

UNIVERSITY OF GHANA

CENTRE FOR MIGRATIONSTUDIES



**EFFECTS OF RURAL-URBAN MIGRATION ON THE CARE OF THE OF
THE ELDERLY LEFT-BEHIND IN THE AKUSE COMMUNITY**

BY

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**THIS LONG ESSAY IS SUBMITTED TO THE UNIVERSITY
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DECLARATION

I, Richard Seyram hereby declare that this long essay is my own work, and all help relative to other peoples' work has been duly acknowledged. This long essay is the result of my own effort under the supervision of Dr Mary Setrana. Furthermore, I assert that it has neither been partially or wholly submitted at any other institution for the award of any degree.

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DEDICATION

I dedicate this long essay to my lovely wife Lydia Oduro and my children Seraphine Akua Dade and Chris Kwabena Dade. Finally, I dedicate this work to my late mother, Esther Amevor and to all my brothers and sisters.

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Table of Contents

DECLARATION	i
DEDICATION	ii
ACKNOWLEDGEMENT	iii
LIST OF TABLES	viii
LIST OF FIGURES	x
LIST OF ABBREVIATIONS.....	xi
ABSTRACT.....	xii
CHAPTER ONE	<u>143</u>
INTRODUCTION	<u>143</u>
1.1 Background of the Study	<u>143</u>
1.2 Problem Statement.....	<u>45</u>
1.3 Aims and Objectives of the Study	<u>67</u>
1.4 Research Questions.....	<u>67</u>
1.5 Relevance of the Study	<u>78</u>
1.6 Organisation of the Study	<u>78</u>
CHAPTER TWO	9
LITERATURE REVIEW	9
2.1 Introduction	9
2.2 An Overview of Internal Migration.....	<u>940</u>
2.3 Types of Internal Migration.....	<u>940</u>
2.3.1 Rural-Urban Migration	<u>940</u>
2.3.2 Urban-Rural Migration	<u>1044</u>
2.3.3 Rural-Rural Migration	11
2.3.4 Urban-Urban Migration	<u>1142</u>
2.4 Factors Influencing Rural-Urban Migration.....	<u>1142</u>
2.5 Migration, Selectivity and Differentials	<u>1243</u>
2.5.1 Age Selectivity.....	<u>1243</u>
2.5.2 Sex Differential.....	<u>1243</u>
2.5.3 Educational Differentials	<u>1344</u>
2.5.4 Occupational Characteristics	<u>1344</u>

2.6. Theories/Concepts of Ageing	14
2.6.1 Basic Care of the Aged	16
2.6.2 Physiological Care	16
2.6.3 Psychological Care.....	1617
2.6.4 Financial Support or Care	17
2.7 Impact of Rural-Urban Migration on the Aged	18
2.8 Ageing and Fundamental Human Rights.....	19
CHAPTER THREE	20
METHODOLOGY OF THE STUDY	20
3.1 Introduction	2021
3.2 The Study Area.....	2021
3.3 The Study Design	2223
3. The Study Questionnaire	2223
3.5 Variables Measured	2324
3.6 Population and Sampling Procedure.....	2324
3.6.1 The Study Population.....	2425
3.6.2 Sample Size.....	2425
3.6.3 Sampling Procedure	2425
3.7 Sources of Data.....	2425
3.8 Data Collection Procedure.....	2526
3.9 Data Collection Tools	2526
3.10 Data Analysis.....	2526
3.11 Ethical Consideration	2627
3.12 Limitations of the Study	2627
CHAPTER FOUR.....	2728
BACKGROUND CHARACTERISTICS AND MIGRATION TRAJECTORY.....	2728
4.1 Introduction	2728
4.2 Socio-Demographic Characteristics of the Respondents and Migrants	2728
4.2.1 Age of the Left-Behind Elderly	2728
4.2.2 Sex of Left-Behind Elderly.....	2829
4.2.3 Educational Levels of the Left-Behind Elderly	2930

4.2.3 Marital Status of the Left-Behind Elderly	3031
4.2.4 Religious Affiliation of the Left-Behind Elderly	3132
4.2.5 Number of Respondents with Migrant Children.....	32
4.2.6 Migrants Relationship with the Elderly Left-Behind.....	3233
4.2.7 Sex of Migrants.....	3334
4.2.8 Marital Status of Migrants	3435
4.2.9 Educational Level of Migrants.....	3536
4.2.10 Current Occupation of Migrants	3637
4.3 Destination Areas	3738
4.4 Length of Stay at Destination	3839
4.5 Reasons for Migration	3940
CHAPTER FIVE	4142
CARE NEEDS OF THE LEFT-BEHIND ELDERLY	4142
5.1 Introduction	4142
5.2 Communication between Migrant and Left Behind Elderly	4142
5.3 Cross Tabulation of Relationship and Communication between Migrants and Left Behind Elderly.....	4243
5.4 Cross Tabulation of Age of LBE and Communication with Migrants.....	4344
5.5 Cross Tabulation of Frequency of Communication and Relation between Migrants and LBE.....	4546
5. 6 Means of Communication	4647
5.7 Frequency of Communication between Migrants and Left-Behind Elderly	4748
5.8 Migrant Children Visiting Home.....	4849
5.9 Cross Tabulation of Migrants Visiting Home and Age of the LBE	49
5.10 Cross Tabulation of Relation and Migrants Visiting Home	5051
5.11 Chores after Migration of Children	51
5.12 Payments of Caregivers' Services	5253
5.13 Health Issues of the Left Behind Elderly.....	5354
5.14 Types of Health Issues.....	5455
5.15 Access to Medical Care	5556
5.16 Payment of Medical Bills	56

5.17 Cross Tabulation of Payment of Medical Bills and Migrants Occupation.....	5758
5.19 Kinds of Housing Challenges	60
5.20 Cross Tabulation of Kinds of Housing Challenges and Health Issues	61
5.21 Steps taken by Migrant to address Housing Challenges.....	62
5.22 Cross Tabulation of Relation and Steps Taken By Migrants to Address Housing Challenges of The LBE	63
5.23 Relationship between Steps by Migrants to Address Housing Challenge and Migrants Occupation.....	64
5.23 Remittances to Left behind Elderly	65
5.24 Frequency of the Remittances	66
5.25 Amount of Remittances Received	67
5.26 Uses of Remittances	6968
5.27 Coping Strategies used by the Left Behind Elderly	7069
5.28 Improvement in Living Condition after Children’s Migration.....	7170
5.30 Cross Tabulation of Relation and Improvement in Living Conditions of LBE	7274
5.31 Cross Tabulation of Age of the Elderly and Improvement in Living Condition of the LBE.....	7372
5.32 Cross Tabulation of Migrants’ Current Occupation and Improvement in Living Conditions of LBE.....	74
CHAPTER SIX.....	7675
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.....	76
6.1 Introduction	76
6.2 Summary.....	77
6.3 Conclusion.....	8079
6.4 Recommendations	8180
REFERENCES	82
APPENDIX A.....	86
APPENDIX B	94

LIST OF TABLES

Table 4.1 Age of left-behind elderly.....	2830
Table 4.2: Level of education of left-behind elderly	3033
Table 4.3: Marital status of left-behind elderly	3134
Table 4.4 Religious affiliations of the left-behind elderly	3134
Table 4.5 Number of the left-behind’s children who are migrants.....	3235
Table 4.6 Sex of migrants	3437
Table 4.7 Marital status of migrant.....	3538
Table 4.8: Level of education of migrants	3639
Table 4.9: Current occupation of migrants	Error! Bookmark not defined.40
Table 4.10 Destination Areas.....	3841
Table 4.11 Reasons for migration.....	4043
Table 5.1 Cross tabulation of Relation and Communication Between Migrants and Elderly ..	4346
Table 5.2 Cross tabulation of elderly age and Communication between migrants and LBE ...	4447
Table 5.3 Cross tabulation of Frequency of communication and Relation.....	4548
Table 5.4 Medium of communication.....	4649
Table 5.5 Frequency of communication between migrants and left-behind elderly.....	4850
Table 5.6 Migrant children visiting home.....	4851
Table 5.7 Cross tabulation of age of the elderly and home visit by migrants.....	4952
Table 5.8: Cross tabulation of Relation and Home Visit by migrants	5153
Table 5.9: Chores after migration	5254
Table 5.10 Who pays for caregivers’ services	5355
Table 5.11 Type of health Issues	5457
Table 5.12 Access to medical care.....	5558
Table 5.13 Payment of medical bills.....	5759
Table 5.14 Cross tabulation of Payment of Medical bills and Current Occupation of migrants	5961
5.15 Accommodation challenges	6062
Table 5.16: Kinds of housing challenges	6163
Table 5.17: Cross tabulation of Kinds of housing challenges and Health Issues	6164
Table 5.18: Addressing housing challenge by migrants	6365
Table 5.19: Cross tabulation of Relation and Steps by migrant to address housing Challenges.....	6466
Table 5.20 Cross tabulation of migrants steps to address housing problem and Current occupation of migrants.....	6567
Table 5.20: Financial care after migration	6668
Table 5.21: Frequency of remittances.....	6769
Table 5.22 Amount of remittances received	6870
Table 5.23 Amount is spent on	6971

Table 5.24 Coping strategies used by the elderly	7072
Table 5.25 Cross tabulation of relation and improvement in elderly conditions of living	7274
Table 5.26 Cross tabulation age and improvement in living conditions of LBE.....	7375
Table 5.27 Cross tabulation of Current occupation of migrants and improvement in living conditions of the LBE	7577

LIST OF FIGURES

Figure 1 Showing Akuse and its environs	2022
Figure 4.1: Sex of left-behind elderly	2831
Figure 4.2 Migrants relationship with the elderly left-behind.	3335
Figure 5.1 Communication with migrant children.....	4244
Figure 5.2 Health issues after migration of children.....	5355

LIST OF ABBREVIATIONS

MoGCSP – Ministry of Gender, Children and Social Protection

LEAP – Livelihood Empowerment Against Poverty

UN-DESA – United Nations Department of Economic and Social Affairs

AfDB – African Development Banks

MDAs – Ministries, Departments and Agencies

NGS – National Geography Association

IDPs – Internally Displaced Persons

GSS – Ghana Statistical Service

NDPC – National Development Planning Commission

MIPAA – Madrid International Plan of Action

MESW – Ministry of Employment and Social Protection

LI – Legislative Instrument

UNFPA – United Nations Population Fund/Helpage

SHS – Senior High School

JHS – Junior High School

LBE – Left Behind Elderly

JSS – Junior Secondary School

SSS – Senior Secondary School

NHIS – National Health Insurance Scheme

MoFA – Ministry of Food and Agriculture

ABSTRACT

Rural-urban migration is a phenomenon which impacts populations around the world in diverse ways. Research on the impact of rural-urban migration on the migrant, the rural areas and urban centres have been conducted, however little is known about how rural-urban migration affects the care of the elderly who are left behind. . This study set out to investigate the effects of rural-urban migration on the care of the elderly left behind in Akuse. Using a mixed methods approach comprising of 100 questionnaires and 7 in-depth interviews, the study focused on the cost implications of care when the young adult has migrated, the challenges faced as well as the coping strategies employed by the elderly left behind. The study found that most of the respondents had experienced an improvement in their living conditions after the migration of their adult children. This improvement was however limited as for many of the respondents, the remittances received often only covered the cost of food, leaving the burden of financing other necessities including clothing, medication and utilities on the respondents.

The study recommends that the government, through the Ministry of Gender, Children and Social Protection extend its social intervention programmes such as LEAP to include the elderly in Akuse. In addition, it is recommended that the Lower Manya Krobo Municipality create programs to provide vocational training such as sewing, hair dressing and fishing in order to create jobs within the district. This would in turn reduce the incidence of rural-urban migration and allow the youth to effectively care for the elderly in the community.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Migration has always been an issue of interest for both researchers and policy makers. In recent times, the increasing levels of internal and international migration have created resurgence in the issue as well as provided the impetus for changes to immigration laws and policies. According to UN-DESA (2017), the number of international migrants increased from 173 million in 2000 to about 258 million in 2017, a rise of about 49.1 per cent in 17 years.

A similar case can be made for migration within countries which continues to grow. While migration is often associated with international movement, movement within countries, primarily from rural to urban areas, accounts for a much greater share of human population movement (Awumbila, 2014).

Globally, rural-urban migration has gained ascendancy due to its contribution to urbanization and socio-economic development, especially in developing countries (Adepoju, 2000). Today, an estimated 55 per cent of the world's population lives in cities as a result of migration from rural to urban areas, a figure which is expected to increase to 68 per cent by 2050 (UN DESA, 2018), with most of this urban growth concentrated in Africa and Asia. In 2015, about 472 million Africans migrated internally from rural areas to urban centres (AfDb et al., 2016:147). It is expected that Sub-Saharan Africa's population will urbanize rapidly, only to be exceeded by Asia. However, the share of rural-urban migration as a factor of urban growth in Sub-Saharan Africa has dwindled (AfDb, 2016).

According to the World Bank, Ghana's urban population has increased from about four million to an estimated 14 million in the last three decades; more than tripling in size and outpacing rural population growth (World Bank, 2012). In addition, the UN-HABITAT (2014) noted that more than half of Ghana's population dwell in urban areas, and the urbanization rate is projected to reach 72 per cent by 2035.

Migration within Ghana is primarily from the rural areas to urban centres, a phenomenon, which is precipitated by several historical, economic and social factors (Appianing, 2013). The commercial and administrative capital of Ghana, Accra, is the preferred destination of rural migrants in Akuse due to its metropolitan nature, the infrastructure available and the perceived job opportunities available. While some migrate from the rural areas to Accra and other urban centres for economic reasons, others migrate to pursue a higher education, join a spouse and visit family members or friends. Some migrants also migrate to Accra as part of their step wise migratory trajectory to their final destination outside of the country (Appianing, 2013).

The area of study, Accra is about 80 kilometres from Akuse (Ghana Distance Calculator, 2018), making it a main destination for many of the young migrants who leave in search of better economic prospects.

Boahen (1975) notes that, all ethnic groups in present day Ghana migrated from elsewhere. A person's decision to move can be influenced by a number of factors which Lee (1966) calls the "Push-Pull" factors. According to Lee (1966), the push factors are those economic, social, political and environmental factors that cause people to migrate from the rural to urban centres where they think these factors are in existence. He explains the pull factors as those circumstances in the urban canters that motivate people especially the youth to migrate to the cities from the rural areas. They include opportunities for further studies, career advancement,

improved working conditions, assurance of personal security, and adequate financial rewards (Dovlo, 2005). As Lee's Push-Pull framework notes migrants are also faced with intervening obstacles in the form of lack of social networks, cost of travelling, physical barriers and other personal factors that tend to slow or restrict the movement of the migrants between the two areas in the country (Anarfi et al, 2010). The economic factors are particularly important in developing countries like Ghana where the labour force, outstrips the labour market (Appianing, 2013).

The effects of rural-urban migration cannot be underestimated. In the urban centres of developing countries, the influx of people with no accompanying increase in infrastructure such as housing, hospitals and schools creates challenges for both the migrants and the host communities. These challenges include high levels of unemployment, accommodation problems, and congestion (Awumbila, 2014). In the rural areas, studies show that rural-urban migration leads to an accompanying reduction in agricultural output, an increase in rural poverty and a fall in the rural population. While these effects have been the focus of several studies, very little attention has been given to the effects of rural-urban migration on the care of the aged or elderly who are left behind.

Studies on care have shown that in the Sub-Saharan Africa, adult children play a pivotal role in the provision of care and support for their ageing parents is highly (Apt and Grieco, 1994; Apt, 1995; 1996; Fajemilehin, 2000; Opong, 2006; Cattell, 1990; Zimmer and Dayton, 2003). With the increase in rural-urban migration and its resulting breakdown of the traditional system of familial support, the effectiveness of the caring system has been compromised leading to a deficit in the care for the aged (Kinsella, 2001; Apt, 2002; Mba, 2000).

This study utilises the definition provided by (Goldscheider, 1971:64) who defines migration as the “detachment from the organization of activities at one place and the movement of the total round of activities to another” The study uses the terms migrant(s)”, “rural migrant(s)” and “rural-urban migrant(s)” interchangeably to refer to people who have migrated from Akuse to Accra, Ashaiman and other cities.

Ghana Statistical Service (2012) defined “Urban” and “rural” areas as localities with 5,000 or more persons and localities with less than 5,000 persons respectively.

1.2 Problem Statement

Anarfi et.al, (2003) note that internal movement within Ghana date back to the pre-colonial era where people migrated in for security, in search of fertile land and to engage in trade. Internal migration continued during the colonial era where colonial authorities designated the northern territories of the country as labour reserves to supply cheap labour to the mines and the cities in the south. This trend has continued through the years and has been exacerbated by factors such as urban-biased policies which have contributed to wide rural-urban income differentials and the increased the voluntary movement in quest of better quality of life by low-skill and low-wage workers as well as high-skill and high-wage workers from rural areas to urban areas in Ghana (Anarfi et. al, 2003, Adepoju, 2000).

Several migration scholars including Awumbila (2014), Adewale (2005) and Chambers (1983) have touched on the increasing rate of rural- urban migration and its associated effect on both urban and rural areas, but little work has been done on how this phenomenon impacts on the left-behind elderly. The study will fill the gap by investigating how the left behind elderly survive in the absence of the young adults; who takes care of their emotional, physical, financial and

psychological needs and what are the cost implications of care when the young adult has migrated?

In African societies, children are expected to reciprocate the care and support given them by their parents in infancy and childhood to them in old age (Apt, 2000). It has been established that, when the elderly are no longer able to work and, begin to suffer from ailments that limit their dexterity and ability to carry out tasks necessary for daily survival, they depend on their children (Oppong, 2006). In the rural areas of countries in Africa, security in old age underscores the reason for giving birth to as many children as possible particularly in places with weak institutional security mechanisms (Fajemilehin, 2000). According to the United Nations (2000), with the exception of the Scandinavian countries, children provide practical assistance such as personal care and services, home repairs as well as performance of daily household chores to their aged parents. Studies on care reveal that the family has been the main institution of care and wellbeing for the aged (Cowgill, 1986; Albert and Cattell, 1994). The role that adult children play in caring for their elderly parents is therefore an important one. The increase in the rate at which the youth in Ghana and many parts of the world, who provide these care services to the aged, are migrating to the urban centres however, creates a deficit in care when no alternative care services are provided for the left behind elderly (Apt 2002, Mba 2000).

The effect of rural-urban migration on the care of the left behind elderly has been approached from two different perspectives. Scholars like Mason (1992) as well as Zimmer and Kwong (2003) argue that migration increases the economic assistance children can provide to their parents through the remittances sent, which can then be used to obtain domestic help and related support irrespective of rural-urban migration. Other scholars such as Okraku, (1985) and Udegbe (1990) argue that the rising inflation, economic hardship and cost of living make it

difficult to provide adequately for the financial needs of members of the family including the aged. According to this school of thought, when this situation persists, some aged utilize for other coping strategies such as subsistence farming, engaging in other menial jobs and begging on the streets. Others may also depend on support from co-residence offspring and support from social service providers.

While both perspectives provide evidence based analyses of their stance, this study argues for a more comprehensive approach that considers the divergent views in exploring the relationship between rural-urban migration and care.

It is against this background that the present study attempted to examine the extent to which the migration of adult children from the rural areas to the towns and cities has influenced the care for the left-behind elderly.

1.3 Aims and Objectives of the Study

The general objective of the study is to examine the effects of rural-urban migration on the care of the elderly left behind by the migrants in Akuse community in the Lower Manya Krobo Municipality of the Eastern region, Ghana. The specific objectives are:

1. To describe the nature and characteristics of care needs among the left-behind elderly.
2. To examine the contribution of rural-urban migration on the provision of care among left behind elderly.
3. To assess the challenges associated with the provision of care among the left behind elderly
4. To investigate coping strategies for addressing the care needs of the left behind elderly.

1.4 Research Questions

The following are the research questions that the study seeks to answer:

1. How does rural-urban migration affect the provision of care for the left behind elderly?
2. To what extent do out-migrants support the provision of care of the left behind elderly?
3. How do the left behind elderly cope with their care needs during rural-urban migration?

1.5 Relevance of the Study

The study has examined the effect of rural-urban migration on care of the aged left behind in the Akuse community in the Lower Manya Krobo Municipality.

The study findings provide evidence based recommendations for policy makers in the Ministries, Departments, and Agencies (MDAs) and other stakeholders to make informed decision on rural-urban migration. The outcome contributes to the discussion on raising the awareness of the effects of migration on aged left behind by migrants.

Furthermore, the study will make a valuable contribution to existing literature and theoretical development of the topic.

1.6 Organisation of the Study

The study is organized into six chapters; Chapter one gives the background of the study, identifies the problem of study, and highlights the objectives and research questions as well as the relevance of the study

Chapter two contains the literature review. The chapter reviews relevant literature on the topic under investigation and draws examples from other countries on how rural-urban migration affects the care for the left behind elderly.

Chapter three is divided into two sections; the first section focuses on the research methodology employed for the study. The research design, population, sample size, sampling techniques, and sources of data are discussed. The second section of the chapter presents a profile of the study area, with particular focus on the history of rural-urban migration in the Akuse community of the Lower Manya Municipality.

Chapter four presents the empirical findings of the study. The chapter provides an analysis of the situation in the study area based on the research on demographic characteristics of the study population, reasons for migration, economic status of the migrants prior to migration and cities where the adult children migrated to.

In Chapter five the experiences of the left-behind elderly, including how they survive in the absence of their children, flow of remittances, emotional and psychological care, communication with migrated children, and the effects of migration on the care off the elderly left behind are presented.

Chapter six summarizes the key findings of the study and presents the conclusions as well as and the recommendations for policy makers and further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews existing literature on rural-urban migration and its effects on the care of left-behind elderly by migrants. It also includes a review of some studies on foster parents or caregivers of left-behind elderly by migrant(s) and the effects of the care the elderly receive in the absence of their adult children.

2.2 An Overview of Internal Migration

Internal migration is best explained as movement of people within boundaries of countries. Even though it is difficult to have accurate measure of the world's internal migrants, in 2000, UNDP came up with the global estimate of 740 million internal migrants (UNDP, 2009). In Ghana, among all forms of human mobility, rural-urban migration is the most prevalent (GSS, 2012) due to the availability of better job opportunities, access to easy medical care and better social amenities in the cities.

2.3 Types of Internal Migration

Internal migration can be classified into four main types and these are; rural-urban, urban-rural, rural-rural and urban-urban.

2.3.1 Rural-Urban Migration

Rural-urban migration involves the movement of people from rural areas such as villages to urban centres such as cities. According to (Bilir, 2010), it is one of the most significant types of internal migration. Ozbay (2001) indicates that, this form of migration is as a result of rapid growth in rural population, loss of economic value for agricultural products due to inefficient agriculture policies, lack of employment in the agriculture sector, insufficient provision of social services such as education and health. According to Adepaju (1990), attraction of urban areas to migrants is not entirely for economic purposes but other consideration like quality of life among others. Other factors that attract the migrants to the urban centres are the availability of better and quality health care, educational opportunities especially the tertiary level, housing and other attractive conditions (Gould, Ohedike, Tetteh, 1990 in Oucho and Gould, 1993). According to the UN-DESA (2014), this phenomenon has led to increasing urbanization around the world, especially in developing countries. In Africa, research on rural–urban linkages in Mali, Nigeria and Tanzania found that about 50 per cent of rural households interviewed had at least one migrant member (Bah et al, 2003). In Ghana, a migration survey in five migration source regions of Ghana in 2013 and a follow up survey in 2015 indicated that 65% of households had at least one migrant member in urban areas (Awumbila et al, 2016).

2.3.2 Urban-Rural Migration

Urban- rural migration involves movement of people from urban areas such as well-developed communities/cities into rural areas (Appianing, 2013). People move from urban to rural

communities due to a lot of factors. According to Adewale (2005), the factors responsible for this kind of movement range from inability to secure jobs, transfer from their place of work, retirement to high cost of living in the urban centres. Ghana Statistical Service (2012) stated that, migrants working in the urban centres always build houses at their places of origin waiting to settle home just after retirement.

2.3.3 Rural-Rural Migration

Rural-Rural migration involves the movement of people from one rural area to another. This normally occurs when people from one rural community move to another to engage in agricultural/ primary activities such as farming, hunting, quarrying, grazing among others (Muniz, 1981). Also, rural-rural migration may occur as a result of scares or overstretched resources due to overcrowding in one rural area, compels the people to migrate to other rural communities. Most times due to excessive usage, the resource (land) becomes infertile for farming.

2.3.4 Urban-Urban Migration

With this type of migration, people move from one urban centre to another. According to Appianing (2013), this may occur when senior public/civil servants are transferred from one urban centre to the other as heads of Ministries, Department and Agencies (MDAs). It also occurs when people working in organizations and establishment that are mainly located in the cities are relocated to other cities as well as when business owners relocate or expand their businesses from one urban area to another due to access to customers or the demand for the decentralization of such businesses.

2.4 Factors Influencing Rural-Urban Migration

Human population movement is caused by a number of factors and these may include environmental, political, economic and cultural. Lee (1966) refers to these factors as “push-pull” factors. The push factors include inadequate supply of food and water, chieftaincy conflicts and tribal wars, unfavourable weather conditions leading to drought and floods, lack of better job opportunities, among others. The pull factors on the other hand comprise of favourable weather conditions, better and adequate supply of food and potable drinking water, availability of social and economic infrastructure, assurance of personal peace and security, among others. Migration could result either by the influence of one or a combination of these factors (National Geographic Society, 2005). According to William (1970), other factors such as old age, transfer, crisis, retirement and pests and diseases could be causes of human movements. Then also, people could move due to involuntary causes such as violent conflicts and natural disasters leading to the creation of refugees and IDPs.

2.5 Migration, Selectivity and Differentials

Internal migration out of one’s own volition is selective of migrants by socio-demographic and economic characteristics across the entire human population as the main feature. It is selective by age, sex, education, occupation and other differentials.

2.5.1 Age Selectivity

With references to population census data of sub-Saharan African countries, most people within the ages of 24 years and below mostly engage in internal migration due to the rapid accelerating numbers of primary and secondary school graduates (Gould, 1985) According to Caldwell

(1969), young people between the 15-19 years in Ghana have programmed their minds to migrate, and after the age of 45, more migrants return to the rural areas than they migrate.

2.5.2 Sex Differential

For decades, males were seen to have dominated in voluntary labour migration as it was culturally expected of them to provide the needs of the family whilst females were seen as care givers (Appianing, 2013). Awumbila and Manuh (2008), hold the view that a significant share of migrants are now made up of women who move independently to achieve their own economic goals and not simply joining a husband or other male family members as accompaniment. The use of sex ratio to differentiate between outmigration and in-migration areas is made possible by the continuing sex differentials in migration (Oucho and Gould 1993). The outcome of censuses and surveys have indicated that sex ratios of migrants proves high sex ratios (more male than female) in destination areas and low sex ratios in areas of origin, although current trends shows reduction in the gap. According to Caldwell (1969) there has been increase in the number of women involved in rural- urban migration in recent times. The women's flight is associated with permanent migration as they bring their families from their villages to stay with them.

2.5.3 Educational Differentials

One major driving force for the migration of people especially the youth to the urban areas is education. According to Gould (1993) studies have established a positive and strong relationship between migration and education with Ghana as no exception. Caldwell (1969) also indicated that in Ghana, "what education does more than anything else, is to promote long term rural-urban migration" in the early 1960s. During the colonial period, the educated male migrated to urban areas whilst the uneducated migrated to towards mining and agricultural wage employment

areas. In the 1960 and 1970 censuses, it was discovered that in Ghana, migrants have higher educational attainment than non-migrants (Zachariah and Conde, 1981: 70-71).

2.5.4 Occupational Characteristics

Many studies have revealed that relatively wealthy households across the globe are more able than the poorer ones to sponsor outmigration of some of their members. Outmigration is positively related to household income, as it is the expected income that motivates the choice to embark on the flight.

2.6. Theories/Concepts of Ageing

Eliopoulos (2001) defines ageing as complex but not a disease. According to the principles of gerontological nursing practice, ageing is a natural process common to all living organisms. Many theories have sought to explain ageing. Individual ageing process is mostly influenced by exogenous and endogenous factors which include heredity, health status, life experience, environment, activity and stress. Moreover in gerontological nursing, the ageing process is mostly explored from biological and psychological perspectives.

Report of Redfern and Ross (2006) note that, as one ages, there is a gradual reduction in the number of cells in the body. For better understanding of the uniqueness of ageing, it is necessary to understand the psychological aspects of ageing. The psychological aspect of ageing is influenced by factors such as psychological process of ageing, physical and mental health, social and family network and cultural beliefs. The psychological perspective of ageing is influenced by three theories such as the disengagement theory, the activity theory and the developmental task or the gerontranscendence theory (Eliopoulos, 2001).

The disengagement theory developed by Elaine Cumming and William Henry states that as a person ages, he or she disengages him/herself from society and the ageing individual uses this moment to reflect on his life and society and experiences of transfer of power from the aged to the younger people. According to Eliopoulos (2001), those who championed this theory sounded controversial, and as a result this theory has undergone a lot of criticisms because in a way it encourages inactivity in old age.

The activity theory, the direct opposite of the disengagement theory, according to Eliopoulos (2001), stipulates that, as long as possible, one should carry on with the middle-age lifestyle. It states that society should treat the aged as it treats the middle-age. The process of old age comes with a diminished activities due to weaker capacity, hence efforts should be made to replace these activities with others that correspond with the capacity of the elderly. While this theory is endorsed by some, others are of the view that the theory does not encourage the elderly who prefer to retreat at old age. Some theorists have established that the psychological process of ageing is a process of fulfilment of developmental tasks. One is seen to have aged successfully if he has successful fulfilment. Then again; one is able to cope with the ageing process if the life he has lived makes meaning to him.

Gerotranscendence theory is a recent psychological ageing developmental theory championed by Professor Lars Tornstam, indicates that ageing deals with transition from a “rational, materialistic met perspective to a cosmic and transcendent vision” (Tornstam, 2005). The theory explains that human development is a lifelong continuing process and suggests a model for the psychological development in elderly, where the core is to be satisfied with life. Most often the gerotranscendent people go through a stage of redefinition of themselves and re-evaluation of their relationship with other people. The theory incorporates developmental and existentialistic

elements and states that at this age, the person becomes self-occupied and also more selective in his or her choice of social and physical activities.

2.6.1 Basic Care of the Aged

Care is defined by Standing (2001) as the act of seeing to a person's physical, psychological, emotional and developmental needs. The migration of adult children into the cities leaves the care of their left behind elderly in limbo, as the left behind becomes the responsibility of the extended family relatives, offspring of co-residence, caregivers with support sometimes from the migrated children. This study will focus more on physiological, psychological and financial needs than other needs as emotional and social needs.

2.6.2 Physiological Care

Physiological care of the aged basically comprises taking care of physical needs such as provision of sufficient nutritious food, clean clothing, comfortable housing, good health and sanitation, occupational adjustment, adequate income, among others (Redfern & Ross, 2006). It is therefore the responsibility of the adult children to ensure that these needs are provided for the aged. According to the United Nations (2002), children supply more practical assistance such as personal care and services, home repairs, and performance of daily household chores to their aged parents. But, Kinsella (2001) is of the view that the effectiveness of this caring system is being compromised due to high level of migration, which to a large extent is having a strong demographic impact on the availability of kin in providing care and support for the aged.

2.6.3 Psychological Care

Besides physical care, the aged need more psychological care as well. Psychological care among other things includes listening to all their grievances with care and attention, an hour or two

moment of discussion with them each day, showing of uttermost respect, love and affection and feeling of sympathy with the elderly. Family members should make sure the voices of the elderly are heard in all major decisions of the family (Standing, 2001). The elderly should not be denied these psychological cares because of the absence or outmigration of the adult children. According to Regmi (1993), considering the joint or extended family structure, family members, particularly sons and daughters-in-law, are responsible for caring for elderly parents and providing them with any form of support.

2.6.4 Financial Support or Care

Most aged especially those in developing countries have numerous financial needs that must be met by adult children, the extended family, the community or society and the government. Among the numerous financial needs of the elderly may include paying of medical bills, accommodation, food, clothing, fees of grandchildren and many more.

The effort of adult children in meeting these needs is very crucial since they are the first point of call by the aged. Opong (2006) stated that, the aged depend on their children for daily survival when they can no longer work in the farms and begin to suffer from ailments that limit their ability. In the case of Ghana, according to GSS (2005) report, the effort by government and the society to reducing the impact of ageing on the elderly include the Social Security contributions and the “Cap 30” for pensioners.

NDPC (2006; 2010) also reported another effort by the government in taking care of the health needs of the aged in Ghana, and this is the national health insurance scheme where the aged at age 70 does not pay for the premium. But this does not include those below age 70 years, which means this age cohort (60-70) has to struggle with health issues for the next 10 years after retirement from active service.

Again, there is this livelihood empowerment against poverty (LEAP) scheme which is implemented by the District/Municipal/Metropolitan Assemblies through the Department of Social Welfare. This seeks to give some incentives to the poor and vulnerable. However, the amount is not enough to cater for the needs of the aged. This scheme is also not focus on the aged specifically, rather, it is widely spread to cover all that has been classified as poor and vulnerable and the aged are sometimes not considered (MIPAA, 2007).

2.7 Impact of Rural-Urban Migration on the Aged

Health has been defined by World Health Organisation (2009) as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. Nursing theorist, Imogene King describes health as “dynamic life experiences of a human being, which implies continuous adjustment to stressors in the internal and external environment through optimum use of one’s resources to achieve maximum potential for daily living”. Her view associates health to a continuous process which needs to be considered. According to King (1981), *being* in health is better than to *have* health. Redfern and Ross (2006), states that as one ages, there is a reduction in the number of cells in the body. This makes the aged prone to diseases Cold, Pneumonia, Bronchitis, Rheumatic fever, Blood pressure, Heart disease, Stroke and the likes. The outmigration of adult children can lead to improvement or deterioration of the health of the aged. Through the inflow of remittance, migration can benefit both migrants and left behind family members by reducing economic risk and overcoming capital constraints, thus improving families’ sanitation, health care, and nutrition and bringing positive changes in quality of life (Demurger, 2015). Studies have shown in some countries that the outmigration of the adult children has significantly impacted negatively on the health of the aged (Antman, 2010). For instance, a study conducted in rural China to ascertain the impact of migration of adult

children on financial, physical and psychological care received by the left behind elderly revealed that the migration of sons significantly negatively impacted the mental health of rural aged (Zhang, 2011).

2.8 Ageing and Fundamental Human Rights

Through research information and other reports it has come to light that fundamental rights of older persons such as the right to life and liberty, the right to work, and the right to freedom from discrimination are often abused. Older people are abused by family and community members. They are sometimes accused of witchcraft and violently assaulted and tortured in some cases. Economically, they are discriminated against as financial institutions refuse them credit and other financial services. Their rights and needs are often overlooked by those implementing aid programmes and the contributions that older people can make are often ignored and their efforts undermined (MESW, 2010).

CHAPTER THREE

METHODOLOGY OF THE STUDY

3.1 Introduction

This chapter focuses on the methodology used in the study. It introduces the study area and presents the research design, the sampling methods as well as the data collection techniques used in the research.

3.2 The Study Area

Figure 1 Showing Akuse and its environs



The research was conducted in Akuse in the Lower Manya-Krobo Municipality in the eastern Region of Ghana. The research was carried out in areas such as Salom, Merigo, Osokutu, Amedeka and Zongo of the Akuse Township. The Lower Manya-Krobo Municipality with its capital as Odumase Krobo, and 6°32'N and 0°49' W as its Coordinates is one of the 26 districts in the Eastern Region of Ghana. It is located at the Eastern corner of the Eastern Region of Ghana, lying between latitude 6.2. -6.5°N and Longitude 0.0°W of the Greenwich Meridian with an altitude of 457.5m. The Municipality resulted from the split of the then Manya Krobo District into Lower and Upper Manya Krobo in 2008. It was given a Municipal status in 2012 by a legislative Instrument (LI) 4026. It is bounded on the north-west by Upper Manya Krobo District, on the South-east by North-Tongu District and on the south by Yilo Krobo and Dangme West District. It covers a land area of 591 square kilometres constituting about 3.28% of the total land area of the Esastern Region of Ghana (18,310km).

The 2010 population census indicated that the total population of the Municipality is 89,246 representing 3.4 percent of the total population of Eastern Region. The male population constitutes 41,470 (46.5%) and the female population constitutes 47,776 (53.5%). The population of the youth is about 35.1% of the total population of the Municipality (GSS, 2014). The urban areas have a sex ratio of 84.6 whilst the rural areas have a ratio of 99.2 showing that there are more males than females in both urban and rural areas. The Municipality has a fertility rate of 3.0 which suggest that a female aged between 15-49 years will give birth to three children by the end of her reproductive years, if she goes by the current age-specific fertility rates (GSS, 2014).

The average persons per a household are four in the Municipality. This is slightly higher for rural areas (4.2) than urban areas (3.9) consisting of children (sons or daughters) of household heads (35.5%) heads of households represented 25.3% and grandchildren (10.9%). Spouses make up 9.2% of the population. About a third of the household resides in single parent (nuclear or extended) households. Majority of the household's population lived in extended family households constituting 61.7%.

3.3 The Study Design

The study adopted both quantitative and qualitative methods of data collection, analysis and reporting. This method helped to gain in-depth knowledge and understanding of the complex nature of the relationship between migrants and the care for their left behind elderly in the Akuse of the Lower Manya Krobo Municipality. Again, this method could provide stronger evidence for a conclusion through convergence and corroborative findings. The method was also used to increase the validity of the findings by measuring the same phenomenon in different ways. It can lead to enhanced data collection instruments and promotes greater understanding of the findings.

However, the use of this method comes with a number of challenges, such as the difficulty involved when carried out by a single researcher, its time consuming nature as well as the high cost involved.

3. The Study Questionnaire

A structured questionnaire (appendix I) was used for the data collection. The questionnaire was administered to the elderly left behind, that is, those between the ages of 60 and 80 years who could speak. The questions posed to the respondents allowed the researcher to obtain background information of the migrants who had left for the urban centres. To verify that the questions could be understood by the respondents, the questionnaire was pre-tested at Asutuare as the people living there are primarily from the Ga-Adangbe ethnic group just like those living in Akuse. This was a helpful exercise as it allowed for some modifications to be made to the questionnaire before it was finally administered to the left behind elderly.

3.5 Variables Measured

Through the questionnaire the following variables were measured. To begin with, information regarding the demographic characteristics of both the migrants and the elderly such as age, sex, educational levels, marital status, religious affiliation, occupation, number of children ever born who are alive and the number that has migrated were obtained. Information regarding migrants' destination areas, duration of migration, reasons for migration and migratory processes was gathered as well as the frequency and means of contact between the elderly and the migrants. The study also focused on collecting data on the effects of rural-urban on the financial and physical care of the elderly after the migration of the adult children. Finally, the respondents were asked about the coping strategies they adopted when remittances were delayed, reduced or not forthcoming.

3.6 Population and Sampling Procedure

In the study, a purposive sampling technique was used. According to Berg (2004), purposive sampling allows a researcher to choose participants to be included in the study based on knowledge of specific characteristics of the sample that would best represent the population. By this method of sampling, the researcher is permitted to use his own discretion to select cases that will assist in answering the research question and meet the objectives. The sample selected is usually small but informative in relation to the cases in the study (Neeuman, 2003). With respect to this study, the researcher interviewed only aged left behind by children who have migrated to the urban centres. The researcher also employed snowballing technique to reach out to target population for purposes of saving time and getting target population.

3.6.1 The Study Population

The respondents targeted for this study were elderly whose adult children have migrated to the cities and urban centres of Ghana. The aged in Ghana can be defined as anybody above 60 years (UNFPA and Help Age, 2012). The elderly between the ages of 60 and 75 years were targeted because they could understand the questionnaire and express themselves well.

3.6.2 Sample Size

Using a confidence interval of 95 percent interval and allowing 5 percent margin of error, a sample size of one hundred (100) was calculated using Epi info version 3.6 in order to calculate for the missing of answered questionnaires, researcher therefore used hundred (100) respondents who were the elderly left behind by the migrants in the Akuse township. A total of 55 male elderly and 45 female respondents were selected from different households.

3.6.3 Sampling Procedure

This study aims at finding out the effect of rural-urban migration on the care of migrants' elderly parents in the Akuse community in the Lower Manya Krobo Municipality. After identifying the areas purposively, A Screener survey was used to identify households with left behind adults. Respondents were then randomly selected from the number obtained from the Screener survey,

3.7 Sources of Data

The study relied on both secondary and primary data for its sources of information. The primary source of data was households at in the Akuse community in the Lower Manya Krobo Municipality. The elderly of the migrants within the community were selected and interviewed. The secondary sources included published research articles, journals and publications, websites, published and unpublished works.

3.8 Data Collection Procedure

Data collection started first with interviews of the left behind elderly in Salom, Merigo, Osokutu, Amedeka and Zongo in that order. In any of the households, questionnaires were given to elderly who could read, understand and write. But for those who could not understand the English language, the questionnaire was read to them and translated into Dangme for them to really understand. The households where the interviews were conducted were randomly selected.

3.9 Data Collection Tools

The main data collection instruments used for the study was structured questionnaire with the selected sample population. The structured questionnaire included mostly closed ended questions of various types. To collect additional information, Open-ended questions were also used. The questionnaires which had five sections were, distributed and administered to the elderly.

3.10 Data Analysis

The quantitative data collected was analysed using the Statistical Package for the Social Sciences (SPSS) software and Excel to provide descriptive statistics. The results of the analysis were then illustrated using charts and graphs. A chi-square test of association was also used to examine the relationship between the socio-demographic variables of the LBE and their care needs. The in-depth interviews were audio recorded and transcribed. The transcribed interviews were then organised into themes manually. The qualitative analysis was in the form of narratives that reflect the opinion and experiences of the participants who were interviewed. The socio-demographic background of the interviewed respondents is included in the appendix.

3.11 Ethical Consideration

The researcher first visited the community and introduced himself to the leaders. He made a brief introduction about the purpose of the study and fixed days on which the interview would be conducted. On the fixed date, an introduction of the researcher by the community leaders was to the community together with the subject of the research. The researcher then assured the respondents of the confidentiality of the information that would be obtained.

3.12 Limitations of the Study

One of the main challenges encountered on the field was the fact that many of the respondents did not understand English. To overcome this challenge, the services of an interpreter were used to translate questions into Dangme. A second challenge was the limited time within which the study had to be conducted. To deal with the time constraint, my colleague teachers whom I had guided in the data collection came in to help.

CHAPTER FOUR

BACKGROUND CHARACTERISTICS AND MIGRATION TRAJECTORY

4.1 Introduction

This chapter presents the findings of the research based on the objectives outlined in Chapter One. The first section of the chapter focuses on the socio-demographic variables such as age, marital status, and employment status of both the left-behind elderly and the migrants and presents some findings in the form of tables, graphs or charts. The chapter further discusses the migration intentions of the migrants, their destinations as well as the length of stay.

4.2 Socio-Demographic Characteristics of the Respondents and Migrants

This section of the study presents the findings on Socio-demographic of the left-behind elderly parents. The variables are age, sex, marital status, level of education, occupation, number of children born who are alive and number of children travelled.

4.2.1 Age of the Left-Behind Elderly

The study ascertained from the respondents about their ages which is presented in Table 4.1 The results indicates that majority of the respondents were between the ages of 60 to 64 years representing 39% of the study population. This was followed by those in the age categories 65 to 69 years and 75 to 79 years representing 24% each.

Eight (8) out of the hundred (100) respondents were 80 years and above which represents 8% of the total study population. Only 5 of the respondents interviewed were in the 70 to 74 age category which representing 5% of the total study population.

Table 4.1 Age of left-behind elderly

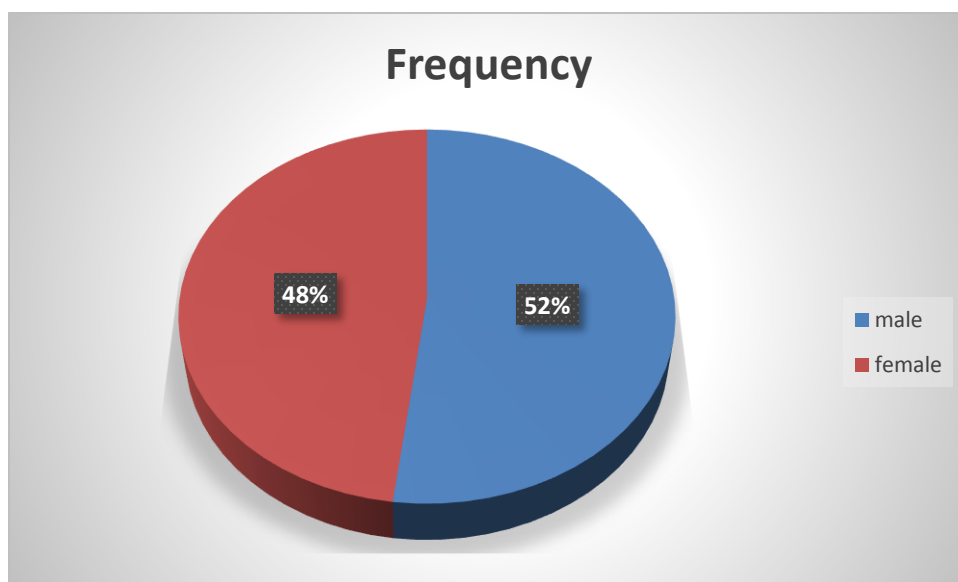
Age range	Frequency	Percent
60-64	39	39.0
65-69	24	24.0
70-74	5	5.0
75-79	24	24.0
80 and above	8	8.0
Total	100	100.0

Source: Field survey October, 2018

4.2.2 Sex of Left-Behind Elderly

Figure 4.1 displays the sex of the aged obtained from the field survey. The study revealed that more than half (52%) of the respondents were males and the remaining 48 percent constituting females. This outcome suggests that the left-behind elderly in Akuse is dominated by males with females in the minority.

Figure 4.1: Sex of left-behind elderly



Source: Field Survey, October, 2018

4.2.3 Educational Levels of the Left-Behind Elderly

The respondents had diverse qualifications with the minimum level of education being at the primary or basic school level and highest qualification of tertiary certificate. A little below half (42%) of the respondents had Middle /JSS/JHS education, 12 percent and 11 percent had tertiary and SHS levels of education respectively. But almost a third (30%) of the population had no

formal education. From the data, it is evident that the majority of the left-behind parents had some form of education.

Table 4.2: Level of education of left-behind elderly

Level of education	Frequency	Percent
No education	30	30.0
Primary	2	2.0
Middle/JSS/JHS	42	42.0
SSS/SHS	11	11.0
Tertiary Level (University/ polytechnic/Training College	12	12.0
Others	3	3.0
Total	100	100.0

Source: Field Survey October, 2018

4.2.3 Marital Status of the Left-Behind Elderly

The study indicated that 52 of the respondents which represents 52% are married, 16 respondents were separated which represents 16% of the population, 2 of the respondents were divorced

which is 2% of the population and the remaining 30 respondents were widowed representing 30% of the study population.

Table 4.3: Marital status of left-behind elderly

Marital status	Frequency	Percent
Married	52	52.0
Separated	16	16.0
Divorced	2	2.0
Widowed	30	30.0
Total	100	100.0

Source: Field Survey, October, 2018

4.2.4 Religious Affiliation of the Left-Behind Elderly

With respect to the religious affiliations of the respondents, about 70% of the respondents were Christian while about 27% were Muslim. The high incidence of Christianity within Akuse could be attributed to the presence of several churches within the town.

Table 4.4 Religious affiliations of the left-behind elderly

Religion	Frequency	Percent
Christian	70	70.0
Moslem	27	27.0
Others	3	3.0
Total	100	100.0

4.2.5 Number of Respondents with Migrant Children

In order to understand the magnitude of the rate of out-migration in Akuse, Respondents were asked how many of their children had migrated to urban areas. The responses were categorized into ranges of three; 1-3, 4-6 and 7 and above. The study found that about 61% had between one (1) and three (3) children who had migrated to urban centres, while 26% had between four (4) and six (6) children migrating. 13% of the respondents had seven (7) or more of their urban centres. migrating to This indicates that the majority of the respondents had 3 or less children who have migrated to the cities.

Table 4.5 Number of the left-behind's children who are migrants

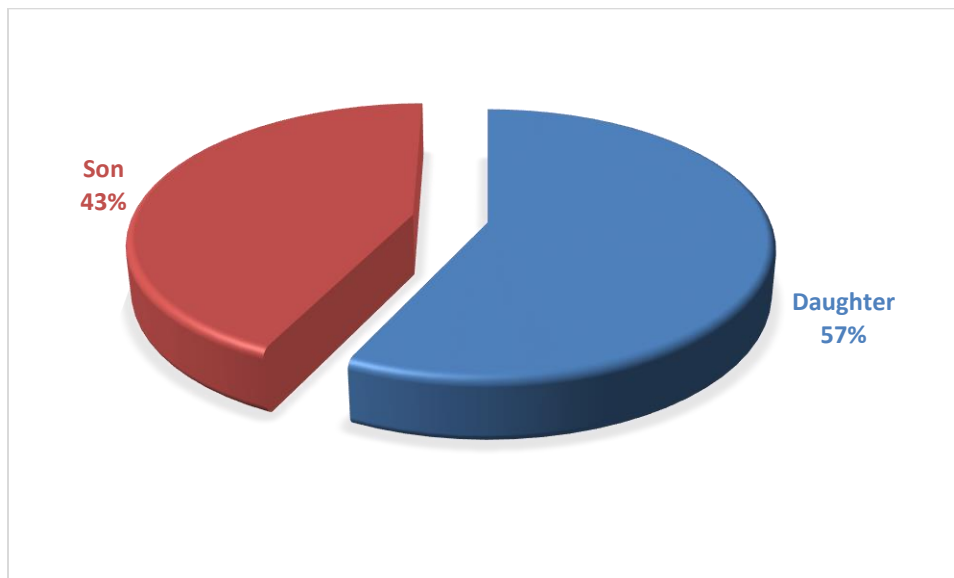
Children travelled	Frequency	Percent
1 and 3	61	61.0
4 and 6	26	26.0
7 and above	13	13.0
Total	100	100.0

Source: Field Survey, October, 2018

4.2.6 Migrants Relationship with the Elderly Left-Behind

Here, the study sought to find out the relationship between the migrants and the left-behind parents. According to the study, more than half (57%) of the respondents had daughters who had migrated while 43% of the respondents had their sons who had migrated to the city.

Figure 4.2: Migrants relationship with the elderly left-behind.



Source: Field Survey, October, 2018

4.2.7 Sex of Migrants

As indicated in Table 4.2.7 below, the study revealed that 57 out of the total population of 100 representing 57% had migrant children who were female and 43 being male also representing

43%. It can therefore be concluded that majority of the respondents had more female migrants than those with male migrants in Akuse. This finding support studies by Caldwell (1969) there has been increase in the number of women involved in rural- urban migration as well as Awumbila et al.,(2008) who note that that a significant share of migrants are now made up of women who move independently to achieve their own economic goals and not simply joining a husband or other male family members as accompaniment.

Table 4.6 Sex of migrants

Sex of migrants	Frequency	Percent
Male	43	43.0
Female	57	57.0
Total	100	100.0

Source: Field Survey, October, 2018

4.2.8 Marital Status of Migrants

It can be observed from the Table 4.7 below that, sixty-one (61) out of the hundred (100) respondents representing 61% said their migrated children are married. 29% of the respondents said their migrated children have never married. Ten (10) out of the hundred (100) respondents, representing 10 % indicated that their migrant children were cohabiting. This indicates that more than half (61%) of the migrants are married.

Table 4.7 Marital status of migrant

Marital status	Frequency	Percent
Never married	29	29.0
Living together/consensual/cohabitation	10	10.0
Married	61	61.0
Total	100	100.0

Source: Field Survey, October, 2018

4.2.9 Educational Level of Migrants

The study revealed that 37 percent. of the respondents’ migrated children have some form of basic education, which is Also 36 out of the the hundred (100) respondents representing 36% indicated their migrated children had up to SSS/SHS level of education. Eleven (11) out of the hundred (100) left-behind elderly also have migrant children who attained tertiary level education . While two (2) and six (6) respondents have their migrant children attaining vocational and primary levels of education respectively, seven (7) of the respondents have

migrant children representing 7 percent not having formal education. It can be concluded that, majority of the migrants had low levels of education. This could potentially affect their levels of employment which will intend affect the flow of remittances to the rural areas due to low levels of income. And this supports the literature that, children find it difficult to provide adequate financial needs of the family and aged when not gainfully employed at their destinations (Okraqu, 1985; Udegbe, 1990).

Table 4.8: Level of education of migrants

Level of education	Frequency	Percent
No education	7	7.0
Primary	6	6.0
Middle/JSS/J HS	37	37.0
SSS/SHS	35	35.0
Vocational	2	2.0
Tertiary level	11	11.0
Other	2	2.0
Total	100	100.0

Source: Field Survey, October, 2018

4.2.10 Current Occupation of Migrants

The study found that 42 out of the total population studied had their migrant children engaged in trading which represents 42% of the population, 3 of the respondents said their children are into

farming which is 3% of the population, 6 of the respondents said their migrant children were public sector workers representing 6%, 20 of the respondents had their migrant children in the private sector representing 20% and 29 out of the total population had their migrant children engaged in other occupations representing 29%

Table 4.9: Current occupation of migrants

Current occupation	Frequency	Percent
Trading	42	42.0
Farming	3	3.0
Public sector work	6	6.0
Private sector work	20	20.0
Others	29	29.0
Total	100	100.0

Source: Field Survey, October, 2018

4.3 Destination Areas

The main destination for about 41% of the respondents' children was Accra. This may be due to Accra's proximity to Akuse. Again, 16 of respondents also indicated that their children had migrated to Ashaiman and this represents 16% of the study population. Whilst 2 of the

respondents had children in Takoradi representing 2% of the total population, both Kumasi and Koforidua serve as destinations for children of 5 respondents respectively which also represent 5% in each case. Finally, the study captured 31 respondents having migrant children in other parts of the country. It can therefore be concluded that, majority of the respondents' migrant children are in Accra. And this supports the literature that Accra is the preferred destination of rural migrants in Akuse due to its metropolitan nature, the infrastructure available and the perceived job opportunities available (Appianing, 2013).

Table 4.10 Destination Areas

Destination	Frequency	Percent
Accra	41	41.0
Ashaiman	16	16.0
Takoradi	2	2.0
Kumasi	5	5.0
Koforidua	5	5.0
Others	31	31.0
Total	100	100.0

Source: Field Survey October, 2018

4.4 Length of Stay at Destination

The study intended to find out about the number of years the migrants how long the migrants had been living at their destinations. As such, the years were grouped into the following ranges; less than a year, 1-3 years, 4-6 years and 7 years or more. The study found that 3 of the respondents'

children representing 3% of the study population had been living in their current destinations for only less than a year. Again, out of the 100 respondents, 21 of them had their children living in their current destinations between 1-3 years representing 21%. Whilst 57% of the elderly population in Akuse indicated that their children have spent between 4-6 years at their current destinations, those who have migrant children spending 7 years and more at their destinations are a little below one-fifth (19%). Conclusively, a little over half (57%) of the of the respondents' migrants children have spent between 4 and 6 years at their current destinations. This is enough time for migrants to have settled, secured a job and be remitting home to cater for the financial needs of the left behind.

Table 4.11 Year(s) of stay at destination

Year range	Frequency	Percent
Less than a year	3	3.0
1-3 years	21	21.0
4-6 years	57	57.0
7-more years	19	19.0
Total	100	100.0

Source: Field Survey October, 2018

4.5 Reasons for Migration

From the table above, the research found that, out of the 100 respondents, 55 of them representing 55% said their children migrated to purposely seek for better job opportunities in

the cities, 8 of them mentioned that their children went for further studies which also represents 8% of the study population, Interestingly, 33% of the respondents have their children either joining their husbands or wives in the cities. Lastly, only 4 out of the total respondent representing 4% could not give the exact reasons why their children migrated to the cities. It makes it clear that most migrants from Akuse migrate to other parts of the country for search of better jobs and opportunities. This finding does not support the literature by Adepoju (1990), which indicates that attraction of urban areas to migrants is not entirely for economic purposes but other consideration like quality of life among others. One man in an in-depth interview had this to say.

Now as am talking, three of my children have travelled to Accra to search for better job opportunities. The absence of the youth in Akuse is mainly due to lack of jobs for our children. So right after basic school, they all travel to Accra (Mr. Narh, Akuse, October, 2018).

Table 4.12 Reasons for migration

Reasons for migration	Frequency	Percent
lack of better jobs and opportunities	55	55.0
For further Studies	8	8.0
marriage	33	33.0
Other	4	4.0
Total	100	100.0

Source: Field Survey October, 2018

CHAPTER FIVE

CARE NEEDS OF THE LEFT-BEHIND ELDERLY

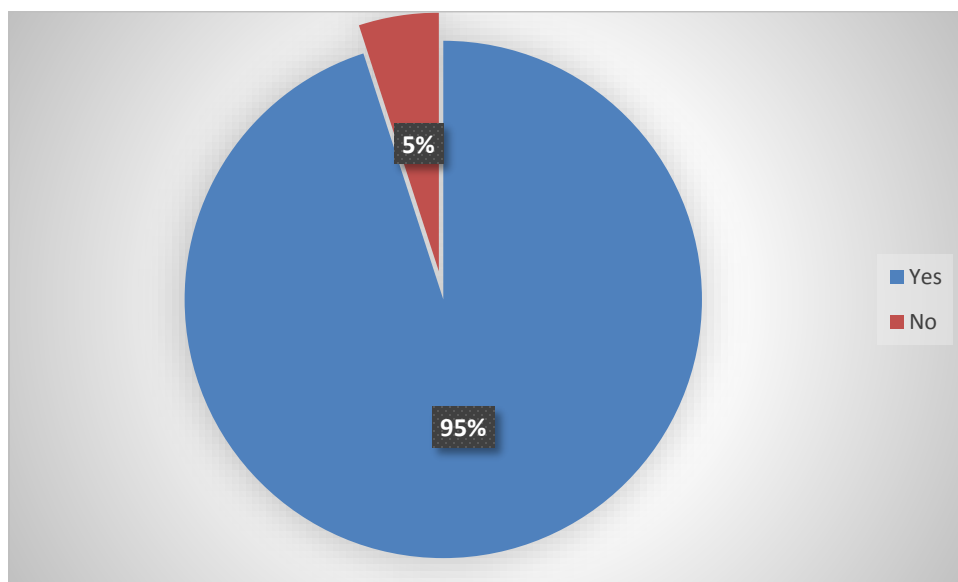
5.1 Introduction

As stated in chapter one, in many African societies, provision of care for parents in their old age is seen as the responsibility of the adult children. A reciprocation of the care provided when they were young (Apt, 2000). This chapter presents the experiences of the left behind elderly, focusing on the means and frequency of contact with the migrants, the provision of the financial and physical needs as well as their coping strategies when they do not receive any form of remittance.

5.2 Communication between Migrant and Left Behind Elderly

A key issue the study sought to find out was whether the migrants communicate with the left-behind elderly. As can be referenced from figure 5.1, the study revealed that 95 of the respondents communicate with their migrant children representing 95% of the population and only 5 of the respondents do not have any form of communication with their migrant children which also represents 5% of the population. Conclusively, majority of the left behind in Akuse communicate with their migrant children at their various places of destination.

Figure 5.1 Communication with migrant children



Source: Field Survey October, 2018

5.3 Cross Tabulation of Relationship and Communication between Migrants and Left Behind Elderly

In caring for the left behind elderly communication between the migrants and the aged is crucial as it plays a major role in the emotional and psychological well being of the elderly (United Nations, 2002). In this study, a cross tabulation of migrants' relation with the LBE and communication revealed that more than half (58.9%) of the migrants who communicate with the elderly are daughters while 41.1% of the migrants are sons. However, the chi-square test of association at a significance level of 5 %, indicated that there is no significant association between relation and migrants communication with left behind elderly ($\chi^2 = 2.940$, $df = 1$, $p = 0.086 > 0.05$). This means that relation has no influence on communication between migrants and LBE. The result further implies that sons who are migrants are less likely to communicate with their elderly parents left behind.

Out of my four children who have migrated, all my three sons call me almost every day but my daughter hardly calls me (Mr. Nimo, Akuse, October, 2018)

Table 5.1 Cross tabulation of Relation and Communication between Migrants and Elderly

		Communication With Migrants		Total
		Yes	No	
Relation	Daughter	56(58.9%)	1(20.0%)	57(57.0%)
	Son	39(41.1)	4(80.0%)	43(43.0%)
Total		95(100.0%)	5(100.0%)	100(100.0%)

$\chi^2 = 2.940$, $df = 1$, $p = 0.086 > 0.05$

5.4 Cross Tabulation of Age of LBE and Communication with Migrants

The study sought to establish whether there is a relationship between the age of the left behind elderly and communication with migrants. The cross tabulation presented in Table 5.2 shows that almost 40% of the elderly in the 60-64 age category communicate with the migrants. This was followed by 25.3% of those in the 75-79 age categories. 22.1% of the elderly who fall within 65-69 age categories communicate with the migrants. Finally, those in the age categories 70-74 and 80 and above with 5.3% and 8.4% respectively, are the least to communicate with the migrants. Furthermore, the chi-square test of association at a significance level of 5 %, revealed that there is no significant association between elderly age and communication with migrants ($\chi^2 = 4.791$, $df = 4$, $p = 0.309 > 0.05$). This proves that elderly age has no influence on communication with migrants. This outcome is an indicative that age of the elderly is not likely to affect communication with migrants.

Table 5.2 Cross tabulation of elderly age and Communication between migrants and LBE

	Communication With Migrants		Total
	Yes	No	
Age 60-64	37 (38.9%)	2 (40.0%)	39 (39.0%)
65-69	21 (22.1%)	3 (60.0%)	24 (24.0%)
70-74	5 (5.3%)	0 (.0%)	5 (5.0%)
75-79	24 (25.3%)	0 (.0%)	24 (24.0%)
80 and above	8 (8.4%)	0 (.0%)	8 (8.0%)

Total	95 (100.0%)	5 (100.0%)	100 (100.0%)
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$(\chi^2 = 4.791, df = 4, p = 0.309 > 0.05)$.

5.5 Cross Tabulation of Frequency of Communication and Relation between Migrants and LBE

The research intended to find out whether there is a relationship between frequency of communication and relation of migrants with the LBE. The cross tabulation presented in Table 5.3 showed that whilst 50.0% of daughters communicated with the LBE once a week, 15.4% of sons did that once a week. This means that in a week, daughters communicated more with the LBE than sons. On the contrary, whilst 59.0% of sons communicated with the LBE twice a week, 35.7% of daughters did that twice a week, which also implies that for twice a week sons communicated more than daughters. Lastly, 17.9% of sons communicate once a month with the LBE while 12.5% of daughters tend to communicate with the elderly for the same duration. The chi-square test of association shows that there is a significant association between frequency of communication and relationship between migrants and the elderly ($\chi^2 = 12.813, df = 3, p = 0.005 < 0.05$). This implies that migrants' relationship with the LBE can affect the frequency of communication.

Table 5.3 Cross tabulation of Frequency of communication and Relation

	Relation		Total
	Daughter	Son	
How often			
Once a day	28 (50.0%)	6 (15.4%)	34 (35.8%)
Twice a week	20 (35.7%)	23 (59.0%)	43 (45.3%)
Once or twice a month	7 (12.5%)	7 (17.9%)	14 (14.7%)
Other	1 (1.8%)	3 (7.7%)	4 (4.2%)
Total	56 (100.0%)	39 (100.0%)	95 (100.0%)

($\chi^2 = 12.813$, $df = 3$, $p = 0.005 < 0.05$).

5. 6 Means of Communication

The work sought to ascertain the means by which the left behind elderly communicated with their migrant children. The study found that the primary means of communication for 96.8% of the respondents was through the use of mobile phones. 3.2% of the respondents relied on other migrants who came to visit to pass along messages to their children. But 5% of the study population indicated that they had no means of communication with the migrants. .

Table 5.4 Medium of communication

Medium	Frequency	Percent
Telephone call	92	92
Message through people coming home	3	3
No means of communication	5	5
Total	100	100

Source: Field Survey October, 2018

5.7 Frequency of Communication between Migrants and Left-Behind Elderly

From the study, it has been noted that 34 of the respondents communicated with their migrant children daily representing 35.8% of the total population of 95 left-behind parents who had communications with their migrant children. 43 of the said population had phone calls twice a week representing 45.3% and 14 of the respondents communicated once or twice a month with their migrant children, representing 14.7% 4 respondents representing 4.2% communicated with their children any other period. Therefore majority of the communication between migrants and their left-behind elderly in Akuse through occurred on a daily and weekly basis and was usually through phone calls. .

Table 5.5 Frequency of communication between migrants and left-behind elderly

Frequency of communication	Frequency	Percent
Once a day	34	34.0
Twice a week	43	43.0
Once or twice a month	14	14.0
Other	4	4.0
Total	95	95.0

Source: Field Survey October, 2018

5.8 Migrant Children Visiting Home

Of the 100 respondents in the study, 47% of the respondents stated that their migrant children visited home once a year, while 28% of the respondents had their migrant children visiting twice a year 18% of the respondents had visits from their migrant children any time the children wished to come. 7% of the respondents stated that their migrant children had never visited home after migrating. This implies that, most migrant children do not only communicate with their left-behind parents but also make efforts to visit home.

Table 5.6 Migrant children visiting home

Home visit	Frequency	Percent
Never visited	7	7.0
Once per year	47	47.0

More than twice a year	28	28.0
Other	18	18.0
Total	100	100.0

Source: Field Survey October, 2018

5.9 Cross Tabulation of Migrants Visiting Home and Age of the LBE

This section provides a cross tabulation analysis of the frequency with which migrants visited home and the ages of the left behind elderly to find out if there was any correlation. The ages were categorized into ranges of 5 with 60-64, 65-69, 70-74, 75-79 and 80 and above being the ranges. In the same vein, the frequencies of home visits were categorized as never visited, once per year, more than twice a year and other unspecified duration. The cross tabulation in table 5.7 shows that 46.8% of elderly in the age category 60-64 were visited once in a year while 17.9% of the same age category were visited more than twice a year by the migrants. Again, more than half (53.6%) of the elderly in the age category 75-79 were visited more than once a year while 12.8% of the same age category were visited once in a year. The chi-square test of association shows that there is a significant association between age of the left-behind elderly and home visit by migrants ($\chi^2 = 32.128$, $df = 12$, $p = 0.001 < 0.05$). This implies that migrants' visiting home is influenced by age of the LBE, especially those in the 75-79 age categories. Home visit also enabled the migrants to check on the health of the LBE.

Table 5.7 Cross tabulation of age of the elderly and home visit by migrants

	Home Visit				Total
	Never visited	Once per year	More than twice a year	Other	

Age	60-64	4 (57.1%)	22 (46.8%)	5 (17.9%)	8 (44.4%)	39 (39.0%)
	65-69	3 (42.9%)	13 (27.7%)	3 (10.7%)	5 (27.8%)	24 (24.0%)
	70-74	0 (.0%)	0 (.0%)	3 (10.7%)	2 (11.1%)	5 (5.0%)
	75-79	0 (.0%)	6 (12.8%)	15 (53.6%)	3 (16.7%)	24 (24.0%)
	80 and above	0 (.0%)	6 (12.8%)	2 (7.1%)	0 (.0%)	8 (8.0%)
Total		7 (100.0%)	47 (100.0%)	28 (100.0%)	18(100.0%)	100(100.0%)

($\chi^2 = 32.128$, $df = 12$, $p = 0.001 < 0.05$).

5.10 Cross Tabulation of Relation and Migrants Visiting Home

To determine whether migrant's relation with the elderly influenced their visits home, a cross tabulation between the two variables was done and as indicated in Table 5.8, whilst 42.9% of daughters never visited home 57.1% of sons also did not. In a year, 51.1% of daughters visited home with 48.9% of sons doing same. Again, in a year, whilst 78.6% of daughters visited home twice, only 21.4% of sons did same. However, the Chi-square test of association does not show any significance association between relation and home visit by migrants ($\chi^2 = 7.721$, $df = 3$, $p = 0.052 > 0.05$). This means relation of migrants with the LBE does not influence home visit by the migrants.

Table 5.8: Cross tabulation of Relation and Home Visit by migrants

	Home Visit				Total
	Never visited	Once per year	More than twice a year	Other	
Relation Daughter	3 (42.9%)	24 (51.1%)	22 (78.6%)	8 (44.4%)	57(57.0%)
Son	4 (57.1%)	23(48.9%)	6 (21.4%)	10 (55.6%)	43 (43.0%)
Total	7 (100.0%)	47 (100.0%)	28(100.0%)	18 (100.0%)	100(100%)

$\chi^2 = 7.721$, $df = 3$, $p = 0.052 > 0.05$

5.11 Chores after Migration of Children

The study ascertained from the respondents who performed house chores for them after their children have migrated, and had the following responses. 10 out of the 100 respondents representing 10% indicated that house chores were done by themselves, 6 respondents which represent 6% of the study population said their house chores were done by caregivers. More than half (73%) of the respondents said their chores are done by other relatives, and the remaining 10 respondents said their chores were done by other people representing 10%. This therefore means the chores of left-behind parents of migrants are done mostly by other relatives after the migration of their children. This finding does not support the literature by the United Nations (2000), that with the exception of the Scandinavian countries, children supply more practical assistance such as personal care and services, home repairs as well as performance of daily household chores to their aged parents. However, the result of the study affirms the literature by (Cowgill, 1986; Albert and Cattell, 1994) that the family has been the main institution of care and wellbeing for the aged.

Table 5.9: Chores after migration

Chores after migration	Frequency	Percent
Self	10	10.1
Hired caregiver	6	6.1
Other relatives	73	73.7
Other	10	10.1
Total	99	100.0

Source: Field Survey October, 2018

5.12 Payments of Caregivers' Services

The research shows that majority of left-behind parents paid for the services of caregivers themselves after hiring their services after the departure of their children with 4 respondents paying caregivers themselves representing 66.7% and 2 of the respondents having their caregivers paid by their migrant children for their services.

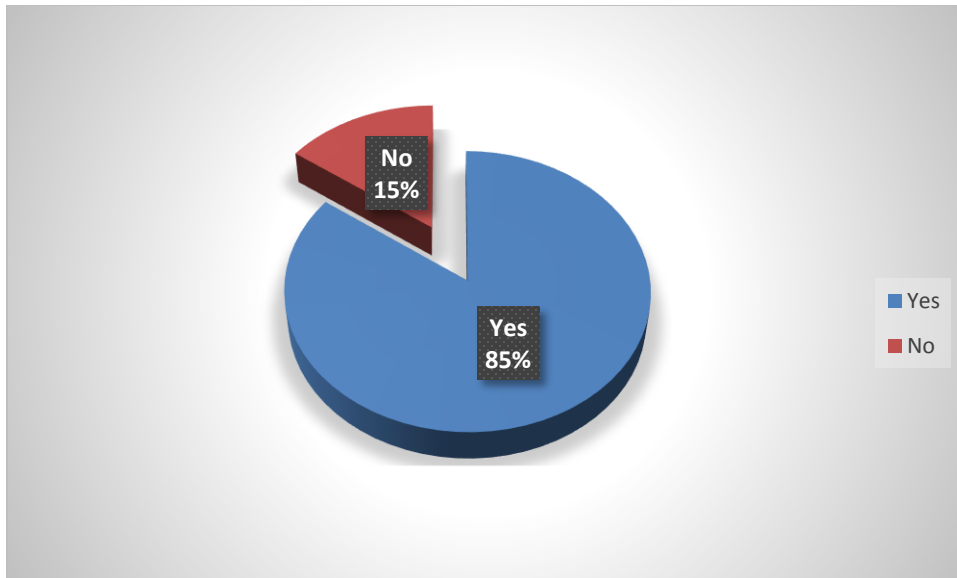
Table 5.10. Who pays for caregivers' services

Caregivers paid by	Frequency	Percent
Migrated child(ren)	2	33.3
Self	4	66.7
Total	6	100.0

5.13 Health Issues of the Left Behind Elderly

The study sought to know from the respondents whether they had any health issues after the migration of their adult children and their responses are illustrated in the table below. Out of the study population of 100, majority (85%) of them indicated having health issues, with only 15% also indicated not having any health challenge. Conclusively, majority of the left behind elderly experienced one health issue or the other even after the migration of their children. This result affirms the literature by Antman, (2010) that the outmigration of the adult children has significantly impacted negatively on the health of the aged.

Figure 5.2 Health issues after migration of children



5.14 Types of Health Issues

With respect to the health issues of the respondents, the study found out that of the 85 respondents who had health issues 26 of them representing 30.6% had general physical weakness, 10.6% experienced eye problems and 2.4% suffered from rheumatism. A little over half (56.5%) of the respondents had other health issues such as high blood Pressure. This finding supports studies such as Redfern and Ross (2006) who note that as one ages, there is a reduction in the number of cells in the body. This makes the aged more prone to illness such as the common Cold, Pneumonia, Bronchitis, Rheumatic fever, high blood pressure, Heart attacks and Stroke.

Table 5.11 Type of health Issues

Types of health issues.	Frequency	Percent

Eye problem	9	10.6
Rheumatism	2	2.4
General physical weakness	26	30.6
Others	48	56.5
Total	85	100.0

Source: Field Survey October, 2018

5.15 Access to Medical Care

Most of the respondents of the study had access to medical care. The study found that 82 of the respondents said they had medical care representing 96.5%, and 3 of the respondents said they didn't get medical care representing 3.5% of the population.

Table 5.12 Access to medical care

Access medical care	Frequency	Percent
Yes	82	96.5

No	3	3.5
Total	85	100.0

Source: Field Survey October, 2018

5.16 Payment of Medical Bills

The work also intended to find out from the respondents who accessed medical care how their bills were paid, and as indicated, which is shown in the table below that, 3 respondents had their medical bills paid by no one representing 3.6% and 35 respondents which also represent 41.7% paid their own medical bills. Again, while 29 of the respondents said their medical bills were paid by their migrant children representing 34.5%, a quarter (21.2%) of the 85 respondents accessed medical care through NHIS. To conclude, majority of LBE in Akuse paid their own medical bills after the migration of their children. The conclusion of this finding support the literature by Kinsella (2001) that the effectiveness of this caring system is being compromised due to high level of migration, which to a large extent is having a strong demographic impact on the availability of kin in providing care and support for the aged.

Table 5.13 Payment of medical bills

Medical bills paid by	Frequency	Percent
No one	3	3.5
Self	35	41.2
Migrant Child(ren)	29	34.1
NHIS	18	21.2
Total	85	100.0

Source: Field Survey October, 2018

5.17 Cross Tabulation of Payment of Medical Bills and Migrants Occupation

The study indicated that after migration, migrants children helped in paying medical bills of the LBE. Based on this, a cross tabulation of payment of medical bills and current occupation of migrants was done to ascertain whether there is a relationship between the two variables. As has been shown in Table 5.14, 36.4% of the elderly who paid their own medical bills have migrants who are traders. At the same time 25.0% of the same categories have migrants working in both the public and private sectors respectively. Again, 21.2% and 100% of the elderly whose migrants' children are traders and farmers respectively had their medical bills paid by the migrants. In addition, 50.0% and 55.0% of the elderly with migrants working in the public and private sectors respectively had their medical bills paid by the migrant children. Finally, 36.4%

of the elderly with migrant traders used NHIS to cater for their medical bills, and 25% and 20% of the elderly with migrants working at both the public and private sectors respectively also used NHIS to cater for their medical bills. Furthermore, the Chi-square test of association at a significance level of 5 %, revealed that there is a significant association between payment of medical bills and current occupation of migrants ($\chi^2 = 22.718$, $df = 12$, $p = 0.030 < 0.05$). This means occupation of migrants can influence payment of medical bills.

Table 5.14 Cross tabulation of Payment of Medical bills and Current Occupation of migrants

		Current Occupation					Total
		Trading	Farming	Public sector work	Private sector work	Others	
Payment of Medical bills	No one	2 (6.1%)	0 (.0%)	0 (.0%)	0 (.0%)	1 (3.8%)	3(3.6%)
	Self	12 (36.4%)	0 (.0%)	1 (25.0%)	5 (25.0%)	17 (65.4%)	35(41.7%)
	Migrant Child(ren)	7 (21.2%)	1 (100.0%)	2 (50.0%)	11 (55.0%)	8 (30.8%)	29(34.5%)
NHIS							
		12 (36.4%)	0 (.0%)	1 (25.0%)	4 (20.0%)	0 (.0%)	17(20.2%)
Total		33(100.0%)	1(100.0%)	4(100.0%)	20(100.0%)	26(100.0%)	84(100.0%)

$(\chi^2 = 22.718, df = 12, p = 0.030 < 0.05).$

5.15 Housing challenges

Housing Challenges	Frequency	Percent
Yes	41	41.0
No	59	59.0
Total	100	100.0

Source: Field Survey October, 2018

In terms of housing, the study intended to find out if the respondents faced housing challenges after the migration of their adult children. More than half (59%) of the total study population didn't have problems with their places of abode. A little below half (41%), on the contrary said they had problems with their current places of abode.

5.19 Kinds of Housing Challenges

Of the 41 who faced housing challenges, 18 out of the 41 respondents, representing 40.9% had no potable drinking water at their current places of residence. 12 respondents representing 34.1%, indicated that the main housing challenge they faced was the low availability of housing in Akuse. Again, while 8 respondents representing 18.2% had issues with the high cost of rent, 3 respondents representing 6.8% had issues with other tenants. 12 respondents representing 34.1% on the other hand stated other housing challenges of which scarcity was predominant.

Table 5.16: Kinds of housing challenges

Kinds of housing challenges	Frequency	Percent
No portable drinking water	18	40.9
High cost of rent	8	18.2
Quarrel from tenants	3	6.8
Others	12	34.1
Total	41	100.0

Source: Field Survey October, 2018

5.20 Cross Tabulation of Kinds of Housing Challenges and Health Issues

Housing is an important aspect of caring for the elderly. To ensure emotional and psychological well being of the elderly housing and its associated challenges must be resolved (Redfern & Ross, 2006). A cross tabulation of housing issues and health issues was used to determine whether there is an association between the two variables. It can be seen from Table 5.17 that 36.1% of elderly with lack of potable drinking water has health issues. Again, 22.2% of the elderly facing high cost of rent also has health issues. However, the Chi-square test of association does not show any significance association between housing challenges health issues of the elderly and home visit by migrants ($\chi^2=3.592$, $df=3$, $p=0.309 > 0.05$). This means that housing challenges do not lead to any health issues.

Table 5.17: Cross tabulation of Kinds of housing challenges and Health Issues

		Health Issues		Total
		Yes	No	
Kind of Challenges	No portable drinking water	13(36.1%)	5(62.5%)	18(40.9%)
	High cost of rent	8(22.2%)	0(.0%)	8(18.2%)
	Quarrel from tenants	3(8.3%)	0(.0%)	3(6.8%)
	Others	12(33.3%)	3(37.5%)	15(34.1%)
Total		36(100.0%)	8(100.0%)	44(100.0%)

($\chi^2 = 3.592$, $df = 3$, $p = 0.309 > 0.05$).

5.21 Steps taken by Migrant to address Housing Challenges

The study revealed that migrant children of the left-behind elderly had not taken any steps to mitigate the problems faced by their left-behind parents. Only 3 of the respondents said their children had built new place for them representing 6.7% and 38 of the respondents said their children had not taken any steps to help solve the challenges they faced with accommodation. Majority of adult children who have migrated to the cities do not pay attention to the housing needs of the LBE. This conclusion does not support the literature by (Redfern & Ross 2006) adult children must provide physical needs such as provision of sufficient nutritious food, clean clothing, comfortable housing, good health and sanitation, occupational adjustment, adequate income, among others to the aged. Again the finding does also support the studies by United Nations (2002), that children supply more practical assistance such as personal care and services, home repairs, and performance of daily household chores to their aged parents.

Table 5.18 Addressing housing challenge by migrants

Solution to housing challenges	Frequency	Percent
Built a new one for me	3	6.7
They have done nothing about it	38	93.3
Total	41	100.0

Source: Field Survey October, 2018

5.22 Cross Tabulation of Relation and Steps Taken By Migrants to Address Housing Challenges of The LBE

In addressing the housing challenges by migrants, it is important to know the role played by both daughters and sons. To ascertain this, a cross tabulation of the two variables was used. As shown in Table 5.18, while 100% of sons built new houses for the elderly, 61.9% of daughters did not take step to address the challenge. Again, the Chi-square test of association at a significance level of 5 %, revealed that there is a significant association between relation and steps taken by migrants to address housing challenge ($\chi^2 = 4.398$, $df = 1$, $p = 0.036 < 0.05$). The implication is that, relation can influence the amount and type of care the LBE will receive.

Table 5.19: Cross tabulation of Relation and Steps by migrant to address housing Challenges

	Steps by migrant to address housing challenges		Total
	They have built a new one for me	They have done nothing about it	
Relation Daughter	0(.0%)	26(61.9%)	26(57.8%)
Son	3(100.0%)	16(38.1%)	19(42.2%)
Total	3(100.0%)	42(100.0%)	45(100.0%)

$\chi^2 = 4.398, df = 1, p = 0.036 < 0.05$.

5.23 Relationship between Steps by Migrants to Address Housing Challenge and Migrants Occupation

The study indicated certain steps taken by the migrants to address housing challenges of the LBE. It will be prudent to relate this to the type of jobs being done by the migrants. To do this, a cross tabulation of the variables was use. As shown in Table 5.20, 25% of the migrants who built new houses for the elderly work in the private sector while 6.2% of the migrants who did same also work in other sectors. But 100% each of the migrants who are both traders and farmers did nothing to address the challenge this was due to low income levels. Again, 75% and 93.8% of the migrants who work at the private sector and other sectors respectively also did nothing to address the challenge.

However, the Chi-square test of association does not show any significance association between steps by migrants to address housing challenges and current occupation of migrants ($\chi^2=5.826, df=3, p=0.120 > 0.05$). This means that migrants' occupation does not influence the steps by which they address the housing challenge of the LBE.

Table 5.20 Cross tabulation of migrants steps to address housing problem and Current occupation of migrants

	Current occupation of migrants				Total
	Trading	Farming	Private sector work	Others	
Steps by migrant to address challenges: (1)They have built a new one for me	0 (.0%)	0(.0%)	2(25.0%)	1(6.2%)	3(6.7%)
(2)They have done nothing about it	18(100%)	3(100%)	6(75.0%)	15(93.8%)	42(93.3%)
Total	18(100%)	3(100.0%)	8(100.0%)	16(100.0%)	45(100.0%)

($\chi^2=5.826, df=3, p=0.120 > 0.05$).

5.23 Remittances to Left behind Elderly

The study revealed that financial care given the left-behind elderly increased after the migration of their children as 72 of the respondents attested to this representing 72% of the population and 28 respondents said they didn't receive financial care after the migration of their children representing 28%. Conclusively, majority of the LBE in Akuse receive remittances from their migrant children. This finding also support the literature by Oppong (2006) that, the aged

depend on their children for daily survival when they can no longer work in the farms and begin to suffer from ailments that limit their ability.

Table 5.20: Financial care after migration

Financial care	Frequency	Percent
Yes	72	72.0
No	28	28.0
Total	100	100.0

Source: Field Survey October, 2018

5.24 Frequency of the Remittances

From the study, the 72 left-behind parents who received financial remittances did so at different periods. As displayed in the table above, 8 of the respondents said they received it fortnightly representing 11.1%, 49 of the respondents said they received it monthly representing 68.1% of the population and 15 of respondents receiving it any other period representing 20.8%. This therefore means that majority of the left-behind elderly in Akuse receive financial remittances monthly from their migrant children.

Table 5.21: Frequency of remittances

How often	Frequency	Percent
Fortnightly	8	11.1
Monthly	49	68.1
Others	15	20.8
Total	72	100.0

Source: Field Survey October, 2018

5.25 Amount of Remittances Received

From the table, remittances were received in ranges with 14 respondents receiving below Ghc100 representing 19.4%, 12 of the respondents received between Ghc100 and Ghc200

representing 16.7%, 25 respondents receive Ghc300 and Ghc500 representing 34.7% and 21 of the respondents receiving Ghc 500 and above representing 29.2% of the population.

Table 5.22 Amount of remittances received

Amount range	Frequency	Percent
Below 100	14	19.4
100-200	12	16.7
300-500	25	34.7
500 and above	21	29.2
Total	72	100.0

Source: Field Survey October, 2018

5.26 Uses of Remittances

The study investigated how the remittances received by the 72 respondents were spent. More than half (84.7%) of the respondents said they spent their remittances on food. 2 respondents representing 2.8% spent all their remittances on medical bills, 3 respondents which also represent 4.2% on the other hand used the remittances on utility bills. Finally, 6 respondents representing 8.3% indicated spending their remittances on one thing or other. In conclusion, remittances received by the LBE in Akuse are primarily used in purchasing food; this is due to the fact that most of them are no longer farming. As one respondent, Togbe notes:

Because I am no longer farming rice, due to my ill-health, I spend whatever money I receive from my children on food (Togbe Akuse, October, 2018).

Table 5.23 Amount is spent on

Amount used for	Frequency	Percent
Medical bills	2	2.8
Food	61	84.7
Utility bills	3	4.2
Other	6	8.3
Total	72	100.0

Source: Field Survey October, 2018

5.27 Coping Strategies used by the Left Behind Elderly

The work has established that of the total population of 100, 37 respondents did not receive remittances, 17 of them made a living from subsistence farming as a coping strategy representing 45.9%, 12 respondents engaged in petty trading representing 32.4%, 3 respondents said they lived on income from their pension representing 8.1% and the remaining 5 respondents said they engage in other menial jobs such as as a coping strategy. Mafio, a 72 year old respondent explained:

I don't receive any form of support from my children who have migrated. For me t o eat, I go round collecting used sachet bags to sell and make some money (Mafio, Akuse, October, 2018)

Table 5.24 Coping strategies used by the elderly

Coping strategies	Frequency	Percent
Subsistence farming	17	45.9
Petty trading	12	32.4
Income from pension	3	8.1
Engaging in other menial jobs	5	13.5
Total	37	100.0

Source: Field Survey October, 2018

5.28 Improvement in Living Condition after Children's Migration

The table below shows that 63 of the respondents of the total population of 100, representing 63 percent had experienced an improvement in their lives after their children migrated. 37 of the total population representing 37 % had not seen any improvement in their lives after the migration of their children. This supports the literature that migration increases economic assistance of children to their parents and that adequate remittance can be used to obtain domestic help and related support irrespective of rural-urban migration (Mason, 1992 and Zimmer and Kwong, 2003).

Table 5.37 Living conditions improves after migration

Improvement in living conditions	Frequency	Percent
Yes	63	63.0
No	37	37.0
Total	100	100.0

Source: Field Survey October, 2018

Table 5.29 Cross tabulation of Current occupation of migrants and improvement in living conditions of the LBE

		Has your life improved after children migrated?		Total
		Yes	No	
Current occupation of migrants:	Trading	23(36.5%)	19(51.4%)	42(42.0%)
	Farming	3(4.8%)	0(.0%)	3(3.0%)
	Public sector work	6(9.5%)	0(.0%)	6(6.0%)
	Private sector work	14(22.2%)	6(16.2%)	20(20.0%)
	Others	17(27.0%)	12(32.4%)	29(29.0%)
Total		63(100.0%)	37(100.0%)	100(100.0%)

($\chi^2 = 7.168, df = 4, p = 0.127 > 0.05$).

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

Rural-urban migration purposely for economic reasons is very high among the youth of the world today (IOM, 2015). The effect of this phenomenon has been and is being felt in diverse ways in the world. One of such is the impact it has on the care for the elderly that are left-behind. In order to understand this phenomenon, a study was conducted on the impact of rural-urban migration on the care of the left behind Akuse, a town in the Lower Manya Krobo Municipality of Eastern Region of Ghana.

As part of its specific objectives, the work intended to describe the nature and characteristics of care needs among the left behind elderly, to examine the contribution of rural-urban migration on the provision of care among left behind elderly, to assess the challenges associated with the provision of care among the left behind elderly and finally to investigate coping strategies for addressing the care needs of the left behind elderly.

Several studies such as Awumbila (2014), Adewale (2005) and Chambers (1983) have focused on rural- urban migration and its associated effect on both urban and rural areas, but little work has been done on how this phenomenon impacts the left-behind elderly. This study will fill the gap by addressing the following questions. 1) How do the left behind elderly survive in the absence of the young adults? 2) Who takes care of their emotional, physical, financial and psychological needs? 3) What are the cost implications of care when the young adult has migrated?

The research used both quantitative and qualitative methods of data collection in Akuse among elderly aged 60 years and above. In determining the sample size, purposive sampling was used to select 100 respondents. The study relied on both primary and secondary sources of data. With regards to data collection tools, structured questionnaires were used. The quantitative data collected were analysed with the aid of Statistical Package for the Social Sciences (SPSS) and Excel to provide descriptive statistics. A result was in the form of diagrams, frequency tables, pie charts, bar graphs, among others.

6.2 Summary

The respondents for the study were the elderly who were between the ages of 60 and 80. With respect to the sex distribution, the study was made up of 52% male and 48% female respondents. In terms of education, the majority (42%) of the elderly parents had some form of basic education with only 12% having tertiary education. In terms of the marital status of the respondents, 52% were married and 30% were widowed. The study also found that about 61% of the respondents had between 1 and 3 children who had migrated to urban areas in Ghana.

Based on the responses of the left behind elderly, the study ascertained certain demographic features of the migrants. First, more than half (57%) of the migrants were female with 43% of the migrants being male. In terms of the level of education of the migrants, the study found that the majority (37%) of the migrants has some basic education with about 35% of the migrants having secondary school education.. The study also found that 42% of the migrants were traders by occupation and around 20% of the migrants were working in the private sector. Accra was the preferred destination for most of the migrants and more than half (57%) of the migrants had been living at their destination areas for longer than 4 years.

Although there were several reasons why the children of the respondents chose to migrate, the study found that for most of the migrants, the search for better economic opportunities played an integral role in their decision to migrate to the urban centres. With respect to the means and frequency of communication, the study found that about 95% of the respondents communicated with the migrants through phone calls. 45.3% of the respondents communicated with the migrants twice a week.

After the migration of their adult children, about 73.7% of the respondents indicated that the house chores were performed by other relatives with only 6.1% of them hiring the services of caregivers. In terms of care and health status, 85% of the respondents had health issues and still visited the hospital after children migrated. The common health issues among the respondents was high blood Pressure Almost all (96.5%) of the respondents with health issues had access to medical care, with 41.7% paying their own medical bills and 34.5% of the respondents having their medical expenses paid for by their migrant children.

In terms of remittances, 72% of the respondents received some form of remittance from the migrants while 25% received no remittances. Of the 72% respondents who received remittances, 68.1% received them every month. The monies remitted were usually between GHC 300 and GHC 500 and were used primarily to cover the cost of food.

As a coping strategy, almost half (45.9%) of the LBE who did not receive remittances were engaged in subsistence farming. Finally, 63% of the respondents indicated that their living conditions had improved as a result of the migration of their adult children while 37% said their living conditions had worsened with the departure of the young adults.

The study also did cross tabulation of some variables and came out with the following findings. The chi-square test of association at a significance level of 5 %, indicated that there is no significant association between relation and migrants communication with left behind elderly ($\chi^2 = 2.940$, $df = 1$, $p = 0.086 > 0.05$). Again, the Chi-square test of association does not show any significance association between housing challenges, health issues of the elderly and home visit by migrants ($\chi^2 = 3.592$, $df = 3$, $p = 0.309 > 0.05$). Also, the study does not show any significant association between migrants' occupation and improvement in conditions of living ($\chi^2 = 7.168$, $df = 4$, $p = 0.127 > 0.05$). In addition, the Chi-square test of significance association did not show any significant association between the elderly age and improvement in conditions of living ($\chi^2 = 7.237$, $df = 4$, $p = 0.124 > 0.05$). Furthermore, the Chi-square test of association at a significance level of 5 %, revealed that there is a significant association between payment of medical bills and current occupation of migrants ($\chi^2 = 22.718$, $df = 12$, $p = 0.030 < 0.05$). This means occupation of migrants can influence payment of medical bills.

6.3 Conclusion

In conclusion, the findings of the study are consistent with most of the literature reviewed. From the study, it came to light that the majority of the migrants migrated from Akuse to Accra. And this support the literature by Appianing (2013), that Accra, the capital of Ghana, is the preferred destination of rural migrants. With respect to the reasons for migrating, the findings indicated that the majority of the youth migrate to urban areas primarily due to economic reasons. However, as Adepoju (1990) indicates, the attraction of urban areas to migrants is not solely for economic purposes and that other considerations such as quality of life also play a role in their migration decision. With respect to how chores were handled in the household after the migration of their children, the study found that the majority of the respondents had their chores done by other family members. This is in line with literature by (Cowgill, 1986; Albert and Cattel, 1994) that the family has been the main institution of care and wellbeing for the aged. The studies also found out that more than half of the LBE in Akuse suffer from high blood pressure. This finding is supported by studies on care and aging such as Redfern and Ross (2006) who note that; that as one ages, there is a reduction in the number of cells in the body. This makes the aged prone to diseases such as the common cold, Pneumonia, Bronchitis, Rheumatic fever, High blood pressure, Heart disease and Stroke. . Furthermore, in paying medical bills, the findings reveal that, majority of the LBE paid their own medical bills. The conclusion of this finding support the literature by Kinsella (2001) that the effectiveness of this caring system is being compromised due to high level of migration, which to a large extent is having a strong demographic impact on the availability of kin in providing care and support for the aged. Finally, majority of the elderly in Akuse indicated that there has been an improvement in their living conditions after the migration of the adult children. This supports the literature by Mason

(1992) and Zimmer and Kwong, (2003), that migration increases economic assistance of children to their parents and that adequate remittance can be used to obtain domestic help and related support irrespective of rural-urban migration.

6.4 Recommendations

The following are the recommendations made based on the findings from the study.

- The Lower Manya Krobo Municipality should help train the youth who may not be able to continue their education in creative handicrafts such as sewing, hair dressing, fish farming, and others which will enable them acquire jobs. This will reduce rural-urban migration and also enable them take care of the elderly.
- The government through the MoGCSP, should extend its social intervention program such as the LEAP to the aged in Akuse.
- Since majority of the elderly in Akuse engage in rice farming as a coping strategy, it is recommended that the government through the MoFA, subsidizes the cost of farming inputs such as fertilizers, rice seedlings and seeds to reduce the cost of production.

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APPENDIX A

FIELD QUESTIONNAIRE FOR THE LEFT BEHIND ELDERLY

I am a student of the Centre for Migration Studies, University of Ghana-Legon. I am undertaking a research project in your community as part of my course requirements in migration studies.

The study aims to investigate the Effects of Rural-Urban Migration on the care for the Elderly Left-Behind by the migrants.

I would like to ask you a few questions regarding the effects of rural-urban migration on the care for elderly left-behind. Your participation is very important for the success of this project. I would like to assure you that information you will share with me will only be used for research purposes and will not be traced back to you. You are also free not to participate or discontinue with the interview at any time. However, your input will be greatly appreciated as it will impact on the rural-urban migration and the care for the elderly left-behind

IDENTIFICATION FORM

REGION.....

DISTRICT.....

TOWN/VILLAGE/SETTLEMENT.....

PLACE OF INTERVIEW.....

NAME OF INTERVIEWER.....

SIGNATURE.....

NAME OF INTERVIEWEE.....

DATE.....

START OF THE INTERVIEW.....

END OF INTERVIEW.....

DURATION OF INTERVIEW.....

SECTION A: Socio-Demographic Characteristics of the left behind and the migrants

1. How old are you (age on last birthday)?

1. 60-64
2. 65-69
3. 70-74
4. 75-79
5. 80 and above

2. Sex

1. Male
2. Female

3. Educational Status

1. No education
2. Primary
3. Middle/JHS/JSS
4. SSS/SHS
5. Vocational School
6. Tertiary level (University/Polytechnic/Training Colleges)
7. Others.....

4. Marital Status

1. Never married
2. Living together/Conceptual/Co-habitation
3. Married
4. Separated
5. Divorced
6. Widowed

5. Religious affiliation

1. Christian
2. Moslem
3. Traditional
4. Others (Specify).....

6. Please what is your occupation?

7. Number of children ever born who are alive.....

8. Are they all living with you?

1. Some are living with me
2. Others have travelled

9. How many have travelled?

1. 1-3
2. 4-6
3. 7 and above

<u>Relations</u>	<u>10. Current occupation</u> 1. Trading 2. Farming 3. Public sector work 4. Private sector work 5. Other	<u>11. Educational Status</u> 1. No education 2. Primary 3. Middle/JSS 4. SHS/SSS 5. Vocational 6. Tertiary Level	<u>12. Age</u>	<u>13. Sex</u> 1. Male 2. Female	<u>14. Marital Status</u> 1. Never married 2. Living together/Conceptual/Cohabitation 3. Separated 4. Divorced 5. Widowed 6. Married
1 ST					
2 ND					
3 RD					

4 TH					
5 TH					

SECTION B: The factors that influenced the migration and the migration history

Relations	15.Name of Destination	16.Year at Destination	17.Migration Reasons
	1. Accra 2. Ashaiman 3. Takoradi 4. Kumasi 5. Koforidua	1. Less than a year 2. (1-3) years 3. (3-5) years 4. (5-7) years 5. More than 7 years	1. Lack of better jobs and opportunities 2. For further studies 3. Marriage 4. Other
1 ST			
2 ND			
3 RD			
4 TH			
5 TH			
6 TH			

SECTION C: Communication and contact between migrants and the left-behind.

18. Do you hear from your children who have migrated?

1. Yes
2. No

19. If yes, through what medium?

1. Telephone call
2. Message through people coming home
3. Other (please specify).....

20. How often do you speak/communicate with your children who have migrated?

1. Never
2. Every week
3. Once or twice a month
4. Other (specify).....

21. What do you normally talk about?

.....

22. How frequent do they visit home?

1. Never back home
2. Once per year
3. More than twice a year.
4. Other (specify)

23. Do you visit them?

1. Yes
2. No

SECTION D: Care needs of the left-behind elderly after children migration

Physical care after migration

24. Who helps you with household chores after your child/children migrated?

1. No one
2. Hired caregiver
3. Neighbours
4. Other relatives
5. Other (please specify).....

25. If your answer is hired caregiver, then who pays him/her?

1. Migrated child/children
2. Self
3. No one
4. Other (specify).....

26. Do you have any health issues after your child/children migrated?

1. Yes
2. No

27. If yes, do you access medical care?

1. Yes
2. No

28. Could you please mention it?

29. Who pays your medical bills if your answer in Q26 is yes?

1. No one
2. Self
3. Migrated child/children
4. NHIS

30. Do you have any housing problems after your child/children migrated?

1. Yes
2. No

31. If yes, could you please mention it?

32. What has/have the migrant(s) done about it?

1. They have rented one for me

- 4. Utility bill.....
- 5. Other (specify).....

Coping strategies for dealing with care

38. If your answer in Q53 is no, what coping strategies do you use?

- 1. Subsistence farming
- 2. Petty trading
- 3. Income from pension
- 4. Support from social service providers
- 5. Engaging in other menial jobs
- 6. Other (specify).....

39. What vacuum is the absence of your child/children creating? If any

.....

.....

.....

40. Do you think their migration has improved your life?

- 1. Yes
- 2. No

41. Please explain your answer.....

Thank you and God bless you!

DURATION OF INTERVIEW.....

SECTION A: SOCIO-DEMOGRAPHIC BACKGROUND OF INTERVIEWEE

1. Age.....
2. Sex.....
3. Highest level of education.....
4. Marital Status.....
5. Religious Affiliation.....
6. Please what is your occupation?
7. Number of children ever born who are alive.....
8. Do you currently live with all of them?
9. How many have travelled and for how long?
10. What factors are responsible for their migration?
11. Do you communicate with them and through what medium?
12. Are the migrants able to meet your physical needs? Could you please mention these needs?
13. Do you receive financial and any other remittances from the migrants?
14. How do you spend the money received?
15. In the absence of remittances, what coping strategies have you adopted to cater for your needs?
16. Has your life improved after the migration of your children?

Thank you very much. May God bless you!

