) across household types. Current migrant parents and returned migrant parents were also selected by household type and their availability for the interview (see the Appendix for the characteristics of respondents selected for the in-depth interviews).

Table 1.2: Number of respondents for in-depth interviews

Type of respondent	Number of respondent for in-depth interview
Caretakers	20
Current migrant parents	15
Returned migrant parents	10
Total	45

1.2.4 Research tools

For the quantitative surveys, a set of structured questionnaires was developed to use for collecting information about the household, the sample child, the primary caretaker and the child's parents. The material covered in each questionnaire was as follows:

- **Household questionnaire:** While the respondent could be any knowledgeable adult in the household, in 97 per cent of the cases, the respondent was either the child's guardian, primary caretaker or both. The questionnaire included a household roster to list the age, sex, educational attainment, health status, work status and relationship to the sample child of all current household members; a listing of household members living elsewhere; a set of questions on family support; and questions to measure socioeconomic status, including the main source of support for the household, household possessions and housing characteristics.
- **Child questionnaire:** The respondent was either the child's mother or the primary caretaker but needed to be knowledgeable about the pregnancy with the sample child. The questionnaire included questions about the pregnancy, including health care and any health problems; whether the mother drank alcohol, used drugs or smoked during pregnancy; mental health status of the mother during pregnancy; and whether the child was wanted by the mother at the time of the pregnancy. The questionnaire also covered breastfeeding and infant feeding, other items that measure child development-promoting activities that were used in previous studies in Thailand (Nanthamongkolchai et al., 2010) and child discipline, using measurements from the latest MICS (UNICEF, 2010). The questionnaire also asked about attitudes towards physical punishment and about the best caretaker for children.
- **Caretaker questionnaire:** The respondent was the primary caretaker for the sample child. The questionnaire asked about the caretaker's characteristics, including health status, and asked about attitudes towards caring for the child. It included a set of questions about life satisfaction as well as the Self-Reporting Questionnaire (SRQ20) screening for mental health issues, which was developed by the World Health Organization (Harding et al., 1980) and was also used in the CLAIM study (Jampaklay et al., 2012).

³ In 2001, subdistrict health centres were upgraded to 'health promoting hospitals', with an emphasis on prevention and health promotion rather than curative care (Auamkul, Kanshana and Phirangapaura, 1999).

- **Parent questionnaire:** This questionnaire was answered by the sample child's parent if present in the household or by the primary caretaker if not. It included a monthly life history for the child (including who was the primary caretaker of the child); the parents' place of residence and the parents' occupation; information about the parents' migration history; migration decision-making; contact with absent parents; and remittances received.

To measure children's development, the study used the Denver Development Screening Test, or Denver II. This test was redeveloped in 1992, based on a version introduced in 1967 (Frankenberg et al., 1992a; Frankenberg et al., 1992b). The test was designed for use by paediatricians, teachers and health personnel to screen children aged 2 months to 6 years old for delayed development. The tool evaluates 125 items associated with child development in four domains: personal social, fine motor adaptive, gross motor and language. The Denver II was adapted for use in Thailand by the National Institute for Child Development (Kotchabhakdi and Lawsuanpong, 1992).

In our study, the Denver II test was administered by qualified health personnel (all nurses) who were trained on its use. At study site 1, two nurses working at the Maternal and Child Health Center conducted the test, while at study site 2, two nurses from the district hospital administered the test. The test took place about one month after the household survey and usually was conducted at the health promoting hospital, which was easily accessible to all households. There were a few households that missed the test session at the health promoting hospital; in these cases, the Denver II team conducted the test in their home.

At the same time as when the Denver II tests were administered, the child's height and weight were measured to assess their nutritional status. As recommended by the United Nations Children's Fund (UNICEF), we used the height and weight measures from the MICS4 survey as the indicator. Before the Denver II test, we invited National Statistical Office (NSO) staff to train our Denver II team to take the height and weight measures.

Although the total sample size is 1,080, not all children participated in the child development assessment. There are 96 children missing from the child development data. Of them, 17 children came for the test but did not cooperate, thus could not be tested. Therefore, the analytical sample includes only those with child development data, which is 984 children, or 91 per cent of the total who were surveyed.

There were no significant differences between the children included in and excluded from the analysis in terms of household type, age, sex and whether they were cared for by the mother or someone else. We are certain that excluded and included children are quite similar.

In the qualitative phase of the research, we developed in-depth interview questions for each group of respondents (the caretaker, migrant parent and returned migrant parent). Questions for the caretakers were designed around their rationale for taking care of the child while the parents were away and their expectations, adjustments and arrangements after taking on the caretaker role. For migrant parents, questions were asked about their decision-making process to migrate and separate from the child, how they arranged childcare and their plan to stay on as migrants. Additional questions about how they would redo things if they could turn back the clock, especially about their moving and living apart from children, were explored more with the returned migrant parents.

1.2.5 Ethical concerns

Before the study began, the research tools and methodology were approved by the Institutional Review Board of the Institute for Population and Social Research, Mahidol University (COA. No. 2013/1–1-22). Respondents were informed of the objectives of the study and were assured that their responses would be kept confidential. The information about the longitudinal nature of the survey was also explained so that they were aware that the study team would contact them again in about two years. They were given a written description of the study that explained their rights and the advantages and disadvantages of their participation. Each respondent signed an informed consent form that indicated their voluntary participation and their right to withdraw at any time. The refusal rate for the study was low. In fact, all eligible cases contacted agreed to take part in the study. However, there were a few selected cases that could not be located for interviews. These cases were replaced by another household of the same type within the same community.

1.3 Data management and data analysis

Data collected from the survey were entered through the Census and Survey Processing System (CSPPro) data entry program. Responses from all open-ended questions were listed, and codes were generated based on the list. The data files in the CSPPro format were then transferred to the STATA format, which we used for managing and analysing the data. The data cleaning started while checking for validity of all data, looking at each variable's frequency to check for out-of-range values. Then cross-variable checking against the pre-coded questionnaires, serving as the survey codebook, was performed to make sure all data were entered correctly. Data were entered by two clerks who were also part of the interviewer team. The project's research assistants checked data validity, while the project's researchers performed the cross-variable check.

1.4 Children's characteristics

The sample entails 1,080 children aged from newborn to 36 months old. As mentioned earlier, however, we included only the 984 children who participated in Denver II test and received the test result in the analysis. Children's characteristics refer to sex, age, current main caretaker, caretaker over their life course and living arrangement over their life course by type of household (both parents present, father absent or both parents absent).

Among our study sample, 55 per cent are males and 45 per cent are females, resulting in a sex ratio of 1.22. This is higher than the sex ratio for children aged 0–3 years old among the Thai population, for which the number of males for each female is 1.03.⁴ The gender proportion is virtually similar across types of household. The reason for this high sex ratio is unknown.

The survey found a larger proportion of older children than younger children across categories. More than three-fourths of the sample children were 1 year old or older at the time of the survey, although the households with both parents present and those with the mother only had a larger proportion of babies than households with both parents absent. For all categories, children aged 24–36 months constituted the biggest portion of the study sample, while those younger than 6 months old constituted the smallest. The proportion of children aged 24–36 months was particularly high in households with both parents absent.

As discussed further on, while the child life history data show that a large proportion of children began to live separately from their parents at a young age, the proportion increased with the age of children,

⁴ Calculated from Table 2, NSO population data, by single year of age, sex and area for 2010.

implying that parents did not move to live elsewhere until their child reached a certain age. Mothers were less likely to migrate when their child was younger than 6 months. The mean age of the children in the study sample ranged from 19 to 21 months across household types.

The Chi-squared test provides evidence of a significant association between age of the child and the type of household. Figure 1.1 shows who was identified as the primary caretaker of the sample child in the survey. Not surprising, if the child lived with both parents or with the mother only, the biological mother was usually the main caretaker (89 per cent and 76 per cent, respectively). The smaller proportion of mothers taking the role as the main caretaker in a father-absent household suggests that mothers whose husband works elsewhere may also work outside the household to financially support their family more than mothers whose spouse lives in. In this household type, the other 24 per cent of children were cared for by the maternal grandmother. In both-parent-absent households, 57 per cent of the caretakers was the maternal grandmother, while only 29 per cent was the paternal grandmother, reflecting more involvement of maternal-side relatives in extended family support in Thai society (see Table 1.3).

Table 1.3: Percentage of sample children, by sex, age and their main caretaker

	Both parents present	Father absent	Both parents absent
Total	216 100.0	195 100.0	573 100.0
Sex			
Male	53.7	55.9	55.3
Female	46.3	44.1	44.7
Age group (months) *			
0–5	9.7	8.2	3.8
6–11	15.7	20.0	15.7
12–17	20.4	24.1	18.7
18–23	19.4	16.4	20.9
24–29	19.9	16.4	19.9
30–36*	14.8	14.9	20.9
Mean (S.D.)	18.7(9.3)	18.1(9.5)	20.7(9.1)

Note: Those aged 36 months and 1 day or older were not included.

*Indicates statistical significance using Chi-squared test.

Figure 1.1: Percentage of children, by their main caretaker and household type

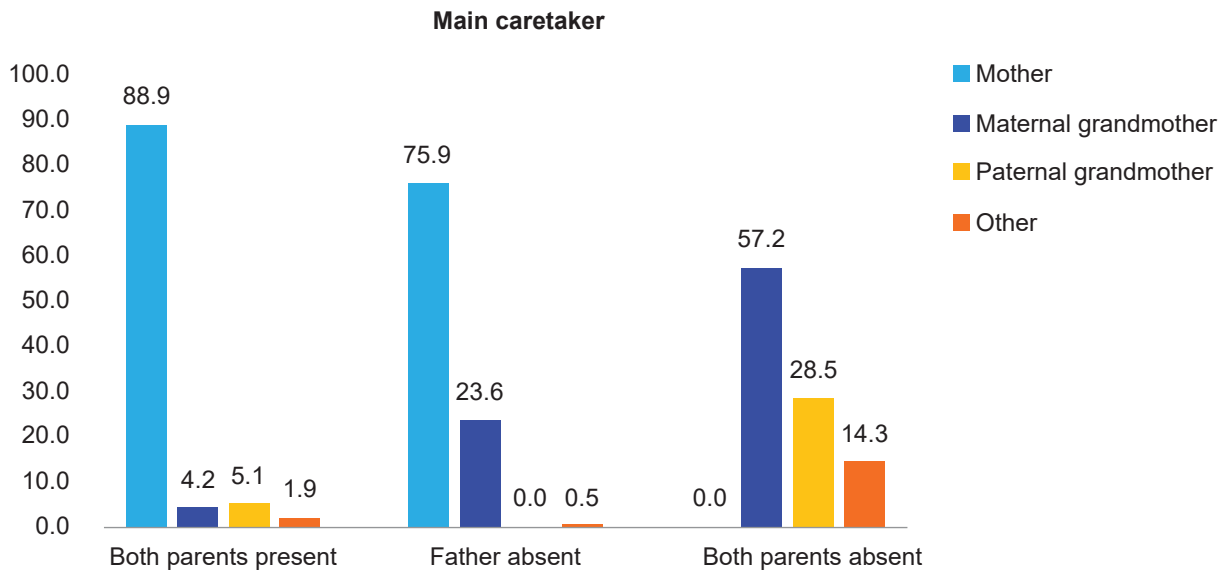


Table 1.4 and Figure 1.2 present results for the main caretaker of the sample children from the time they were born to their age when the survey took place. The data reflect the proportion of children in each type of household (at the time of the survey) who had their mother as the main caretaker for each age group. For example, among children whose both parents were present (at the time of the survey), 97 per cent of them were mainly cared for by their mother when they were first born up to 1 month old. Regardless of type of household at the time of the survey, most of the study children (more than 90 per cent) were mainly cared for by their mother from when they were born up to when they were 1 month old. The proportion having their mother as caretaker decreased as the child aged. The decrease was relatively more abrupt among children with both parents absent, among whom the proportion dropped to 64 per cent when the child reached the age of 3 months and to 25 per cent when the child was 6 months old.

Mothers started to leave the household when the sample child was about 3 months old. Three-fourths of the absent mothers had moved out after their child turned 6 months old. The decline in the proportion of children having their mother as caretaker also occurred among children who lived with their mother but whose father was absent. Within this group, the proportion dropped from 96 per cent at birth to 83 per cent, 79 per cent, 75 per cent and 71 per cent of mothers living apart when the child was 6 months, 12 months, 24 months and 36 months old. Even among children with both parents present (at the time of the survey), the proportion of being cared for by their mother also declined, though to a much lesser extent, from 97 per cent at 1 month old to 83 per cent at 36 months old.

The fact that a large proportion of mothers migrated when their child was 3 months old corresponds with the maternity benefit offered to women working in the formal sector. Of course, we do not know if the women in our study received that maternity benefit or were even working in the formal sector, but it gives some indication of an adopted practice of a three-month maternity leave, regardless of sector.

Table 1.4: Percentage of children having mother as main caretaker since their birth, by household type

Child's age (months)	Both parents present	Father absent	Both parents absent
0	96.8	96.4	92.2
1	94.3	92.3	79.7
2	94.3	91.2	63.8
3	88.0	85.2	33.1
4	88.1	84.5	26.9
5	87.4	83.1	24.7
6–7	86.5	81.6	19.1
8–9	86.6	81.8	15.8
10–11	85.4	79.2	14.5
12–14	85.7	73.1	11.7
15–17	85.6	69.6	10.7
18–20	84.6	70.8	9.1
21–23	85.7	75.3	8.0
24–26	84.9	72.4	5.5
27–29	83.0	68.2	6.0
30–32	81.8	61.5	3.8
33–36	83.3	71.4	5.6

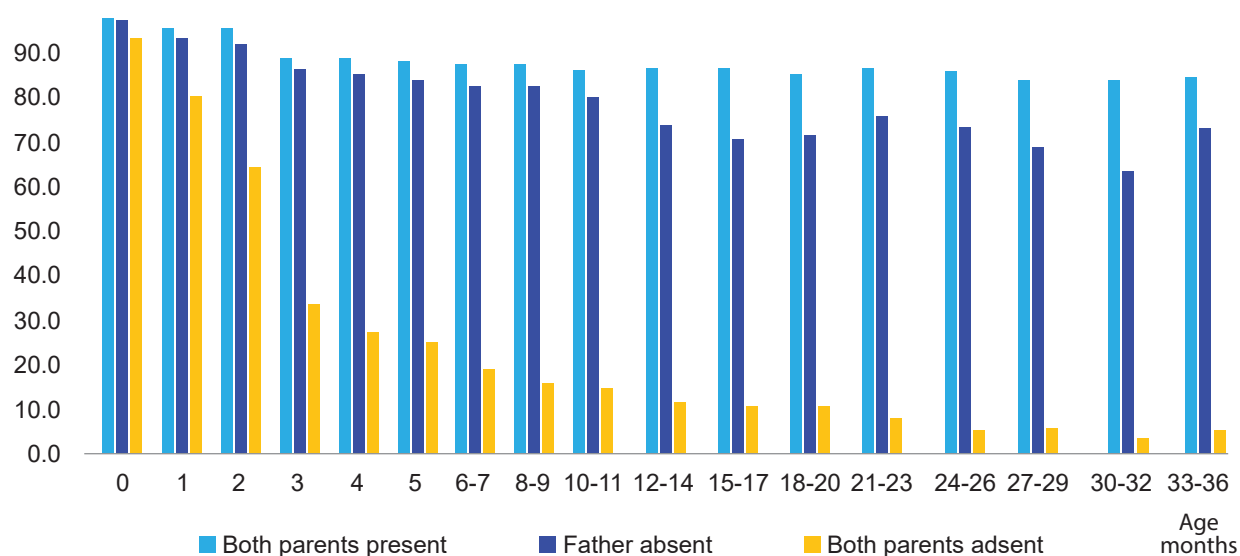
Figure 1.2: Percentage of children having their mother as their main caretaker from birth to age at the time of the survey, by household type

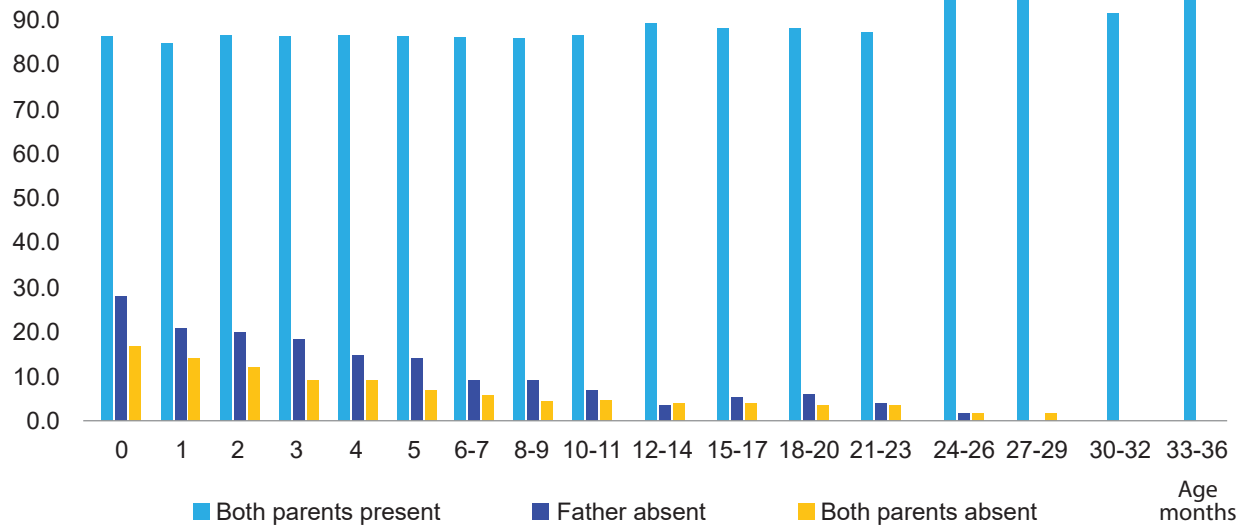
Table 1.5 and Figure 1.3 indicate that young children living apart from one or both parents was not uncommon, even since birth. This was particularly evident among children living without both parents as well as those living with their mother only at the time of the survey. As shown in Table 1.5, the proportion of sample children living with both parents was as low as 18 per cent since they were 1 month old, reflecting that the other more than 80 per cent lived without one or both parents.

For children in the father-absent or both-parent-absent households, the proportion living with both parents decreased as the children aged. Most fathers were absent from the household when the child was born. Among children whose both parents were present at the time of the survey, their living with both parents was quite stable over time (at least for 86 per cent of them). Nonetheless, even among them, living separately from either one or both parents at some point in their life (up to age 36 months) had occurred, though to a much lesser extent when compared with the other two groups. Among this group, living separately from one or both parents accounted for 12 per cent when they were 1 month old and separate 14 per cent when they were 6 months old.

Table 1.5: Percentage of children living with both parents since birth, by household type

Child's age (months)	Both parents present	Father absent	Both parents absent
0	87.0	28.7	18.3
1	85.9	22.2	15.4
2	87.3	20.8	13.2
3	86.1	17.5	9.4
4	86.1	15.5	9.0
5	85.4	13.6	7.4
6–7	86.0	9.5	6.3
8–9	85.5	8.8	5.1
10–11	86.6	6.7	4.8
12–14	89.0	3.7	4.3
15–17	87.9	5.4	4.1
18–20	87.3	5.6	3.3
21–23	86.8	4.1	3.7
24–26	94.5	1.7	1.8
27–29	94.3	0.0	1.8
30–32	90.9	0.0	0.0
33–36	100.0	0.0	0.0

Figure 1.3: Percentage of children living with both parents from birth to the age at the time of the survey, by household type





2. The decision to migrate away from children

2.1 Motivations to migrate and live separately from children

The study explored the decision to migrate away from children through the in-depth interviews with migrant parents in Bangkok and nearby provinces and with migrants who had returned to their home village. The need to earn money for the family was the main motivation for these parents to migrate. Several parents mentioned that it was the added expenses of raising children that had created the need for additional household income.

“I came here because of work. I was afraid [that we wouldn’t earn enough] because we had a lot of expenses to cover for, and I had to help my spouse to earn more. I thought that it would be better to have my mother take care of my child, which would allow me to work and earn money at my full capacity. So I let my mother take care of the child first. And when my child is grown up, then I can take him here and raise him on my own.” (Migrant mother #6)

“We thought that two parents working would make more money, ...almost 12,000 a week for two persons. My child was only 6 months old at that time. Her formula is quite expensive. Formula plus Pampers cost almost 5,000 baht a month. The high cost of living made us leave [to work].” (Returned mother #2)

Some parents mentioned other motivations as well. Particularly for those who had obtained a higher level of education, the lack of opportunity in the rural home village meant that it was inevitable that they would migrate. Comments such as those below from parents reflect the attitude of Thai people towards the types of job that tie with education. There was a common attitude that perceived a high level of education as worthless if the person ends up working in agriculture.

“My mother asked, ‘With a bachelor’s degree and you want your husband to grow vegetables? Don’t you feel sorry for [wasting] the bachelor’s degree knowledge?’ I told her, ‘Ok, we won’t return then.’” (Migrant mother #11)

“In the village it seems that everyone who has already finished studying will move out to work in Bangkok. So it is very easy for you to make the decision to migrate without any hesitation when you are asked to move. I have nothing to do at home, only working in the rice field. If I return home now, I will have to work in the field.” (Migrant mother #5)

Many of the migrant parents talked specifically about the trade-off of making more income by migrating but leaving their children in someone else’s care. For some, their main motivation for migrating was to provide a better life for their children. These parents were quite sure that the migration was a positive choice for their child.

“We are here for them. We are apart from them to make money for them. Give us time for seven to eight years; we will save money and then we will be with them and will unite as a family.... [We] miss her but we must be patient to save money for her so that she would be fine when growing up. She will need money for school and all sorts of things. I put a lot of thoughts for her.” (Migrant mother #13)

“In my view, we would give the best thing to our children. The best thing is how to get income to care for them.... If they are with us here, we have no time to work. But if they are with the grandparent at home, we can send them money, not only for our children but also for our parents – remitting one time but for both children and parents.” (Migrant father #2)

Others talked explicitly about living separately from children as a household strategy that makes sense economically. They said that they feel that the grandparents provide high-quality care at a low price, which is thus economically justifiable and efficient. They are experienced at taking care of young children and because they are the child’s grandparents, they provide care with love. Usually grandparents are not paid for this care.

“We can’t raise our child by ourselves because we work. If we have someone [else] take care of our child, we would be worried, as there is news quite often [about children being abused by childcare providers]. We would pay 3,000–4,000 baht a month to a childcare provider, which is about the same [as sent to grandparents]. But we don’t have time to take or pick them up. And how would our child live when we take the night shift? We would rather wait until we are ready to take our children to live with us.” (Migrant mother #15)

Although migrant parents regard their migrating and leaving their younger children under the grandparents’ care as an efficient household strategy, they actually planned or hoped that they would one day reunite and live with their children.

But sometimes, the trade-offs involved when living apart from family – not just from children but from elderly parents – were not so easy to calculate. At times, the economic benefit did not outweigh the family’s need for the migrant labour or the care needed at home. Returned migrant parents often cited such needs as the reason for their return.

“The paternal grandparents have work to do and need help from us. They asked us to come back. So we did. Their job is to buy sugarcane and send to factories. The grandparents help us pay the car payment. ... it’s better to stay here and take care of my child. The paternal grandmother pays everything, water, electricity.” (Returned mother #7)

Balancing children’s and parents’ needs for care and emotional support as well as financial support was sometimes difficult, with factors often changing over time.

“My child was too small at that time to take her with us. I missed her but needed to leave her with my mother. ... I thought that if I left her with my mom and I remitted, my mom would have money to use. But I found out later that taking care of my child was a tiring burden for my mom. So I took my child to stay with me now.” (Returned mother #3)

“It took a long time [to make decision to leave]. The grandmother didn’t want us to go. She even said, ‘If you go, you would be no longer mother-child.’ But we understand that they are old already. But the other grandmother encouraged me to go. So I left.” (Returned mother #6)

“If you asked whether it is necessary to go, I would say no. I never thought of being apart from my mother. I am concerned about my mother because she is not well.” (Returned mother #6)

2.2 Having grandparents care for children

Grandparents were the most frequent caretakers for children living separately from their parents. The migrant parents thought that leaving their children with grandparents is common for people from their home area, and some migrant parents reflected that their parent used to leave them with their grandparent in order to work outside.

“My grandmother also raised me and then I moved to live with my mother. I was at about grade 2 or grade 3....”

“I think it’s a cycle. It’s a chain that never ends. If our children have their own children, they would be like us.... When we get old in the future, we would not be able to work. We will have to take care of our grandchildren. Our children will be grown-ups and may take care of us, or may not. It’s difficult to say nowadays.” (Migrant mother #15)

The ability of grandparents to care for their grandchildren also depends upon each family’s context.

“If we leave our children with them [grandparents], we need to make much money and give it to them.... Some people are separated from their spouse, they need help and they need to go for work elsewhere far away ... and grandparents need to take the grandchildren. That’s common. It’s okay if parents remit, so grandparents can have income. For some other people, grandparents are well-off and would like to take the grandchildren. It’s different. It varies. ... For me, my parents are poor. Also, my mother is not well. Families are in different conditions. ... Some people are tempted by city life and get off track, though, and do not remit. It happens. It’s a way of life of rural people.” (Returned mother #3)



3. Household wealth and remittances

3.1 Household wealth index

To examine relative wealth within the sample of households, a principal components analysis was conducted using assets (such as possession of a gas stove, washing machine, computer, etc.) and housing characteristics (such as type of roof, type of walls); the results of the analysis were then used to create a wealth index (Rutstein and Johnson, 2004; Filmer and Pritchett, 2001). Two wealth indices were created: first (the sample wealth index) by conducting the analysis with our sample only (resulting in five equal quintiles of 20 per cent each); and second (the national wealth index) by merging our data with the national MICS4 findings (NSO, 2013).

The national wealth index classifies our sample households into the wealth quintiles that they would fall into relative to all Thai households. For this reason, the national wealth index does not contain equal quintiles. Only variables that are equivalent in both surveys were used in the analysis, and only the national wealth index is shown in Table 3.1.

Based on the national wealth index, about 60 per cent of our sample households fall into either the middle or the fourth category, with few households in the poorest strata. Households with both parents present were the wealthiest in the sample, at 17 per cent in the top economic quintile. Households with both parents absent were the poorest, at 33 per cent in either the poorest or the second-lowest category. The difference was statistically significant, at p -value < 0.001 . The implication of this finding is that parents, and especially mothers, only leave their young children when there is a need for cash income in the household. But there are many economic factors at play – remittances from absent parents, for instance, may raise the status of the household and both-parent-present households may be better off economically by having a male earner present. Thus, cause-and-effect conclusions cannot be made from these figures.

Table 3.1: Percentage of children, by household wealth index and household type

National wealth index*	Both parents present	Father absent	Both parents absent
N	228	220	632
Total	100.0	100.0	100.0
Poorest	6.1	6.8	6.8
Second	14.0	16.8	26.1
Middle	25.0	28.6	32.4
Fourth	37.7	31.8	26.4
Richest	17.1	15.9	8.2

*Indicates statistical significance using Chi-squared test.

3.2 Supporting the household through remittances

Table 3.2 shows the percentage of households in each household type that received remittances in the six months prior to the survey from the sample child's absent parents. Households with both parents absent were much more likely to receive remittances than those with only an absent father (at 90 per cent, compared with 58 per cent), reflecting that 42 per cent of households with the father absent had not received any remittances in the previous six months. This may be partially attributed to divorced or separated parents.

The likelihood of receiving remittances from absent parents was strongly tied to the parents' marital status. In households where the mother was present but the father was absent, 85 per cent of the fathers remitted income if they were still married to the child's mother, but only 18 per cent sent money to the household if the marriage was dissolved. If the parents were no longer married and both were absent from the household, only 78 per cent of households received any remittances, with 54 per cent receiving it from the mother only.

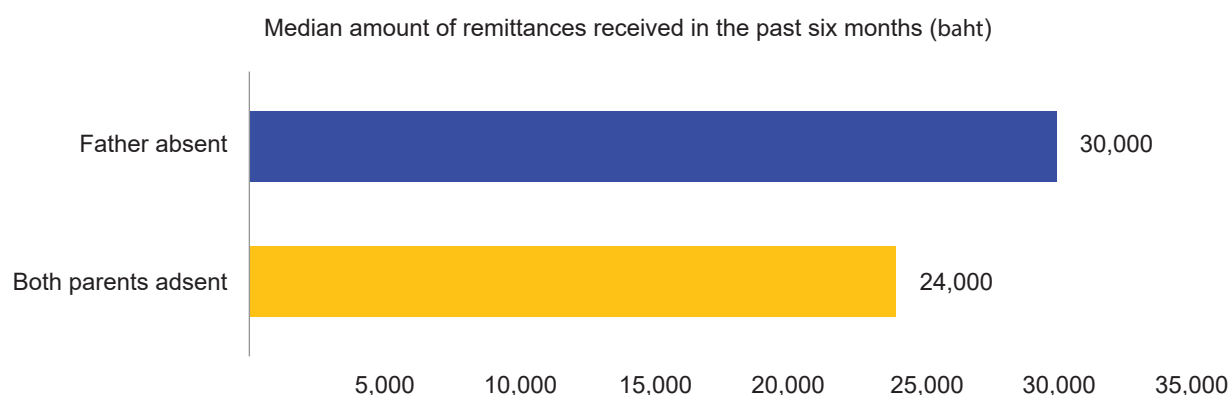
Table 3.2: Percentage of households receiving remittances in the six months prior to the survey from the sample child's parents, by household type

Received remittances*	Father absent	Both parents absent	Total
Yes	58.0	89.5	81.5
No	42.1	10.5	18.5
Total	100.0	100.0	100.0
N	195	573	768

*Indicates statistical significance using Chi-squared test.

Of interest also is the amount of remittances sent. Figure 3.1 shows the total amount of remittances received in the six months prior to the survey by each household type (for those households that received remittances). Absent fathers who had migrated separately sent larger amounts than when both parents were absent. Our previous study also found that married migrant parents remitted smaller amounts than when the father migrated alone (Jampaklay et al., 2012); we speculated that when parents migrate together, they spend more money on their own living expenses than when the father migrates alone. It may also be possible that when the couple moves together, they keep their savings with them to bring when they return home, while when only the father migrates, he sends savings home to the mother to support the household. The details of savings and remittances and the amount used for supporting a child require further investigation.

Figure 3.1: Median total amount of remittances (baht) received in the six months prior to the survey, by household type (for households receiving remittances)



As discussed previously, leaving children with grandparents was a household strategy in some cases. Migrant parents were supporting not just their children but also their parents. Some also supported other family members, such as younger siblings of the sample child, for whom they provided funds for education costs.

“We have to work for money to send back home. We remit 10,000 baht per month for our two children; when there was only one child we sent back less (7,000 baht).” (Migrant mother #4)

“If the money sent back was not enough, grandmother would call us and ask for more money.” (Migrant mother #5)

“I remitted. I couldn’t miss it. My family had no income. They waited for my money. The grandfather is disabled. My older brothers all have their own family. They need to take care of their wife and children. Sometimes, I had to borrow. I had to pay everything – food, water, electricity, everything, my children’s doctor, all.” (Returned mother #7)

While some migrant parents remitted on a regular basis with a sufficient amount, some migrants could not do it.

“I was able to send some money to my family. I didn’t have to send much when I had my first child. My mother said that I did not need to send a lot. She was doing fine in taking care of my first child. But when I had my second child, my mother said she became old already. So, I said okay, I would send her a larger amount, which was 5,000 baht a month. I keep sending 5,000 a month because the only feeding for my child was an infant formula, which was quite expensive; and my child enjoyed drinking it a lot. The expense for this child was quite high. ... But now, my mother started to feed [my second child] with rice; so the required amount for infant formula has become less. My mother seldom requested; but even with that, I would send her 5,000 baht every month, never less than that. I keep sending this amount regularly, even when she did not make any request for it.” (Migrant mother #6)

“Now I can send only a small amount, which is not enough for them. I am trying to explain to them that I have sent all the left-over money after my spending. I do not keep any for savings at all. I have been able to earn just a small amount for making ends meet; and I have been very careful about my spending.” (Migrant father #10)



4. Migration and child care practices

This chapter looks at how childcare practices might be related to the migration of the parents. We include aspects of child development activities, methods of discipline, whether physical punishment is used and the caretakers' attitude towards physical punishment. All situations are explored by type of household.

4.1 Child development activities

The questionnaire included a series of questions on activities conducted by caretakers to promote child development. These questions were developed for a previous study evaluating the effectiveness of a training programme for mothers of young children (Nanthamongkolchai et al., 2010). There were seven questions on child development activities for children aged 0–36 months and 20 questions for children aged 12–36 months. The Cronbach's Alpha coefficient result for the scale was 0.83 in the original study (Nanthamongkolchai et al., 2010). The child development scale is presented in two groupings: first, all children aged 0–36 months and then preschool-age children (12–36 months old).

Among children aged 0–36 months, Table 4.1 shows that nearly 100 per cent of the caretaker respondents engaged in development activities – talking, hugging or playing with the sample child – every day or almost every day, regardless of household type. A smaller percentage of respondents let the child play outside the home, at a playground or nearby or 'introduced' the child to 'surrounding objects' – although, the majority of them did these things every day or almost every day (at 85 per cent or more).

Table 4.1: Percentage of caretakers engaging in activities every day or almost every day, by household type (for children aged 0–36 months)

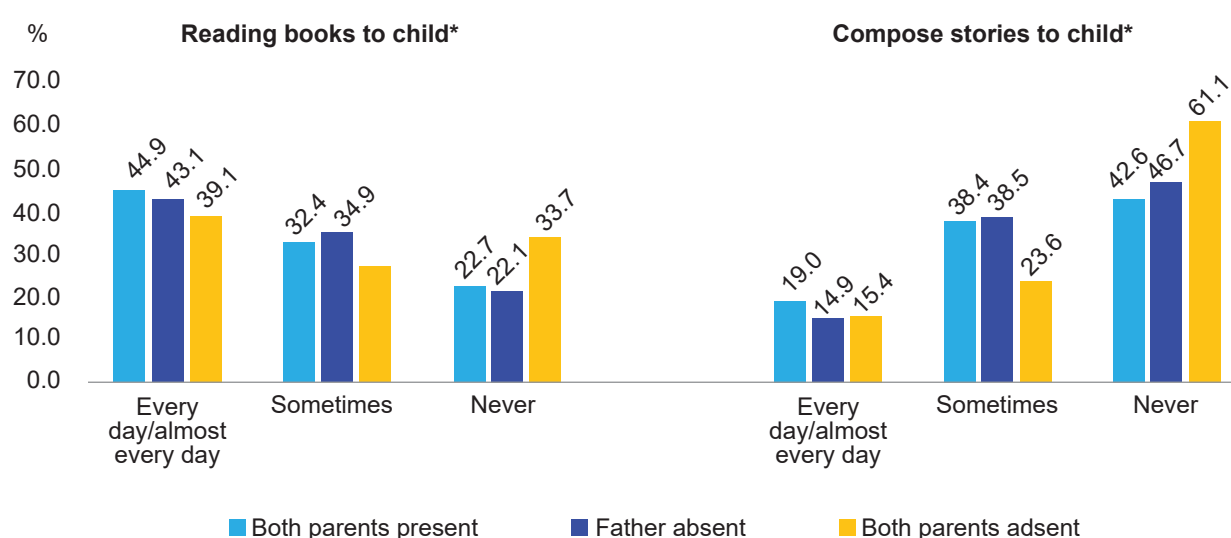
	Both parents present	Father absent	Both parents absent
N	216	195	573
Talk to child	97.7	100.0	99.3
Hug or touch child	98.2	100.0	98.8
Play with child	96.8	99.0	98.3
Take or let child play outside home, at playground or nearby	84.7	90.8	90.1
Introduce child to surrounding objects*	84.7	86.2	89.2

*Indicates statistical significance using Chi-squared test.

More caretakers in households in which both parents were present (at 45 per cent) or only the father was absent (at 43 per cent) reported singing songs or lullabies to the sample child every day or almost every day than did caretakers in households in which both parents were absent (at 39 per cent). Conversely, nearly equal portions of caretakers reported never singing songs or lullabies to the sample child: almost one fourth in both-parent-present and father-absent households and about one-third in both-parent-absent households.

A similar finding emerged regarding composing stories for the sample child. As much as 43 per cent (both-parent-present households) to 61 per cent (both-parent-absent household) of children were not exposed to this child development activity. More caretakers in both-parent-present households reported making up stories every day or almost every day (at 19 per cent) than in the other types of households. The Chi-squared test revealed that the prevalence of singing and telling stories was significantly different by household type (p -value <0.05), with the largest proportion of caretakers in both-parent-present households composing stories every day or almost every day in both-parent-present households, while the smallest proportion were the caretakers in both-parent absent households.

Figure 4.1: Percentage of caretakers, by frequency of engaging in specific child development activities and by household type (for children aged 0–36 months)



*Indicates statistical significance using Chi-squared test.

The fact that children in both-parent-absent households were less likely to be exposed to singing or a made-up story may be related to the age of the caretaker. It is possible that older caretakers may be less likely to sing or compose a story for small children. Descriptive results (see Table A1 in the Appendix) suggest that the older the caretakers are, the less likely they are to sing or compose a story. While more than 40 per cent of the caretakers younger than 60 years old said they sing to the child on a daily basis, only 35 per cent of the caretakers aged 60 or older said they did so (p -value <0.05). For composing a story, about two-thirds of caretakers aged 60 or older reported not doing it at all, while only 45 per cent of caretakers younger than 30 reported not doing so (p -value <0.001). As seen earlier, in both-parent-absent households, the grandparents were the most common caretaker. In both-parent-absent households, 18 per cent of the caretakers were aged 60 or older, compared with less than 3 per cent in both-parent-present and father-absent households (p -value <0.001) (see Table A2 in Appendix).

These findings indicate that elderly caretakers do not do well engaging in child-development activities, especially those activities that require creativity and an educational background.

To obtain a summary measure of child-rearing practices and to see if there were differences across types of households, we added the scores for seven child-rearing activities. Each activity was equally weighted and scored 1 for never, 2 for sometimes and 3 for every day or almost every day. For the seven activities, the score could be as low as 7 and as high as 21. As shown in Table 4.2, the mean was about 19, with the lowest score for households with both parents absent, although the difference was not statistically significant using the ANOVA test.

Table 4.2: Mean score of seven child-rearing activities, by household type

	Mean	S.D.	N	Range
Both parents present	18.6	1.6	216	12–21
Father absent	18.6	1.7	195	13–21
Both parents absent	18.3	1.6	573	11–21

Next, based on the child-rearing activity score, we constructed a dummy variable indicating whether the child experienced less-optimal child-rearing practices. Child-rearing practice was considered less optimal if the score was lower than 80 per cent of the highest score (scored less than 17) and optimal if 80 per cent or higher (scored 17–21). Table 4.3 shows the percentage of optimal and less-optimal child-rearing practices by household type. The results indicate that households with both parents absent were most likely to fall into the less-optimal child-rearing practice category, while the proportion of less-optimal child-rearing practice was almost similar among both-parent-present and father-absent households (p -value<0.01). Therefore, the data suggest that children from households with both parents absent are more likely to receive less optimal child-rearing practices.

Table 4.3: Percentage of caretakers, by level of child-rearing practice and household type

Level of child-rearing practice*	Both parents present	Father absent	Both parents absent
Optimal	75.9	76.4	65.8
Less optimal	24.1	23.6	34.2
Total	100.0	100.0	100.0
N	216	195	573

*Indicates statistical significance using Chi-squared test.

For children aged 12–36 months, we added activities to the questionnaire: reading a book and looking at picture books; activities such as calling names, counting numbers and drawing; praising the child when doing something satisfying; and encouraging the child when trying their best by themselves.

There was little difference across types of households among the proportion of caretakers who read a book and looked at picture books with the sample child every day or almost every day. But as shown in Table 4.4, the proportion of caretakers who never did this activity was significantly more frequent among both-parent-absent households (at 16 per cent, compared with 8 per cent and 7 per cent in both-parent-present and father-absent households, respectively).

Past research on child development highlights the importance of reading books to children. Whitehurst and Lonigan (2002, p. 848) stated that “shared book reading, however, speaks of love, the importance of the family unit, and parental commitment to a child’s future. Shared reading embraces goals of educational advancement, cultural uplift, and literate discourse....” Thus, it is an important finding that parents were more likely to read books to young children than other caretakers.

Engaging every day or almost every day in calling names, counting numbers or drawing with the sample child was greatest in father-absent households and lowest in both-parent-absent households. The both-parent-absent households had the largest proportion of caretakers who never engaged in such activities, although the difference was not statistically significant. The majority of caretakers (at nearly 80 per cent or higher) and not significantly different across household types commonly praised the sample child when doing a satisfying thing or commonly encouraged the child when trying their best by themselves.

Table 4.4: Percentage of caretakers, by frequency of engaging in child development activities and by household type (for children aged 12–36 months)

	Both parents present	Father absent	Both parents absent
N	159	138	451
Total	100.0	100.0	100.0
Read a book or look at picture books with child*			
Every day or almost every day	37.7	41.3	41.0
Sometimes	54.1	52.2	43.5
Never	8.2	6.5	15.5
Do activities with child, such as calling names, counting numbers, drawing			
Every day or almost every day	46.5	54.4	43.2
Sometimes	45.3	34.8	43.2
Never	8.2	10.9	13.5
Praise when child does a satisfying thing			
Every day or almost every day	79.3	79.0	79.6
Sometimes	20.1	19.6	19.7
Never	0.6	1.5	0.7
Encourage the child when tries their best by themselves			
Every day or almost every day	86.2	79.7	79.4
Sometimes	13.2	20.3	20.0
Never	0.6	0.0	0.7

*Indicates statistical significance using Chi-squared test.

Table 4.5 depicts the proportion of caretakers who ‘always’ engage in 20 development-promoting activities among children aged 12–36 months by household type and in descending order. Almost all households reported always hugging the child and always speaking to the child clearly (at more than 90 per cent, with no significant differences by household type), followed by always making the family warm, caring and loving and always responding whenever the child speaks or makes a voice to the caretaker (at more than 80 per cent, also with no differences across types of household).

More than 70 per cent of households always turned to talk with the child even when working; always allowed the child to play freely while monitoring them from nearby; always took the child to a playground or let the child play in the space under the house at least once a week; always supported the child to practise standing, walking, running, climbing, playing football or outdoor exercising; and always encouraged the child to practise buttoning up, holding a spoon, holding a coloured pencil or carrying a cup for drinking. There was a significant percentage difference only for caretakers taking the child to a playground or letting the child play in the space under the house at least once a week, with the largest proportion among both-parents-absent households (p-value<0.001).

Four of the activities were not always engaged in by more than half of the caretakers. As Table 4.5 shows, only 38–50 per cent of caretakers reported that the child always played with a toy or a plaything that supported them to exercise, such as a bicycle; only 19–26 per cent of caretakers

reported always reading or composing stories for the child; only 19–26 per cent always encouraged the child to play with toys or playthings that help practise finger muscles, such as moulding oil-based clay; and only 13–19 per cent of caretakers reported always making toys from reused materials in the house or natural materials.

These last three activities also had significant differences across types of household, though with somewhat inconsistent patterns. Reading or composing a story to the child was least done in households in which both parents were absent (p -value<0.001), while encouraging the child to play with toys (p -value<0.01) and making toys from reused or natural materials was least done in households in which both parents were present (p -value<0.01).

Table 4.5: Percentage of caretakers who always engage in 20 specific child development activities, by household type (for children aged 12–36 months)

	Both parents present	Father absent	Both parents absent
N	159	138	451
1. Hug the child	97.5	98.6	98.7
2. Always speak to the child clearly	93.7	92.8	93.1
3. Make the family warm, loving and caring	89.3	87.0	86.3
4. Respond whenever the child speaks or makes voice to you	86.8	87.0	86.0
5. Turn to talk with the child, even if you are working	82.4	75.4	80.3
6. Allow the child to play freely while monitoring from nearby	79.3	77.5	82.0
7. Take the child to a playground or let him/her play in the space under the house at least once a week*	78.0	78.3	86.9
8. Support child to practice standing, walking, running, climbing, playing football or outdoor exercising	78.0	84.8	84.0
9. Encourage the child to practise buttoning up, holding a spoon, holding a coloured pencil or carrying a cup for drinking	71.7	79.7	80.0
10. Take the child to go shopping at grocery store or market or go visiting relatives; also relatives come to visit here	70.4	71.7	64.1
11. Advise the child to help oneself, such as spoon-feeding, dressing, drinking, going to toilet	68.6	75.4	78.7
12. Encourage the child to play with sand, to splash water	68.6	71.0	73.2
13. Always talk to the child softly	64.8	68.1	71.4

	Both parents present	Father absent	Both parents absent
14. The child has a chance to play with other children in same age group, such as playing catch, role playing as teacher and student, making a sale, police and criminal	62.9	68.1	71.2
15. Child plays with a pulling toy	58.5	63.0	68.1
16. Encourage the child to put things in and out of a box, to sew, to build with wood blocks or to play in the sandbox	46.5	51.5	57.7
17. Child plays with a toy or plaything that could support him/her to exercise, such as bicycling	38.4	43.5	49.5
18. Read or compose some stories for the child*	20.8	23.9	19.5
19. Encourage the child to play with toys or playthings that help for practising finger muscles, such as moulding oil-based clay*	18.9	25.4	23.7
20. Make some toys from reused material in the house or natural material*	12.6	19.0	17.7

*Indicates statistical significance using Chi-squared test.

Most caretakers – parents included – reflected that they had never or hardly ever told stories to the sample child, which was consistent with the quantitative results.

“I have never told any story to her now, but I read her some stories and listened to the music when I was pregnant.” (Mother caretaker #4, both parents present)

“I never told [stories]...never sang.” (Mother caretaker #16, father absent)

Some migrant parents discussed how their separation from their children affected their involvement in their child’s development. Limited time to spend with the child was raised as a major constraint to engaging in the child development activities.

“I think about it [child development], too. The thing is, I don’t have time. Like, I visit my daughter every four months and stay with her for nine days at most. Not enough time to teach anything. If I could stay with my child only an hour a day, I think I could practise child development activities. The time is key. One hour a day would be enough.” (Migrant father #12)

Migrant parents agreed that their children’s development was mainly dependent on the grandparent who was raising them. Some migrant parents felt that the grandparents did not pay much attention to activities that support a child’s development. Although further questions about child development to both parents and grandparents are needed to answer whether this is a valid observation, we think it is because older people do not know much about child development. Some migrant parents try to support the grandparents by providing children’s books, drawing books and blocks.

“I think that my mom is able to support my children’s development about 70 per cent since she would have some annoyance that disturbs her, such as losing at playing cards or being asked money by her grandchildren.” (Migrant father #2)

The in-depth interviews revealed that educational background seems to matter in terms of whether child development activities are embraced. Educated parents seemed more likely to place importance on arranging activities or tools to support their child’s development, such as books and toys and especially for language development. Migrant parents with more than a high school education viewed books (story book, alphabet-learning book, drawing or colouring book and toy blocks) as supportive of their children’s development. Some migrant parents said that they searched for information about child development at each age and provided support as suggested in the books. When they visited home, they brought age-appropriate toys and books for their children.

“We talked and searched for the books on child development at each age. We decided to buy our children toys as recommended, such as blocks.” (Migrant father #2)

One migrant parent said that she tells or reads a story to her children when she visits home.

“It is the father who tells stories to the children and sometimes they tell their own story.” (Migrant mother #5)

Caretakers may learn about the importance of child development activities not only through education but also through experience or being exposed to knowledgeable persons. One grandmother who used to be a housekeeper of a medical doctor noticed how to take care of children when she worked with that doctor and did the same things with her 18-month-old granddaughter. Her daughter, the mother of her grandchild, bought the books.

“When I told her a story, she stopped murmuring and listened to the story. It reflected that she understood the story I told her. Then I kept on reading her the story. In addition, her mother bought her alphabet books. We read together. She remembered the alphabet. ... I told her the story of the wolf, the boy and the sheep and the rabbit and turtle.” (Maternal grandmother #13, both parents present)

By utilizing the telephone, being away from children does not always prohibit migrant parents from encouraging their children’s development or supervising their children’s activities. Some migrant parents make use of calling home every day to help their older children with their homework.

Our interviews with grandparents who cared for their grandchildren revealed that some were aware of the importance of child development activities and spent time singing songs and telling stories. One grandmother said that she sang a song to her 2-year-old granddaughter.

“I sang some songs to her. I sang the songs of the singer Siriporn, like ‘PrinyaJai’, ‘Do Not Forget His Girlfriend (Ya Leum Fan Kao)’ and ‘The Cry of Nam Phong Girl’. I sang the songs as a lullaby to make her sleep. I have never told her any story, only sang to her.” (Maternal grandmother caretaker #3, both parents absent)

Among caretakers who tell stories to the children, they more often read the well-known Aesop's Fables. Parents or caretakers who recognize the importance of telling stories for child development tended to buy books for their children. Few grandparents bought story books or alphabet books for the children; instead, they were more likely to buy toys, particularly toys that the children wanted.

4.2 Discipline, physical punishment and caretakers' attitude towards physical punishment

The question on discipline used in this study was taken from the MICS3 questionnaire used in 24 countries (Thailand excluded) in 2005–2007 (UNICEF, 2010). Designed for reference with children aged 24 months or older, the question⁵ on discipline asked respondents if they or someone in their household had engaged in 11 actions towards their child in the month prior to the survey. Respondents were the main caretaker of the sample child.

Though not labelled as such, the 11 items represent four types of aggression: *non-violence* for the first three items, *psychological aggression* for items 4 and 5, *physical violence* for items 6–9, and *severe physical violence* for items 10–11. Table 4.6 reflects the proportion of caretakers (by type of household) who reported doing each item. For comparative purposes, the last column presents the results from Lansford and Deater-Deckard's analysis (2012) of the MICS3 data on child discipline in 24 countries, although that data cover children aged 24–48 months.

Disciplining children by explaining why something that the child did was wrong was used by almost all respondents (at 92–98 per cent), with little difference across types of household, although the smallest proportion was found in households with both parents absent. The majority of respondents also reported giving the child something else to do when the child behaved improperly (at 67–85 per cent). The smallest proportion (at 67 per cent) of caretakers who used this method were those in households with both parents absent. The differences among household types was statistically significant (p -value <0.05). Taking privileges away from the child was reported by 58–65 per cent of the caretakers, with no significant difference by household type.

Compared with Lansford and Deater-Deckard's analysis (2012) of 24 countries, the percentage of caretakers using non-violent methods to discipline children in our study sample was somewhat higher, especially with regard to giving the child something else to do. Our results thus are partially indicative of the less frequent use of non-violent discipline in both-parent-absent households.

The second group of disciplining methods is indicative of psychological aggression. A high percentage of our respondents (80–88 per cent) reported that they or someone else in the household sometimes shouts, yells or screams at the child. The largest proportion using this method was found in households in which the father was absent (though it was not statistically significant). The proportion of caretakers calling the child dumb, lazy or other names accounted for around 20–22 per cent, which was similar across household types. Compared with the Lansford and Deater-Deckard findings (2012), we found greater use of shouting, yelling or screaming as a disciplining method in our study sample, but less calling the child dumb, lazy or other names than what was found in 24-country data.

The third group of items refers to disciplining methods that are considered physically violent. Spanking the child with a bare hand was not uncommon, with 73–87 per cent of the caretakers (or someone else in the household) reporting they did this. The smallest proportion of caretakers who spanked with their bare hand was from households with both parents present, while the largest proportion was from households in which the father was absent. Hitting or slapping the child's hand, arm or leg was reported by 55–60 per cent of caretakers, while 7–17 per cent of caretakers said they shook the

⁵ The actual question: Please tell me whether you or others in your house did or used these techniques to instruct the sample child when he/she behaved improperly in the past 30 days.

child – with the largest proportion from households in which the father was absent and the smallest from households in which both parents were present. And 14–29 per cent of caretakers said they or someone in the household hit the child’s rear end or other parts of the body; this proportion was largest in households in which both parents were absent and smallest where both parents were present. The difference across types of household was statistically significant (p -value <0.05). Compared with the Lansford and Deater-Deckard findings (2012), our study sample expressed greater use of the physically violent methods (except for shaking the child).

The last group includes methods considered as severe physical violence, with 1–3 per cent of caretakers reporting that they or someone in the household hit or slapped the child’s face, head or ear. This method was less common in our study than in the 24 countries reported in the Lansford and Deater-Deckard findings (2012). No caretaker in a household with both parents present reported beating the child with an implement, but the use of this practice was as high as 7 per cent among households in which both parents were absent. Our results reflected no difference from the Lansford and Deater-Deckard finding.

These results provide some evidence that caretakers in households in which both parents were absent, the majority of whom were the grandparents, used violent discipline methods with some frequency, while using the non-violent discipline methods less often, at least compared with caretakers in other types of households. This reflects that children not living with a parent are more likely to be exposed to violence than children living with at least one parent.

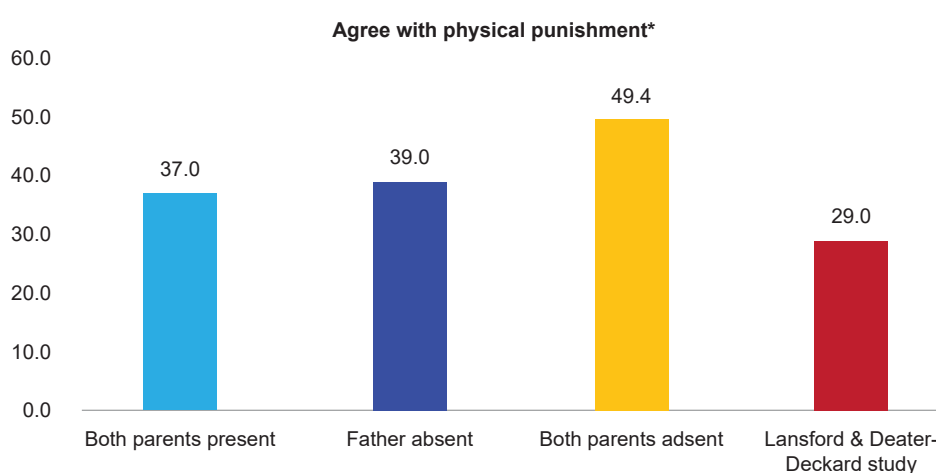
Table 4.6: Percentage of caretakers reporting they or someone in their household had engaged in each action towards their child in the month prior to the survey (for children aged 24–36 months)

	Both parents present	Father absent	Both parents absent	Lansford and Deater-Deckard study
N	73	60	226	24 countries
1. Explained why something was wrong	95.9	98.3	91.6	80.0
2. Gave child something else to do*	84.9	85.0	66.8	30.0
3. Took away privileges	57.5	65.0	62.8	40.0
4. Shouted, yelled or screamed	83.6	88.3	79.7	63.0
5. Called the child dumb, lazy or another name	21.9	21.7	19.5	27.0
6. Spanked with a bare hand	72.6	86.7	81.9	42.0
7. Hit or slapped the child’s hand, arm or leg	54.8	56.7	60.2	28.0
8. Shook the child’s body	6.9	16.7	9.7	32.0
9. Hit the child’s rear end or other parts of the body with hard object*	13.7	21.7	28.8	15.0
10. Hit or slapped the child’s face, head or ear	1.4	3.3	2.2	15.0
11. Beat the child with an implement	0.0	3.3	6.6	6.0

*Indicates statistical significance using Chi-squared test.

Figure 4.2 presents the attitudes of the primary caretakers towards physical discipline. Respondents were asked how much they agree with the statement, 'It is necessary to use physical punishment in bringing up a child properly.' Caretakers in households with both parents absent either agreed or strongly agreed with this statement more than caretakers in the other types of households (p -value <0.01). The results suggest higher acceptability of physical violence against children in households with both parents absent. Because the majority of children who do not live with either parent were cared for by their grandparents, the result may reflect different attitudes between older and younger generations.

Figure 4.2: Percentage of caretakers, by their attitude towards physical discipline and by household type



*Indicates statistical significance using Chi-squared test.

More grandparents agreed with this statement than parents or other caretakers (at 47 per cent of maternal grandmothers, 53 per cent of paternal grandmothers, 38 per cent of mothers and 40 per cent of other caretakers).

Additionally, those who agreed with the use of physical punishment were more likely to be older or less-educated caretakers. Only 36 per cent of caretakers younger than 30 years agreed with the use of physical punishment as a disciplinary method, while more than half of the caretakers aged 60 or older agreed with its use. Almost half of the caretakers with a primary education or less (48 per cent) agreed with using physical punishment, compared with 42 per cent among caretakers with more than a secondary level of education.

The attitudes towards physical punishment were significantly different across household types (p -value <0.01) and in terms of the relationship of the caretaker to the child (p -value <0.05) and the age and education level of the caretakers (p -value <0.01).

In the in-depth interviews, some parents expressed attitudes about physical violence and other aspects of childcare practices that differed from the attitudes of the grandparents caring for the child.

"[The maternal grandmother] does not hit, though sometimes just raises her hand [to hit the child] but [she has] stopped. She would never really hit my child. I used to ask her not to hit, as hitting will create pressure, as I used to feel when I was young and was hit. Better to talk.... I might not be as stern [to make my child listen] as my mother is. My mother said, 'You can't

make your child listen', 'Your child is not afraid of you', 'You talk to him like this, how could he be afraid of you?' I told her to use nice words and no violence." (Migrant mother #11)

"[The paternal grandmother] does [spank] him because he is naughty lately. If I brought him up myself, I would not spank. I would explain why he is guilty. But older people would spank sometimes. They brought us up in the same way before so we children would listen." (Migrant mother #13)

Some parents, by contrast, feel that because they are not the ones bring up their child they do have the right to set the terms of discipline for their own children.

"[I] dare not hit my children. I don't bring them up. When I visit home, I just want to play with them as long as I can. It's not often we see each other." (Migrant mother #14)

The in-depth interviews revealed that many parents believe in physical punishment, including migrant parents and those who are living with their children. The interviews also revealed grandparents who believe in praising and rewarding the child for good behaviour rather than punishing for bad behaviour. There was no clear-cut difference in child-rearing styles by generation.

"Yes, if she is naughty, I have to hit her. Sometimes she does not listen to what I have told her. It is okay if she listens and does what I have told." (Maternal grandmother caretaker #13, both parents present)

"I would say, 'very good'. Then she would clap her hands and said, 'Grandmother, Fah Sai [name of the child] is good, very good.' I would respond to her by saying, 'Yes, Fah Sai is very good.'" (Maternal grandmother caretaker #11, both parents absent)

Some migrant parents said that they tend to spoil or indulge their children as a way to compensate for their living separately.

"If she wants anything, we would give it to her. A child, you know, they would go with anyone who let them do things they want." (Migrant mother #13)

"I am not that strict. Sometimes I was just threatening. But I never hit her. Only a touch would make her cry. She is afraid of the maternal grandmother." (Returned father #1)

While trusting that their parents take good care of their children, parent respondents said that they feel that the grandparents spoil their children, using a permissive parenting style that allows the children to do or to get all of what they want. The respondents feared that when their children are grown up, they will be self-centred.

"They [grandparents] have never let my children to do anything by themselves: eating, drinking, bathing, etc. They do everything for the children. I try to tell them to let my children do things by themselves." (Migrant mother #4)

Although violence seems to have occurred more in households in which parents were not present, the findings also suggest that various forms of violence were used in all types of families – not only those without parents present in the household on a daily basis.



5. Migration and child outcomes

5.1 Child development

Of central interest to this study is whether parents' absence due to migration affects their children's development. As explained in the methodology section, the Denver II screening tool was used to help with this analysis. The tool was designed to screen children for suspected delayed development in order to refer those with positive scores for further evaluation. Table 5.1 presents the results for all children aged 0–36 months who were tested (N=984).

Children with both parents absent had the highest percentage of suspected delayed development (at 24.8 per cent), followed by children with their father absent (at 17.4 per cent); the smallest proportion of suspected delay was found among children with both parents present (at 17.1 per cent). This difference is statistically significant (p-value <0.05).

The percentage with suspected delayed development found by our study is a little lower than what was found among children aged up to 5 years old at the national level, which was reported as 27.2 per cent (Department of Health, 2015). The Department of Health, Ministry of Health has set a goal of 90 per cent normal development for children aged 0–5 years.

A national survey of Thai children aged 0–2 years⁶ conducted by the Department of Health (2015) found developmental delay at the national level to be 21.9 per cent. In comparing our findings with that result, this figure falls between children not living with either parent (at 24.8 per cent) and children living only with their mother (at 17.4 per cent) or with both parents (at 17.1 per cent).

Table 5.1: Percentage of children aged 0–36 months, by Denver II results and household type

Denver II test results *	Both parents present	Father absent	Both parents absent	National sample** (0–2 years old)
Normal	82.9	82.6	75.2	78.1
Suspected delay	17.1	17.4	24.8	21.9
Total	100.0	100.0	100.0	100.0
N (total=984)	216	195	573	5,622

Note: The percentages of suspected delay in each domain do not add up to the percentage of total suspected delay because some children have suspected delay in more than one domain.

*Indicates statistical significance using Chi-squared test.

**Source: Department of Health, 2015.

When comparing the various domains of child development that were tested with the Denver II tool (Table 5.2), only language development showed a significant difference by parental migrant status. Children with both parents absent had the largest proportion with a delay in their language development (at 15.2 per cent), followed by children whose fathers were absent (at 9.2 per cent)

⁶ The ages of children in our study and in the national survey are not easily comparable. In the national study, children were aged 8 months 16 days to 35 months 29 days, while our study sample included all those aged from birth to precisely 36 months old.

(p-value<0.01); among children who lived with both parents, 7.9 per cent revealed a delay in their language development. That children with both parents absent had a higher prevalence of language delays may be associated with the lower prevalence of singing, reading to children and telling them stories in that same type of household that was previously discussed.

The percentages of suspected delay in each domain do not add up to the percentage of total suspected delay shown in Table 5.1, indicating that some children have suspected delay in more than one domain.

Compared with the latest national survey findings (Department of Health, 2014), the incidence of delay follows the same pattern: the largest proportion exhibits language delay, although it is a little smaller than in our sample.

Table 5.2: Percentage of children aged 0–36 months, by Denver II results showing domain of delayed development and by household type

	Both parents present	Father absent	Both parents absent	National sample** (0–2 years)
N (total=984)	216	195	573	5,622
Personal-social	3.7	5.6	5.8	7.5
Fine motor-adaptive	4.6	7.2	6.8	5.9
Language*	7.9	9.2	15.2	13.3
Gross motor	4.6	6.2	4.0	7.0

*Indicates statistical significance using Chi-squared test.

**Source: Department of Health, 2015.

A relevant issue for child development is the potential impact on parent-child bonding among children of migrant parents. This is clearly a negative aspect of leaving children with other caretakers. The migrant parents whom we interviewed often worried about not bonding with their children because they do not live together. They are concerned that this separation might create an impact on the emotional and psychological development of their children. They fear that the parent-child relationship will diminish, that their children will not recognize their face or refuse to be held by them when they return home. Many parents described this as their child not having the feeling of warmth (*ob-oon*) that they would have if they were living with their parents. This was expressed also by parents who lived with their child but had to work outside the home.

“Although they remember us, but it seems that they are not close to us. This is may be because we have not raised them.” (Migrant father #2)

“For example, [there was a time] when my child came to stay with me for one year. I tried to teach him something but he seemed to disobey. That’s my observation. But if I had raised him myself, it would be more likely for him to obey.” (Migrant mother #6)

“At least I feared that my child would not feel attached to me [and my wife]. This is my concern. I’m afraid that when I go back home, he will not allow me to hold him in my arm. And when he and I stay together, he will not cling to me [and my wife] much; and instead he will be afraid of me [and my wife], feeling that I am [or we are] a stranger. That’s what I’ve been thinking.” (Migrant father #10)

“The child needs her parents. Sometimes when she woke and found that her parents was not around, she would cry and say that she wanted her parents. ... I had to explain that her parents were working and would be back soon. About 3–4 p.m. she started waiting for her parents to come home. She would insist that I take her home.” (Maternal grandmother caretaker #13, both parents present)

“Raising your own child is good for the child. I can observe her development and pay attention to her development. I did not raise my older child much, so it was hard for me to understand him or to know his needs.” (Mother caretaker #14, father absent)

5.2 Nutritional status

The nutritional status of children in the study was assessed using WHO criteria (2006) for weight for age (to measure underweight), height for age (to measure stunting) and weight for height (to measure wasting and overweight). As seen in Table 5.3, most children were normal weight for age regardless of household type (at 94–97 per cent). The findings on stunting show no significant differences by parents’ migrant status: about 1–3 per cent had severe stunting and 5–7 per cent had moderate stunting across categories. Children were much more likely to be overweight (at 6–10 per cent) than malnourished (at 0–3 per cent). Differences were not significant by parents’ migrant status, with 87–91 per cent in the normal range of weight for height across categories.

Compared with the MICS4 results (NSO, 2013), which is nationally representative, the prevalence of nutritional issues in our sample are somewhat lower. In the MICS4, the underweight prevalence among children younger than 3 years ranged from 6.4 per cent (for ages 24–35 months) to 17.9 per cent (for ages 0–5 months), whereas in our study it ranged from 0 to 5.6 per cent. In the MICS4, stunting prevalence ranged from 16.3 per cent (for ages 24–35 months) to 19 per cent (for ages 0–5 months), whereas in our study it ranged from 1.9 to 6.7 per cent. And in the MICS4, wasting prevalence ranged from 4.9 per cent (for ages 24–35 months) to 15.7 per cent (for ages 0–5 months), whereas in our study it ranged from 0 to 2.8 per cent.

Table 5.3: Percentage of children aged 0–36 months, by nutritional status and household type

	Both parents present	Father absent	Both parents absent
Weight for age			
Normal	94.4	93.8	97.2
Moderate	5.6	5.2	2.6
Severe	0.0	1.0	0.2
Total	100.0	100.0	100.0
N	216	193	572
Height for age			
Normal	92.1	90.7	94.1
Moderate	6.0	6.7	5.2
Severe	1.9	2.6	0.7
Total	100.0	100.0	100.0
N	216	193	573

	Both parents present	Father absent	Both parents absent
Weight for height			
Overweight	9.3	6.2	10.0
Normal	87.4	90.7	88.4
Moderate	2.8	2.6	1.6
Severe	0.5	0.5	0.0
Total	100.0	100.0	100.0
N	215	193	571

5.3 Relationship between nutrition and child development

The proportion of children who were underweight (moderate or severe) also had a significantly large proportion with delayed development (at 42.5 per cent), compared with children who were normal weight for age (at 20.8 per cent) (p -value<0.01). The proportion of children who were stunted had a significantly large proportion with delayed development (at 33.3 per cent), compared with those not stunted (at 20.8 per cent) (p -value<0.05). There was no difference in wasting and overweight for developmental delays. Our data indicate evidence that malnutrition is significantly associated with delayed development, particularly for underweight and stunting (Table 5.4).

Table 5.4: Percentage of children aged 0–36 months with delayed development, by nutritional status

	Normal	Underweight
% delayed*	20.8	42.5
N	941	40
	Normal	Stunting
% delayed*	20.8	33.3
N	913	69
	Normal	Wasting
% delayed	21.6	22.7
N	957	22
	Normal	Overweight
% delayed	21.6	22.5
N	890	89

*Indicates statistical significance using Chi-squared test.

When data was stratified by household type, children who were stunted were significantly more likely to have developmental delays than children not stunted when both parents were present or when the father was absent (p -value<0.05). However, there was no difference in developmental delay for stunting or not stunting among children from households in which both parents were absent. For underweight, only children with both parents present were significantly more likely to have development delays (p -value<0.01). There was no significant association found between

delayed development and wasting across household types. There also was no association between development and overweight.

Table 5.5: Percentage of children aged 0–36 months with delayed development, by household type and by nutritional status

	Both parents present*		Father absent		Both parents absent	
	Normal	Underweight	Normal	Underweight	Normal	Underweight
% delayed	14.7	58.3	16.6	33.3	24.5	37.5
N	204	12	181	12	556	16
	Both parents present*		Father absent*		Both parents absent	
	Normal	Stunting	Normal	Stunting	Normal	Stunting
% delayed	15.1	41.2	15.4	38.9	24.7	26.5
N	199	17	175	18	539	34
	Both parents present		Father absent		Both parents absent	
	Normal	Wasting	Normal	Wasting	Normal	Wasting
% delayed	16.8	28.6	17.7	16.7	24.7	22.2
N	208	7	187	6	562	9
	Both parents present		Father absent		Both parents absent	
	Normal	Overweight	Normal	Overweight	Normal	Overweight
% delayed	16.9	20.0	17.7	16.7	24.7	24.6
N	195	20	181	12	514	57

*Indicates statistical significance using Chi-squared test.

We also examined whether there is a relationship between child development and household type within each nutritional category. Table 5.6 presents the percentage of children assessed as having delayed development; for example, among those with normal weight for age and both parents present in the household, 14.8 per cent tested positive for delayed development. In each case, the Chi-squared statistic was used to assess whether household type makes a difference in delayed development within each nutritional category. Categories with fewer than five children were not included in Table 5.6, although some of the other categories had only a few cases (presented in italics). The difference by household type was only significant for children of normal nutritional status within each category (p -value<0.001, p -value<0.001 and p -value<0.05 for weight for age, height for age and weight for height, respectively). This is likely to be partly due to the small number of children with poor nutritional status. However, it can be interpreted that parents' presence mainly made a difference when other basic needs were met; in other words, children who did not receive sufficient nutrition were likely to have delayed development whether their parents were present or not. Children with normal nutritional status but with both parents absent were much more likely to show developmental delay than those with both parents present or only their father absent.

Table 5.6: Percentage of children aged 0–36 months with delayed development, by household type and nutritional status

	Both parents present	Father absent	Both parents absent
Weight for age			
% delayed among normal weight*	14.7	16.6	24.5
N	204	181	556
% delayed among underweight	<i>58.3</i>	<i>33.3</i>	<i>37.5</i>
N	12	12	16
Height for age			
% delayed among normal height for age*	15.1	15.4	24.7
N	199	175	539
% delayed among stunting	<i>41.2</i>	<i>38.9</i>	<i>26.5</i>
N	17	18	34
Weight for height			
% delayed among normal weight for height*	16.5	17.7	24.8
N	188	175	505
% delayed among overweight	<i>20.0</i>	<i>16.7</i>	<i>24.6</i>
N	20	12	57

*Indicates statistical significance using Chi-squared test; italics indicates n<25.

Table 5.7 summarizes this finding by dividing children into three nutritional groups: those who were normal on all three nutritional measures, those who were overweight and those who had any kind of malnutrition (having at least one nutritional problem, excluding overweight). Overall, 79–83 per cent of children had normal nutritional status, while 8–13 per cent had at least one kind of undernutrition (underweight, stunting and/or wasting, excluding overweight). No significant difference was found between children living with or without one or both parents.

Table 5.7: Percentage of children aged 0–36 months, by nutritional status and household type

Nutritional status	Both parents present	Father absent	Both parents absent
Normal	79.2	81.0	82.6
Overweight	9.3	6.2	9.8
Under nutrition (with one nutritional problem)	11.6	12.8	7.7
Total	100.0	100.0	100.0
N	216	195	573

Table 5.8 presents the percentage of children with delayed development in each nutritional status group. Those who had a normal nutritional status and both parents present in the household had the lowest percentage with developmental delay (at 14 per cent). One in four children with normal nutritional status but with both parents absent in the household tested positive for developmental delay. This was statistically significant at $p\text{-value} < 0.01$. This table is a first look at the intersection between poverty, parents' migration and children's development; multivariate analysis is needed to fully examine the range of factors involved.

Table 5.8: Summary relationship of nutritional status and delayed development among children aged 0–36 months, by household type

	Both parents present	Father absent	Both parents absent
% delayed among children of normal nutritional status*	14.0	15.8	24.7
N	171	158	473
% delayed among children with overweight	20.0	16.7	25.0
N	20	12	56
% delayed among children with at least one nutritional problem	36.0	28.0	25.0
N	25	25	44

*Indicates statistical significance using Chi-squared test.

5.4 Other outcomes of parental migration

Although this study focuses on the impact of parents' migration on young children, the phenomenon also presents a burden for grandparents. Parents were asked about this during the in-depth interviews. Generally, their responses indicate ambivalence about whether taking care of grandchildren is good or bad for the grandparents. The grandparents, some migrants reported, were eager to take care of their grandchildren. In one household, the paternal grandparents volunteered to take care of the grandchildren and asked the migrant parents not to take the children to the maternal grandmother.

“They asked us not to take the child to maternal grandmother. They will take care of the child. We can go to work.... They really want to take care of our children.” (Migrant mother #4)

Some parents also reported that the grandchildren sometimes served as mediators in the household when the grandparents fought.

“Also, my parents do not get along well. My children help to resolve conflicts in their relationship. When they had a quarrel, my older child would say, ‘Could you please lower your voice? I am scared.’ The grandparents love my children so much.” (Returned mother #6)

Migrant parents are also aware that they have imposed hard work upon their parents. One migrant parent reflected that taking care of children, particularly babies, needs intensive care. Grandparents have less time to rest because they have to wake up during the night to feed and clean the baby.

“She has never complained but I notice that she looks tired and thin. She has less time to sleep. It is more difficult if the baby gets sick. She hardly has time to sleep.... I told her that I could take the older one to care for. She said that the older child is not a burden now. She can help herself. Grandmother has never complained. It may probably be because she is afraid that we will take the baby back.” (Migrant mother #4)

There is also the situation in which being given the caretaker role relieves grandparents from the hard work in the rice field. One migrant parent said that since the grandparents began looking after their grandchildren they had stopped doing other work, particularly working in the field and they have a more comfortable life.

“My mother has never complained. When she takes care of the grandchildren, she does not have to work. ... When my first child grew up and went to school, she was back to work in the field again. Hard work makes her thin. Now she stops working to take care of my second child and becomes fat. We send her more money for raising the second child.” (Migrant mother #5)

Some migrant parents may take for granted that if grandparents do not complain about taking care of the grandchildren then all is fine. One mother migrant said that her mother never complained and told her that taking care of the grandchild is not tiring.

Lastly, there is the emotional impact on the parents who live apart from their children. Many of the parents expressed how difficult this is for them and that it interfered with their ability to work in the new location.

“I lived with her for one year. I cried for months [when I had to leave to work]. I missed her so. I had never been apart from my child this long. But I had to go. Otherwise my husband would be the only earner. I missed my child so badly. I could not focus on my work. I didn’t want to do anything, didn’t want to go anywhere. I wanted to be with my child. Until we got into fight ... my husband said, ‘Why aren’t you strong? How could you cry every day?’” (Returned mother #6)

“I couldn’t stay any longer when my mother called and told me that she took my child to hospital to be X-rayed as she couldn’t breathe normally. I cried and cried. I took a leave and went straight to the bus terminal. I reached home at 11 p.m. She was okay on that day. ... Now, I cannot focus. I am just worried about my child, what she would eat, whether she would be overweight.” (Migrant mother #15)



6. Multivariate analysis: Migration and child development

In addition to the descriptive analysis (which included the bivariate cross-tabulations), we also examined predictors of children's delayed development through multivariate analysis. Using logistic regression, this analysis allowed us to examine whether the absence of parents, especially of the mother, affects children's development, after taking other potential factors into account. Our multivariate analysis focused on one child's outcome, whether a child is assessed as having suspected delayed development using the Denver II tool. The child was coded 1 if delayed development was suspected and 0 if assessed to have normal development. The main independent variable indicates the absence of parents, which is, at the same time, embedded with who the main caretaker is. We categorized the main independent variable in four ways to capture several aspects of parental absence and the child's main caretaker and then analysed a separate model for each:

Parental absence status: This is the simplest categorization, capturing only whether parents were present in the household. The variable was categorized into three categories: both parents present, mother present-father absent, and both parents absent. The reference category was both parents present.

Main caretaker is non-maternal: The second main independent variable was a dummy variable that also looked at one aspect – whether the mother was the caretaker of the child. The variable was coded as 1 if the child's main caretaker was not their own mother and 0 otherwise.

Relationship of the main caretaker to the child: This was an expansion of the second independent variable, which added additional categories based on the main caretaker. The categories are the child's mother, maternal grandparents (the most common non-maternal caretaker), paternal grandparents (the second most common non-maternal caretaker) and others (with mother as the reference category).

Maternal absence status and type of caretaker: This variable combined the maternal status (present or absent) and the relationship of the caretaker to the child. Although the mother might be present in the household, it was not always the case that the mother assumed the role of main caretaker. This independent variable was classified into three categories: mother present and mother was main caretaker; mother present but someone else was the main caretaker; and mother absent with someone else as the main caretaker. This classification helped determine whether the presence of the mother, though not the main caretaker herself, mattered for a child's development.

Other potential factors were included in the model as control variables. These included the child's individual characteristics (age, sex), the mother's characteristics (age, education level), household characteristics (economic status, household size) and child-rearing practices. We also controlled for a variable indicating whether the child's main caretaker works in addition to caring for the child. The father's absence was also included in each model, both to examine the effect on the child's development and to control for the different samples.

The relationship between household socioeconomic status and child development is well documented (see for example, Leng and Park, 2010; Walker et al., 2007). Higher status is associated with higher educational attainment for the mother, greater ability to provide proper nutrition for the child and a greater likelihood of access to health services and educational resources, among others.

Previous research in Thailand has indicated that socioeconomic status, as measured by such indicators as father's education, is closely tied to delayed development among children (Isaranurug, Nanthamongkolchai and Kaewsiri, 2005) and that the link with malnutrition is also important.

In this analysis, household economic status was measured using the wealth index variables. We experimented with running separate models using a wealth index for our sample alone and with calculating a wealth index for the sample relative to the national sample data from the most recent MICS (NSO, 2013). Because the effect of all four independent variables on a child's delayed development remained the same no matter which wealth index was used, we present here only the results from the model using the national wealth index.

We also explored the effects of remittances on children's development. Because we found no significant relationship, those results were not included in this report.

In the multivariate analysis, we measured child-rearing practices by adding scores for seven child-rearing activities (see the percentage distribution in the bivariate analysis of child-rearing practices shown earlier). Each activity received equal weight and was scored 1 for never, 2 for sometimes and 3 for every day or almost every day. The child-rearing practice variable is a dummy variable indicating whether the child experienced less-optimal child-rearing practices. Child-rearing practice was considered less optimal if the score was lower than 80 per cent of the highest score. The measures of physical punishment examined in the bivariate analysis were also used in the multivariate models. Because most physical abuse takes place in the context of physical punishment, previous research identified physical punishment as a risk factor in children's development and categorized any form of physical punishment as maltreatment (Lansford and Deater-Deckard, 2012).

Table 6.1 and Figures 5.1-5.2 present the results of the multivariate analysis, exploring whether the four independent variables predict a child's delayed development.

The first model, shown in Table 6.1 and Figure 5.1, shows that having both parents absent from the home is a significant predictor of a child's delayed development, regardless of the child's, mother's, household's and caretaker's characteristics and the child-rearing practices. The odds ratio indicates that children whose parents were both absent from the home were 1.7 times more likely to have delayed development, compared with children whose parents were both present in the household (p -value <0.05). If only the father was absent while the mother was in the household, the likelihood of the child having delayed development was not significantly different from children who lived with both parents.

The results reflect the importance of mothers staying at home with young children as a protective factor for normal child development. This finding is partly in line with previous literature presenting evidence of the adverse effect of parental migration; although different children's outcomes were measured, those reports did not specifically discuss the absence of the mother versus absence of the father. For example, Nobles' analysis using Mexican data (2007) suggested that the migration process introduces detriments to child health and nutrition, at least in the short run. The report explained that the disadvantage may occur because parental absence from the household makes the provision of child nutrition or access to health care more difficult, given the initial shift in time constraints of the remaining caretaker.

Other characteristics found as significant predictors of children's delayed development are the child's sex and the child's age. It is intriguing to find that male children were almost two times more likely to be assessed as having delayed development than female children regardless of other characteristics (p -value <0.01). This is consistent with previous studies in Thailand (even though those studies

covered older children). Nanthamongkolchai et al. (2007), for example, studied child development among children aged 3–6 years and found that in addition to parenting styles, male children had a 2.3 times higher chance of delayed development than female children. The same research also found similar results about gender difference on intelligence development among 6- to 12-year-old children (Nanthamongkolchai et al., 2003). However, the authors did not provide any explanation for why this gender difference might exist.

Gender differences have also been found in other contexts. Huttenlocher et al. (1991), for example, examined the role of exposure to speech among 14- to 26-month-old children's early vocabulary growth and found that, on average, girls accelerated more quickly than boys. The authors suggested that the gender differences reflect true differences in vocabulary size that cannot be explained by the view that mothers speak significantly more frequently to girls than to boys. Thus, according to the authors, gender differences in early vocabulary growth reflect early capacity differences – not differential responses of mothers to their sons and daughters. The study also found that the gender differences disappeared after two years.

In addition to household type and a child's sex, the age of children is also a significant predictor (p -value <0.05) of delayed development. Compared with children aged 0–11 months, those aged 24–29 months were almost two times more likely to be detected as having delayed development; their likelihood of having delayed development was almost two times higher.

Figure 5.1 illustrates the likelihood of development being delayed (odds ratio) for the significant predictors used in this study (household type, child's sex, child's age).

The wealth index as a measure of household economic status did not show any significant effect on children's development.

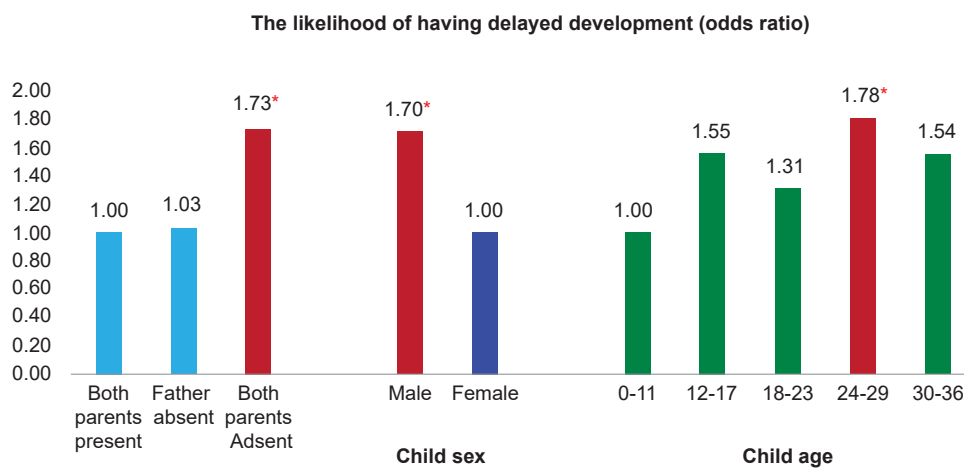
We did not find the mother's characteristics (age and education level) as significant predictors of a child's development. We also did not find a significant relationship between child-rearing practices (including attitudes towards physical punishment) and children's development. This is quite a surprise because previous research (see for example, Evans and Myers, 1994; Whitehurst and Lonigan, 2002; NICHD, 2006; Nanthamongkolchai et al., 2010) suggested that child-rearing practices are important for children's development. We thought that our results might be due to the way we gave equal weight to all child-rearing practices we measured. In fact, as shown in our descriptive results earlier, some child-rearing activities were commonly practised (play or talk with the child, hug or hold the child), while some were less common (sing or compose stories for the child). We think that those less commonly practised activities might make a difference for children's development. We need to keep this in mind in our further analysis.

Table 6.1: Odds ratio from logistic regression when the main predictor

Independent variable	Odds ratio	S.E.	P
Household type (ref: both parents present)			
Father absent	1.03	0.28	0.922
Both parents absent	1.73	0.41	0.020
Child characteristics			
Male	1.70	0.29	0.002
Age (ref: 0–11 months)			
12–17 months	1.55	0.42	0.101
18–23 months	1.31	0.36	0.330
24–29 months	1.78	0.48	0.032
30–36 months	1.54	0.43	0.121
Nutritional status (ref: normal)			
Overweight	1.08	0.32	0.796
Stunted, underweight or wasting	1.62	0.44	0.077
Mother's characteristics			
Age (ref: 15–19 years)			
20–24 years	0.77	0.23	0.377
25–29 years	0.71	0.22	0.277
30–34 years	0.61	0.20	0.125
35–48 years	0.91	0.33	0.803
Education level (ref: primary or less)			
Middle school	0.91	0.25	0.728
High school	0.82	0.24	0.503
Beyond high school	0.78	0.24	0.434
Household characteristics			
Household wealth (ref: poorest or lowest quintile)			
Poor (2nd quintile)	0.75	0.26	0.422
Middle (3rd quintile)	0.86	0.29	0.647
Rich (4th quintile)	0.61	0.21	0.147
Richest (5th quintile)	0.61	0.26	0.235
Household size (ref: 2–4 persons)			
5–6 persons	1.21	0.23	0.315
>6 persons	1.41	0.35	0.171

Independent variable	Odds ratio	S.E.	P
Child-rearing practice			
Poor rearing practice (score <80 per cent)	1.23	0.22	0.257
Agree or strongly agree with physical punishment	0.93	0.16	0.679
Caretaker's characteristics			
Caretaker works in addition to caring for the child	1.04	0.18	0.835
Caretaker's life satisfaction score	0.96	0.03	0.294
Caretaker having psychological health problem	1.19	0.22	0.349
Constant	0.29	0.22	0.109
<i>N</i> =		923	
<i>log likelihood</i> =		-452.81	
<i>Pseudo R2</i> =		0.05	

Figure 5.1: The likelihood of having delayed development when the main predictor is household type



Note: A horizontal line at 1.00 indicates even odds (no difference).

*Indicates statistical significance.

In the second model, we examined the importance of the maternal caretaker for children's development, keeping all other variables the same as the model in Table 1. While the effects of all control variables remained unchanged from Table 1, this model provided results indicating that having the mother as primary caretaker is strongly related to healthy child development (p-value<0.05).

Researchers in an American National Institute of Child Health and Human Development study (2006) stated that the most important and consistent predictor of children's cognitive and social development was the quality of the mother-child interactions. In our study, children cared for by people other than their own mother were at a higher risk of having delayed development (the odds ratio is 1.7, as shown in the second portion from the bottom of Figure 5.2). Note that in this model, we also added a dummy variable, measuring whether the child's father was absent. This variable was not a significant predictor, though, implying that the presence or absence of the father does not make a difference for

a child's development when other variables are taken into account. What really matters for a child's development, according to the results, is having the mother as the main caretaker. This might be due to the fact that mother is more likely to practise enriching child development activities than non-maternal caretakers.

The cross-tabulation between the type of caretaker and child-rearing practices indicated that non-maternal caretakers perform less-optimal child-rearing practices in a larger proportion than the mother does (34 per cent for non-maternal caretakers, compared with 23 per cent for mothers, p -value <0.01).

We then expanded the main independent variable by disaggregating the children by who their main caretaker was, if not the mother, to investigate whether the relationship of the caretaker to the child does matter for a child's development. The odds ratio is shown in Figure 6.2 at the second portion from the top. The results of the multivariate analysis puzzlingly revealed that children cared for by the paternal grandmother or others showed no difference in development from those cared for by their own mother; yet, if the child was mainly cared for by their maternal grandmother, they were more than two times more likely to have delayed development (p -value <0.01).

Recall from our results shown previously that when the mother was not available to take care of her children, the person most often replacing her in the caretaker's role was the maternal grandmother. We are not sure why children cared for by the maternal grandmother were more likely to have delayed development while children cared for by the paternal grandmother or others were not different from children cared for by their mother. When the mother was present, the paternal grandmothers assumed the caretaker role in smaller proportion (11 of 182 caretakers, or 6 per cent) than the maternal grandmothers (57 of 424 caretakers, or 13 per cent), implying that co-residence of parents with a married daughter is more common than co-residence of parents with a married son. It is not clear, however, how the maternal grandmother taking care of children with the mother's presence at home would jeopardize a child's development. There may be other variables not yet included in the analysis that underlie this result; for example, children left with the maternal grandmother may be left at a younger age than those left with others because the maternal grandmother is normally the preferred alternate caretaker.

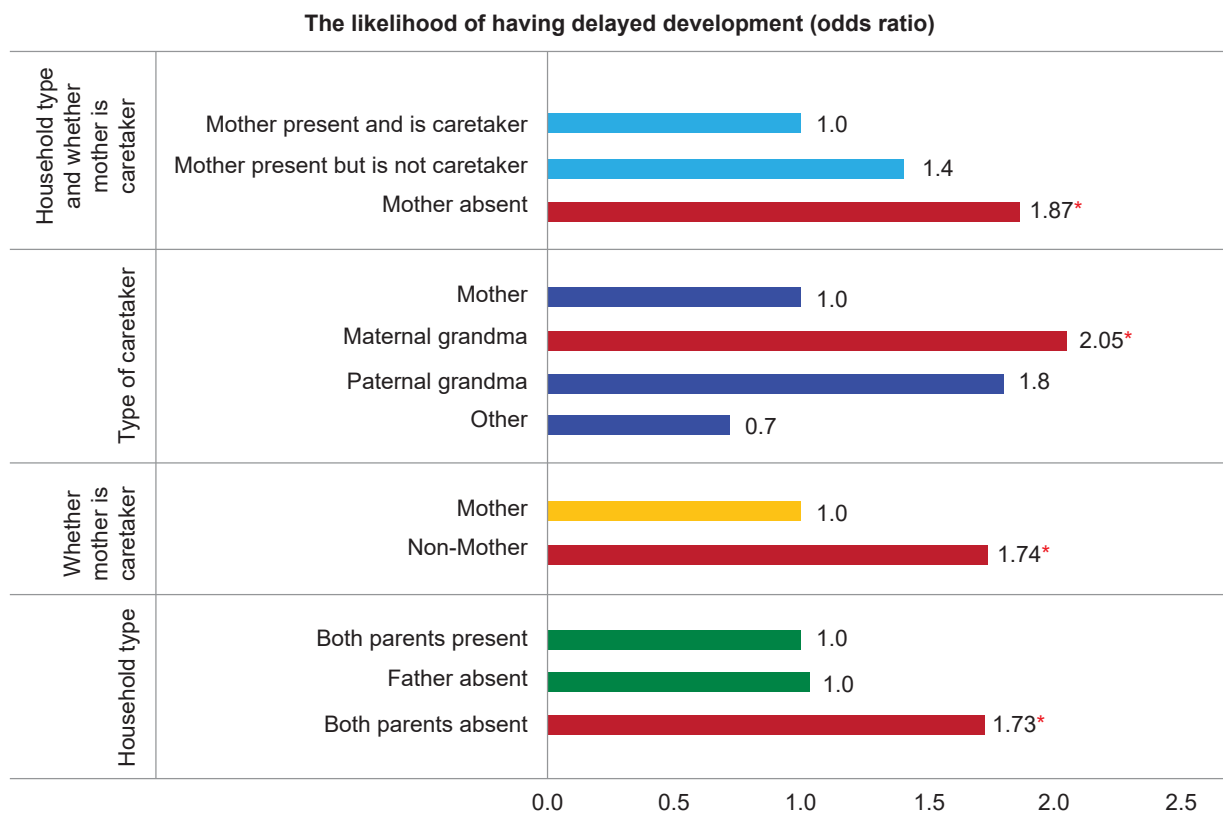
The previous models tell us the importance of having the mother at home and of having the mother taking the main caretaker role on children's development. However, having a mother at home does not always imply that the mother is the main caretaker. The descriptive analysis showed that a number of children of usually resident mothers were mainly cared for by other persons (74 of 448 caretakers, or 17 per cent), most usually a grandmother, as mentioned. It is important to understand whether the presence of the mother makes a difference for a child's development even in cases in which she is not the main caretaker.

In the last set of our multivariate analysis, we explored the effect of the combination of mother's absence and whether the mother was the main caretaker (Figure 6.2). While we do not know the mechanisms of why this is so, the results revealed that the co-residence of the mother with the child did matter in terms of delayed development, even when the mother did not assume the role of main caretaker. A higher risk of delayed development, compared with children who live with their mother and are cared for by their mother, was found only among children who had non-maternal care while their mother was not living in the same household. The likelihood of those children having delayed development was 1.9 times higher (p -value <0.05). The likelihood of having delayed development for children whose mother was at home but who were cared for by others was not significantly different from children who lived with and were cared for by their mother.

Thus, our research offers important evidence showing that having a mother present is instrumental for children’s development, regardless of whether they are the main caretaker. This, in turn, reflects that the migration of mothers away from young children affects the well-being of their children, in this case as measured by their development. It seems that although someone else takes a major role in caring for the children, having a mother around in the household does have a positive effect. It is likely that co-residing with children, although working outside or going to school during the day, still provides the mother an opportunity to interact with the children and to engage in child development activities.

It is possible that the maternal caretaker can create a home literacy environment better than non-maternal caretaker, such as reading or composing stories, which is crucial for children’s development. Past research provides evidence of the relationship between mother-child book reading and child language outcomes. The association appears to be strong and direct during the first two years of life (Raikes et al., 2006). Mothers living with their children are also able to supervise the childcare provided mainly by others.

Figure 5.2: The likelihood of having delayed development (odds ratio) among children across parental migration statuses and type of main caretaker measured in four ways



Note: Analyses of the four measurements of parental status included similar control variables, as shown in Table 1 but not shown here due to similar effects (except that the first model when household type is used as the main independent variable, whether father is absent is not included because the two variables are highly correlated). A vertical line at 1.00 means even odds (no difference).

* Indicates statistical significance.



7. Conclusions

The main concern driving this research project is the future well-being of children. The quantitative and qualitative findings show that young children living apart from their parents tended to be in grandparental care, with maternal grandmothers twice as likely to be caretakers as paternal grandmothers (at 57 per cent, compared with 29 per cent). Parents have migrated for economic reasons and feel that they have left their children in good hands; most were raised by their own grandparents. Absent parents nearly all send remittances to support the family left behind.

Yet, we find reasons for concern about children living separately from parents. Children living apart from their parents were more likely to live in poor households, less likely to experience enriching activities with their caretakers and are more likely to experience physical punishment. In particular, children living apart from both parents were more likely to have delayed development, particularly in the language development domain. Children living without both parents are also more likely to be underweight and/or stunted. Malnutrition is associated with delayed development when the child lives with both parents.

The multivariate analysis shows that the crucial factor for delayed development among young children is whether the mother is present in the household. Children who are cared for by others are not more likely to have delayed development as long as their mother is present, while the father's absence does not make a difference, when other factors are controlled. In addition to the absence of maternal psychological comfort, the developmental delay among children living without their mother may be attributable to the lower prevalence of child development activities and interactions. This finding raises concern for the large number of children living separately from their mother and raises questions about the long-term effects of parental migration for this generation of Thai children.



8. Recommendations

The results presented here raise many issues of interest for further investigation as well as for policy recommendations. While these results derive from data collected at a single point in time, some broad recommendations for policy can be made and some issues deserve further study. We suggest that relevant government and non-government organizations consider on the following.

Recommendations for policymakers

Prioritize parenting programmes for families with young children, especially of those living without the parents or with a non-parental caretaker; for example:

- Initiate comprehensive pre-service and in-service capacity-building support for community-based workers working with families, social workers and/or early child development health and care professionals to better identify and respond to the needs of children living separately from their parents. This type of support is more critically needed for grandparent caretakers.
- Use existing local resources more efficiently to provide support for non-parental caretakers of young children. This can be, for example, child care centres and resource centres that could meet the needs of families who must juggle responsibilities of financial support and child raising.
- Intensify public awareness campaigns and community-based work with families and children, aiming to change attitudes that are approving of physical punishment as a disciplinary method. This may be done by consistently and regularly introducing and promoting a variety of non-violent methods in disciplining children through multiple channels of mass media. The messages should emphasize the non-violent disciplinary methods as the more effective alternatives to physical punishment. The campaigns should be nationwide and accessible by the general public.
- Integrate non-violent disciplinary methods into the child development curriculum for educating child caretakers.
- Address the quality, parental skills and knowledge of caretakers, especially those of elderly or grandparent caretakers. Thai parents and children's caretakers may have only a limited understanding of child development and of the child-rearing practices that can contribute to enhanced development. The longitudinal study's baseline survey found that some child development activities were not regularly practised by the majority of the sample households (singing songs, composing stories, reading books). These practices seem to be least practised in both-parent-absent households and in households in which the caretakers were elderly. Young children may have a variety of caretakers, which points to the need to provide greater information about child development. Thus, a comprehensively educational support programme for child development for caretakers of young children that is designed to help children living separately from parents should be initiated.
- Educate and encourage families with young children to test and monitor their children from birth to raise awareness of development milestones.

Diversify the existing social welfare and early child development services to accommodate the phenomenon of children living apart from migrant parents; for example:

- Emphasize the critical role of the social workers to identify and to monitor families that are in need of further support. Currently, there are no official positions of social workers at the community level.
- Integrate child development and child development-promoting activities into village health volunteers' responsibilities. Village health volunteers can provide information to families with young children during their regular home visits.

Review the social protection and other social policies that can help the mother or parents to stay longer with their children; for example:

- Extend maternal leave, so that mothers working in formal sectors can stay longer at home with their babies.
- Encourage the establishment of early child development centres within large companies, especially in the construction business, so that migrating mothers continue to be with their children, especially in the first months of their life. The centres should be expanded to include children of early age (younger than 3 years old).
- Emphasize the influence of the private sector on children's well-being and encourage businesses to more actively take on the issue of childcare and child development as part of improving their employees' well-being. The focus of childcare and child development can be integrated in their corporate social responsibility policy. Also emphasize that return that benefits companies with improved employee well-being.
- Consider adequate financial support for families with young children. The Government has adopted child support grants for children aged 0–1 year from poor and near-poor families. Given the impact of household income on child development, it would be useful to consider expanding and continuing the grant for children up to age 6 years.

Include children living without parents as a priority in the Government's next early child development plan:

- The Government, through the Commission for Early Childhood Development, is preparing the next national strategy for early child development for Thailand for the period 2017–2021. Given the influence of internal migration on children's development, it would be useful for the Commission to consider including the recommendations offered here within its forthcoming Early Child Development Strategy. More specifically, children living without parents should be included in Strategy 2, which focuses on protecting and developing children with special needs.

Recommendations for further research and analysis

- Explore how the different parenting styles of non-parental caretakers may influence child development. Previous research has shown that parenting styles are linked with delayed development in Thailand (Nanthamongkolchai, Ngaosusit and Munsawaengsub, 2007).
- The Government should initiate a longitudinal study on monitoring and special support for children with delayed development. The project can be a collaborative effort among relevant ministries.
- Adjust questions about child development activities to be more appropriate with families in a rural context, especially where child caretakers are older persons.



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APPENDIX

Informants for in-depth interviews Caretakers

Case#	Age of child (months)	Sex of child	Relationship to child	Age	Education	Occupation	Household type
1	22	Female	Maternal grandmother	40	Grade 3	Part-time employee	Both parents absent
2	35	Female	Maternal grandmother	48	Grade 4	Making garlands	Father absent
3	25	Female	Maternal grandmother	64	Grade 4	Mat weaving	Both parents absent
4	9	Female	Mother	21	Grade 12	Does not work	Both parents present
5	30	Male	Maternal grandmother	56	Grade 4	Farmer	Father absent
6	8	Male	Mother	22	Grade 12	No information	Father absent
7	19	Female	Paternal grandmother	52	Grade 7	Farmer	Both parents absent
8	25	Male	Paternal grandfather	55	Grade 4	Farmer	Father absent
9	20	Male	Paternal grandmother	44	Grade 4	Housewife	Both parents present
10	24	Male	Paternal grandmother	68	Grade 4	Collecting vegetable to sell	Both parents absent
11	26	Female	Maternal grandmother	47	Grade 12	Grocery shop	Both parents absent
12	15	Female	Maternal grandmother	62	Bachelor's degree	Retirement-school teacher	Both parents present
13	18	Female	Maternal grandmother	54	Grade 3	Does not work	Both parents present
14	4	Female	Mother	30	Vocational school	Does not work-planning to work	Father absent
15	24	Male	Mother	20	Grade 12	Does not work	Both parents present
16	15	Female	Mother	20	Grade 9	Does not work-waiting for work	Father absent
17	34	Male	Paternal great grandmother	71	Grade 4	Spoon net weaving	Both parents absent
18	22	Male	Sister of paternal grandmother	45	Grade 6	Farmer	Both parents absent
19	27	Male	Paternal grandmother	52	Grade 7	Fishing	Both parents present
20	30	Male	Paternal grandmother	55	Grade 4	Does not work	Both parents absent

Migrant parents

Case #	Age of child (month)	Sex of child	Mother/father	Age of parent	Education of parent	Occupation of parent	Household type
1	32	Female	Mother	38	-	Factory employee	Both parents absent
2	30	Male	Father	-	Grade 12	Factory employee	Both parents absent
3	32	Female	Father	-	Grade 9	Factory employee	Father absent
4	17	Male	Mother	40	Vocational school	Factory employee	Both parents absent
5	4	Female	Mother	28	Grade 12	Factory employee	Both parents absent
6	7	Female	Mother	37	Vocational school	Factory employee	Both parents absent
7	17	Female	Mother & father	-	Vocational school	Factory employee	Both parents absent
8	16	Male	Mother	-	Mother-vocational school Father-bachelor's degree	Employee (clerk)	Both parents absent
9	28	Female	Father	42	Grade 9	Driver (Japanese company)	Father absent
10	8	Male	Father	28	Grade 9	Factory employee	Father absent
11	7	Male	Mother	25	Grade 9	Factory employee	Both parents absent
12	20	Female	Mother & father	-	Mother-bachelor's degree Father-vocational school	Factory employee	Both parents absent
13	9	Female	Mother	27-28	Mother-Grade 12 Father-vocational school	Factory employee	Both parents absent
14	30	Male	Mother	35	Grade 9	Factory employee	Both parents absent
15	9	Female	Mother	-	Grade 6	Factory employee / sell food on ordered (part-time)	Both parents absent

Returned migrant parents

Case #	Age of child (month)	Sex of child	Relationship of carer to child	Mother/father	Age of parent	Education of parent	Occupation of parent	Household type
1	13	Female	Maternal grandmother	Father	45	Grade 11	Farmer	Both parents present
2	35	Male	Maternal grandparent	Father	28	Grade 6	Employee and farmer	Both parents present
3	18	Female	Mother	Mother	29	Grade 9	Employee in restaurant	Both parents present
4	28	Male	Mother	Mother	33	Vocational school	Does not work, just return	Father absent
5	22	Male	Mother	Mother	20	Grade 9	Farmer	Both parents present
6	13	Female	Mother	Mother	27	Grade 12	Selling fruit	Both parents present
7	17	Male	Mother	Mother	28	-	Does not work	Father absent
8	11	Male	Mother	Mother	25	Grade 9	Does not work (9 months pregnant)	Both parents present
9	22	Male	Maternal grandmother	Mother	-	Grade 12	Employee	Both parents present
10	34	Male	Mother	Mother	-	Grade 12	Housewife	Father absent

Table A1: Percentage of caretakers, by frequency of singing and composing stories to the child and by age of caretaker (for children aged 0–36 months)

	Age of caretaker				Overall
	15–29	30–49	50–59	60+	
N	212	362	300	109	983
Sing songs or lullabies to the child*					
Every day or almost every day	39.2	45.0	40.3	34.9	41.2
Sometimes	35.9	29.3	28.3	24.8	29.9
Never	25.0	25.7	31.3	40.4	28.9
Compose stories to the child*					
Every day or almost every day	15.1	14.6	18.7	15.6	16.1
Sometimes	39.6	35.1	20.7	17.4	29.7
Never	45.3	50.3	60.7	67.0	54.2

* Indicates statistical significance using Chi-squared test.

Table A2: Percentage of caretakers, by their age and household type

Age of caretaker*	Both parents present	Father absent	Both parents absent
15–29	52.8	49.2	0.4
30–49	41.7	39.5	34.1
50–59	3.2	9.7	47.9
60+	2.3	1.5	17.7
Total	100.0	100.0	100.0
N	216	195	572

* Indicates statistical significance using Chi-squared test.



**MAHIDOL
UNIVERSITY**
Wisdom of the Land

Institute for Population and Social research

Mahidol University Salaya,
Phutthamonthon, Nakhon Pathom
73170, Thailand
<http://www.ipsr.mahidol.ac.th>

unicef 
for every child

UNICEF Thailand Country Office

19 Phra Athit Road
Chanasongkram, Pranakorn
Bangkok 10200
www.unicef.or.th

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