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Effects of Labour Migration on Health Outcomes of Adolescent Children Left Behind In Bulilima and Mangwe Districts, Zimbabwe

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Abstract: This study endeavored to investigate effects of migration on health outcomes of adolescents left behind in Bulilima and Mangwe Districts. The researchers were motivated to embark on this study upon discovering that parental migration could have crucial implications on health outcomes of children left behind. This was further ramified by an understanding that adolescence is a developmental stage associated with exclusive emotional, physical, psychological and social demands. Several studies carried out across the globe have proved that close parental monitoring helps in effectively managing such demands to produce positive outcomes for adolescents. The study was anchored on Bronfenbrenner's bio-ecological theory and Erikson's psychosocial theory. This convergent parallel mixed methods study used focus group discussions, questionnaires and interviews in collecting data. A sample of 76 participants comprising 60 adolescents and 16 stakeholders was selected using purposive and simple random sampling methods. Qualitative data was subjected to thematic data analysis whereas quantitative data was analysed using SPSS. It was established that adolescents left behind had poorer health outcomes than those from non-migrant households. Having poorer personal hygiene practices among left behind adolescents was attributed more to lack of parental supervision and control.

Keywords: Adolescence, Children Left-Behind, Migration, Health Outcomes.

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INTRODUCTION

Parental migration is fast becoming a common phenomenon worldwide producing both negative and positive outcomes for families left behind. It has been estimated that about one in seven people in the world is a migrant (IOM, 2018). Similarly, Gao *et al.* (2010) have shown that one in ten people in China a country with one of the largest populations is a migrant. In light of this growing trend in parental migration some studies have been carried out to ascertain effects of parental migration on children left behind. In spite of the growing corpus of studies around effects of labour migration some scholars have intimated that most of such studies tend to concentrate more on developmental issues while paying little attention to health implications for children left behind (Wickramage *et al.*, 2015). Indeed, Fellmeth *et al.* (2018) have argued that although health of migrant labourers is given a special place in the United Nations Sustainable Development Goals (UNSDGs) the health of children left behind has generally been overlooked in research.

The current study embraced a child-rights oriented conceptual framework. This concept stems from the understanding that a more inclusive analysis of children's well-being is one which takes into consideration four components namely; health, education, economic activity and psycho-social variables. This concept is informed by the United Nations Convention on the Rights of the Child (UNCRC) which asserts that every government has a responsibility to ensure that children obtain uppermost achievable levels of health, education and that they be protected against any form of discrimination, exploitation and abuse (Cortes, 2007). In addition, the study acknowledges that effects of migration on adolescent health outcomes are noticeably influenced by several factors such as individual uniqueness, nature of migration, household and societal elements. The child rights approach acknowledges that children rights are human rights and hence any meaningful research on children must involve children too as equal participants. This is a more child centered and constructivist approach. Constructivism is a theoretical perspective which avers that human beings, adolescent children included construct knowledge as individuals or societies as they interact with various societal facets (Ozer *et al.*, 2022).

Theoretically this study was informed by Urie Bronfenbrenner's bio-ecological theory and Erick Erikson's psychosocial theory. Bronfenbrenner's eco-systemic theory is rooted in the ecological movement of the 1970's (Geldenhuys & Wavers, 2013). This theory avers that human development occurs in interconnected interactions such as those referred to by Bandura as representing reciprocal determinism. Bandura avers that there exists in human behaviour an interaction process involving both psychological and social forces that affect the environment and behaviour as portrayed by Figure 1 below (Joseph & Padmanabhan, 2019). As such, an

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adolescent child left behind may be affected by the setting in which s/he is living in and in turn the setting affects the adolescent child left behind thereby resulting in a reciprocal relationship. It is this reciprocal determinism process that may help to explain the health outcomes of adolescents left behind.

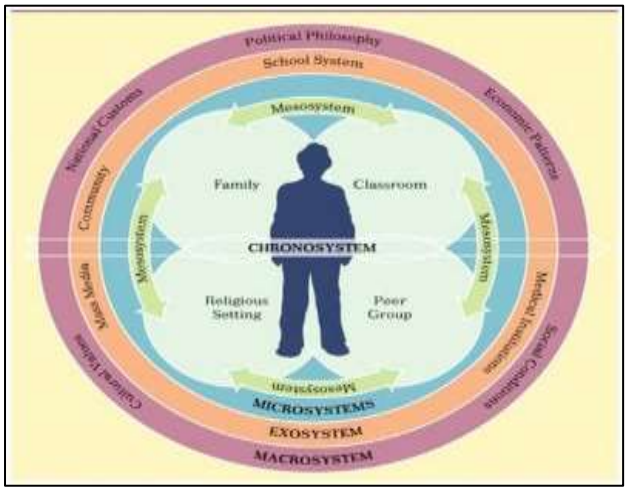

Figure 1. The ecosystemic model (*Adapted from Landon, 2015)*

The development of adolescent children left behind, is thus seen to be influenced by various features which Bronfenbrenner divides into five subsystems namely; micro, meso, exo and macro systems. By *micro system* Bronfenbrenner referred to adolescent children left behind's proximate relationships or organisations they interact with, such as their immediate family, school, peers, neighbours, and caregivers. Within the microsystems of the home, adolescent children left behind may find themselves in child headed like family situations where they are forced to take up parenting roles in the absence of migrant parents (de la Garza, 2010). For example, a 2006 Save the Children survey of 1,200 households in Sri Lanka pointed out that children with migrant mothers fared worse than children with mothers working in Sri Lanka or not working at all (Save the Children, 2006). These results give an indication that parental migration and which of the parent migrates influences interactions of children left behind especially since these children are at a developmental stage requiring close parental monitoring.

Swartz *et al.* (2011) asserts that in almost all societies adolescence is a stage characterised by turbulence. On the other hand, Erickson (1993, as cited in Rubtsova, 2018, p. 3 and as cited in Sun & Sun, 2021, p. 268) describes this stage as one in which adolescents experience identity crisis. This crisis can be better managed by healthy micro relations likely to be fostered by a "complete available family", failure to which may predispose adolescent children to stress, emotional turmoil, drug abuse, teenage pregnancies and sexually transmitted infections (Kapolo, 2014). Besides the stressful life events caused by absence of one parent, shouldering double parenting duties by the remaining parent, may affect the psycho-social functioning of both the adolescent and parent left behind. Such a situation may erode the remaining parent's coping behaviour, creating emotional distress and marital disharmony which results in parenting practices that are uninvolving and harsh thereby compromising attention placed on health needs of children left behind. On a more positive note having parents abroad may ensure the availability of better health opportunities, medicines and health habits within the left behind family due to increased disposable income thus positively influencing health outcomes of adolescent children left behind (Salah, 2008). A study of these micro relations is therefore imperative in understanding health outcomes of adolescent children left behind.

The second level of the ecological theory the *mesosystem* is defined by Bronfenbrenner (2008) as an array of interrelations between two or more ecologies in which the adolescent child left behind actively participates. In the mesosystem is found the neighbourhood or local community, church, peers inter alia. Donald *et al.* (2010) assert that the mesosystem is a cluster of microsystems which continuously interrelate with each another. Put differently, occurrences in the family may influence how adolescent children left behind behave at school, and vice versa. For example, adolescent children left behind whose parent(s) are away may receive parental care, health care and guidance during the storms and stresses of adolescence from a neighbour, peer, and school counsellor or community nurse. In this way, although the lack of parental support may have negative effects on adolescent children left behind the neighbour or community nurse may change this in a positive way and in turn the adolescent may change the interactions in the home to yield positive health outcomes. The nested interactions portrayed by the ecological theory are also seen in that mesosystem interactions are embedded in the relationships within the microsystem. For example, adolescent children left behind's health outcomes are heavily influenced by the involvement of parents at home, peers, neighbours, and community health personnel or teachers at school (Berk, 2007). Linkages between the home, community health facility and school tends to improve children left behind's health outcomes. However, parents from migrant families may fail to establish such relationships due to distance, and at times the remaining parent may be having a lot of other duties to do at home since they might be playing the additional role of the away parent (Abebe, 2009).

Exosystems denote existence of one or more settings that do not involve the child as an active participant but can still influence adolescent children left behind's immediate ecology (Donald *et al.*, 2010). Such settings include parent's workplaces, community and government agencies. Although the home and the parents' workplaces are common settings for the

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adolescent children left behind whatever happens in the parents' workplaces outside the country may have significant effects for the children in the home. For example, if a migrant parent is denied an extension in work permit or VISA it may cause stress and sorrow in the family leading to neglect of good health practices. Similarly, if a parent loses a job or is frustrated by the working conditions or migration laws, the parent may transfer the frustration onto the family (Bronfenbrenner, 2008). Loss of a job by migrant parents may mean discontinuity of remittances crucial in the provision of quality healthcare and financing of health care related needs for households left behind.

Macro-systems of adolescent children left behind refer to the wider community made up of the economic, social, cultural, families, laws, beliefs, expectations, lifestyles, local communities and schools (Crawford, 2020). For example, cultural values that involve obedience to senior community members or authority, observance of any elderly person as a parent and community or extended family care of children whose parents are away or have passed on may significantly influence the proximal interactions in adolescent children left behind`s microsystem and the entire mesosystem. Equally worth noting is how government and non-governmental organisations relate with communities. Such relations may affect every level of the system (Ganga & Maphalala, 2013). For example, adolescent children left behind may be denied access to free food rations or free medical facilities due to the fact that their parents work outside the country and are thus expected to be able to pay for such services without difficulty. It is unfortunate that at times such parents may have either abandoned their families, may not be working or are not sending remittances for various reasons. A study by Maphosa (2010) carried out in Plumtree where the two districts under study are located uncovered that there were cases of abandoned migrant households in the area where migrant parent(s) hardly send remittances back home as they spend all their money on women and beer. Governmental and Non-governmental organisations may equally offer free parental guidance services, integrated adolescent sexual and reproductive health services thereby helping to equalise health outcomes of adolescents in both migrant and non-migrant households.

At the end of the *ecological system* is the chrono system. By chronosystem Bronfenbrenner meant the role played by time dimension in the development of children. Here emphasis is put on changes or consistencies in relationships overtime. Such alike changes maybe parental divorce, historical events, social conditions as well as changes like life transitions within the developing person (Bronfenbrenner, 2008). For instance, girls may begin to undergo menstruation placing novel health and hygiene related requirements on them. Such alike biological and hormonal developments if not properly managed may lead to behaviour change such as role confusion as asserted by Erickson (Berk, 2007). Where such confusion occurs and in the absence of close parental monitoring cases of teenage pregnancies, HIV infection and early debut to sex with potential to affect the general health outcomes of adolescents may occur. It is common nowadays in some Zimbabwean cities and towns for adolescents to engage in wild parties mostly hosted in homes of absent parents where all sorts of risky behaviours such as drinking, use of illicit drugs, sex are done (Mhaka, 2022). All these interactions change over time and influence the development of the adolescent child left behind. It should however not be thought that these children are passive recipients of the environment, they too are active participants in their own development. This model offers prospects for observing and understanding how adolescent children left behind are poised on every facet of their setting. The model fits well with the child well-being and child rights approaches especially in an era where policy-oriented studies have in these fields gained value, joined the processes of policy-development as a definition, and when the health child well-being index used in this research has become a tool of monitoring children's well-being (European Commission, 2008; OECD, 2009; Semerci, 2014; & UNCRC, 1989).

Related to the ecological systems theory is the psycho-social analytic theory by Erickson who fused together psychoanalytic concepts with social perspectives. Like Bronfenbrenner Erickson regards human beings in general and adolescents in particular as active participants in their own development (Snowman & Biehler, 2012). Erickson asserted that human beings developed in social stages rather than sexual stages as was asserted by Sigmund Freud. He therefore came up with eight stages of the psychosocial theory namely, trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, identity versus identity confusion, intimacy versus isolation, creativity versus stagnation, ego integrity versus despair (Lahey, 2009).

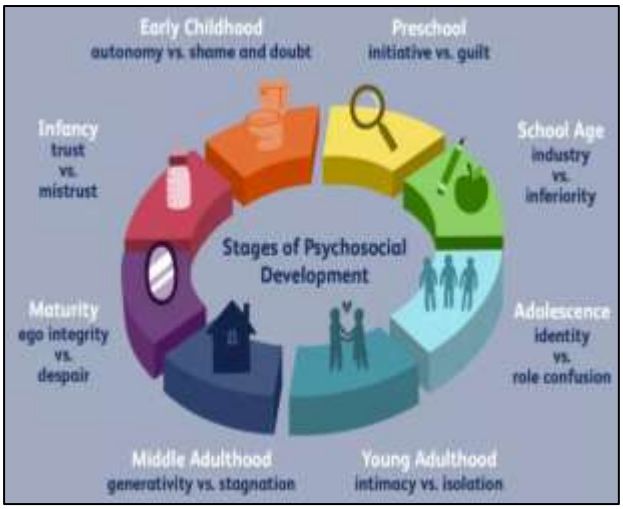

Figure 2. Erikson's psychosocial theory *(adapted from Seong, 2022)*

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Erickson stated that people experienced a crisis when passing through each stage of development (Berth, 2010). The crisis experienced at each stage is however not a catastrophe but a watershed of greater than before susceptibility and heightened ability. Put differently, the more efficacious one is in settling the crises, the wholesome and better the development will be. Of importance is the role played by parents and caregivers in determining the ability of children in overcoming these crises at early stages of development. Most relevant to this study is the fifth stage, *identity versus role confusion*, because it coincides with a developmental stage of adolescents' main informants of this study. Erikson avowed that adolescents encountered a crisis where they must develop an identity. Identity development refers to determining who they really are and where they are going. Successful realisation of an identity leads to identity accomplishment whereas failure to achieve an identity will lead to identity confusion (Donald *et al.,* 2010). It is generally agreed that the period called adolescence is usually eventful and associated with great turbulence. Some scholars have suggested that this period is characterised by storms and stresses of life, which if not properly managed, may lead to challenges for the individual, the family, schools and society at large (Swartz *et al.,* 2011). Parents, teachers, caregivers are therefore crucial at this stage for the provision of guidance and control in the lives of the growing children. How an adolescent child left behind responds to each crisis determines their response to future crises. For example, a child left behind who received additional educational material, went for educational trips is likely to do better in school and generally develop a positive attitude towards school so much so that when they get to adolescence they develop desirable occupational aspirations integral to educational achievement. It is the purpose of this study to then find out how the absence of parental care, guidance and control due to labour migration affect the adolescent children left behind.

Several studies have been carried out to try and uncover effects of parental migration on health outcomes of children left behind. Interestingly these studies have produced mixed results. One such a study was carried out by UNICEF (2010). The study confirmed global reports suggesting the possibility of increased access to health services, medicine and food with an increase in remittances. However, the study also acknowledged the likelihood of inadequate attentiveness to health-related behaviour due to absence of parental care. In addition, another study conducted in Kenya discovered that children whose mothers had migrated in Nairobi were most susceptible to cold, cough, stomach ache, headache and loss of appetite (Konseiga *et al.,* 2009). Correspondingly, a research carried out in Moldova by UNICEF (2005) established that children left behind hardly obtained desirable care and treatment on time and received foodstuff of inferior quality. Furthermore, the study established that children left behind remained subjected to destructive effects of liquor abuse, drug and sexual abuse associated with the ease of use of pocket money sent back home by migrant parents, peer pressure and insufficient parental care (Salah, 2008). All such behaviours had the effect of compromising health outcomes of adolescent children left behind.

In yet another study carried out in New Zealand among the Tonga it was uncovered that there were poorer diets and lesser height-for-age among left behind children under the age of 18 who were matched against children living with their parents (Gibson *et al.,* 2011). These results conflicted with findings from other studies which suggested that parental migration tended to improve nutritional status of younger children left behind, measured by birth weight, infant mortality rate, or weight-for-age (Mu & de Brauw, 2013). These findings imply that it is vital to closely examine the relationship between parental migration and the health status of adolescent children left behind. Findings from a recent comparative study of Georgia and Moldova by Cebotari *et al.* (2018) produced results which conflicted with findings from studies suggesting that health outcomes of children left behind tended to be negative. The study unearthed that notwithstanding the nature of migration, the correlation between parental migration and children left behind's health was either positive or neutral. This therefore implies that although there might be detriments associated with migration they are significantly eclipsed by gains ingrained in migration. It therefore follows that such gains manifest themselves in improved health outcomes of children left behind. This is so because left behind children's health is directly associated with left behind family's wherewithal. Interesting was the observation that when fathers migrated leaving mothers taking care of children, health outcomes of children left behind appeared to be positively affected. Surprisingly, it was also uncovered that even when both parents migrated and children are left in the care of grandparents particularly the maternal grandparents children left behind's nutritional status as well as access to healthcare services improved.

While the current study acknowledges that most of these studies are comprehensive a number of them tend to focus on the health outcomes of children left behind across age groups. It was thus found to be vital to add to these findings by carrying out a more exclusive study on adolescent children whose developmental stage places them in a unique phase likely to mediate their health outcomes. Adolescents have unique health issues whose outcomes may be influenced differently by parental migration. Indeed, according to the World Health Organisation adolescents have peculiar health demands (WHO, 2014). This explains why there are several national, regional and global adolescent sexual reproductive health frameworks. Furthermore, it is interesting to note that most of the countries such as Georgia and Moldova from which studies were carried out have vibrant and supportive social protection systems

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spread across the country irrespective of social and economic status. Such policies neutralise the effects of remittances on health outcomes. These are contextual mediating factors which may not necessarily be obtaining in Africa, Zimbabwe and Plumtree where the current study was centred. As such there was need to carry out similar studies in contexts such as of Africa, Zimbabwe and Plumtree. Effects of contextual factors in determining the nature of health outcomes been well documented under theoretical framework of this research.

Coming closer home a research by Ndlovu & Tigere (2018), carried out in rural Gweru to uncover the socio-economic effects of economic migration on left behind households revealed that the bulk of left behind household members such as women, children and old people visited health institutions alone. Some children and old patients suffering from chronic diseases like HIV were said to be prone to defaulting on treatment thus promoting drug failure. Defaulting on Anti-Retroviral Therapy (ART) has the danger of promoting full-blown AIDS, shortening the lives of patients. All this was attributed to absence of parents and caregivers. Interesting was the discovery that some respondents in the study revealed that migration of their spouses deprived them of their matrimonial rights thereby promoting promiscuity. Promiscuity exposed them to HIV and other Sexually Transmitted Infections (STIs). Overall migration therefore had the effect of negatively affecting the health status of households left behind in the region. The research produced findings similar to those of earlier studies such as in Moldova, Albania among others (UNICEF, 2010; & Markova, 2011).

Experimental Section

This study focussed on two districts in Plumtree, Bulilima and Mangwe, Zimbabwe. These research sites were chosen because they have a long history of labour migration to South Africa and Botswana resulting in the creation of numerous transitional households (Dube, 2014). The researchers employed the convergent parallel mixed methods design to look into the effects of labour migration on adolescent children left behind from varying angles (Creswell, 2008). Onwuegbuzie, Slate, Leech & Collins (2014) define a mixed methods study as one which combines qualitative and quantitative elements such as in data collection or analysis with an objective of widening the breadth or depth of comprehending the problem under study as well as for validation. On the other hand, Almeidai, (2018) describes the convergent parallel design as a mixed methods approach which uses both qualitative and quantitative approaches at the same time. Researchers who use this type of design seek corroboration by giving equal weight to both strands of data which are collected separately in order to offset weaknesses of one method by the other. It is only at interpretation that integration of findings takes place (Creswell & Plano Clark, (2011). The researchers adopted the mixed methods approach and the convergent parallel design because doing so would save on time and help in validating results (Terrell, 2011). Indeed, using this approach and design afforded the researchers an opportunity to have a comprehensive understanding of the problem under study and thus establish the prevailing situation regarding effects of parental migration on adolescents left behind in Bulilima and Mangwe Districts (Santos *et al.*, 2017).

A sample of 60 adolescents (30 migrants and 30 non-migrant) and 16 stakeholders (6 teachers, 4 nurses and 6 caregivers) was selected using both purposive and simple random procedures. As a way of methodological triangulation, the researchers used questionnaires and focus group discussion guides to collect quantitative and qualitative data from adolescents in migrant and non-migrant households. Furthermore, qualitative data was collected from caregivers, nurses and teachers using interview guides. Caregivers and stakeholders provided crucial collaborative data on several issues discussed in this study. Tesch's open coding method of data-analysis was employed to analyse qualitative data by identifying emerging themes while SPSS quantitative data analysis software was used to make sense of quantitative data. Prior to collecting data researchers had to make several ethical considerations. Sieber (2001) advises that researchers should always take the necessary steps to prevent risk and to sufficiently inform the would be participants about the study and risks involved. Indeed, researchers are called upon to acquire informed consent by explaining the purpose and process of the research, possible conflict of interest, risks and benefits. Participants are more likely to volunteer more trustworthy and truthful information when their confidentiality and anonymity is guaranteed (Jefford & Moore, 2008). As such therefore prior to the researchers sought permission to conduct the study from the Ministries of Primary and Secondary Education, Health and Child Care and Local Government, Public Works and National Housing. Having been given clearance to carry out the study researchers sought and were granted informed consent from participants. Noble, Donovan, Turner, Metcalfe, Lane, as cited in Nnebue, (2010) aver that informed consent is a procedure where a potential research participant learns key facts about research procedures, including potential risks and benefits, before deciding whether or not to participate in it. In addition, the researchers ensured participants anonymity and confidentiality by using pseudonyms such as ZRM_3. Badampudi *et al.* (2022) view anonymity and confidentiality as collecting data which does not identify or trace a participant and safeguarding raw data as well as publishing results that cannot be traced to participants respectively.

RESULTS AND DISCUSSION

The following were the major research findings which came out after thematic and statistical data analysis:

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- More adolescents left behind than from non-migrant households were reported having poorer personal hygiene practices such as brushing of teeth and washing hands regularly with soap before taking meals.
- Coming to hospital care it was uncovered that slightly more caregivers from migrant households than from non-migrant households failed to send adolescent children to hospital and buy them medicines required.
- There appeared to be a very small difference between the quality of food and number of meals taken by adolescents in both households.
- More adolescents from non-migrant than from migrant households reported being healthier.
- Slightly more adolescents from migrant households than from non-migrant households reported engaging in unhealthy behaviour related to sexual reproductive health.
- Very few adolescents reported being regular takers of alcohol and tobacco related products. Of the few regular takers of alcohol and smokers more came from non-migrant households than migrant households.

It was established that left behind adolescents had poorer personal hygiene practices than those from non-migrant households. Personal hygiene practices included brushing of teach and washing of hands with soap. Additionally, there were comparatively no significant differences in female adolescents' personal hygiene behaviours; whereas fewer male adolescents from migrant households adhered to recommended personal hygienic standards compared to those from non-migrant households. Having poorer personal hygiene practices among left behind adolescents was attributed more to lack of parental supervision and control. A study by Man *et al.* (2017) uncovered that that poor health practices were prevalent among adolescents older than 14 years in China. Conversely, Adhikari (2019); & Nguyen (2016) argued that girls experience more negative consequences in their health unlike boys after mother's migration. Without a mother in the family, girls were seen to face numerous health problems because they lack someone to share their health problems such as relating to sanitary care (Adhikari, 2012). Because girls can clearly communicate their health challenges with their mothers, they feel abandoned at home even if their daddy are with them consequently leading to poorer hygienic and health outcomes (Adhikari, 2019; Tong *et al.,* 2019). This observation makes it clear that who migrates and gender of children left behind also help to determine health outcomes of children left behind. Interestingly adolescents from either household intimated that boys were more likely to adopt unhygienic practices than girls. These views were similar to those expressed by 3 participants below;

> *"Adolescents left behind are more prone to unhygienic behaviours such as failure to sweep their bedrooms exposing them to ailments than those in non-migrant families where they receive maximum parental guidance and supervision*". **(Participant WUN; a nurse in Plumtree Urban responding to a question on adolescent preventive health behaviours**)
>
> *"Most adolescent children living in non-migrant households usually live with parents who assist them in developing personal hygiene behaviours. For example, girls living in migrant households without mothers or mature female caregivers usually have challenges with girl child related sanitary practices".* **(Participant ZRT$_2$; a senior lady teacher at a school in Plumtree rural responding to a question on adolescent preventive health behaviours)**
>
> *"All I can say is that children whose parents work in countries like South Africa can hardly have more positive health practices like those who live with their parents most of the time. My mother left me in the care of a maid when I was only grade 5. The maid was too young to be able to even wash her own body properly".* **(Participant ZRM$_3$; an adolescent left behind responding to a question on adolescent health practices during an FDG)**

It is important to observe that good hygienic practices such as washing hands with clean water, menstrual hygiene management and food hygiene are important in reducing transmission of disease and promoting good health outcomes. Schools, churches, community health workers and related organisations falling within Bronfenbrenner's micro and meso systems can go a long way in helping promote good hygiene practices among adolescent children left behind (Labelle, 2022).

Coming to hospital care it was uncovered that slightly more caregivers from migrant households than from non-migrant households failed to send adolescent children to hospital and buy them the medicines required. This was irrespective of the fact that more adolescents left behind reported having visited a health care centers for medical help in the past year. The implication is that migrant households might be investing less in the healthcare of their children even if they may need medical attention. Failure to invest much in left behind children's health could be well understood from observations made by Polzer *et al.* (2010) that although the majority of households in Matabeleland South to which the two Districts under study belong had one or more migrant members they did not receive any significant or consistent remittances. The lack of consistent and significant remittances to Zimbabwe from migrants in South Africa was concretised by Makina (2007) whose study of Zimbabwean migrants in Johannesburg revealed that most such migrants earned very little to sustain themselves and children left behind.

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Quantitative data in this study revealed that 90% of migrant parents worked in South Africa where Makina's study was carried out. In other words, migration does not necessarily translate to remittances as might be assumed by some people. Assuming that parental migration equals remittances could be one cause of discrimination of left behind households in service provision (Li *et al.*, 2006; & Zhou *et al.*, 2011). It is thus imperative for communities to be educated on that left behind children could even be more vulnerable needing more assistance than is usually assumed. Interestingly, data from interviews with caregivers in both households revealed that the majority of caregivers in both kinds of households were able to provide for their children's healthcare needs largely because most health care services are free of charge.

> *"It has not been difficult to provide for my sibling's healthcare needs ever since my parents left for South Africa because most of healthcare services at the local clinic are free of charge".* **(Participant XCM; a caregiver in a migrant household in Plumtree Urban responding to a question on section C on the interview guide**)

> *"Providing for my children's healthcare needs has been easier because clinics provide free services while some NGOs through the clinics and village health workers provide free services".* **(Participant ZCN; a caregiver in a non-migrant household in Plumtree rural responding to a question on section C on the interview guide)**

Provision of free medical services is an important and commendable mediating factor which falls squarely within the ecological theory's macro-systems. It equally satisfies recommendations by the UNCRC that governments must endeavour to provide basic health care to children. Surely combined efforts by Governmental and non-Governmental organisations in providing affordable or free healthcare facilities can go a long way in lessening effects of parental migration in as far as health outcomes of left behind children are concerned. Evidence from Georgia and Moldova show that the countries have vibrant and supportive social protection systems spread across the countries irrespective of social and economic status thus helping to neutralise the effects of parental migration on health outcomes children left behind (Cebotari *et al.*, 2018).

Coming to diet and food security, slightly more adolescents from non-migrant households described their home meals as balanced diets. This means that labour migration could be exposing left behind children to unbalanced and unhealthy meals. Similarly, a little more adolescents from non-migrant households reported having at least three basic meals a day. Looking at both the quality of food and number of meals taken it can be concluded that labour migration could be having a negative effect on adolescent children left behind's nutrition and health outcomes. Such was also uncovered by several other studies across the globe such as those carried out in Kenya (Konseiga *et al.*, 2009), Moldova (UNICEF, 2005) which revealed that children left behind were more susceptible to ill health since they hardly obtained desirable care and treatment on time. The results were also resonated with findings of a study carried out in China which observed that left behind children had poorer daily food care than those in non-migrant households (Luo *et al.*, 2008). In addition, yet another study by Ye *et al.* (2006) discovered that dietary conditions of left behind children were comparatively substandard in left-behind households taken care of by grandparents. While a few studies have shown that who the caregiver is, whether a grandparent, aunt, or uncle, did not have any negative effects on left behind children's well-being (Dreby, 2007) several others have indicated that grandparents may not be good caregivers (Sharma *et al.*, 2021; & Blackburn, 2000). It is interesting to note that quantitative data from the current study reveal that more than half of the migrant households were cared for by children, grandparents or hired servants. Several reasons could account for this disparity in dietary outcomes of the two types of households, one of which could be that due to old age and lack of knowledge caregivers may not offer scientific nutritional care and a general lack of scientific knowledge of children's nutrition. Furthermore, left behind households could be in dire economic conditions as parents either fail to remit or have abandoned their families. Several studies have These results are synonymous with those from qualitative data collected from stakeholders, caregivers and adolescents through interviews as reflected by two participants below;

> *"Adolescent children in migrant households are more prone to hunger and starvation in the region than those from non-migrant households. While migrant households may have access to a variety of foodstuffs much of it is processed and junk food".* **(Participant VRN$_2$; a Nurse at a rural clinic responding to a question on section C on the interview guide**)

> *"The past year has been difficult; we did not always have enough to eat since our parents were not working due to COVID-19 related lock down in South Africa. It was also very difficult to have food items sent to us through the usual means".* **(Participant ZCM; a caregiver in a migrant household in Plumtree rural responding to a question on section C on the interview guide)**

Furthermore, looking at health status and morbidity it is not surprising that fewer adolescents from migrant households reported their health status as being good. This outcome makes a lot of sense when viewed in light of outcomes on hygiene, quality of food and

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hospital care above. It therefore can be concluded that labour migration had negative effects on the health status of left behind adolescents. This information is similar to what was obtained from qualitative data as reflected by a health care worker below;

> *"In my experience as a nurse I have observed that adolescents from migrant households are likely to be more prone to ill heath than those from non-migrant households".* **(Participant VRN$_2$; a Nurse at a rural clinic responding to a question on section C on the interview guide**)

In terms of unhealthy behaviours related to adolescent sexual reproductive health as well as drinking alcohol it was revealed that while no adolescent from either household acknowledged engaging in risky behaviours which could expose them to STI's fewer adolescents left behind reported receiving regular teachings on sexual reproductive health. It was interesting to note that while adolescents declined engaging in risky sexual behaviors stakeholders such as nurses reported that while it is generally evident that adolescents from either household engaged in sex from a tender age as evidenced by soaring teenage pregnancies and cases of STI's among them left behind children were more at risk. The divergence of data on this matter could be partially explained by the very nature of the subject which generally required utmost invasive questions not suitable in the quantitative arm of the study. It thus can be concluded that being in left behind circumstances had negative effects on adolescents sexual and reproductive health due to lack of parental control and teachings on such matters. Global literature has overwhelmingly shown that adolescents are engaging in sexual activities which expose them to teenage pregnancies and STI's (Swartz *et al.*, 2011; & Salah, 2008). A study by Fu *et al.*, (2017) revealed that left behind children with both parents absent had worse health outcomes as they were at a higher risk of engaging in risky behaviours which could lead to sexual infections. Similarly, left behind adolescents under the care of young caregivers were found to be more prone to indulging in alcoholism, smoking, internet addiction and the emotional problems which could further promote poor reproductive health behaviours (Yeoh & Lam, 2016 cited in Sharma *et al.*, 2021). Views of participants were similar to those reflected by 2 participants below;

> *"Yes lack of parental supervision which is common in migrant households. It can promote risky sexual behaviours likely to expose children to sexually transmitted infections but the situation now is that adolescents from either household are almost similarly engaging in sexual activities".* **(Participant YUT$_2$; a Teacher at an urban school responding to a question on section C on the interview guide**)

> *"Abantwana ngabantwana. Ungabokhonaungabikhona uyabona sebezithwele. Yiso sismo salezi insuku ngabantwana. Kodwa ke kubangcono nxalawe mzali ukhona*". (Children are just children they behave the same whether they live with parents or not still they get pregnant. Such is the state of affairs these days. It is however better when they live with their parents). **(Participant XCN; a caregiver in a non-migrant household responding to a question on section C on the interview guide**)

In terms of unhealthy behaviours related drinking and smoking fewer adolescents left behind reported being regular smokers, drinkers, drug takers and attendees of wild parties. It was equally noted that while the number of adolescents from non-migrant households who were regular drinkers, smokers, drug takers was slightly higher it still was negligible. From the few smokers, drinkers and drug takers boys made a greater percentage than girls. It can then be concluded that while labour migration does not seem to influence adolescents into smoking and drinking, societal values or culture could account more for the low rates of drinking, smoking, drug taking and wild parties. Similar findings were recorded in Tajikistan (Catrinescu *et al.*, 2011) but conflicted with earlier studies such as by Toth (2007) which uncovered that consumption of alcohol and smoking appeared to be higher among left behind children than among those from non-migrant households. It was interesting to note that although wild parties commonly known as *VUZU* parties were less common in the area the few adolescents who confirmed having attended such parties were those from urban settings. These views were similar to those expressed by two participants below;

> *"Although being in a migrant household may trigger smoking, drinking and abuse of drugs I think it is more of societal values, norms and religious beliefs which determine whether adolescents will smoke drink or abuse alcohol".* **(Participant YUT$_1$; a teacher in an urban school responding to a question on section C on the interview guide**)

> *"I do not think that there is a relationship between unhealthy behaviours like smoking, alcohol, drug and substance and the type of household one comes from. It is usually acceptable for boys to smoke or drink than it is for girls. I believe it's more of how society views these behaviours than being either in a migrant or non-migrant family".* **(Participant YUN$_9$; a learner in an urban school responding to a question on section B on the FGD interview guide**)

CONCLUSION

Ecological effects of labour migration on adolescent children's health outcomes well-being appear to be complex and varied depending on various factors,

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such as gender, societal values, and adolescent competencies to manage turbulences associated with adolescence in the context of being left behind. Additionally, effects of migration on adolescents left behind equally depend on migration features such as who migrates, whether the migrant parent is legally or illegally resident in the host country, whether parental migration is seasonal or long term as well as family dynamics such as the size of family and existence of the extended family. This empirical study revealed that adolescents left-behind appear to encounter and are exposed to more adverse developmental experiences than their counter parts in non-migrant households. Inversely, they may also accrue a few developmental benefits from parental migration compared to their counterparts from non-migrant households.

In terms of health outcomes this study revealed that adolescents left behind had more negative health outcomes than those from non-migrant households. These negative outcomes were attributed more to lack of parental supervision and minimum investment in left behind household's healthcare. These findings are consistent with findings from other global studies such as done in Moldova and Kenya Konseiga *et al.* (2009); & UNICEF (2007) which revealed that children left behind were more susceptible to ill health since they hardly obtained desirable care and treatment on time. The study observed that this situation is even worse for abandoned migrant households and is exacerbated by the meagre and erratic remittances sent home. The research challenged the long standing migration equals remittance narrative. In light of these findings and in pursuit of improving child care practices it is recommended that all stakeholders come aboard where;

- Government must review social protection services and migration policies in line with regional and global trends and the child rights conceptual framework.
- Key community stakeholders should work together in reviving the traditional role played by extended families in the care and protection of children.
- Schools and community institutions should develop novel, modern and more effective methods of teaching and inculcating personal hygiene habits to students.
- Health institutions should extend their loco-parentis duties by affording vulnerable adolescent children from migrant household's care and support such as through domiciliary visits. The concept of adolescent friendly clinics and nurses should continue to be reviewed to allow for novel developments with regards child care and ASRH issues.
- Future studies should consider focusing on ways of building resilience among children in undesirable circumstances such as those faced by some left behind adolescents and how migration management policies can be reviewed to provide basic healthcare to adolescents.

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