

**A situational analysis of migrant
households in vulnerable
communities in Jamaica**

Situational Analysis

Report

2011

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

A situational analysis of migrant households in vulnerable communities in Jamaica

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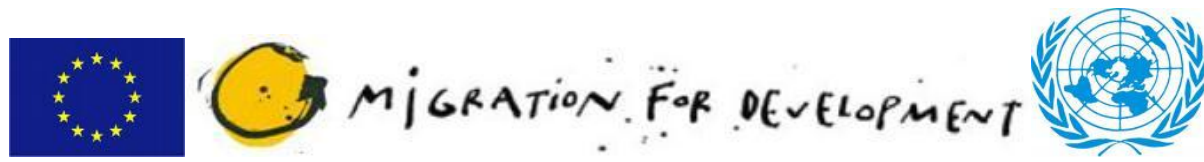
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In August 2009, HelpAge International (HAI) in partnership with Hope for Children Development Company (HCDC) Limited received funding for an eighteen month project titled, "Mitigating the Negative Impact of Migration on the Multi-Generational Household in Jamaica" under the EC-UN Joint Migration and Development Initiative.

This document has taken shape as a result of the foresight and unwavering dedication of a number of stakeholders who facilitated the medium to long term framework which should help influence and guide policies and practices surrounding migration and its impact on multi-generational household.

As the lead entity involved in the research process, HAI wishes to acknowledge the work of its partner, Hope for Children Development Company who were integrally involved in identifying the research sites, the survey design, questionnaire design, methodology, data collection and other logistics such as the training and supervision of field workers within the participating communities.

The work undertaken by the selected field groups cannot be quantified. Their efforts are especially acknowledged as community members sought to carry through with the data collection amidst unrest during the research period.

SilverStone & Platt Research Solutions Ltd. (SPRS Ltd.) was contracted by HelpAge International to prepare a migration report from data elicited in the field. The company oversaw the entry of 1200 questionnaires, data processing and report preparation.

Special thanks are also extended to Ms. Janice Francis-Lindsay for the editorial work provided in finalizing this document.

HelpAge International is especially appreciative of the opportunity provided by the EC-UN Joint Migration Development Project to spearhead this research, which reflects HelpAge's commitment to facilitate and implement appropriate policies and programmes which will be of direct benefit to its core clients, older people. HelpAge embraced its partnership with HCDC cognizant that the main target group of the project was the Multi-Generational Household (MGH). However, both organizations recognized that in the medium to long term the project would be of direct benefit to two of the most vulnerable groups within the MGHs: children and older people. HelpAge therefore acknowledges all respondents in the survey, whose time, and candid participation have led to the formulation of a timely and relevant research document.

EXECUTIVE SUMMARY

Introduction

Through the joint initiative of the United Nations and the European Union, HelpAge International (HAI) and Hope for Children Development Company (HCDC) Limited received funding to undertake a project titled: "Mitigating the Negative Impact of Migration on the Multigenerational Household in Jamaica". As part of this project HelpAge International and Hope for Children Development Company Ltd commissioned a study that explored the socio-demographic situation of migrant families in Jamaica.

Some key findings of the study included the following:

- Confirmed that the main countries to which persons migrated were: the United States, the United Kingdom and Canada;
- The impact of migration was both positive and negative;
- Remittance served as a major source of income for families who have family members who migrated;
- The participants were highly aware of social assistance programmes, however the usage of these programmes was low.

Several gaps were identified from the findings and recommendations made as to how these may be filled to ensure that the vulnerable Multi-generational Households (MGHs) have access to services and secure incomes.

Methodology

The research was carried out using a quantitative approach, specifically survey design. Non-random purposive sampling was used to select survey participants due to the non-existence of a sample frame. A total of 1,200 migrant households participated in the study from three communities, namely: Whitfield Town, Rose Town and Greenwich Town. Structured questionnaires were used to collect the data on several thematic areas. The rationale behind the use of migrant households as the sample frame of the study was due to the fact that the study was meant to be descriptive of the situation of members of migrant households and not a comparative analysis of the situation of members of migrant households vis-a-vis the general population. The questionnaires were administered by a trained team of interviewers and analyzed using Software Package for the Social Sciences (SPSS) and Microsoft Excel.

Thematic areas

Data was collected on the following key thematic areas: Family Relations, Economic and Social Well-being of the Family, Use of Remittances and Social Assistance Programmes, Health Status, Disaster Preparedness, Support Networks and Security. These thematic areas were chosen to provide some perspective on the situation or well-being of families left behind. The areas selected for review are consistent with the four overarching thematic windows of the EC-UN JM&DI project: migrant remittances, migrant communities, migrant capacities and migrant rights. The impacts of natural disasters, economic well-being, as well as violence are factors that influence an individual's decision to migrate or to remain resident in their community or country. Additionally, existing literature shows that migration impacts on families in a number of ways – economically, socially and, emotionally.

Synopsis of Findings and Recommendations

The findings of the current study are to a considerable extent consistent with findings of previous research carried out in Jamaica and the Caribbean. Although the

research focussed on households that had family members who migrated, the methodology used does not seek to prove causation or direct correlation between migration and the variables used in the study. Instead, it was aimed at describing the trends specifically in relation to the thematic areas for the purposes of the project.

Firstly, the study found that the three main countries that residents of the targeted communities migrated to were the United States of America, the United Kingdom and Canada; these results are in keeping with the findings of the Planning Institute of Jamaica (PIOJ, 2005).

Secondly, the study found that persons who migrated from target communities did so in search of better opportunities be it educational or economical. This finding is in keeping with research findings by Thomas-Hope 2009 and Figueroa, 2009 among others. It is also clear from the research, and general trends reflected in the national statistics that migration is not waning. This factor was important in framing the research, and identifying recommendations for future action.

Other key findings include:

- Most of the persons who migrated were between the ages of 30 and 39 years.
- 74% of surveyed households had at least one child living in the home who has a parent living abroad.
- More than half of the respondents reported that 1 to 4 household members attend preparatory/ primary school. These schools (prep/ primary) include children ranging from ages 6 to 12 years.
- 56% of the respondents reported that care and supervision of children were handed down to older siblings by migrants. The remaining 44% reported that children received care and supervision from other family members, including older persons and family friends.
- Research into the “barrel children” concept was mirrored in the study based on the behavioural patterns which were reported following migration of a parent/s. The behavioural changes ranged from a fall in children’s school attendance, performance, their relationship to others, their emotional state and eating patterns.

- The receipt of remittance from abroad by respondents is expended in a variety of ways. Most participants reported spending an average of 40.2% of remittances on food items. This is supported by the fact that the most popular percentage (modal percentage), 50%, was spent on food purchases. Another area where a large proportion of money was spent was on school expenses as an average of 20% of remittances were used for this purpose.
- There is a heavy reliance on family members as a support network as 70.70% of the respondents reported that they would go to their families for help if they had a problem. Access to friends and the church also accounted for reported support networks.

Bearing in mind the plethora of issues which emerged from the field, the research sought to identify and define recommendations that would address multiple findings. These general proposals are broken down into specific and targeted actionable initiatives that should address some of the deep-rooted challenges facing multi-generational households.

Importantly, the recommendations reflect an approach to development that is sustainable. For example, the research recommends the design of “preparation programmes” by parents prior to departure to include public education campaigns for ‘would be’ migrants, as well on-going counselling services for members of households left behind. The programme elements demonstrate a holistic approach which should go a far way in mitigating the impact of migration on multi-generational households.

Similarly, the recommendations for career guidance and skills training workshops in inner-city communities to generate self employment; widening the usage of social assistance programmes; and expanding disaster preparedness and response assistance in communities encompasses initiatives which can be sustained within these vulnerable communities. Other key recommendations include:

- Promoting the uptake of The Government of Jamaica’s social assistance programme as a means of significantly decreasing household expenditure on medical expenses and reallocating this

saving to other areas of need. In light of the low usage of these programmes among the target group, there is need to remove several barriers to access. These barriers of access include: high transportation cost to register and access benefits as well as the need for supporting documentation such as a birth certificate to obtain the Tax Registration Number to register for the different programmes. The Beneficiary Identification System, used in the proxy means testing of beneficiaries for the Programme of Advancement Through Health and Education (PATH) needs to be revised in order to ensure that persons with the greatest need are the ones who are benefiting.

- The overall public education programme on the social assistance programmes needs to be strengthened and sustained. It is likely that the current public education campaigns are not effective in conveying key messages such as how the programme works, and who should be benefiting under the programme.
- Where feasible, experts should be used to demonstrate the domino effects of natural

disasters on national and local economies. This recommendation should help multi-generational households to become more responsible in their outlook, and re-assess their approach to migration planning.

Of even greater significance, these are recommendations which seek to bring about a necessary paradigm shift in the society's thinking and outlook on multi-generational households within the context of development planning, and specifically' the place' of under-represented groups such as older people.

Background and Literature Review¹

Historically, Jamaican migration trends have been rapid and consistent. In recent years, these trends have been especially worrying, as evidenced by attendant and emerging challenges such as 'brain-drain', and the increase in and impact on multi-generational households (MGHs). The latter has been given marginal consideration in the literature, bringing into sharper focus the fact that there are insufficient policies to address the dynamic socio-economic challenges which arise in these households. The issue is of particular significance because of the direct impact on two vulnerable groups within multi-generational households: children/adolescents and older people, with the latter group expected to operate as 'heads' of households. In addition to the pressures of being chief bread-winners, the expectation is for a grandparent/s to also provide emotional and psychological support to these so-called "barrel children" (Crawford-Brown, 1999) left behind.

The correlation between migration trends and multi-generational households are inextricably linked

¹ This section was adopted from a HelpAge project initiated document.

such that there are often negative implications for the well-being of householders. Consequently, there are noticeable repercussions on the medium to long term sustainable development frameworks in Small Island Developing States like Jamaica. The statistics indicate that the trends in migration are not waning, as an estimated 225,535 Jamaicans migrated to the United States of America, Canada and the United Kingdom between 1996-2007². Governments must therefore focus on shaping policies which will mitigate the issues surrounding migration, particularly in vulnerable and 'at-risk' multi-generational households.

As will be presented and discussed in this report, high migration rates have a significant impact, both positive and negative, on societies, and especially on family members remaining at home. In Jamaica, many households are comprised of older people who are responsible for caring for the younger generations after their children have migrated. People of 60 years and older make up 11% of the population in Jamaica³, and are the fastest growing sector of the

² **Planning Institute of Jamaica.** *Economic and Social Survey of Jamaica.* Kingston. 2007.

³ **Statistical Institute of Jamaica.** *Demographic Statistics* 2009. Kingston. 2009.

population, with the number of older people set to double by 2025. Poverty in old age is a harsh reality for many older Jamaicans, with 39% of people over 60 living below the poverty line. As this percentage grows and migration continues, a greater proportion of older people and younger children will be living in multi-generational households, many of them experiencing high rates of poverty and vulnerability. The Economic and Social Survey of Jamaica (2007), therefore, calls for strategies to be developed to deal with the negative impact of migration.

The reviewed literature provides information on the impact of migration on families left behind as well as the general characteristics of these household. Further information on these issues is provided below.

Negative effects of migration on the multi-generational family unit:

Adverse effects include the weakening of family structures; an increase in vulnerability concerning the physical, emotional and sexual abuse of children left behind; poor supervision of children often leading to indiscipline; poor school attendance; and the possibility of drifting into crime; loneliness and abandonment of family members. Migration can leave older people

more vulnerable to being victims of crime or fearing to venture out of the home due to high levels of theft and gun violence. Many older people care for their grandchildren or even great-grandchildren, bringing challenges such as assuming repeated parental roles, a gap in understanding between the generations, and unmet emotional and psycho-social needs of both generations.

Lack of income and livelihood opportunities by MGHs affected by migration: Support to family members remaining at home most often comes in the form of remittances, as well as occasional supplies shipped to the island. In the current economic climate many migrants are sending home less in remittances. The provisional "Remittance Update" in the Bank of Jamaica's Balance of Payment report demonstrates a 10% decline in total remittance inflows as of January 2009 relative to January 2008⁴. Many poor older people whose children migrate have no pension or steady income on which to rely. With the fall in remittances, the rise in inflation and high food prices in Jamaica, many MGHs are experiencing economic hardships. Also, the

⁴ Bank of Jamaica. Balance of Payment. Remittance Update January 2009. External Sector Statistics Unit. Kingston 2009.

provision of remittances does not make up for the necessary physical presence and influence needed to strengthen a family unit.

Lack of access to services for both generations: Many older people are not aware of government assistance programmes, while many young people do not possess the requisite skills for gainful employment. Some government assistance programmes which would make an invaluable contribution to the quality of life of older persons and members of MGHs include: Programme of Advancement through Health and Education (PATH), National Health Fund (NHF), Jamaica Drugs for the Elderly Programme (JADEP), and National Insurance Scheme (NIS) services.

Technical Specifications

Data Collection

The survey employed quantitative data analysis through the administration of questionnaires by a team of trained interviewers in the inner city communities of Rose Town, Greenwich Town and Whitfield Town.

Sampling and Sample Size

Non-random purposive sampling was used to select survey participants due to the existence of

specific selection criteria. The compulsory criterion for selection was that a member of the family must have migrated from the target household. One or more of the following were necessary to support the compulsory criterion for selection: older persons as heads of the household, children/grandchildren residing in the household, and the absence of a parent due to migration. The sample size comprised of a total of 1,200 households.

The Questionnaire

The instrument of data collection was a structured questionnaire that included a mixture of close and open-ended questions which sought to elicit basic, general and demographic data on survey participants as well as the migrant household member. Themes relevant to the study include the following:

- Family Relations: this measured the impact of migration on children left behind as well as other family members.
- Economic and Social Well-being of the Family
- Use of Remittance and other Social Assistance Programmes
- Health Status
- Disaster Preparedness

- Support Networks and Security

Presentation of Data & Analysis

The survey data was processed and analyzed by using Software Package for the Social Sciences (SPSS) and Microsoft Excel. A descriptive overview of each variable measured on the questionnaire was displayed through the utilization of tables and graphs.

Questionnaire Administration & Supervision

The survey administration was preceded by two training sessions during the months of September and October, 2009 to train the interviewers. The interviewers who are residents of the target communities were recruited by Hope for Children Development Company (HCDC) Ltd. A total of fourteen interviewers were trained and assigned to the different communities which were subdivided into a total of nine zones. The Survey was administered in the target communities between October 27 - December 4, 2009. The interviewers were supervised by the management team at HCDC.

Study Limitations

During the administering of the survey instruments there was ongoing unrest in the target communities resulting in the

supervisors having to deploy interviewers in pairs rather than on an individual basis. The unrest limited the time in which interviews could be administered. Additionally, only one method of data collection was used. The findings could have been more robust if the study had utilized a complementary qualitative data collection method.

Presentation of Findings

Demographic Description and Housing Arrangements of Survey Respondents

1.1. Table: Demographic Description of Survey Participants

| Variables | Distribution |
|------------------------------|--------------|
| Gender | |
| Male | 27.9% |
| Female | 72.1% |
| Age Group | |
| 20-29 years | 19.4% |
| 30-39 years | 25.9% |
| 40-49 years | 21.2% |
| 50-59 years | 17.1% |
| 60-69 years | 9.7% |
| 70-79 years | 4.2% |
| 80 years and older | 2.4% |
| Marital Status | |
| Single | 45.8% |
| Married | 19.8% |
| Common Law | 17% |
| Visiting Relationship | 9.6% |
| Widowed | 4.2% |
| Separated | 2.5% |
| Divorced | 1.1% |
| Household Size | |
| Minimum number per household | 1 |
| Maximum number per household | 20 |
| Modal number per household | 3 |
| Average number per household | 4.42 |

⁵Household Heads in Relation to Composition of Households⁶

| | |
|--|-------|
| Live with children only | 28.5% |
| Live with Grandchildren only | 4.8% |
| Live with Spouse only | 5.2% |
| Live with Children and grandchildren only | 10.2% |
| Live with Children, grandchildren and spouse | 3.7% |
| Live with Children and spouse | 7.9% |
| Live with Grandchildren and spouse | 3.4% |
| Live with Parents | 6.3% |
| Live with Cousin | 2.8% |
| Live with Family friend | 1.6% |
| Live with Niece | 8.6% |
| Live with Nephew | 7.8% |
| Live with Alone | 4.9% |
| Live with Other family member | 13.7% |

Housing Arrangement

| | |
|-------------------------------------|-----|
| Average number of bedrooms | 2.4 |
| Modal number of rooms | 2 |
| Minimum number of bedrooms reported | 1 |
| Maximum number of bedrooms reported | 10 |

Proportion of respondents who has the following rooms in addition to bedrooms:

- Living room 42.8%
- Kitchen 63.3%
- Bathroom 58.5%
- Toilet 54.9%

⁵ This is a multiple-response question therefore proportions will not add to 100%

⁶ This variable was measured by the question: "with whom do you live?"

Ownership of Housing Facility

| | |
|---|-------|
| Owens the house in which they live | 40.6% |
| Do not own the house in which they live | 59.4% |

Non-Homeowners Mode of Living

| | |
|---------------------------|-------------------|
| Pay mortgage | 6.4% |
| Pay rent | 33.7% |
| Lease land | 4.8% |
| Live on family-owned land | 20.3% |
| Squat on/ capture land | 30.8% |
| None of the above | 3.5% |
| Other | 0.4% ⁷ |

Access to Information

| | |
|--------------------|--------|
| Radio | 86.50% |
| TV | 94.60% |
| Newspaper | 63.10% |
| Internet | 16.20% |
| Library | 4.40% |
| Community Meetings | 10.50% |
| Church | 14.50% |
| Neighbours | 28.60% |
| Family Members | 28.50% |

Access to Infrastructure

| | |
|-------------------------|--------|
| Water | 97.10% |
| Electricity | 96% |
| Good Roads | 66.40% |
| Proper Garbage Disposal | 65.30% |

⁷ The category, other, includes persons who are caretakers of properties and those who pay property taxes and thereby has rights to living on the properties.

The survey sample comprised 28% males and 72% females. The households were multigenerational with a mix of age groups. The 30-39 age group accounted for the largest distribution of respondents (26%), while the 80 and older group accounted for the smallest distribution (2.4%). Survey participants who were classified as older persons (that is, persons 60 years and older) cumulatively accounted for 16% of the distribution, while 84% of the distribution were 59 years and younger.

Being single was the predominant marital status classification which accounted for 46% of the distribution. Persons who were involved in a union (inclusive of those who were married, in a common law union and a visiting relationship) accounted for 46.4% of the total distribution. This is comparable to 37.3% respondents who were not involved in a relationship that is, those who were divorced, separated and widowed.

The size of the participating households varied from 1 to 20 persons, with the average number of persons per household reported to be 4.42 persons. The most popular size of a household was 3 persons.

Structural living arrangements saw a maximum of 10 bedrooms and a minimum of 1, with an average of 2.4 bedrooms per household. The majority (63.3%) of respondents indicated that in addition to bedrooms, their homes had kitchens, 42.8% had living rooms, 58.5% had access to a bathroom (shower and toilet) and 54.9% had access to a toilet only.

Approximately 41% of the respondents indicated that they owned the houses in which they lived, while 59% did not own their dwellings. Of this 59%, 33.7% of respondents pay rent, 30.8% are squatters, 20.3% live on family-owned land, 6.4% pay mortgage and 4.8% lease land. Approximately 3.5% of the respondents did not specify their living arrangements.

The radio (86.5%), television (94.6%) and the newspaper (63.1%) were the most popular reported modes of receiving information by respondents. The least popular modes of receiving information were: community meetings (10.5%) and the library (4.4%).

As it relates to provision of basic social infrastructure, almost all respondents reported access to

electricity (97.1%) and water (96%). Approximately two thirds of the respondents reported that they had access to proper garbage disposal facilities and good roads.

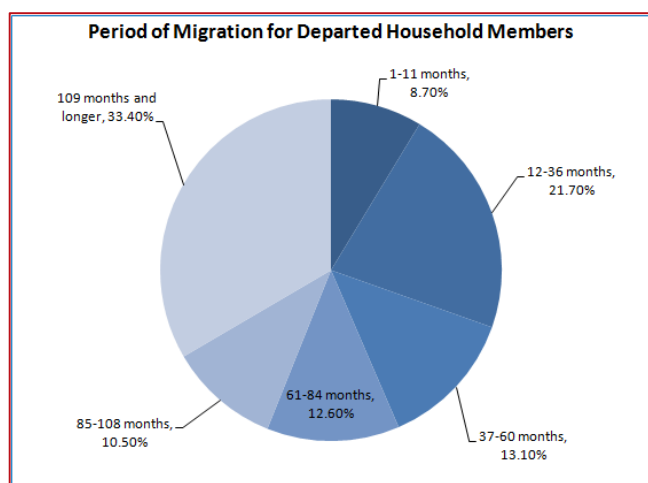
Details about Migration Tenure, Process, Plans and Relations

The key criterion for participating in this study was each household had to have at least one relative who had migrated. As a result, 100% of all respondents indicated that there was at least one household member that had gone to live overseas.

This section details the migration process and arrangements made with relatives left behind prior to migration; the level of awareness and involvement in migration plans; a demographic overview of departed relatives; and relations to the responding household head at the time of the survey; as well as other data that are specific to migration.

Migration Tenure, Quantity of Departed Household Members and the Receiving Countries

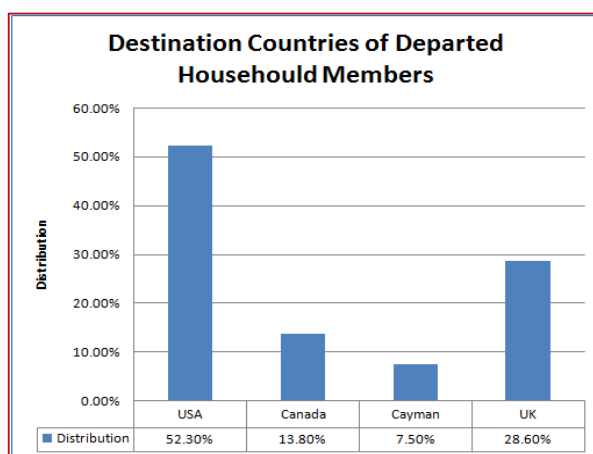
1.2 Figure: Period of Migration for Departed Household Members



The majority (33.5%) of migrated family members had left Jamaica over 9 to 10 years ago (i.e. prior to the data collection year which was 2009). Just over a fifth of the respondents indicated that members of their households had migrated two to three years ago. The minority (8.7%) reported that migrated household members left the country under a year ago. During the time periods specified in **Figure 1.2**, 67% of the respondents said that at least 1 person migrated from their households. Approximately 21.7% reported that 2 persons migrated from their households. The least

number of respondents indicated that 3 and 4 or more persons have migrated from their household that is 7.6% and 3.7% respectively.

1.3 Figure: Main Destination Countries of Departed Household Members



More than half (52.3%) of all migrated family members left for the United States of America; while the United Kingdom (UK) received 28.6% of Jamaican migrants. The least number of migrants departed to Canada and the Cayman Islands, with 13.8% and 7.5% respectively. A total of 6.1% of household heads indicated that family members migrated to the following countries:

Antigua/Barbuda (0.1), the Bahamas (1.8%), Barbados (0.4%), China (0.2%), Cuba (0.4%), Curacao (0.1%), Dominica (0.2%), France (0.1%), Germany (0.1%), Japan (0.2%), St. Kitts/Nevis (0.1%), St. Martin (1.3%), Trinidad/Tobago

(0.5%), Tortola (0.2%) and the Turks and Caicos Islands (0.2%).

Demographic Description of Migrated Household Members

The majority of those persons who migrated were between the ages of 30 and 39 years (27.3 %). Cumulatively, the results indicated that persons who were 20 years and older, but less than 50 years accounted for the largest distribution of migrated family members. The least (3.6%)

number of persons who were reported to have migrated were 60 years and older. A small number (10.1%) of children (under 15 years) migrated from the households of respondents.

While it was a given that at least one (1) person would have migrated from the surveyed households (based on a premise of the research), it was reported that up to nine (9) persons migrated from households during specified periods as indicated by respondents.

1.4 Table: Demographic Data on Departed Household Members

| Age at time of migration | Percent distribution | Range of persons per age group per household | Average number of persons per age group per household |
|---------------------------------|-----------------------------|---|--|
| Under 15 years | 10.1% | 1 to 4 persons | 1.3 |
| 15 – 19 years | 13.4% | 1 to 5 persons | 1.18 |
| 20 – 24 years | 21.3% | 1 to 4 persons | 1.1 |
| 25 -29 years | 24.5% | 1 to 3 persons | 1.09 |
| 30 – 39 | 27.3% | 1 to 2persons | 1.05 |
| 40 -49 years | 21.8% | 1 to 9 persons | 1.15 |
| 50-59 years | 9% | 1 to 3 persons | 1.06 |
| 60 years and older | 3.6% | 1 to 2 persons | 1.03 |

1.5 Table: Proportion of Households that reported Levels of Awareness of Migration Plans

| Responses | Proportion |
|---|------------|
| Don't know what to respond to the question about awareness | 0.13% |
| Don't remember | 0.27% |
| During the process of preparing to migrate | 25.13% |
| From the start of the process | 42.51% |
| Knew about some family member but was not aware of the others | 0.27% |
| On the day of migration | 1.87% |
| Only days before migrating | 12.57% |
| Was not made aware of migration plans | 13.50% |
| After migration | 3.74% |

Awareness of Migration Plans by Family Members at Home Prior to Departure

In most cases, parents (47.6%) and children (40.5%) were made aware of migration plans of family members prior to departure. Twenty-five percent (25%) of the survey participants indicated that, spouses were made aware of these plans prior to departure. It was found that it was less likely for in-laws (7.6%), grandparents (12.1%) and aunts/uncles (13.4%) to be made aware of migration plans prior to departure of family members. The level of awareness by family members varied according to time periods associated with the migration of relatives. Time periods can either

be prior to migration or after the relative has migrated. The majority (42.51%) of the respondents said that they were aware of migration plans from the start of the process. Others (25.13%) were made aware of these plans during the preparation stages. **Table 1.5** provides additional details about the points at which household members were made aware of migration plans.

Main Reasons for the Migration of Family Members by Gender

The survey instrument provided respondents with eight (8) possible reasons for migration of family members (see **Table 1.6**). The reason most cited by respondents was the need to seek a better life. The proportions for both males (21.6%) and females (27.5%) were high in this category however the highest proportion of females appear to migrate for the sole purpose of wanting a better life. Predictably, the second most important reason family members migrated was to seek employment,

as indicated by 16.8% males and 18.5 % females. The need to be with other family members was also an important reason for persons migrating, as cited by an average of 16% of the respondents. Other reasons cited (ranked at the lowest scale) included: to further education (10%), violence/ insecurity (1.8%), to access health care (0.9%), and marriage to a foreigner (1.6%). Fewer than 3% of the respondents indicated that they did not know the reason/s their family members or household members migrated.

1.6 Table: Reasons for Migration by Gender

| Reasons for Migrating | Proportion of Males | Proportion of Females | Gender Unspecified⁸ |
|--|---|---|---------------------------------------|
| To further education | 8.1% | 11.2% | 0.5% |
| To be with other family members | 13.7% | 17.9% | 0.5% |
| Violence/ Insecurity | 2.3% | 1.3% | 0.2% |
| To seek employment | 16.8% | 18.5% | 0.1% |
| To access health care | 0.8% | 1% | 0% |
| Migrated because of marriage to foreigner | 1.6% | 1.7% | 0.1% |
| To seek a better life | 21.6% | 27.5% | 0.2% |
| Proportion of respondents who were not aware of the reason of migration | 2.5% | 2.5% | 0.2% |
| Other stated reasons not listed above⁹ | Other reasons include: being filed for, on a tour and vacation | Other reasons include: being filed for, representing the country in sporting activities and the purchase of merchandize for resale in Jamaica. | None recorded |

⁸ Gender Unspecified – this category includes all responses that interviewers recorded on the questionnaire without specifying the gender. This adjustment was made in an effort to decrease the incidence of data losses.

⁹ This category was not quantified but is recorded as verbatim as it relates to other stated reasons for migrating.

Preparations made prior to and after Departure

Over one tenth (13.1%) of the respondents reported that there were family members being filed for by migrated household members. The filing process would have begun as far back as 1999 for some household members, and as recent as 2009 for others. An estimated 47% of the filing procedures took place between 2007 and 2008.

Almost two-thirds (63.61%) of the respondents indicated that no preparation was made (individually and for families left behind) prior to the migration of family members. As it relates to preparations that were made for children left behind, respondents indicated that in most cases arrangements were made by the departing relative to leave children in the care of close (9.02%) or extended family (10.36%) members. Other preparations that involved children left behind included: preparations for school/ education (0.3%), informing schools of migration plans (0.44%), children being left in the custody of guardians or family friends (0.15%),

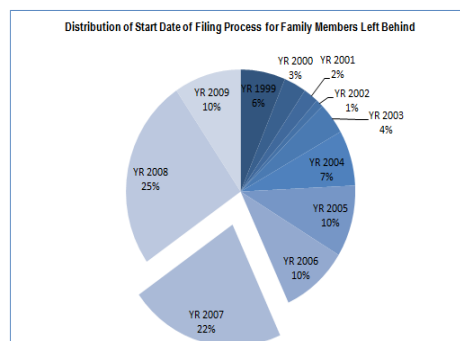
and preparation made to file for children (0.59%)

As it relates to the maintenance of the household, it was reported that some migrating members did the following to ensure that their families were well taken care of in their absence:

- Leaving houses, other property and possession in the care of family members (2.66%)
- Leaving a small business to maintain the family (0.59%)
- Renting property to ensure that family is able to survive on the property income (0.15%)
Monies were left to finance the household (5.33%)

Details referring to other types of preparation are provided in table 1.8. Less than 1% of the respondents indicated that they were not able to say if preparations were made prior to family members departing.

1.7 Figure - Distribution of Start Date of the Filing Process for Family Members Left Behind



1.8 Table: Distribution of Type of Preparation Made Prior to Migration

| Type of Preparation Made Prior to Migration (both individually and for family that is left behind) | Proportion |
|---|------------|
| No preparation was made | 63.61% |
| Children were left in the custody of close family friend/ guardian | 0.15% |
| Older parents were left with adult children | 0.15% |
| The house as well as other possessions were left for families in Jamaica | 2.66% |
| Letter sent to school to inform about the migration | 0.44% |
| Promises were made by family members to remit monies to maintain households as soon as they were gainfully employed. | 0.74% |
| Monies were left to finance household | 5.33% |
| No need to prepare | 0.44% |
| No preparation made for family left behind but assisted departing family to pack, assisted with documentation, booking flight | 1.92% |
| Preparation made but details unspecified | 0.74% |
| Preparation made for child to continue education | 0.30% |
| Preparation made for children to stay with close family member | 9.02% |
| Preparation made for children to stay with extended family member | 10.36% |
| Preparation made to leave a small business open for self-sustaining activities | 0.59% |
| Preparation was made to file for children and remaining family members | 0.59% |
| Remittance sent to maintain household | 1.78% |
| Rented the house to provide income for family members | 0.15% |
| Preparation details were unspecified, but respondent indicated that preparations were made | 0.74% |
| Respondents who indicated that they were unaware if preparations were made | 0.30% |

Family Relations

Household Size and the Schooling Situation of Household Members

The majority of respondents (84%) said that they had zero household members attending school. Approximately 16% indicated that they had at least 1 household member attending school. From this cohort, participants detailed the type of schools that household members were attending (see below table 1.9.).

An analysis of school attendance among children (ages 2 to 6 years), showed that 32% of the respondents highlighted that they had 1 to 4 members attending infant/ basic school, while 68% responded that they had no children attending early childhood institutions. There was however a high frequency (60%) of reported attendance of 1 to 4 household

members, ages 6 to 12 years, to preparatory/ primary schools. It was reported that 40% of these households had no children attending preparatory and primary school. Forty-nine percent (49%) of respondents reported that they had at most 1 to 4 members attending high school (ages 11-18); while 50% indicated that no member of their households attended high schools. The minority (1%) indicated that they had in excess of 4 persons attending high schools in their households. Approximately 10% of survey participants said that 1 to 4 persons who lived in their households were attending tertiary institutions, while 90% indicated that no family member was enrolled at the tertiary level.

1.9 Table: Distribution of School Attendance of Household Members by Type of Institution

| Type of Institution | None | 1 to 4 | 5 and more |
|-----------------------------|--------|--------|------------|
| Infant/ Basic School | 68.00% | 32.00% | 0.00% |
| Prep/ Primary School | 40.00% | 60.00% | 0.20% |
| High/ Secondary School | 50.00% | 49.00% | 1.00% |
| Tertiary Level Institutions | 90.00% | 10.00% | 0.00% |
| Not attending school | 84.00% | 14.58% | 1.00% |

Household Size and the Situation of Children whose Parents have Migrated - Distribution of Age and Gender of Children

Respondents reported that an average of 2.3 children lived in their households for an estimated period of nine and a half years. The ages of these children ranged from 1 to 17 years with the majority being concentrated in the 1 to 10 age group (about 70%), while 30% were found in the 11 to 17 age group.

The data revealed that 74% of surveyed households had at least one child living in the home who had

a parent living abroad. From this finding, 38% of the household had one (1) child only, 23% had two (2) children only and 13% had three (3) or more children living in the households whose parent/s migrated. More male children (67%) were reported to have been living in households with the absence of at least one parent due to migration, while 62% of households had female children whose parent/s had migrated.

1.10 Table: Distribution of Children Whose Parents Migrated by Gender

| Number of Children | Overall¹⁰ Percent Distribution | Male Children (% Distribution) | Female Children (% Distribution) |
|---------------------------|--|---------------------------------------|---|
| 0 children | 26% | 33% | 38% |
| 1 child | 38% | 52% | 45% |
| 2 children | 23% | 13% | 7% |
| 3 or more children | 13% | 2% | 10% |

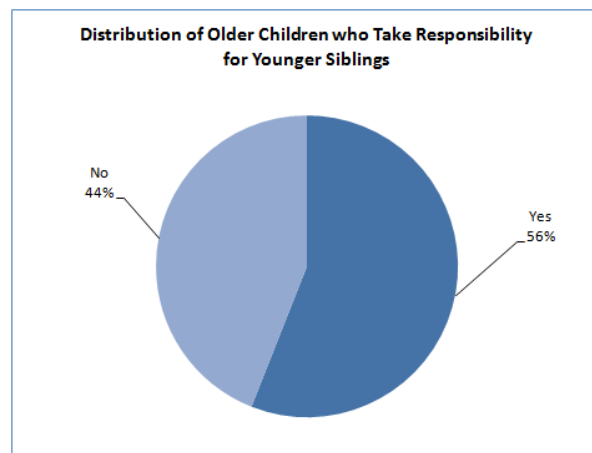
¹⁰ The figures in this column will not add to the figures reflected in the male / female distributions because of the high non-response rate for this section which is attributable to interviewer’s error as the questionnaires were not self-administered.

Care and Supervision of Children

Fifty-six percent (56%) of the respondents indicated that children were under the supervision of older siblings. The remaining 44% of children were under the direct care and supervision of other family members, guardians and family

friends. Close family members included mother, father or older sibling, while extended family members included grandparents, cousins, uncles, aunts and step parents.

1.11 Figure - Distribution of Older Children who take responsibility for Younger Siblings



Migration and Its Impact on Children: Observed Changes in Children's School Attendance by Gender

The scale used to measure changes in children's school attendance ranged from 1 to 4, where "improved" received a score of 1 and "stop attending" received a score of 4 on the continuum. From these allotments, it was found that boys (average = 1.97) scored higher than girls (average = 1.81)

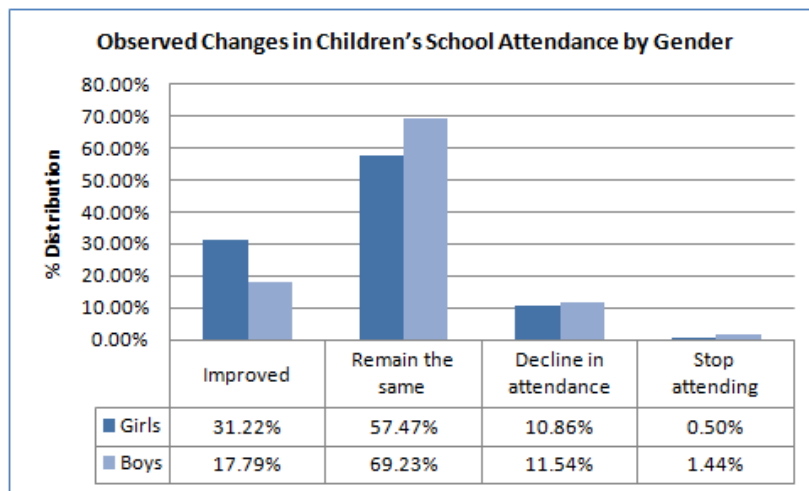
as it pertains to changes in school attendance. This could possibly mean that boys were more likely to stop attending school and display more decline in school attendance than girls; as they would have generally scored higher on the continuum. Girls on the other hand, displayed more favourable changes

as it relates to school attendance. They had a smaller average score which indicated that they were less likely to stop attending school, their attendance was less likely to decline and they exhibited improvement in school attendance than boys. The proportions contained in **Figure 1.12** above, supports these findings. It was reported by 31% of the respondents that girls' school attendance improved, compared to 17.79% of respondents who concluded that boys' attendance improved. It is also true that more respondents reported declines (11.54%) in and complete non-attendance (1.44%) among boys than girls (decline in attendance,

They had a smaller average score 10.86%, and non-attendance, 0.5%).

In assessing the overall situation of children it was found that there was a general decline in attendance and complete non-attendance among both genders. However, the reported improvements in attendance outweighed declines and non-attendance.

1.12 Figure - Observed Changes in Children's School Attendance by Gender

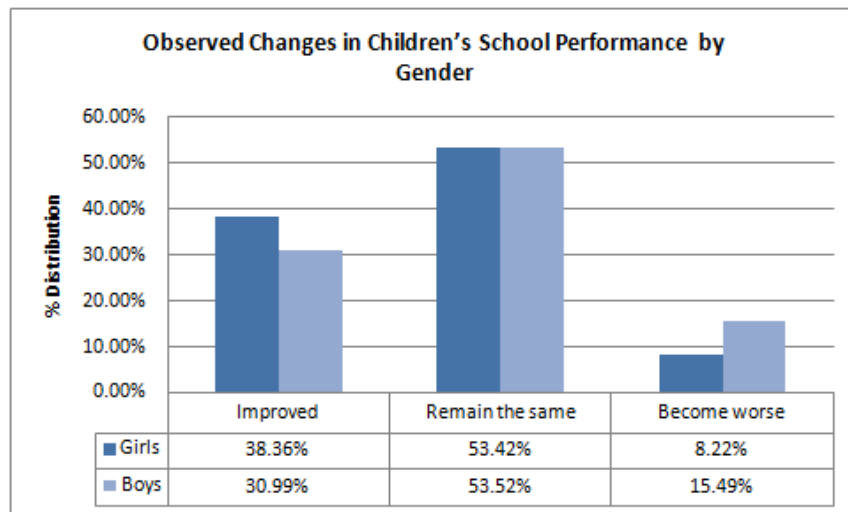


Observed Changes in Children’s Performance in School by Gender

The scale used to measure changes in children’s school performance ranged from 1 to 3, where “improved” received a score of 1 and “become worse” received a score of 3 on the continuum. From this, there were observed changes in reported performance of children in school by gender. Boys in general scored higher (average, 1.85) than girls (average, 1.7) in reported school performance. This indicates that more boys received a score of 3 which is synonymous with “become worse”, a category of measurement on the scale. Note, that higher scores mean more

negative performance and lower scores indicate positive performance. This is supported by the fact that 15.49% of the participants indicated that boys “became worse” in school performance compared to 8.22% of girls. It was also found that more girls (38.36%) than boys (30.99%) displayed improvements in overall school performance (see **Figure 1.13**).

1.13 Figure - Observed Changes in Children’s School Performance by Gender



Observed Changes in Children's Relations to Others by Gender

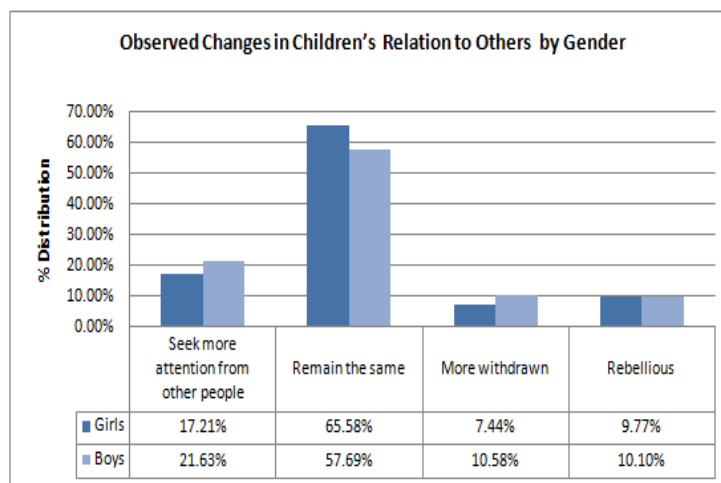
The scale used to measure changes in children's relations to others ranged from 1 to 4, where "seek more attention from other people" received a score of 1 and "rebellious" received a score of 4 on the continuum.

The tenets of the "barrel children" concept are perhaps more readily captured in the findings outlined in this section. A cursory comparative analysis of changes in behavioural patterns among girls and boys was undertaken. Girls displayed a higher average score (2.1) than boys (2.09) which indicated that more negative responses were documented for girls. The difference in the averages are

however minimal. The distribution in reported scores revealed that 21.63% of the participants concluded that boys, more than girls (17.21%) sought more attention from people. As it relates to being more withdrawn and displaying rebellious behaviours, more boys (more withdrawn – 10.58, rebellious – 10.10) than girls (more withdrawn – 7.44, more rebellious 9.77%) were reported to have displayed these attributes.

It is important to note that girls were reported to be more rebellious (9.77%) than withdrawn (7.44) among themselves, while boys were reported to be more withdrawn (10.58) than rebellious (10.10)

1.14 Figure - Observed Changes in Children's Relations to Others by Gender

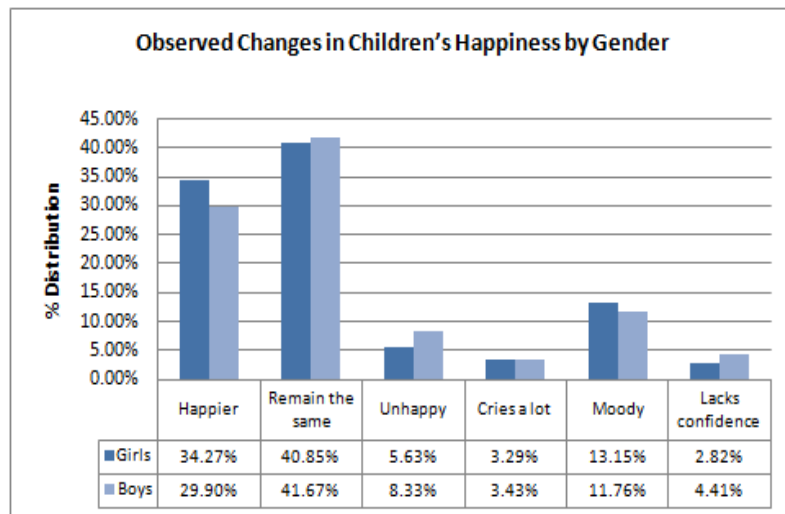


Observed Changes in Children’s Happiness by Gender

The scale used to measure changes in children’s relations to others ranged from 1 to 6, where “happier” received a score of 1 and “lacks confidence” received a score of 6 on the continuum. There were observed changes in children’s happiness as it relates to their emotional well-being. Respondents reported that boys more so than girls were less likely to be emotionally stable on most levels of measurement on the scale. This is supported by the fact that the overall average score of boys (2.37) were higher than that of girls (2.29). On the whole, the highest reported proportion (34.27%) was obtained for girls as it relates to improvements in happiness when

compared to boys (29.9%). Relative to unhappiness, more participants (8.33%) reported that boys were more likely to display this emotion than girls (5.63%). The emotional instability of children specific to their gender is possibly further substantiated by the fact that boys (3.43%) cried a lot more than girls (3.29%) and lacked self-confidence (4.41%) more so than girls (2.82%).

1.15 Figure - Observed Changes in Children’s Happiness by Gender

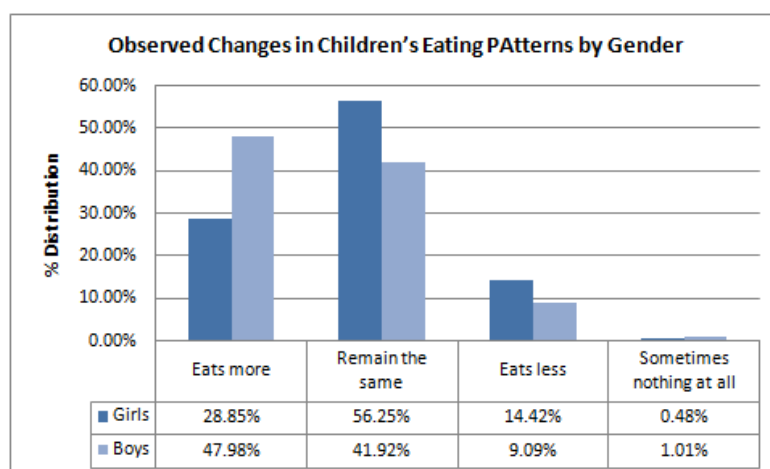


Observed Changes in Children’s Eating Patterns by Gender

The scale used to measure changes in children’s relations to others ranged from 1 to 4, where “eats more” received a score of 1 and “sometimes nothing at all” received a score of 4 on the continuum. Observed changes in eating patterns were more favourable to boys than

girls as girls scored higher in their overall average score (1.87) than boys (1.63). Boys were more likely to display improvements in their eating habits (47.98%) than girls (28.85%). It was suggested that girls (14.42%) were more likely to eat less than boys (9.09%).

1.16 Figure - Observed Changes in Children’s Eating Patterns by Gender



General Problems Experienced with Children in the Family

The main problem affecting households, in relation to behaviours in children, was unruly/violent/ aggressive conduct. An estimated 33.8% of the survey participants reported these tendencies. It was found that households were least affected by children’s involvement in drug abuse, as only 1.7% of the respondents indicated that this was a problem among children in their direct care and supervision.

Teenage pregnancy and involvement in gangs were also trends emerging among children whose parent/s migrated. This was supported by 9.9% and 6.7% of the participants who indicated that there were problems with teenage pregnancy and involvement in gangs respectively. Gambling was another undesirable behavior displayed by less than 2% of children.

1.17 Table: Exhibited Problems displayed by Children

| Exhibited Problems | Exhibit Behaviour | Did not Exhibit Behaviour |
|--|-------------------|---------------------------|
| Teenage Pregnancy | 9.90% | 89.10% |
| Alcohol Abuse | 2.50% | 97.5% |
| Drug Abuse | 1.70% | 98.3% |
| Involvement in Gangs | 6.70% | 93.3% |
| Unruly/ Violent Behaviours/ Aggression | 33.80% | 66.2% |
| Other | Gambling | |

Economic and Social Well-being of the Family

Source of Income of Household Members and Type of Skills Existing in Households

1.18 Table: Distribution of Source of Income of Survey Participants

| Source of Income | Distribution |
|----------------------------------|-------------------------------------|
| Children at Home | 61.90% |
| Children Abroad | 38.10% |
| Grandchildren At Home | 42.90% |
| Grandchildren Abroad | 57.10% |
| Employment | 40.10% |
| Sibling/ other family members | 9.80% |
| Government Benefits | 6.70% |
| Friends/community | 0.80% |
| Money from overseas (remittance) | 46.80% |
| Rental of property | 3.60% |
| Self-employed | 33.90% |
| Other | Pension/ inheritance/ child support |

The findings indicated that the households that participated in the survey were heavily dependent on remittances (46.8%); as well as income from children/ grandchildren at home and abroad (average – 50%). A large amount of the reported income for households is earned from salaried employment (40.1%) and self-employment (33.9%). Less than 1% of the survey participants indicated that

there was a reliance on friends or other community members for income. Reliance on government benefits was also minimal as only 6.7% of the respondents indicated dependence on this as a source of income. Other reported sources of income included pension, inheritance from families and friends and child support fees from partners.

Types of Skills among Adults in the Surveyed Households

The type of skills that exist within the surveyed households varied with the highest skill concentration (19.3%) in hairdressing. Other areas with high distributions of skills were: masonry (7.2%), sewing (12.5%) and computing (10.10%). The lowest concentration of skills was found in videography (0.7%) and photography (2.2%) (Table 1.19).

Other reported skills included: accounting, art and craft, auto mechanic, vending, catering

inclusive of baking and cooking, health care worker (including day care for children and nursing), construction, dancing, drapery making, electrical and mechanical engineering, farming, fishing, floral arrangement, house-keeping, interior decorating, landscaping, nail technician, painting, teaching, welding and hospitality management (waiting and bartending).

1.19 Table: Reported Skills among Adults in Surveyed Households

| Type of Skills | Existent in Household (% Distribution¹¹) | Non-existent in Household (% Distribution) |
|---|--|---|
| Sewing | 12.50% | 87.50% |
| Masonry | 7.20% | 92.80% |
| Carpentry | 6.90% | 93.10% |
| Photography | 2.20% | 97.80% |
| Videography | 0.70% | 99.30% |
| Hairdressing | 19.3% | 80.70% |
| IT Skills (computer repairs, technician, programming) | 10.10% | 89.90% |
| Furniture making | 3.30% | 96.70% |
| Barbering | 2.60% | 97.40% |

¹¹ This data displayed in this table was elicited from a multiple-response question therefore the percentages will not add to 100.

Employment Status

Approximately 53% of survey participants reported that at least 1 other member in their household was currently employed. The remainder (47%) indicated that other members of their households were not employed. The reported proportion of unemployment for males (47.2%) was higher than females (46%). It is likewise true that a higher proportion of females (53.5%) were reported to be currently employed than males (52.8%). As it relates to the inability to secure gainful employment by household members in the last 12 months prior to the survey year (2009), the proportion for males (90%) was higher than that of females (88%).

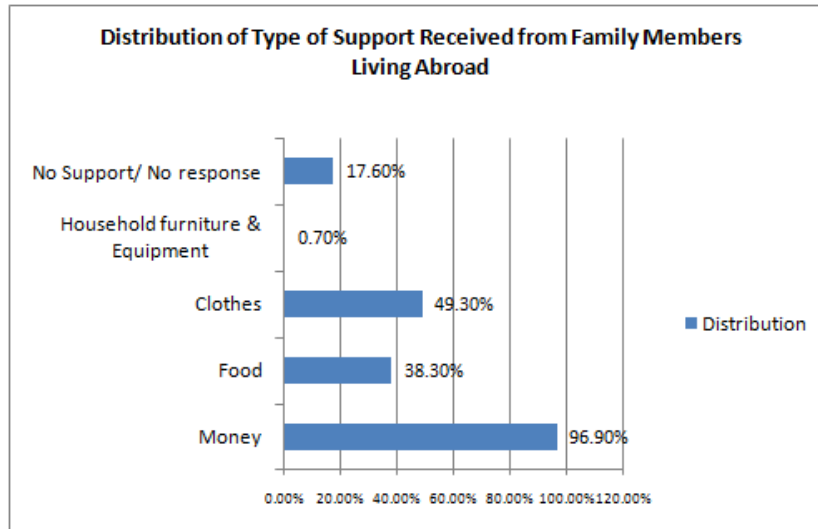
While percentages are relatively low in relation to the skills base of householders, there is a (debatable) tendency for persons (particularly within depressed communities) to explore/opt for self-employment/entrepreneurship. It is an observed tendency that should be developed/facilitated especially within the context of addressing the economic well being of persons in multi-generational household.

Type of Support Received and Frequency and Remittance Usage, Type of Support & Frequency of Support

The majority (96.9%) of respondents who receive support from abroad do so via remittances. Respondents – an estimated 49.3% - indicated that provision of clothing was the second most important type of support, while 38.3% of participants pointed to the provision of food as being another essential form of support from migrant family members. Approximately 17.6% of the survey sample indicated that they either received no support from abroad or did not answer the question. A few (0.7%) persons in the distribution indicated that they receive household furniture and equipment from overseas (Table 1.20).

As highlighted above, remittance was the most essential support cited by respondents. This inference was drawn based on the frequency with which monies were received. Just over 28 % of household members reported that they received remittances 2 to 6 times per year and 23.4% received monies on a monthly basis. As it relates to the receipt of food and clothing, these were more likely to be received only once per year as indicated by 28.81% and 34.98% of the respondents respectively (Table 1.21).

1.20 Distribution of Type of Support Received from Family Members Living Abroad



1.21 Table: Distribution of Frequency of Support Received

| Frequency of type of Support Received | Money | Food | Clothes |
|---------------------------------------|--------|--------|---------|
| Once per year | 6.60% | 28.81% | 34.98% |
| 2 to 6 times per year | 28.30% | 17.28% | 27.00% |
| Weekly | 5.47% | 0.00% | 0.00% |
| Fortnightly | 5.85% | 0.00% | 0.00% |
| Monthly | 23.40% | 4.12% | 0.76% |
| Holidays only | 1.13% | 3.70% | 7.22% |
| Often | 8.11% | 6.58% | 7.98% |
| Not often | 10.94% | 8.23% | 11.03% |
| When in need/ Sometimes | 9.43% | 30.86% | 10.65% |
| When able to afford | 0.75% | 0.41% | 0.38% |

Remittance Usage

1.22 Table: Remittance Usage by Expense

| Type of Expense/ Investment | Average (%) |
|-------------------------------------|----------------|
| Food | 40.2 |
| Water | 2.4 |
| Electricity | 5.4 |
| Phone Cards | 1.9 |
| Doctor Bill | 3.8 |
| Medication | 3.7 |
| Entertainment | 1.8 |
| School Expenses | 20.1 |
| Household Item – TV | 0.23 |
| Household Item - Fridge | 0.33 |
| Household Item – Stove | 0.12 |
| Household Item – Bed | 0.01 |
| Household Item - Living Room Set | 0.17 |
| Saving | 7.07 |
| Beauty Products | 0.68 |
| Clothes | 3.93 |
| Transportation | 3.23 |
| Rent/Mortgage | 3.8 |
| Loan/ Hire Purchase | 0.76 |

Remittance received from abroad by respondents was expended in a variety of ways. Most respondents reported spending an average of 40.2% of remittances on food items. In some cases, respondents reported spending 100% of monies on food purchases. This is supported by the fact that the modal percentage, 50%, was spent on food purchases. Another area where a large proportion of money was

spent was on school expenses, as an average of 20% of remittances were used for this purpose. Respondents indicated that an average of 7.07% of monies received was eventually saved.

Remittances were also used to cover utility bills such as electricity expenses which accounted for the largest utility expense. An average of 5.4% of remittances was spent on electricity bills compared to averages of 2.4% for water and 1.9% for communication (phone cards). Spending on household items, personal care products and hire purchase loans were minimal as all returned averages of less than 1%. For respondents who paid rent/mortgage, an average of 3.8% of remittances were used to cover these expenses (Table 1.22).

Health Status

Incidence of Ailments among Survey Sample

Approximately 35% of the respondents indicated that they suffered from health conditions, while 65% reported that they did not suffer from any ailments. Of the 35% who reported ailments, the majority cited hypertension (16%) and diabetes (9.3%). Other illnesses that made up the top five reported medical conditions were: arthritis

(7.7%), poor circulation of blood (4.9%) and Asthma (5.7%). Illnesses such as psychotic conditions (which returned the lowest distribution at 0.2%), prostate problems, cataract, stroke, HIV/AIDS, kidney problems and cancer each accounted for less than 1% of the distribution of ailments among participants (Table 1.23).

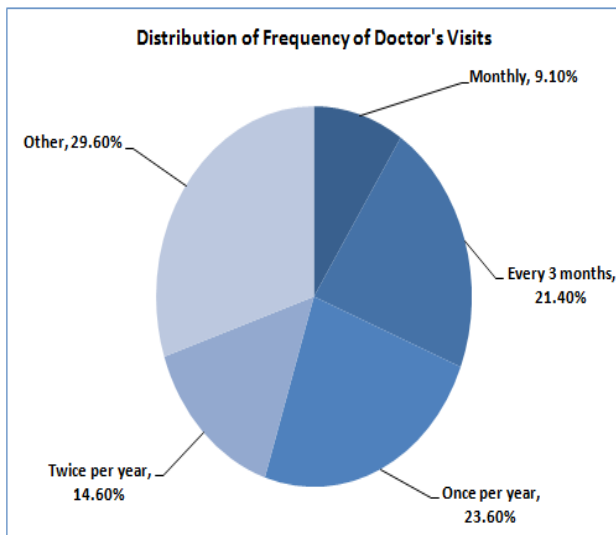
1.23 Table: Distribution of Ailments

| Ailment | Incidence (%) |
|-----------------------------|----------------------|
| Poor Circulation | 4.9 |
| Arthritis | 7.7 |
| Asthma | 5.7 |
| Cancer | 0.4 |
| Kidney Problems | 0.5 |
| HIV/AIDS | 0.5 |
| High Cholesterol | 3.3 |
| Diabetes | 9.3 |
| Heart Disease | 1.7 |
| Stroke | 0.6 |
| Cataract | 0.9 |
| Glaucoma | 1.5 |
| Hypertension | 16 |
| Prostate Problems | 0.4 |
| Psychotic Conditions | 0.2 |

Frequency of Doctor's Visits

The frequency of doctor's visits by respondents varied with a number of participants (23.6%) stating that they only visited the doctor once per year. Approximately 21.4% said that they visited the doctor every 3 months and 14.6% said that they did so twice per year. The majority (29.6%) cited 'other' as a response to the question: 'how often do you visit the doctor'. Contained within the 'other' category are the following persons who have never visited the doctor in their life time; only went to the doctor when they were ill; or by appointment (Table 1.24).

1.24 Distribution of Frequency of Doctor's Visits



Cost Incurred for Medical Purposes

Costs incurred for medical purposes differed based on the direct costs for doctor's visits, as well as transportation and pharmaceutical expenses. Of all the expenses associated with medical care on a monthly basis, medication expenditure is the largest with 56% of respondents reporting that they spent in excess of \$1000. As it relates to the costs incurred for doctor's visits, most respondents (19.46%) said that they spent between \$1400 and \$1600. A small number of respondents said that they spent upwards of \$1600 for doctors visits. The 'other' category in the table above which accounts for 35.34% of the distribution includes those persons who access government health facilities and therefore pay no user fees, persons who use private health insurance and persons who reported other monies with the highest reported value being \$4000 per doctor's visit. In relation to transportation costs, 56% of the respondents highlighted that they spent \$100-\$300 per month for medical purposes. In the 'other' category for this variable, it included persons who walk to the doctor and those who have their own vehicles. See below breakdown of data concerning

transportation and medication expenses (see **Table 1.25**).

The 'other' category which was selected by 23.92% of respondents contains the following breakdown: spent \$3000 on medication per month, spent between \$4000 and \$12,000 per month on medication,

spent \$20,000 and more per month on medication, accessed medication from state pharmacies and other state-owned facilities and never bought medication or used private health insurance cards.

1.25 Table: Distribution of Cost incurred for Transportation and Medication for Medical-Related Visits

| Cost Incurred | Transportation (% Distribution) | Medication (% Distribution) |
|----------------------|--|------------------------------------|
| 100-300 | 56.08 | 6.24 |
| 400-600 | 28.04 | 6.98 |
| 700-900 | 5.49 | 6.54 |
| 1000 PLUS | 4.30 | 56.32 |
| Other | 6.08 | 23.92 |

Awareness and Usage of Social Assistance Programmes

Awareness of Social Assistance Programmes

Within the last decade, the Government of Jamaica has embarked on a series of social assistance programmes, intended to reach the poorest and most under-served in the country. The target areas are primarily inner-city precincts and rural communities where access to basic services is sometimes a challenge. There has been consistent and sometimes intense public education of these

programmes. As such it was predictable that respondents for the most part expressed awareness of the cited programmes. Approximately 4.8% of the respondents indicated that they were not aware of any of the social assistance programmes listed in **Table 1.26**. This means that the majority of respondents (95.2%) were aware of at least one of the programmes. Most persons (74.6%)

were aware of the Programme of Advancement through Health and Education (PATH) programme. Respondents were also aware of the National Health Fund (74.2%), NIS (70.1%) and HEART Trust (71.4%).

Only (32%) of respondents indicated an awareness of the Government of Jamaica Health Card. This could however be as a result of the fact that the programme was recently launched.

1.26 Table: Distribution of Awareness of Social Assistance Programmes

| Type of Social Assistance Programmes | Distribution of Awareness |
|--|---------------------------|
| National Health Fund (NHF) | 74.20% |
| Jamaica Drugs for the Elderly Programme (JADEP) | 53.50% |
| National Insurance Scheme (NIS) | 70.10% |
| Government of Jamaica Health Card | 32% |
| Programme of Advancement through Health and Education (PATH) | 74.60% |
| National Youth Service (NYS) | 55.70% |
| HEART Trust | 71.40% |
| Not aware of any | 4.80% |

Usage of Social Assistance Programmes

Despite the high level of awareness of social assistance programmes, usage of the services was low. Less than 15% of all respondents reported using all the social assistance programmes. The highest distribution (11.9%) of the usage of the programmes was recorded for the National Health Fund. Approximately 6.8% of participants reported that they were beneficiaries of JADEP. This may be due to the fact that only 16.3% of the population surveyed were

persons sixty years and over. As it relates to JADEP and the NHF, respondents were asked if they suffered from illnesses that were not covered by these government-run health schemes and 4.5% reported 'yes' while 95.5% reported 'no'. Some of the illnesses that were listed by these participants included: Depression, Endometriosis, Epilepsy, Fibroid, Gastroenteritis, Hernia, Sickle Cell, Sinus, Slip Disc, Spinal Problem and Thyroid Problems.

Approximately 10.5% of survey participants reported being beneficiaries of PATH. Predictably, the lowest reported distribution of usage was recorded for the Government of Jamaica Health Card (1.9%). This is possibly linked to the low awareness of this government benefit.

While, respondents were not asked the reason for their low usage of social assistance programmes, it begs for (further) analysis. Bearing in mind that the study was conducted in three inner-city urban communities the reasons may possibly be varied, and complex. The issues could range from political intimidation since the programmes are government administered; to (perceived) stigma attached to

accessing "aid"; and a possible misunderstanding of how the programmes work. Government may need to extend its public education programme to ensure that target groups are not only aware, but are adequately engaged and understand how the programmes work. The government will also have to focus on how it markets the services under individual schemes to ensure that the services reach the groups most in need. This will become important for vulnerable groups such as multi-generational households which can clearly benefit from the social assistance programmes (Table 1.27).

1.27 Table: Distribution of Usage of Social Assistance Programmes

| Type of Social Assistance Programmes | Distribution of Usage |
|---|-----------------------|
| National Health Fund | 11.90% |
| Jamaica Drugs for the Elderly Programme | 6.80% |
| National Insurance Scheme | 3.20% |
| Government of Jamaica Health Card | 1.20% |
| Programme of Advancement through Health and Education | 10.50% |
| National Youth Service | 1.90% |
| HEART Trust | 4.20% |

Disaster Preparedness

Small Island Developing States (SIDS) face extreme social, economic and environmental vulnerabilities, (Witter, Briguglio and Bhuglah, 2000) when compared to their developing and developed country. The challenge is especially daunting because the vulnerabilities are often inter-connected creating a domino effect that transcends almost all areas of national life. Jamaica is open to consistent threats of natural disasters, primarily hurricanes which often result in loss of life and extreme infrastructural damage. Monies must be re-allocated or borrowed to cover damage created by disasters. This presents a harsh economic reality at the macro level, but an even harsher truth at the micro level, as householders must readily manage the wide-ranging effects of natural disasters including displacement, and infrastructural damage. There is evidence in the literature to show that the negative effects of natural disasters on households have been a push factor of migration. The data presented here therefore should be carefully considered within the context of long term development planning and proactive management strategies in natural disasters and mitigation procedures.

While 48.4% of the respondents said that they have never been affected by any type of disasters, there were others whose lives have been negatively impacted. An overwhelming 45.9% have been affected by hurricanes and less than 5% were affected by flooding and fires in each case. The impact of earthquakes returned the lowest measurement, as only 0.4% of respondents reported that they were never affected by this type of natural disaster.

Structural damage including damage to houses and property appear to be the greatest impact identified by respondents. This is supported by the fact that 48.19% of the participants reported that they lost their roofs due to hurricanes, 30.31% reported general damages to roofs, furniture and parts of houses and 11.14% of the respondents lost their houses to disasters. A small number (0.78%) reported being hurt in a natural disaster or experiencing the death of a family member due to disasters. Respondents identified least impact concerning damage to livestock (0.26%) and emotional and psychological trauma (0.26%) (Table 1.28).

1.28 Table: Distribution of Type of Damages resulting from Disasters

| Type of Damage | Distribution |
|--|--------------|
| Destruction of business place and equipment | 0.52% |
| Children or other family member were killed, hurt | 0.78% |
| Damage to roof, furniture and other parts of house | 30.31% |
| Destruction of landscape on property (trees, plants) | 1.81% |
| Flooding of house and property | 6.74% |
| Lost house | 11.14% |
| Lost livestock | 0.26% |
| Lost roof | 48.19% |
| Psychological and emotional trauma | 0.26% |

Respondents (78.7%) were concerned that they received minimal support during times of disaster. 4.87 % of respondents credited local government officials for giving support to residents in the form of cash or building material. Some 3.59% of the respondents indicated that they received support but did not specify the source. Approximately 3.08% of family members living in Jamaica and overseas offered assistance to respondents in order to cushion the effects of disasters. 2.82 % of respondents cited their reliance on faith in restarting their lives following a devastating natural

disaster. Approximately 1.8% of the respondents indicated they received building material from hurricane relief funds or from community members. Less than 1% of the respondents received support in each case from government agencies and partners such as the Jamaica Social Investment Fund, the National Housing Trust, their landlords and community-based organizations (Table 1.29).

1.29 Table: Distribution of Support Received to Assist with the Effects of Disasters

| Type of Support | Distribution |
|--|---------------------|
| Community Based Organization - received building material | 0.51% |
| Received a house | 0.51% |
| Received support from the landlord who did general repairs to the property | 0.26% |
| Received support from the National Housing Trust | 0.51% |
| Received no support | 78.72% |
| Received support from Jesus | 2.82% |
| Received \$10,000 from Jamaica Social Investment Fund (JSIF) | 0.77% |
| Received assistance from member of parliament | 4.87% |
| Received money and building material from hurricane relief fund | 1.79% |
| Received support from charitable organizations (incl. churches and other agencies) | 0.77% |
| Received support from family members only (local or overseas) | 3.08% |
| Received support from neighbours in the community & family members | 1.79% |
| Received support from UNSPECIFIED source | 3.59% |

The findings surrounding the impact of natural disasters on households suggests that public education may become necessary to shift the mind set of individuals (particularly within vulnerable communities where infrastructure is already “inadequate”) regarding the potential damage that can be brought to bear on families. Multi-generational households are most

likely to experience the immediate and devastating domino effects of natural disasters (Table 1.30).

1.30 Table: Distribution of Type of Preparations made for Disasters

| Type of Preparation Made | Distribution |
|---|--------------|
| Prepares when able to afford to do so | 0.65% |
| Evacuate the house | 0.91% |
| Makes no preparation | 13.32% |
| Makes very little preparation – UNSPECIFIED | 1.31% |
| Store food and water only | 19.19% |
| Store the following: food, water, flashlight, batteries, lamp, candles, kerosene oil, charge mobile phone batteries, additional medication, first aid kits; prune hanging trees, listen to updates on the news, pray to God and secure the following: windows, doors, roof and important documents. | 64.62% |

Support Network

1.31. Table: Distribution of Support Network utilized by Survey Participants

| Type of Support Network | Distribution |
|---|--------------|
| Friends | 31.30% |
| Family Members | 70.70% |
| Church | 17.50% |
| Member of Parliament | 1.80% |
| Councillor | 1.60% |
| Community Group | 1.10% |
| Social Worker | 0.40% |
| School Principal | 0.60% |
| Teacher | 1.70% |
| Guidance Counselor | 1.60% |
| Distribution of respondents who turn to no social network but deal with problem by themselves | 15.90% |

The respondents indicated multiple sources from which they sought assistance whenever they were faced with problems. 70.7% of the respondents confirmed support from family members; 31.3 % sought help from friends; 17.5% looked to the church for assistance; and

15.9% indicated that they dealt with their problems on their own and in their own way. Less than 2% of the respondents indicated that they had access to the following support networks: MPs, councillors, community groups, social workers, teachers, guidance counselors and school principals (Table 1.31).

Security

The communities that participated in the migration study are located in vulnerable inner-city areas that are affected by crime and violence. An examination of the issue of safety was therefore imperative, bearing in mind the possible impacts on every facet of daily life. 31.6% of the respondents reported that they felt safe in their community at all times; 44.1% indicated that they felt safe in their communities most of the times; and 12.2% reported not feeling safe in their community at all (Table 1.32).

1.32 Table: Distribution of Responses to the Question: "When do you feel safest in your community?"

| Categories | Distribution |
|------------------|--------------|
| Daytime | 11.40% |
| Night Time | 7% |
| Most of the Time | 44.10% |
| At All Times | 31.60% |
| None at All | 12.20% |

1.33 Table: Distribution of means of safeguarding families against violence

| Categories | Distribution |
|---------------------|--------------|
| Stay Indoors | 82.70% |
| Pray | 47.50% |
| Leave the community | 13.60% |
| Hide under the bed | 15.60% |

In terms of safe-guarding their families against outbreak of violence in the communities, most

respondents ensured that their families stayed in-doors. 47.5% of respondents said that they relied on prayer to ensure that their families were safe and 13.6% evacuated their communities during violent outbreaks (Table 1.33).

Policy and Programmatic Implications

Summary of Main Findings

The findings of the current study reflect to a large extent data emerging from previous research undertaken in Jamaica and the Caribbean. Although the sample size of the research was small having been carried out in three inner-city urban communities, the plethora of themes is arguably identifiable across many communities. For example, issues such as emotional well-being of family members, and behavioural challenges amongst children are often not tailored to a particular socio-economic background, but instead transcend all backgrounds. Importantly, the study does not seek to prove causation or direct correlation between migration and the variables used in the research. Instead, it was aimed at describing the trends specifically in relation to thematic areas for the purposes of the overall project. The following were cited as main findings:

- More than half (52.3%) of all departed family members migrated to the United States of America.
- Majority of the persons who migrated were between the ages of 30 and 39 years (27.3%).
- 74% of surveyed households had at least one child living in the home who has a parent living abroad.
- 60 % of respondents reported that 1 to 4 household members attend preparatory/ primary school. These schools (prep/ primary) include children ranging from ages 6 to 12 years.
- 56% of the respondents reported that care and supervision of children were handed down to older siblings by migrants. The remaining 44% reported that children received care and supervision from other family members, including older persons and family friends.
- Research into the “barrel children” concept was mirrored in the study based on the behavioural patterns which were reported following migration of a parent/s. The behavioural changes ranged from a fall in children’s school attendance, performance, their relationship to others, their emotional state and eating patterns.
- The receipt of remittance from abroad by respondents is

expended in a variety of ways. Most participants reported spending an average of 40.2% of remittances on food items. This is supported by the fact that the most popular percentage (modal percentage), 50%, was spent on food purchases. Another area where a large proportion of money was spent was on school expenses as an average of 20%

of remittances was used for this purpose.

- There is a heavy reliance on family members as a support network as 70.70% of the respondents reported that they would go to their families for help if they had a problem. Access to friends and the church also accounted for reported support networks.

Discussion/Recommendations

Preparation Programmes by Parents Prior to Departure.

The data revealed that the majority of departed family members fell within the 15-49 age groups. This particular age group is demographically defined as economically (or productively) active in countries across the world; and as such should have positive implications on the quality of life of families left behind. Bearing in mind that persons migrated to seek a better life, as well as employment opportunities it could be inferred that migrated members would be committed to sharing the “fruits” of their labour. Conversely, the same age group account for a large proportion of migrants who have parenting responsibilities which are not being fulfilled because of their quest to pursue “greener pastures”.

As reflected in similar studies absentee parenting resulted in a weakening of the family structure especially the fact that in most cases there were no preparations made for the families who were left behind.

There is not likely to be a down-turn in migration movements in the near future. However, positive results can be realized from migration with better and sustained preparation programmes by parents prior to their departure. Public education and counseling services may be necessary to help (potential) migrants, and their families adequately prepare for the transition that could take place. The social and economic well-being of

both migrant and family members left behind would be significantly improved. Older people would feel less pressure, allowing for healthier physical and emotional state of mind. While there is no evidence to

suggest that behavioural concerns among children/adolescents would be eliminated if this approach were taken, it is clear that certain tendencies would be curbed.

Facilitating Career Guidance and Skills Training Workshops in Inner-city Communities to Generate Self-Employment.

The main reasons for migration according to the study was to seek a better life (21.6 % males and 27.5 % females), and the need for employment (16.8% males and 18.5 % females). This draws attention to the rate of unemployment in Jamaica, which stood at 11 % in 2009. This points to the need for labour market programmes and economic opportunities for persons in these communities. Skills training which promote labour market opportunities including entrepreneurship are critical to increasing employment opportunities.

The research was conducted in three inner-city urban communities in Jamaica's capital city Kingston. The communities are located in and around downtown Kingston, an area which is currently being positioned for cultural heritage renewal and development. A vital part of the transformation of the downtown

area calls for extensive restoration initiatives of historic structures and sites, as well as tapping into and developing the intangible cultural and human capital within inner-city communities. Rose Town, one of the study sites, is home to Jamaican Vernacular houses, many of which are in need of restoration. A number of stakeholders have been working in the community since 2009 to help re-develop the area, promote the architectural value of the family dwellings within the community, as well as undertake a skills training programme for residents. It may be instructive to develop a cultural heritage (tourism) programme for Rose Town and other inner-city areas such as Trench Town and Rae Town with distinctive tangible and intangible heritage experiences. The effort should begin with a skills training component which may be modeled from the Falmouth Heritage Renewal programme headed by Dr. James Parrent in Falmouth, Trelawny. Such an

initiative is timely and relevant within the context of the Vision 2030 National Development Plan which cites culture and heritage, and community development as key variables intended to help guide Jamaica to developed country status.

The training programme should be structured to allow for the widest cross section of participation; as well as beneficiaries. Older people, who are often the culture bearers in cultural/indigenous communities, are strategically positioned to benefit under such heritage (tourism) initiatives. Once able-bodied and willing to participate, they should be exposed to at least basic training. It would also be instructive to use older people as “consultants” in the exchange of cultural knowledge and skills needed to develop and sustain community-based heritage (tourism)

programmes. Unattached youth, as well as unemployed (but employable) young people within multi-generational households should be encouraged to participate in such initiatives.

These recommendations are therefore made within the context of global trends taking place in the cultural heritage industry. In order for Jamaica to compete with its regional counterparts, as well as maintain and strengthen its position on the world stage, it will have to make full use of its cultural and human capital. As such, individuals within the multi-generational household (regardless of age or sex) must position themselves to contribute to the development of their homes, local communities and the long term sustainable development of the national economy.

Use of Social Assistance Programmes

The majority of individuals surveyed were aware of social assistance programmes: PATH, JADEP, NHF, and Heart Trust NTA. The Government of Jamaica Health Card was the least popular social assistance programme, which could be due in part to the fact that it was

only introduced in September 2009. Usage of these programmes was considerably low among interview participants. 35% of persons surveyed reported that they suffered from illnesses covered by JADEP and NHF; however, less than half these persons access NHF and

JADEP benefits. The use of the Government of Jamaica's social assistance programme can decrease household expenditure on medical expenses and reallocate this saving to other areas of need. Given the low usage of social assistance programmes among the target group, there is need to remove several barriers to access. These barriers of access include: high transportation cost to register and access benefits as well as the need for supporting documentation such as a birth certificate to obtain the Tax Registration Number to register for the different programmes. Of particular importance is the need for the revision in the Beneficiary Identification System, which is the Government system for means testing and is used to determine which community members are in need of the programme/service. The system is viewed as not always accurate in identifying the most

vulnerable persons in need of care and assistance, leading to errors of exclusion related to indicators used in the proxy means-testing for PATHⁱ.

As suggested earlier in the report, the overall public education programme surrounding the social assistance programmes may need to be strengthened and sustained. It is likely that the current public education campaigns are not effective in conveying key messages such as how the programme works, and who should be benefiting under the programme. An effective public education programme should also address issues such as possible political intimidation channelled towards those who chose to access a government-controlled programme, and the (perceived) stigma of people accessing "aid" to help improve their lives.

Disaster Preparedness & Response Assistance.

The housing stock that exists in these communities makes them vulnerable to the effects of disasters (natural and man-made). This is reflected in the number of persons who said that they have been affected by natural disasters in the past (almost half the survey participants). They however

bemoaned the fact that very little assistance was received to help them manage the effects of these disasters; with the majority reporting that they received no help. Given the vulnerability of these households to the effects of disasters it is important that residents are assisted with

retrofitting their houses to ensure that the house is able to withstand a category three (III) hurricane.

As a short to medium term measure, government's public education programmes must be positioned to complement the efforts of social groups such as schools, churches, service clubs and community organisations, in sharing information about the interconnectedness of the vulnerabilities facing Small Island Developing States (SIDS). This may mean equipping personnel within each social group with the relevant data, and basic understanding of the tenets of social, economic and environmental vulnerabilities in SIDS.

Where feasible, experts should be used to demonstrate the domino effects of natural disasters on national and local economies. This recommendation should help multi-generational households to become more responsible in their outlook, and re-assess their approach to migration planning. For example, if householders are not able to undertake extensive repairs to their homes, or acquire new and stable houses, forthcoming remittances should be set aside to rehabilitate homes, as well as provide/create an "incidentals" or miscellaneous budget for those left behind to contend with infrastructural damages or displacement challenges.

Conclusion

The above recommendations are made with the acknowledgement that no one proposal will bring about the desired results of the project. It is assumed therefore that in the medium to long term, the recommendations will be implemented as a single framework (with defined components) surrounding migration and its impact on multi-generational households. Admittedly, the key findings were forecasted, and allowed for the implementation of some recommended activities. It is the results do not assume that certain findings are only true for these communities. The focus should however be on those findings which reflect the extreme social, economic and environmental vulnerabilities that these communities face. These are vulnerabilities which are not likely to figure prominently in the daily socio-economic existence of more affluent or lower to middle class communities in both rural and urban Jamaica. The study therefore provides us with the opportunity to better understand the choices made in these communities, and in this case the reasons family members

hoped that these initiatives which are underway as part of the wider project, will be used as models for development, and help direct, and or strengthen such a policy framework.

The relevance of the research is indisputable. While the research sample size was limited, the focus on inner-city urban communities has only served to widen our understanding of the diverse, often complex issues that impact daily life in these areas. As suggested earlier, migrate and the impact this has on multi-generational households.

Importantly, the research is cast within the framework of an inspiring long term vision for Jamaica. If Jamaica is to become the place of choice to live, work, raise families and do business (PIOJ, 2009), then every aspect of the country's development plan including research activity, must be carried out in keeping with the aims and objectives intended to guide the country to developed country status by 2030. The study reflects that commitment, and every effort should be made to replicate where feasible under the programme.

Annex 1: Survey Questionnaire



11 ½ Swallowfield Road
Kingston 5, Jamaica W.I.

74 Spanish Town Road
Kingston 13, Jamaica W.I.

This survey is commissioned by HelpAge International in partnership with Hope for Children Development Company Ltd. to determine the linkages (positive and negative) between migration and development in Jamaica. We would be grateful also if you could share any additional information and or recommendation which you may consider helpful.

Please note: All the information received will be kept strictly confidential and will be used **ONLY** for the purpose of this research project. Thanks in advance for your kind cooperation.

Migration Baseline Research

Instructions: Tick all the boxes or columns which reflect your response(s).

1. Has any member of this household gone to live, study or work overseas?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

2. If yes, over what period did they migrate?

| | |
|---|--|
| <input type="checkbox"/> 1 month – 11 months | <input type="checkbox"/> 61 months – 84 months (5+ - 7 yrs) |
| <input type="checkbox"/> 12 months – 36 months (1 - 3 yrs) | <input type="checkbox"/> 85 months – 108 months (7+ - 9 yrs) |
| <input type="checkbox"/> 37 months – 60 months (3+ - 5 yrs) | <input type="checkbox"/> 109 + months (9+ - 10+ yrs) |
| | Other _____ |

3. If yes, how many person(s) have migrated?

| | |
|----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 4+ |

4. Identify the age, relation to current head of household, number of persons and gender of the household member at the time of migration (approximate ages are acceptable).

| Age at time of migration | Relation to current head of household | # of Persons | Male | Female |
|--------------------------|---------------------------------------|--------------|------|--------|
| <15 | | | | |
| 15-19 | | | | |
| 20-24 | | | | |
| 25-29 | | | | |
| 30-39 | | | | |
| 40-49 | | | | |
| 50-59 | | | | |

| | | | | |
|------|--|--|--|--|
| 60 + | | | | |
|------|--|--|--|--|

5. What is (are) the destination country(ies) of these persons?

- USA UK
 Canada Other
 Cayman Islands _____

| Main Reasons for Migration of Family Members | Male | Female |
|---|------|--------|
| To further education | | |
| Family (to be with other members of the family) | | |
| Violence/insecurity | | |
| To seek employment | | |
| To access health care | | |
| Marry foreigner | | |
| To seek a better life | | |
| Don't know | | |
| Other | | |

6. Select one or more of the following reasons for the migration of your family member(s).

7. At what point were you and/or any other member of the family made aware of these migration plans?

If answer to # 7 is no, go to #10

8. Which family member(s) was/were aware of the migration plans of this person?

- Parent(s) In-laws Other
 Spouse Grandparent _____
 Children Aunt/Uncle

9. What kind of preparation (if any) was made prior to your family member departing (individually and for the family being left behind).

10. Are there members of your family being filed for currently?

- Yes No

If answer to # 10 is no, go to #13

11. Which members of the family are being filed for?

12. What year was the application made?

13. Indicate the number of family members in school?

Infant/Basic _____

Tertiary _____

Preparatory/Primary _____

Not attending school _____

High/Secondary _____

14. Have you ever received complaints from your family member(s) about difficulty settling into their new country?

Yes

No

If answer to # 14 is no, go to #16

15. If yes, what kind of difficulties have they complained about?

Family Relations

16. How many children who have parents living abroad are living in this house? (Respond by age and gender)

| Households caring for children whose parents have migrated | Age(s) | Boy(s) | Girl(s) |
|--|--------|--------|---------|
| 0 children | | | |
| 1 child | | | |
| 2 children | | | |
| 3 + children | | | |

If answer to # 16 is 0 children, go to #22

17. How long have this child/these children been living here? _____

18. Do the older children take responsibility for the younger ones?

Yes

No

Not Applicable

19. Who is the person who has the day to day responsibility for taking care of this child/these children?

20. Have there been any changes in any of the following areas in these children since the migration of their parent(s)?

a) Attendance at school

| | |
|--|--|
| Girl (s) _____ Age(s) _____ | Boy (s) _____ Age(s) _____ |
| <input type="checkbox"/> Improved | <input type="checkbox"/> Improved |
| <input type="checkbox"/> Remain the same | <input type="checkbox"/> Remain the same |
| <input type="checkbox"/> Decline in attendance | <input type="checkbox"/> Decline in attendance |
| <input type="checkbox"/> Stop attending | <input type="checkbox"/> Stop attending |

b)

c)

d)

e) Performance in school

| | |
|--|--|
| Girl (s) _____ Age(s) _____ | Boy(s) _____ Age(s) _____ |
| <input type="checkbox"/> Improved <input type="checkbox"/> Remain the same <input type="checkbox"/> Become worse | <input type="checkbox"/> Improved <input type="checkbox"/> Remain the same <input type="checkbox"/> Become worse |

f) Relating to Others

| | |
|--|--|
| Girl (s) _____ Age(s) _____ | Boy (s) _____ Age(s) _____ |
| <input type="checkbox"/> Seek more attention from other people <input type="checkbox"/> Remain the same <input type="checkbox"/> More withdrawn <input type="checkbox"/> Rebellious | <input type="checkbox"/> Seek more attention from other people <input type="checkbox"/> Remain the same <input type="checkbox"/> More withdrawn <input type="checkbox"/> Rebellious |

g) Happiness

| | |
|---|---|
| Girl (s) _____ Age(s) _____ | Boy(s) _____ Age(s) _____ |
| <input type="checkbox"/> Happier <input type="checkbox"/> Remain the same <input type="checkbox"/> Unhappy <input type="checkbox"/> Cries a lot <input type="checkbox"/> Moody <input type="checkbox"/> Lacks confidence | <input type="checkbox"/> Happier <input type="checkbox"/> Remain the same <input type="checkbox"/> Unhappy <input type="checkbox"/> Cries a lot <input type="checkbox"/> Moody <input type="checkbox"/> Lacks confidence |

h) Eating Patterns

| | |
|--|--|
| Girl (s) _____ Age(s) _____ | Boy(s) _____ Age(s) _____ |
| <input type="checkbox"/> Eats more <input type="checkbox"/> Remain the same <input type="checkbox"/> Eats less. <input type="checkbox"/> Sometimes nothing at all | <input type="checkbox"/> Eats more <input type="checkbox"/> Remain the same <input type="checkbox"/> Eats less. <input type="checkbox"/> Sometimes nothing at all |

21. What other problems, if any, do you experience with the child/children in this family?

- | | |
|--|---|
| <input type="checkbox"/> Teenage pregnancy | <input type="checkbox"/> Involvement in gangs |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Unruly/violent behaviours/aggression |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Other _____ |

Economic and Social Well-being of the Family (Use of Remittances, Social Assistance Programmes)

22. What is/are your main source(s) of income?

- Children
 At home
 Abroad
 Grand Children
 At home
 Abroad
 Employment
- Siblings/Other Family Members
 Government Benefits
 Friends/community
 Money from overseas
- Rental of property to tenants
 Self employed
 Other _____

23. What type of skill(s) do adults in your household possess?

- Sewing
 Mason
 Carpentry
 Photography
- Videography
 Hairdressing
 Computer
 Furniture maker
- Barbering
 Vending
 Other _____

24. What is the employment status of the other members of this household over the age of 18 years old?

| | Currently Employed | | Worked in the last 12 months | | Did not work in the last 12 months | |
|--------------|--------------------|--------|------------------------------|--------|------------------------------------|--------|
| | Male | Female | Male | Female | Male | Female |
| # of persons | | | | | | |

25. For those members of the household who are employed, indicate the type of employer and form of earning, (where earning include: cash, in kind or no payment) **indicate the number of persons**).

| | Self employed | Private Sector (including individuals) | Government employee |
|------------|---------------|--|---------------------|
| Cash | | | |
| In kind | | | |
| No payment | | | |

26. What kind of support (if any) do you receive from your family members who are living abroad?

| Type of Support | Receiving | Frequency |
|-----------------------------------|-----------|-----------|
| Money/remittances | | |
| Food | | |
| Clothes | | |
| Household furniture and equipment | | |
| None | | |
| Other _____ | | |

27. If you are receiving money from overseas, what do you normally spend it on?

| Type of Expenses/Investments | Allocation (%) | Type of Expenses/Investments | Allocation (%) |
|---|----------------|---|----------------|
| Food | | Saving | |
| Utility bills: o Water o Electricity o Phone cards | | Beauty products and services (manicure, pedicure, facial, new hairdo etc.) | |
| Doctor bill | | Clothes | |
| Medication | | Transportation | |
| Entertainment /partying | | Rent/Mortgage | |
| School expenses | | Loan/Hire Purchase | |
| Household items: o TV o Fridge o Stove o Bed o Living room set | | Other _____ | |

Health Status

28. Do you suffer from any health conditions?

Yes

No

If answer to # 28 is no, go to # 30

29. If yes, identify the ailment(s) among the following:

- Poor Circulation
- Arthritis
- Asthma
- Cancer
- Kidney problems
- HIV/AIDS
- High Cholesterol
- Diabetes (Sugar)
- Heart Disease

- Stroke
- Cataract
- Glaucoma
- Hypertension (High Blood Pressure)
- Prostate Problems
- Psychotic Conditions (mental illness)
- Other _____

30. How often do you visit the doctor?

Monthly

Twice per year

Every three months

Other _____

Once per year

31. What are the costs incurred in accessing treatment on a monthly basis?

Doctor's visit

- \$800 - \$1,000
- \$1,100 - \$1,300
- \$1,400 - \$1,600
- \$1,600 +
Other _____

Transportation

- \$100 - \$300
- \$400 - \$600
- \$700 - \$900
- \$1,000 +
Other _____

Medication

- \$100 - \$300
- \$400 - \$600
- \$700 - \$900
- \$1,000 +
Other _____

32. Which of the following programmes are you aware of?

- National Health Fund (NHF)
- Jamaica Drugs for the Elderly Programme (JADEP)
- National Insurance Scheme (NIS)
- Government of Jamaica Health Card
- Programme of Advancement Through Health and Education (PATH)
- National Youth Service (NYS)
- HEART Trust
- None _____

33. Which of the following are you currently a beneficiary of?

| | YES | NO |
|-----------------------------------|-----|----|
| PATH | | |
| NHF | | |
| JADEP | | |
| NIS | | |
| HEART | | |
| NYS | | |
| Government of Jamaica Health Card | | |

34. Are you suffering from illnesses which are not covered by NHF or JADEP?

- Yes
- No

If answer to # 34 is no, go to # 36

35. If yes, which illness(es)? _____

36. From what source(s) do you get news and other types of information?

- Radio
- TV
- Newspaper
- Internet
- Library
- Community Meetings
- Church
- Neighbours
- Family members
- Other _____

37. Do you have access to the following

- Water (pipe borne)
- Electricity
- Good Roads
- Proper Garbage Disposal
- Kitchen
(inside kitchen
 outdoor kitchen)
- Toilet Facilities
(inside toilet
 outdoor toilet
 none)

Disaster Preparedness

38. Have you ever been affected by any of the following disasters?

Hurricanes

Fire

Other _____

Flooding

Earthquake

None

If answer to # 38 is none, go to # 41

39. How have you been affected?

40. What kind of help/support have you received?

41. How do you prepare for a disaster (hurricanes, floods etc.)?

Support Networks

42. If you had a problem, who would you go to for help?

Friends

Councilor

Guidance Counsellor

Family members

Community Group

Other _____

Church/Pastor/Priest

Social Worker

No one. I'd deal with the problem on my own

Member of Parliament

School Principal

Teacher

Security

43. When do you feel safest in your community?

Daytime

Most of the time

None at all

Night time

At all times

44. If there is an outbreak of violence/gun fire, what would you tell your family to do?

Stay indoors

Leave the community and seek safer lodging

Hide under the bed

Pray

Other _____

Basics – Demographics

45. Gender:

- M F

46. Age :

- 20 – 29 40 – 49 60-69 80+
 30 – 39 50- 59 70-79

47. What is your marital status?

- Married Widowed Divorced
 Single Visiting relationship Common Law
 Separated

48. How many persons are living in this household? _____

49. With whom do you live?

- Children only Children, grandchildren and spouse Niece
 Grandchildren only Children and spouse Nephew
 Spouse only Grandchildren and spouse Alone
 Children and grandchildren Parents Other Family Member
 Cousin Other _____
 Family Friend

50. How many rooms are in the house you live in?

- Living room Bedroom Bathroom
 Kitchen _____ (number) Toilet

51. Do you own the house in which you live?

- Yes No

If answer to # 51 is yes, you have completed the questionnaire, if answer is no, go to #52

52. Do you:

- Pay mortgage Squat on /capture the land
 Pay rent None of the above
 Lease the land Other _____
 Live on family - owned land

Thanks for having completed this questionnaire.

ⁱ HelpAge International. End of Project Evaluation Report – Older Citizens Monitoring Project. Kingston. May 2010.