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Impact of Parental Migration on Physical Health and Education of Left Behind Children in Gaindakot, Nepal

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Abstract

Parental migration in Nepal affects the well-being of children left behind, impacting their physical health and education. To assess the effects of parental migration on physical health and academic status of Left Behind Children (LBC) versus Non-Left Behind Children (NLBC) in grades 4–12 in Gaindakot Municipality, Ward No. 5, East Nawalparasi. Using exploratory and descriptive design, data were collected through structured and unstructured interviews with students, parents/caretakers, and academic coordinators. Both qualitative and quantitative analyses compared health and academic outcomes between LBC and NLBC. More female students participated. Most LBC lived with extended family. LBC often consumed school canteen food instead of homemade meals, harming physical health. Migrant-parent households lacked proper study environments, negatively affecting health and academics. NLBC showed better health and academic performance than LBC. Parental migration adversely impacts LBC's physical health and education. Enhancing family support and home study conditions, alongside targeted policies, can help improve LBC outcomes.

Keywords: parental migration, school going children, Gaindakot municipality, left behind children (LBC), households (HHS), non-left behind children (NLBC)

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Introduction

Migration is frequently employed by parents as a coping strategy to alleviate poverty and unemployment within their families. Often motivated by the desire to secure a better future for their children, parents migrate to improve household income through remittances. While migration is recognized for its potential to elevate living standards and provide financial support for education, health, and nutrition, it also entails significant psychosocial costs that can affect the development, survival, and educational experiences of children left behind. These costs may include emotional distress, reduced parental care, and social exclusion, with left-behind children often overlooked in social policy frameworks (Cortina, 2014; Kunwar, 2022).

Migration is increasingly understood as a socio-economic behavior, with a growing number of women migrating independently for work, challenging previous assumptions of female migrants as passive dependents of male migrants. The primary impetus for parental migration is the lack of adequate employment opportunities

in home countries, with children's future welfare being a central motivating factor (Galbraith, 1979). However, parental absence, especially maternal migration, can have adverse consequences on children's educational attainment and emotional well-being, underscoring the central role of mothers in child care and education (Antman, 2012; Thoma, 2010).

In Nepal, labor migration is a well-established livelihood strategy contributing substantially to household economies through remittances. While these funds can alleviate liquidity constraints and support educational investment, less is known about the broader impacts on children's psychosocial health, academic performance, and overall life satisfaction in migrant households. International and internal migration create varying degrees of separation, potentially limiting parent-child interaction and emotional support critical during formative years (Hu, 2013).

Problem Statement

Despite the acknowledged economic benefits of parental migration, there remains an insufficient understanding of its complex impacts on left-behind children's physical health and academic outcomes, particularly in developing countries like Nepal. The psychosocial stress and fragmentation of family structures may increase vulnerability to school dropout, diminished educational attainment, and health challenges among these children. Existing studies have predominantly focused on international migration or broad economic effects, often neglecting detailed assessments of left-behind children's lived experiences within their local communities.

Furthermore, parental migration decisions are frequently made without full awareness of their children's emotional and developmental needs, especially when mothers migrate, given their critical caregiving role. This knowledge gap limits effective policy responses to support left-behind children's well-being. There is an urgent need for empirical investigation into how parental migration affects children's physical health, academic performance, and home study environment, particularly in settings where migration is prevalent and children rely on extended family care.

Research Objective

This study aims to examine the impact of parental migration on the physical health and academic status of left-behind school-going children in Gaindakot Municipality, East Nawalparasi district, Nepal. Specifically, it seeks to compare the physical health, educational outcomes, and home study conditions of Left Behind Children (LBC) with those of Non-Left Behind Children (NLBC) studying in grades 4 through 12. Through this analysis, the study endeavors to inform local stakeholders and policymakers on the multifaceted effects of parental migration and support the development of targeted interventions to improve the well-being of children in migrant families.

Literature Review

The movement of persons from one state to another, or within their own country of residence for the various purposes of employment is termed as labor migration. Migration can be international (movement from one country to another), internal (movement within a country), and transnational regarding spatial variability (movement from one nation-state to another live their lives across borders). The impacts of migration often result in fragmented families, where children are separated from their parents over extended periods of time, an issue prevalent in both internal and international migration (Disaster Management and Climate Change Programme, [BRAC], & Centre for Climate Change and Environmental Research [C3ER], 2017).

Children are affected by migration when they are left behind by one or both migrating parents. The impact of migration on children and adolescents must be seen in the broader context of poverty and conflict, and within the perspectives of vulnerability and resilience, gender relations and children's rights. The Convention on the Rights of the Child (CRC) protects every child, regardless of nationality or immigration status. Effective

migration policies need to be accompanied by additional investments in health, education and social protection to address the risks faced by left behind children and adolescents or those who are migrating (Child Rights Information Center [CRIC], 2008).

Studies on workforce development, marketing strategies, and job satisfaction highlight crucial factors influencing organizational and economic growth. Mishra et al. (2023) demonstrate that foreign employment significantly enhances returnee workers' human capital, fostering entrepreneurial skills and attitudes that contribute positively to local business development. In the competitive industrial sector, Mishra (2019) emphasizes the importance of adopting innovative marketing strategies—such as product differentiation, pricing, and distribution—to sustain market share and navigate evolving consumer demands effectively, particularly in the cement industry. Complementing these insights, Dahal et al. (2021) explore job satisfaction within Nepal's federal governance context, identifying organizational climate, leadership style, and resource availability as pivotal to employee motivation and productivity, thereby suggesting that targeted improvements in these areas are essential for maximizing workforce efficiency and adapting to structural changes. Together, these studies underscore that integrating skill development, strategic marketing, and employee well-being is fundamental for sustainable economic and organizational advancement.

In most of the developed countries, the term "left behind-children" is used to describe those children who fall behind in well-being, mainly relating to material well-being, education and health. To clarify, in this thesis, "left behind-children" (LBC) refers to children who experience prolonged separation from their migrant worker parent(s). The number of LBC is high in many low-and middle-income countries, where an increasing number of parents have joined the global movement of workers responding to labor shortages in wealthier region. For instance, overseas working, including a large number of female migrant workers, is particularly common in some Southeast Asian countries (Zhao, 2017).

Parental absence due to migration is also a double-edged sword. On the one hand, remittances helps to increase the family's spending power, which results in increased educational outlay, a decrease in child labor and improved living standard; on the other hand, the children left behind may have to deal with age-inappropriate responsibilities, such as fulfilling roles of parent to junior family members in the absence of the parents, feelings of anxiety, loneliness and other psychological problems which may result in compromised academic achievement and a spectrum of other behavioral and developmental issues (Filippa et al., 2013).

The positive impact of parental migration on academic achievement of children left at home may be surprising. However, they are in line with findings from other countries. Using data for preschool children, find evidence that mother's migration has a positive effect on their children's cognitive outcomes, the driving force of this effect being the increased family income following migration. The previous study provides evidence that having a migrant mother increases the years of schooling of children left home in the Philippines. It also shows that children from migrant households experience better schooling outcomes. The effects of remittances of migrated parents seem to outweigh the detrimental effects of living in a migrant family, and grades improve. Other studies show that missing the main adult caregiver may be harmful for school achievement, although they measure different outcomes. Various researchers found evidences for Albania that the absence of the father following migration has a negative impact on school attendance, the effect being higher for girls than for boys. Also, they found that living in migrant households lowers the probability for children to finish a high school (Botezat & Pfeiffer 2014).

China's rapid development and urbanization has induced large numbers of people migrating rural from their homes in the countryside to urban areas in search of higher wages. As a consequence, it is estimated that more than 60 million children in rural China are left behind and live with relatives, typically their paternal grandparents. These children are called Left Behind Children (or LBCs). There are concerns about the potential negative effects of parental migration on the academic performance of the LBCs that could be due to the absence of parental care. However, it might also be that when a child's parents work in the city away from home, their remittances can increase the household's income and provide more resources and that this can lead to better academic performance. Hence, the net impact of out-migration on the academic performance of LBC is unclear (Bai et al., 2018).

Recent studies have shown that parental migration often leads to the deterioration of the physical and psychological health of left-behind children. For example, in Sri Lanka, parental migration resulted in children's increased vulnerability to malnutrition and mental, emotional, psychiatric, and hyperactive disorder. Researchers also found that parental migration was associated with a negative impact on the physical and emotional condition of left-behind children (Pajaron, 2018).

One example of a research project by Episcopal Commission on the Pastoral Care of Migrants and Itinerant People /Apostleship of the Sea-Manila, the Scalabrini Migration Center, and the Overseas Workers Welfare Administration cooperated on a nationwide on 2003 found that children of migrants performed better than the children of non-migrant households, not only in terms of school attendance, but also in terms of result and achievement. The findings suggest that the economic benefits of parental migration somehow translate into better outcomes for the children of migrant households.

The positive effect on children's academic performance may reflect specific patterns of investments by migrant parents. Bryant (2005) argues that in the Philippines remittances were used to send children to private schools, which were considered better than public schools. He also suggested that children in left behind households have a higher probability of attending private schools, and that on average they got better grades than non-migrant household's children. Finally, the extra income a household gains from remittances may allow children to delay entering the workforce in order to further their studies, increasing the final level of education.

Some negative aspect with regard to school attendance may also be linked with the risk that the departure of wage earners from a household disrupt family life. Absence of adult role models in the home, may increase the problem of child-rearing responsibilities to the present household members. It also places greater demands on older children to assist in running and supporting the household chores (Acosta 2006), which make it more difficult for older children to remain in the school (Rossi, 2009).

Concerning towards the nutritional status mixed results have been noticed in different countries and contexts. The nutrition status is 34 percent of LBC are reported underweighted in Sri Lanka compared to that of NLBC which comes to be 18 percent (Wickramage et al., 2015). Similarly, 30 percent of LBC are found to be underweighted compared to the children in non-migrant households in Thailand which was reported 18 percent (Jampaklay et al., 2018). This data shows that there is deep association between the child growth and nutrition.

In Bangladesh, LBC from the migrant households is better off in terms of nutritional development than the children living with parents (Islam et al., 2019). Similarly, younger children (aged 6 to 12) are more likely to be overweight than older ones (aged 12 or older) (de Brauw & Mu, 2011).

On the basis of indicators prepared to measure the progress of child growth and nutrition

across different age groups, we found that NLBC of age group 3–5 years have a significant lower proportion of weight/height for-age scores relative to LBC (Zhou et al., 2015) and younger children of age 6 to 12 years are found to be over weighted in China (Zhou et al., 2015). The prevalence of wasting, overweight and obesity is found in LBC in comparison to NLBC (IOM & Save the Children (2018) reported that the LBC are less healthy in terms of height and weight in comparison to children of non-migrant households. Mother migration is also one of the responsible factors for children's height/weight-for-age (Mo et al., 2016).

Prevalence of diseases such as respiratory difficulties and diarrhea is noticed higher in LBC. The rate of helminths infection has been also found higher among the children living with both parents (39%) than LBC (25%) and anemia is also seen almost equal in both group (Zhou etal., 2015). Most of the children in migrant households are likely to get sick compared to non-migrant families (Botezat & Pfeiffer, 2014). So, it is important to understand that the presence of mother together with children makes a huge difference in child's health. Inadequate care at home usually results in poor health conditions in the children (Zhao, 2017). Poor health condition has higher probability of school failure, grade retention and dropout. Because of parental migration LBC may not get adequate care from grandparents due to which various health problems arises. Health services provided at school can alleviate the problem of absenteeism, and late-coming tendency in children (Sharma et al., 2021).

Methodology

This study is supposed to address the consequences of parent's migration and its impact in the physical health, and academic status of the children left behind. This study covers Gaindakot Municipality, Nawalpur district in the Gandaki Province of Southern Nepal. In this research, from Gaindakot-5, out of 1596 households only those households were selected which has school going children studying from Grade-4 to Grade-12. School going children, their guardians of Gaindakot-5 and their academic coordinators were interviewed.

Methodology adopted in this study is the combination of broad range of qualitative and quantitative survey tools, which allows for adoption of local condition required when researching the often hidden and invisible aspects of parental migration and its impact on the children left behind.

In terms of research design this study is exploratory as well as descriptive types which mainly focus to analyze the physical health, and the academic status of the children studying in Grade-4 to Grade-12 who all are left behind and to compare the physical health, and the academic status of the children between Left Behind Children (LBC) and Non-Left Behind Children (NLCB). This study is based on primary data collection from the field survey.

In field study there were three types of households.

- Non-migrant households
- Migrant households
- Single parent migrants
- Both parents' migrants

Households were selected by the random sampling methods. A sampling frame of all households of ward no. 5 was made. Sampling interval was finalized by using formula;

$$K = N/n$$

Where,

K= Interval of Sample households

N= Total Households of ward no 5 (1596)

n= required sample size

so, $K = \frac{K}{N}$

or, $K = \frac{1596}{310} = 5.14$

Sample Design and Sample Size

$$SS = \frac{Z^2 \times p \times (1-p)}{C^2}$$

Where,

- SS= Sample Size
- Z= value,(Explained below)
- p=percentage of picking choice (Take as 0.5)
- c=Confidence Interval or Margin of error, (Expressed in decimal)
- Value of Z is taken as calculated by taking standard deviation of confidence level (%)

Example, confidence level is 95 per cent then standard deviation of 95 per cent is 1.96.

Confidence level is 99 per cent then standard deviation is 2.58.

$$\text{Sample Size SS} = \frac{(1.96)^2 \times 0.5 \times}{(1\text{-}0.5)(0.05)^2} = 384.16$$

$$\text{True Sample} = \frac{(\text{Sample Size (SS)} \times \text{Population})}{(\text{Sample Size (SS)} \times \text{Population-1})}$$

If we are taking a survey of 1596 households with 95 per cent of confidence and 5 per cent of error, the required sample size was:

$$\text{True Sample} = \frac{(384.16*1596)}{(384.16+1596\ -1)}$$

= 309.78

= 310 Households (CRS, 1982).

So, for 1596 households of study area sample size of 310 households were supposed to visit but due to covid-19 pandemic only 299 households were visited and all the school going children of Grade-4 to Grade-12 were interviewed.

Results and Discussion

Socio-demographic Characteristics of the Respondents

In this study table 1 identified that out of 377 respondents 30.2 per cent respondents were from migrant households and 69.8 per cent respondents were from non-migrant households studying in grade-4 to grade-12 out of which 47.5 per cent were boys and 52.5 per cent were female children. 37.4 per cent completed secondary level and 28.4 per cent had completed primary level. Highest percentage (67.6 %) of respondents were of 9-15 years and 32.4 per cent were of 16-22 years. 69.8 per cent respondents were living with their parents whereas 30.2 per cent were living with relatives or care takers. From the migrant HHs 64.9 per cent either father or mother have been migrated whereas in some migrant HHs 35.1 per cent both parents have migrated.

Table 1

Socio-demographic Characteristics of the Respondents

Variables	Frequency	Percent
Household (HH)		
Migrant HH	114	30.2
Non-migrant HH	263	69.8
Total	377	100.0
Sex		
Boys	179	47.5
Girls	198	52.5
Total	377	100.0

Variables	Frequency	Percent
Education (Completed Level)		
Primary Level (1-5)	107	28.4
Lower Secondary Level (6-8)	129	34.2
Secondary Level (9-12)	141	37.4
Total	377	100.0
Age		
9-15 years	255	67.6
16-22 years	122	32.4
Total	377	100.0
With whom living		
Parents	263	69.8
Relatives/Care taker/others	114	30.2
Total	377	100.0
Parental Migration status		
Father/Mother	74	64.9
Both Parents	40	35.1
Total	114	100.0

Note. Field Survey, 2021

Physical health of the respondents

Table 2 reveals about some information related to physical health of the respondents of both the HHs. The highest (46.5%) and 49 per cent of respondents from migrant HHs and non-migrant HHs respectively have their food and khaja at school canteen. In frequency of sickness per month respondent from non-migrant HHs have 71.4 per cent no sickness whereas 61.4 per cent are from migrant HHs. Similarly, 29.8 per cent respondents from migrant HHs and 22.3 per cent from non-migrant HHs seldom become sick. Highest percentage (72.7% and 61.4%) respondents from non-migrant and migrant HHs respectively become absent for 1-2 days in the school per month similarly, 29.8 and 22.3 per cent respondents from migrant and non-migrant HHs respectively become absent for 3-5 days in the school per month. 57.9 per cent respondents from migrant HHs ask money for tiffin while going school which is followed by 42.1 per cent respondents do not ask. Similarly, 69.2 per cent respondents from non-migrant HHs ask money for tiffin while going school which is followed by 30.8 per cent respondents do not ask. Highest percentage (47.7% and 57.1%) respondents from migrant and non-migrant HHs respectively were sick for 1 day in the school per month, 52.3 per cent and 42.9 per cent respondents from migrant and non-migrant HHs respectively were sick for 2-3 days in the school per month. 44.6 per cent and 41.3 per cent respondents from migrant and non-migrant HHs respectively were sick in the school due to stomach pain, 36.9 per cent and 31.7 per cent respondents from migrant and non-migrant HHs respectively were sick in the school due to headache, and 7.7 per cent and 23.8 per cent respondents from migrant and non-migrant HHs respectively were sick in the school due to menstrual problem, 4.6 per cent and 3.1 per cent respondents from migrant HHs were sick in the school due to toothache, earache and fever respectively and 1.6 per cent respondents from non-migrant HHs were sick in the school due to fever and toothache.

Table 2

Some Information Related to Physical Health of the Respondents

Variable	Migrant		Non Migrant	
	Frequency	Percent	Frequency	Percent
Provision of Food and Khaja				
Homemade	31	27.2	109	41.4
Packed Food (Junk Food)	22	19.3	16	6.1
School Canteen	53	46.5	129	49.0
Nothing	8	7.0	9	3.4
Total	114	100.0	263	100.0
Frequency to become sick per month				
No Sickness	70	61.4	188	71.4
Seasonal Change	10	8.8	14	5.3
Seldom	34	29.8	59	22.3
Total	114	100.0	263	100.0
Frequency of being absent per month in school				
1-2 days	49	61.2	24	72.7
3-5 days	31	38.8	9	27.3
Total	80	100.0	33	100.0
Asking money for tiffin while going school				
Yes	66	57.9	182	69.2
No	48	42.1	81	30.8
Total	114	100.0	263	100.0
Money or Homemade food brought by the Respondents in school				
Money	82	71.9	152	57.8
Homemade	25	21.9	95	36.1
Nothing	7	6.1	16	6.1
Total	114	100.0	263	100.0
Frequency of Respondents being sick in school per month (Days)				
1 day	31	47.7	36	57.1
2-3 days	34	52.3	27	42.9
Total	65	100.0	63	100.0
Sort of Sickness of Respondents in School				
Earache	2	3.1	---	---
Fever	2	3.1	1	1.6
Headache	24	36.9	20	31.7
Menstrual Problem	5	7.7	15	23.8
Stomach Pain	29	44.6	26	41.3
Toothache	3	4.6	1	1.6
Total	65	100.0	63	100.0

Note. Field Survey, 2021

Table 3

Mean Difference in Physical Health Among the Respondents from Migrant and Non-migrant HHs

Physical Health Score	N	Mean	SD	Mean Difference	t value (df = 375)	p Value
Migrant	114	8.80	1.70	-0.742	-3.884	<0.001
Non-migrant	263	9.54	1.70			

Note. Field Survey, 2021

Table 3 shows that among 114 migrant and 263 non-migrant HHs' respondents from migrant HHs had physical health score of 8.8 (±1.7 SD) whereas, respondents from non-migrant HHs had mean score of 9.5 (±1.7 SD). Hence, difference of mean physical health score is obtained as -0.742 which is statistically significant (p <0.001). It entails that respondent from non-migrant HHs had better physical health as compared to respondents from migrant HHs.

Educational Status of Children

Table 4 reveals that majority (59.6%) respondents from migrant HHs have well HH environment for study whereas, respondents from non-migrant HHs have only 55.5 per cent well HH environment for study. 33.8 per cent and 27.2 per cent from non-migrant HHs and migrant HHs respectively have very well HH environment for study and no one has worst in migrant HHs whereas and 0.4 per cent respondents from non-migrant HH have worst environment for study. Non-migrant HHs has the highest (62.7%) well condition of sanitation at home whereas majority (58.8%) respondents from have well condition of sanitation at home from migrant HHs. 62.3 per cent respondents from migrant HHs and 60.1 per cent respondents from non-migrant HHs have well educational performance in the school. In the same way 65.9 per cent respondents from migrant HHs have good self-sanitation in the school whereas 61.6 per cent respondents from non-migrant HHs have good self-sanitation in the school. 50 per cent and 31.9 per cent respondents from migrant and non-migrant HHs respectively have normal class performance 4.4 per cent and 0.8 per cent respondents from migrant and non-migrant HHs respectively have worst class performance.

Table 4

Factors Related to Academic Status of the Respondents

Household (HH)	Household Environment for the Study								Total
	Very well		Well		Normal		Worst		
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent	
Migrant HH	31	27.2	68	59.6	15	13.2	–	–	114(100.0)
Non-migrant HH	89	33.8	146	55.5	27	10.3	1	0.4	263(100.0)
Total	120	31.8	214	56.8	42	11.1	1	0.3	377(100.0)
Condition of Sanitation at Home									
Migrant HH	31	27.2	67	58.8	16	14.0	–	–	114(100.0)
Non-migrant HH	83	31.6	165	62.7	15	5.7	–	–	263(100.0)
Total	114	30.2	232	61.6	31	8.2			377(100.0)
Educational Performance of Respondents in the school									
Migrant HH	22	19.2	71	62.3	19	16.7	2	1.8	114(100.0)
Non-migrant HH	69	26.3	158	60.1	33	12.5	3	1.1	263(100.0)
Total	91	24.2	229	60.7	52	13.8	5	1.3	377(100.0)

Household (HH)	Household Environment for the Study								Total
	Very well		Well		Normal		Worst		
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent	
Self-sanitation of respondents in the school									
Migrant HH	24	21.1	75	65.9	13	11.4	2	1.8	114(100.0)
Non-migrant HH	84	31.9	162	61.6	15	5.7	2	0.8	263(100.0)
Total	108	28.6	237	62.9	28	7.4	4	1.1	377(100.0)
Class performance of the Respondents									
Migrant HH	17	14.9	35	30.7	57	50	5	4.4	114(100.0)
Non-migrant HH	67	25.5	109	41.4	84	31.9	3	1.1	263(100.0)
Total	84	22.3	144	38.2	141	37.4	8	2.1	377(100.0)

Note. Field Survey, 2021

Below Table 5 shows that 96.5 per cent and 98.1 per cent respondents wish to go school regularly from migrant and non-migrant HHs respectively whereas only 3.5 per cent and 1.9 per cent respondents do not wish to go school regularly from migrant and non-migrant HHs respectively. Equal percentage (50%) respondents from migrant HHs were self-motivated and were not self-motivated in their studies whereas 58.6 per cent respondents from non-migrant HHs were self-motivated and 41.4 per cent were not self-motivated in their studies. 70.2 per cent respondents from migrant HHs were not regular in school whereas 87.5 per cent respondents from non-migrant HHs were regular in school. 64 per cent and 22.1 per cent respondents from migrant and non-migrant HHs respectively do not do their homework regularly whereas 36 per cent and 77.9 per cent respondents from migrant and non-migrant HHs respectively do their homework regularly. Majority (64%) respondents from migrant HHs were not self-motivated in their study whereas 36 per cent respondents from migrant HHs were self-motivated in their study. Similarly, 63.1 per cent respondents from non-migrant HHs were self-motivated in their study and 36.9 per cent respondents from non-migrant HHs were not self-motivated in their study.

Table 5

Factors Related to the Respondents Affecting Academic Status of the Respondents

Variables	Migrant		Non-migrant	
	Frequency	Percent	Frequency	Percent
Wish of Respondents to go School Regularly				
Yes	110	96.5	258	98.1
No	4	3.5	5	1.9
Total	114	100.0	263	100.0
Respondents' Self-Motivation in their Studies at Home				
Yes	57	50	154	58.6
No	57	50	109	41.4
Total	114	100.0	263	100.0

Variables	Migrant		Non-migrant	
	Frequency	Percent	Frequency	Percent
Regularity of Respondents in school				
Yes	34	29.8	230	87.5
No	80	70.2	33	12.5
Total	114	100.0	263	100.0
Doing Homework regularly by the Respondents				
Yes	41	36	205	77.9
No	73	64	58	22.1
Total	114	100.0	263	100.0
Respondents' Self-Motivation in their studies in school				
Yes	41	36	166	63.1
No	73	64	97	36.9
Total	114	100.0	263	100.0

Note. Field Survey, 2021

Below Table 6 shows that 52.5 per cent respondents from non-migrant HH obtained 3.6-4.0 GPA in the last examination whereas 41.2 per cent respondents from migrant HH obtained 3.6-4.0 GPA in the last examination. Similarly, 52.6 per cent respondents from migrant HH obtained 2.8-3.2 GPA in the last examination and 44.5 per cent respondents from non-migrant HH obtained 2.8-3.2 GPA in the last examination. 86.3 per cent respondents from non-migrant HHs study 0-3 hours every day at home, followed by 13.7 per cent respondents from non-migrant HHs study 4-8 hours every day at home whereas, 81.6 per cent, respondents from migrant HHs 0-3 hours every day at home followed by 18.4 per cent respondents' study 4-8 hours every day at home. Highest (54.4%) respondents from migrant HHs wake up at 6:00-8:00 am in the morning similarly, 45.6 per cent respondents from migrant HHs wake up at 4:00-5:45 am early in the morning whereas 52.5 per cent respondent from non-migrant HHs wake up at 6:00-8:00 am followed by 47.5 per cent respondents wake up at 4:00-5:45 am early in the morning from non-migrant HHs respectively. 67.5 per cent and 63.9 per cent respondents' bed time were 10:00 pm to 1:30 am from migrant and non-migrant HHs respectively. 32.5 per cent and 36.1 per cent respondents go to their bed at 6:00 to 9:30 pm respectively from migrant and non-migrant HHs.

Table 6

Factors Related to the Respondents about Their Academic Status, Wake up Time and Bed Time

Variables	Migrant		Non-migrant	
	Frequency	Percent	Frequency	Percent
GPA obtained in the last examination				
3.6-4.0	47	41.2	138	52.5
2.8-3.2	60	52.6	117	44.5
2.0-2.4	7	6.2	8	3.0
Total	114	100.0	263	100.0

Variables	Migrant		Non-migrant	
	Frequency	Percent	Frequency	Percent
No. of Hours Respondents study at Home				
0-3 hours	93	81.6	227	86.3
4-8 hours	21	18.4	36	13.7
Total	114	100.0	263	100.0
Usual Wake up time of Respondents in the morning				
4:00-5:45 am	52	45.6	125	47.5
6:00-8:00 am	62	54.4	138	52.5
Total	114	100.0	263	100.0
Usual Bed time of the respondents				
6:00-9:30 pm	37	32.5	95	36.1
10:00 pm-1:30 am	77	67.5	168	63.9
Total	114	100.0	263	100.0

Note. Field Survey, 2021

Table 7

Mean Difference in Academic Status Among the Respondents from migrant and non-migrant HHs

Academic Status	N	Mean	SD	Mean Difference	t value (df = 375)	p Value
Migrant	114	15.25	3.16	-2.633	-7.431	<0.001
Non-migrant	263	17.88	3.16			

Note. Field Survey, 2021

Table 7 shows that among 114 migrant and 263 non-migrant HHs' respondents, respondents from migrant HHs had academic status score of 15.25 (±3.16 SD) whereas, respondents from non-migrant HHs had mean score of 17.88 (±3.16 SD). Hence, difference of mean academic status score is obtained as -2.633 which is statistically significant ($p < 0.001$). It entails that respondent from non-migrant HHs had better academic status as compared to respondents from migrant HHs.

Discussion

Parental migration deeply affects children left behind, influencing their physical health, educational performance, and psychosocial well-being. As noted by the Child Rights Information Center (CRIC, 2008), implementing effective migration policies should be coupled with investments in health, education, and social protection to mitigate risks faced by left-behind children (LBC) and adolescents.

The family serves as the primary support system for children during challenges, but parental migration disrupts this essential support, often resulting in weakened emotional bonds and care deficits. This phenomenon threatens children's development, metaphorically weakening the "pillars of the nation" (Mishra et al. (2023; Fillipa e al. (2013) emphasizes that leaving children in the home country may be a conscious strategy by parents to improve children's lifestyle through remittances, which in some contexts can enhance schooling outcomes, as shown by Botezat and Pfeiffer (2014) in the Philippines.

However, empirical evidence is mixed regarding migration impacts on academic performance. Studies from Albania have revealed that paternal absence particularly affects school attendance and completion rates, disproportionately impairing girls' education (Antman, 2012). Similarly, Bai et al. (2018), estimates over 60 million LBC in rural China experience academic and emotional challenges due to parental absence.

More severe consequences are evident in Sri Lanka and Romania, where parental migration correlates with increased child malnutrition, mental health disorders, and physical illnesses (Pajaron, 2018; Botezat & Pfeiffer, 2014). Sharma et al. (2021), further report high rates of underweight children among LBC in Sri Lanka and Thailand, indicating the strong link between migration, nutrition, and child growth.

Conversely, some contexts show LBC benefiting from improved nutritional status due to increased household income, such as Bangladesh (Islam et al., 2019) and younger children being more prone to overweight status (de Brauw & Mu, 2011). Nonetheless, disease prevalence such as respiratory infections and diarrhea remains higher among LBC, underscoring ongoing health vulnerabilities.

Notably, the presence of the mother is critical to positive health outcomes. Migration of mothers is linked to reduced breastfeeding and vaccination rates, contributing to poorer child hea (Nguyen, 2016). This inadequate home care frequently leads to health-related school absenteeism, impeding academic progress and increasing dropout risk.

The data from this study corroborate these patterns, demonstrating that children from migrant households have statistically significantly lower physical health and academic status scores compared to children from non-migrant households. Behavioral patterns such as higher spending on school canteen food versus homemade meals, irregular school attendance, low motivation, and incomplete homework among LBC further illustrate the indirect effects of parental absence on children's educational engagement.

Given the complex interplay of economic benefits and psychosocial costs, it is critical to develop comprehensive support systems for LBC. Health and nutrition awareness campaigns targeting children and caregivers can improve balanced diets and hygiene practices. Ensuring regular, supportive communication between migrant parents and children is essential for emotional well-being. Community-based child and youth centers can provide safe spaces for education, psychosocial activities, and awareness of child rights, abuse prevention, and labor exploitation issues (CRIC, 2008).

The establishment of a national database documenting LBC and their migrant parents would strengthen service delivery and enable policy monitoring. Integrating child protection issues into national children's rights plans, alongside enhanced school-based monitoring of academic performance and behavior, can further promote LBC well-being. Curriculum revisions incorporating these themes are also valuable for long-term impact.

Finally, addressing the root causes of parental migration through employment generation within Nepal would help maintain family cohesion and strengthen the social fabric to nurture future generations. This requires coordinated multisectoral policies across labor, education, health, and social protection sectors.

Conclusion

This study highlights the significant impact of parental migration on the physical health and academic status of children left behind in migrant households compared to those from non-migrant households. The absence of one or both parents creates gaps in parental care, emotional support, and guidance, which are essential for a child's well-being and educational success. Children in migrant families were found to have poorer physical health and lower academic achievement, facing challenges such as irregular school attendance,

lack of motivation, inadequate study environments at home, and unhealthy eating habits.

The findings reveal that children left behind are more likely to engage in behaviors that negatively affect their health and school performance, including reliance on school-provided food instead of homemade meals and a higher tendency for absenteeism and incomplete homework. These challenges underscore the critical role that consistent parental presence and attention play in nurturing healthy development and academic progress.

Therefore, addressing the needs of left behind children requires a multifaceted approach that includes increasing awareness among children and caregivers about balanced nutrition, hygiene, and the importance of maintaining strong communication between migrating parents and their children. Supportive community structures, such as child and youth centers, can provide safe environments and platforms for education and psychosocial support.

Moreover, systematic efforts such as establishing a national database to track and support left behind children, integrating relevant policies in child rights plans, and enhancing monitoring and evaluation mechanisms within schools are essential. These steps will help ensure that left behind children receive the care, protection, and educational support they need.

Finally, recognizing the consequences of parental migration calls for broader social and economic strategies aimed at generating local employment and reducing the necessity for migration. Such measures will help preserve family integrity and contribute positively to the well-being of children, thereby strengthening families, communities, and the nation as a whole.

Further research is encouraged to explore additional dimensions of the impact of parental migration on children, including psychological well-being, behavioral aspects, juvenile delinquency, and dropout rates, to provide a more holistic understanding and inform comprehensive interventions.

Implications

- **Policy and Program Development:** Governments should design migration policies inclusive of social investments targeting LBC's health, nutrition, education, and psychosocial support to minimize adverse effects.
- **Caregiver Support and Training:** Enhance capacity-building for caregivers (often grandparents or other relatives) to provide nurturing environments, promote balanced diets, and encourage educational engagement.
- **Parental Communication:** Facilitate means for regular, meaningful interaction between migratory parents and children to mitigate emotional detachment and loneliness.
- **Health and Nutrition Programs:** Implement school and community-based programs to improve children's physical health, detect early symptoms of malnutrition and illness, and reduce absenteeism.
- **Education System Intervention:** Strengthen monitoring of attendance, motivation, and academic performance of LBC, with tailored interventions like tutoring and counseling.
- **Research and Data Management:** Promote action-based research covering broader psychosocial dimensions and maintain updated databases for targeted service provision and policy formulation.

These integrated measures are vital for ensuring that the economic benefits of migration do not come at the cost of children's development and future prosperity.

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