



STAYING BEHIND: THE EFFECTS OF MIGRATION ON OLDER PEOPLE AND CHILDREN IN MOLDOVA

National study
HelpAge International and UNICEF

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Staying behind: The effects of migration on older people and children in Moldova



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HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

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Front cover photo:

Grandmother Maria, 62 years old, and granddaughter Vlada, 10 years old, from Ialoveni town, R. of Moldova

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List of Acronyms

LFS	Labour Force Survey conducted by the National Bureau of Statistics
CPA/CLA	Central/Local Public Authorities
BILA	International Labour Office
NBS	National Bureau of Statistics
HBS	Household Budget Survey conducted by the National Bureau of Statistics
CE	Council of Europe
MGH	Multigenerational Household
ME	Ministry of Education
MLSPF	Ministry of Labour, Social Protection and Family
MH	Ministry of Health
DK/NA	I don't know / no answer
MDGs	Millennium Development Goals
ILO	International Labour Organisation
IOM	International Organisation for Migration
WHO	World Health Organisation
NGO	Non-governmental Organisation
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund

1. Executive Summary

Currently, Moldova is among the top countries affected by the process of migration. About 25 per cent of the country's economically active population¹ is involved in temporary labour migration and the volume of remittances from migration reaches significant proportions of 33 – 37 per cent² of GDP.

Migration has positive and negative effects on both migrants and the society as a whole, including the population not involved in migration processes, such as children of migrants and the older people who care for them. The issues and impact of migration continues to be a key area of interest for independent experts, analysts and civil society. New approaches to social policies and practices are required to mitigate the negative effects of this phenomenon and to enhance the benefits of migration.

The impact of migration and remittances on economic development, the healthcare system, on educational processes and intergenerational relations in multigenerational households represents the main objective of this study.

The sociological research was carried out at national level on two sub-samples of multigenerational households (MGHs), where data on MGHs in which members are directly involved in migration has been compared with data on households that are not directly involved in this process (no household members have migrated during the last 12 months or are working abroad now). The results of the research have been structured in chapters as follows: Income and expenditures; Child care and education; Health and access to medical services; Interpersonal relations; Cultural life, associations.

This report also includes the results of qualitative research conducted by HelpAge International and Second Breath in ten regions of Moldova within the project "Strengthening community-based support to multigenerational households left behind by migration in Moldova". The results of the qualitative research have been integrated into this report in the form of "case studies".

The research targets households with members representing three generations: older people, adults who are parents and their children. The average household size is 5.2 members (5.3 members in rural areas) compared to 3.0 members for the country average (3.1 in rural areas)³.

The analysis has underlined the fact that remittances do influence the income of MGHs, however, the main source of income is the state social allocation given to older people – the pension. Average monthly expenditures of a remittance-receiving MGH are higher than those of a MGH not receiving remittances and amounts to MDL 860 (USD 72.71) per adult compared to MDL 930 (USD 78.21) respectively. As a result the difference represents about 7.6 per cent and it does not influence directly the expenditure structure of a MGH.

The pension, however, remains the main source of monetary income, in both MGHs with migrants and in those without migrants, exceeding the amount of remittances. On the other hand, these households (remittance-receiving) have less income from jobs and services provided in the country.

¹ According to the Labour Force Survey conducted by the NBS <http://www.statistica.md/>

² According to the NBM data of 2005-2010, http://bnm.md/md/external_operations_via_banc_system

³ According to the 2004 Population Census, <http://www.statistica.md/>

The general perception of the financial situation of MGHs in both groups of analysis is predominantly “poor”.

The research has highlighted the extremely important role of older people in child care and education when their parents migrate for work abroad. Where both parents migrate abroad older people become the responsible carers in 91 per cent of cases and if one parent is abroad, 36 per cent of children are being cared for by older people, even if one parent remains in the home country. Older people also replace the parents as legal representatives of children, having guardianship or tutorship in 34.7 per cent of MGHs affected by migration.

Despite positive assessments of children’s behaviour and intergenerational relationships in MGHs affected by migration, the case studies indicate that neither family members nor the community recognize the risks to which children are exposed as a result of migration. Although the presence of older people and fulfilment of the parents’ role mitigates to some extent the psychological distress of children left behind by migrant parents, the absence of parents changes the behaviour of children: they often become naughty, aggressive and nervous. At the same time, children in MGHs affected by migration often remain without the assistance of an adult in various aspects. Children need help with homework, personal hygiene, visiting a doctor or simply need to talk to parents about their lives and daily problems.

The survey findings reveal that in terms of children’s education, remittances increase the access of children to post-secondary education, while enrolment in preschool, primary or secondary schools does not depend on migration and remittances.

The analysis of healthcare and access to health services shows that older people are the most vulnerable social group in this respect. More than eight out of ten suffer from a chronic disease and often seek care from health institutions. Although older people are automatically included in the national system of compulsory health insurance, many older people cannot afford to purchase the necessary medicines. Every second older person (50.7 per cent) from remittance-receiving MGHs mentioned that in the last 12 months there were occasions when they could not afford to purchase the prescribed medicines. In MGHs not receiving remittances this share is even higher – 58.4 per cent. Similarly, every second older person from MGHs not receiving remittances and 43 per cent of remittance-receiving MGHs have reported cases when they failed to access health services when needed.

This report highlights issues about intergenerational relations in MGHs, social and cultural life and underlines the importance of active participation by local public authorities, civil society and local volunteers in supporting the households with older people and children left behind by migration.

2. Introduction

Overview

Reorganisation of the economic and social system in Moldova over the past two decades, fundamental reform of the political and institutional structures, as well as the inconsistency of initiated reforms, has led to sharp impoverishment of a large part of the country's population. The situation was aggravated by the Transnistrian conflict that affected the operation of complex economic mechanisms, particularly those related to light and processing industry. Regional (1998) and world (2008) financial crises have also had a negative impact on poverty levels.

Moreover, the long period of transition and demographic trends have worsened the overall situation in the country; Moldova faces population reduction, population ageing and a growing imbalance between age groups. According to the forecasts of the Academy of Sciences of Moldova, by 2050 the country will face a population decline of about 20 per cent and the number of people over 60 years of age will exceed 35 per cent of the population. At the moment the demographic pressure is 2:1 (an employed person supports two people who don't work) and by 2050 the effects of demographic pressure will double, reaching a ratio of 4:1.

In this context, it is important not only to choose the appropriate economic development model for the country, but also to adjust all social and economic policies to the existing profile with a view to the forecast demographic profile. The family represents the social institution that strongly influences the values, social interaction and economic participation of individuals in society. It is essential to analyse issues related to family, connections among family members and interdependence between them to ensure solidarity between generations. The analysis and mitigation of negative socialisation of family members will only be possible if account is taken of the current intensive process of labour migration and its impact on children and older people from migrants' families.

During the last two decades the processes of labour migration in Moldova, although with a peak registered in 2007 – 2008, have maintained their dynamic and intensity. According to official statistical data about 314,000 people are involved in migration, which is nearly 10 per cent of country's population or 25 per cent of economically active population⁴. The average age of migrants is 35 years of age. Two thirds of migrants come from rural areas and about one third of migrants are women, while 42 per cent of migrants have children left in the home country. Although official statistics underrate the real number and situation of children deprived of parental care as a result of the departure of their parents to work abroad, the operational data of the Ministry of Education and the Councils for Protection of Children's Rights show that by 01 April 2010, out of the total number of school age children (7-18 years), about 84,207 children lived without parental supervision, about 66 per cent of children had one parent working abroad, and 34 per cent of children had both the mother and the father working abroad.

In this context, older people play a key role in providing care to the children of migrants. Older people, most affected by poverty, face a lot of challenges and due to migration they additionally take over parental responsibilities to care for children, substituting the role of parents who left to work abroad. Unfortunately, at the moment there are no comprehensive

⁴ Unofficial sources – local and international research structures – estimate the number of people residing abroad from 500 to 770 thousand people, or 21 per cent of the country's population. See 2010 World Bank Report <http://unimedia.md/?mod=news&id=25868>

studies on the impact of migration and poverty levels among the older population and in particular for families headed by older people caring for the children of migrants.

It is important to note here that despite the multidimensional nature of migration and its effects, the analysis of this phenomenon in Moldova focuses primarily on socio-economic issues (labour force, impact of remittances, etc.). Taking into consideration the country's needs for sustainable development, other aspects of migration that are currently left in the shadow should be evaluated and researched, such as: change in behaviour patterns of multigenerational households, psychological impact and behavioural changes of children, relationships between children and older people, etc.

Migration and development is an integral part of the EU migration policy. UN high level dialogue on migration in November 2006 noted that migration can have a positive impact on development and discussed the identification of appropriate means and methods that would maximize development benefits and minimize negative effects of migration. The high-level dialogue has demonstrated strong commitment of the UN member states, entities, observers, the civil society and private sector in examining the relationships and synergies between international migration and development for countries of migrant origin and destination.

Finally, we reiterate that so far there have been no separate studies on the impact of migration specifically on older people and children, rather the existing studies referred mostly to other aspects of migration on these categories of people.

This, in fact, generated the idea for the research presented in this report.

Framework of research

This research offers data on special needs and features regarding vulnerability among migrants' families, particularly multigenerational households where the head of the household is an older person. This study was produced jointly by HelpAge International in Moldova and UNICEF Moldova. HelpAge International has a vision of the world in which all older people fulfil their potential to lead dignified, active, healthy and secure life.

HelpAge International is a global network of non-governmental organisations working to protect the rights of older people. The network includes agencies in about 75 countries around the world, including the Republic of Moldova. HelpAge International is a world leader in issues of ageing and development, poverty reduction and human rights. Its activities are focused on social protection and providing livelihoods, HIV / AIDS prevention, fighting against discrimination against older people, strengthening capacity of the civil society, conducting researches and advocacy for these people, etc.

UNICEF (United Nations Children's Fund) is the largest organisation in the world protecting children's rights. The aim of UNICEF is to ensure a dignified life and protect each child, regardless of race, religion or social status. UNICEF has been working in Moldova since 1995 and together with the Government is developing policies, providing financial support for social reforms and produces changes in various fields.

In July-August 2010 a sociological survey on the impact of migration on children and older people in multigenerational households was conducted jointly by HelpAge International and UNICEF. An additional component – a qualitative research was carried out entirely by Helpage and Second Breath within the joint project “Strengthening community-based support to multigenerational households left behind by migration in Moldova”.

3. Methodology

The sociological research on the impact of migration and remittances on the economic situation, health and access to health services, as well as the links between older people and children of migrants left in their care was carried out by HelpAge International with the support of UNICEF. The field research, data collection, aggregation and processing were carried out during July – August 2010 by the Centre of Sociological Investigations and Marketing Research CBS AXA.

The purpose of the research is to provide data on the impact of migration on multigenerational households in Moldova that would guide project actions and activities designed to mitigate the negative impact of migration.

The main objective is to assess the impact of migration on multigenerational households.

The specific objectives are the following:

To analyse the impact of migration on the economic and social situation and the rights of members of MGHs;

To identify vulnerability patterns of MGHs (socio-economic, seasonal etc.) and obstacles to access the national support and assistance programmes;

To identify types of support needed by older people and children from MGHs.

Sampling Strategy:

The survey was conducted at the national level, with exception of the Transnistrian region of the Republic of Moldova.

Sample: Stratified, probabilistic, multistage, with a control group, representative of MGHs in Moldova.

Sample size: a total of 1,205 multigenerational households, where 610 are households with family members temporarily abroad for work and receiving remittances and 595 households without family members involved in migration and not receiving remittances (control group).

To enable a comparative analysis, sub-samples of MGHs with and without migrants were constructed in an identical manner.

Stratification criteria: Districts of Moldova, residence environments (cities, towns, villages), size of localities. Due to a different incidence of migration at regional level, the stratification was based on migration rates by regions, resulting from the survey "Work Force Migration and Remittances in Moldova: the Boom Ended?" (ILO / CBS-AXA 2009).

Randomisation stages:

Sampling locality/ point: The sample includes 85 sites from all units of the administrative territorial division (32 districts of the Republic of Moldova, the cities of Chisinau and Balti), except for sites from the Eastern region of Moldova. The sites were selected randomly, separately for each region, using a random number table. Sampling points were established based on streets (or regions / neighbourhoods), from which, in the same random way, points included in the sample were selected.

Household: Within the sampling points, households were selected through a statistical step indicated by the operator's network coordinated individually for each sampling point, using the map of the village.

Respondent: The data was provided by one of the older members of each multigenerational household. Children from respective MGH have not been interviewed within this research.

The research questionnaire consisted of two lines levels of questioning: the presence of migrant family members in the MGHs (returned from abroad) and the fact of MGHs receiving or not receiving remittances from their family members abroad.

Research data processing was ensured by SPSS programme.

All data on which this report is based has been generated by the sociological research, unless a direct reference to other sources is made.

In preparing this report, data was obtained from qualitative research conducted by the volunteer groups of HelpAge International network that worked in the framework of the project implemented in partnership with Second Breath "Strengthening community-based support to multigenerational households left behind by migration in Moldova". This project was implemented in 10 sites of Moldova: Manta/Cahul, Carabetovca/Basarabeasca, Satul Nou/Cimislia, Cazangic/Leova, Lapusna/Hancesti, Trinca and Corjeuti/Edinet, Ialoveni, Comrat, Orhei and Balti. The data was incorporated into this report in the form of case studies.

Definitions

Multigenerational Household (MGH)

A household composed of three generations – older people, minors (children) and their parents.

Older person

For this study – a person who has reached the retirement age: 57 years for women and 62 years for men.

MGH with family members departed abroad for work (households with migrant members)

Multigenerational households in which, at the moment of research, one or more members have gone to work abroad or have been abroad for at least 12 months.

Ex-migrant

A person who had been working abroad but returned no later than 12 months preceding this study.

MGH receiving remittances

A household that in the last 12 months has received money from family members or other Moldovan residents who work (or have worked) abroad.

Guardian

A guardian is the legal representative of a person placed under guardianship, signing, without a mandate, the necessary legal documents on behalf of and in the interests of that person.

Guardianship

Guardianship is established over people lacking legal capacity or minors under the age of 14, as appropriate. Guardians defend, without a mandate, the rights and interests of people guarded by them in relations with entities and individuals, including the court.

Guardianship is established over a child who has no parents or adoptive parents or in case the court ordered deprivation of parental rights or the child remained without parental care for other reasons.

Tutorship

Tutorship is established over minors aged from 14 to 18 years. A tutor helps the person placed under tutorship protect his/her rights and fulfil his/her obligations and protects the person from abuse by third parties.

4. Number of household members and the characteristics of the sub-sample of migrants' households

This chapter describes the samples identified using the methodology outlined in the above chapter. Before passing directly to the analysis of the research subject it is appropriate to list the population (sample) parameters that serve as a source of information and on which we will later try to build the picture of various aspects of the research subject within the whole population as represented by one sample or another.

Thus, multigenerational households (MGH) are the research subject.

MGHs are quite large and have an average size of 5.2 to 5.3 members, much more than the country average – 3.0 members (3.1 members in rural areas), according to the 2004 Population Census.

Households with children under 18 years are grouped as follows: half of the households in the study sub-samples have one child, almost four out of ten households have two children, and the remaining households have three or more children.

Households with older people are distributed as follows: in MGHs with migrants households with one older person constitute 70.0 per cent, two – 29.8 per cent, and – 0.2 per cent. In MGHs without migrants the figures are, respectively, 71.8 per cent, 28.1 per cent and 0.2 per cent. We note that in terms of size and composition of surveyed households the sub-samples are almost identical.

Because of the different incidence of migration by residential areas, sub-samples record an overweight of such households in rural areas – approximately 81 per cent.

Table 1. MGHs sizes from the sample of households with migrant members and households without migrants

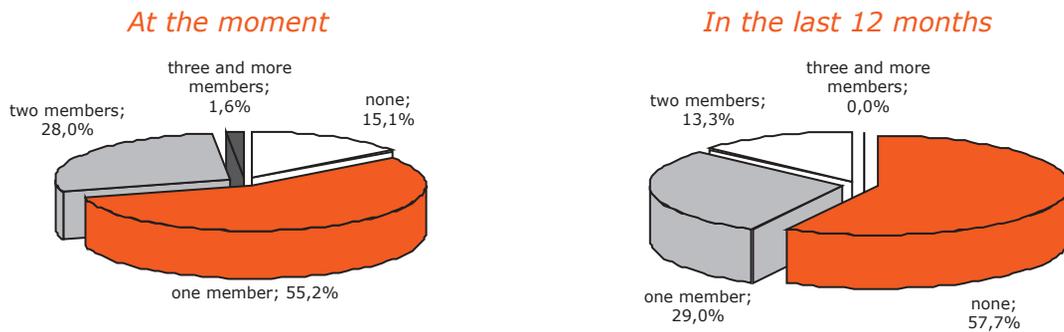
		<i>MGH with migrant members</i>	<i>MGH without migrant members</i>
Average household size (people)		5.3	5.2
Number of children under 18 years:	a child	49.5%	47.4%
	two children	37.2%	36.6%
	three and more children	13.3%	16.0%
Number of older people (women over 57 years and men over 62 years):	a person	70.0%	71.8%
	two persons	29.8%	28.1%
	three persons	0.2%	0.2%
Residence area	urban	18.5%	19.0%
	rural	81.5%	81.0%

The sub-sample of MGHs with migrants includes households that at the moment of survey had at least one member gone abroad for employment or that had returned from abroad not earlier than 12 months before the survey.

At the moment of the survey only in 15.1 per cent of cases none of the household members had gone to work abroad, while in 55.2 per cent of these households one person was working abroad, and in 28.0 per cent two people were working abroad.

It should be noted that in 29.0 per cent of MGHs who had members work abroad at least one migrant (returned from abroad in the last 12 months) was present at the moment of survey.

Figure 1. Number of migrant members in MGHs affected by migration

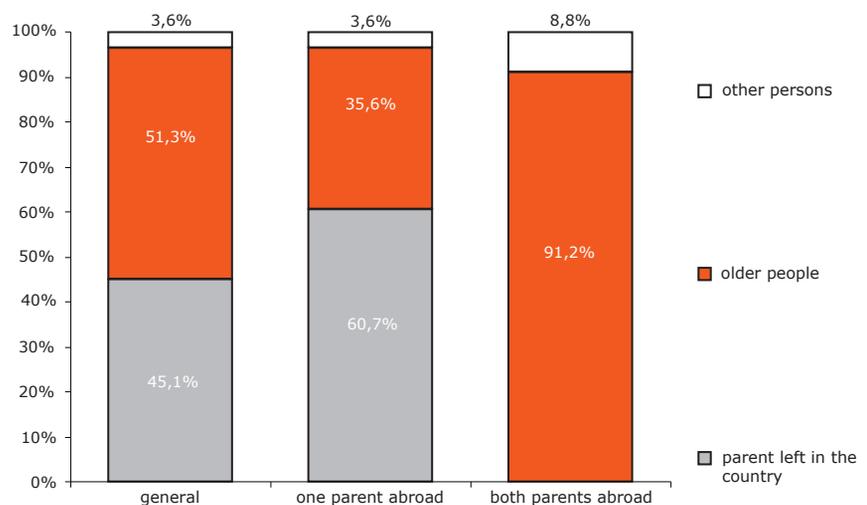


We conclude that, out of the total number of MGHs with family members working abroad, in 72.0 per cent of the households at least one parent was present at home at the time of the interview or had been working abroad in the past 12 months. In 28.0 per cent of the households the children were temporarily left without both parents.

Generally, when one parent goes abroad, children remain under the supervision of the parent that remained in the country (60.7 per cent).

At the same time research data revealed the extremely important role of older people in substituting the parents temporarily working abroad, in fulfilling their responsibilities and duties. Research shows that in the entire sub-sample of MGHs with family members

Figure 2. Who cares for the children whose parents left to work abroad



abroad, in 45.1 per cent of cases children are left in care of the parent staying home, and in 51.3 per cent (almost every second household) children remain in the care of older people (grandparents). It is surprising that even in the absence of only one parent there is quite a high number of households in which children remain in the care of their grandparents and not the parent located in the country (35.6 per cent), usually this is the case when the children's mother is abroad.

If both parents are abroad, children remain in the care of grandparents in 91.2 per cent of all MGHs (nine out of ten cases).

5. Income and Expenditure

Society's attitude towards children and older people reflects its level of culture and responsibility for their social, financial, emotional and psychological state. Children and older people represent the most vulnerable categories of population, and older people also represent one of the biggest social groups of the population (people aged over 60 constitute 14 per cent of the total population of Moldova)⁵.

It is well known that the poor are vulnerable to risks including violation of their fundamental rights to access basic services including social security.

The section on income and expenditure evaluates the relation between the material well-being and social security of MGHs in connection with the presence or absence in these households of family members working abroad.

In this context, remittances – the financial income of MGHs earned by their family members abroad – directly result in strengthening of the financial capacity of the households in receipt of remittances.

It is important to follow to what extent the received remittances produce differences in material well-being of MGHs.

The analysis of the research results of the two sub-samples of MGHs (those with family members abroad and without, and those who receive remittances and who do not) focused on assessing and comparing the income and expenditure of MGHs, the amount, structure and priorities of expenditures, issues related to food security, etc.

According to the research data, the average monthly expenditure of a multigenerational household that does not receive remittances equals to MDL 860 per adult (USD 72.71), compared to MDL 930 (USD 78.21) for MGHs receiving remittances. The difference between these households is insignificant – only 7.6 per cent. It should be noted that this difference is lower than the differences reported by other research studies conducted in the Republic of Moldova. For example, the research "Migrants' health: the impact of social-economic situation of migrants on their health" conducted among the entire population (not only MGHs) in April 2010 by IOM/CBS-AXA showed that at country level the households not receiving remittances spend an average of 18 per cent less per adult than the households receiving remittances.

Examinations of the structure of expenditure reveal that they are mainly reserved for food – 44.4 per cent in MGHs receiving remittances and 45.5 per cent – in MGHs not receiving remittances. We should note that the level of this expenditure in MGHs is higher than the average per country. According to the data of the National Bureau of Statistics, in the first quarter of 2010 on average household spent about 42.9 per cent of its total expenditure on food.

Other important aspects in the structure of expenditure are costs for clothes, public facilities and procurement of medicines.

⁵ Data of the research "Ageing of the population of the Republic of Moldova: economic and social consequences", Academy of Medical Sciences, Paladi Gh, O. Gagauz, O. Penina, Chisinau 2009.

Above these indicators, the consumption structure by percentage ratio is almost similar between the groups and is very close to the consumption patterns of the total population. On average, a multigenerational household that does not receive remittances spends more in all regards, except for expenditures on investment, leisure, alcoholic beverages, and tobacco – the directions where MGHs receiving remittances apparently spend more money (5.6 per cent) than MGHs receiving remittances (3.3 per cent). These differences, however, can be explained by some inaccuracy of measurement.

An important aspect of households' consumption in Moldova is the food produced by households for personal use. In the first quarter of 2010 home food production represented 24.8 per cent of a household's food consumption in rural areas of the Republic of Moldova. MGHs are not an exception in this regard, as costs in kind are an important part of their consumption. Yet in MGHs receiving remittances the part of costs in kind represents 25.1 per cent and is lower than the costs in kind of MGHs not receiving remittances – 29.5 per cent. This difference is likely to be the result of these MGHs having lost working members in charge of agricultural activities and or also having additional income from remittances which enables them to buy what they otherwise might have produced.

Table 2. Comparing volume and structure of average monthly expenditure per adult⁶

	<i>MGHs receiving remittances</i>		<i>MGHs not receiving remittances</i>		<i>Correlation between average expenditure of MGH without remittances and MGH with remittances</i>
	<i>MDL</i>	<i>%</i>	<i>MDL</i>	<i>%</i>	
Total	930.8	100.0%	860.0	100.0%	92.4%
Food	413.2	44.4%	391.4	45.5%	94.7%
Clothes	145.6	15.6%	124.8	14.5%	85.8%
Public facilities	127.1	13.7%	122.5	14.2%	96.3%
Transport and telecommunications	53.7	5.8%	43.4	5.0%	80.7%
Medicines	93.2	10.0%	80.3	9.3%	86.2%
Medical services	17.8	1.9%	12.5	1.5%	70.3%
Education	30.7	3.3%	24.7	2.9%	80.6%
Any kind of investments	8.4	0.9%	17.5	2.0%	208.6%
Leisure	16.0	1.7%	24.0	2.8%	149.6%
Church donations	11.2	1.2%	9.8	1.1%	87.4%
Alcohol beverages, tobacco	6.2	0.7%	6.7	0.8%	107.7%
Other	7.8	0.8%	2.4	0.3%	30.5%
The part of expenditure in the form of household-produced food in total food expenditure (%)		25.1%		29.5%	

⁶ Comparability of households of different sizes and composition was ensured by using the equivalence scale of OECD countries, according to which, the first adult (head of the family) in the household receives the 1.0 coefficient, other adults receive the 0.7 coefficient; each child under 18 years old receives the 0.5 coefficient.

The income structure of MGHs is determined by the specific features of such households. This feature, in the first place, is revealed by the notable role of pensions in the income structure, which represent 50.8 per cent from the total income of MGHs not receiving remittances and 41.6 per cent in MGHs that receive remittances.

The main finding of this chapter is that remittances received by MGH do not undermine the importance of pensions. The remittances represent only 29.7 per cent of all expenditures of the household.

The absence of adults able to work in MGHs receiving remittances is also reflected in the income structure. The share of income coming from salaries in such households is significantly lower compared to MGHs not receiving remittances. Income from salaries represents about 14.9 per cent of the total income of a MGH receiving remittances. If income is recalculated excluding remittances then salaries represent 21.2 per cent in MGHs receiving remittances compared with 29.5 per cent which is the share of income from salaries in MGHs not receiving remittances.

In addition to salary-based income, the income structure of MGHs not receiving remittances includes a higher share of income coming from day labour (7.1 per cent), as well as income coming from allowances and social allocations (3.3 per cent), compared to 4.3 per cent and 1.6 per cent respectively.

Table 3. Income structure

	<i>MGHs receiving remittances</i>		<i>MGHs not receiving remittances</i>
	<i>Total</i>	<i>Exclusively remittances</i>	
Declared average monthly income per person		894.58	697.69
Salary	14.9%	21.2%	29.5%
Pension	41.6%	59.2%	50.8%
Income from day labour or occasional incomes	4.3%	6.1%	7.1%
Allowances, social allocations	1.6%	2.3%	3.3%
Dividends, housing rent, interests	0.2%	0.3%	0.1%
Income from agricultural products	4.9%	7.0%	6.1%
Income from own business	0.3%	0.4%	0.4%
Remittances from family members	28.0%	–	–
Remittances from relatives, friends	1.7%	–	–
State subsidies in agriculture	0.1%	0.1%	0.2%
Savings	0.8%	1.1%	1.0%
Loans	0.5%	0.7%	0.8%
From parents/children or relatives from the country	1.1%	1.6%	0.6%

The financial situation of MGHs is predominantly perceived as “poor”. Although remittances imply some improvement of the situation, the description of the financial situation as being poor prevails among MGHs that receive remittances.

Almost one third (32 per cent) of MGHs that receive remittances and 42 per cent of the MGHs not receiving remittances declared having incomes that are inadequate even for the basic needs consumption. Similar proportions (41 per cent and 44 per cent) of MGHs declared that their incomes cover only the basic needs consumption.

The share of households which declare their incomes sufficient for a decent living without purchasing expensive goods is 23 per cent among MGHs receiving remittances, or 12 per cent more than the group under comparison.

Figure 3. Perception of households' financial situation

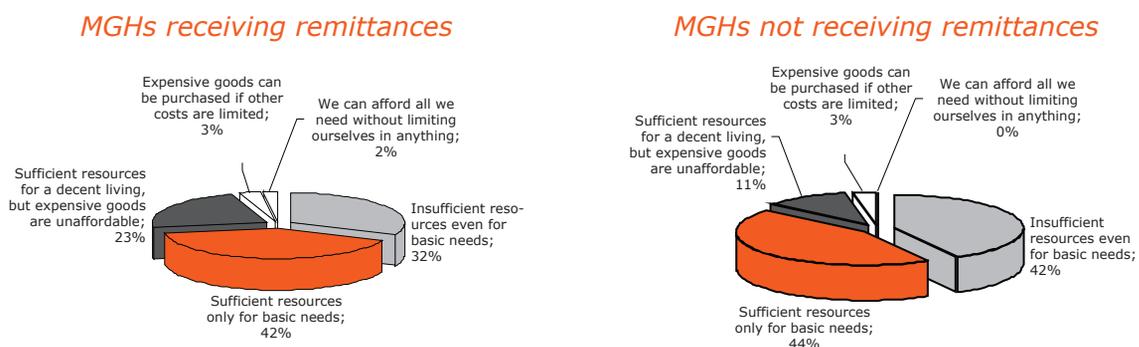
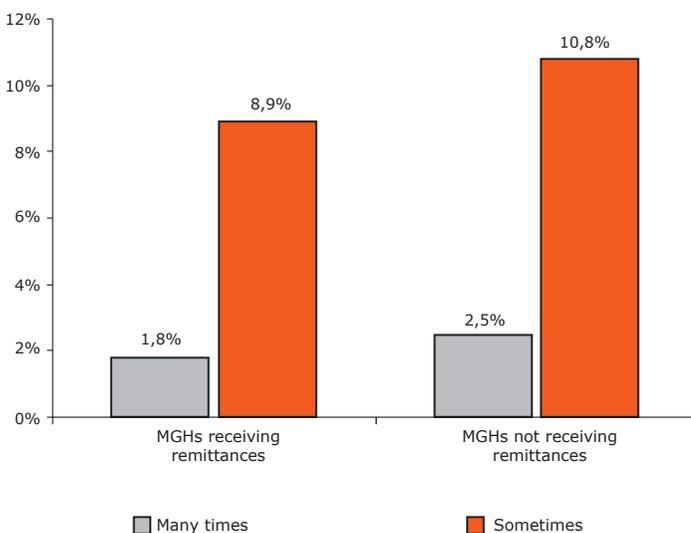


Figure 4. Food insecurity (percentage of MGHs which report situations of food insecurity in the past month)



Another important aspect is food security, measured by asking the question on the frequency of cases when the household had no food to cook a meal.

The main finding is that remittances in MGHs do not eliminate the risk of food insecurity. 10.7 per cent of the MGHs that receive remittances have reported cases when the family went to bed hungry having no food, 1.8 per cent of which declared they faced similar situations many times. These figures are not much lower than in the control group (13.3 per cent and 2.5 per cent respectively).

6. Child Care and Education

The frequent absence of parents from home because of migration has a direct effect on children's education, psychological and emotional state, health, etc. These issues became specific aspects of this study.

We reiterate that the results of the research have been obtained from interviewing older members of MGHs, without interviewing the children. Thus, data analysis will take into account the asymmetry of the data obtained.

First we shall highlight the way in which older people assess a child's situation within a MGH depending on the migration status of the household.

Remarkably, in both types of households – MGHs affected by migration and those not affected by it, the following aspects are over appreciated: education, academic progress, psycho-emotional development and social behaviour, relationships with parents, tutors and peers.

On the other hand, the percentage of positive evaluation is greater in MGHs affected by migration (regardless of the aspect examined), even when both parents are involved in migration.

Since case studies usually reveal a different situation, we can conclude that either the respondents gave answers that were not sincere enough, or they do not fully understand the risks associated with migration, especially in the case of both parents being away.

Table 4. The assessment of various aspects related to children's education

% of "good" and "very good" assessment	MGHs affected by migration		MGHs not affected by migration
	Total	Both parents abroad	
Children's education	97.5%	96.4%	94.8%
Children's psycho-emotional development	96.3%	97.7%	95.3%
Children's academic success	94.5%	95.1%	89.1%
Children's social behaviour	98.1%	97.6%	94.0%
Parents-children relationships	98.0%	98.2%	93.5%
Children's relationships with the person taking care of them	97.8%	97.1%	93.9%
Children's relationships with their peers	98.5%	98.2%	96.7%

The data in the table below confirms the extremely important role that older people play in the education of the children whose parents are abroad.

Older people take responsibility for the children's education when both parents are abroad (69.9 per cent of cases); if only one parent is away, then the responsibility for children's education is shared between the parent that is at home (49.8 per cent) and the older people (48.2 per cent).

For comparison, only 6.9 per cent of the MGHs without migrants said that the children's education is under the responsibility of an older person.

Table 5. Who takes care of children's education in MGHs

	<i>MGHs with migrants</i>		<i>MGHs without migrants</i>
	<i>One parent abroad</i>	<i>Both parents abroad</i>	
A parent	49.8%	0	92.2%
A grandfather / grandmother	48.2%	96.9%	6.9%
Someone else	2.0%	3.1%	.8%

The grandparents who take up the roles of parents (when the parents leave to work abroad) assume the entire range of responsibilities for child care, not just for the educational process.

It is important to note the essential difference in the grandparents' role in child's care and education in MGHs with and without migrants. For example, research data indicates that, in MGHs with migrants, grandparents are in charge of: monitoring the children's school behaviour (41.9 per cent), taking children to the doctor (39.5 per cent), watching the children's preparations for school (38.9 per cent), having discussions with children about their life and problems (35.6 per cent); in MGHs without migrants, however, the grandparents are engaged in such activities in only 6.9 per cent, 5.8 per cent, 5.5 per cent and 8.0 per cent of cases respectively.

Within the same range of responsibilities, the grandparents' role in children's education varies in the case of MGHs with migrants from 28.8 per cent (helping children with homework) to 41.8 per cent (preparing children for school) per activity, while in the case of MGHs without migrants the grandparents participate in these activities from 5.5 per cent to (maximum!) 8.0 per cent.

The grandparents' role is decisive in the households where both parents are involved in migration. Thus, in 70.8 per cent of such MGHs the grandparents are responsible for preparing children for school, in 70.8 per cent of cases they take the child to the doctor and in 67.7 per cent of cases they monitor children's school behaviour, etc.

We can conclude that the parents' involvement in migration leads to a radical switch of obligations and responsibility for children's education towards grandparents or other people, which includes physical, psychological and moral responsibilities.

Table 6. Role distribution in MGHs

% of MGHs where grandparents handle these activities	MGHs with migrants		MGHs without migrants
	Total	Both parents abroad	
Helping children with homework	28.8%	50.9%	6.8%
Monitoring children's school behaviour	38.9%	67.7%	5.5%
Preparing children for school	41.8%	70.9%	6.9%
Bathing children	29.9%	53.5%	5.6%
Preparing children for sleep	30.0%	51.2%	6.5%
Taking children to the doctor	39.5%	70.8%	5.8%
Talking with children about life and about their problems	35.6%	62.4%	8.0%

The research also reveals an alarming data regarding cases when parents went to work abroad, while grandparents, formally taking up the parents' responsibilities, failed to provide the support that children need from an adult person.

If we look at MGHs that stated *a certain aspect of the child's life being taken care of by none of the adults*, we find that among MGS with migrants their number is almost twice that of MGHs without migrants. For example, nobody helps children with homework in 22.1 per cent of MGHs with migrants, compared with 13.2 per cent of MGHs without migrants. The number rises to 27.5 per cent in the case of MGHs with both parents abroad.

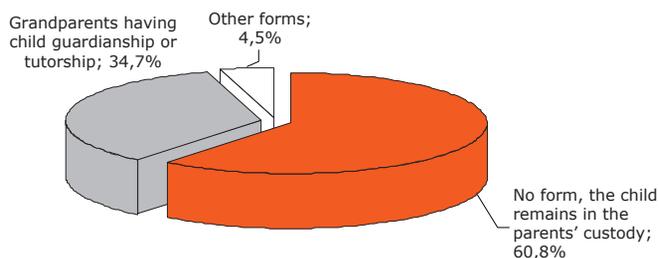
The most neglected aspects of adult support are bathing and preparing the child for sleep.

Correlation of a number of research indicators reveals the difference in priorities and vision to life of different generations. Thus, the older person who educates his grandchildren in the absence of parents puts primary focus on the aspects related to the child's nutrition and health, while education and psycho-emotional aspects of the child's development are considered less important.

Table 7. Role distribution in child related activities

% of MGHs in which nobody handles these activities	MGHs with migrants		MGHs without migrants
	Total	Both parents abroad	
Helping children with homework	22.1%	27.5%	13.2%
Monitoring children's school behaviour	6.7%	8.5%	4.5%
Preparing children for school	8.8%	9.7%	6.7%
Bathing children	25.5%	30.6%	13.7%
Preparing children for sleep	26.5%	31.8%	17.1%
Taking children to the doctor	6.5%	7.7%	3.6%
Talking with children about life and about their problems	4.9%	5.9%	2.9%

Figure 5. Official form of child care in the absence of parents



Another important aspect of this research is related to the formal status of relations between the older people (grandmother / grandfather) and the children that they take care of. Only in 34.7 per cent of MGHs with migrants, children are in the care of the person holding custody or guardianship over them. In most cases – 60.8 per cent – children remain without any form of protection. This implicitly leads to additional risks for the child, as grandparents cannot legally defend the child's rights.

Research of the issues connected with older people involving children in labour does not indicate differences between the situation of children in MGHs with and without migrants.

Traditionally, children in Moldova are engaged in household activities, agricultural work, etc. In MGHs with migrants, the percentage of children involved in household or agricultural work is a little lower than in MGHs without migrants, 38.4 per cent and 23.3 per cent compared to 40.5 per cent and 24.2 per cent respectively. Very rarely (in 3 per cent of households) children are involved in income-generating work.

As far as violence against children is concerned (yelling, punishing, including physical violence), MGHs with migrants show a more tolerant attitude than MGHs without migrants.

Although the differences between MGHs with migrants and those without migrants in terms of involving children in work or applying violence are not too obvious, we still conclude that in MGHs with migrants older people have a more tolerant attitude towards children due to either their longer life experience or compassion for the children who are stressed by the absence of parents.

Table 8. Frequency of involving children into work, violence against children

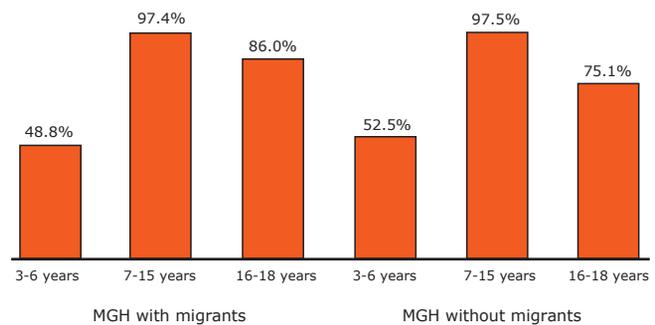
<i>The amount of "very often" and "often" answers.</i>		<i>MGHs with migrants</i>	<i>MGHs without migrants</i>
Child labour	household activities	38.4%	40.5%
	agricultural activities	23.3%	24.2%
	paid work	3.1%	3.3%
Violence against children	reprimanding children	15.4%	13.1%
	yelling at children	10.2%	13.3%
	punishing children (no beating)	9.0%	9.6%
	physical punishment	1.0%	1.9%
	children complaining about their school life and relationships with colleagues	4.1%	3.7%

The data shows that the parents' migration apparently does not seriously affect the children's school attendance. In MGH affected by migration 48.8 per cent of children aged 3 to 6 years attend the kindergarten. The percentage was higher in the control group – 52.5 per cent.

In the case of children aged 7 to 15 years (school age) the indicator is practically the same for both sub-samples – 97.4 per cent and 97.5 per cent.

Significant differences in favour of MGHs with migrants are only observable among the 16-18 year olds (high-school age). In such households 86 per cent of these children continue their studies after graduating from school, while in MGHs unaffected by migration this figure constitutes only 75.1 per cent.

Figure 6. Child involvement in education



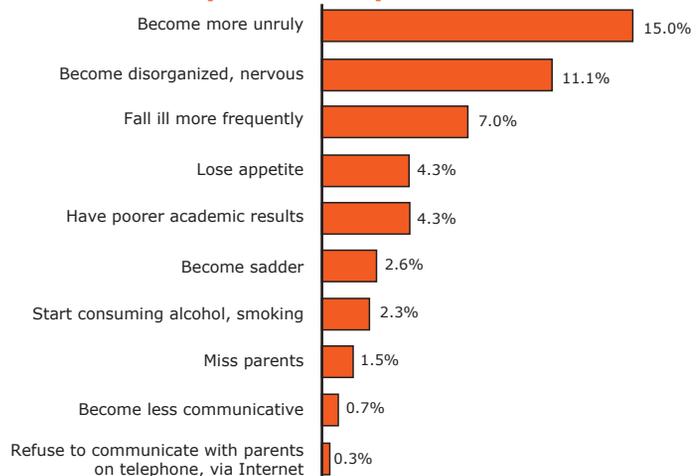
This data confirms the results of other studies, according to which post-secondary/university education is more important in families that include migrants, where it is seen as a measure for ensuring safety and competitiveness of the future career of a child.

School attendance

In both researched sub-samples the average time of a child's absence from school is about one hour. In MGHs affected by migration 64.7 per cent of children missed no lessons in the past month. In MGHs not affected by migration this percentage is similar – 64.1 per cent.

Most children do not have (or do not show) very painful reactions to their parents departure, according to the older people. For example, only 15 per cent of the older people from MGHs affected by migration remarked that after the parents' departure, children became more disobedient. Only 11.1 per cent mentioned that children became more disorganised and nervous. In 7 per cent of cases in the absence of parents children were noticed to fall ill more often.

Figure 7. Children's reaction to parents' departure



It should be mentioned that the above information reflects the perception of older people, where children were not interviewed. Because the older generation tends to disregard the psycho-emotional aspects of impacts of migration, the latter have been understated. Other studies in this field show that migration negatively affects the emotional situation of children who are left without a parent, especially without a mother, or without both of them,

when they often are insufficiently protected or inadequately supervised. Children left behind by migration feel abandoned, find it difficult to adapt to the new structure of family and their roles after their parent/parents leave, are very often stressed, lose self-confidence and become vulnerable to abuse and violence (UNICEF 2008).

Other studies in the field suggested that children's reaction to parents' departure may be very deep and painful, children become more isolated, are depressive, receive lower marks at school (see N. Vladicescu, V. Cantarji, I. Jigau 2008).

Although the presence of grandparents in MGHs with migrants reduces migration effects on children, including the emotional aspect, the qualitative research made by HelpAge International has also highlighted cases of other nature.

Case study 1

Andrei,

6 years ago a 15 year old boy was left in the care of his grandmother Maria, aged 68 after his parents divorced and went to work abroad. For some time Andrei had been aggressive, rude, he smoked and consumed alcohol and, did not attend school. To a large extent his behaviour was influenced by the street gang that completely dominated him. When grandmother Maria tried to give him advice, the boy answered with aggression: "Don't teach me, I'm not a child"; when she went to school to talk with the teachers he said: "Keep out of my business. You have no right to control me."; when the parents sent money to the grandmother, the boy took all the money: "Mother has sent the money to me, don't meddle".

The grandmother, the school master and volunteers tried to talk to Andrei, hoping the boy would react and change for the better. The teachers said that Andrei was an active young boy, very good at school and resourceful. But the absence of parents in the period of adolescence became too difficult for him to take.

Orhei town

Case study 2

Gheorghe,

A 16 year old boy was left in the care of his grandparents Teodora (59 years old) and Boris (64 years old), who took care of him and educated him after his mother went to Italy 4 years ago, and remarried to an Italian citizen. Gheorghe was an excellent school boy; he caused no problems to his grandparents and had good behaviour. But he was very much affected by the absence of his mother. The boy felt unwanted and alone. He confessed to the teacher that the grandparents took care that he ate on time, did his homework, but not more. He felt lack of communication and missed his mother. "I have everything, but nobody needs me", confessed Gheorghe, "...grandparents don't even call me by name, they call me "boy", and I have no one to talk to. I'm a stranger".

In the summer of 2010 Gheorghe went on vacation to his mother in Italy. Before the trip he hoped to remain with his mother, afterwards he understood that she had a new family and her new husband didn't want to accept the boy as a member of it.

Although Gheorghe has a pretty good financial situation, and his mother sends him money from Italy, the young boy, at his almost adult age, is deeply affected by the absence of parents, lack of communication and affection. In this project, the volunteers tried to include him as much as possible in project activities and to give him warmth and support to help him regain self-confidence and trust in people.

Orhei town

7. Health and Access to Medical Services

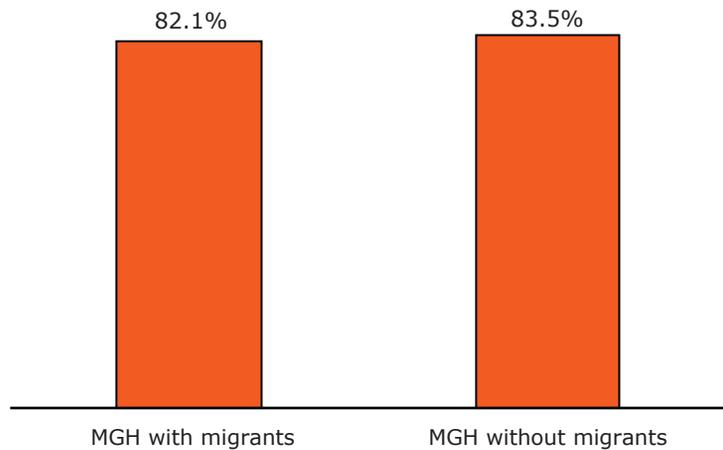
According to statistical data, older people in the Republic of Moldova make up one of the most numerous social groups, 14 per cent of the entire population, a fact that has a considerable importance in the process of developing regulations and policies regarding healthcare of older people. This category of people has a very high need for medical services that is explained by their health state typical for their age.

The results of this study confirm the very high incidence of chronic diseases among older people. Eight out of ten interviewed people mentioned that they suffer from at least one chronic disease.

The most frequently mentioned chronic diseases are those related to the cardiovascular system, osteoarticular diseases, and diseases of the digestive and nervous systems.

Specific differences in the incidence of chronic diseases between the two groups under research as a result of migration cannot be mentioned, since older people were not directly involved in migration, while their extra household duties, which previously had been in the care of the migrants, can affect their general health state or can complicate already developing chronic diseases.

Figure 8. Incidence of chronic diseases among older people

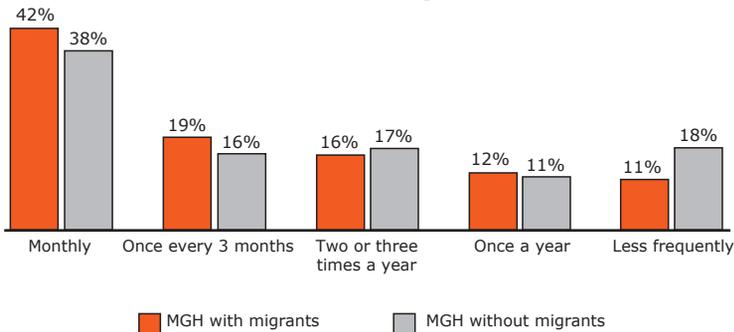


44.7 per cent of the interviewed older people receiving remittances consider their health to be poor, as do 51.2 per cent of the older people not receiving remittances. Their assessment of the health of children is, on the contrary, mainly positive. Thus, 80 per cent of the respondents considered the health of children to be good or very good, while their own health was appreciated as very good only in 11-13 per cent of cases.

Table 9. Health assessment

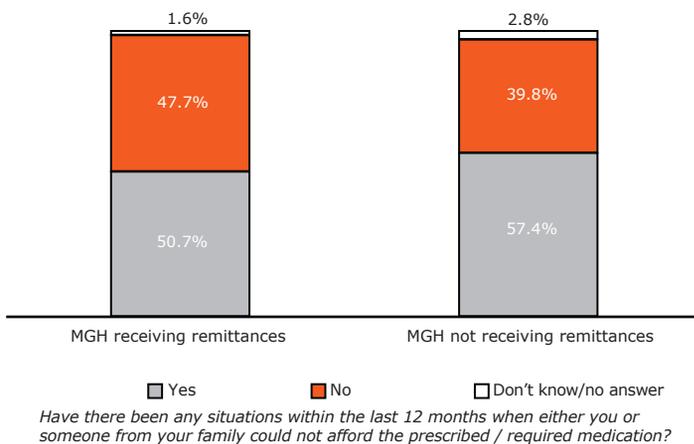
		<i>MGHs receiving remittances</i>	<i>MGHs not receiving remittances</i>
... of older people	Very good + good	13.4%	10.7%
	Neither good, nor bad	41.5%	38.1%
	Very bad + bad	44.7%	51.2%
	DK / NA	.4%	
...of the children in MGH	Very good + good	85.3%	81.6%
	Neither good, nor bad	12.3%	14.6%
	Very bad + bad	1.9%	3.5%
	DK / NA	.6%	.3%

Figure 9. Frequency of accessing the medical system



Given the high incidence of chronic diseases among older people, we can also note the frequency in their attendance of health facilities. 42 per cent of the respondents from MGHs with migrants and 38 per cent from MGHs without migrants visit a doctor monthly; 19 per cent and 16 per cent respectively visit a doctor every three months. The comparison between sub-samples shows that older people from the households without migrants visit medical institutions less frequently. Among them, 18 per cent visit a doctor less than once a year, compared to 11 per cent for the other group. Although the differences are not great and older people are automatically included in the compulsory health insurance system, remittances still slightly increase the frequency of accessing medical services.

Figure 10. The incidence of inability to purchase the prescribed medicines



We observe that the receipt of remittances slightly facilitates the purchase of medicines, although large parts of the population are still unable to purchase the required amount of medicines. One of two persons (50.7 per cent) from remittance-receiving MGHs has stated that during the last 12 months there have been cases when the household could not afford to buy the prescribed medicines. In the MGHs not receiving remittances the percentage is even higher – 58.4 per cent.

Accessing medical services was measured in a similar manner. The data indicates the following key observations:

- The receipt of remittances increases access to medical services. In the case of MGHs receiving remittances, less than 10 per cent encountered situations when they could not access some medical services within the last 3 months;
- Older people are the most vulnerable category when it comes to accessing medical services. 43.2 per cent of older people from MGHs receiving remittances and 51.1 per cent from those not receiving them have reported situations when accessing some medical services was not possible in the last three months;
- MGHs that don't have problems related to the purchase of medicines represent a rather small group – respectively constituting only 21.2 per cent of MGHs receiving remittances and 15.7 per cent of the control group.

Table 10. The incidence of situations when accessing medical services upon need was not possible

	<i>MGHs receiving remittances</i>	<i>MGHs not receiving remittances</i>
Yes, it has happened to me	43.2%	51.1%
Yes, it has happened to another member of the family	11.4%	15.8%
Yes, it has happened to a child / children	3.0%	2.0%
No, but it might happen soon	28.1%	24.3%
No, and it's not going to happen	21.2%	15.7%

Poverty and negligence towards one's own health are the main barriers in accessing medical services upon need.

Among reasons for not seeking the necessary medical help the respondents mentioned lack of money for transportation in 55.5 per cent of MGHs receiving remittances and in 59.2 per cent within the control group.

Negligence towards health can be inferred from motivations given by respondents of the two categories of MGHs, who claimed that the situation was not critical (in 32.7 per cent and 26.6 per cent of cases respectively) or that they did not have enough time (in 18.0 per cent and 15.7 per cent of the cases, respectively).

Table 11. Reasons for situations when medical services were not requested

	<i>MGHs receiving remittances</i>	<i>MGHs not receiving remittances</i>
Lack of financial resources	55.5%	59.2%
The problem was not serious	32.7%	26.6%
Did not have time	18.0%	15.7%
Do not trust doctors	9.6%	7.1%
There was nobody I could leave the children with	5.9%	3.0%
Could not leave the house / household	5.5%	3.8%
I do not have medical insurance	1.8%	3.0%
I have fear of doctors	1.5%	3.3%
Other	3.0%	7.3%
DK / NA	0.7%	0.8%

The study shows that the majority of older people and children have not benefited from sanatorium treatment. Only one out of ten older people from the MGHs included in the survey went to a sanatorium in the last five years. In the case of children, the percentage is even smaller, 3-4 per cent.

The impact of remittances on this aspect is surprisingly insignificant. We can conclude that the sanatorium treatment in Moldova cannot provide this service to a big number of people and that the costs for such treatment are much too high in comparison with the financial capacities of the population and, possibly, with the quality of services. Another factor that should also be considered is that older people are unaware of services that they have access to through the MMPSF (Ministry of Labour, Social Protection and Family) and the MS (Ministry of Health).

Table12. Population that received sanatorium treatment in the last five years

		<i>MGHs receiving remittances</i>	<i>MGHs not receiving remittances</i>
Among older people	never	90.3%	91.3%
	once	8.0%	7.3%
	twice or more	1.7%	1.5%
Among children	never	95.9%	97.0%
	once	2.8%	1.8%
	twice or more	1.4%	1.4%

Case Study 3

Claudiu

Claudiu has been living with his grandmother, Elena, for 4 years. Although he attended school and tried to behave well with his peers, the boy lived a street-life. His street mates convinced him to use and even sell drugs. The youngster had already had a few conflicts with the police before and has been taken under surveillance. His friends, neighbours and colleagues ignored him and feared not to get into trouble and be negatively influenced by Claudiu.

Both parents are abroad, his father is in Russia and the mother is in Greece. He keeps in touch with his mother by phone and sometimes receives the money from her, but never speaks with his father, who, moreover, is an alcoholic.

His grandmother is tired of the problems her grandson creates and has lost any hope to bring him back to normal life. When she is called to the police about the troubles Claudiu makes, she refuses to go and Claudiu's class master goes instead.

The grandmother complains about her grandson and considers that he is to blame for her constant heart aches and stress.

Orhei town

8. Interpersonal Relations

Migration contributes to the economic situation of multigenerational households through remittances. In terms of financial and material benefits the MGHs with members working abroad have a set of advantages compared to the households without migrants. The positive impact of migration from the financial point of view became the subject of a number of studies by the International Monetary Fund, the World Bank, the International Organisation for Migration, the International Labour Organisation, etc.

A less studied aspect is the impact of migration on the interpersonal relations of family members, especially in MGHs with family members working abroad, as well the influence of remittances on the solidarity between generations, and social inclusion (exclusion) of older people.

To examine this aspect, within the study both sub-samples included in the research were asked a number of questions on the interpersonal relations between family members, including relations with children, neighbours, assessment of the state of depression and helplessness, etc.

The results of this research show that in MGHs with migrants, which receive remittances, interpersonal relations are more secure. Thus, in these families' quarrels between spouses occur less frequently than in the families without migrants. Frequent quarrels between spouses in the families with migrants are about two times less than in the families without migrants (5.1 per cent compared to 10.0 per cent). In general, regardless of whom is involved in a quarrel (only the spouses, or parents with children), in the families with migrants they quarrel less (30.6 per cent) than in the families without migrants (20.0 per cent).

Quarrels with children in the families with migrants are also less frequent (4.1 per cent) than in MGHs without migrants (13.3 per cent). Although the questionnaires contained no questions regarding the reason of quarrels, we may assume that improvement of the material situation somehow reduces the tension of family relationships. Another reason could be that in the absence of parents, the parent remaining at home or the older person who takes care of children are more tolerant towards children's behaviour. In correlation with the data analysed in the previous chapters we may note that children's behaviour in the families with parents gone to work abroad has changed. Although in the perception of those who take care of children in the absence of migrated parents, children become more disobedient (15.0 per cent), more disorganised and nervous (11.1 per cent), the older person is less willing to scold the children and tends to tolerate their behaviour, because they understand that children suffer psychologically in the absence of parents.

The research data shows that in relations with other relatives, representatives of MGHs with migrants are also more tolerant than those within MGHs without migrants. Frequent quarrels with relatives occur in 1.8 per cent of families with migrants compared with 3.3 per cent in families without migrants.

In interpersonal relations with neighbours, however, the representatives of MGHs with migrants are less tolerant than the representatives of MGHs without migrants; they often quarrel with neighbours, almost twice as much (2.1 per cent compared to 1.1 per cent).

The high degree of tolerance towards relatives and family members within MGHs with

migrants can be explained to an extent by the interdependence between the members of these families, which results from distribution of family duties, but also from insurance of a higher degree of security, as a benefit arising from this interdependence.

The comparative analysis of data received from the investigation of sub-samples regarding the degree of peoples' depression and anxiety about the future is also favourable for MGHs with migrants.

The range of obligations and responsibilities assumed by older people of MGHs with migrants, the additional physical and psychological burden lead to a high degree of their depression and helplessness. Thus, "very often" and "often" depression and helplessness are felt by 37.5 per cent of the representatives of MGHs with migrants, the degree of depression being higher among men (40.6 per cent) than among women (38.5 per cent), which may be explained by the acceptance of unusual or earlier unknown responsibilities and functions by men in MGHs with migrants.

Table 13. Sense of depression in older people

<i>How often did you feel depressed or helpless in your family?</i>		<i>Very often</i>	<i>Often</i>	<i>Rarely</i>	<i>Very rarely</i>	<i>DK/ NA</i>
MGHs affected by migration						
Receipt of remittances:	receive remittances	8.3%	29.2%	30.6%	28.2%	3.7%
	do not receive remittances	12.4%	35.1%	24.7%	25.8%	2.1%
Number of older people:	one older person	9.4%	30.0%	29.7%	27.4%	3.5%
	two older people	8.2%	29.5%	30.1%	28.4%	3.8%
Gender of the respondent:	male	5.9%	34.7%	27.1%	27.1%	5.1%
	female	9.8%	28.7%	30.5%	27.8%	3.3%
MGHs not affected by migration						
Receipt of remittances:	receive remittances	3.3%	36.7%	23.3%	26.7%	10.0%
	do not receive remittances	11.1%	29.9%	25.7%	30.3%	3.0%
Number of older people:	one older person	11.0%	30.2%	25.3%	29.0%	4.4%
	two older people	9.5%	29.8%	25.6%	32.1%	3.0%
Gender of the respondent:	male	7.6%	32.1%	18.3%	36.6%	5.3%
	female	11.4%	29.5%	27.4%	28.0%	3.7%

At the same time the study shows that within MGHs without migrants the degree of depression is higher than in MGHs with migrants and represents 40.0 per cent, being almost equal in men and women (39.7 per cent compared to 40.9 per cent).

The representatives of MGHs with migrants, having a rather high degree of depression, feel anxious about the future as well (very often and often), in 60.7 per cent of cases. This index is even higher in representatives of MGHs without migrants, who feel anxious about the future in 76.7 per cent of cases. In both researched sub-samples a higher degree of anxiety for the future ("often" and "very often") was demonstrated by women (62.8 per cent and 61.1 per cent) than by men (49.2 per cent and 58.0 per cent respectively).

Table 14. Perception of future in MGHS

How often did you feel anxious about the future of the family?		Very often	Often	Rarely	Very rarely	DK/ NA
MGHS affected by migration						
Receipt of remittances:	receive remittances	19.7%	41.0%	14.8%	21.3%	3.2%
	do not receive remittances	22.7%	37.1%	12.4%	26.8%	1.0%
	3 children and more	32.1%	42.0%	7.4%	17.3%	1.2%
Number of older people:	one older person	20.1%	41.2%	13.6%	22.0%	3.0%
	two older people	19.7%	37.7%	17.5%	23.0%	2.2%
Gender of the respondent:	male	17.8%	31.4%	14.4%	31.4%	5.1%
	female	20.5%	42.3%	14.8%	20.1%	2.2%
MGHS not affected by migration						
Receipt of remittances:	receive remittances	23.3%	53.3%	3.3%	13.3%	6.7%
	do not receive remittances	18.4%	41.5%	15.3%	21.9%	2.9%
	3 children and more	24.2%	42.1%	10.5%	20.0%	3.2%
Number of older people:	one older person	17.6%	45.0%	13.8%	20.6%	3.0%
	two older people	21.4%	33.9%	16.7%	24.4%	3.6%
Gender of the respondent:	male	16.8%	41.2%	13.0%	23.7%	5.3%
	female	19.2%	42.0%	15.1%	21.1%	2.6%

Case Study 4

Grandfather Serafim

Serafim is 67 and is a widower. He lives with his grandchildren Arcadie, 16 years old and Alina, 15 years old. The children's parents went to work to Italy and Russia after the divorce, and the children, aged 8 and 7, were left in care of the grandparents. Since then, the grandparents have been taking care of the children, who over time have become increasingly difficult and disobedient. The grandmother died a year ago. The children feel independent and grown up and see no need to consult with Serafim. The grandfather never knows where the children have gone to, and when they will come back. Children stopped doing homework, and their mother's reproofs over the phone failed to change their behaviour. Moreover, they spend the money received from the parents as they like, and the grandfather has to feed and buy clothes for them from his modest pension. Grandfather Serafim feels depressed and resentful that he lost his nephews' respect, their gratitude for bringing them up and especially that he is not a part of their lives anymore. He says, "I was the secretary of the village council and people from the entire village used to listen to me; am I so powerless that my own grandchildren do not listen to me"

Leova Rayon, Cazangic village

9. Cultural life, associations

Recreation, as a product of culture and education, characterizes the degree of a society's social and economic development. The activities which a person can engage in during his free time may help him recover, rest, entertain or learn something new and study or continue education after fulfilling family obligations. Limited access or reduced opportunities to leisure time result in increased vulnerability of the population.

The survey data on the cultural life, access to literary and media products for older people within MGHs reveal reduced opportunities for the latter to take advantage of them.

Table 15. Media and cultural products consumption

<i>MGHs with migrants</i>	<i>Daily</i>	<i>Several times a week</i>	<i>Several times a month</i>	<i>Once a month or less</i>	<i>Never in the last 3 months</i>
Read newspapers	8.6%	14.4%	15.6%	9.3%	52.2%
Listen to the radio	47.5%	21.5%	5.1%	2.6%	23.3%
Watch TV	73.2%	13.7%	3.8%	2.3%	7.1%
Read books	4.8%	5.6%	7.0%	9.1%	73.5%
Go to the theatre/cinema	-	-	.2%	2.4%	97.5%
Go to concerts	-	-	.9%	3.2%	95.9%
Attend church services	3.0%	10.8%	35.4%	25.9%	24.9%
MGHs without migrants					
Read newspapers	8.4%	14.7%	14.5%	9.7%	52.7%
Listen to the radio	45.8%	18.5%	5.4%	4.8%	25.5%
Watch TV	64.6%	15.9%	5.8%	2.0%	11.7%
Read books	7.4%	4.0%	8.6%	9.5%	70.6%
Go to the theatre/cinema	-	-	.7%	2.3%	97.0%
Go to concerts	-	-	-	4.5%	95.6%
Attend church services	3.4%	10.1%	32.4%	25.2%	29.0%

The percentage of older people who have read no newspapers in the last three months is alarming – 50 per cent; moreover, 70 per cent of older people from the surveyed MGHs do not read fiction.

Visiting a theatre or cinema is a relatively rare event in the life of an older person. Obviously, the lack of cultural institutions in rural areas largely explains the limited access of older people to these cultural institutions – 97.5 per cent answered that they did not go to the theatre or cinema in the last three months.

It is to be noted that no significant discrepancies regarding the consumption of cultural and media products in MGHs because of migration were observed.

According to the research, the main sources of information for older people from MGHs are television and radio, discrepancies in this regard are insignificant – 73.2 per cent and

47.5 per cent in MGHs with migrants compared to 64.6 per cent and 45.8 per cent in MGHs without migrants. Reading newspapers, as a more diversified source of information, is much less frequent, being about 8 per cent in both groups.

The survey data shows that older people are very little involved in non-governmental activities on the one hand and on the other hand it seems that migration of household members makes older people less engaged in non-governmental activity. Only 0.8 per cent of older people from MGHs affected by migration and 2 per cent of those not affected by migration at the time of the interview participated in activities within one or several NGOs.

Table 16. Social activity of older people

<i>Are you a member of a nongovernmental organisation?</i>		<i>Yes</i>	<i>No</i>
MGHs with migrants			
Receipt of remittances:	receive remittances	1.0%	99.0%
	do not receive remittances		100.0%
Number of older people:	one older person	0.9%	99.1%
	two older people	0.5%	99.5%
Gender of the respondent:	male	0.8%	99.2%
	female	0.8%	99.2%
MGHs without migrants			
Receipt of remittances:	receive remittances	6.7%	93.3%
	do not receive remittances	1.8%	98.2%
Number of older people:	one older person	2.3%	97.7%
	two older people	1.2%	98.8%
Gender of the respondent:	male	-	100.0%
	female	2.6%	97.4%

We can affirm that the limited access to different types of social and cultural activities reduces the chances and opportunities for older people to personal development (self-esteem), education, culture, communication, work, etc., as well as the rights of such people to active participation. This in turn leads to their non-involvement in social life and mistrust in the activity of public institutions.

From another point of view, the lack of older people's interest in public life and the indifference of central or local authorities for a more active involvement of these people into public life, inevitably leads to the creation of a barrier between these people and the authorities.

10. Conclusions and Recommendations

Conclusions

- The financial situation of MGHs is subjectively perceived as predominantly “poor”. Although remittances imply some improvements, the financial situation is characterized as predominantly poor among MGHs receiving remittances.
- Pensions remain the most important source of monetary income of MGHs and are more important than remittances, constituting almost one third of the total amount of income.
- Remittances increase economic dependence of MGHs. If we recalculate the structure of MGHs’ incomes by excluding remittances, we will find that in the households that receive remittances the economic activity (salary-earning employment, day labour) has a smaller share in total income.
- The average monthly expenditure of a MGH that does not receive remittances is 7.6 per cent lower than the expenditure of a MGH that receives remittances. However, we should note that in comparison with other similar studies conducted in the country, this research data indicates slightly lower expenditure patterns among all MGHs.
- The structure of expenditure of MGHs indicates the priority of expenditure on food, which is characteristic to the poor population. Even remittances are unable to overcome this feature; the consumption structure is relatively similar between the groups and is very close to the consumption structure of the total population of the country.
- Remittances do not completely eliminate food insecurity of MGHs. 10.7 per cent of households that receive remittances reported cases when their family members went to bed hungry, not having food, compared to 13.3 per cent from MGHs that do not receive remittances.
- Receipt of remittances in MGHs to some extent reduces the level of depression and anxiety about the future of older people as compared to older people in the households that do not receive remittances.
- The research highlighted the crucial role of older people in educating children whose parents went to work abroad. They become involved in care and education in 91.1 per cent of cases when both parents are abroad and in 48.2 per cent of cases when one parent is away.
- When substituting the roles of parents who went abroad, older people undertake the whole range responsibilities for material, educational and all other aspects of a child’s life and activity.
- On the other hand, the study revealed a high number of MGHs that have grandparents, but in which no one is particularly concerned about the child’s education

and upbringing. The lack of support from adults is particularly felt when it comes to children's school education, assistance with hygiene and healthcare.

- The study revealed a quite common practice of engaging children in labour as well as applying violence to children in MGHs.
- In MGHs remittances facilitate children's access to post-secondary education, and, presumably, to higher/university education.
- Parents' migration produces undesirable effects on the behaviour, psychological and emotional state of the children, such as: nervousness (15.0 per cent), disobedience (11.1 per cent), more frequent illnesses (7.0 per cent), etc.
- The older people from MGHs assess their own health as mainly negative, while their assessment of the health of children is mostly positive.
- Receipt of remittances in MGHs to a certain extent facilitates older peoples' purchase of medicines and access to medical services, although their overall situation is alarming in this respect. 43.2 per cent of older people from MGHs that receive remittances and 51.1 per cent of older people from MGHs that do not receive remittances reported cases of inability to buy medicines and access medical services in the last three months.
- The study reveals that parental involvement in migration leads to a major redistribution of obligations of grandparents from MGHs in responsibilities for educating children. The latter, due to additional responsibilities, are subjected to increased physical, psychological and moral pressure.

Recommendations

- In terms of future reduction of the amount of remittances and of the time during which they will be received, the problem of economic and psychological dependence on remittances requires a special approach, so as to create mechanisms aimed at lessening the vulnerability of such households in case the flow of remittances diminishes or ceases.
- On the other hand, the need arises in undertaking actions and programmes aimed at intensified "recovery" of migrants by creating jobs in their native places, especially for young people and in rural areas. It would directly affect the future employment of young people and the reduction of the economic dependence of MGHs receiving remittances.
- Older people and the children left in their care are a vulnerable group that is largely exposed to social exclusion and requires special programmes on psychological, social, legal and educational assistance and counselling, designed to cushion the negative effects in the education of children left without parental care due to migration.

- It is necessary to additionally inform about and explain aspects related to determining the legal relationships between grandparents and children left in their care, to raise awareness of the need to formalise the guardianship and custody of children in connection with parents' migration so as to enhance their legal protection.
- The presence of grandparents in households affected by migration should not be an argument against promoting various activities to support children whose parents have migrated.
- On the other hand, older people in MGHs are to be assisted, supported and motivated for a more active involvement into children's education, acquisition of life skills, observance of the behavioural model, etc.
- The rehabilitation infrastructure and the practice of providing sanatorium treatment opportunities need to be reformed and reviewed in order to ensure real access for both older people and children.
- It is necessary to develop counselling services at the level of communities on issues related to interpersonal and intergenerational misunderstandings which would reduce the tensions between older people and other members of society.
- Programmes need to be developed that would reduce the marginalisation of older people and their level of social exclusion.
- At community level services for older people should be developed, including those with involvement of older people; there should be conditions created for their co-participation in the economic, social and cultural life of the community.
- There is a need for special programmes, joint projects of the local public authorities and the civil society community level aimed at changing stereotypes against older people, migrants and their families, which would help improve relations and solidarity between generations.

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CULTURAL LIFE, ASSOCIATIONS

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The report of the study "**Staying behind: The effects of migration on older people and children in Moldova**" is the first of its kind that analysed the impact of migration on those left in the home-country, and namely children of migrant parents and older people caring for them. **The study is designed for** professionals working in the field of migration, offering information about changes in the lives of older people in Moldova as a result of labour force migration, the impact of the latter on children and older carers, and the transformations that occur in the structure of the multigenerational households with redistribution of roles.

The study was commissioned by HelpAge International with the financial support of UNICEF Moldova and is conducted in the framework of the project "Strengthening community-based support for multigenerational households left behind by migration in Moldova", implemented in consortium by HelpAge International and Second Breath, with the support of the European Commission and UN Joint Initiative for Migration and Development.

The project aimed to offer solutions and put in place mechanisms to mitigate the negative effects of migration on members left behind, namely children and older people, and to contribute to their economic, social and cultural development. Current policies in the field of migration focus on the migrant itself. The project urged to pay attention to the issue of vulnerability among those left behind by migration - children and older carers. In this context, the project is the first to address the issues of vulnerable multigenerational households affected by migration in Moldova.

The main project objective is to mitigate the negative impact of migration on the rights of family members' left behind in the country of origin.

The activities of the project were organised both at local and national level. Activities were planned to encourage children and their grandparents to consolidate inter-generational links through support groups of older people volunteers, who conducted regular home visits to these families. The project also addressed the problems of vulnerable multigenerational households and emphasized the need to adjust social policies, strategies and laws in favour of those left behind by migration and aimed to **reduce the negative effects of migration**.



Dragă mamă te iubesc foarte mult. Iti
să fii sănătoasă, bucuroasă și foarte iubitoare.
Mamă te felicit cu ziua de 8 martie și
dacă încă mi este să te felicit acum
atunci noi nu mai putem vorbi
Iti doresc multă, multă fericire.
este tot bine la școală mă simt
Dar mă voi simți foarte bine
Cu drag Alina

