

EuropeAid Project: DCI-MIGR/210/229-604

**The Effects of Migration in Moldova and Georgia
on Children and Elderly Left Behind**

Country Report: Moldova

Draft – comments welcome

Matthias Luecke
(matthias.luecke@ifw-kiel.de)

Tobias Stoehr
(tobias.stoehr@ifw-kiel.de)

The Kiel Institute for the World Economy:
www.ifw-kiel.de

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Executive Summary

This report relates the findings of a large, nationally representative household survey in Moldova on the impact of labor migration on the well-being of children and elderly individuals left behind. This survey is part of EuropeAid project DCI-MIGR/210/229-604: The Effects of Migration in Moldova and Georgia on Children and Elderly Left Behind. In addition to the survey in Moldova, this project comprises similar research in Georgia.

The Moldovan survey covers nearly 4,000 households that include at least one child or elderly person. In addition to interviewing the household head (or another adult), we have conducted individual interviews with caregivers, children aged 11 years or older, and elderly individuals aged 60 years or older.

To analyze our survey data, we use multiple regression analysis to take into account that the welfare of children and elderly depends on a wide variety of factors in addition to (possibly) migration by family members. While this approach still does not always allow us to establish causality, strictly defined, between migration and welfare indicators, we can identify vulnerable groups – which is what matters most for possible policy interventions.

We find that child welfare, measured by education performance and indicators of health and emotional well-being, does not suffer when there is a migrant in the household. This is true even if, for example, the mother migrates and a grandparent becomes the caregiver. We conclude that parents take into account their children's wellbeing and the quality of alternative care-giving arrangement when they decide whether or not to migrate. Migrant parents are also frequently in contact with their families at home and thus present in their children's lives, even if their roles have changed.

Overall, boys perform much worse in terms of education than girls. This applies to both their Grade Point Average and enrollment over the age of 15. Boys over 15 from households with migrants in Eastern Europe are particularly likely to drop out of education. Education and vocational training opportunities that are tailored to enhance their job prospects may help to prevent an erosion of Moldova's human capital in the long run. By contrast, both boys and girls in households with migrants in Western Europe are more likely to be enrolled in education beyond the age of 15..

Elderly individuals who live in a household with an adult child are best-off emotionally and the most likely to receive needed help when they become too frail to live independently. Elderly with children in the same raion or elsewhere in Moldova are still better off than those with migrant children or no children at all. Being a caregiver has no significant impact on elderly wellbeing either way.

Most elderly in Moldova today can still expect to be able to live with an adult child when they become too frail to live independently. However, there will a growing number of elderly who have no adult children or whose children will be unwilling or unable to live with their parents and provide needed care. Policy interventions, including from civil society actors, may usefully strengthen social ties beyond the immediate family and enhance existing social services to ensure that all elderly individuals have access to health care and related services when needed. Diaspora policies may usefully help to strengthen migrants' commitment to their families and communities.

1 Introduction

There is considerable concern among the general public, academic observers, and the policy community that labor migration may negatively impact vulnerable individuals left behind in the country of origin. In Eastern Europe in general, and in Moldova in particular, most migrants go abroad on their own, leaving their spouses and children behind. While many migrants stay in contact with their family members, children may still lose the care, emotional support and guidance of one parent (Cheianu-Andrei et al., 2011; Salah, 2008; UNICEF, 2006). The impact of this loss on the child's emotional and physical well-being and her education may be larger than the beneficial effects of remittances, even in poor households, leaving the child worse-off overall.

Since 2010, the Government of Moldova has addressed the situation of children left behind through a variety of activities contained in the National Action Plan on Children Left Without Parental Care as a Result of Migration. Recently, government social workers in Moldova have begun to conduct a census of potentially vulnerable children in households with and without migrants to assess their needs and further develop mechanisms for referring children to bodies that provide appropriate support.

Potentially vulnerable individuals left behind by migrants include not only children but also many elderly in frail health who traditionally depend on their adult children for support with mobility and long-term care. Adult children abroad may send remittances that enable elderly recipients to purchase needed food and medical services. However, this may not be a full substitute for the level of support and care that many elderly individuals receive from their adult children who live close to them. At the same time, many grandparents have become primary caregivers for their grandchildren while their adult children work abroad – a role that may quickly overwhelm elderly caregivers (HelpAge International, 2008).

At present, there are no comprehensive studies that measure the impact of labor migration on children or elderly left behind in Moldova overall. Existing studies use qualitative research methods or small, selective samples. While they throw light on the situation of particularly vulnerable individuals, they permit no encompassing assessment. Our project complements existing efforts through a nationally representative survey of close to 4,000 households that generates rich information on the determinants of the wellbeing of children and elderly in Moldova. In addition, we identify vulnerable groups of children and elderly irrespective of whether there are migrants in their households. In our project, we also conduct qualitative research to explore in more detail the channels through which migration impacts vulnerable individuals. On this basis, we suggest several areas where policy interventions may be appropriate.

Methodologically, we take into account that all indicators of well-being may be affected by a large number of possible determinants. For example, a child's performance at school (measured by the grade point average: GPA) is typically better if her parents are more educated or richer, in addition to the possible effects of life events like a divorce, migration of a family member, or a new primary caregiver. Therefore, it would not be informative to simply compare the GPAs of children in households with migrants to those without migrants; any difference that we might find between these two groups might be related not to migration, but to other factors that are often correlated with the decision to migrate, such as higher income.

We distinguish the role of migration from other factors by using multiple regression analysis to assess how living in a household with migrants affects welfare indicators differentially. These correlations allow us to identify vulnerable groups based on easily observable household characteristics.

We need to bear in mind that our regression analysis does not allow us to investigate causality in a strict sense: First, a household's decision whether to send a migrant and whom to send probably depends on how this will affect the welfare of dependent household members. Many households probably decide against emigration because a dependent member cannot be taken care of adequately ("reverse causality").

Second, both the migration decision and the welfare indicator may depend on unobserved variables. For example, children from migrant households might perform better at school because these households set systematically more ambitious objectives for their children. At the same time, such higher aspirations are one reason why people migrate rather than content themselves with a lower income at home. Our regressions subsume the impact of unobserved variables such as aspirations with the impact of migration itself. However, while we cannot determine causality in a strict sense, we can still identify vulnerable groups based on observable characteristics – which is our main objective in this policy paper.

We start by describing the design of our survey and our sampling strategy (Section 2). We then review the socioeconomic characteristics of households in our sample, focusing on household composition and the role of extra income through remittances in households with migrants (Section 3). In Sections 4 and 5 we analyze the determinants of the welfare of children and elderly, respectively, In Section 6, we suggest for possible policy interventions.

2 Survey design

Our research is mostly based on a large quantitative household survey that we conducted specifically for this project. This database ("CELB-MDA") is supplemented by qualitative, in-depth interviews with individuals in a sub-sample of previously surveyed households.

Our household questionnaire consists of five parts. The first part covers all household members' basic socioeconomic characteristics as well as household income, expenditure, assets, and housing. For every current or former migrant, the destinations and durations of migration spells abroad since 1999 are included¹. Detailed information is collected on the migration experience of those who were abroad for at least three months in 2011.

Second, caregivers are interviewed about all children in the household, covering topics like health, schooling, migration, time allocation, parenting practices and child behavior. Children are defined as anyone 18 years or younger.

The third part of our questionnaire asks very similar questions of all children over ten years. Child-specific interviews were also conducted at the age of 19 in order to observe the transition into tertiary education. By asking the same questions of both adolescents and their caregivers, we not only obtain more reliable information, but we can also observe any structural differences in perception.

Fourth, our personal questionnaire for elderly individuals focusses on health and its determinants. We define as elderly anyone 60 years and older. Questions concern subjective health and well-being, physical health, mobility, and mental health, giving us a detailed understanding of a person's current status. Also, family ties inside and outside of the household, work history, time allocation, help received, support relationships with family, and outlook on life are covered.

¹ Current migrants are defined as those individuals that worked abroad for at least three months at a time in 2011. Return migrants are defined as individuals who have been away for at least three months at a time since 1999 but are not current migrants. In our quantitative research, we adjust the definition of migration status to the issue at hand.

The fifth part of our questionnaire consists of a test for children's mental capabilities and anthropometric measurements of height and weight. The anthropometric measurement was administered to all children and elderly who did not refuse.

In addition to the household interviews, interviews were conducted with officials in the sampling units. This was done at the village level in rural areas and at the city level in urban areas.

Sample

For the sampling we designated six groups of interest which are the possible combinations of the three household characteristics in the project title (migration, children, elderly):

1. Households with children, without elderly, without current migrants
2. Households with children, without elderly, with current migrants
3. Households with children, with elderly, without current migrants
4. Households with children, with elderly, with current migrants
5. Households without children, with elderly, without current migrants
6. Households without children, with elderly, with current migrants

A simple random sample was drawn from the Labor Force Survey (LFS) of the National Bureau of Statistics without replacement across raions and the six groups of interest. All raions apart from Rezina were included in our sample.

Field work began on September 27, 2011 with the first group of interviewers. Their experiences from the first few days of interviewing helped to improve the training of the remaining interviewers during the following two weeks. The survey continued until February 12, 2012. We conducted computer assisted personal interviews (CAPI) on inexpensive netbooks. This was an advantage over paper based interviews because it allowed close monitoring of data quality and survey progress during the implementation phase.

The final sample size is 3,568 households with a total of 12,333 individuals. The overall refusal rate at the household level was 9.9 percent of the original sample. Within the households covered, we reached very high response rates of 92.7 percent for caregiver interviews, 89.7 percent for elderly interviews, and 57.7 percent for child interviews (who were often at school). Since the sample is based on the LFS, children and elderly living in institutions were not covered. Some elderly with bad health could not be interviewed precisely because of their condition. However, we have no reason to believe that these limitations affect our estimates substantially.

The National Bureau of Statistics has also provided us with statistical household weights that allow us to extrapolate our findings to the whole of the Moldovan population. Applying these weights, our database is nationally representative for households with children, elderly or both. Therefore, our survey gives a more representative picture of the wellbeing of children and elderly than existing studies with small sample sizes or a focus on specific vulnerable groups.

3 Socioeconomic characteristics of households

Many possible effects of migration on children and elderly depend on interactions between individuals within a household. For example, while many observers expect children to suffer psychologically if their mothers are absent, the large size of our sample and our rich database allow us to ask more nuanced research questions – for example, how the impact of a mother's absence varies with the alternative caregiving arrangement in place and the reasons for her absence (for example, work abroad vs. marital separation or illness).

Therefore, we begin our presentation of research findings by discussing typical household compositions and their estimated frequency (Table 1). Our survey data is representative of about 873,506 households with 2,897,341 members, corresponding to more than 80 percent of the country's population. 38 percent of the households with children (groups 1 through 4) include current migrants abroad according to our narrow definition (Footnote 1; groups 2 and 4). However, this figure understates the extent of migration because it does not include migration patterns like permanent moves abroad by migrant families, short term migration, past migration, and other situations that also expose children and elderly to the effects of migration.

Approximately 21 percent of households with children also include elderly individuals (groups 3 and 4). These multi-generation households are larger than the others and constitute a sizeable share of the total population. In this group we find vastly different household structures. For example, households with an adult migrant and the mother remaining at home are likely to cope differently with migration compared to so-called "gap households" in which only elderly and children are present. Because of such household heterogeneity, descriptive analyses of migration effects that distinguish only, say, between children in households with

Table 1. Household types in sample

Sampling Group	Number of households in Moldova (extrapolated)	Average household size	Average number of children	Average number of elderly
(1) Children, no elderly, no current migrants	249,648	4.0	1.8	0
(2) Children, no elderly, current migrants	158,192	4.4	1.7	0
(3) Children, elderly, no current migrants	74,248	4.8	1.7	1.3
(4) Children, elderly, current migrants	36,862	5.1	1.6	1.2
(5) No children, elderly, no current migrants	324,682	1.7	0	1.3
(6) No children, elderly, current migrants	29,874	2.9	0	1.3

Source: CELB MDA; own calculations.

and without migrants are not very informative. Due to the lower life expectancy of men, two out of three members of elderly single generation households (groups 5 and 6) are women.

The prevailing patterns of labor migration in Moldova, the socioeconomic characteristics of migrants, and the impact of remittances on households have been widely analyzed elsewhere (recent comprehensive studies include Cantarji and Mincu, 2012, and Luecke, Omar Mahmoud, Steinmayr, 2009). Rather than replicating these findings, in the remainder of this section we highlight those differences between households with and without migrants that bear upon the welfare of children and elderly individuals.

Like many other studies we find that monetary remittances raise household income considerably and thus reduce income poverty in the short run. Households typically spend their extra disposable income on better food, housing, and consumer durables, along with

expenses related to their children's education or health care for any household member. This positive impact of remittances on indicators of well-being probably compensates for some of the negative effects of the absence of the migrant.

Our qualitative research suggests that many Moldovans regard migration and work abroad less as a lifestyle choice (Benson, O'Reilly, 2009) than simply an employment option. Like any other job, working abroad requires certain sacrifices and offers certain rewards. This "migration sector" of the labor market offers more open positions than any other sector of the Moldovan economy. Rather than treating migration as a major disruption, many families seem to regard it like working in a job with tolerable but unappealing features (e.g. working night shifts). The benefits such as steady employment and better pay (or finding a job at all) are viewed as outweighing the negative aspects.

As expected, incomes and expenditures in migrant households are significantly higher than in comparable non-migrant households. We estimate that a *representative* migrant in our sample foregoes an annual income of about MDL 8,000 lei in Moldova, while remitting more than MDL 27,000 in monetary transfer and more than MDL 30,000 in total, including in-kind transfers. Reported in-kind remittances often come in large amounts as single transfers (for instance, a new car), which makes them difficult to measure. Migrant households, including both younger families and elderly individuals, also more often possess consumer durables such as cars, freezers, washing machines, and computers. These positive income and wealth effects are not confined to households with current migrants. In particular, return migrants stand out from the non-migrant population. Our data suggests that they constitute a highly selective group who often come back because they have achieved their income or savings targets, for example for building or renovating a house.

Larger households enjoy far more financial flexibility by sharing income from different sources. For example, elderly household members often put their pensions into a common pool while remittances pay for goods that benefit the whole family, creating a social safety net for individuals in larger households. At the same time, without children, elderly are vulnerable to poverty as it is likely that village networks will not provide sufficient funds (Morduch, 1999). Migrant children who no longer live in the elderly person's household may provide some relief, but our research shows that migrant household members contribute considerably more than adult children who left the elderly person's household before migrating.

In general, outstanding household debt and savings are both low in the households in our survey. While excessive indebtedness can be debilitating, low savings make it difficult for households to respond to adverse shocks. Interestingly, migrant households are indebted much more often than non-migrant households. This indebtedness seems to be related to spending on investment or on consumer durables based on expected future income, given that many indebted individuals are relatively young and rich.

On the other hand, migrant households not only have higher income and expenditure (controlling for household size), but also use financial instruments such as bank accounts more frequently to manage resources and smooth income. Compared to the non-migrant population, their savings exceed a threshold level of MDL 6000 significantly more often. By contrast, the elderly hardly ever have significant savings and live off pensions, subsistence farming, and transfers from family members abroad or within the country.

In sum, our survey confirms the familiar result that Moldovan households with migrants have significantly higher incomes and wealth and also participate more fully in financial markets than households without migrants. Thus households with migrants not only enjoy a higher standard of living, but their savings and access to credit should also enable them to adequately respond to life risks. The following two sections examine how the resulting positive effects on

the well-being of children (Section 4) and elderly individuals (Section 5) are balanced by the potential negative effects related to the absence of the migrant.

4 Determinants of child well-being

For our analysis of the determinants of child well-being in Moldova, we analyse a range of quantitative indicators which convey a rich picture of a child's current welfare status as well as her access to education and health care that will determine her future human capital. Our indicators relate to outcomes in the areas of emotional well-being, physical health, and education.

4.1 Emotional well-being

Psychological effects feature prominently in existing research on the impact of parental migration on children in Moldova (Salah, 2008; Cheianu et al., 2011). Existing studies typically find that children become deprived of attachment, help, and advice and conclude that their development is affected negatively. Such studies are good at documenting the most severe possible consequences of parental absence, but their results cannot easily be generalized to the population at large.

Furthermore, we normally do not observe a child's emotional or physical health before the parent migrated (longitudinal data are rarely available). Also, by definition, we cannot observe the counterfactual of how the same child would have developed without migration. Hence, the causal effects of migration on the the child's emotional well-being are difficult to pin down. Retrospective questions in surveys are only a partial remedy because they are inherently subjective. Therefore, psychological indicators of child health should be interpreted very cautiously. It is quite conceivable, for example, that children with a migrant mother had different psychological characteristics even before the mother.

Some existing studies focus specifically on those children that are most severely affected by migration, for example those left behind by both parents. Therefore, extreme consequences such as attempted suicide, criminal behavior, or premature school drop-out feature prominently in that research. However, our data show that a large majority of households have relatively good coping strategies to make up for the migrant's absence. This makes migration much more bearable for the majority of migrant children than for the relatively few severely disaffected.

In the public debate, the impact of a mother's absence due to migration is frequently likened to the effects of a serious illness, divorce, or death though. Our data suggest that this view seriously underappreciates the extent to which migrant mothers keep in close contact with their children (Table 2). Over 95 percent of migrant mothers (and 90 percent of migrant fathers) are in contact at least once a week. Such frequent contact may be a relatively recent phenomenon. First, technological progress over the last ten years has made international phone calls, Skype calls, etc. much cheaper and more widely available. Second, most migrants even in Western Europe are now travelling to their host country legally, allowing them to return home for family visits much more cheaply and frequently. As many as 75 percent of migrants in Western Europe report that they used Romanian passports, possessed regular visa, or had had their stay in the host country legalized..

At the same time, the quality of communication remains a concern, particularly for migrant fathers. Our qualitative research suggests that migrant mothers tend to maintain their outstanding role as the closest and most important person in the family for most children. However, many children reported a large emotional distance from their migrant father. This was a consequence of children being reminded frequently that the father's migration was mostly an investment into the child's future. This put heightened pressure on the child to

succeed and thereby to show their appreciation of their parents’ efforts on her behalf. Children reported that they did not know what topics to talk about with their fathers once he was gone because the conversation was more forced than it would be had he been home.

While the relationship with the migrant may suffer if the migrant is not able to sustain a close bond during phone calls and visits, a close relationship with the new caregiver may provide a good substitute. Quantitatively, we measure a child’s emotional distance to the caregiver on a scale from 1 (“very close”) to 5 (“very distant”), using responses from child interviews. Since this variable is ordinal, we run an ordered logit regression to assess its possible determinants (Regression 1 in Table 3). It turns out that, in general, girls have closer relationships with their caregivers than boys; the odds ratio of 0.517 implies that at every point on the scale, girls are approximately half as likely as boys to have a more distant relationship rather than their actual one.

The impact of migration needs to be assessed together with the resulting caregiving arrangement. If the father is a migrant and the mother remains the caregiver, the child’s relationship with her caregiver is not significantly affected (odds ratio: 1.004). By contrast, if the mother is a migrant and a grandparent becomes the caregiver, the child is very likely to have a more distant relationship with her primary caregiver (combined odds ratio: $1.768=2.815*0.628$). This effect is even larger if both parents are migrants.

However, even though the child typically has a more distant relationship with her primary caregiver, she may still benefit from sufficient “psychological parenting”. Our qualitative research suggests that mothers still try to fill most of their psychological role when they are abroad. Hence, while relationships between migrants and their children are reported to be more distant on average, this does not necessarily destroy families. In particular, we find that children in return migrant households report much closer relationships to their parents than the general population. Qualitative research suggests that there is indeed a causal link: the family’s migration experience improves family ties once migrants have returned because children have realized the importance of their relationship with the migrant during the migration spell.

Figure 1 shows the prevalence of different caregiving arrangements during the migrant’s absence, depending on the type of household. The household without migrants represents the baseline: For nine out of ten children, the mother is the primary caregiver. If she leaves, responsibility for caregiving typically shifts to either the father or a grandmother and only rarely to other siblings. Most grandparent caregivers are relatively young and can therefore be expected to be fit enough to live up to their responsibilities: In our survey data, three out of four grandparent caregivers are in their fifties and sixties.

Table 2. Frequency of contact with parents

Frequency of contact	with mother		with father	
	in MDA	abroad	in MDA	abroad
Every day	96.9	40.1	90.4	30.2
More than 3 times a week	1.3	27.4	2.2	30.8
At least once a week	0.8	29.3	1.8	30.5
At least once a month	0.4	1.5	2.3	7.6
Less often	0.3	1.8	1.5	1.0
Never	0.4	0.0	1.9	0.0

Source: CELB MDA; own calculations.

Table 3: Determinants of Child Well-Being

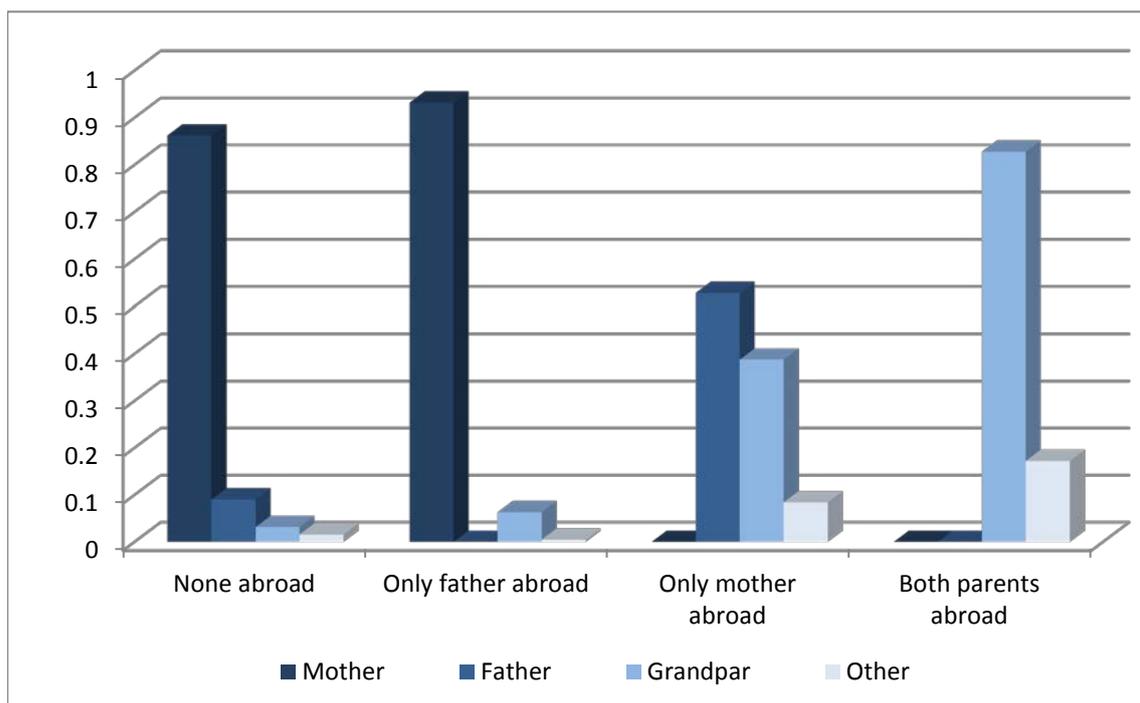
	Relationship with caregiver (rating of children aged 11-19)	Has the child (all ages) ever suffered from a serious acute illness?
	Ordered logit	Logistic regression
	Odds ratios	Odds ratios
	(1)	(2)
Age	1.003	1.081 **
Age_squared	1.003	0.997
Female	0.517 ***	1.068
Household head: no. of years of education	0.96	1.018
Household uses water from well	0.886	1.54 ***
Orphan	1.373	0.884
Urban	1.042	2.343 ***
Who abroad? (default: no migrant!)		
Other family member	1.271	1.113
Father	1.004	0.933
Mother	2.815 ***	0.274 ***
Both	6.146 ***	0.505 *
Caregiver (default: mother)		
Father	0.606	5.441 ***
Grandparent	0.628 *	2.37 ***
Sibling	0.76	0.909
Constant	/	/
No. of observations	1163	3379
F-stat.	3.77 ***	8.82 ***

Source: CELB MDA; own calculations

Our qualitative research suggests that many families never explicitly choose the new temporary caregiver from among several possible alternatives, especially if the new caregiver already lives in the same household. As the roles and responsibilities of household members are renegotiated over time and as it becomes necessary, caregiving duties seem to always fall on the most (culturally) appropriate person. Grandmothers are apparently perceived as the default caregivers in the absence of mother, aunts, or older sisters, whereas men are thought of as poor nurturers who lack the necessary emotional sensitivity and communication skills. Contrary to general stereotypes we observe that mothers are tougher in their reaction to misbehavior of the child. For example, they are about 30 percent more likely to have been shouting at children or spanking them in the past than fathers or grand-parents in caregiving roles.

In our quantitative analysis, we can only identify small groups of children and adolescents who are less likely to be generally well-behaved, possibly because of a lack of parental guidance (Table 4). We measure behavior on a 3-point scale according to whether, in the opinion of the caretaker, it is not true (1), somewhat true (2), or certainly true (3) that the child is generally well-behaved. We distinguish between young children up to 10 years old (Regression 1) and adolescents 11 years or older (Regression 2) because in our questionnaire we ask for this information in the context of different sets of age-appropriate questions.

Figure 1: Main caregiver by migration status of the household



Source: CELB MDA; own calculations

Among young children, generally good behavior is less likely if both parents are absent and the child is cared for by her grandparents; the joint odds ratio of $0.219 \times 2.686 = 0.588$ means that the likelihood of belonging to a less well-behaved category almost doubles. However, we find no similar significant effect if either the father or the mother is absent (rather than both parents).

For older children, the age effect stemming from the beginning of puberty matters most (Table 4, Regression 2). Orphans reportedly behave worse than other children from their age cohort. Interestingly, teenagers whose siblings are abroad are also rated to behave considerably worse. Our qualitative research suggests that this may be attributed to their loss of the older sibling as a point of reference. Although some of the remaining odds ratios for migration status or caregiving arrangement are quite low, they are not statistically significant. This is true even for the joint effects of, for example, “mother is abroad” and “father is caregiver”.

The children’s assessment of their parents’ migration experience sheds more light on possible psychological consequences. Only 16 percent of children say that their own life has improved, while 44 percent respond that it became neither better nor worse. However,, fully 87 percent of children between 10 and 18 years in households with a migrant parent say that their parent member made a good decision to migrate. As one might expect, the migration of mothers is seen most critically (77 percent approval vs. 94 percent for fathers). 71 percent of children in migrant households report having more responsibilities than before.

In our qualitative research, several respondents talked about the need to foster a partnership not only between spouses but also between parents and children in order to build trust and collaboration that will enable the family to stay together. This observation demonstrates that there are ways of mitigating the difficulties that migration inevitably brings along. Other families have discussed giving children some decision-making autonomy, not only in personal

Table 4: Determinants of child behavior

	Generally well-behaved Children aged 1-10 Ordinal Logit Odds ratios (1)	Generally well-behaved Children aged 11-18 Ordinal Logit Odds ratios (2)
Age	1.289	1.782 *
Age_squared	0.992	0.980 *
Female	1.506 ***	2.095 ***
Household head: no. of years of education	0.992	1.027
Caregiver: no. of years of education	1.117 ***	1.055
Orphan	0.521	0.640 *
Who abroad? (default: no migrant)		
Other family member	1.339	0.362 ***
Father	0.706	0.248
Mother	0.751	0.204
Both	0.219 ***	0.540
Caregiver (default: mother)		
Father	0.761	0.281
Grandparent	2.686 **	0.424
Sibling	5.939 *	0.811
No. of observations	1092	1747
R_squared adj.	0.173	0.167

Note: Variable has three levels: 1 - not true, 2 - somewhat true, 3 - certainly true.
*** (**, *): significant at the 0.01 (0.05, 0.10) level, village fixed effects used.

Source: CELB MDA; own calculations

matters (like future goals and desires) but also in family-level decisions, including those relating to migration. In our qualitative work we noted a correlation between better outcomes in terms of happiness and confidence and the stated importance of co-decision making.

At the same time as giving children autonomy, providing a secure environment to them is crucial for mitigating the psychological consequences of migration. This means including children in information flows and decision making while continuing to provide the right circumstances for children to talk about problems. The close contact and explicit emotional proximity that we find between migrant mothers and their children shows how well many families already cope with this goal.

4.2 Physical health

Our survey data include a wide range of indicators related to children's physical health, such as body height and weight relative to age, incidence of serious illness, and access to medical care. Existing research has identified a wide variety of possible determinants of physical health, such as environmental conditions, household income, education of the household head, and caregiving patterns. Against this background, migration may affect the physical health of children directly, through the absence of the migrant parent, and indirectly, through the extra income due to remittances.

A child's height and weight relative to her age group shed light on cumulative developmental differences. In our survey data, weight-for-age z-scores are significantly higher for children in households with current migrants, especially for children under the age of 10. By contrast, height-for-age z-scores are unaffected by household migration status. Weight-for-age z-scores are typically thought to reflect short-term nutritional effects, whereas height-for-age z-scores reflect long-term effects. However, when we control for other plausible determinants of children's physical health (e.g. the education level of the household head), weight-for-age z-scores are no longer significantly correlated with household migration status. This finding suggests that because of the cumulative nature of weight and height and the relatively short duration of migration spells in most households so far, a household's migration status as such will have had little impact on children's physical development. Any measureable effects would be due to causes such as higher education levels or living standards in migrant households on average.

One channel that affects children's physical health in the long run is nutrition. We find that children in households with migrants consume high-quality foods significantly more often (meat, dairy products, and vegetables). This is consistent with many households reporting that they use additional income from remittances for food and other basic consumption goods. Regressions show a positive effect of the migration status of the household; however, when we add remittances as an explanatory variable, the remittances effect completely replaces the migration effect. Furthermore, the coefficients of reported income and remittances are similar in size, suggesting that migration improves consumption by increasing disposable income through remittances.

Environmental and living conditions constitute another potentially important channel through which higher income from migration may affect child health in the medium and long run. In villages, especially small ones (according to the NBS definition), 15 to 25 percent of households cook with wood; by contrast, households with current migrants use wood or coal significantly less often and instead use gas. Incidentally, elderly individuals with adult migrant children are also more likely to use gas instead of wood. Fumes from dirty fuel such as wood are known to affect the health especially of women and children negatively. Similarly, in small villages, 70 percent of households use water from wells or springs. This poses health risks if groundwater is affected by washed-out fertilizer or contaminated with germs. Higher income can facilitate access to piped water and thus decrease health risks.

In addition to indicators of children's long-term physical development, our survey also includes information on specific health outcomes. One comprehensive measure of health status is based on whether a child has ever suffered from a serious acute disease (Regression 1 in Table 3). Unsurprisingly, older children are more likely to have been ill at some point during their lifetime, up to approximately 12 years of age (combined effect of "age" and "age_squared"). Urban children and those who drink water from a well (as opposed to piped fresh water) are much more likely than others to have been seriously ill (odds ratios of 2.3 and 1.5, respectively).

The impact of migration needs to be evaluated together with the resulting caregiving arrangement. For example, if the father migrates and the mother remains the caregiver, there is no significant effect (odds ratio of 0.933, based on an insignificant coefficient). If the mother migrates and a grandparent becomes the caregiver, the child is less likely to have been ill: the combined odds ratio is 0.649 ($=0.274 \times 2.370$). However, if the father becomes the caregiver, the child is somewhat more likely to have been serious ill: the combined odds ratio is 1.491.

These results suggest a strikingly large impact of the quality of caregiving on the physical health of children in households with migrants. Most grandmothers are probably retired and can devote much time, experience and effort to caring for their grandchildren. By contrast, fathers may still be working and may also lack experience and the skills required for running a household and caring for children. As a result, from the point of view of child, being cared for by one's father while the mother is a migrant carries the same additional risk of having been acutely ill as drinking water from a well as opposed to piped fresh water (odds ratios of 1.491 and 1.540, respectively). However, being cared for by one's father in a household without migrants makes a child more than 5 times as likely to have been acutely ill at least once (odds ratio: 5.441).

These findings suggest that it makes a huge difference whether a non-typical caregiving arrangement is in place because the mother is a migrant or because she can no longer perform her traditional role as primary caregiver for some other reason (illness, divorce, death). Migration is largely a choice and would probably not occur unless a satisfactory caregiving arrangement was in place. Many households apparently prefer grandmothers to fathers as alternative caregivers and our regression results on the physical health of children bear them out. Migrant mothers are also in frequent contact with their families (Table 2) and send remittances that can pay for doctor visits and pharmaceuticals if needed.

Overall, approximately 90,832 children are cared for by their fathers, 33,111 of whom live in migrant households. For comparison, 43,940 children in non-migrant and 27,205 children in migrant households are cared for by their grandparents respectively. Additional regressions not reported here suggest that if caretakers are older than 70 years, they may find it particularly difficult to fully meet their responsibilities. Extrapolating from our survey we estimate that a total of approximately 6,000 children are cared for by individuals over 70, half of whom live in non-migrant households.

4.3 Education

The schooling and higher education that children and young adults receive is a key determinant of their future income earning potential and their ability to live a full life. Parental migration may impact children's education directly, through the absence of a parent, as well as indirectly, through the additional income from remittances. The direct effects may be negative, if children lack parental encouragement, guidance, and supervision and their performance at school deteriorates, or positive, if children become more self-reliant and confident as a result of mastering the challenges related to parental migration. Indirect effects are usually positive as additional income can pay for school fees, educational materials, books, tutoring etc. and may allow young people to stay at school beyond mandatory attendance or attend university rather than work for a living.

To assess the impact of migration on educational outcomes, our survey data include formal education indicators such as enrollment, grade retention, and attendance as well as the child's grade point average. We also look at variables that describe the educational inputs that play a role. These indicators include time allocation and schooling expenditure by households. By

looking at different dimensions of formal education we try to capture the effect of migration on education as precisely as possible.

The most noticeable indicator of formal education is enrollment. We find that migration has no effect on enrollment up to the age of 15. For higher secondary and lower tertiary education we find a significant negative difference only in the enrollment rates of boys who live in households with current migrants in Russia or the Ukraine (Regression 1 in Table 5). The young men in these households are only about half as likely to be in education as those in non-migrant households. There is no similar effect for young women. However, for girls with family migrants to the West, we find a higher likelihood of continuing education. Additional research suggests that this is due to higher aspirations for them as well as additional funds to finance education.

Young men in households with migrants in the East apparently face strong incentives that discourage them from continuing their education. One possible explanation is that migrant fathers and brothers already working in Russia or Ukraine provide access to migrant networks and relatively well-paid but low-skilled jobs. This also means that the education premium that these young men could earn by investing in more education is not enough to compensate their foregone earnings from migrating plus the cost of education. A simple extrapolation of the effect on boys suggests that in this age group, which comprises 48,300 young men, 9,900 choose not to continue their education because of the option of migration².

Two more aspects are important in the context of formal education indicators. First, we find no effect of migration on grade retention, that is, children in migrant households do not repeat grades more often than do children in households without migrants. Second, there is no statistically significant effect on average attendance rates.

The GPA (grade point average) reflects the average score received by a child across all subjects. On the one hand, it is a formal measure of success at school which depends on factors such as teacher skills, adequate schooling materials, supportive parents, and children's ability. On the other hand, the GPA typically declines at least temporarily when a child is subject to psychological stress. The impact of migration on the GPA depends, first, on where the migrant works, and second, on the child's gender (Regression 2 in Table 5). Compared to children in households without migrants, boys in households with a migrant in Western Europe perform significantly better. The effect for girls is also positive but not statistically significant. The performance of children in households with migrants in Eastern Europe is statistically indistinguishable from children in non-migrant households. It is not immediately clear how this small, positive impact of migration to Western Europe should be interpreted. Remittances could be higher, or households that opt for (relatively costly) migration to Western Europe may set more ambitious targets for themselves, including for the education of their children (the latter hypothesis is supported by more detailed econometric research).

The impact of migrants in the household on children's GPA aside, our analysis reveals a large gender-based achievement gap, with girls outperforming boys by 0.61 grade points (after correcting for migration status by destination countries). While a gender gap in school performance is not unique to Moldova, it is strikingly large, especially when viewed in conjunction with low school attendance of some groups of young men beyond the age of 15.

With respect to educational inputs, we analyze time allocation by children as well as the support that children receive from caregivers. Our data show time they each child spends on

² Both numbers should be treated with care because our sample does not include young men who left their parental household and live in a new one or who moved abroad permanently. This extrapolation is based on young men reported to be part of a household in our sample.

Table 5: Schooling outcomes and Inputs

	Enrollment (age 16-25) Logistic regression Odds ratios (1)	Grade point average (all years) OLS Coefficients (2)	Hours worked in household per day OLS Coefficients (3)
Migrant Household			-1.07**
Migrant Household East (Boys)	0.54***	-0.02	
Migrant Household West (Boys)	1.47	0.30***	
Migrant Household East (Girls)	1.16	-0.02	
Migrant Household West (Girls)	1.81**	0.15	
Age	0.36	-0.22***	0.57
Age_squared	1.01	0.01***	0.01
Female	1.38	0.61***	-0.24
Household head: no. of years of education	1.17***	0.08***	-0.03
Orphan	0.65*	-0.23**	1.66*
Urban	2.08***	0.08	-3.43***
Constant	/	8.52***	3.12
No. of observations	1925	2132	1564
R_squared adj.	0.31	0.18	0.10

Note: *** (**, *): significant at the 0.01 (0.05, 0.10) level.

Source: CELB MDA; own calculations

homework, household chores (including subsistence farming), or wage work. We find no significant change in the time allocated to homework if the household has an international migrant. However, children in migrant households spend significantly less time on household chores (Regression 3 in Table 5) and wage work. This finding suggests a decreased necessity to work due to higher household income attributable to remittances. In our qualitative research, migrant families indeed conveyed the impression that they deliberately shielded their children from extra work.

Another important determinant of educational outcomes is expenditures for schooling by households. These comprise school materials such as books and stationery as well as formal and informal school fees and supplementary tutoring. Despite higher income due to remittances, we find no robust difference in schooling expenditure between children in households with vs. without migrants. Maybe most households use additional financial resources for more important expenditures such as nutrition. Also, public education in Moldova is generally free and informal fees are relatively small. Hence, there may be little room to increase schooling expenditures apart from e.g. supplementary tutoring that may not always be available or desired.

While higher income due to remittances does not appear to lead to higher household expenditures on schooling, most households do consider low income the main limitation for

continued education. When asked why they do not expect their children to enroll in tertiary education, caregivers stated limited financial resources as the main constraint. This corresponds to the observation that boys in households with East European migrants are less likely to continue their education after the age of 15, given their access to employment opportunities abroad through migrant networks.

Taken together, our results indicate that children in migrant households are not disadvantaged by the migration of a household member. Enrollment, attendance, grade retention, and schooling expenditures are not much affected up to the age of 15. Children in households with migrants even have slightly better grades, probably due to increased effort.

There are three major causal channels responsible for this effect. First, our qualitative research suggested that this effect may stem from an additional incentive migration generates for children: children are frequently told that the migrant left home to enable them to study. The resulting sense of responsibility could lead to increased effort and dedication on the part of the children. This hypothesis is supported by other measures. For instance, we find a higher locus of control for migrant children. They believe more strongly in hard work than their peers. This may be inherited from their parents' higher motivation or may be caused by the parental example of how hard work can improve one's life. No matter the source, it can explain why migrant children have better schooling outcomes than non-migrant children in spite of difficulties that come with the migration of a household member.

Second, we found that children in households with migrants are less likely to work in the household or to be engaged in wage work. This gives them more time to study, which should ultimately have a positive effect on the grade point average. Third, although we found no significant change in schooling expenditures, remittances are used to improve nutrition and living standards. Well-fed and properly clothed children are also more likely to have better schooling outcomes.

4.4 Summary: labor migration and children left behind

Our research shows that the effects of parental migration on children depend very much on relations within the family. Good family relations make it easier to find adequate alternative caregiving arrangements and provide children with the sense of security that they need to cope with the absence of a parent. In fact, most households appear to cope rather well with the challenges of migration. For most children, parental migration is probably an unpleasant experience, but on balance the consequences such as less contact with the parent and more autonomy do not leave the children worse-off. On the contrary, higher household income and certain behavioral changes in response to migration lead to some beneficial outcomes in education such as the possibility of funding a university degree.

At the same time, however, the example of young males who migrate to Eastern Europe rather than continue their education beyond the age of 16 shows that individuals choose the most appealing option available to them. Such choices could have unfavorable long-term consequences if they are based on a short time horizon, which seems plausible since many of these young men are relative poor. Policy interventions could usefully create incentives for behavior that is more sustainable in the long run, such as vocational training opportunities that demonstrate a pay-off by preparing participants for better-paid jobs at home or abroad.

Our survey data allow us to identify some vulnerable group among children that may benefit from policy interventions. One group that requires attention are orphans, especially when their mother is not their primary caregiver. They are ill more often, spend more time working, and attain lower grades. Extrapolating from our survey, we estimate the number of orphans in Moldova to be app. 40,000, not including children in institutions.

Similarly, children who are not orphans but who are cared for by their father or by a grandparent may be at risk when the mother's absence is not due to choice (as in the case of migration) but illness or divorce. Extrapolating from our survey, we estimate that in non-migrant households, app. 54,000 children are cared for by their fathers and app. 20,000 children are cared for by a grandparent.

Additional regressions not reported here suggest that if caretakers are older than 70 years, they may find it particularly difficult to fully meet their responsibilities. Extrapolating from our survey we estimate that a total of app. 6,000 children are cared for by individuals over 70, half of whom live in non-migrant households.

5 Determinants of elderly well-being

Elderly individuals in Moldova are affected by labor migration through three major channels: First, many grandparents become primary caregivers for their grandchildren while their adult children work abroad. While some observers claim that elderly caregivers frequently find their new role overwhelming, it is also conceivable that those elderly individuals who accept this responsibility find the experience reinvigorating.

Second, many elderly individuals, especially in rural areas, have traditionally shared a household with at least one adult child and her family. While they would contribute to household chores and work on the family farm as long as they were able, they could rely on their fellow household members for care and support when they became frail and unable to live independently. With wide-spread labor migration, adult children now tend to live ever further away from their elderly parents, both in Moldova and abroad. Therefore, this traditional pattern of caring for the elderly becomes difficult to maintain.

Apart from access to care and support when health and mobility are impaired, sharing a household with younger adults and children also provides the elderly with a stimulating social environment. Living on one's own rather than with one's extended family may therefore reduce life satisfaction and lead to mental health issues like depression.

Third, many elderly individuals benefit from financial transfers, including remittances from grown children or other migrants who are no longer members of their household. Since pensions in Moldova are universally low, remittances give elderly individuals access to better nutrition and medical care than they could otherwise afford. Therefore, the overall effects of migration on the physical health of elderly individuals are probably positive. It is difficult to see how the migrant's absence could affect physical health negatively as it does for some children. The incidence of chronic health problems among the elderly probably reflects in large parts their exposure to risk factors that have occurred over a lifetime, such as hard work, pollution, and smoking, rather than a migration effect.

Using our survey data, we can approximate the effects of migration on the time allocation of elderly household members. One adult less in the household means an extra 0.3 hours of domestic work (not including subsistence farming) per day for an elderly woman. If there is a female migrant in the household, this means an additional .41 hours of daily household work. Hence, compared to non-migrant households, elderly women carry some of the burden of migration in terms of extra work. There is no such relationship for elderly men because they do very little domestic work to start with.

To assess the wellbeing of elderly individuals more comprehensively, we report five complementary measures. First, "subjective health" (Regression 1, Table 6) is based on the respondents' own assessment of their health status, relative to others of the same age; this measure ranges from 1 ("much worse") to 5 ("much better"). Second, "depression" (Regression 2) is a measure of the extent to which an interviewee suffers from feelings of

Table 6: Determinants of elderly well-being: regression results

Explanatory variables	Subjective health	Depression	Basic mobility	General mobility	Of those who need help with mobility: has help
	Ordered logit Odds ratio (1)	OLS Coefficients (2)	OLS Coefficients (3)	OLS Coefficients (4)	Logit Odds ratio (5)
Age	0.979 ***	0.017	0.146 ***	0.292 ***	1.012
Female	0.849 *	0.568 **	0.515 ***	1.358 ***	0.724 *
Education (years)	1.068 ***	-0.117 ***	-0.136 ***	-0.237 ***	0.967
Pension income	1.050 ***	-0.149 ***	-0.058 **	-0.137 ***	0.979
Widowed	0.959	0.505 **	-0.038	0.000	0.741 *
Has biological child (default: no child) that ...					
... lives in same household	1.287 **	-0.858 ***	0.038	0.119	7.237 ***
... lives in same raion (incl. in same h/h)	0.883	-0.172	0.111	0.025	1.288
... lives in MDA (incl. in same raion and h/h)	0.847	-0.392 *	-0.020	0.182	1.337
... was a migrant in 2011	1.083	-0.225	-0.155	-0.324	1.144
Is caregiver	1.024	0.492	-0.005	-0.470	4.593
Is caregiver and parent of child is migrant	1.156	0.029	-0.289	-0.024	1.098
Wellwater	0.684 ***	0.224	0.416 ***	0.774 ***	1.069
Urban	0.819 *	-0.529 **	0.204	0.593 **	0.779
Constant	/	12.678 ***	-0.333	-2.841 ***	1.348
No. of observations	1864	1766	1870	1772	1048
R_squared adj.	/	0.077	0.2217	0.2916	0.132
F-stat.	/	11.260	41.94	57.09	/

Note: *** (**, *): significant at the 0.01 (0.05; 0.10) level.

Source: CELB-MDA; own calculations.

sadness, low self-esteem, and loss of interest in normally enjoyable activities; this measure ranges from 8 to 24, with higher values indicating more intense depression. Furthermore, we use indices of basic (Regression 3) and general mobility (Regression 4) to reflect whether an interviewee can perform a number of tasks easily (1), with difficulty (2), or not at all (3). Basic mobility (values from 8 to 24) refers to everyday activities like dressing or getting out of bed, whereas general mobility (values from 10 to 30) refers to less common but still crucial competencies like visiting friends in the same locality or shopping for personal goods. Finally, we focus on those individuals who need help with mobility and enquire into the factors that determine whether they have sufficient support (Regression 5).

The role of family members in the same household is crucial for emotional well-being. Our regression results suggest that having a (grown) child improves emotional wellbeing. A child that lives anywhere in Moldova reduces the depression score by 0.392 points (Regression 2). If the child lives in the same raion, the score declines by another 0.172 points (although this additional decline is not statistically significant). A child that lives in the same household reduces the depression score by a total of 1.442 points ($=0.391+0.191+0.858$) relative to an elderly individual without a child. Having a child that lives abroad as a migrant and nobody

close-by lowers the depression score a little but this effect is not statistically significant compared to not having a child at all. However, the remittances that children are likely to send will make the elderly parent better off financially than a childless peer.

Further analysis suggests that young adults in the household who are not relatives (e.g. a daughter-in-law) provide similarly positive effects to elderly individuals as biological children. Remittances, however, are usually sent only by biological relatives, typically biological children once they live outside of the elderly's household.

Regarding our remaining indicators, self-assessed health improves if the elderly person shares a household with her grown child. Naturally enough, in this setting, those elderly who need help with mobility are much more likely to receive it. However, when the child lives outside the household, it does not matter for these indicators whether she lives in Moldova or abroad or indeed whether the elderly person has a child at all.

We find no evidence that being a caregiver reduces the wellbeing of elderly individuals, whether or not the child has at least one migrant parent. Several possible explanations for the lack of a discernible net effect are found in the literature. On the one hand, elderly caregivers sometimes experience increased stress levels due to the added responsibility and activity (Grinstead, et al. 2003). In long run studies in the United States, higher stress levels have been found to translate into both physical and mental health problems. Similarly, in our data, we find that elderly caregivers tell us about feeling "tense" significantly more often. On the other hand, our survey data and our qualitative research both indicate that caregiving grandparents who are relatively young and physically fit find their new role helpful in retaining a sense of meaning in life in general and in their contribution to the household in particular. Finally, being a caregiver has no effect on other welfare indicators such as depression or subjective health.

The impact of the remaining (control) variables on elderly well-being is broadly as expected. Older individuals, women, those whose partners have died, and those with worse living conditions such as no piped water fare relatively worse. More educated individuals, those in urban areas, and those with higher pensions fare relatively better.

The notion of "life satisfaction" provides us with a measure that summarizes the various aspects of elderly wellbeing. Additional econometric research shows that the determinants of life satisfaction may be grouped in four categories:

- a person's health status and the ability to lead an independent life;
- sufficient income and access to sufficient and high-quality food;
- access to one's family, particularly having someone living close-by;
- still having a job or another activity that provide "meaning in life".

Of these determinants, only access to one's family is potentially negatively affected by migration. We find that only in very few families all children go abroad. Rather, one adult child, often the youngest, commonly stays in the household or at least in the same village while the older ones move to other parts of Moldova or abroad. Relatively few elderly individuals in Moldova do not have at least one of their adult children living in the same village or just a few kilometers away.

When identifying particularly vulnerable groups among the elderly population, we need to bear in mind that declining mobility and failing health are part of the human condition as we grow old. The crucial question is whether individuals have access to enough support and care to lead a dignified life to the end. Therefore, one important vulnerable group is constituted by those who are too sick or weak to manage basic mobility needs without regular personal assistance ("need help" with basic mobility, in the words of our survey), but say that they have no such help when they need it. We estimate that this group includes approximately

10,000 individuals, the vast majority of whom live alone or with another elderly person. Another 17,000 individuals expect that when they need help at some point in the future, they will not have it.

Thus at present, existing social networks still provide a satisfactory level of support for most elderly. Seven out of eight individuals who currently need help with basic mobility have such help. Extrapolating from our survey, we estimate that approximately 43 percent of all elderly individuals currently live in households with at least one “adult” aged below 60. Furthermore, many elderly probably live independently as long as possible and then move in with a grown child (or have a grown child move in with them). Since more than 9 out of 10 elderly individuals in Moldova have at least one surviving child, a high proportion of the elderly will ultimately live with a grown child and enjoy the attending benefits in terms of emotional well-being (Regression 2) as well as help with basic mobility when needed (Regression 5).

However, even if grown children are willing to live with their parents (for some, this may welfare-reducing, even as it increases their parents’ wellbeing), many grown children may find this incompatible with their careers or the needs of their own families or otherwise impractical. Policy interventions, especially by civil society actors, may usefully aim to strengthen social ties beyond the core family and promote alternative social networks and long-term care providers for those elderly who will not be supported by their children when they can no longer live independently.

6 Conclusions

Our research suggests that, with few exceptions that we discuss below, labor migration does not systematically put the welfare of children or elderly at risk. Most indicators of child development (education, health, emotional well-being) are not worse for children in migrant households; some tend to be better, especially if the migrant is in Western Europe. This is true even when the mother is a migrant. We conclude from our empirical analysis that when parents decide whether to migrate, they consider the effects of their decision on their children. Typically, improving the opportunities of children is a central motive for migration. Parents will only migrate if they can put in place acceptable alternative caregiving arrangements and the net effects on the family are expected to be positive. Contact between migrant parents and the family at home tends to be frequent; cheap international communication and wide-spread internet access have been helpful in this respect.

By contrast, we find that non-standard caregiving arrangements (e.g. with a grandparent or the father as primary caregiver) that arise out of necessity rather than choice (e.g. due to illness or death) often indicate that a child’s well-being may be at risk.

One qualification concerns boys in households with migrants in Eastern Europe who are much less likely than boys from non-migrant households to be in education beyond the age of 15. On the one hand, the decision to drop out of education is a voluntary one and reflects prevailing incentives, especially labor market opportunities. On the other hand, poverty may lead these young men and their parents to adopt a very short time horizon and neglect the impact of their decision on their long-term employment prospects if demand for skills continues to increase. We suggest that policy interventions should begin by addressing the large performance gap of boys relative to girls in the Moldovan education system generally, both in terms of average grades and enrollment ratios beyond the age of 15. More specifically, vocational training opportunities could be created that teach skills that have a demonstrable payoff in the labor market in Moldova and abroad.

Among welfare indicators for elderly individuals, emotional well-being (measured by an index of depression) is strongly affected by household composition (and implicitly by the

absence of adult migrant children). Elderly do best emotionally when they live in a household with an adult child. Those with children in the same raion or elsewhere in Moldova are still a little better off than those with migrant children or no children at all. Elderly who live with their adult children also assess their own health status more positively and are much more likely to have help with basic mobility tasks when required. Mobility is not affected by household composition or the place or residence of grown children. None of our measures of wellbeing are affected by whether an elderly individual is a caregiver. Life satisfaction as a comprehensive measure of elderly well-being also depends on a secure livelihood; given the low level of pensions in Moldova, a secure livelihood is more likely if the elderly receive remittances.

Nine in ten elderly individuals in Moldova have grown children and many will probably live with them when they can no longer cope independently. However, a small but growing number of elderly will not be able to live with grown children and rely on them for support. Institutions need to be in place to cater for them. Policy interventions may usefully aim to strengthen social ties beyond the core family and to safeguard and enhance existing community services for elderly. To strengthen emotional ties with grown children abroad, cheaper international communication, more wide-spread internet access, and diaspora policies that increase migrants' commitment to their home communities may all be helpful.

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