

1 **Psychosocial resilience among left-behind adolescents in rural Thailand: a qualitative exploration**

2

3

Abstract (199/200)

4 When parents migrate they often leave children behind with relatives. Despite being at higher risk of
5 socio-emotional problems, many left-behind children have good health and social outcomes, suggesting
6 their resilience. We sought to understand how adolescents with internal and international migrant parents
7 build resilience in Thailand. We conducted qualitative interviews with 24 adolescents aged 10-19, and
8 six caregivers, parents and community leaders. Interviews were transcribed, translated and analysed,
9 drawing on techniques from grounded theory. We found that resilience was built in a context where for
10 many families migration was a financial necessity and the parent-child relationship was mainly phone-
11 based. Adolescents built resilience using three key ‘resources’: *warmth* (love and understanding),
12 financial support and guidance. Adolescents with insecure parent or caregiver relationships, or with
13 caring responsibilities for relatives, were less likely to have access to these resources. These adolescents
14 sought emotional and financial independence, prioritised friendships, and identified role models to obtain
15 key resources and build resilience. The findings indicate practical and psychosocial barriers to building
16 resilience among left-behind adolescents in Thailand. Further work could explore pathways to mental
17 illness in this population, interventions that build peer networks and caregiver-child relationships, and
18 the use of technology to support remote parenting.

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20 **Word count:** 7,980

21

Introduction

22 Recent figures estimate a global population of 272 million international migrants and a far higher but
23 unknown number of people migrating within their own country (International Organization for
24 Migration, 2021). People mainly migrate for employment opportunities, but armed conflict and disasters

25 also drive people from their homes. Families may be separated by migration, and children are often left
26 behind with grandparents or aunts. Although there are no global estimates of the number of ‘left-behind’
27 children and adolescents, the figure is expected to be greater than 100 million (Fellmeth G & Rose-Clarke
28 K et al., 2018). Research has shown that, compared to those whose parents remain at home, left-behind
29 children and adolescents are at increased risk of depression, anxiety, suicidal ideation, conduct disorder,
30 substance use, and chronic and acute malnutrition (Fellmeth G & Rose-Clarke K et al., 2018). Potential
31 psychosocial mediators of these outcomes include lower parental supervision and support, and weakened
32 parent-child bonding (Wen & Lin, 2012). A study on left-behind children in the Philippines reported an
33 ‘emotional gap’ between left-behind children and their migrant mothers (Parreñas, 2005).

34

35 Despite these risks many left-behind children have good health and social outcomes, highlighting their
36 resilience in response to parental migration (Dong et al., 2019). In the field of child health and
37 development there is no consensus definition of resilience. Early research defined resilience as the
38 positive counterpart to vulnerability and suggested its dependence on protective psychosocial factors
39 such as communication and problem-solving skills, parental support and academic ability (Werner &
40 Smith, 1992). These factors were organised into a socio-ecological model of individual *assets*, and micro-
41 (family, peer and school), meso- (community) and macro-level *resources* (society and culture) (Fergus
42 & Zimmerman, 2005). More recently resilience has been viewed as a process or trajectory of adaptive
43 functioning in response to adversity (Bonanno, 2012). Rutter (Rutter, 2006) describes resilience as
44 relative resistance to environmental risks or the overcoming of stress or adversity. This definition
45 recognises the heterogeneity in individual responses to comparable levels of adversity (Rutter, 2012).
46 People with better outcomes following exposure to a stressor would be considered more ‘resilient’. Since
47 resilience is no longer viewed as a static trait, it has been argued that research on resilience should focus
48 on the underlying processes that drive individual differences in response to adversity (Rutter, 2006).

49

50 Research on resilience among left-behind children has demonstrated their capacity for resilience and
51 agency as a result of shifting family configurations (Graham & Yeoh, 2013). At an individual level, left-
52 behind children who understand their parents' motivation for migrating (e.g. for economic prosperity),
53 and who have agency to positively influence their lives, are able to build resilience (Hoang et al., 2015;
54 Hu, 2017). Some left-behind children demonstrate independence by finding ways to cope with their
55 problems themselves as they do not want to trouble their parents (Asis, 2006). At the family level, support
56 of extended family members and perceived closeness to household members may buffer against the
57 potential negative effects of parental migration (Lu, 2012; Xiao et al., 2019). Higher maternal education
58 is positively correlated with left-behind children's wellbeing, but there is no clear association between
59 family income and wellbeing (Jordan & Graham, 2012; Xiao et al., 2019). Family social capital relates
60 to the strength of the bond between parents and children and has been shown to mediate the effect
61 between parental migration and children's mental health (Wu et al., 2015). Caregivers may affect left-
62 behind children's resilience, for example poor mental health among caregivers can negatively impact
63 children's wellbeing (Jordan & Graham, 2012). Moreover, caregivers can help to support regular
64 communication between the left-behind child and migrant parent, which is as an important strategy for
65 promoting left-behind children's outcomes (Su et al., 2012). Left-behind children's wider social context,
66 including schools and the community, can also influence their resilience. Community social capital is a
67 measure of social connectedness within a neighbourhood and mediates the effect of parental migration
68 on children's mental health (Wu et al., 2015). In rural China, left-behind children with higher levels of
69 teacher support reported better health outcomes, school engagement and life satisfaction (Wen & Lin,
70 2012). Friendships have also been found to positively impact emotional well-being (Zhao et al., 2015).

71

72 Resilience could be an important public health strategy to support the development and health of left-
73 behind children. Although there is growing interest in the topic the literature is mainly based in China.
74 Existing studies have primarily relied on quantitative cross-sectional data collected using international

75 resilience screening tools. Fewer studies have explored resilience among left-behind children
76 qualitatively, or the processes and mechanisms children use to build resilience which could be targets for
77 future intervention. Research is also needed to understand children's agency and their perspectives on
78 parental migration (Jampaklay & Vapattanawong, 2013).

79

80 We sought to fill this research gap through a qualitative study of resilience among left-behind adolescents
81 in Thailand. An estimated 1.1 million Thais live abroad and migrant remittance inflows contribute 1.5%
82 (USD 7.5 billion) of Thailand's GDP (United Nations Thematic Working Group on Migration in
83 Thailand, 2019). Internal migration is more common in Thailand: in 2010 more than nine per cent of the
84 population had migrated internally within the previous five years and 22% did not live in their place of
85 birth (National Statistics Office, 2010b; United Nations Thematic Working Group on Migration in
86 Thailand, 2019). In 2012 an estimated 48% of internal migrants were women and they tended to remit
87 more often and in larger amounts than men (UNESCO et al., 2018). One in five Thai children and
88 adolescents aged 0-17 lives without their mother or father and rates are higher among poorer households
89 (National Statistical Office of Thailand, 2020). Through interviews with adolescents, caregivers and
90 other community stakeholders, we aimed to understand the process and strategies left-behind adolescents
91 use to build resilience, in which circumstances they employ these strategies, and the consequences for
92 adolescents, their families and the wider community.

93

94

Methods

Setting

96 We conducted the study in the North-east region of Thailand because it has the highest percentage of
97 children aged 0-17 living without either parent (36.0% versus the national average of 23.5%) (National
98 Statistical Office of Thailand, 2020). In this region, many children and adolescents are left behind due to
99 internal migration and international migration of parents to countries such as South Korea, Israel and

100 Taiwan. Literacy rates among women and men aged 15-49 years are 94.5% and 95.2% respectively, and
101 56.5% of children complete upper secondary school (National Statistical Office of Thailand, 2020).

102

103 Within the North-east region we worked in Udon Thani province, which has an estimated population of
104 1.3 million, 63% of whom live in rural areas (National Statistics Office, 2010a). Udon Thani is one of
105 20 provinces in the region comprising the Isan area, which has its own distinct cultural identity and
106 language.

107

108 **Theoretical framework**

109 In line with recent research, we adopted a working model of resilience as a positive developmental
110 trajectory or process influenced by interacting factors at multiple socio-ecological levels (Bonanno, 2012;
111 Masten & Barnes, 2018). We drew on methods from grounded theory because it is preferable for studying
112 action and processes. Existing research on the topic has neglected the voice of left-behind children:
113 incorporating grounded theory approaches forced us to prioritise the experiences of left-behind
114 adolescents and their families (Corbin & Strauss, 2008). We developed a model of resilience based on
115 the Paradigm Model, a Grounded Theory tool to help contextualise and model actions, interactions and
116 strategies (Strauss & Corbin, 1990).

117

118 **Data collection and analysis**

119 Data comprised transcripts from 20 interviews with adolescents aged 10-19. Of these interviews 17 were
120 conducted with individual adolescents, two were conducted with two adolescent siblings in each
121 interview, and one was conducted with three adolescent siblings in the same interview, hence the total
122 number of adolescents interviewed was 24. The reason for conducting interviews with more than one
123 adolescent at once was because these participants felt more comfortable being interviewed with their
124 siblings than being interviewed alone. Data were also collected through interviews with six adults who

125 were caregivers, parents, or community leaders. Through interviews with adolescents we sought to
126 understand concepts of resilience related to experiences of living without parents, health and social
127 outcomes that signify resilience, and pathways to resilience. The topic guide included questions such as
128 “How is life different for you compared to young people who are living with their parents?” “Can you
129 share any problems you have faced because you do not live with your parents, and how you tried to
130 overcome them?” “What helps you to do well in life?” We sampled adolescents whose mother and/or
131 father were migrants and who were living with an alternative caregiver such as a grandparent or aunt.
132 We aimed to sample an equal number of males and females from across the adolescent age range (10-19
133 years). Interviews with adults explored positive and negative aspects of caring for adolescents living
134 without their parents, their concepts of young people “doing well” and how caregiver-adolescent
135 relationships help or hinder young people’s development. Interviews were conducted in the local
136 language, Isan, by two female research assistants native to the province whose mother tongue is Isan.
137 Interviews were recorded, transcribed into Thai and reviewed by the last author. Transcripts were then
138 translated into English so they could be read by non-Thai-speaking members of the research team. The
139 last author checked the transcripts for accuracy and validity.

140

141 We collected data during October and November 2016. The first phase of analysis was conducted in
142 parallel with data collection and involved daily analytical debriefs with the research assistants and first
143 and last authors (Figure 1). During debriefs we discussed first impressions of the data and emergent
144 findings, whilst comparing and contrasting interviews. To be reflexive, we examined and critiqued our
145 own preconceptions of resilience. The first author wrote memos (detailed summaries) of these
146 discussions. For the first interviews we used a sampling framework to capture diverse experiences of
147 resilience and parental migration. However, during the debriefs we had analytical discussions about the
148 data which guided subsequent sampling and informed revisions of the interview topic guide. For
149 example, some of the discussions related to how parental marital status (married or divorced), caregiver

150 identity (grandparents, aunts and siblings) and the location of parents (Thailand or abroad) influenced
151 adolescents' experiences of being left behind. We sampled subsequent participants and added focussed
152 questions and probes to the interview topic guide to better understand the role of these factors in building
153 resilience. We interviewed two adolescents whose experience deviated from that of other participants.
154 One had previously been left behind but both parents had since passed away. Another lived with both
155 parents but her father had previously been an international migrant. We specifically sampled these
156 participants to strengthen the analysis by enhancing sensitivity to the data through comparison with other
157 cases. The technique (negative or deviant case analysis) is commonly used in grounded theory analysis
158 to test or strengthen theoretical models. Village health volunteers, familiar with the migration status of
159 families in their communities, helped us to identify potential participants according to our sampling
160 criteria and approached them in the first instance to ask if they would be interested in participating.

161

162 The second phase of analysis followed data collection (Figure 1). The first and last authors read through
163 the translated transcripts and the first author conducted open coding of all the transcripts using NVivo.
164 During this stage we identified emergent codes and refined them through constant comparison between
165 segments of data. We wrote early summary and analytical memos (total 33 memos) about these codes
166 and transcripts. Early memos were discussed with members of the study team. The first author then
167 carried out axial coding of the transcripts, identifying higher level categories (concepts) from the initial
168 open codes and relating these categories to each other. This involved identifying the core category (a
169 category appearing frequently in the data, related to all other categories, and growing in depth with the
170 addition of each additional category), causal conditions, context, consequences and strategies (Corbin &
171 Strauss, 2008). We used the Paradigm Model to help structure and theoretically link categories, and as a
172 starting point for a model of psychosocial resilience among left-behind adolescents (Strauss & Corbin,
173 1990). We conducted a member check of the final resilience model with the research assistants.

174

175 **Ethical considerations**

176 We obtained ethical approval for the study from Mahidol Institute for Population Research Institutional
177 Review Board, and from University College London Ethics Board. Our ethical approach was informed
178 by international guidance on collecting data from children and young people (Devries et al., 2016).
179 Research assistants conducting the interviews received training on maintaining confidentiality, listening
180 without judging, and building rapport. We obtained informed written consent from participants as well
181 as consent from caregivers for participants younger than 18. We explained to participants that
182 participation was voluntary, choosing not to participate would not disadvantage them in any way, and
183 they could stop the interview or skip questions at any point. We conducted interviews in or around
184 participants' homes in a place where they felt comfortable and could not be overheard. We offered
185 support to particularly vulnerable adolescents to help them access appropriate services.

186

187

188

RESULTS

189 We interviewed 13 female adolescents, nine male adolescents, and two adolescents who self-identified
190 as *katoey*, meaning transgender or 'third gender/sex' (Jackson, 2000). All but one of the adolescents were
191 enrolled in education including non-formal and vocational programmes. One adolescent aged 19 was not
192 currently enrolled though they were planning to pursue further education. Table 1 summarises the
193 characteristics of these adolescents. We also interviewed six adults: a village health volunteer, a village
194 headman, three caregivers (grandfather, sister, and aunt) and a mother working abroad who had
195 temporarily returned home. The duration of interviews ranged from 27 to 95 minutes (mean 58 minutes).

196

197 Figure 2 presents the model of psychosocial resilience among left-behind adolescents in Udon Thani.

198 This section describes individual components of the model.

199

200 **Context in which resilience develops**

201 We identified social factors that differentiate the experience of resilience in this population from
202 experiences in other contexts and appeared to shape the behaviour and actions of left-behind adolescents
203 and their families.

204

205 ***Migrating out of necessity***

206

207 *“Because society changed the cost of living is higher. Making a living [...] like before isn’t going to be*
208 *enough. [...]. I think that [migrating is] the only solution to find money to support their family because*
209 *the expense is high. You can’t just plant anything or go in the field and find some potatoes to eat like*
210 *before.”* Village health volunteer

211

212 Adolescent participants were at different ages when their parents migrated. An 11-year-old boy’s parents
213 had left during the previous year. The mother of a 14-year-old girl left home when her daughter was less
214 than three months old.

215

216 *“[At 11 years old] I was old enough to understand that [Dad] had to go. There wouldn’t be money for*
217 *school if he didn’t. So, it was okay. I stayed with my grandparents.”* Female aged 14

218

219 Adolescents explained that their parents’ absence was necessary to pay for education, health care or,
220 more generally, to earn money. An 18-year-old female described feeling pressure to study hard because
221 her mother was working to support her daughter’s studies and could not return home until she had
222 graduated. Adolescents perceived that working abroad was a quick way to earn a large amount of money
223 and some aspired to work abroad like their parents. Adolescents perceived internal migration as less

224 lucrative: a 14-year-old katoey wanted their parents to work abroad instead of in Thailand to earn more
225 money for the family.

226

227 The frequency of parents' visits home was variable. A 14-year-old female said her parents visited from
228 Israel every three years whereas a 15-year-old katoey with internal migrant parents stayed with their
229 mother during the school holidays.

230

231 ***Phone-based parenting***

232 When asked about the difference between adolescents living with and without their parents, a caregiver
233 explained:

234

235 *"No, [living without parents is] not different. Now the era has changed. The tradition has also changed*
236 *a lot and I think now there are phones and well, it's all about the phone!"* Grandfather

237

238 All adolescents had a mobile phone. Most had smart phones that enabled them to make video calls.
239 Friendships, relationships between adolescents and their parents, and romantic relationships were carried
240 out, at least in part, online. A 13-year-old female described how she was introduced by a friend to her
241 future husband on Facebook.

242

243 The frequency of communication with parents varied from daily video calls to no contact at all.
244 Communication was mainly via apps such as Facebook or Line, though some adolescents with parents
245 living in Thailand were able to use landlines. Phone and video calls enabled adolescents to maintain
246 relationships with their parents and provided a means for parents to care for their children remotely.

247

248 *"If there's an issue I would talk to my mom first and then my mom would talk to my grandparents."* Male
249 aged 16

250

251 Remote care was apparently more transactional than care that might have been provided in person.

252 Adolescents said they called their parents when they wanted money, a new phone or computer, or when

253 they needed their parents as advocates. They also called them to talk about problems at school or home,

254 to get help with homework, or to obtain permission to stay with friends or attend a pop concert.

255

256 ***Care and control***

257 Prior to their parents' departure most adolescents were already living with their caregiver in an extended

258 family household. The absence of parents resulted in other family members taking over the day-to-day

259 care of adolescents. This was beneficial for both parents and caregivers when caregivers received

260 remittances from the parents.

261

262 *"I'm the only one who sticks with her. I'm her shelter. I'm her bank. I'm like an ATM machine but*

263 *available 24 hours with no card required."* Grandfather

264

265 Caregivers' responsibilities included providing financial support, relationship and health advice,

266 transport, help with homework, attending 'parent days' at school, and discipline. Adolescents described

267 how caregivers sometimes used corporal punishment. An 11-year-old male described how his

268 grandmother hit him when she discovered he had been smoking. Another male said his grandmother hit

269 him when he teased his sister.

270

271 *"[Living without parents is] not that difficult. Whether Mom is here or [abroad], my grandparents are*

272 *the ones acting like my parents."* Female aged 14

273

274 Some adolescents perceived their caregivers as substitutes for their parents, in two cases referring to them
275 as “Mom” and “Dad”. Other adolescents described how relationships with their caregiver and parents
276 differed. The caregiver relationship was felt to be stronger in terms of emotional closeness, security, and
277 support when the caregiver was the adolescent’s grandparent rather than another relative such as an aunt
278 or uncle. Some adolescent and adult participants thought caregivers were more lenient than parents with
279 regards to obtaining permission and spending time with friends, though counter evidence suggests this
280 was not universal:

281

282 *“We had to adjust our behaviour because when our grandma was here she wouldn’t let us use bad*
283 *language; she would scold and hit us. She was stricter than our parents. If she was here today, if we had*
284 *this many friends, we wouldn’t be able to hang out with our friends like this.”* Katoey aged 15

285

286 **Core category: building resilience by securing resources**

287

288 *“The advantage [of living without parents] is that it makes me a fighter. It makes me know what hardship*
289 *is and pushes me forwards to my dream and to my goal that I’ve set.”* Female aged 19

290

291 We identified a core category related to building resilience through securing resources. Across the
292 interviews, adolescents described a process of working to overcome difficulties to be ‘strong’ and
293 ‘survive’, and to provide for themselves and their families. To do this they sought three key resources:
294 warmth (*ouboun* in Thai, meaning love, understanding, and the absence of loneliness), financial support,
295 and guidance.

296

297 ***Seeking warmth***

298 Participants described how left-behind adolescents lacked parental warmth because they were physically
299 separated from their parents. Warmth was perceived to influence adolescents' mood. For example, a 14-
300 year-old female blamed her friend's mood swings on a lack of warmth from her family. Adolescents who
301 were unable to obtain warmth from their parents sought it from friends and caregivers instead. An 11-
302 year-old female with internal migrant parents described how she had as much warmth from her aunt,
303 relatives, and grandmother as she would have had from her mother. Adolescents who sought warmth
304 from a boyfriend or girlfriend were strongly criticised by adults and their peers:

305

306 *“She goes everywhere, and boys always flirt with her and ask for her number and she always gives her*
307 *number to boys. I wouldn't. She gives them everything: her Facebook and Line [details]. My aunt says,*
308 *‘Don't let me hear about you being like her [...], meeting up with boys, going to market together and*
309 *holding hands.’ ” Female aged 11*

310

311 ***Strengthening financial support***

312 Adolescents needed financial support to pay for their education, health care and day-to-day living costs.
313 Being able to buy a phone and phone credit was critical to maintaining relationships with parents and
314 friends. Many migrant parents sent remittances home and adolescents had varying degrees of influence
315 on how these were spent. An 11-year-old male described how he was able to ask his mother to buy him
316 a phone and motorbike. Some adolescents were able to ask their caregivers for money whereas others
317 asked parents to advocate on their behalf, for example if they needed to pay for a school field trip. For
318 some adolescents financial support from their family was unreliable or insufficient, and they had to find
319 other ways to secure funds such as asking friends and teachers for money or taking on paid work. A 14-
320 year-old katoey considered finding paid work but their mother had urged them to finish school. A 19-
321 year-old female worked on a building site after school to earn money to support her family and pay off
322 her mother's debt.

323

324 ***Obtaining guidance***

325

326 *“Those of us that don't live with our parents won't have anyone to ask for advice. [Those who] live with*
327 *their parents get to ask them but for me I don't have that chance.”* Female aged 14

328

329 *“In terms of studying, it's different [for us living away from our parents] because those who live with*
330 *their parents, their parents might be strict about their education and teach them what to do.”* Male aged

331 15

332

333 Adolescents sought guidance on matters related to school, employment and disputes with friends and
334 caregivers. Some were able to obtain guidance from their parents and caregivers. Others could not due
335 to a lack of contact with their parents and/or an insecure relationship with their caregivers. In this situation
336 adolescents looked to other adult family members, such as aunts or uncles, or to adults outside the home
337 such as teachers and neighbours.

338

339 **Reasons for building resilience**

340 Participants described three main conditions that prompted them to seek warmth, financial support and/or
341 guidance: (i) when they perceived a duty of care to their families; (ii) if they had an insecure relationship
342 with their caregiver; (iii) or if their parents were unavailable to visit or communicate with them in other
343 ways. Conceptually these conditions were risk factors that made left-behind adolescents feel vulnerable.

344

345 ***Perceiving a duty of care***

346

347 “Well, for the doctor’s appointment I’d take [my grandmother or aunt] and give them medicine, and
348 when I’m home I’m the one who steams the rice.” Female aged 19

349

350 Five adolescents explained how it was (or would be) their duty to look after their caregivers or siblings.

351 A 13-year-old female who lived with her grandmother and was married with a baby, refused to move in

352 with her in-laws because there would be no one to look after her grandmother or help with her baby.

353 Caring for caregivers negatively affected adolescents’ lives, for example by limiting education and career

354 opportunities. A 19-year-old female wanted to experience living away from home but her family would

355 not permit it because there was no one else to care for her grandparents.

356

357 *Insecure relationship with caregivers*

358 Some adolescents described insecure relationships with their caregivers that appeared to be a source of

359 conflict rather than warmth and involved a breakdown in communication. In these relationships,

360 caregivers had not assumed all the responsibilities of the adolescent’s parents, including providing

361 financial support, transport, and advice. A 19-year-old female whose parents had died, described being

362 angry and stressed when her grandparents and aunt accused her of ‘playing around’ and spending too

363 much time with friends, although she felt unable to retaliate. A 14-year-old katoey described how

364 arguments with their grandparents about problems such as sleeping late and staying out late escalated

365 into “bigger and bigger” issues. A 14-year-old female described her grandmother as being too “old

366 fashioned” to understand her problems. An 11-year-old female was afraid to disobey her aunt in case she

367 was physically punished.

368

369 *Unavailable parents*

370 Adolescents who felt they had insufficient contact with their parents (i.e. a limited ‘phone-based

371 relationship’) blamed their parents’ workload or the time difference (international migrants). Others said

372 it was because their parents had re-married and had new families. The parents of a 14-year-old female
373 had left her with grandparents when she was a baby. They visited infrequently and the girl had tried and
374 failed to establish regular communication with them. Her father had not been in contact since remarrying.
375 Divorce and remarriage led some parents to divert all or part of the money to their new family, leading
376 to financial insecurity and anxiety for existing children and caregivers.

377

378 **Strategies to secure resources**

379 Adolescents tried to secure warmth, financial support and guidance using a variety of strategies.

380

381 ***Maintaining friendships***

382

383 *“When I couldn't think of a way out, I would talk to [my friend] about it. Her mom is really nice; she*
384 *helped me out with everything. [...] We stayed and spent time together for three years so we were close.*
385 *When something is going on I can always talk to her about it. The teacher helped too. She knew my family*
386 *situation.”* Female aged 19

387

388 Adolescents dedicated time and effort to maintaining close friendships. These friendships were
389 particularly important to adolescents who lacked warmth and guidance because their parents were
390 unavailable or because they had an insecure relationship with their caregiver. Adolescents described
391 having a group of 10 or so friends but only one or two that they were close to. Talking with friends,
392 especially with friends whose parents were absent, helped left-behind adolescents to overcome sadness
393 and loneliness, and to diffuse stress. Whereas younger adolescents spent time with friends to distract
394 them from worries, older adolescents had friends that helped them to work through problems and with
395 their schoolwork. A 19-year-old female received financial support from her friend. A 14-year-old katoey
396 described their grandparents as strict and felt unable to talk to them about their problems. They spent

397 time with their friends because they made them feel happy, though this further aggravated their
398 grandparents. Maintaining friendships was also important for adolescents' social status and personal
399 safety.

400

401 *"The bad [adolescents] hang out with their friends. They are afraid that if they get beaten up their friends*
402 *won't help them if they don't hang out with the group. It's like a dependent relationship."* Village health
403 volunteer

404

405 ***Learning to be independent***

406

407 *"Mostly I just kept [problems] to myself and would go over [them] in my head. If it was about money, I*
408 *managed myself about how much I would spend and how much I wanted to save. I like to keep a separate*
409 *fund for emergencies so I can use it when I need to."* Female aged 19

410

411 Although maintaining friendships as a form of social support was important for adolescents,
412 independence was also a key factor in building resilience. Adolescents with an insecure relationship with
413 their caregivers or unavailable parents, or who perceived a duty of care to their family were willingly or
414 unwillingly learning to be independent. Adolescents described becoming financially independent by
415 earning their own income or saving. Others described having to learn how to cook and clean for
416 themselves and that developing these skills was an advantage of living without parents. Developing
417 emotional independence (being "strong" and "able to take care of oneself" and one's family) and the
418 ability to "choose what's right and wrong" were also important for building resilience. Three siblings
419 lived on their own without parents or adult caregivers whilst their mother worked in another province.
420 The siblings had chosen this arrangement themselves so that they could remain together. They described
421 how they shared the household chores (shopping, cooking, cleaning) and managed money from their

422 mother. The eldest worried about the welfare of his younger siblings but viewed the situation as an
423 opportunity to “save money, be patient, and learn to cook”.

424

425 ***Engaging in school***

426 School provided access to different kinds of support and resources. Obtaining an education was perceived
427 to be a way of securing a job in the future that would enable adolescents to be financially independent
428 and fulfil a perceived duty of care to their family. Adolescents described working hard on schoolwork in
429 order to progress. Through school, they also broadened their horizons:

430

431 *“When I was [at school] I learned many things and I read a lot. People who got scholarships to go*
432 *abroad had different life experiences. I thought about how the foreign teenagers would save up, move*
433 *out and live on their own. They had their own money and their own place. I wanted that too.”* Female
434 aged 19

435

436 When asked to recall their happiest memory, adolescents described participating in school events such
437 as poetry, singing, drawing and dance competitions, and felt proud of their success. The social lives of
438 adolescents centred on school and their classmates. Some described supportive teachers who nurtured
439 their talents, encouraged their interests, and provided guidance. However, schools could also be violent
440 places, especially for boys, and adolescents described being physically punished by teachers and beaten
441 up by peers. Others were anxious about their grades and felt pressured by family to do well academically.

442

443 ***Identifying a role model***

444 Adolescents described how certain individuals positively influenced their ambitions and behaviour and
445 were a source of guidance. This was particularly important for adolescents with unavailable parents or
446 insecure relationships with their caregiver.

447

448 *“My uncle’s a teacher so my maternal grandparents want me to be a teacher as well and so do my*
449 *parents. They think it’s a good stable job with money after retirement and everything, so they wanted me*
450 *to be a teacher ever since I was little. When I went to school and saw the teacher’s uniform I thought it*
451 *looked cool and wanted to wear it.”* Female aged 14

452

453 Adolescents found role models in their relatives, teachers, neighbours, and others who had done well at
454 school and had a well-paid and stable job. Whilst some adolescents wanted to become migrants like their
455 parents, others aspired to remain in Thailand as teachers, doctors, or nurses.

456

457 **Consequences**

458 Adolescents and adults described a variety of consequences for left-behind adolescents which appeared
459 to relate to how successful they were in deploying strategies to secure resources.

460

461 *Aspiring to live a good life*

462

463 *“Some people think that kids without parents around would stray and not be good in schools. But I’m*
464 *not like that.”* Female aged 14

465

466 Adolescents aspired to be a “good person” and lead “a good life” (*cheevit thi dee*) in which, to varying
467 extents, they were able to study hard at school, obey their parents and caregivers, help with household
468 chores and agricultural work, and be a role model for their siblings and peers. Adolescents who were
469 able to lead the good life were those with access to warmth and guidance from a parent, caregiver, or
470 another positive adult figure such as a relative or teacher, and financial support to enable them to study.
471 An 11-year-old male described a good person as “a plain person who doesn’t talk much” and others

472 described how good people would not disturb the village by playing loud music or riding motorbikes.
473 Both adults and adolescents inferred that obedience and conformity were highly valued in their
474 communities, and the good life embodied society's expectations of an adolescent.

475

476 ***Agitators***

477

478 *“Bad teenagers annoy society. They are addicted to drugs and do things that are against the law, brawl,*
479 *like that [...] Sometimes they would ride their loud motorbikes in front of our house.”* Katoey aged 15

480

481 Left-behind adolescents who were not engaged in school and did not have a positive role model were
482 described as “wild” and violent. Caregivers and adolescents associated this group with activities such as
483 riding around in gangs on motorbikes (*dek wen*), skipping school, hanging out with friends, boyfriends,
484 and girlfriends, and staying away from home. The village headman and village health volunteer attributed
485 adolescents' negative behaviour to a lack of parental guidance, “coaching”, and employment
486 opportunities. A male and female both aged 11 explained how they tried to stay away from such
487 adolescents.

488

489 *“Grandparents don't want to scold their grandchildren. They are afraid of their grandkids, which is like*
490 *they're spoiling them. When the kids are in elementary class 4-5, they want their own motorbike. If their*
491 *grandparents don't buy them a motorbike it would be chaos [...]*”. Village health volunteer

492

493 The village health volunteer described how adolescents formed ‘gangs’ and that violence between such
494 gangs was a major community problem that required police and military intervention. Targeted
495 community adolescent health activities, for example programmes on drug addiction and sexual and

496 reproductive health had been trialled but were perceived to be unsuccessful because adolescents were
497 too embarrassed to attend.

498

499 ***Focusing on the future***

500

501 *“At first I didn't understand why this had to happen to my family. I looked around and saw my friends*
502 *with their parents and I felt bad. I saw parents playing with their kids and thought, why can't I have that*
503 *too? Then I realised there was no point in me thinking like that. I wouldn't get anything in return. I just*
504 *have to live my life.”* Female aged 19

505

506 Some adolescents were unable to employ strategies to secure resources due to limited agency. They had
507 come to accept that they had minimal control of their domestic and family circumstances. They accepted
508 they had limited input into where and with whom they lived, when and where they went to school and
509 saw their friends, and when and how they communicated with their parents. These adolescents focused
510 on the future. Younger adolescents tended to focus on the near future and the next time they would see
511 their parents, or a particular event such as a festival or holiday. Older adolescents focused on the distant
512 future, planning higher education, a career path, and a family. For example, a 19-year-old female planned
513 to study as a foreign language teacher so that she could “explore the world”.

514

515

Discussion

516 Our findings shed light on how adolescents in Udon Thani conceptualise resilience, and some of the
517 strategies they use to build it: maintaining friendships, learning to be independent, engaging in school
518 and identifying a role model. We describe a context in which migration is a necessity for many families,
519 relationships between adolescents and their migrant parents are mainly phone-based, and caregiving
520 responsibilities are redistributed to grandparents and aunts. Left-behind adolescents found themselves

521 striving to lead the good life with limited agency yet facing preconceptions that they lacked supervision
522 and discipline. Our research fills an important gap by giving voice to the experiences of left-behind
523 adolescents and their families, and prioritising these in the development of a model of psychosocial
524 resilience.

525

526 The process of building resilience by securing resources that we have described can be framed in terms
527 of the UN Convention on the Rights of a Child, ratified by Thailand in 1992 (UNICEF, 2015).
528 Adolescents described seeking warmth (love and understanding), guidance (Article 5), and financial
529 security to ensure an adequate standard of living (Article 27) and access to education (Article 28). The
530 right to family life (Article 9 and 10), a cornerstone of the Convention, is particularly relevant for left-
531 behind children, and threatened by the lack of local employment opportunities and social security in
532 Thailand (Osaki, 2003). Some adolescents valued money above living with their parents. This is in
533 contrast to the views of left-behind children in the Philippines for whom keeping the family “whole” was
534 more highly valued than financial security (Parreñas, 2001). Money is more likely to be important for
535 children from poorer families, and for those who desire luxury material goods such as smart phones.
536 Other qualitative studies of left-behind children in Asia have suggested that more resilient children
537 perceive parental migration as a family livelihood strategy which enables them to succeed in life (Hu,
538 2017; Lam & Yeoh, 2019).

539

540 Learning to be independent was a strategy for building resilience among left-behind adolescents in our
541 study. Findings from the CHAMPSEA study in Southeast Asia suggest that left-behind children exercise
542 agency to try to positively shape their lives within the constraints of their family circumstances, and that
543 parental separation facilitates their ability to independently make decisions (Hoang et al., 2015). In the
544 wider psychological literature, adolescents’ self-regulatory skills such as emotion regulation,
545 concentration and self-discipline, are known to be important for building resilience (Masten, 2004).

546 These skills develop in late adolescence (15-19 years) and enable greater future orientation, decision-
547 making capacity, and autonomy. During this period the importance of peer approval grows, family
548 influence changes, and risky behaviours (drug and alcohol use, unprotected sex, poor diet and insufficient
549 exercise) emerge (Albert et al., 2013; De Goede et al., 2009; Hair et al., 2009; Patton et al., 2016). In
550 rural China, left-behind children's ability to view migration positively, i.e. as a necessity due to limited
551 local job opportunities, increases with age (Fu & Law, 2018). Where financial support from parents and
552 caregivers is inadequate, older adolescents who can access paid work may be more resilient than younger
553 adolescents. This suggests that experiences of left-behind life vary substantially by age and
554 developmental stage.

555

556 We have developed a model of resilience that could be used to theorise why some adolescent groups
557 might be more capable of building resilience than others. For example, compared to adolescents whose
558 parents live abroad, adolescents with internal migrant parents may have greater access to warmth and
559 guidance because their parents live relatively close by. Conversely, these adolescents may have less
560 financial support if their parents are in low-paid work. Future research could explore the relative
561 contribution of warmth, guidance and financial support in building resilience, and compare the process
562 of building resilience between adolescents with internal versus international migrant parents. Moreover,
563 although research tends to dichotomise left-behind children based on their parents' migrant status
564 (internal versus international), in reality their status changes over time. Recent work in China showed
565 that children who were previously left-behind but now living with their parents had lower levels of
566 depression than children without any experience of migration. This implies that the change in migrant
567 status may be more important than the status itself for left-behind children's wellbeing (Wu et al., 2015).

568

569 Globally, left-behind children are more at risk of depression and anxiety than children of non-migrant
570 parents (Fellmeth G & Rose-Clarke K et al., 2018). One plausible explanation could be an insecure

571 attachment ('emotional gap') between parent and child, or as described by adolescents in our study, a
572 lack of *warmth* (Locke et al., 2012; Parreñas, 2008). In the psychological literature warmth has been
573 conceptualised as the reward system responsible for close parent-child relationships and paternal
574 investment in children, and as the dimension of social cognition that encapsulates friendliness,
575 helpfulness, sincerity, trustworthiness, and morality (Fiske et al., 2007; MacDonald, 1992). Resilience
576 research has focussed on maternal warmth, including its protective effects against bullying on emotional
577 and behavioural problems in children (Rutter, 2013). We found examples of parents and adolescents
578 attempting to maintain a close relationship with their parents through phone and video calls, but the
579 extent to which adolescents were able to access warmth and meet their developmental needs through
580 these remote interactions remains unclear. Future research could explore experiences and patterns for the
581 adolescents to seek warmth in their relationships with migrant parents, as well as caregivers and peers.

582

583 We found evidence that rural Thai communities perceive some left-behind adolescents as agitators,
584 inadequately supervised and disciplined by their caregivers. A similar pattern has been described in
585 Mexico where caregivers were more lenient with young children than parents and found it hard to retain
586 authority as children got older (Dreby, 2007). Corporal punishment by caregivers was widely reported
587 in our study and could be related to caregivers' inability to assert their authority by other means. Issues
588 of supervision, authority and discipline may partly account for the elevated risk of conduct disorder
589 among left-behind children compared to their peers (Fellmeth G & Rose-Clarke K et al., 2018).
590 Longitudinal qualitative and quantitative data are needed to understand pathways to mental ill health,
591 and to explore the extent to which resilience can compensate for the effects of parental migration.

592

593 Our model focuses on interpersonal resources and relationships that contribute to building psychosocial
594 resilience. Studies suggest that resources at the meso- (community) and macro- (societal and cultural)
595 levels of the eco-social model are also important for resilience and child wellbeing (Fergus &

596 Zimmerman, 2005). In China, community social capital was found to mediate the effect of parental
597 migration on child mental health (Wu et al., 2015). Research conducted among left-behind children in
598 Angola, Ghana and Nigeria found that the country context influenced child wellbeing. They postulated
599 that children in post-conflict settings such as Angola experience weaker family and community bonds,
600 higher levels of family violence, overburdened care networks, and depleted resources, thus making them
601 more vulnerable to the negative effects of parental migration (Mazzucato et al., 2015). Child-fostering
602 norms may also affect the degree of stigma experienced: in contexts where it is common to be cared for
603 by an unrelated adult, regardless of migration left-behind children experience less stigma (Mazzucato et
604 al., 2015). In our study setting parental migration was common and normalised. However, the extent to
605 which this promoted or undermined resilience processes among left-behind adolescents was unclear.

606

607 “Worldwide mobility is our future – regardless of laws and walls” (Abubakar et al., 2018). We need
608 economic, social, health and education policies that support and protect the rights of left-behind children
609 and their families. Policies that restrict the mobility of migrants will only serve to promote migration
610 through informal and high-risk channels. Family reunification policies must protect children’s rights to
611 live together with their parents in the same country, or apart in different countries with visiting rights and
612 extended parental leave, especially for mothers of young children (UNICEF, 2015; UNICEF, 2016). The
613 pervasive role of smartphones and social media in the lives of adolescents suggests digital interventions
614 that promote resilience could be an acceptable and scalable approach in Thailand. In low- and middle-
615 income countries, there is promising evidence that online self-help programmes can promote mental
616 wellbeing, reduce symptoms of depression and anxiety, and provide access to supportive online
617 communities (Naslund et al., 2017). Interventions that support caregivers, improve parenting, and reduce
618 corporal punishment are also needed. In Thailand, a family skills training intervention among Burmese
619 migrant families with children aged 7 to 15 improved the quality of parent-child interactions (Puffer et
620 al., 2017). Sports-based interventions delivered by teachers improved mental health outcomes among

621 left-behind children in China although evaluations were at high risk of bias (Wang et al., 2020). In South
622 Africa, a parenting programme for adolescents aged 10 to 18 and their families, delivered by trained
623 community members, reduced violence and improved parenting and family functioning (Cluver LD et
624 al., 2018). Such low-resource approaches could be adapted and piloted for left-behind children and their
625 caregivers in Thailand.

626

627 **Strengths and limitations**

628 Our model of resilience may be generalisable to left-behind adolescents in other communities in Udon
629 Thani and could be used to explore resilience in other settings with high rates of parental migration.
630 Although the model includes categories for “causal conditions” and “consequences” we do not imply
631 causality in a positivist sense, rather we sought to represent participants’ beliefs, values and meanings
632 related to the process of building resilience (Maxwell, 2012). We conducted three interviews in which
633 adolescents participated together with their sibling/s. Although the sibling’s presence may have
634 influenced adolescents’ interview responses, it also helped them to feel more comfortable and able to
635 express themselves. Triangulation of data from interviews with adolescents and adults with diverse
636 migration experiences, and a member check with research assistants enhances the research’s credibility
637 (Lincoln & Guba, 1985). The transparent and systematic analysis procedure ensured sensitivity to the
638 data and therefore the dependability and confirmability of our findings. Although our study draws on
639 grounded theory methods (e.g. constant comparative analysis, identification of a core category) it is not
640 a grounded theory study in its truest sense (Corbin & Strauss, 2008). We were unable to conduct
641 theoretical sampling (concurrent data collection and analysis) due to time and resource constraints. These
642 constraints also made it difficult to ensure theoretical saturation (the point in the analysis at which all
643 categories are fully developed). However, we were able to conduct a high level of analysis by using a
644 rigorous and focussed process where the sampling strategy and topic guide were revised iteratively based

645 on detailed regular debriefs (Phase 1), and data were initially analysed in an order informed by emerging
646 concepts, and later reanalysed to fill gaps in developing categories (Phase 2).

647

648 **Conclusions**

649 Left-behind adolescents build resilience by securing warmth, financial security, and guidance through
650 relationships with family, friends, and the wider community. We call for rights-based initiatives that help
651 to maintain relationships between migrant parents and children, improve the quality of interactions
652 between caregivers and children, and provide access to supportive peer networks that help to build
653 resilience among left-behind children.

654

655 **Data availability statement:** Due to difficulties in fully anonymising qualitative data from this study
656 and the sensitive nature of the topic data are unavailable.

657

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- 786
- 787

Table 1: Characteristics of adolescent participants (N=24)

Median age (IQR, range)	14 (11-15.25, 10-19)
Gender (%)	
Males	9 (37.5)
Females	13 (54.2)
Katoey	2 (8.3)
Caregiver (%)	
Grandparent	15 (62.5)
Aunt	3 (12.5)
Sibling	4 (16.7)
Parent	1 (4.2)
Self	1 (4.2)
Mother's migrant status (%)	
Internal migrant	14 (58.3)
International migrant	8 (33.3)
Non-migrant	1 (4.2)
Deceased	1 (4.2)
Father's migrant status (%)	
Internal migrant	13 (54.2)
International migrant	5 (20.8)
Non-migrant	4 (16.7)
Deceased	2 (8.3)
Parents' marital status (%)	
Married	13 (54.2)
Divorced	9 (37.5)
Other	2 (8.3)
Household wealth (%)	
Poor	15 (62.5)
Average	6 (25.0)
Rich	3 (12.5)
Enrolled in formal or non-formal education (%)	23 (95.8)

IQR Interquartile range

Figure 1: Analysis procedure

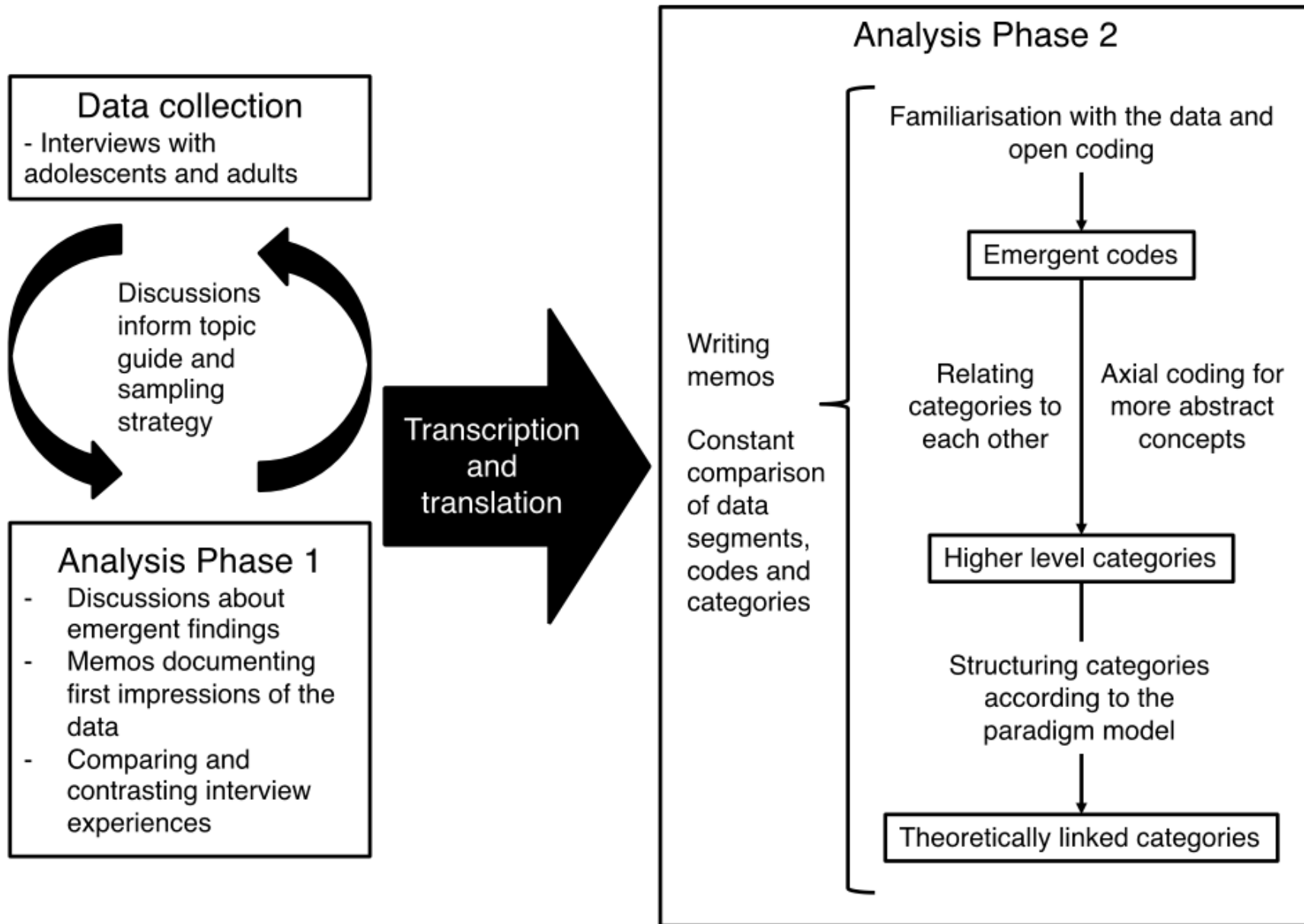


Figure 2: Conceptual model of psychosocial resilience among left-behind adolescents

