

ABSTRACT

Over one million Sri Lankans are employed overseas. Approximately 60% of them are females and most of these females have children. These children are believed to be in a disadvantaged social position and subjected to many undesirable health and social outcomes. Only few researches had been conducted on these children, and less so on their mental health status.

The objectives of this research were to translate and validate a suitable instrument to measure mental health status of the children aged 5-10 years, to describe the mental health status of female overseas workers [OWs]' children aged 5-10 years in the Colombo district compared to children of women who are employed in Sri Lanka [LW], to describe factors associated with abnormal mental health among these children, to describe the difficulties/problems faced by the female OWs' children, and to describe the difficulties of childcare on the principal care providers [PCPs] of OWs' children.

An instrument [Child Behaviour Checklist – CBCL] to measure mental health status of the children aged 5-10 years was identified through an opinion survey among experts. It was translated in to Sinhala and validated [CBCL-S]. An interviewer-administered questionnaire [SDRIQ] to identify the factors associated with abnormal mental health in the children was prepared based on the findings of the focus group discussions [FGDs] with the teachers in the primary schools. The eligible OWs' children were identified through the Public Health Midwives [PHMs] in the Colombo district [including the PHMs in the Colombo Municipal Council]. The CBCL-S and SDRIQ were administered by trained interviewers to the PCPs of these children and age and sex matched LWs' children in the same neighbourhood. Information on school performances and attendances of these children were obtained using a mailed questionnaire [SIF] and also by visiting the schools. FGDs with teachers and semi-structured interviews with PCPs were conducted to identify the problems of the OWs and the difficulties of the PCPs.

The results indicated that the CBCL-S is a valid and reliable instrument to measure mental health status of the children aged 5-10 years in Sri Lanka. The area under the ROC curve was 0.95 for both the girls [95% CI: 0.94-0.98] and boys [95% CI: 0.92-0.98]. At the cut-off point of 39 its sensitivity and specificity were 90% and 88% respectively for boys and 89% and 92% respectively for the girls. The positive and negative predictive values were 92% and 85% respectively for boys. For girls both values were around 91%. Internal consistency [Cronbach's alpha = 0.7], test-retest reliability [intra-class correlation co-efficient = 0.8; Cohen's kappa = 0.8], and inter-interviewer reliability [Cohen's kappa = 0.8] were satisfactory.

Approximately 23% of the OWs' children were categorised as abnormal compared to 12% of the LWs' children. The proportion of the OWs' children with abnormal mental health status is much higher than the reported prevalence levels for both the pre-school children [10%] and adolescents [19%] in Sri Lanka.

Many factors were significantly associated with the abnormal mental health status of the OWs' children aged 5-10 years in the bivariate analysis. There was an increase in the risk of mental health problems up to 5 times with frequently or very frequently disturbed home environment, very frequently disturbed neighbourhood environment, child getting distressed due to parental quarrelling, and child not communicating with the PCP freely. This risk increased from 5 to 10 times for children who had separated parents, being looked after by a sibling, whose PCP changed twice, mother worked overseas more than twice, living in households with more than 5 people, living in a relatives' home, living in a frequently disturbed neighbourhood environment, and not having opportunity to participate in recreational activities. The risk of abnormal mental health was from 11-20 times for those children who did not have an elder sibling, whose fathers were not living with them, who had divorced parents, who were being looked after by a non-relative, whose PCP changed thrice, and whose parents quarrel. The risk of mental health problems were over 20 times high for those OWs' children whose mother were educated below grade 5, who were living in nuclear families, and who did not have the opportunity to engage in sports and aesthetic activities, and recreational activities at school.

However, most of these lost their significance at the multivariate analysis. Only seven factors, namely, not having an elder sibling [OR: 4.7, 95% CI: 1.3-16.8], father not living with the child [OR: 11.5, 95% CI: 2.5-53.4], mother educated only up to grade 5 or less [OR: 10.2, 95% CI: 2.8-37.4], PCP changed more than once [OR: 10.5, 95% CI: 2.7-40.5], living in a relative's home [OR: 4.8, 95% CI: 1.3-17.4], child not communicating freely with the PCP [OR: 89.0, 95% CI: 2.4-330.0], and not permitting the child to engage in recreational activities at school [OR: 15.2, 95% CI: 3.7-62.4] remained significantly associated with the abnormal mental health of the OWs' children when controlled for other factors. Only two factors, namely, mother educated only up to grade 5 or less [OR: 12.5, 95% CI: 2.3-67.8] and child not communicating freely with the PCP [OR: 13.7, 95% CI: 1.4-138.5] remained as factors which significantly influence the mental health of the LWs' children.

The qualitative components revealed that many children have learning problems, poor school performances, and poor participation in extracurricular activities. In addition, they have numerous behavioural problems and other difficulties. The attempts by both the teachers and the PCPs to help these children with regard to the identified problems had failed in most cases. OWs' children are believed to be neglected by their PCPs. The complex inter-relationship of numerous socio-economic factors plays a role in creating a disadvantaged situation for these children.

Although the PCPs of OWs' children did not consider the responsibility of childcare as a burden on themselves, some indicated that they would be happier if they did not have to shoulder this responsibility. The social life of some PCPs had been adversely affected due to the responsibility of childcare.