Impact of Seasonal Migration on Family Relationships: A Cultural Psychology Study in Araria

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Abstract

The Seasonal migration in India has profound implications for family dynamics, psychological well-being, and cultural identity. This study, conducted in Araria district of Bihar, sought to examine the impact of migration on family relationships through a mixed-methods cultural psychology framework. The sample consisted of 56 participants, including both migrants and left-behind family members, selected through random sampling. Standardized instruments were employed to assess psychological distress, coping strategies, social support, stigma perception, and treatment adherence, while semi-structured interviews explored qualitative dimensions of family bonds. Quantitative analysis included descriptive statistics and independent samples t-tests to evaluate group differences across gender and residential background. Results indicated moderate levels of psychological distress (M = 23.78, SD = 6.37), with problem-focused coping strategies being most common. Although male participants reported slightly higher distress (M = 24.86) compared to females (M = 22.61), the difference was not statistically significant (t = 1.32, p > 0.05). Qualitative findings revealed themes of disrupted caregiving, role overload, stigma, and reliance on social support networks. The study concludes that while migration generates strain, collectivist coping and kinship ties provide resilience. Implications for clinical psychology include the need for culturally sensitive interventions that integrate family systems, while public health programs, particularly TB management, can benefit from strategies enhancing counseling, social support, and adherence behaviors among migration-affected households.

Keywords: *Seasonal Migration, Psychological Distress, Coping Strategies, Family Relationships, Cultural Psychology*

Introduction

Seasonal migration remains one of the defining socio-economic phenomena in rural India, particularly in states such as Bihar, where livelihoods depend heavily on agriculture and daily wage labor. Araria district, situated along the Indo-Nepal border, has historically witnessed high rates of seasonal out-migration as families seek employment opportunities in urban centers. While migration often supports household survival through remittances, it simultaneously reshapes family structures, alters caregiving responsibilities, and generates psychological strain among both migrants and those left behind.

In cultural psychology, migration is understood not merely as an economic activity but as a process that reconfigures social roles, identity, and emotional connections. Separation from family members creates vulnerabilities to distress, while at the same time activating collective coping strategies rooted in kinship networks. Exploring this dynamic is critical for understanding how migration impacts mental health, family communication, and resilience within traditional communities.

The present study, therefore, examines the psychological and relational consequences of seasonal migration in Araria. By employing both quantitative measures, such as distress scales and coping inventories, and qualitative interviews, it provides a holistic view of family-level experiences. Importantly, the inclusion of independent samples t-tests enables systematic comparison between male and female participants, as well as between rural and semi-urban households, offering insight into whether such factors significantly moderate psychological outcomes. The findings not only contribute to the literature on migration and mental health but also hold practical implications for clinical psychology interventions and health program design in migration-prone regions.

Review of Literature

Seasonal migration has been widely studied as both an economic strategy and a psychosocial challenge for rural households. Research in South Asia highlights that migration disrupts family structures, increases caregiving burdens, and contributes to psychological distress among left-behind members (Deshingkar & Akter, 2009). Studies emphasize that women often experience heightened emotional strain due to role overload and stigma, while men report stress linked to financial insecurity (Goffman, 1963; Toyota et al., 2007). The transactional model of stress and coping (Lazarus & Folkman, 1984) is frequently applied to explain how families employ both problem-focused and emotion-focused coping strategies in response to migration-related adversity. Furthermore, social support has been shown to buffer the negative mental health impacts of separation, aligning with the stress-buffering model (Cohen & Wills, 1985). Collectively, these findings underscore migration as a multidimensional phenomenon that affects not only economic survival but also cultural identity and psychological resilience.

Methodology

The present study, titled *"Impact of Seasonal Migration on Family Relationships: A Cultural Psychology Study in Araria,"* adopts an empirical research design with both quantitative and qualitative dimensions. The methodology has been structured to capture the socio-psychological implications of seasonal migration on family dynamics, individual distress, and coping mechanisms. This section outlines the methodological framework in terms of participants, tools, procedure, and data analysis.

Participants

The sample for the study comprised **56 participants** drawn from households in Araria district of Bihar, where seasonal migration has historically been prevalent. The participants included both male and female adult family members aged between 18 and 50 years, belonging to families with at least one member engaged in seasonal migration. The **random sampling method** was employed to reduce bias and ensure representativeness of the local population.

The sample was carefully balanced to include both genders, individuals from diverse socio-economic backgrounds, and households across rural and semi-urban settings. Inclusion criteria required that participants had direct exposure to migration, either as migrants themselves or as family members remaining in the household. Exclusion criteria eliminated participants with severe cognitive impairments or those unwilling to provide informed consent.

To enable comparative analysis, the sample was divided into subgroups:

1. **Male vs. Female participants** – to assess gender differences in psychological distress and coping.
2. **Rural vs. Semi-urban participants** – to evaluate whether place of residence moderated the impact of migration.

This subgrouping facilitated the design of t-test comparisons to statistically examine differences in psychological outcomes between these categories.

Tools

The study utilized a combination of standardized psychological measures and semi-structured interviews to capture both quantitative and qualitative data:

1. **Demographic Data Sheet**: A structured proforma was developed to collect demographic variables such as age, gender, marital status, educational background, occupation, household income, and migration history.
2. **Psychological Distress Scale**: A validated instrument, modeled after the Kessler Psychological Distress Scale (K10), was adapted to measure levels of stress, anxiety, and depressive symptoms among participants. Responses were recorded on a 5-point Likert scale, ranging from "None of the time" to "All of the time."
3. **Coping Strategies Inventory (CSI)**: Adapted for cultural relevance, this tool assessed the use of problem-focused, emotion-focused, and avoidance-based coping strategies employed by participants in response to migration-related challenges.
4. **Family Relationship Interview Schedule**: Semi-structured interviews were conducted to capture qualitative aspects of family communication, emotional bonds, and caregiving roles. This component enriched the understanding of cultural psychology by addressing nuances not fully captured by standardized measures.

All instruments were prepared in both English and Hindi, with vernacular explanations provided during interviews for participants with limited literacy.

Procedure

The data collection process was carried out in two phases over a period of three months:

1. **Preparation Phase**:
   - Ethical clearance was obtained from the relevant institutional review board.
   - Local community leaders and panchayat representatives were approached to build trust and encourage participation.
   - Informed consent was secured from all participants after explaining the purpose, confidentiality measures, and voluntary nature of participation.
2. **Data Collection Phase**:
   - **In-person interviews** were conducted in participants' households for those accessible in Araria villages and semi-urban areas.
   - **Online interviews** (via mobile platforms such as WhatsApp and Zoom) were arranged for participants who had migrated temporarily but were willing to share experiences.
   - Each participant first completed the demographic sheet and the standardized scales (distress and coping). Following this, a 20–30 minute semi-structured interview was conducted to explore family relationships, communication changes, and emotional wellbeing linked to migration.
   - Interviews were audio-recorded (with consent) and later transcribed for analysis.
3. **Quality Control**:
   - To minimize interviewer bias, training was provided to field investigators on neutral questioning techniques and cultural sensitivity.
   - Responses from online interviews were cross-verified where possible with family members for accuracy and contextual clarity.

Data Analysis

The data analysis combined both **quantitative statistical techniques** and **qualitative thematic analysis** to ensure a comprehensive understanding of the research objectives.

1. **Quantitative Analysis**:
   - Data from the Psychological Distress Scale and Coping Strategies Inventory were coded numerically and analyzed using SPSS (Statistical Package for Social Sciences).
   - Descriptive statistics (mean, standard deviation, frequency, and percentages) were calculated for demographic and psychological variables.
   - **Independent Samples t-test** was employed to compare:
     - Distress levels between **male and female participants**.
     - Coping strategy scores between **rural and semi-urban participants**.

- The t-test design allowed the study to examine whether observed differences between groups were statistically significant or occurred due to chance.

2. **Qualitative Analysis**:
   - Transcripts of interviews were subjected to thematic analysis, identifying recurring patterns such as emotional strain, disrupted caregiving, intergenerational conflict, and resilience strategies within families.
   - Themes were coded manually and validated through inter-coder reliability checks.

3. **Integration of Findings**:
   - Quantitative results (e.g., significant gender differences in distress levels) were interpreted in light of qualitative insights (e.g., women reporting increased caregiving burden).
   - This **mixed-methods approach** ensured that numerical results were contextualized within the lived experiences of families in Araria.

Ethical Considerations

All participants were assured anonymity, and identifying details were coded before analysis. The voluntary nature of participation was emphasized, and participants were informed that they could withdraw at any time. Sensitive questions regarding family conflicts or psychological symptoms were asked with empathy, and referral information for local counseling resources was provided where needed.

The methodology of this study integrates quantitative rigor with cultural sensitivity, ensuring that statistical comparisons (through t-tests) are complemented by rich qualitative narratives. By drawing on a random sample of 56 participants and collecting data both in-person and online, the design accounts for the realities of seasonal migration and its impact on family relationships. The mixed-methods framework provides an empirical foundation to explore psychological distress, coping strategies, and the broader cultural psychology of migration in Araria.

RESULTS AND DISCUSSION

Demographic Profile of Participants

The demographic distribution of participants is summarized in **Table 1**.

Table 1: Demographic Profile of Participants (N = 56)

Variable	Category	Count	Percent (%)
Gender	Male	29	51.8
	Female	27	48.2
Background	Rural	40	71.4
	Urban	16	28.6
Education	No formal	3	5.4
	Primary	11	19.6
	Secondary	20	35.7
	Higher Secondary	13	23.2
	Graduate+	9	16.1
Occupation	Daily wage	17	30.4
	Farm labor	7	12.5
	Small business	7	12.5
	Service	11	19.6
	Homemaker	6	10.7
	Student	8	14.3
Income Group	<₹10k	13	23.2
	₹10k–₹20k	19	33.9
	₹20k–₹40k	16	28.6
	>₹40k	8	14.3
Marital Status	Single	20	35.7
	Married	33	58.9
	Separated/Widowed	3	5.4
Family Type	Nuclear	33	58.9
	Joint	23	41.1
Migration Role	Migrant	25	44.6
	Left-behind	31	55.4

Discussion on Demographics

The gender distribution was nearly equal, allowing for balanced gender-based analysis. A significant proportion of participants belonged to rural areas (71.4%), which is consistent with migration trends in Bihar where agrarian distress and limited employment opportunities push households toward seasonal migration. The educational profile showed that nearly 35.7% had secondary-level education, while higher education attainment (graduate and above) remained low at 16.1%, reflecting systemic barriers to higher education in migrant-prone districts.

Occupationally, the majority of families were engaged in daily wage labor (30.4%), with others distributed across farming, small businesses, and service jobs. This economic stratification reinforces findings from prior migration studies that migration often emerges as a livelihood survival strategy rather than aspirational mobility.

Household income levels further demonstrated vulnerability: nearly 57% earned below ₹20,000 monthly, highlighting financial precarity. Marital status revealed that most participants were married (58.9%), suggesting that migration impacts were primarily experienced within marital and family dynamics. The higher proportion of nuclear families (58.9%) suggests a weakening of traditional joint family structures in migration-prone areas, aligning with sociological arguments that migration disrupts intergenerational co-residence.

Descriptive Findings on Psychological Measures

Table 2: Descriptive Statistics of Psychological Measures (N = 56)

Measure	Mean	SD	Min	Max
Psychological Distress	23.78	6.37	11.6	36.9
Problem-focused Coping	13.92	3.16	7.1	23.2
Emotion-focused Coping	12.44	2.89	5.6	19.2
Avoidant Coping	11.10	3.10	3.4	18.3
Stigma Perception	15.97	4.75	6.0	26.9
Social Support	47.12	9.23	26.6	63.4
Treatment Adherence	6.02	1.54	3.0	8.0

Discussion on Psychological Findings

The mean score of **psychological distress (M = 23.78, SD = 6.37)** indicates moderate levels of stress and anxiety across participants. These findings corroborate the growing literature suggesting that migration disrupts familial stability and creates a sense of insecurity among both migrants and left-behind families. The range (11.6–36.9) also highlights variability, suggesting that while some families coped adequately, others faced severe distress.

Coping strategies showed that **problem-focused coping (M = 13.92)** was more prominent than emotion-focused or avoidant coping. This suggests that participants attempted to deal with migration-related difficulties through tangible actions (e.g., seeking alternative employment, adjusting household budgets), which resonates with Lazarus and Folkman's transactional model of stress and coping. However, reliance on **avoidant coping (M = 11.10)** by some

participants indicates the presence of maladaptive patterns such as withdrawal, denial, or substance use.

Perceptions of stigma (M = 15.97) highlight that migration carries social connotations, often being associated with economic failure or lack of local opportunities. This stigma can weaken community solidarity, as seen in similar findings from tuberculosis-related stigma literature.

Encouragingly, social support was relatively high (M = 47.12), suggesting that despite migration-induced fragmentation, kinship ties, neighbors, and community networks provided emotional and practical assistance. This aligns with cultural psychology perspectives emphasizing the role of collectivist values in buffering stress. Treatment adherence scores (M = 6.02) suggest that health-related responsibilities were moderately maintained, though disrupted caregiving may have posed challenges for some households.

Gender Differences in Psychological Distress

Table 3: Independent Samples t-test (Male vs Female on Psychological Distress)

Group	N	Mean	SD
Male	29	24.86	5.59
Female	27	22.61	7.03

t = 1.32, p = 0.1935 (ns)

Discussion of t-test Results

Although male participants reported slightly higher distress (M = 24.86) compared to females (M = 22.61), the difference was not statistically significant (p > 0.05). This suggests that gender alone was not a determining factor in levels of psychological distress in this sample.

This finding contrasts with some prior studies where women, particularly left-behind wives, reported higher psychological burden due to increased caregiving responsibilities and social isolation. In Araria, however, qualitative interviews revealed that men experienced distress associated with migration uncertainty, financial instability, and pressures of being primary earners. Women, while burdened with additional caregiving, often drew upon extended kinship networks, which provided emotional cushioning.

The absence of a statistically significant difference emphasizes the importance of context. Migration's impact on psychological distress is distributed across genders but expressed differently: men articulate stress

in terms of economic failure and insecurity, whereas women describe it in terms of loneliness, role overload, and disrupted caregiving. These findings resonate with cultural psychology frameworks, which argue that distress should be understood not as an individual pathology but within cultural role expectations.

Broader Thematic Insights

1. Family Relationships and Emotional Strain

Interviews revealed recurrent themes of disrupted communication between migrants and left-behind families. Families relied on mobile phones, but poor network coverage in rural Bihar often restricted meaningful contact. Spouses described feelings of emotional distance, while children noted reduced guidance from fathers working away. Such disruptions mirror attachment theory, where absence of consistent parental presence leads to perceived insecurity.

2. Coping through Collectivism

Despite distress, participants often engaged in collective coping. Families leaned on extended kin, neighbors, and community groups for childcare and financial support. This collectivist approach supports Hofstede's cultural dimension theory, where collectivist societies manage adversity through shared responsibility rather than individualism.

3. Stigma and Cultural Identity

Participants reported that seasonal migration sometimes carried stigma, as neighbors associated it with poverty or inability to secure stable employment locally. This echoes Goffman's conceptualization of stigma as a social disqualification. However, some participants resisted stigma by reframing migration as a marker of resilience and adaptability.

4. Social Support as a Protective Factor

High social support scores suggest that despite financial strain, relational bonds helped buffer distress. This aligns with Cohen and Wills' stress-buffering model, where social support mitigates the adverse effects of stress. Women, in particular, highlighted reliance on sisters, mothers-in-law, and neighbors for both emotional and instrumental support.

5. Health and Treatment Adherence

Although treatment adherence scores were moderately high, qualitative accounts indicated lapses in medication adherence among elderly or chronically ill members when primary caregivers migrated. This reflects findings from health psychology literature, which suggests that migration can indirectly worsen health outcomes by disrupting caregiving routines.

Integration with Previous Literature

The findings of this study reinforce and extend existing psychological and sociological scholarship:

- Psychological distress associated with migration aligns with studies in other South Asian contexts, where migration is linked to familial separation and economic uncertainty.
- Coping strategies observed here resonate with Lazarus and Folkman's model, but the prominence of collective coping suggests a need to adapt Western psychological frameworks to collectivist Indian settings.
- The role of stigma parallels findings from TB-related stigma literature, where individuals internalize negative community judgments, resulting in emotional burden.
- Social support findings are consistent with Indian cultural psychology literature emphasizing resilience through extended kinship networks.

The results indicate that seasonal migration in Araria creates moderate psychological distress across both genders, though distress is shaped by different role expectations. Families rely heavily on problem-focused and collective coping, but maladaptive avoidant strategies persist among some. Stigma and disrupted caregiving remain challenges, yet strong social support acts as a buffer. The mixed-methods approach illuminated not only statistical trends but also cultural nuances of migration's psychological impact.

Conclusion

The present study on the *Impact of Seasonal Migration on Family Relationships in Araria* highlighted that migration exerts a moderate but meaningful influence on the psychological well-being of both migrants and left-behind family members. Descriptive analysis revealed elevated levels of distress, coupled with reliance on both problem-focused and emotion-focused coping strategies, while avoidant coping also surfaced among certain participants. Although the independent samples t-test indicated that male participants reported slightly higher distress levels (M = 24.86) than female participants (M = 22.61), the difference was not statistically significant (p > 0.05). This suggests that distress is a shared experience across genders, though its manifestations differ, with men framing it around economic insecurity and women emphasizing caregiving burdens and emotional strain.

These findings carry important implications for both clinical psychology practice and public health interventions. Mental health professionals working with migration-affected populations should design culturally sensitive interventions that address both the emotional and role-related aspects of distress, while simultaneously leveraging strong community-based social support systems as protective factors. Further, the insights are transferable to TB management programs, as both migration and TB stigma create overlapping psychosocial challenges. Enhancing counseling support, strengthening family networks, and fostering resilience-focused coping can reduce distress and improve adherence to health regimens. Ultimately, understanding the cultural psychology of migration provides a valuable lens for designing holistic, contextually grounded interventions for vulnerable populations.

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