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Resilience and Risk Factors in Children Originated from Families in which Parents Migrate due to Labor Conditions

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Abstract

In the circumstances of emotional delicacy and fragility in children, family separation endangers the quality and homogeneity of their development, exposing them to several risks. The phenomenon of migration is not new; however, the contemporary provides a few characteristics that know no valences in the previous societies. Therefore, there are new labels rooted as “home alone generation” and “euro-orphans”. Our objective is to identifying protective and risk factors in behavior, cognitive and emotional development in children with parents working abroad. The study includes children aged 6-10 years divided into two groups. The study group is formed out of children originated from biological families in which parents, both or only one of them have migrated abroad. And, the control group is formed of children with parents at home. Around investigating the behavior, emotional and cognitive development, we used projective techniques, drawing techniques: Tree test, Bonhomme test, SDQ questionnaires (The Strengths and Difficulties Questionnaires) completed by parents/caregivers to assess emotional and behavioral problems in children. The results argue for the occurrence of resilience in the presence of several protective factors resulting from workshops

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within curricular and extracurricular educational activity as a counterbalance for risk factors, implying the fact of having a parent/both parents migrated.

Keywords: children, resilience, protective factors, risk factors, parents, migration.

Introduction

In assessing the Romanian migration phenomenon was used to highlight changes in type, destination and intensity of this phenomenon. At the beginning of the 90s migration became a social phenomenon of great importance that crosses several phases (Constantinescu, 2002). Thus, if at first migration was done to reunify families; later, it was based upon labor, due to economic needs and shortly became fundamental in this respect (Nussbaum *et al.*, 2017; Bica *et al.*, 2016).

Migration as a phenomenon generates unfavorable consequences both at micro- and macro-social levels (Santana *et al.*, 2018). One of these consequences reflects upon family integrity, hence the *de novo* appearance of labels that have been ingrained in the form of “home alone generation” and “euro-orphans” (Patchett, Finch, & Cresswell., 2018; Serban, 2009). Parents, one or both, under economic pressure migrate abroad aiming a better life for their offspring (Montwe *et al.*, 2018; Mkhathshwa, *et al.*, 2017). In an interview conducted with one of the mothers, which after a long period of time abroad, came back to home for a few days, said: “*Afore, I could barely nourish him, now I can send him to school and assure a decent life*”.

Ritual is the very first formula for a coherent and general concept in life (Serban, 2009). In the mythical world the “orphan child” is attributed several meanings, being found in various Romanian and South-Eastern stories. In one of the Romanian legends following the mother’s sacrifice, the child is approved as deity, seizing to exist as human; it is cared for by fairies, rocked by the wind and bathed by rain. The child is one, single, unique and through him/her worlds arise. He/she arises directly from the heart of the elements: water, rain, wind. The orphan child is subject of Romanian folkloric creations being attributed deity traits, and his/her tragic fate determines the later heroic vocation. However, in the context of the child’s emotional delicacy and fragility, family segregation threatens its evolutive traits and homogeneity, exposing him/her to various risks (Essex, 2015).

Resilience research is based upon understanding the reason for which some children are more vulnerable than others when facing adverse effects of the unfavorable environment (Frolinger *et al.*, 2018; Nussbaum *et al.*, 2014). Resilience is better revealed when approached from the developmental processes point of view (Park & Schepp, 2018; Ijadi-Maghsoodi *et al.*, 2017). Certainly, resilience comprises and is based upon multiple and various factors: from biological to life

events, cognitive factors and coping mechanisms (Doi *et al.*, 2018; Nussbaum *et al.*, 2014). The plurality of factors eventually leads to a resilience structure with inherent characteristics (Sellberg *et al.*, 2018). Known, is the fact that the current social environment makes it more difficult to the parents to develop skills for stress endurance.

Several terms are to be fulfilled to develop the ability to resilient to stress: early attachment and parental interaction – the base for child’s morality; development of educational intimacy – that conducts to immunity in front of existential trauma; proper educational environment (Mahedy *et al.*, 2019). Given the impact on children all over Romania of parental absence through migration, we aim to emphasize the resilience of children from Calan, a town in Hunedoara County, Romania. This town is a representative example of decreasing socio-economic levels and thus a high rate of labor migration. Thereby, within Calan several children are raised by only one parent, grandparents or an outer family caregiver, however they benefit from curricular and extracurricular programs within their schools.

The objective of the study was to identify protective- and risk factors in behavior, cognitive and emotional development in children with parents working abroad (Nussbaum *et al.*, 2017; Nussbaum *et al.*, 2014).

Material and methods

During its industrial activity, Calan a town located in the Hunedoara County of Romania, encountered several national and international premieres: the statute of the largest furnace in Romania (the late XIXth century), the world first industrial plant for coke and semi-coke production through fluidization, use of furnace blowers produced and designed by Romanian specialists and the manufacturing of casting machine for steelworks straight from Romanian first fusion cast iron.

Currently, due to nearly complete cessation of the former industrial platform, upon which the population depended almost entirely, along with the dismissal of most employees; unemployment rates exploded, thus Calan faces serious economic and social problems. Moreover, according to the census conducted in 2011 the city population amounted 11,279 decreasing from the previous census conducted in 2002, when there were recorded 13,030 people (Ionescu, 2013).

Given the socio-economic problems that welcome new generations, local schools have organized various activities within the Children’s club: Drama, Children Theatre, Decorative Art, Dance, Soccer, Computer World Traveling, The Art of Behaving, Classes of English and Spanish, Personal Development and Psycho-Behavioral groups for Children and Preadolescents; and trainings for parents and caregivers.

Thereby, this study was conducted in Calan, Hunedoara County within two Elementary Schools under the patronage of Ovidiu Densusianu Technological

High School, in between 01. 12. 2013-14. 02. 2014. There were included 50 children aged between 6-10 years. They were randomly selected from the abovementioned schools and were divided into two equal groups (N=25). The control group comprised children from well-organized families, whereas the study group comprised children with a background of dysfunctional family. The term of dysfunctional family refers to families in which one/both parents is/are migrant/s because of low economic standards, thus arising the need to provide adequate financial support to the family left behind. Each of the groups includes 11 male children and 14 female children.

Within the study, we applied projective techniques (the drawing technique: Tree test, Bonhomme test and the SDQ Questionnaire - The Strengths and Difficulties Questionnaires) on both parents/caregivers and their children, with the purpose of assessing the children's cognitive, emotional and behavioral levels. These techniques were applied within an organized Creative workshop.

Both parents and children were prior informed about the workshop and this study through brochures, in which the purpose, terms and form of the study were explained. All the caregivers of the children from the study signed the inform consent form. The tests were applied by a Child and Adolescent Psychiatrist, who in a collaboration with the Professor – Head of the Children's Club and the Elementary Schools' Psychologist provided supervision within the workshop. At the end of the workshop, the material was gathered for interpretation by the Child and Adolescent Psychiatrist and a psychologist.

The data thus collected was organized in a Microsoft Excel 2007 data base, comprising of the following fields: identification data (name, initials), demographics (age, gender), type of caregiver (parent, grandparent and outer family caregivers), SDQ Questionnaire (divided into – emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial behavior and SDQ total), the Bonhomme test (score and interpretation) and the Tree test analysis that was divided into traits of adaptability, personality and environmental relations, together with general traits defined as E1, E2, E3, E4, E5. Data analysis was performed using SPSS (Statistical Package for the Social Sciences) version 17.0 and EpiInfo 7. The groups were compared using unpaired t-tests or the χ^2 test. $p < 0,05$ was considered significant.

The study was approved by the Ethics and Research Committees of each School included and of Louis Turcanu Children's Emergency Hospital – Department of Child and Adolescent Psychiatry.

Results and discussions

This study was conducted on a total of 50 children and implied the: SDQ test analysis, test du Bonhomme analysis, tree test analysis and correlation analysis.

SDQ analysis

Following data acquisition and SDQ tests interpretation the following values were returned: normal, borderline and abnormal for both each of the SDQ subcategories (emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial behavior) and SDQ total. Data analysis in this respect returned no significant differences among the two groups (study and control) (*Table 1* and *Table 2*). Fact, justified by the presence of resilience protective factors, such as: secure attachment, the presence of a career within the family, above average intelligence. These findings are like Jordan and Graham's findings published in 2012 (Nussbaum *et al.*, 2017; Podariu, Podariu, & Popovici, 2017).

Table 1. SDQ tests

	SDQ emotional symptoms					SDQ hyperactivity			
	Control	Study	χ^2	P		Control	Study	χ^2	P
Normal	64%	52%	4,17	0,12	Normal	80%	92%	1,54	0,46
Borderline	20%	8%			Borderline	8%	4%		
Abnormal	16%	40%			Abnormal	12%	4%		
	SDQ conduct problems					SDQ peer problems			
	Control	Study	χ^2	P		Control	Study	χ^2	P
Normal	76%	52%	3,54	0,17	Normal	64%	52%	2,73	0,25
Borderline	12%	16%			Borderline	20%	12%		
Abnormal	12%	32%			Abnormal	16%	36%		
	SDQ prosocial behaviour					Total SDQ			
	Control	Study	χ^2	P		Control	Study	χ^2	P
Normal	80%	72%	1,20	0,55	Normal	64%	52%	2,73	0,25
Borderline	20%	24%			Borderline	20%	12%		
Abnormal	0%	4%			Abnormal	16%	36%		

Bonhomme test analysis

In terms of the Test du Bonhomme, which aims cognitive assessment, again differences were not significant within the two studied groups. Thus, we identified children with: normal intellectual functioning in proportion of 76% in both groups, borderline intellectual functioning in proportion of 8% for the control group and 12% for the study group; and mild mental retardation in 12% for the study group and 16% for the control group ($\chi^2=0,34$, $p=0,84$) (*Table 2*). This is justified by the

presence of competent trainers, a friendly teaching-learning environment, active methods of teaching and learning, continuous stimulation through curricular and extracurricular programs within schools.

Table 2. Numerical data analysis

T-Test	Mean		SD		P
	Control	Study	Control	Study	
Bonhomme Test	21.16	20.24	5.14	4.79	0.51
SDQ Total	10.4	13	5.3	7.05	0.14

Tree test analysis

The tree test interpretation was divided into traits of adaptability, personality and environmental relations, together with general traits defined as E1, E2, E3, E4, E5. Within each category of traits, several key elements were highlighted. Thus, statistical significance between the two groups was found within adaptability traits ($\chi^2=5.82$, $p=0.016$), which translates into a reduced capacity to adapt in children coming from dysfunctional families. Also, notable, were elements of conformity, timidity, mental trauma, narcissism and tenderness as shown in Table 3. Noteworthy is the low incidence of these latter elements I the study group. All these are justified by the presence of competent trainers; a friendly teaching-learning environment; active methods of teaching and learning; providing high availability; usage of until then unexplored; dormant resources and abilities; new skills and resources acquisition.

Table 3. Tree test analysis

ADAPTABILITY TRAITS						
	Control	Study	χ^2	P	χ^2	P
Conformism	8	0	7,29	0,007**	5,82	0,01*
Low intelligence	1	1	0,52	0,47		
Need for affection	2	2	0,27	0,6		
Prudence	8	4	0,99	0,32		

PERSONALITY TRAITS						
	Control	Study	χ^2	P	χ^2	P
Immaturity	15	12	0,32	0,57	0,016	0,9
Inhibition	2	0	0,52	0,47		
Practical person	1	4	0,89	0,35		
Shyness	16	0	20,68	0,000006**		
Psychological trauma	11	3	4,86	0,027*		
Vivacity	5	7	0,11	0,74		
Criticism	1	3	0,27	0,6		
Narcissism	2	2	0,27	0,6		
Prudence	9	14	1,28	0,26		
Stiffness	17	15	0,09	0,77		
Adaptability	0	2	0,52	0,47		
PERSONALITY TRAITS/ENVIRONMENTAL RELATIONS						
	Control	Study	χ^2	P	χ^2	P
Impulsivity	2	2	0,27	0,6	0,228	0,632
Shyness	15	11	0,72	0,39		
ENVIRONMENTAL RELATIONS						
	Control	Study	χ^2	P	χ^2	P
Narcissism	18	8	6,49	0,01*	0,14	0,7
Uncertainty	5	1	1,7	0,191		
Sociability	21	23	0,189	0,663		
Enthusiasm	4	0	2,44	0,11		
Fear of reality	2	2	0,27	0,6		
Extrovert	5	5	0,12	0,723		
Independent	9	3	2,74	0,097		
Aggressiveness	4	8	0,98	0,32		
Introverted	7	9	0,09	0,761		
Regression	6	6	0,1	0,74		
Sensitivity	9	2	4,19	0,04*		
Opportunism	8	6	0,09	0,75		
Weak will	0	5	3,55	0,059		
Impulsivity	0	3	1,41	0,23		
GENERAL TRAITS E1						

	Control	Study	χ^2	P	χ^2	P
Shyness	14	20	2,29	0,13	0,045	0,831
Vitality	11	5	2,29	0,13		
GENERAL TRAITS E2						
	Control	Study	χ^2	P	χ^2	P
Lack of vivacity	19	12	3,05	0,08	3,05	0,08
Vivacity	6	13	3,05	0,08		
GENERAL TRAITS E3						
	Control	Study	χ^2	P	χ^2	P
Gentleness	25	21	2,44	0,11	0,13	0,71
Irritability	0	2	0,52	0,47		
Quarrel of opposing trends	0	2	0,52	0,47		
GENERAL TRAITS E4						
	Control	Study	χ^2	P	χ^2	P
Impulsivity	15	13	0,08	0,77	0,03	0,84
Fear	8	11	0,33	0,56		
GENERAL TRAITS E5						
	Control	Study	χ^2	P	χ^2	P
Scrupulosity	24	19	2,65	0,1	0,08	0,77
Choleric temper	1	6	2,65	0,1		

Correlation analysis within the study group

In this part of the study we tried to highlight the global correlations between the studied fields. So, the study revealed a direct correlation between the test du Bonhomme and the children's age ($p=0.001$) – explained by a direct relation between cognitive development and age. Another important element is the increased frequency in traits of independence and extroversion in the presence of an outer family caregiver ($p=0.04$), facts of protective factors regarding resilience also described by Chen and George in 2005. Moreover, Emotional Symptoms SDQ correlates with conduct problems SDQ, as evidenced by the increased frequency of abnormal emotional status related to an increase in conduct behavior disorders ($p=0,005$).

Another direct correlation ($p=0,04$), relates traits like: the need for affection, passivity and prudence to normal and borderline Conduct problems SDQ results, as compared to abnormal Conduct problems SDQ results, where these traits are almost unmentioned within the analyzed drawings. Direct correlation between

Prosocial behavior SDQ and Peer problems SDQ ($p=0,005$), is translated by the Prosocial behavior SDQ tendency to borderline-abnormal traits together with Peer problems SDQ to abnormal, these being risk factors for resilience, as resilient children are described to be capable of social and emotional normal traits by Dobrescu (Nussbaum *et al.*, 2014; Nussbaum *et al.*, 2017; Wong *et al.*, 2018).

Regarding Prosocial behavior SDQ as borderline, it relates to Tree Analysis General Traits E2 as vivacity ($p=0.004$). Fact justified by the presence of negative factors, socio-economic status and the absence of one or both parents. In Peer Problems SDQ normal results tend to be correlated with traits of fantasy and opportunism ($p=0.03$) as mentioned to be protective factors by Ionescu (2013). The control of behavioral is significantly mediated by the routine like sleep rhythmicity and resilience. (Wong *et al.*, 2018) Whereas, elements of psychological trauma and vivacity are more frequent in children with normal intellectual functioning compared to those with borderline intellectual functioning and mild mental retardation ($p=0.04$). Normal intellectual functioning is more frequently associated with traits of fantasy and opportunism in the children comprising the study group ($p=0.035$). And, the older the child gets ($p=0.01$) less evident are the psychological trauma traits and vivacity traits in the tree test interpretation, thus resilience protective factors dressed up an education, workshops within curricular and extracurricular workshops help in a positive mental development as denounced by Ionescu (2013).

Conclusions

Resilience is a novel theme of great interest throughout Child and Adolescent Psychiatric World. Thus, our study supports the promotion of health and wellbeing among children, centered upon positive emotions, thoughts, traits and behaviors. This was achieved by integrating special curricular and extracurricular workshops in schools with the purpose of giving and teaching both children and their family/caregivers how to cope with the absence of a parent/both parents by migration in terms of labor. Therefore, using the results of our study and of similar studies to come, we hope to improve and create collaborative projects between medical and teaching staff aiming the composition of a system that moderates the effects of resilience risk factors, whereas nurtures protective factors.

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These authors contributed equally to this work and thus share first authorship.

References

- Bica, A., Podariu, A.C., Krems, C.D., Podariu, A.S., Popovici, R.A. (2016). Tooth Brushing Behavior in 6-11 Year Olds Children and the Importance of a Break of Tooth Brush Once a Day in School. *Revista de Cercetare si Interventie Sociala*, 54, 115-124.
- Constantinescu, M. (2002). Theories of International Migration. *Romanian Sociology*, (3-4), 93-114.
- Doi, S., Fujiwara, T., Ochi, M., Isumi, A., & Kato, T. (2018). Association of sleep habits with behavior problems and resilience of 6- to 7-year-old children: results from the A-CHILD study. *Sleep Med*, 45, 62-68.
- Essex R, (2018). Health, Social Movements, and Australian Immigration Detention, *Am J Public Health*, 108(5), 614-615.
- Frolinger, T., Smith, C., Cobo, C.F., Sims, S., Brathwaite, J., de Boer, S., Huang, J., Pasinetti, G.M. (2018) Dietary polyphenols promote resilience against sleep deprivation-induced cognitive impairment by activating protein translation, *FASEB J*. 2018 Apr 27, doi: 10.1096/fj.201800030R.
- Ijadi-Maghsoodi, R., Marlotte, L., Garcia, E., Aralis, H., Lester, P., Escudero, P., & Kataoka, S. (2017). Adapting and Implementing a School-Based Resilience-Building Curriculum Among Low-Income Racial and Ethnic Minority Students. *Contemp Sch Psychol*, 21(3), 223-239.
- Ionescu, S. (2013). *Tratat de rezilienta asistata*, Bucuresti: Trei.
- Mahedy, L., Harold, G.T., Maughan, B., Gardner, F., Araya, R., Bevan Jones, R., Hammerton, G., Sellers, R., Thapar, A., & Collishaw, S. (2018), Resilience in high-risk adolescents of mothers with recurrent depressive disorder: The contribution of fathers. *J Adolesc*, 65, 207-218.
- Mkhatshwa, N. (2017). The gendered experiences of children in child-headed households in Swaziland. *Afr J AIDS Res*, 16(4), 365-372.
- Montwe, D., Isaac-Renton, M., Hamann, A., & Spiecker, H. (2018). Cold adaptation recorded in tree rings highlights risks associated with climate change and assisted migration, *Nat Commun*, 9(1), 1574.
- Nussbaum, L.A., Andreescu, N., Nussbaum, L., Gradinaru, R., & Puiu, M. (2014). Ethical Issues Related to Early Intervention in Children and Adolescents with Ultra High Risk for Psychosis: Clinical Implications and Future Perspectives, *Revista Romana de Bioetica*, 12(3), 64-81.
- Nussbaum, L.A., Ogodescu, A., Hoge, L.M., Nussbaum, L., & Zetu, I. (2017). Risk Factors and Resilience in the Offspring of Psychotic Parents. *Revista de Cercetare si Interventie Sociala*, 56 (1), 114- 122.
- Park, S., & Schepp, K.G. (2018). A theoretical model of resilience capacity: Drawn from the words of adult children of alcoholics, *Nurs Forum*. Apr 25. doi: 10.1111/nuf.12255.
- Patchett, R., Finch, T., & Cresswell W. (2018) Population consequences of migratory variability differ between flyways, *Curr Biol*, 28(8), R340-R341.
- Podariu, A.S., Podariu, A.C., Popovici, R.A. (2017). Communication Strategy on Oral Health Education for Adolescents. *Revista de Cercetare si Interventie Sociala*, 58, 68-80.

- Santana, G.L., Coelho, B.M., Wang, Y.P., Chiavegatto Filho, A.D.P., Viana, M.C., & Andrade, L.H. (2018) The epidemiology of personality disorders in the Sao Paulo Megacity general population, *PLoS One*, 13(4), e0195581.
- Sellberg, M.M., Ryan, P., Borgstrom, S.T., Norstrom, A.V., & Peterson, G.D. (2018). From resilience thinking to Resilience Planning: Lessons from practice. *J Environ Manage*, 217, 906-918.
- Serban, M. (2009). The Need for Innovation in Romanian Migration Politics. *Quality of Life*, XX (1-2), 79-90.
- Wong, M.M., Puttler, L.I., Nigg, J.T., & Zucker, R.A. (2018). Sleep and behavioral control in earlier life predicted resilience in young adulthood: A prospective study of children of alcoholics and controls. *Addict Behav*, 82, 65-71.