ABSTRACT

CARING ACROSS BORDERS: THE CHALLENGES OF IMMIGRANT MEN

by Kathryn Mujumdar

Many immigrant men come to the United States, leaving aging parents in their home country. These men often face familial obligations that stress their role of maintaining care for their parents. Participants were 15 first generation immigrant men from collectivistic societies. In-depth interviews were used to explore participants’ descriptions of cultural expectations and stresses associated with such obligations. An inductive approach to data analysis was employed which resulted in the identification of multiple themes: Obligation to Support as Top Priority, Great Expectations to Succeed, Support and Intimacy Regardless of Geographical Proximity, They’re Unreliable-They’re Greedy and I’d Be Lost Without Them. These findings demonstrate that immigrant men feel pressure to be successful and face expectations to provide for their parents. In addition the findings are that they are able to provide support through geographical distance, and that they rely heavily on advanced technologies to assist them in the process.
CARING ACROSS BORDERS: THE CHALLENGES OF IMMIGRANT MEN

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DEDICATION

It is with great joy and happiness that I dedicate this work to my wonderful children. You have been so patient and understanding and a constant source of joy during this journey, and for that I am ever grateful. You have never ceased to amaze me: Megan and Molly for excelling in everything you do and growing to be such amazing young ladies, and Jay, for always lightening the mood with a humorous comment. You three have always kept me grounded. Thank you and I love you dearly.

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INTRODUCTION

As the percentage of the U.S. population over the age of 65 continues to increase, so does the number of American workers who are involved in caring for an aging parent. The elderly population, those over the age of 65, has grown and will continue to grow both in numbers and as a percent of the total population. For example, according to the United States Census Bureau (1990), in 1900, only three million persons or four percent of the population was over the age of 65, by 1990, these numbers increased to approximately 29 million people, representing 12 percent of the population. Estimates are that by the year 2030, the number of elderly will swell to an estimated 65 million people or 21% of the population (Crispell, 1995). This phenomena is not only restricted to the population in the United States. Some researchers predict that the increase will be even more marked in other countries by the year 2030 (Crispell, 1995; Hobbs & Damon, 1996). Indications are that countries such as Italy, Russia, China, Mexico, Brazil, and India might soon see as much as 36% of the population over the age of 60 (Crispell, 1995; Hobbs & Damon, 1996). Reports from the National Institute on Aging estimate the change in total size of the world’s elderly population between July 1999 and July 2000 was more than 9.5 million people for an average of 795,000 each month, totaling approximately 420 billion by the middle of 2000. Additional research indicates that the majority of the world’s future elderly population, 59% will live in the developing countries of Africa, Asia, Latin America, the Caribbean, and Oceania (National Institute on Aging, 2001). Additionally, estimates are that the Asian/Pacific region will be home to the largest number of older persons, more than 1.3 billion in 2050 (Cowgill, 1986). As the population is aging worldwide, attention needs to given to the fact that caregiving for this population will become a considerable task. In addition, the migration of the world’s population across the globe may find certain populations facing the task of caregiving from a distance and sometimes across national borders. Thus, the purpose of this study is to address the experiences of immigrant men who are currently living in the United States but also participating in caregiving for aging parents who remain in their country of origin.

This increase in the percentage of elderly can be explained by the increase in life expectancy combined with the decrease in fertility rates. Longevity can be accounted for largely due to improved sanitation, improved public health, and the control of life threatening diseases. Life expectancy in the United States has increased from about 47 years for men and 49 years for women in the early 1900’s to about an estimated 71.5 years for men and 78.8 for women by 2010 (Kingson, Hirshorn, & Cornman, 1986). This increase combined with generally sustained decrease in total fertility rates since at least 1900 has resulted in current levels below the population replacement rate of 2.1 live births per woman in most industrialized nations. Additionally, persistent low fertility rates since the late 1970’s has led to a decline in the size of successive birth cohorts (National Institute on Aging, 2001). The result of these two documented phenomenon means that fewer younger family members are available to care for increasing numbers of older adults. In other words, there is a greater demand for elder care on fewer family members (i.e. adult children and grandchildren).

Researchers have well documented the stresses and strains associated with the responsibility of caring for an aging parent while simultaneously juggling work, marital duties, and parental obligations. It is noted that emotional stress and strain are by far the most pervasive and severe effects of caregiving (Brody, 1990; Kaye & Applegate, 1990; Montgomery, 1992). These stress and strains manifest themselves by placing tension on the caregiver in the arenas of juggling work obligations, negotiating spousal relationship, effecting relationship and time with children, and a loss of leisure time (Merrill, 1997). Additionally demands on financial resources,
negotiating family roles, and demands on space are reported (Cicirelli, 1981; Hareven & Adams, 1982; Merrill, 1997), along with indications of physical health deterioration of the caregiver (Merrill, 1997).

These issues are not only faced by native-born workers in the United States, but are also a fact for the foreign-born working as permanent residents or on temporary work visas. The strains and stresses noted by researchers (e.g., Bengston & Achenbaum, 1993; Bengston et al., 2000; Gupta & Pillai, 2000) are often compounded for transnational caregivers by the loss of geographical proximity, cultural expectations, and the capacity to care across national borders. Immigrant men working in the United States under permanent resident status are faced with visa restrictions and immigration regulations that do not allow them to bring their aging parents to live with them in the United States on a permanent basis. This complication may exacerbate the stress associated with such caregiving. In addition, disparities in the availability of telecommunication infrastructures in their home countries, as well as expensive travel and communication costs increase the difficulties faced by transnational caregivers (Baldassar, Baldock, & Wilding, 2007).

Several studies (e.g., Bengston & Achenbaum, 1993; Bengston et al., 2000; Gupta & Pillai, 2000) have provided important contributions to understanding family relations, particularly in the exchange of support in intergenerational relationships. However, with the exception of recent research by Baldassar and colleagues (2007) who studied an immigrant population in New Zealand, previous studies suffer from two major shortcomings: (a) with few exceptions (e.g., Bengston & Achenbaum, 1993; Bengston et al., 2000; Gupta & Pillai, 2000), researchers have not explored how families in different national contexts and from different sociocultural backgrounds differ in their practices of mutual family support, and (b) have not given consideration to transnational caregivers.

This purpose of this study is to explore the complexities associated with caregiving across national borders. Specifically, the study will investigate: 1) how the lack of geographical proximity affects the ability to care, 2) if there is tension between caregivers (often siblings) in the home country and the immigrant, 3) how if at all the ideas of collectivistic ideologies influenced their obligation to care and 4) if the socialization of collectivistic ideologies conflict with the ideas of the American culture.

**Literature Review**

According to the U.S. Department of Labor, Bureau of Labor Statistics, the workforce in the United States continues to diversify due to growth in foreign born workers. The fastest growing number of foreign born workers is comprised of immigrants from non-Western cultures with Southeast Asians and Latin American cultures leading the influx (United States Office of Immigration Services, 2006). These populations typically emphasize collectivistic ideologies and family solidarity which stresses the importance of providing care to elders in the family and particularly the parents (Gupta & Pillai; 2000: Kagitcibasi, 1996; Njue, Rombo & Ngige, 2007). Researchers have documented the strains associated with caring for aging parents (Bengston & Achenbaum, 1993; Bengston et al., 2000; Gupta & Pillai, 2000), and these strains can be compounded by the lack of geographical proximity (Rossi & Rossi, 1990). The literature review that follows will address these issues in more detail.

**Foreign-born workers**

The racial and ethnic composition of the U.S. workforce continues to diversify at a rapid pace. Much of this change is due to the growth in the number of foreign-born workers. The U.S.
Department of Labor identifies foreign-born workers as persons who reside in the United States but who were born outside the country to parents who were not U.S. citizens. The foreign-born include legally admitted immigrants, refugees, temporary residents such as students and temporary workers, and undocumented immigrants (U.S. Department of Labor, Bureau of Labor Statistics, April 2007). According to the U.S. Department of Labor, Bureau of Labor Statistics (2010), foreign-born workers made up 15.3% of the U.S. civilian labor force aged 16 and over in 2006. The unemployment rate for the foreign-born workers decreased for the third consecutive year, to 4.0% in 2006. Estimates are that about 23 million or 68.6% of the foreign-born were in the labor force in 2006. Over the course of one year, from 2005 to 2006, the number of foreign-born labor force participants rose by 1.1 million. The growth among this group accounted for more than half of the total labor force increase in 2006. Since 2000, the foreign-born have accounted for 47.3 percent of the net increase in the total labor force (U.S. Department of Labor, Bureau of Labor Statistics, 2010).

The demographic characteristics of the foreign-born labor force differ significantly in many respects from those of the native-born. For example, men made up a larger proportion of the foreign-born labor force (59%) in 2009 than did the native-born labor force (52.2%). Foreign-born men were more likely to be labor force participants (76.1%) than their native-born counterparts (65.2%). The unemployment rate of the foreign-born remained the same from 2009 to 2010 at 9.8%. Among the native-born, the unemployment rate rose from 9.2% to 9.6% (U.S. Department of Labor Statistics, 2010). The unemployment rate of the foreign-born has declined more slowly than that of the native-born for the second time since the annual data series was first tabulated in 1996. Also, a higher proportion of the foreign-born than the native-born labor force was made up of 25-54 year olds (76% and 67%, respectively); labor force participation is typically highest among persons in that age group. This demographic information is particularly significant in that individuals in this age range are typically those thought of as being in the sandwich generation, and are most likely to experience aging parents entering later life and the associated complications (Root, 1998).

Immigration Demographics

Current demographic trends indicate that immigrants from non-Western cultures are one of the fastest growing segments of the U.S. population. The places of origin for U.S. immigrants have seen increasing diversity within the past several decades. In the 1980’s Chinese, Filipinos, and Japanese ranked as the largest Asian American groups (U.S. Census Bureau, 1984), but more recent statistics indicate Southeast Asians, Indians, Koreans, Pakistanis, and Bangladeshis registered much faster growth (United States Office of Immigration Services, 2006). In addition, immigration from Latin American cultures has seen a change as well; where previously, Mexicans, Puerto Ricans, and Cubans were the dominant groups among Latinos (Benokraitis, 1999), their growth rate, too, is being outpaced by people from mostly Central and South American countries such as El Salvador, Guatemala, Colombia, and Honduras. According to the Office of Immigration Services, the number of immigrants granted legal permanent residency from Colombia in 2006 totaled, 43,151, and El Salvador, 31,783 (United States Department of Homeland Security, Office of Immigration Statistics, 2006). This diversification of U.S. immigrants has brought about increasing research on non-Western families both in the United States and abroad (Simmons & Johnston, 2007; Seto & Woodford, 2007). This research has broadened the understanding of societies that value collectivistic ideas.

Collectivistic Socialization
Collectivistic societies emphasize group cohesiveness. Pilgirm and Rueda-Riedle (2002) noted through their research on Colombian first graders, that the group influences social actions in order to facilitate shared experiences and mutual support. Additionally, researchers have found that collectivism stresses group consciousness, harmony, emotional interdependence, obligation, and group solidarity, emphasizing the goals and interests of the group over those of individual members (Gelfand, Spurlock, Sniezek, & Shao, 2000; Trianidis, 1995). Additionally, it has been noted by researchers that the decisions, behaviors, and self definition of individuals within such societies are expected to reflect the needs, values, and expectations of the larger group (Markus & Kitayama, 1991; Trianidis, Bontempt, Villareal, Asai, & Lucca, 1988). The most salient domain for the expression of these values is the family.

Family structures differ in most contemporary families. However, regardless of how different these family structures are, family is still viewed as a pivotal aspect of life and fulfill similar functions. Families are defined by socioemotional ties and enduring responsibilities, particularly in terms of one or more member’s dependence on other members for support or nurturance (Allen, Fine, & Demo, 2001). These can be done by such tasks such as legitimizing sexual activity, bearing and raising children, providing emotional support to family members, and establishing members’ place society. This can be further supported by Allen and colleagues (2001) who argue that families meet their needs for reproduction, cohabitation, nurturance, economic cooperation, affection, protection, and meaning. Families also continue to fulfill other traditional functions such as educating children, serving as an important economic unit, taking care of the elderly and providing religious instruction to family members. The latter functions would seem to be influenced by collectivistic ideologies such as those found in Latino, Asian, and African families.

Families such as those from Asian, Latin, and African origins have been characterized as placing a greater importance upon familial duty and obligation than their counterparts with European backgrounds. Many traditions within Asian cultures, such as Confucianism, emphasize family solidarity, respect, and commitment (Shon & Ja, 1982; Uba, 1994). Likewise, a devotion and loyalty to family is often an imperative for individuals with Latin and Asian cultures (Chilman, 1993).

Numerous researchers have found that a critical aspect of a collectivist ideology is a strong concern for the fate and well-being of one’s kin, and family members within collectivistic cultures often are expected to support each other and to assist in the maintenance of the household (Kagitcibasi, 1990; Li, 1983; Triandis, 1990). The needs of the family usually have priority, and individual members often are asked to downplay their own needs and desires if they conflict with those of the larger family (Huang, 1994). Holding true to these values places individuals in later life in a position of some influence. These societies endorse familialism and filial piety, characterized by absolute obedience to the elderly and a sacred duty to support one’s parents in their old age, which may lead to more honor and respect of elders (Cowgill, 1986).

Numerous observers have discussed how Asian and Latin American families attempt to socialize their children into these collectivist beliefs. Children are obligated to make sure that they see and spend time with extended family members such as grandparents, aunts and uncles (Gupta & Pillai, 2000; Kagitcibasi, 1996; Njue, Rombo & Ngige, 2007). Children are taught to respect the authority and wishes of the family. As in families from other collectivistic traditions, authority within Asian and Latin American households is often hierarchical (Falicov, 1983; Li, 1983). Children are expected to respect the authority of grandparents, parents, and even older brothers and sisters by seeking their advice on important matters (Huang, 1994; Shon & Ja,
1982; Uba, 1994). Respect for the family also can be exhibited in a more indirect manner; children may be asked to make personal sacrifices by sublimating their wishes and desires for the greater good of the larger family, as they are expected to obey their parents and fulfill their obligations within the family (Matsuoka, 1990; Nguyen & Williams, 1989; Rosenthal, Ranieri, & Klimidis, 1996).

Research by Njue, Rombo and Ngige (2007), has indicated that African families are cohesive, adaptive, and use strategies that support strong families. In fact, Kenyan families were found to promote communitarianism in the form of collectivism. In these families, importance is placed on caring for extended kin, communal child rearing, care of the elderly, sick and those with disabilities. These familial obligations of children from Asian, Latin American, and African families may often extend into their lives as adults. They are often expected to remain at home until marriage and, even then, they should not move far away from their parents (Njue, Rombo & Ngige 2007; Triandis, 1990; Uba, 1994). Spending time with the family remains an imperative, as adult children are still expected to join the family for meals and holidays. Young adult members of Asian, Latin American, and African families are sometimes obligated to continue to assist their families by contributing portions of their earnings to family members or by even taking in their parents when the parents become unable to care for themselves (Feldman, Mont-Reynaud, & Rosenthal, 1992; Zinn, 1994).

The obligations of those collectivistic values such as those in Latin, Asian, and African communities, often follow immigrants after their transfer of residence to the United States. Findings by Baldassar, Baldock, and Wilding (2007) indicate that regardless of country of birth, most migrants indicated a sense of moral responsibility that remains even if they live very far away from their parents. In fact, Sabogal and colleagues (1987) found that foreign-born (first generation) immigrants endorse family obligations more strongly than do those born in the United States. These family obligations are formed by a combination of normative guidelines and negotiated commitments between family members (Finch & Mason, 1993). Normative guidelines through which transnational families accomplish caregiving are determined by general cultural expectations regarding the caregiving responsibilities. Such responsibilities may be altered through negotiated commitment that migrants have with other family members.

This notion challenges the ideas for many in which the word immigration evokes images of rupture, uprooting, and loss of homeland, and an understanding of the migrant’s home and host societies as discrete homogenous entities. Transnational migration studies have challenged the premise of discontinuity, recognizing that migrants in fact live their lives across borders, and develop and maintain ties to two (or more) homes, even when their countries of origin and settlement are geographically distant (Bottomley, 1992; Olwig, 2002; Rouse, 1991; Schiller & Fouron, 2001).

These findings are significant considering the fact that immigrants find themselves residing in what many researchers have deemed an individualistic society, the United States (Kagitcibasi, 1997; Kim, Triandis, Kagitcibasi, Choi & Yoon, 1997). Immigrants’ collectivistic ideology could be challenged by people with differing views of family obligations. For example, European Americans, in particular, hold values reflecting the greater individualism of American culture. Although they also have obligations to their parents and families, European Americans expect greater equality with their parents and less emphasis on obedience (Kagitcibasi, 1997). In American society, people typically move away from home at the end of adolescence, and there is less expectation that grown children will physically care for elderly parents. In keeping with
these expectations, European American parents encourage less interdependence than do parents in collectivistic cultures (Greenfield & Cocking, 1994; Okagaki & Sternberg, 1993).

Family Caregiving

Many researchers refer to the generation of caregivers as the “sandwich generation” (Root, 1998). The term “sandwich generation” has been coined to describe those parents sandwiched between their young adult children and their aging parents with commitments and responsibilities to both. The burden for caring for both younger and older generations often places a great deal of stress on the middle generation. The financial, psychological and physical toll of caregiving on this group may, in fact, limit their attempts to meet their own need for growth and development (Cicirelli, 1981; Merrill, 1997).

Work in family studies has brought attention to the strength of intergenerational networks and the degree to which parents and their adult children exchange support and care. For example, Bengston, who conducted the well-known Intergenerational Linkage Project in the USA (Bengston et al., 1994; Bengston, Rosenthal, & Burton, 1995), concluded that the typical older person in industrial societies is in close contact with kin, has warm relations with them, and is both a giver and receiver of support and assistance (Bengston & Achenbaum, 1993). Bengston and Achenbaum (1993) termed such reciprocal obligations within the family the “intergenerational contract” (pp. 4-5). The nature of this contract is dynamic and shifts in response to changes in the life cycle (Nydegger, 1991). Research shows families do continue to exchange support and care across the life course (Arber & Vijaydrou, 1993; Hareven & Adama, 1982). Adult children do care for their aging parents and although it less frequently acknowledged, aging parents do continue to provide care and support to their adult children and grandchildren based on what Bengston and Roberts (1991) have termed “intergenerational solidarity.”

In addition, the assumption remains that geographic distance has a negative impact on families caring for kin, and some even deny the possibility of long-distance family relations within national borders, thus linking geography and the ability to care (Gubrium & Holstein, 1990). For example, Rossi and Rossi (1990) argue that

Across all types of help, geographic distance reduces frequency of social interaction; and hence the opportunity to inform or learn about needs and problems; consequently geographic distance reduces the actual incidence of all type of help flows between the generations. (p. 422)

Those scholars who have challenged the notion that geographical proximity is a precondition for family mutual support have also limited their research to intra-national family relations and caregivers.

These studies have provided important contributions to our understanding of family relations, particularly in the exchange of support in intergenerational relationships. However, they suffer from two major shortcomings: (a) with few exceptions (Bengston & Achenbaum, 1993; Bengston et al., 2000; Gupta & Pillai, 2000), these studies have not explored how families in different national contexts and from different sociocultural backgrounds differ in their practices of mutual family support, and (b) they have not given consideration to transnational caregivers.

Caring Across Borders

More recent research by Baldassar and colleagues (2007) addresses the issues surrounding transnational caregiving: the ways in which immigrants provide support and care for their aging parents and the negotiations that take place surrounding cultural expectations of care.
Transnational caregiving is characterized by the crossing of national borders and the maintenance of relationships in two or more sites. It is the process of transnational migration that provides the broad context for these relationships. In addition, transnational caregiving takes place across considerable geographic distance (Baldassar et al, 2007). These immigrants taking part in transnational caregiving may also face the difficulty of providing for family members from collectivistic cultures which set higher expectations of devotion to family, sometimes at the expense of their own personal well-being, possibly resulting higher stress levels than those felt by native born workers supporting parents trans locally or within the nation’s borders.

Baldassar and colleagues (2007), in their New Zealand study, found that transnational migrants participate in caregiving across national borders in four main ways. Firstly, they provide emotional, moral, financial, and some practical support through transnational communication; this requires the ability to communicate readily and cheaply across borders with aging parents and/or their local caregivers. Secondly, they make return visits to give emotional, practical and personal care to their aging parents in times of need. This means they must have the opportunity to travel. Thirdly, they may seek to bring their parents to their country of residence in order to care for them on a long-term basis. Finally, and usually as a last resort, some transnational caregivers may repatriate to their homeland in order to care for their parents there. Each of these strategies is subject to specific obstacles, some imposed at the macro-level of government such immigration policies carried out by embassies and visa granting institutions that would impede the ability to bring their parents to the United States on a permanent basis. Or at the meso-level which would include the ability to leave the demanding lifestyle of the United States for extended periods of time to visit their home country (Baldassar et al, 2007).

The extent to which the concerns of transnational caregivers can be resolved depends on the macro-factors, which can only be dealt with through changes in social policy at an institutional level. Some bilateral agreements, for example, regarding health insurance and the possibility of dual citizenship help, but international visa regulations are strict, and there are a number of other macro-factors that inhibit opportunities for transnational caregiving.

Informal caregivers who have primary responsibility for their elderly parents are well aware that there are a number of major components to caregiving that requires close attention (Bittman, Fast, Fisher, & Thomson, 2004). For example, even before any hands-on caregiving takes place, local caregivers need to gather information about the problems faced by their care recipients. Bittman and colleagues (2004) found this may entail gaining data on medications required, and about appropriate doctors and specialists. Additionally, caregivers may need to accompany their elderly relatives to medical appointments in order to get such information, or consult medical dictionaries and websites. They will then also need to find out what care arrangements are required and available in their community, and decide on what needs to be done in terms of housing. The actual implementation of such care plans can be a time consuming and complex matter, especially when it involves a change of residence (such as when an elderly parent moves in with children or to a nursing home) and/or specific arrangements for domiciliary nursing care. Often, there are also financial and legal arrangements to be made. Local carers need to assess the costs of domiciliary or institutional care, and frequently negotiate with paid caregivers to ensure the most cost-effective care. If they are to manage the financial affairs of the person they care for, they also need power of attorney (Bryceson & Vuorela, 2002).
Baldassar and colleagues (2007) found in their study that many transnational migrants try to participate in these aspects of caregiving from a distance, through letters, emails, faxes, and phone calls to parents, siblings and neighbors, and in a few instances even through direct communication with medical doctors and other paid professionals. In doing so they gather information, help decide on care arrangements and accommodations and provide emotional and moral support. Further migrants are able from a distance to provide financial support for their parents’ care. Migrants who are only children may visit to organize this, or even repatriate to take care of their parents’ finances.

Transnational Visiting to Give Care

Baldassar (2001) found that visits are necessary to aging parents in the home land for emotional and moral support and to enable the participation of transnational migrants in practical and personal care. They are also important to gain information and to negotiate care arrangements with local carers. The actual decisions that have to be made regarding care arrangements require close ongoing attention and can generally be accomplished by local caregivers or by transnational migrants during visits back home. Even then, only those who are able to make lengthy visits can take part in the formulation of a care package which includes the choice of appropriate accommodation or negotiations with professional care managers. In order, then, that they can be involved in all aspects of hands-on, face-to-face care, transnational migrants must have the opportunity to make regular visits of appropriate duration, as well as short visits at times of crisis. This however, is not always possible due to a number of factors, such as visa regulations, health insurance issues, employers’ leave arrangements and community of family pressures related to finances or gender (Baldassar 2001).

This can apply to routine visits, which can be planned and saved for ahead of time. Paid workers who take such routine trips are able to travel when their employers allow them to take their annual leave. When a sudden crisis occurs, visas, airline tickets, travel and health insurance, leave from paid work and airfares must be found on very short notice. While airlines, travel agents and insurers are generally willing to act quickly, employers are not always helpful. This is especially difficult when transnational migrants need to attend a funeral in their home country. Bereavement leave that guarantees two days of paid leave on the occasion of the death of a close family member is totally inadequate for employees that need to travel across continents in which travel alone in one direction can take nearly 24 hours.

It is not always recognized that transnational migrants also experience tensions in their caregiving tasks. Such tensions take several forms. Transnational migrants may experience stress and anxiety by the sheer fact that they live so far away from the persons they care about, without adequate opportunity to help out or visit (Bittman, Fast, Fisher, & Thomson, 2004). They may face conflicts with their spouses and children for example over the costs of sending financial support to parents or the costs of travel to visit parents. Further, they may face conflicts with local siblings over issues such as the type of care needed, or the degree of access of transnational migrants to their parents, if these are, for example, cared for in the home of a local sibling. They may experience severe stress over whether to repatriate to country of origin (Bittman et al, 2004; Finch, 1993).

Summary of the Research Problem

Based on the review of literature surrounding family caregiving and familial obligations of collectivistic societies, the omission of aged parents in the immigration processes directly affects foreign-born workers left with caring for their aging parents across national borders. With no possibility of bringing their parents to the U.S. to live on a
permanent basis, the assumption can be made that the difficulties of caring across borders can cause significant stress for foreign-born workers in the United States. While previous studies focused on a mixed gender study of immigrants residing in New Zealand, this research addresses the issues faced by immigrant men, which in many collectivistic societies are expected to be the care providers of aging parents, while they are residing in the individualistic United States society. Combining the stresses associated with caregiving along with the obligations and duties surrounding the cultural expectations of collectivistic cultures, many male foreign-born workers have compounding stress. This research investigates how childhood cultural expectations affect their beliefs regarding caregiving and how these beliefs add to the stress associated with caregiving. In addition, the research investigates the possibility of and types of support provided across geographical distance, as well as how their relationship with other family members in their home country is affected by the current caregiving situation.
RESEARCH METHODOLOGY

Sample Selection and Recruitment

This study used purposive sampling to recruit 15 first generation immigrant men who had at least one living parent in their country of origin. In order to provide more generalizability, the researcher chose to include diverse cultures, ages and socioeconomic statuses during the recruitment of participants. All participants had been living in the United States for more than a period of two years. This criterion was identified as a reasonable parameter because the researcher was mindful of the need to allow the participants to move to the United States and become accustomed to the expectations and responsibilities of everyday life.

Participants were recruited for face-to-face and telephone interviews using posted flyers, and newsletter announcements by referrals from social service agencies, churches, and snowball sampling. Information regarding the study was disseminated by obtaining permission to post flyers (Appendix A) at local restaurants, social service agencies, schools and ethnically centered places of worship. Recruitment of participants also occurred by snowball sampling (i.e., referrals from other participants in the study and by word of mouth). In order to ensure that all participants met the criterion, they were asked to undergo a simple screening process via phone, e-mail, or in person before being invited to complete the face-to-face interview. Screening comprised of a short survey that assessed the participant’s current immigrant status and caregiving situation with a parent in their country of origin (Appendix C).

Participants

The fifteen participants were divided into three ethnic groups; Asian/Pacific Islander, Hispanic, and African. Two of the participants were from India, two were from Japan, one from Vietnam, five were from Mexico, and five were from Kenya. Participants ranged in age from 22 to 52 years (M=32.3 years, SD=8.67). The amount of time of residence in the United States ranged from 2 to 28 years (M=7.89 years, SD=7.89). The participants varied in educational backgrounds from those with the equivalents of a junior high education to those with doctorate and medical degrees. Four of the participants were currently working on their GED requirements; two were high school graduates, two were working on Bachelor degrees, two were graduate students, one completed a master’s degree, three had completed PhDs, and one completed medical school. The participants were also diverse in earned income. Two men ranged in income from $10,000 to $14,999, four were in the $15,000 to $19,999 range, six were in the $20,000 to $29,999 range and three were above $80,000 in income (Table 1).

Procedures

Since the exploration of the impact of cultural expectations on caregiving and complexities that immigrant men experience while caring for aging parents in another country, and its impact on family relations is a new concentration of research, this study employed an exploratory methodological approach. This served to provide the rich and in-depth data that has been lacking in previous studies. Further, a qualitative research design allowed for a richer and more descriptive understanding of stresses and cultural expectations by giving participants the opportunity to be more expressive in their responses than by answering close-ended questions typical of a survey or questionnaire. As other researchers have discovered, interview-based qualitative designs provide “windows” (Daly, 1992, p.4) into insights and meaning that are not easily obtained through the use of other approaches (Gilgun, Daly, & Handel, 1992).

All participants took part in a one time, face-to-face or telephone interview (Appendix E). All interviews were semi-structured and open-ended in design to obtain information about the
experiences of immigrant men, the expectations, and stresses placed on them. In addition, the interviews also served to help describe and identify the current caregiving situation that each faces. By conducting interviews, the ability to assess the perspective of the individuals interviewed was made available, and thus allowed the researcher to have a greater understanding of the participants’ views and experiences (Patton, 1980).

All participants were interviewed by the researcher. Interviews were digitally recorded, typically lasted between 50 and 75 minutes and were transcribed by the researcher. The interviews were guided by a series of questions (Appendix E) designed to help answer the proposed research questions. For example, some of the questions were: In your country, tell me what was expected of you as a child? In general, if an elderly family member needed help who do you think should take care of him/her? What kind of things do your parents typically need? Has your absence caused any conflicts with siblings or other family members still residing in your home country? Prior to the interview, all participants granted their permission to be audio recorded. Thirteen of the interviews took place in mutually agreed upon location and two were conducted via the telephone. Choice of location was based upon the convenience for the participants and matters of privacy.

Protection of Study Participants

Given the identification of the research participants as a population that may have issues with legal immigration status in the United States, measures were taken in this study to protect both their confidentiality and well-being. All information was kept confidential; no names or identifying information was used in any of the research, and all data gathered from participants were identified by pseudonyms in the field notes, transcriptions, and presentation of findings. Participants were informed of the study’s purpose as well as potential risks and benefits prior to the interview process. Participants’ signed consent forms (Appendix D) demonstrating their agreement to participation in the research. All data collected were stored in the privacy of the researcher’s home, and all computer files were password protected. All interviews were done in English, so that translation was not required.

The Researcher

The author’s interpretation of the data was influenced by personal and academic experiences. The author is currently a graduate student in family studies with special interest in multicultural families and cultural familial expectations. In addition, the researcher was married to a first generation immigrant man who was providing care and support for his aging parents in his country of origin. Therefore, the author recognized both her personal family experiences and her education served to guide her as the researcher through data collection and analysis.

Data Analysis

Once transcribed by the researcher, the data underwent a two-stage analysis process, based upon the constant comparative method (Glaser & Strauss, 1967: Strauss & Corbin, 1998). The first stage of analysis consisted of examining all transcribed interviews and employing open coding. Specifically, this process involved repeated reading of all interviews and identification of preliminary themes (i.e., the pressure to succeed). The second stage consisted of focused coding while using the constant comparative method. This research methodology is comprised of refining codes through an ongoing comparison of specific units of analysis from one component of data or transcript to another whether in the same set of data or in another set (i.e., expectations of support). This type of coding assisted in expanding and contracting themes by identifying more abstract codes under which the open codes were included. The emerging themes and sub-themes were continually compared until the researcher determined that conceptual saturation had
occurred. This occurs when all possible themes have been identified from the data and there are no new findings (Emerson, Fretz, & Shaw, 1995).

Ensuring Study Rigor

Steps were taken to ensure rigor in both the methodology and analysis of data. Dependability (i.e., internal reliability) in the current study was addressed by the researcher’s acknowledgement of being the research instrument and a prior spouse of an immigrant man. The researcher was careful when interviewing participants that she was not influencing their responses by attempting to have the participants validate her experiences of familial ties to an immigrant man during the interview. Thus, the researcher maintained a professional demeanor and remained emotionally distant while interviewing in order to prevent the interview from becoming two people sharing stories about their experiences with transnational caregiving. The researcher also maintained an audit trail (in the form of field reflections, data analysis summaries, and interview notes) throughout the duration of the study by keeping records of procedures, reflections, and potential biases influencing the findings generated from the data. This audit trail also served as a basis to provide thick description of the study procedures so as to ensure the applicability of the research findings.

Results

Data analysis resulted in the identification of multiple themes. For the first research question, How do childhood expectations affect their beliefs about caregiving?, two major themes emerged: Obligation of Support as Top Priority and Great Expectations to Succeed. The second research question, Can support be provided across geographical distance? had one predominate theme, Support and Intimacy Regardless of Distance. The final question, What affect does their absence have on the relationship with other family members in their home country? had two major themes: They’re Unreliable-They’re Greedy, and I’d Be Lost Without Them. These themes will be explored in the following paragraphs.

The first theme, Obligation of Support as Top Priority, describes the feelings the participants have regarding cultural expectations to provide support for their aging parents. These expectations in particular were very significant for every participant in the study, they all expressed this same sentiment. These are described by the participants as the way in which their family and culture has taught them the importance of caring for and supporting their family of origin and particularly their parents. James, 26, an undergraduate student from Kenya describes what he was taught as a child:

As a child we were taught to always respect our elders. We were expected to do well in school, get a good job, marry a good woman, get a house close to home, and then help support our family. We are told from very young that it is our job to make sure our parents are okay.

This sentiment crossed cultures, and became clear in descriptions by other participants. Vijay, a 43 year old immigrant from India who holds a Ph.D., reports his thoughts about the cultural expectations to support, and how the thought of breaking away from the family of origin was not typical for grown men in his country of origin.

In my culture, when boys become men, they are expected to live with their parents and provide resources for the household. Even once they get married, they stay in the husband’s family home. It is a very patriarchal society so there are very few men, even in today’s world that move out on their own.

This collectivistic ideology echoed throughout each interview. Some participants reported that they were taught the need to support from the parents from the beginning of their childhood.
These participants described how the expectation to support was engrained in their conscience from very young.

.....we grew up learning that we were to sacrifice for the betterment of our families. We grew up knowing that our parents sacrificed for us and that we should in turn sacrifice to pay them back. We saw our parents doing for their parents and knew it was what we were expected to do as we become men. (Hiro, 52 from Japan)

This notion was also expressed regardless of socioeconomic status. All of the participants from Mexico were from a very poor region of the country and reported economic hardship throughout their life. The participants not only learned at an early age the importance of supporting their family in their country of origin, but also learned how to locate work in a financially struggling society.

As a child, maybe the age of seven, I was put to work to help my family. We worked in the street sweeping, or selling fruits.........the money was always taken at the door by our parents....we knew that whatever income we made was to be used by the family home, and did not belong to us........this feeling still carries over to my life today. I feel like I should be ashamed if I keep the money I make from my family. (Jorge, 31, Mexico)

During the discussions, the participants all talked about the additional stress that is placed on them to balance supporting their parents as well as trying to create a life of their own with their own family. Discussions regarding the type of support the participants provided their parents, all 15 men talked about the difficulty of providing hands on support to their parents, and reported that the most common way in which they are able to support their families from across national borders was to send financial assistance. Fourteen participants reported that they send money to their aging parents to assist with a multitude of things such as healthcare costs, family home upkeep and assistance with every day financial obligations. Vijay from India shared:

I am not there, I can’t see what is going on, I just know from my sister that mom and dad need money to help pay for their medicines and doctor appointments. I can’t be hands on, taking care of them every day, but I do send enough money to make sure they get the best care available to them.

The inability to be present to provide hands on assistance resonated a feeling of stress at times of crisis. Across cultures, 14 out of 15 of participants reported that there is an expectation that they will send money to their home country to assist with the things that their aging parent needs. The participants discussed the compelling feelings that it is their obligation to support their aging parents. Vijay, an immigrant from India of higher socioeconomic status described his obligation as:

My parents always did for me. The only thing I was expected to do was excel in school so that when they got older, I could be successful enough to take care of them. I feel very fortunate that I have been able to achieve my goals and have the resources available to send them money every month to help cover the cost of their medications and doctors. We have no public assistance program that provides medical insurance for the elderly like in the United States, so I feel that I should help out to make sure that they are okay.

In nine out fifteen of the cases, there were more than expectations, but rather a demand for money. Participants described how at times they have to “make sacrifices,” “skimp,” and to make certain that they are sending the maximum amount of support to their aging parents. Francisco, a 26 year old participant described the sacrifices he makes to send money to his parents in Mexico, and how he must compromise his own wants and needs:
I barely make enough money to live here in the U.S. and provide for my wife and my baby. But still I know that no matter how hard I have it here, my mom has it much worse.... My wife and I do without: we don’t buy new clothes, we don’t go out to dinner, we just barely get by so that I can send money home to help mom with all that she needs. She has nobody else, my father is dead, my other brother is messed up on drugs, and my sisters struggle each day in my home town where there is no work, so they are no help to my mom at all.

Johnathan, a Kenyan immigrant reported a similar experience. He detailed the perception in his home country that Americans are rich and that based on this perception, his family demands money from his graduate stipend as if he had an abundance of money each month. He describes his meager lifestyle so that he can send money:

My sisters call each week and ask for more money. They think that I am here making so much money, they don’t realize how much it costs to live in the United States. I have to save money by keeping my heat turned very low and not using air conditioning. I run out of food by the end of the month so I usually find colleagues that will help me with meals. I would rather do without than get constant phone calls from them demanding that I send money. These days I’m not even sure if the money is going to help my dad or if they are using it for something else.

These statements detail the challenges the participants make in order to provide for and accommodate the demands of their families in the country of origin. Conversely, the feeling of sacrifice did not resonate with all men. A minority of the participants either had enough resources to provide for both their family in the United States and their family in their countries of origin or that they felt that their major responsibility was for the family they created in the United States. Although his current feeling toward support of his family competes with the ideologies he was taught as a child, Hiro, a medical doctor from Japan described his notion that his main obligation was his wife and children:

Before I was married, before we had kids, I was able to send a great amount of money to my parents. Now it’s not the same. I have to make a choice of who I need to take care of the most.....do I care for the generations of the past or the generations of the future? I feel like the future is where my investment should be.

As Hiro deviated from the cultural expectations that he was taught as a child, another participant reported that he not only was able to care for his family in his country of origin, but also had the ability to support his family in the United States. Li age 38, a business professor from China described:

I don’t feel like I have to sacrifice to take care of my parents. I have enough money to be comfortable and still provide quite well for them. I know that I am very fortunate, but I live a very good life. I have nothing to ask for, I have savings, I have retirement.

Although two of the participants reported feeling little strain associated with the expectation to provide support, the majority of the participants spoke of the imperative nature to support their parents. This expectation put strain on the participants’ financial stability and added stress to their lives.

Great Expectations to Succeed
The second theme, also addresses cultural beliefs and expectations that are placed on the participants from an early age. Great Expectations to Succeed, is related to the expectation that is placed on the participants to become successful in their lives as they move to the “Land of Opportunity”. This expectation is explained by the participants as immense pressure due to the
fact that they felt that the well being of their family in their country of origin is heavily weighing on their shoulders. Vijay, describes his feelings about the stress of being successful:

*I had no room for failure or even mediocrity. My parents sacrificed to send me to the best schools possible and were not able to plan for their retirement. So it is my responsibility to take care of them now. It is hard sometimes, because people here in the United States try to see how much material items they can possess. My feelings are that I need to be resourceful so that I can make certain that my parents have the best life possible.*

Regardless of the reason for feeling pressure to succeed, this sentiment resonated in many interviews. A Mexican participant talked about the sacrifices his family in Mexico made to get him across the border into the United States where he could find employment and further his education. He discussed his feelings of needing to succeed:

*Crossing the border illegally into America is a very dangerous thing. My family gathered as much money as they could to pay to have someone help me get across the border. When I got into the US, I was taken captive by the human trafficker that helped me get across. He demanded more money from my family to release me. I know how lucky I am to be here and the sacrifices my family made. This is what drives me to work hard, get my education, and make as much money as possible to send back to Mexico to my family.*

(Marcos, 25, GED recipient)

As Marcos felt the pressure to be successful, this notion echoed across cultures as explained by Johnathan, a 30 year old Kenyan immigrant who is attending graduate school. He talks about the pressure to be successful as an additional stress that builds on top of the normal stressors of doing graduate studies. He describes the pressure he felt from the very minute that he received information that he was accepted to study at the graduate level in the United States:

*I can still remember when I showed the email to my father and my sisters. They were all so excited. They just knew that by me coming to the US to study, I was going to be a rich man. My father discussed with me the importance of excelling and making a name for myself, and how the whole family was depending on me. I kept replaying the conversation in my head when I first landed in Cincinnati. I was honestly scared, cold, alone, and uncertain about my future. All I knew was that the future of my whole family depended on me. And now every time I get a low score or am struggling with an assignment, I hear my father’s voice telling me to do well. Sometimes, I think it’s good, other times it just puts more and more pressure on me when I am already struggling. I sometimes think it’s good to have pressure, but other times its gets to be too much.*

In addition to the financial support, the pressure to succeed, and the sacrifices made, the participants relayed the message that they continue to be emotionally tied to their family of origin.

**Support and Intimacy Regardless of Distance**

The theme **Support and Intimacy Regardless of Distance** is related to the feelings of closeness that the participants feel regardless of the geographic distance they face. The participants discussed the intimacy that they continue to have with their parents. This theme also conveys that the idea of financial support was not the only way in which the participants felt that they supported their aging parents. During the interview, the participants also described additional support to their parents. The nine men who only had their mother’s living all gave account of the other way in which they provide support to their mothers. They reported that emotional support through conversations was very much a part of their lives. Daniel, 38, from Kenya described his support of his mother:
I talk to my mom every week. She calls me or I call her. We talk a lot about her loneliness and the death of my father. Sometimes when she calls and I ask her if she needs anything, she says she only needs to hear my voice and know that I am well. It makes me feel good to be so connected to her even though we are so far away from each other.

Another participant not only discussed the emotional support that he provides to his mother, but also discussed the fact that his mother also has developed and maintained a close relationship with his children, her grandchildren.

Well, I not only send money to my mother.....I talk to her at least once every few weeks or more often if we miss each other or something important happens in our lives. The children call and talk to her, so she gets to be a part of their lives too. It’s nice because we help each other through hard times. (Vijay, 43, India)

This emotional closeness is associated with the advancements in technology and the ease of communication. All of the participants overwhelmingly reported that new technologies that facilitate communication help them a great with being able to keep connected and provide emotional support. The ease of being able to contact their parent(s) without delay helps support the closeness that they feel. Below are some of the statements that support this notion:

Getting touch with my mom is not a problem. I talk to her often. Phone plans are inexpensive and we both have cell phones. She can call me anytime and reach me, and she always has her phone with her. We get to send pictures over email so she gets to see how the children are growing. It helps us stay in touch. (Jorge, 31, Mexico)

Among both the Mexican and Kenyan participants, the issue of progress in infrastructure in their less developed countries has led to ease in constant and consistent contact with their parent(s) in their home country.

.....there no problems with calling my mother. She has a cellular phone, I have a cellular phone....we call, text and it’s easy to reach each other....I used to have to pay for a calling card that was very costly, but now I can get international phone plans and it is nothing like how it used to be (Charles, 36, Kenya)

Even in more developed countries, new technology has changed the way in which the participants communicate with their families in their home country. The five participants who have been in the United States longer than 10 years described how new technologies have made it increasingly easier to keep in touch with their families in their country of origin and allows them to keep better track of what is going on with their parents overall. This progress may lead to helping the men settle into and worry less about their aging parents as communication is consistent.

When I first arrived in the U.S. 15 years ago, I felt very isolated. I was going to school and had very little money. International phone calls were very expensive and made conversations with my parents very short. They were so short that I really wasn’t able to get a feel of all the things that were going on at home. Then as time has gone by, new technology has helped lower the cost of communication and has made it so much easier to keep in touch. First, international phone plans were cheaper, then cell phones become widespread, and now we have the internet. I can Skype with my parents and actually get to talk online with them. I feel so much more connected now that I am able to talk with them on a regular schedule. (Vijay)

From the discussions and descriptions, a clear message regarding their ability to remain in contact and maintain a feeling of intimacy resounds. In addition to the ability to remain in contact with their parents, the participants also reported that they are able to stay in contact with
other members of their family. This contact was seen as both a positive and a negative in the eyes of the participants.

*They’re Unreliable—They’re Greedy*

The theme, *They’re Unreliable—They’re Greedy* relates the tenuous relationship that some of the participants have with other family members that still reside in their country of origin. The participants expressed a stressed relationship. Five of the participants indicated that they feel as though their other family members were constantly asking for more and more financial support and often act resentful when they need to care for their parents.

*My sisters are always on the phone, wanting this, needing that. They ask for more for themselves than they do for our father. I try to explain to them that money is tight here while I am in school, but they accuse me of lying to them. They have in their minds that all Americans are rich and say that I am being greedy. It is a very strained relationship.*

(Johnathan, 30, Kenya)

The strained relationships also occur when the participants felt unsure or uneasy about the use of the money being sent to their parents. Juan, a 26 year old immigrant from Mexico relays a similar story.

*My sister she just lays around all day and does not do anything to help my mom. She has an abusive husband who always has her ask for money. My brother is not good either. He has a problem drinking the alcohol, and that pretty much runs his life. They always ask for money for something for mom, but I just worry that it is not being used for her. I try to talk directly to mom and don’t send money if they are the only ones that ask for it. It makes it very hard to not know exactly what is happening and I don’t believe the things they tell me.*

This stress is also compounded by resentful family members who are doing the majority of the hands on caregiving. Hyungh, a 24 year old immigrant from Cambodia echoes the above sentiments with one additional circumstance. He reports additional stresses in the relationship with his brother due to the fact that his brother is constantly reminding him of the hands on assistance that he provides for their parents.

*My brother, he tries to make me feel bad. He tells me all the time about the work he does for our parents. He tells me that since I don’t have to be there taking care of them that I should appreciate him and send him more money. This makes me angry. I don’t think I should pay him for doing what is right.*

Conversely, the final theme *I’d Be Lost Without Them*, relates to how nearly half of the participants reported that their relationships with their families at home is productive, and filled with feelings of respect and closeness. These participants discussed how they rely heavily on their siblings to fill in and take off of things at home that cannot be handled from a distance. Vijay from India reports:

*I talk to my sister often. She keeps up-to-date with my mom and dad and how they are doing. I know she takes good care of them and she tries to not ask for much. I know that if I send her money, she does what is needed for my parents. She is always a reliable source of information and makes me feel better about being so far away. I know she takes good care of them.*

This belief is also conveyed by Marcos, a 25 year old immigrant from Mexico who discusses the intimate and emotionally bonded relationship he has with his sister:
I don’t know if I would be able to stay here and provide money for my family if it weren’t for my sisters. They see that my parents are cared for, healthy and that their bills are paid. I feel like they are always watching out for what’s best for the family. In addition, it appears that those with supportive siblings have less stress and are able to focus on their obligations in the United States. Having a reliable support system in their home country allows for the participants to stay focused on their goals and working toward the betterment of the family. This is supported by the statements of Daniel, 38, from Kenya.

My brother takes care of the farm and does everything that dad is not strong enough to do these days. I know that the farm would be in shambles if he weren’t there to take care of things and see that dad does not get hurt. I feel better knowing that my family’s investment there is in safe hands while I stay here and finish school.

The descriptive stories of the participants highlighted the affect that relationships with their siblings and family members at home has on the stress they feel in regard to caregiving for their aging parents in their home country.

Discussion

As the result of the increase in the aging population, scholars and professionals alike have noted the stress and strain faced by young adults caught up in the “sandwich generation” (Root, 1998). These researchers have noted that caregiving for aging parents often puts the burden for caring for both younger and older generations and often places a great deal of stress on the middle generation. The financial, psychological and physical toll of caregiving on this group may, in fact, limit their attempts to meet their own need for growth and development (Cicirelli, 1981; Merrill, 1997). This burden is noted to be more prevalent in collectivistic societies where group consciousness, harmony, emotional interdependence, obligation, and group solidarity, emphasizing the goals and interests of the group over those of individual members is stressed (Gelfand, Spurlock, Sniezek, & Shao, 2000; Triandis, 1995). In addition, scholars have noted that geographic distance has a negative impact on families caring for kin. Some even deny the possibility of long-distance family relations within national borders, linking geography and the ability to care (Gubrium & Holstein, 1990). These findings indicate that immigrant men living in the United States may not be able to provide care and continue with close relationships with their parents in their country of origin.

As a whole, the findings of this study suggest the ways in which the participants provide support for their aging parents in their home country regardless of geographical distance. For 14 participants in the study, findings show that the participants in fact often view supporting their parents as a top priority and one that they feel the need to sacrifice their own wants and needs. These beliefs can be attributed to the ways in which the cultural expectations of support are engrained upon them as a child. The results support research on collectivistic families and that the participants downplay their own needs and desires if they conflict with those of the larger family (Huang, 1994). The participants continue to hold the cultural expectation that they should assist in the maintenance of the household (Kagitcibasi, 1990; Li, 1983; Triandis, 1990). The study indicates that the collectivistic ideologies related to the needs of the family usually have priority (Huang, 1994), remain instilled in their beliefs even as they establish themselves in a more individualistic society.

The study also provides evidence that in addition to the expectations to provide support, immigrant men feel immense pressure to be successful in order to make certain that their parents have a better life. This pressure compounds the stress associated with caregiving for their aging parents and their family of procreation and supports the notion of the “sandwich generation”
(Root, 1998). However, the results of this study indicate that the participants also face additional strain associated with complicated issues caused by transnational caregiving, such as the inability to have hands-on contact with their parents, and make personal appearances at doctor appointments or issue surrounding legal matters. However, the findings do indicate that the stress can be relieved somewhat if there are reliable, responsible and supportive family members still residing in their country of origin, or the stresses can be intensified if the opposite exists.

A significant finding of this research is that it challenges the research-based findings of Rossi and Rossi (1990), which indicates that geographical proximity is the indicator for maintaining close, intimate relationships with other family members. The significant finding that the participants maintain close relationships with their parents regardless of the distance between them is consistent with research by Baldassar and colleagues (2007), in which they found that transnational migrants participate in caregiving across national borders. As with the research by Baldassar and colleagues (2007), this study indicates that immigrant men provide emotional, moral, financial, and some practical support. Research by Baldassar (2007), reports that inexpensive and readily available international communication is a pivotal aspect that allows immigrant men to maintain the ability to provide care and continue emotional closeness. All participants noted that advancements in technology and communication promote feelings of closeness. The participants utilize a variety of technologies to remain in contact with their parents. These advancements have allowed the men to maintain close intimate contact with their parents in rather inexpensive ways.

Implications for Practice

These findings may be used by family life educators, professionals, and employers working with immigrant men and international students. Specifically, it can help those individuals understand the additional stress and strain that immigrant men face based on their cultural expectations to sacrifice for their family of origin, and understand the intense drive to succeed. The information gained also can be used when considering reform to visa regulations regulated by immigration rules, associated with allowing foreign born workers to bring their aging parents to the United States. The ability to do so, would not only allow for more financial resources to remain in United States, but would also lower the stress for those living and working in the United States.

Limitations and Recommendations for Future Research

As with all research, this study has limitations. The small sample size, though suitable for a qualitative approach, is a limitation in that hinders the generalizability of the results. In regards to future research, studies should focus on one specific culture and explore its complexities in more depth in order to explore the cultural expectations and difficulties in more depth. Future studies should explore the difficulties of travel, visa restrictions, and the ability to return home when need be. In addition, the research conducted by Rossi and Rossi (1990), should be reinvestigated to include advancements in technologies to allow for emotional closeness regardless of geographical distance. Finally, future studies should utilize a longitudinal approach when exploring the strains of transnational caregiving and collectivistic ideologies to develop an understanding if beliefs regarding cultural expectations change over time.
References


### Table 1: Participant Demographic Information

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Are You A First Generation Male Immigrant?

Are you a male over the age of 18?

Do you have parents that still reside in your country of origin?

Do you provide care for your aging parents?

If you answered yes to these questions, you are invited to participate in a study by the Department of Family Studies and Social Work at Miami University.

If you are interested, please contact:

Kathy Mujumdar
Miami University
Department of Family Studies and Social Work
101 McGuffey Hall
Oxford, Ohio 45056

(513) 834-3700

E-mail: katmujumdar@yahoo.com

Please pass this information along to any individual who may be interested in participating in this research study.
Newspaper/Newsletter Advertisement-Appendix B

Miami University graduate student in the Department of Family Studies and Social Work is seeking individuals to participate in a master’s thesis research study regarding the plight of first generation immigrant men who are providing care for their parents across national borders. If you are an Immigrant Male over the age of 18 and are interested in participating or for more information please contact:

Kathy Mujumdar  
Miami University  
Department of Family and Child Studies  
101 McGuffey Hall  
Oxford, Ohio 45056  
(513) 834-3700  
E-mail: katmujumdar@yahoo.com

Please pass this information along to any individual who may be interested in participating in this research study.
Screening Interview Guide-Appendix C

Hello, (participant’s name). Thank you for your interest in participating in our study of immigrant men caring for parents in their country of origin. Before we schedule a time to conduct the interview, I would like to ask you a few brief questions to make sure your family situation is right for this study.

1. Tell me how long you have lived in the United States?
2. What is your country of origin?
3. Do you have parents over the age of 65 still residing in your country of origin that you currently provide some type of care or support for?
4. Are you currently over the age of 18?

If participant gives an affirmative response to all four screening questions: Okay, (participant’s name) it appears that you would be an ideal candidate to participate in our study. Please allow me to take your phone number so that I can call and arrange a time to complete the interview together.

If participant is does not meet study criteria: Thank you for your time today, (participant’s name). Unfortunately, it appears that your answers to the questions I have asked indicate that you are not eligible to participate in our study at this time. However, I will keep you in mind for any future studies that I may participate regarding the challenges of immigrant men. Thank you again for your participation!
Participant Consent Form Appendix- D

Participant Permission for Study Participation

I agree to participate in a research study that investigates the experiences of immigrant men residing and working in the United States while providing care for aging parents in my country of origin. It is my understanding that this research will further the study of caregiving and is unique in that it will address the specific situation of immigrant men who are caregiving for parents in another country. I understand that my participation will be a onetime audio recorded interview, lasting approximately one hour. I understand that during the interview, my responses to questions about my life experiences will be recorded. I understand that my participation is voluntary and that there will no impact on services if I do not give consent. I understand that there might be some emotional risks associated with talking about stressful subjects with my participation. The interview may give me an arena for discussing stressors in their life associated with caregiving for an elderly parent in another country. I understand that my name will not be associated with my responses, and that all information connecting my name to my responses will be kept confidential; that the researchers will contact me to arrange an interview time; and that I may decline participation or stop the interview at any time. I understand that the findings of this research may be used to inform individuals working with immigrant men, a better understanding of additional stressors that are experienced daily by immigrant men and may be used in publications or presentations. I may request the results of the study or access to my data by contacting either the researcher or her thesis advisor after study completion (approximately six to eight months after interview).

Participant Name __________________________________________
(Please Print)

Participant Signature ________________________________________
(My signature on this line acknowledges that I am over the age of 18.)

Participant Signature ________________________________________
(My signature acknowledges that I understand that my interview will be audio recorded.)

Date ________________________________

Researcher Signature _________________________________

Faculty Advisor:  
Dr. M. Elise Radina  
101 McGuffey Hall  
Miami University  
Oxford, Ohio 45056  
(513) 529 3639

Institutional Review Board  
OARS  
102 Roudebush Hall  
Miami University  
Oxford, Ohio 45056  
(513) 529-3600

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Interview Guide-Appendix E

Caregiving Information (audio recorded)
1. In your country what is typically expected from you as a child?
2. Why don’t you start by telling me a little bit about the current caregiving situation in your family?
   - Are both parents still living? If not, which parent is deceased?
   - What type of care/support is provided to your aging parent?
   - Who provides this support?
   - What is your role in this support?
   - What roles do other family members take? Do they reside in your country of origin?
3. Describe to me the circumstances under which you began providing care/support for your parents.
4. In general, if an elderly family member needed help, who do you think should take care of him/her? Why should that person be the one to provide care? What do they do?
5. What kinds of things do your parent(s) typically need?
6. Has there been any time in which you felt you were needed back home and traveling back to your country of origin was not an option at that time? Describe to me how it feels to be away from your parents in their times of need?
7. Has your absence caused any conflict with siblings or other family members still reside in your country of origin that are providing care your parents?
   - Explain the type of conflicts.
8. What difficulties (in terms of communication, travel, transfer of resources) do you face while providing care for your parents?
9. Do you ever feel the need to leave the U.S. and return to your country of origin on a permanent basis to care for your parents?

Reciprocity
10. Describe how your parents have provided support to you?
11. Explain why you feel compelled to provide support to your parents.
Participant Demographic Information-Appendix F

This is participant interview number (ID number assigned by PI). I would like to begin by asking you a few questions about your experiences of caring for an aging parent across national borders.

Demographic Information (not audio recorded)
1. What is your current age?
2. What is your country of origin?
3. How long has it been since you migrated to the United States?
4. What is your current marital status?
   (0 = never married; 1 = married or living as married; 2 = widowed, not currently married; 3 = divorced, not currently married; 4 = separated)
5. How many years of formal education did you complete?
   (0 = no formal education; 1 = grade one; 2 = grade two; 3 = grade three; 4 = grade four; 5 = grade five; 6 = grade six; 7 = grade seven; 8 = grade eight; 9 = grade nine; 10 = grade ten; 11 = grade eleven; 12 = grade twelve high school diploma/GED; 13 = vocational/training school after high school; 14 = some college/associate degree; 15 = college graduate; 16 = master’s degree; 17 = doctoral degree)
6. What is your yearly household income, including income?
   (0 = less than $5000; 1 = $5000 to $9999; 2 = $10,000 to $14,999; 3 = $15,000 to $19,999; 4 = $20,000 to $29,999; 5 = $30,000 to $39,999; 6 = $40,000 to $49,999; 7 = $50,000 to $59,999; 8 = $60,000 to $69,999; 9 = $70,000 to $79,999; 10 = $80,000 and above)
7. What is your mother and father’s (care recipient’s) yearly income?
   (0 = less than $5000; 1 = $5000 to $9999; 2 = $10,000 to $14,999; 3 = $15,000 to $19,999; 4 = $20,000 to $29,999; 5 = $30,000 to $39,999; 6 = $40,000 to $49,999; 7 = $50,000 to $59,999; 8 = $60,000 to $69,999; 9 = $70,000 to $79,999; 10 = $80,000 and above)
Community Resources-Appendix G

**Butler Behavioral Health Services** (513-896-7887)
1490 University Blvd.
Hamilton, Ohio 45011

**Provides:** Individual, group and family counseling. Supported employment services, job development for adults and adolescent. Accepts Medicaid and private insurance.

**Catholic Social Services of Butler & Warren Counties** (513-863-6129)
140 N Fifth St
Hamilton, Ohio 45011

**Provides:** Individual, group and family counseling with sub-specialties in treatment of child victims of sexual abuse, play therapy and emotional problems of children 3 and above. Works on a sliding fee scale.

**Community Behavioral Health** (513-887-5100)
824 S MLK Blvd
Hamilton, OH 45011

**Provides:** Individual, group and family counseling. Supported employment services, job development for adults and adolescent. Accepts Medicaid and private insurance.

**Community Counseling & Crisis Center** (513-523-4149)
110 S College Ave
Oxford, Ohio 45056

**Provides:** Individual, child, couple and family therapy. Crisis intervention 24 hour hotline which provides information, referrals, prevention, education and consultation services. Fees vary depending on services.

**Comprehensive Counseling Services** (513-424-0921)
1659 S Breiel Blvd.
Middletown, Ohio 45044

**Provides:** Individual, marital, family and group counseling. Treatment for domestic violence, substance addiction, depression, sexual abuse, and child/adolescent problems.

**International Family Resource Center** (513-721-7660)
200 McFarland St
Cincinnati, Ohio 45202
www.servingfamilies.org

**Provides:** English language training, citizenship education, job placement, translations and interpretations.

**Lifespan** (513-868-3210)
1900 Fairgrove Ave
Hamilton, Ohio 45011

**Provides:** Clinical counseling, credit counseling, guardianship services, Social Security Payee Program, nutrition counseling, child development and stress management services. Works on a sliding fee scale.