



An insight into mental health of elderly family members of emigrants from Punjab, India

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Abstract:

Background: Although Punjab, India, is a prosperous state, yet there is a large number of youngsters migrating to foreign countries. In view of the increasing number of younger people migrating to foreign countries, leaving behind the elderly, the present study was undertaken in a rural area of the state of Punjab, India, to get an insight into the mental health of the elderly people at the receiving end of this exodus. **Materials and methods:** Cross sectional, descriptive, community-based study. **Results:** Maximum number of the study subjects were from the age group ≥ 60 to < 70 , i.e., 329, while men formed majority of the study population (54.84%). Depression was prevalent in general, in the study population. **Conclusion:** Reasons for migration are varied: unemployment, general attitude of these youth that migration to other countries is the best alternative, potential migrants consider other successful migrants as their role models. In the bargain, they leave behind the elders in the family. This takes a toll not only on the physical health of the elderly, but also their mental health in the form of loneliness, dementia and depression. **Key words:** Elderly; Emigration; Family; India; Mental

Introduction

Punjab in India is considered to be the most prosperous state of the country, with the average people owning good amount of property, having a high standard of living and better quality of life. But, at the same time, there occurs an increase in the proportion of the elderly who are being left behind in sprawling houses, while the younger generations of the family are emigrating. Not only is this practice “emptying the nests”, it is also taking a heavy toll of the health of the elderly, including their mental health. This is that generation of people, who have

grown up in joint families, mostly; used to talking across the wall with the neighbours; sleeping in a row on the cots spread on the terrace of their huge homes; playing in their own courtyards with children of the farm hands who tilled their land, as these used to be reasonably big as playgrounds and listening to bed time stories from their grandparents, amongst many other things. But now, most of these things are just fond memories. Joint families are becoming a thing of the past; one does not know or does not feel the need to know the neighbours well; children are not interested in outdoor games, since even in the

rural areas of Punjab they can afford to have their own personal computers; many out of the next generation have migrated abroad and many more are planning on the same lines.

The world over, proportion of people who are 60 years of age and above is growing much faster than that in any other age group [1]. Ageing is a natural and universal process. Old age is not a disease in itself, but the elderly are vulnerable to long term diseases of insidious onset. Importance of this stage of a human life cycle can be gauged from the fact that the WHO declared the world health day for the year 2012 focusing on ageing. The theme for that was, “Good health adds life to years” [2]. An important component of this “good health” is mental health. It is now an established fact that there will be an exponential increase in the number of people living with dementias such as Alzheimer's disease, the world over. Risk of dementia increases dramatically with age. There is an estimated 25% to 30% people aged ≥ 85 who are having a certain degree of cognitive decline. Most of the old people suffering from dementia in low- and middle-income countries, invariably have no access to long-term care as well as family support that their condition may warrant. More often, their families too do not have publicly funded support for their care at home [2]. Very often, their own children and/or grand children have emigrated from the native land, thus leaving behind the elderly to face the vagaries of the day-to-day life without adequate family support. The population of people ≥ 60 years of age has doubled in the world since 1980 [3, 4]. It is important, therefore, for family members, health providers and societies to prepare to meet these needs of older people. This includes training in old-age care; prevention and management of chronic diseases associated with age and designing of sustainable policies focusing on long-term care and palliative care. Developing age-friendly services is also imperative [3-5]. Since is the situation that most of the elderly are, especially in the rural areas of India, studying the factors leading to this situation becomes imperative. The world over, opportunities in urban areas for employment, education, etc have been a pull factor attracting migrants from rural to urban areas and from smaller towns and cities to larger urban areas [6]. Similarly there has been an increased charm of foreign countries over the last few decades, which has been observed more so in the northern states of India, especially Punjab.

It is a proven fact that the older the respondents, the less likely they are to focus on the physical aspects of their own health [7]. Few studies

conducted till now have explored the association of the perceived health of elderly with social isolation and support [8]. In view of growing incidence of non-communicable diseases, WHO has updated the laid down general principles for screening for non-communicable diseases including psychiatric ailments in the health system. Most countries, including India have since developed and implemented programmes for screening of the population [9].

In view of the increasing number of younger people emigrating to foreign countries, leaving behind the aged people, the present study was undertaken in a rural area of the state of Punjab, India, to get an insight into the mental health of the elderly people at the receiving end of this exodus.

Materials and Methods

This was a community based, cross sectional descriptive study to gain an insight into the mental health of elderly family members of those individuals who have emigrated to foreign countries from a village in Punjab, India. Liaison was carried out with the village authorities and a meeting was arranged with the village elders at the Panchayat office so as to discuss the scope, aims and objectives of the study. Subsequent to this, details of the population and all the households in the village were taken from the office of the village Panchayat. The village population consisted of 5,896 individuals, as per the updated records of the Panchayat office. There were a total of 1,233 families with at least one member of the family residing permanently in the village. Out of these, 958 families had one or more member who had migrated to a foreign country. It was noted that even those members who had gone for temporary stay, i.e. on study visa or tourist visa, were also on the lookout for permanent residence in the country that they were visiting!

Inclusion criteria:

All individuals, sixty years and older, who were permanent residents of the village and belonged to families which had at least one member who had permanently emigrated abroad. Age was recorded as completed years. Official documents like the record from Panchayat office, voters' identification card, ration card, aadhar card or passport etc. were taken as proof to verify the age. Exclusion criteria: All individuals who did not meet the aforementioned criteria were excluded from the study. All elderly individuals who had themselves subsequently migrated abroad with their younger family members were excluded. All individuals who actually were

residents of some other place, but were visiting their relatives in the study area were also excluded. Similarly, migrant labourers who had come over for employment during the season of harvest were also excluded from the study. All elderly individuals who had daughters emigrated to a foreign country after their marriage were also excluded.

A spot map of the village was made and all households were studied lane-wise. Data was collected over a period of two months and it was ensured that all individuals who met the inclusion criteria were covered. It was decided to take the complete study population so as not to miss out on any one family. Informed consent of the participants was taken. A pre-tested validated investigator administered questionnaire was used. The questionnaire was initially designed in English, followed by translation into the local language, Punjabi. Thereafter, back translation was done to ensure the validity. After prior informed consent, responses of all adults sixty years and above were recorded in Punjabi. Hence, the study population, having been restricted to all individuals sixty years and above of age, came to be 620.

Ethical Committee Approval:

This study complies with the guidelines of the 1964 Declaration of Helsinki. Informed consent of all the participants was taken and their anonymity was maintained. No photographs of the subjects were taken during the study.

Results

The youngest subjects were sixty years old while the oldest study subject was 97 years of age. On studying the age and sex profile, it was observed that maximum number of the study subjects were from the age group ≥ 60 to < 70 , i.e., 329, while men formed majority of the study population (54.84%), as shown in Table 1.

Table 2 shows analysis of the study subjects by their responses to the questions posed to them. While most of them were happy staying in Punjab, there were few who did not mind going to a foreign land, just to be with their children and grandchildren. They understood that adjustment problems will be in store, but felt it would be better than to spend the last years of their lives with loneliness. It was interesting to observe that some of the elderly felt that they were fine with the fact that their children are earning for

themselves, even if it be far away in a foreign land; but most of these people said they would want their children to come back, if possible! Almost all were of the view that they would not have to seek the help of relatives or neighbours for day to day matters, if their own children were around.

Those elderly who said that they were happy that their children were away and earning for themselves justified this statement by elaborating that the said individuals neither completed their education, nor were they contributing towards the family income in any way. Plus, few of them had even taken to substance abuse. The parents, in fact, appeared to be relieved that such children were off their back, be it in whatever manner. The proportion of male parents who thought so was more compared to the ladies, who seemed to still be missing such sons even if they were a constant source of trouble and embarrassment to them, all the while that they were in Punjab, before going abroad.

Table 1: Distribution of study subjects by their age and gender

Age group (years)	Frequency		Total
	Male	Female	
≥ 60 to < 70	192 (58.36)	137 (41.64)	329 (100)
≥ 70 to < 80	128 (48.48)	136 (51.52)	264 (100)
≥ 80 to < 90	17 (70.83)	07 (29.17)	24 (100)
≥ 90 to < 100	3 (100)	0	03 (100)
Total	340 (54.84)	280 (45.16)	620 (100)

Note: Numbers in parenthesis refer to the corresponding percentages.

Discussion

In the present study, most of the subjects were found to be depressed and also diagnosed to be having other psychiatric morbidities. This was greater than the proportion found in another study, in which the prevalence of psychosocial problems among patients attending RHTC was found to be 28.8% (males-16.9%, females-48.1%) [2]. However, like the present study, the proportion of females suffering from psychiatric ailments was more than that of the males. Patients were suffering from depression, loneliness or dementia.

Table 2: Distribution of study subjects by their responses

Research question	Yes (%)	No (%)	Don't know/ Can't say (%)
1. Would you like to migrate to a foreign country or keep residing in India?	35	65	0
2. Do you feel there are better employment opportunities in foreign countries for your children/ grandchildren compared to India?	19	80	01
3. Do you feel that a person is better paid abroad for the same job, as compared to that in India?	45	55	0
4. Do you feel that the quality of life is better abroad, within the same means?	55	45	0
5. Where do you feel that one gets better returns for ones hard work – India or abroad?	50	50	0
6. Do you feel depressed that you family member has gone abroad and is no longer staying with you?	98	2	0
7. Are you able to take care of yourself/ your spouse, on your own?	22	78	0
8. Do you have to seek any help from your neighbours/ relatives, since your own children are not staying here with you?	98	2	0
9. Do you feel sad that they are away or feel happy that they are earning for themselves?	58	32	10
10. Do you feel happy in the community that your children/ grandchildren are settled abroad?	12	86	02
11. Do you feel that migrating to a foreign country elevates the social status of the family in the community?	04	96	0
12. Do they visit you often?	70	30	0
13. Do they call you on the telephone often?	94	06	0
14. Do you feel that they have been successful in making your life more comfortable in India, by seeking employment abroad?	43	57	0
15. Would you rather have your family members come back to India permanently?	98	01	01

The prevalence of psychosocial problems among females is comparable in both the studies.

Certain risk factors have been identified for the mental health problems amongst the older adults. These include the common life stressors - most elderly lose their ability to live life independently because of their limited mobility, chronic aches and pains, weakness or other mental and physical problems. Due to this, they require long-term care in some form or the other. In addition, the elderly are more likely to experience other events like bereavement, a decline in the socioeconomic status

with retirement, or presence of a disability. As a result they may experience isolation, loss of their independence, feel lonely and suffer psychological distress. This is compounded by the absence of family members to support them physically, financially and most of all, emotionally. Mental health has a dramatic impact on the physical health and also vice versa. For example, elderly with heart disease have a higher rate of depression compared to those who are medically well. Conversely, untreated depression in an elderly person with heart disease

will, in all likelihood, have a negative effect on the outcome of physical disease [10].

Depression was found in a significant proportion of this study population. Depression can cause great deal of suffering and it leads to impairment of functioning in daily life. It has been observed that unipolar depression occurs in about 7% of the elderly population. This accounts for 1.6% of the total disability (DALYs) among people over 60 year old [1]. Also, the world over, especially in the developing countries, depression is under diagnosed as well as undertreated in most primary care settings. The symptoms of depression in elderly are often overlooked and/or untreated since they coincide with various other late life problems.

In the present study, almost half (50.62%) of the study population was found to be quite indifferent towards their own health, while the others had an increased perception of ill health. It is an established fact that depression increases the perception of poor health, the utilization of medical services and health care costs [10]. These symptoms were found to be more frequent in the females, especially those who had sons resorting to illegal migration [11]. A major section of the Punjabis migrate on the basis of family relations [12]. In the present study also, it was observed that almost all the people who had gone to any foreign country, had a relative already settled there. Epidemiological and clinical evidence in studies related to elderly supports use of the term "dysthymic disorder." In contrast to younger adults with dysthymic disorder, elderly with this disorder more commonly present with a late age of onset and often have stressors like loss of social support, bereavement, and some cerebrovascular or neurodegenerative condition [13].

Summary & Conclusion

Thousands of youth leave Punjab for settling in foreign countries every year. So much so that over 20,000 youth from Punjab alone attempt illegal migration to 57 different countries yearly. Reasons for migration are varied: unemployment, general attitude of these youth that migration to other countries is the best alternative, potential migrants consider other successful migrants as their role models [11]. In the bargain, they leave behind the elders in the family. This takes a toll not only on the physical health of the elderly, but also their mental health – in the form of loneliness, dementia and depression.

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