

The impact of international migration on the mental health of Honduran teenagers

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Abstract. *The main causes of international migration in Honduras are poverty and personal insecurity. Approximately 800,000 Hondurans have left the country, out of which 80% are located on the United States. One of the largest economical incomes in Honduras are remittances, however there is no information on the impact that leads to the family disintegration caused by this social phenomenon.*

Objective. To determine the mental health of teenagers, at a secondary school in Tegucigalpa, coming from households with and without parental migration. *Methods and Materials:* The first screening phase is to determine the degree of functionality and select teenagers with migrant parents, establishing cases, assigning two controls one for separated parents and another for both parents present. *Results:* Out of 3608 students, 449 (12.4%) had migrant parents. 550 teenagers were interviewed in the second phase. The perception of communication is better in families with both parents present. "Mara" or Gang membership was 4.4% higher in families with migrants. The relationship of teenagers with parents was better in families with migration. The percentage of physical, psychological and sexual abuse found was higher ($p.009$) in families with migration. Households with both parents present were a protective factor in abuse. A statistical significance in depression and anxiety disorders was found in teenagers from families with migration when comparing the three groups. *Conclusion:* Parental migration is a risk factor for teenagers to become victims of abuse, suffer from depression and anxiety disorders, as well as for the initiation in dissocial groups.

Keywords: migration, family functionality, mental health, teenager.

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INTRODUCTION

Migration is defined as the geographic movement of people across a specified border for the purpose of changing residence permanently or semi-permanently (Castillo, 2014). Human migration has been present since the beginning of time. From the Paleolithic era to the present day, humans have moved through territories and continents for different reasons. However, if we look at history, the groups of people who migrate have changed. Since the discovery of America, millions of people migrated to the new territories. However, when these phenomena occurred, families and not individuals were the migrating units. Groups of families of the same origin settled in new villages and brought their culture, customs and traditions, including the name of their hometowns, to which they added the word "New" such as New York, New England, or simply they used the name of the region they came from: Trujillo, Guadalajara, Georgia, etc. Families moved as a whole, there was no family disintegration due to migration. This has changed recently, as now the phenomenon of migration, either for economic, political or social reasons, happens with individuals, people leaving behind their families, customs, moral and religious beliefs, to be inserted in cultures that are often quite different from those of their origin.

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Aside from this peculiarity, in Latin America there has been a significant increase in the flow of migrants in the last 20 to 25 years (Censo, 2001; INS 2004).

Currently, 191 million people live outside their country of origin. Europe is home to 34.0% of all migrants in the world population, North America to 23.0%, Asia has 28.0%, Africa 9.0%, and Latin America and the Caribbean 3.0% (from the report "State of World Population 2006", from the United Nations Population Fund (UNFPA). In Central America, during the decade of the 1980s, armed conflict forced more than two million people to emigrate to Honduras, Belize, Costa Rica, Mexico, United States and Canada.

It is alleged that approximately 850,000 Hondurans live abroad, 12% of the population of the country in 2002. That is, for every 8 births in Honduras, one lives abroad. Of this total, approximately 800,000 are living in the United States of America. The remaining 50,000 reside in Canada, Spain, Australia, Greece, Italy, Mexico, Guatemala and the other countries in Central America. 75.0% of all Hondurans living in the U.S. reside in non-legal conditions (FONAMIH, 2003). The annual rate of migration is 95 per 100,000 habitants (5,951 per month, 1,538 per week, 219 per day or the equivalent of 9 Hondurans per hour) (Caballero, 2000); Castillo, 2014).

The Honduran immigrant population include an almost equal proportion of men and women (51% and 49%, respectively) mostly between 20 and 54 years of age, single, with a bimodal education, a national average of 4 years of education, not completing the primary level, i.e. an average of between 9 and 10 years of education. Dedicated to agricultural and construction work as well as individual commercial activities, public sector employees or industrial sector workers (textile), with a monthly income above the national average. It is the middle class that migrates, as well as those in the middle and upper strata of the lower class, most of them migrating in groups, that is, preferring to migrate with family members and friends from the same place of origin (Caballero, 2000).

Family remittances to Honduras have grown from US\$ 409.6 million in 2000 to US \$2,359.0 million in 2006, which represents an increase from 6.8% to 25.5% in 2006 (Censo, 2001; Saad & Saad, 2004).

15% to 20% of households in Honduras have one or more family member that has migrated, and are direct beneficiaries of remittances (Saad & Saad, 2004; Harvey, 2005). A study shows some positive impacts of the economic contribution of the immigrants; for example, reduction on the levels of malnutrition, improvements in general health conditions, more access to education, better housing, etc. As is the case for the Philippines, 40.9% of the offspring's of immigrants assist to private schools versus 14.9% for nonimmigrant children. (Scalabrini Center, 2003).

On the other hand, it is shown that migration alters the roles of the individuals that comprise it and, in some cases, of the bonds between the family members that stay and those that move away. It is also reported that migration plays a de-structuring effect on families and, in particular, amongst children and teenagers (INS, 2004).

Authors like Gamburd (2000) point that it is simple to see migration as a cause of family disintegration, ignoring the structural conditions that set forward the migration in the first place.⁵ Often the people who migrate maintain strong links and continue to play active and central roles in their families. These migrants, far from considering their families as disintegrated, always refer to them as the reason for their sacrifices (Alatorre, 2001). As it may be seen, opposing views exist about the effect that migration produce on families, and, although it is true that economic benefits exist, it has to also be recognized that health issues and behavioral effects occur among those who stay behind (Flores - Avila, 2007). In a study conducted in the state of Oaxaca, México by Vargas-Mendoza, et.al. (2004), a higher level of psychological problems in families of migrants was observed when compared to families who did not face that situation. Anxiety, depression, intra-family violence, behavior disorders and alcoholism were the most frequent problems detected.

In Honduras it is necessary to develop strategies to prevent and treat the psychosocial problems of the family members who stay behind. This led us to implement a research project that could provide information on the psychological characteristics of the teenage population.

Although remittances are one of the main sources of income for Honduras, it is unknown to what extent this contribution compensates for, avoids or prevents the family disintegration, and the fact that our teenagers grow up within different family structures and in the hand of strangers.

This research seeks to find the impact of parental migration on the mental health of those teenagers who were not taken along, and compare it to the mental health of adolescents whose families have disintegrated for other reasons, as well as with those both of whose parents are still together.

MATERIALS AND METHODS

In the study, conducted in two stages, the target population was constituted by the students of the secondary school “Instituto Central Vicente Caceres”.

The first stage consisted on a transversal descriptive procedure to sort the 3608 teenage participants, by means of a survey that included socio-demographic data, history or lack of parental migration, and the degree of functionality or non-functionality of their families (Family APGAR) (PNUD, 2004; Scalabrini Migration Center, 2003). This phase resulted in three groups:

- a. Teenagers with migrant parents (n=449)
- b. Teenagers who lack a parent and who therefore live in a single parent household due to divorce, separation or death (n=1534).
- c. Teenagers with both parents present (n=1625)

The second stage was one of case-controls, in which each teenager with migrant parents was assigned as a case, and compared to two other control teenagers with similar socio-demographic characteristics, one lacking one of the parents, and the other with teenagers that had both parents present. Each selected teenager was interviewed and, after accepting to participate in the study, was asked to fill a structured survey with 5 parameters: communication, group belonging, economic situation, family characteristics, and abuse detection. El PRIME-MD22 was used to determine the presence or lack thereof of somatization disorders, depression, panic and other anxiety disorders, bulimia and other eating disorders, alcoholism, post-traumatic stress disorders, and risk factors like premenstrual dysphoric syndrome. The data was processed in an electronic database, using for such purpose Epi info version 3.7 (2007), the data were grouped in simple frequency distribution tables, and central tendency measurements were used. In the second phase, the Odds Ratio (OR) was used to determine the level of association and, for the comparison of categories in small groups, the p value was determined with tables 2x2 (Confidence Level: 95%), using the Fisher method. Confidence intervals of the OR (CI 95%) with the StatCalc program (Confidence Level: 95%) were calculated.

To carry out this investigation and in accordance with the ethical principles of the Helsinki Declaration, an informed consent was requested from each participant before answering the survey instruments in both phases. Responses were maintained in complete secrecy to protect the rights and welfare of the subjects. All the information obtained was recorded and saved, in order to, subsequently, allow for the interpretation and verification of the results.

RESULTS

First phase

A total of 3608 students from the secondary school “Instituto Central Vicente Caceres” were interviewed, out of which 449 (12.4%) had migrant parents, 1534 (42.5%) lived in households with separated parents due to causes other than migration, 1625 (45.0%) lived with both parents while, on the other hand, 1371 (38.0%) lived within single parent families. There were no significant differences in the gender distribution and the average age of each group.

With regards to the familiar functionality, similar results were found when comparing the teenage groups with migrant parents and those who lived with both parents, as most were within normal functionality and mild dysfunction (67.2% migrant parents, and 64.0% both parents), while in the group with separated parents, a 50.4% presented values of moderate and severe dysfunction (Table 1).

Table 1

TYPE OF FAMILY	N°	GENDER		FUNCTIONALITY: FAMILY APGAR: N° (%)			
		F	M	NORMAL	MILD	MODERATE	SEVERE
Migration	449	292	148	151 (33.6%)	151 (33.6%)	86 (19.2%)	60 (13.6%)
Separated Parents	1534	918	616	363 (23.7%)	398 (25.9%)	324 (21.1%)	449 (29.3%)
Both Parents	1625	977	648	513 (31.0%)	542 (33.0%)	325 (20.0%)	243 (14.0%)
TOTAL	3608	60.8%	39.2%	1027 (28.4%)	1091 (30.2%)	735 (20.3%)	752 (20.8%)

Second phase

Out of a total of 449 cases of teenagers with migrant parents, it was possible to interview a 40.0% for the study and, after adding the assigned control groups, a total of 550 teenagers were interviewed.

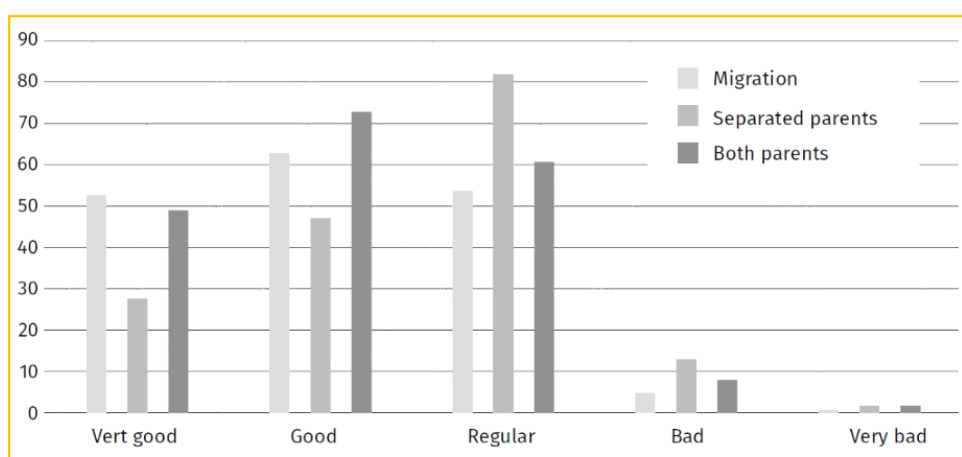
During the research the following aspects were evaluated:

Communication: We found that in the last 6 months, separated families communicated less frequently (52.0%) than families with migrant parents (86.0%) and with both parents (93.0%). The perception of communication on a scale of 0 to 10, was better in families with both parents, followed by families with migrant parents and, finally, families with separated parents (8, 7 and 3.6 respectively).

“Mara” or Gang membership: “Mara” or Gang membership was 4.36%. Teenagers from families disintegrated by migration and by separation and death were at increased risk of joining these anti-social groups, in comparison to those living with both parents: 5.7%, 4.9% and 2.6%, respectively. In most cases this behavior appeared after the disintegration of the family.

Perception of the economic situation: As perceived by teenagers, families with migrating members (63.7%) are in good or better economic situation, similar to that reported by teenagers living with both parents (63.2%); in contrast to those with separated parents who perceive it to be good or better in a 42.8%. Figure 1 gives an overview of teenagers’ perception of the economic situation of their families. When comparing the teenagers’ opinions about the migration of one parent, 60.0% of the families with history of migration think that migration was worth it. Only 24.0% of the families living with both parents think it would be good if one of the parents migrated.

Figure 1 Perception of the economic situation

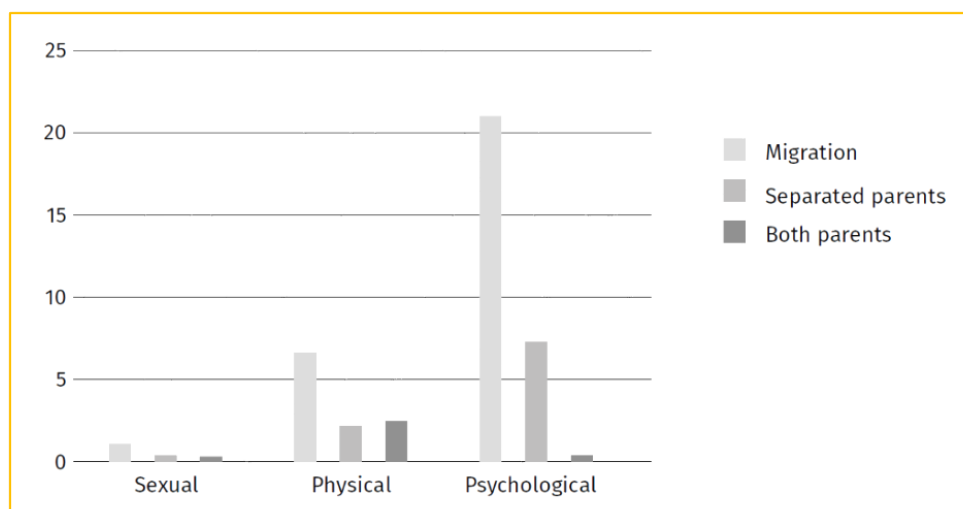


Family characterization: The perception of teenagers about family relationships on a scale of 0 to 10 was reported to be fairly good in households with parents in migration status, as well as in those households with both parents (7 and 6.7, respectively). Whereas families with separated parents for causes other

than migration considered that family relationships were very poor (4.2). Meanwhile, the relationship of teenagers with parents was better in families with migration, followed by families with separated parents and, finally, those with both parents (8, 6.3 and 4.2).

Abuse detection (Figure 2): The physical, psychological and sexual abuse was found to be significantly higher ($p < 0.009$) in families with history of migration. The presence of both parents in the family resulted to be a protective factor against abuse. The percentage of physical abuse was more than twice in families with migration (6.7%), when compared with that of separated parents (2.3%) and that of both parents (2.5%). When teenagers were asked about the impact of abuse on a scale of 0 to 10, the ones that reported less impact were those with both parents present (1.3 on average), compared to the group with migrant parents (3.2), and to the group with separated parents (2). As for the psychological abuse, this was much lower in the group with both parents present (0.7%), compared to a 7.3% in the group with separated parents and 21.0% in families with migration. Sexual abuse was more than twice in families with migration when compared to families with separated parents and with both parents present (1.1%, 0.4%, and 0.3%, respectively).

Figure 2 Prevalence of abuse



Psychiatric disorders (Table 2): Statistical significance was found in mild and moderate depressive disorder and in “other anxiety disorders” when comparing the three groups, in which living with both parents resulted to be a protective factor. With regards to depression, it was present in 26.0% of teenagers with migrant parents, in 23.0% of families disintegrated by separation and death, and only in 12.0% of the families with both parents present, $p < 0.008$, Odds ratio 2.45.

Table 2 Prevalence of psychiatric disorder

	SOMATIZATION DISORDER	MAJOR DEPRESSION DISORDER	OTHER DEPRESSION DISORDER	PANIC DISORDER	OTHER ANXIETY DISORDER	BULIMIA	OTHER EATING DISORDER	ABUSE OF ALCOHOL	NEEDS ALCOHOL TREATMENT	POSTTRAUMATIC STRESS DISORDER	TOTAL
Migration	23 (13.8%)	19 (11.3%)	30 (17.9)	22 (13.2)	24 (14.4)	10 (6.0%)	5 (3.0%)	16 (9.6%)	12 (7.2%)	6 (3.6)	167
Separated Parents	19 (13.8%)	16 (11.6%)	25 (18.1%)	19 (13.7%)	23 (16.7%)	10 (7.3%)	2 (1.4%)	10 (7.3%)	6 (4.3%)	8 (5.8%)	138
Both Parents	7 (7.9%)	12 (13.7%)	13 (14.6%)	12 (13.5%)	12 (13.5%)	9 (10.1%)	9 (10.1%)	5 (5.6%)	5 (5.6%)	5 (5.6%)	89

With regards to “other anxiety disorders”, $p = 0.03$ and OR 2.12, out of all the diagnoses, 42.0% of psychiatric disorders were found in the migration group, 10.2% in teenagers with separated parents and 6.5% in the group living with both parents ($p = 0.003$ and OR: 2.5).

DISCUSSION

The amount of teenagers (12.0%) with a parent being an international migrant in our survey coincides with the Honduran figures reported at a national level (12.4%), and is superior to the figures for some of the other Central American countries, which range from 6% up to 50.0%.

It was found that 38% of families had a single parent, higher than the 29.7% found in the national population (National Population and Household Census, 2001, Tegucigalpa, INE), the 19.0% found in Latin America (CEPAL, 2004) and the 21.0% of Great Britain.¹⁸ This may be considered as a risk factor to family functionality given that the decision making in the household does not fall, in most cases, in one of the parents.

The level of family dysfunction in our study was 71.0%, higher than results of two studies carried out in Colombia: one was 54.4% and the other 43.0%. According to McArdle et.al. (2002), and Jewell Stark (2003), family dysfunction is associated with negative results in the overall health of teenagers, such as unplanned pregnancies, substance abuse, sexually transmitted diseases and depression disorders.

86.0 % of the Honduran teenagers continue to communicate with the migrated parent, similar to the findings of the study done in Oaxaca, Mexico in 2008; however, in another study done in Veracruz, Mexico, only 75.0% maintained communication.

Communication of the Honduran teenagers was better with migrated parents compared to those who lived with both parents (8 vs 4.17 in a scale of 0 to 10); these were similar to the results obtained by Zarate, who demonstrated an improvement in communication from 73.0% to 86.0% when migration occurred (UNICEF, 2006).

“Mara” or Gang membership was 4.4% higher compared to the 2.0% obtained by Andino Mencia in the same secondary school, in the year 2005. Teenagers with a migrated parent, according to our study, become “mara” or gang members more frequently, similar to what happens in Ecuador where they become members of “pandillas” or gangs (Dupret, 2006).

According to the teenagers’ perceptions relating to the economic situation, 63.7% of those belonging to a family with migrated members are in a good or better situation, tendency also found in other countries of Latin America, although different from the data reported in San Andres Chichahuaxtla, which was of 44.0% (Aguilar Morales, Vargas Mendoza, Romero García, García Cortes, 2008).

40% of teenagers with migrated parents disapprove their parents’ migration, a much lower number, however, than that two studies reported by Aguilar Morales et.al. in Mexico: one of 75%, and the other of 100% (Aguilar Morales, Vargas Mendoza, Romero García, García Cortes, 2008).

In our study, teenagers psychological abuse was statistically higher in families with a migrated parent (21.0 %), which coincides with the research done in Ecuador (Navarro, Barceló, Rosales, Mejía, Caro, Yépez, 1996; Paredes, Bravo, Calle, 2004) where the abuse (of mainly a sexual nature) increased up to five times. Psychiatric disorders in the teenage population, especially those related to depression and anxiety disorders were significantly higher for the population with a migrated parent versus those with both parents present. Besides, living with both parents becomes a protection factor against suffering such illnesses ($p < 0.008$, Odds ratio 2.45. $p = 0.03$ and OR 2.12, respectively). Saad and Saad found depression present in 44.0% of teenagers with migrated parents, and anxiety in 8.2%. Vargas reported anxiety in 57.0%, compared to 4.0% of teenagers without history of migration, and depression in 8.0% in teenagers with migrated parents but 2.0% when living with both parents.¹⁹ In Honduras, a study carried out recently within children from a school in a low income area of Tegucigalpa revealed that the dysthymic disorder was more evident within those who had a migrated parent in relation to those of non-migrants (28.1% versus 3.6%), while a generalized anxiety disorder was higher in both groups with 53.3% and 46.4%, respectively. The author interprets that the high results in anxiety in both groups could be associated with the precarious socio-economic conditions in which families in this area live (Zarate, León Córdova, Rivera Vargas, 2007).

CONCLUSIONS

1. The percentage of migration in the teenage population was 12.4%, similar to the official data reported in the country.
2. Family dysfunction was found to be 71.0%, higher than the reported for Latin American countries as a whole.
3. Parental migration is a risk factor for teenagers to become victims of abuse, members of antisocial groups (“maras” or gangs), and to suffer depression and anxiety disorders.
4. Coexistence with both parents is a protection factor from becoming a victim of abuse as well as from suffering psychiatric disorders.
5. Perception of family communication, on a quantitative and qualitative level, was better in households with both parents present and in migrated parents, versus parents separated for other reasons.
6. The majority of the teenagers consider the migration of their parents to be something good, and also perceive that the economic situation of the family has improved due to this condition.

REFERENCES

- Aguilar Morales, J., Vargas Mendoza, J., Romero García, E., García Cortes, H. (2008). Migración, salud mental y disfunción familiar: Impacto socioemocional en la familia del indígena oaxaqueño migrante. Centro Regional de Investigación en Psicología. *Revista de la Comunidad de Psicología*, 2(1), 51-62.
- Alatorre, J. (2001) *Paternalidad Responsable en el Istmo Centroamericano*. Guatemala, Guatemala. Naciones Unidas.
- Caballero, Z. (2000) *La Migración y los Migrantes en Honduras*. Universidad Nacional Autónoma de Honduras (UNAH), Postgrado Latinoamericano de Trabajo Social/PLTS. Tegucigalpa, Honduras.
- Castillo, A. (2014) *Salud Mental Infantil en niños y niñas en Edad escolar con procesos de migración Internacional dentro de sus Familias: Un estudio comparativo*. (Tesis inédita de maestría). Universidad Nacional Autónoma de Honduras.
- Censo (2001). *Tomó 8. Migración*. República de Honduras, Secretaría del Despacho de la Presidencia (2003, Julio).
- Cranshaw (1999, Junio) M. *Centroamérica: Migraciones en el primer momento del tercer milenio*. PNUD.
- De Francisco, B.C., Cerón, Y., Herrera, J.A. (1995) Salud Familiar como alternativa de función integral en las unidades de atención primaria. *Rev. Col. Med.* 26, 51-54.
- Dupret M. (2003, Agosto) La madre omnipotente; *Ecuador Debate*: N° 59. Ecuador.
- Dupret, M. (2006) *Migración masiva, desestructuración psico-social y carencias institucionales en el Ecuador*. Quito: UNFPA.
- Harvey, R. (2005). *From Paper to Practice: an analysis of the juvenile justice*. Organization Children`s Legal Centre in collaboration with Save the Children- UK and Casa Alianza, Honduras. Recuperado de www.essex.ac.uk/armedcon/story_id/000703.pdf.
- INS, Department of Justice. (2004). 1998-2001 Reichman Y Banco Central de Honduras.
- Martin Fernández, C. CEMI/UH. (2006) *Las migraciones externas desde un enfoque psicosocial: familia y salud mental*. Centro de Estudios de Migraciones Internacionales (CEMI). Habana, Cuba. https://www.researchgate.net/publication/242129473_Congreso_Regional_de_la_Asociacion_Mundial_de_Psiquiatria.
- Navarro, L.E., Barceló, M.R., Rosales, A.M-, Mejía, F.J., Caro de, P.S., Yépez, C.F. (1996). *Factores asociados a la funcionalidad familiar en el Barrio Ciudad Modesto Barranquilla*.
- Paredes, P., Bravo, L., Calle, A. (2004), Impacto de la migración en la salud Infantil. *Bol. Pediat.* 44,137-149.
- Pedone, C. (2006). Los cambios Familiares y educativos en los actuales contextos migratorios ecuatorianos: una perspectiva transatlántica. *Atenea Dígita*. 10, 154-171.
- PNUD (2004), y foro nacional para las migraciones en honduras, Boletín N° 16.
- Ramsey, C. (1986) The relationship between family functioning, life events, family structure, and the outcome of pregnancy. *J Fam Pract.* 22, 521-25.
- Recinos, B. (2004, 23 de Septiembre) *El Heraldo*.

- Robert J. (1995). Lone Mothers and their children. *Br. Journal Psychiatry*. 167,159-162.
- Saad E, Saad J. (2004) Causas socioeconómicas de la migración en el Ecuador y su impacto en la adolescencia. *Revista Tecnológica*; (17) 1, 281-285.
- Scalabrini Migration Center. (2003) *Hearts apart. Migration in the eyes of Filipino children*. Scalabrini Center Filipines.
- Smilkstein, G. (1978) The family APGAR: A proposal for a family function test and its used by physicians. *J Fam Pract*; 6, 12-31.
- Spitzer, R., Williams, J., Kroenke, K., Linzer, M., Johnson, J.(1994) Utilidad de un nuevo procedimiento para diagnóstico de enfermedades mentales en atención primaria. PRIME-MD 1000. *JAMA*. 272, 1-11
- UNICEF (2006), Unidos por la Infancia, Oficina Internacional del Trabajo (IPEC). *El impacto de la migración en la infancia*. Conferencia Iberoamericana para compartir experiencias (Ed). Montevideo. p. 1-2.
- Zarate Oliva, L., León Córdova, D., Rivera Vargas, E.(2007). La emigración del adulto como factor de riesgo en la autoestima de los adolescentes. *Enseñanza e investigación en psicología*. 12, 359-366.