ABSTRACT

SHOULDERING CAREGIVING FROM A DISTANCE: A PHENOMENOLOGICAL STUDY

OF EXPERIENCES OF ZIMBABWEAN ADULT CHILDREN IN THE UNITED STATES OF AMERICA

by Loveness Ngorosha

The purpose of this phenomenological study was to explore the experiences of Zimbabwean immigrants in the U.S.A who have long distant caregiving (LDC) responsibilities. Semi-structured interviews were conducted with a mixed gender sample of nine adult participants. Data were analyzed through thematic analysis approach leading to four key themes: caring is our way of life; financial and emotional support as caring; caring as a source of emotional distress; and do not overstretch yourself in caring. The participants perceived caregiving as their way of life, a responsibility fulfilled by “being there” for one’s kin through financial and emotional assistance. The major challenge experienced in the LDC process was emotional distress resulting from lack of accurate information about needs and circumstances of homeland families. To effectively serve immigrant Zimbabweans with LDC duties, social services need to develop culturally relevant programs to help the immigrants cope with the challenges they face in LDC.
SHOULDERING CAREGIVING FROM A DISTANCE: A PHENOMENOLOGICAL
STUDY
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CHAPTER 1

INTRODUCTION

Zimbabwe has experienced a mass exodus of its population to neighboring countries and beyond to the United Kingdom, the United States of America (USA), Australia and New Zealand. It is estimated that close to five million Zimbabweans are living outside Zimbabwe. A 2008 estimate from The Association of Zimbabweans Based Abroad put the population of Zimbabweans in the whole USA at 45,000 (Firger, 2008), just a part of the Zimbabwean Diaspora, with larger communities in South Africa and the United Kingdom (UK). The data above show that a considerable number of young adult children migrated from their homeland, leaving behind their parents, siblings, and the extended families. The departure of adult children from home robs families of their caregivers, better understood as “support givers.” A study carried out in Sri Lanka showed that it is a universally shared tradition across cultures that adult children should be responsible for taking care of parents in their old age (Østbye, Chan, Malhotra, & Kothalawanda, 2010). The concept of providing care and support to parents and the rest of the family is a respected cultural value among many people in Zimbabwe.

Although the influence of the western culture on the traditional Zimbabwean culture cannot be ruled out, generally, most Zimbabweans still believe in collectivism and maintain strong social and economic ties (Bloch, 2008). Kim et al. (1994) define collectivist societies as those societies that support the common good and social harmony over individual interests so that group goals are realized. The collectivist perspective promotes interconnectedness and interdependence among family members and community members. Kim et al. (1994) acknowledge that in collectivist societies individuals are situated in roles and statuses that prescribe duties and obligations through socialization. Generally, in Zimbabwe collectivist social principles are instilled in children from a very tender age through Hunhu/Ubuntu.

Hunhu/Ubuntu is a sub-Saharan Africa philosophical ethic that speaks of humanity and the consciousness of social solidarity. The ethic of Hunhu/Ubuntu represents the meaning of being humane, of being generous and gracious (Kolini & Holmes, 2010). Mangena and Chitando (2011) argue that Hunhu/Ubuntu is “the bone and marrow of sub-Saharan Africa, especially Southern Africa […] the ethical benchmark of African societies [that] provides a guide of the African man and woman in whatever setting they are” (p. 234). Cilliers (2008) describes Ubuntu as a way of life, a universal truth, an expression of human dignity, an underpinning of an open society, African humanism, trust, helpfulness, respect, sharing, caring, community and unselfishness. The values emphasized in Ubuntu encourage individuals of a particular culture to embrace and cherish togetherness, interdependence, and unity. Chimuka (2008) argues that the Ubuntu values are pegged in the collective consciousness of specific groups, and are transmitted to the progeny by families and communities through the processes of both primary and secondary socialization. Thus, Ubuntu ethics call for a particular mode of being in the world, requiring each person to maintain social justice, to be empathetic to others, to be respectful, and to have a conscience, and failure to observe these guidelines disrupts communal unity, leading to disequilibrium (Mkhize, 2008).
In sub-Saharan communities like Zimbabwe, the attitude of caring and supporting each other is inculcated in individuals, and is expressed through the statement, “Umuntu ngumuntu ngabantu” (Chimuka, 2001), directly translated into English as, “A human being is human because of other humans beings” or “People are people through other people.” This is interpreted to mean that each individual’s humanity is ideally expressed through his/her relationship with others, and theirs in turn through their recognition of the individual’s humanity (Republic of South Africa Government Gazette, 1996). Hunhu/Ubuntu values encourage a consciousness of community, and the embracing of healthy relationships among individuals that foster social well-being. The sense of thinking of others first before oneself and serving one’s fellow human beings in the family, community and the society at large is greatly encouraged. Accordingly, as a people, families in Zimbabwe strive to maintain the ideal of sharing their joys and sorrows through helping one another and exchanging any resources available for the well-being of every member of the family.

Does the collectivist perspective have a bearing on how children respond to family needs later in life? A general observation of family life in Zimbabwe shows that young adults in Zimbabwe assume breadwinner roles, and become responsible for their individual family’s welfare upon entering adulthood. Thus, even before the parents are impacted and grounded by health conditions associated with aging, the majority of young adults in Zimbabwe assume social, economic and emotional responsibilities to assist their parents to provide the basic needs of the family. The current situation in Zimbabwe is that many young adults and adult children have left their homeland in search of better education, better paying jobs and better living conditions in neighboring countries and overseas states, resulting in immigrants and transnational citizens.

Given that these immigrants have caregiving responsibilities for their parents and kin back home, one wonders how the Zimbabwean adult children deal with long distance caregiving and family support to their families back in their homeland. Hence, this researcher conducted a study on the LDC experiences of Zimbabwean immigrants in the USA as they work towards fulfilling filial responsibilities for family members in the homeland.

Statement of the Problem

The main purpose of the study was to explore Zimbabwean immigrants’ experiences with LDC. The aim of the study was to develop a deeper understanding of the Zimbabwean immigrants’ perspective of caregiving, their role as distant caregivers, and how they cope with the practice of LDC.

The study was guided by one central research question and four sub-questions.

Research Question

What are the experiences of Zimbabwean adult children in the USA with long distance caregiving?
Sub-questions
i. How do Zimbabwean immigrants understand the concept “caregiving” as informed by their family background and past experience with caregiving?
ii. What are the immigrants’ present experiences with long distance caregiving (LDC)?
iii. How do the Zimbabwean immigrants in the U.S.A perceive LDC regarding joys, worries, and challenges encountered in the caring process?
iv. What advice and coping strategies are helpful in managing LDC challenges?
CHAPTER 2

REVIEW OF THE LITERATURE

Caregiving

Research has shown that the tradition of family caregiving is universally fundamental to the human society. It is undoubtedly a role that emerges from person or role relationships within families and is influenced by values and culture (Collins et al., 2003; Defo, 2009). Caregiving is a complex term with several meanings that are context based. In simple and general terms, caregiving refers to the provision of assistance and care to one person by another person. Caregiving can also be defined as the act of assisting someone who may have lost his or her ability to be self-sufficient and is no longer able to care for himself or herself due to old age, disability, senility or chronic illness (Libert, 1986). Family caregivers provide a wide range of services, from simple help to complex procedures (Family Caregivers Alliance, 2009). Caregiving often requires attention to the physical, mental, social, and psychological needs and well-being of both the caregiver(s) and the elderly person requiring care (Utah Coalition for Caregiver Support, 2004). In Zimbabwe, just like in many other countries, adult children and relatives provide informal care services to the parents and the whole family.

Traditionally, it has been the duty of adult children across cultures to care for their elderly parents (Shanas, 1979). In Zimbabwe the caring task comes early in young adult children’s lives. Young and middle-aged children are expected to help their aging parents and give priority to their parents’ needs over their own (Seelbach, 1984). To this day, many adult children still strive to maintain their responsibility to provide care and support that includes social, emotional, and financial assistance to their elderly parents and family members. However, Nakajima (1991) maintained that work life and daily obligations sometimes make it difficult for the adult children to provide the support. Prior studies on caregiving practices by adult children assisting their parents argued that there was a very close relationship between caregiving and geographic proximity. Rossi and Rossi (1990) argued that geographic distance reduced not only frequency of using telephone contact or help with chores, but also limited the support that could be provided from a distance such as giving advice or comfort. In the past, the adult child geographically closest to the parents was perceived as the one who tended to take on the role of caregiver (Aldous & Klein, 1991). Contrary to the above assumption, Shimizu (2004) argues that any adult child can assume caregiving roles and depending on how faraway one is located, some members of can assume distant caregiving responsibilities. Such individuals are identified as distant caregivers, or absent or indirect caregivers.

Long Distance Caregiving

Bledsoe, Moore and Collins (2010) conceptualized long distance caregiving to mean the efforts made by family members to provide for the needs of elderly, often ailing relatives who reside in a location that is one hour or more away, sufficiently geographically distant that the caregiver cannot have daily face-to-face contact with the care recipient. In this case the caregiver's role is not much of “hands-on” assistance with activities of daily living (ADLs), but it is mostly gathering information and coordinating services and putting together a “team” of
family, friends, and paid help who can meet the care recipient's needs (Family Caregiver Alliance, 2009).

Research observed that in the past, it was common to have several generations living in the same household or to have families living in the same neighborhood or village where they could easily be physically together and help one another. However, rapid changes in family composition worldwide have influenced the nature of the role members of the family play in helping elderly parents and relatives (Gierveld & Dykstra, 2008). Over the last decade, Zimbabwe, witnessed a large scale exodus of its citizens; people migrating to neighboring countries and beyond. Census estimates indicate that between three and five million Zimbabweans live in the Diaspora (Pasura, 2008), creating a gap in informal/family caregiving in Zimbabwe. Although there are noticeable shifts in family structure and cultural values, Defo (2009) argues that solidarity and mutual help as strong social protection values in traditional African societies have resisted the changes in the nature of the family due to urbanization and emigrating. Thus, adult children in most cases do not neglect their elderly parents as their strong emotional ties and filial duties require them to provide the best help they can for their parents.

Traditionally women in general, as daughters, daughters-in-law, sisters and mothers provided the majority of family care (Chelsey & Poppie, 2009; Henz, 2009; Horowitz, 1985). In the Akan society of Ghana, caregiving is viewed as a feminine role because the actual performance of physical elder care duties is carried out by women (Kodwo-Nyameaza & Nguyen, 2008). Although some studies defined caregiving as more of a feminine role, Baldock (2000) concluded that the era of a gendered role of caregiving was superseded, as both female and male caregiving participants reported retaining close communication and support networks with their parents or in-laws living in another country. Thus, a single gendered construct of caring cannot be maintained since caregiving roles are not static, but do evolve in response to arising care needs as revealed in one study that concluded that the last decade has seen increasing numbers of men joining to serve as caregivers (Rebeiro & Paul, 2008).

Spencer-Cingoz (1998) studied “long-distance care” within England, and similar studies regarding caregiving explored issues of adult children as caregivers in the USA, Asia and developed countries like the UK, Norway, Spain, Germany and Israel (Katz et.al, 2010, Gans et.al. 2009). Østbye et al. (2010) state that most of the studies dealt with caregiving of the elderly with specific morbid conditions such as cancer, Alzheimer's disease, or dementia, but little has been documented about migrants and immigrants and their caring responsibilities across state boundaries (Baldassar, 2007). These prior studies are based on research carried out in Asia, Europe and U.S.A, which may differ from the African perspective, specifically, the Zimbabwean experience of caregiving due to the ethic of Hunhu/Ubuntu. Hence, Østbye et al. (2010) further argue that limited studies have attempted to explore caregiving and support that is offered by adult children to parents with limited financial resources, and those living in poverty. The elderly groups such as peasant farmers in Zimbabwe exhibit lower levels of economic resources and, like their counterparts in many other African countries, the elderly typically rely on their children to provide for them (Vincent & Cull, 2009). The amount of help received by parents depends on the circumstances in the parent's life, for example, in times of need adult children tend to be at hand for their parents, providing emotional, financial and material support (Ikkink, van Tilburg, & Knipscheer, 1999). Furthermore, adult children have been found to be more responsive to their
elderly parents' needs in countries with family-oriented attitudes (Kalmijn & Saraceno, 2008). Thus, Ikkink et al. (1999) acknowledge that “there is a strong commitment on the part of children to help their parents if the parents need support” (p. 32). For migrant children Baldassar (2007), argues that for adult children living outside their homeland, their transnational caregiving practices are also influenced by a sense of felt need to provide care, a notion that is closely bound up in cultural constructions of duty and social roles that fulfill their culturally constructed ideals about appropriate family responsibilities.

Proximity and Distant Caregiving

Prior studies on distant caregiving indicated that proximity was a pre-requisite for maintaining close family bonds and enhancing children's willingness to help parents. In contrast, Baldock’s (2000), study with Italian transnational migrants in Australia, concluded that adult children gave a great deal of support to their parents regardless of geographic proximity. Similarly, Kodwo-Nyameaza and Nguyen (2008) commented that the Ghanaian immigrants living in the USA reported providing financial assistance, housing and telephone calls as some form of elder care and support to an older relative back in Ghana. Additionally, the distant caregivers made occasional visits back to Ghana to be with their loved ones. Thus, in transnational caregiving, the nature of caring was found to take any form that included physical/personal, financial, emotional and moral support, coupled with interaction and communication (Baldock, 2003). Wilding (2006) identified telephone calls, faxes, letters, emails and mobile phone text messages as the most common ways of communication between migrants and their kin. Therefore, the enormous geographic distances that separate some immigrants and their kin do not diminish the concern they have for each other, and most of them do engage in and continue caring across borders through regular exchanges between parents and adult children (Baldassar, 2007; Kalmijn & Saraceno, 2008; Defo, 2009).

Sims-Gould and Martin-Matthews (2008) argue that since distant caregivers are absent from their parents, they make deliberate efforts to support the key “stay-behinds” (Baldassar, 2007), or the homeland primary caregivers and care recipients, in various ways such as socially, emotionally and financially. Such exchanges promote the provision of mechanisms for distant caregivers and the primary caregivers to work together, sharing information and ideas and concerns that occur within the context of caring for an older family member or relative. A study with Japanese older children on their perception of indirect caregiving indicated that distant children provide support for the primary caregivers because they are aware of and understand the hardships stay-behind caregivers experience, and also that distant caregivers feel guilty for their absence and their dependency on their stay behind siblings for information and care responsibilities (Shimizu, 2004). One important observation made was that as the stay-behinds and absent siblings became helpers in caregiving, their sibling relationships tended to improve. The childhood differences between siblings disappeared in caregiving of aging parents with the increase in geographical distance and more communication (Cicirelli, 1995). Conversely, relations could turn out nasty in instances where migrant children made all kinds of suggestions to stay-behinds about their parents’ health-care and living arrangements despite not ‘being there’ to help enact the suggestions Baldassar (2007). Thus, distant caregiving can be a problematic responsibility.
Caregiving Burdens

Caregiving is a complex experience that affects caregivers in a number of ways, depending on the emotional nature of the caregiver (Smith, 2005). Caring from a distance can be difficult both emotionally and logistically. From afar, caregivers are consumed with concerns about the safety of their loved ones (Family Caregiver Alliance, 2009). The challenge that many life changing decisions back home must be made from afar over the telephone creates an added layer of isolation and frustration (Baldock, 2000). The most obvious impediments to long distant caregiving are transportation costs, time constraints and communication (Collins, et al., 2003). In some cases, such impediments result in inaccurate information exchanges between immigrants and their homeland based families. Baldock’s (2003) study reported that Dutch migrants and their parents transmitted notions of an ‘ideal’ family to each other. The observation was that migrants hid from their parents that they were homesick, physically ill or depressed, while the parents did not tell their children about their health crises or about deaths in the family. It was argued that the ‘ideal’ family notion was meant to ‘protect’ the absent kin from distressing news. This practice often had the unintended consequence of decreasing the shared knowledge and increasing the (emotional) distance between transnational kin. Furthermore, Baldassar commented that a sense of disappointment or dissatisfaction due to the absence of the migrant was felt, contributing to a feeling of guilt due to the view that family relations were not what they should be and family roles/obligations were not adequately fulfilled. Thus, physical absence, ‘not being there’ was the most frequently articulated cause of anxiety for both migrants and parents (Baldassar, 2007).

The prevalence of both explicit and implicit distant caregiving challenges acknowledged in prior research cannot be overlooked. Mazanec et al. (2011) acknowledge that not much research has been conducted to identify appropriate interventions to help distance caregivers manage and reduce their emotional distress—a challenge for present research and practice to develop effective stress management strategies for distance caregivers.

On the basis of prior studies currently available on caregiving, the researcher supposed that informal caregiving remains the basic source of help, and a universally recognized responsibility of the family. For this reason, the researcher explored the distant caregiving experiences of Zimbabwe adult children living in the U.S.A as they practice and manage their caregiving roles to fulfill filial obligations back home.

Theoretical Framework: The Intergenerational Solidarity Theory

Although there are formal institutions that offer formal caregiving to aging members of the society, research maintains that informal care (i.e., the family and adult children) remain the most significant source of as support systems for elderly parents. Several family theories try to explain the phenomenon of caregiving. The assumptions and propositions of such theories elucidate the possible strategies that individuals and families naturally employ to manage family support and caregiving needs as well as maintain healthy family ties as parents get older and succumb to aging-related illnesses and conditions. In this study the researcher employed the intergenerational solidarity theory (IST) (Bengtson & Roberts, 1991) to explore the phenomenon of distant caregiving among Zimbabwean adult children in the U.S.
Closeness between adult children and parents grows with time, and children develop a sense of moral responsibility to care for their aging parents (Nydegger, 1991). Intergenerational solidarity theory can be used to explain what motivates adult children to assume caregiver responsibilities even after leaving home to live elsewhere with their own families and/or to establish their lifetime careers. Intergenerational solidarity theory accounts for patterns of unity-bound relationships among parents and children during the adult life course (Bengtson & Roberts, 1991). The term “solidarity” refers to the support or willingness of the generations to provide each other with services not necessarily of reimbursable nature but rather understood as representative action of empathy (Lüscher, 2002). In other words, it deals with how family members across different life stages interact, and work together helping one another to embrace, sustain, and enjoy family solidarity. Intergenerational solidarity theory is a multidimensional construct and is reflected in six distinct parent-child interactions. The aspects are associational solidarity, affectual solidarity, consensual solidarity, functional solidarity, familism/normative solidarity, and structural solidarity (Bengtson & Roberts, 1991). Although all the six elements interact and influence the outcomes of exchanges between parents and their adult children, in this study, consensual solidarity, functional solidarity and normative solidarity were the IST elements of interest. The three aspects of IST were not randomly chosen but were preferred for this study for the reasons explained below.

Generally, in Zimbabwe the majority of families still emphasize a culture that endorses collectivist values that promotes interdependence and mutual interconnectedness among family members. Through socialization, the culture is passed on to children in the form of societal and family attitudes and beliefs; hence consensual solidarity guides familial exchanges in family later life (Bengtson & Roberts, 1991). Functional solidarity explains the degree of helping and exchanges of resources, which is also explained as patterns of instrumental support and resource sharing (Bengtson & Roberts, 1991; Lüscher, 2002). In this study, the nature of assistance that Zimbabwean adult children in the US extend to their families and aging parents was questioned. Thus, on the basis of functional solidarity, the study examined how adult children offer specific help to parents, such as financial assistance and emotional assistance as exchange of resources.

Living thousands of miles away from home comes with its own challenges. Most Zimbabweans in the US come as international students and have to strike a balance among school, work, and family. Considering the likelihood of burdens and stress that result from multiple responsibilities, one wonders what motivates and inspire these adult children living away from home to continue maintaining ties and still feel obliged to care and support the families they left in their homeland. The concept of duty could be attributed familism, also termed normative solidarity. Bengtson and Roberts (1991) define normative solidarity as the strength of commitment to performance of familial roles and the meeting of familial obligations. The value that an individual attaches to family and intergenerational roles (Bengtson & Roberts, 1991) could influence one’s motivation to conform to the norms and expectations of individual obligations to the family. Given that Zimbabweans generally uphold collectivist values and family unity informed by Hunhu/Ubuntu, IST could therefore, possibly explain what sustains informal caregiving, the phenomenon of interest in this study.
CHAPTER 3
RESEARCH METHODOLOGY

The research was an exploratory phenomenological perspective study of long distant caregiving (LDC) experiences of immigrant Zimbabwean adult children. Patton (1990) explains the nature of a phenomenological study as one that focuses on descriptions of what people experience and how they understand and give meaning to what they experience. Patton further argues that one can employ a general phenomenological perspective to elucidate the importance of using methods that capture people’s experience of the world without conducting a phenomenological study that focuses on the essence of shared experience. The current study sought to explore participants’ experiences with the phenomenon of LDC.

Sample Selection and Recruitment

I used purposive, non-random sampling to recruit a mixed gender sample of nine participants. This sampling strategy enabled me to select participants who were willing to openly and honestly share information or “their story” (Creswell, 2007). The sample of participants who had distant caregiving experience was drawn from a population of Zimbabwean immigrants resident in one big city in central Ohio. The participants had either one or both parents, or other family members in Zimbabwe to whom they were providing LCD. The participants had to have been in the U.S.A for at least three years, and aged between 25 and 55 years. This allowed the selection of a sample of qualified long distance caregivers among Zimbabwean adult children who had relatively settled and adjusted to immigrant life.

First, information about the study was communicated through flyers (see Appendix A) that were distributed to the Zimbabwean community in central Ohio at one of their quarterly social meetings. Persons interested in the study registered with me through text messages or voice messages. Initially, there were eleven aspirant participants. To ensure that the right sample was chosen, a short face-to-face screening interview based on the recruitment flyer (see Appendix A) was done before the actual interview, and two of the eleven participants did not fully meet the selection criteria as they both cared for their parents who were U.S. residents at the time of the interview. Thus, the two were dropped from the sample.

The final study sample comprised nine participants, five females, and four males. All nine participants were native Shona speakers. For the purpose of this study, all the participants opted to use English, their second language. Seven of the participants were aged between 39 and 55 and were married, while the remaining two participants were aged between 25 and 35 and were still single. All the participants reported that their families were big, with at least four children and at most eight children. Three of the participants identified themselves as the elder siblings (having been born first or second in their families), while the remaining six participants were the younger siblings (born last or closest to the last child in the family).

All the nine participants indicated having attained a college education. Three were holders of bachelor’s degrees, while five were holders of masters’ degrees and one had a Ph.D. degree. The participants reported an annual income ranging between $20,000 and $50,000, with five of the participants reporting earning around $50,000 annually. Six of the participants had been in the
USA for at least six years, while the remaining three participants reported having been in the USA longer than 11 years. None of the nine participants had made a single visit back to the homeland since they migrated to the USA. (See Table 1).

Table 1: Participants’ Demographic Information

<table>
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<th>Participant’s Pseudonym</th>
<th>Gender</th>
<th>Age Range</th>
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<th>Educational Level</th>
<th>Annual Income</th>
<th>Marital Status</th>
<th>Length of Stay in USA</th>
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<td>Undergrad</td>
<td>$50,000+</td>
<td>Married</td>
<td>11yrs+</td>
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<td>40-44yrs</td>
<td>4 out of 5</td>
<td>Masters’ Grad</td>
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<td>Married</td>
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<td>6 out of 6</td>
<td>Masters’ Grad</td>
<td>$50,000+</td>
<td>Married</td>
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<tr>
<td>Mafu</td>
<td>Male</td>
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<td>Married</td>
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Informed Consent

This study was approved by Miami University Institutional Review Board. Daly (2007) suggests that “participants need to be given complete information about the purpose of the study, how it will be conducted and whether there are any risks to their well-being” (p. 244) before they decide to participate in the research. To fulfill the ethical standards of informed consent, I clearly explained the purpose of the study and study procedures to the participants. In this study no deception was used. The participants were well aware that their participation in the study was voluntary, and that they were truly participating in a study on distant caregiving, and that the study was to be conducted through in-depth interviews. The participants were also conversant of their freedom to opt out at any time, or decline to answer any questions they did not feel comfortable to respond to or share information about with the researcher. All the participants indicated that they understood the procedure and parameters of the study and agreed to sign the consent forms (see Appendix C) before the interviews began.

Data Collection

Nine in-depth face-to-face interviews were conducted in this study. These one-time interviews followed an open-ended semi-structured interview guide schedule (see Appendix D).
The semi-structured interview guide approach was utilized because of the flexibility it allows in the interview flow for interviewees to openly express their opinions and ideas in their own words. Turner (2010) acknowledges that the flexibility of in-depth/semi-structured interviews gives the researcher room to ask follow-up or probing questions based on participants’ responses to the pre-constructed questions, or change questions based on participant responses to previous questions in each interview experience. I conducted the interviews personally, and gave each participant the onus to choose the interview venue as Turner (2010) suggests that “it might be easier to conduct the interviews with participants in a comfortable environment where the participants do not feel restricted or uncomfortable to share information” (p. 757). In this study the participants’ venue preferences confirmed Turner’s observation. All the nine participants chose to have the interviews conducted at their places of residence at times that were convenient for them.

All the participants were bi-lingual speakers, fluent in their native ChiShona language and English. However, the participants independently chose to be interviewed in English, their second language. All the nine interviews lasted between thirty and forty-seven minutes, and were audio-taped with the participants’ consent. The interview guide had three segments (see Appendix D). Part I examined the participants’ past experiences with the phenomenon of caregiving in their homeland. Part II explored the participants’ present experiences with LCD as immigrants, and Part III solicited the participants’ demographic information that was used to depict a clear picture of the participants in the study sample. During the first two segments of the interview, the questions were asked in a manner that did not follow any particular sequence, as the researcher allowed the participants to fully express their responses in as much detail for rich and thick qualitative data. Follow-up questions based on participants’ responses to the pre-constructed questions were asked to probe the participants further (Turner, 2010). However, I ensured that by the end of the interview session all questions on the interview guide were addressed and explored. Field notes were recorded immediately after the interview, capturing the small details about the setting, the interaction, and the impression about how the interview progressed. The audio-taped interviews were downloaded and saved electronically in password-protected files.

Minimal risk to the participants in the form of emotional distress was anticipated, but none of the participants expressed experiencing emotional retriggering during the time of the interviews. All nine participants seemed comfortable sharing their experiences and responded to all the interview questions. A token of appreciation in the form of a $10 gift card was given at the end of each interview session. The gift card was simply meant to appreciate the participants for their time and not as a tool to compel them into participation. Only four of the nine participants accepted the gift cards the researcher offered. The five participants who kindly declined the offer indicated that they identified with students’ financial needs and challenges, and wished that the money be used for other expenses incurred during the study.

Protection of Human Subjects and Confidentiality

Daly (2007) argues that when working with human participants, it is essential that participants’ identities are protected by removing specific details that might reveal who they are. In this study, confidentiality and anonymity of participants’ information and identities was observed. No personal identifying names and labels were associated with the data. At the time of the interview, each participant was assigned an identity number, for example, CG # 01, or CG
To further mask the participants’ identities, each participant’s number identity was removed and replaced with a pseudonym during the data analysis stage. The pseudonyms that appear in the participants’ demographic information table (Table 1) are all real Zimbabwean Shona names, but used fictitiously in this study. The pseudonyms are not in any way connected to the participant’s real identity or personal characteristics. For safety and security reasons, all the interview data, the field notes and audio tapes were securely kept under lock and key in the researcher’s office. All electronically saved data were in computer files that needed a unique password to gain access to them.

Declaration of Self as the Researcher

I am a female Zimbabwean graduate student studying for a Master of Science degree in Family and Child Studies at Miami University in Oxford, Ohio, USA. I am the first born child in my family and have eight siblings who are all adult children engaged in caregiving to support our elderly parents and family members. While studying in the USA, I am an adult child partially involved in distant caregiving responsibilities. My graduate studies exposed me to caregiving theories and the nature of family caregiving in western cultures, which sparked my interest to research the phenomenon of distant caregiving among Zimbabweans living in the USA.

As I approached the current study, I was fully aware of how my experiences as an adult child distant caregiver and my knowledge of theories of caregiving would influence my research, with the possibility of introducing bias in the findings of the study, so I made a deliberate effort to engage in reflexivity (Daly, 2007), and bracket my common-sense assumptions (Denscombe, 2010) about caregiving. I, therefore, sought to understand the experiences of participants in my study without having my experiences distort the stories I heard from them. However, I did not throw away my experiences with and in distant caregiving, but took advantage of them to be able to listen and discern the meanings shared by the participants as a cultural insider with the choice to step outside the experience of distant caregiving as I interacted with the participants.

Data Analysis

The researcher transcribed the audio-taped interview data verbatim, so that the interview transcripts would retain the information in a way which is “true” to the original nature (Braun & Clarke, 2006) of the participant’s utterances and own language. Once the nine written transcripts were ready, the researcher engaged in voluntary member-checking with willing participants. Six participants reviewed their transcripts and returned them without suggestions for rectification or elucidation, as they accepted their individual transcripts as a correct record of the interviews conducted. The other three who did not review their transcripts indicated that they were unavailable and committed elsewhere, and agreed that the transcripts be used as they were. I used the thematic analysis approach to analyze the data. Benner (2008) explains that in thematic analysis:

Themes within and across participants or events may be identified. Themes express meaningful patterns, stances of the participants, or concerns. Themes may be qualitatively distinct from one another. A theme is kept close to the text, and textual examples of the theme are required to identify another portion of text exemplifying the same theme (p. 463).

Braun and Clarke (2006) maintain that thematic analysis is a method for identifying, analyzing, interpreting, and reporting patterns (themes) within data. Utilizing the thematic approach allowed
me to play an active role in identifying patterns and themes inductively, while giving voice to the participants by letting the data speak. The data analysis process followed Braun and Clarke’s (2006) six phases of conducting thematic analysis, which are: 1) becoming familiar with data; 2) generating initial codes; 3) searching for themes; 4) reviewing themes; 5) defining and naming themes; and 6) producing the report. However, I did not treat the analysis as a linear process that followed a predictable sequence. I constantly moved back and forth (Braun & Clarke, 2006) while interacting with the data.

The first phase of data analysis was familiarization with data. I had some prior knowledge of the data because I collected the data personally, and transcribed the interviews first into hand-written documents, and second into word-processed documents. At this stage, I changed the participants’ identity numbers to pseudonyms to ensure total anonymity of the participants. To immerse myself in the data, I read through each entire transcript and re-read the data set before coding. This phase helped me become familiar and intimate with the data. The second phase involved generating initial codes. Coding of those data was done manually. The researcher identified codes through line-by-line open coding, and the initial codes were mostly In Vivo codes of participants’ ideas and descriptions of their caregiving experiences. In Vivo codes are labels that are the participant’s own words or phrases. These codes helped to keep the data rooted in the participants’ own language (Saldana, 2009) so that the original meaning would be maintained. Focused coding then followed as I searched for both semantic and latent key themes in and across the data (Braun & Clarke, 2006). Themes about the participants’ perspective of caregiving were identified and some of the key ideas that emerged early in the process were: 1) “caregiving as a family tradition;” 2) “caregiving as being there for one’s family;” and 3) “long distance caring as causing stress.” Searching and reviewing themes followed, and potential patterns and sub-themes were highlighted and notes were written alongside transcripts as I reviewed the research questions and potential themes against collated data segments. Themes went through refinement as similar themes were merged to become one while others were broken down into two separate themes. For example, “financial caring” and “emotional caring” were initially identified as two distinct themes but were later merged to be one theme: “financial and emotional support as caring.” Further reviewing and refining the ideas, patterns, and categories embedded in the data resulted in four main themes: 1) Caring is our way of life; 2) Financial and Emotional support as caring; 3) Caring, a source of emotional distress, and 4) Do not overstretch yourself in caring. Three or four sub-themes to each theme that summarized participants’ understanding and experience with long distance caregiving as immigrants were developed. Braun and Clarke (2006) assert that “a theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within a dataset” (p. 82). In a way, the four themes tell the participants’ story by answering the research questions in a coherent manner. Quotations and excerpts that are participants’ actual words were used to show where and how themes and interpretations were discovered and developed in an effort to understand Zimbabwean immigrants’ perspective of caregiving, and their experiences with the phenomenon of LCD.

The whole process of data analysis used an inductive approach. Similar to a grounded theory approach, the inductive thematic analysis approach used in this study does not engage with literature in early stages of analysis (Braun & Clarke, 2006). Thus, the four themes identified were strongly linked to the data themselves (Patton, 1990). Reference to the Intergenerational Solidarity Theory (IST) as the study’s theoretical framework was done at the final stage of
naming the themes. Interestingly, the four themes fit in some of the three elements of (IST) as shown in Chapter 5.

Trustworthiness of the Study

To ensure trustworthiness of the current study, the researcher used the following procedures:

1. Member-checking: After data transcription, the participants were given hard copies of their interview transcripts to review for clarification. Six participants accepted the transcripts as accurate representation of the interviews conducted. Thus, the majority of datasets used in this study were confirmed as a true record of participants’ ideas.

2. Credibility: In qualitative research, data need to be represented fairly and accurately (Jensen, 2008). The researcher reported a negative case of one participant whose experience with LDC was totally different from the dominant story the other participants shared. By identifying and presenting the discrepant case, the researcher showed that she did not only cite cases that confirmed what and how the majority experienced LDC. The discrepant case thus contributed to the verisimilitude of the study by capturing the diversity of experiences in the study (Creswell, 2013).

3. Transparency: I clearly and truthfully described the whole research process to the best of my knowledge by giving a detailed description of the steps I took in conducting the research so that readers and researchers have a clear picture of what transpired at every stage of the research.

4. Triangulation: To ensure a thick description of the experience of distant caregiving, I used informant triangulation to generate rich data (Lincoln & Guba, 1985). Having nine participants in the study helped me obtain diverse perspectives of the sampled Zimbabweans on the phenomenon of distant caregiving.
Chapter 4
RESEARCH FINDINGS

The purpose of this exploratory qualitative phenomenological study was to explore/discover the experiences of immigrant Zimbabwean adult children in the US who provide long distant caregiving (LDC) to their parents and families in their homeland, Zimbabwe. The research employed a phenomenological perspective approach to explore the caregivers’ concept of caregiving, what their experiences are with LDC, how they are accomplishing it, and what coping strategies they have in place to manage the inevitable challenges associated with their responsibilities. In this chapter, the researcher presents findings obtained from nine face-to-face in-depth interviews. Four major themes emerged from the study: Caring is our way of life; Financial and emotional support as caring; Caring, a source of emotional distress, and Do not overstretch yourself in caring.

Each theme is clearly explained through three to four sub-themes. Below is a discussion of the findings with data that support and explain each identified theme. This approach allows “thick description” to emerge as participants speak for themselves through their data. Rubin and Rubin (1995) argue that using the conversational partner’s words helps to provide detail and realism.

Caregiving is a concept with several definitions. In this study “caring” and “caregiving” were used synonymously as most of the participants used the two words interchangeably. To understand the concept from the participants’ point of view, participants explained the concept of caregiving as they experienced and understood it as Zimbabweans.

Theme 1.0: Caring is Our Way of Life

The participants’ descriptions resulted in the first theme, “Caring is our way of life.” The theme was defined through three subthemes: Caring is being there for your parents and family; Caring is giving back to the family, and Caring is a family obligation.

The participants’ meaning of caregiving as informed by their family background was explored. All the participants expressed common sentiments about caregiving. The theme caring is our way of life resulted from the participants’ descriptions of the nature of caregiving as they experienced in the past and still experience it today, the reasons why they provide care and support to their parents and families. The participants described and defined the concept of caregiving as an act of being there for one’s parents and family members in meeting the family members’ individual needs. All the participants indicated that caregiving is their way of life; their tradition and way of responding to family needs, to fulfill the obligation of being family.

1.1: Caring is being there for your parents and family

All the participants expressed a common view that caregiving is being there for one’s parents and family assisting them physically, financially, and emotionally, regardless of their health status. One of the participants, Dani, described caring as:

First, it’s being there when they [parents] need you, physically, yeah, being there physically when they need you. You know, as people age, they start having health...
issues, so as a child I feel I’m obliged to be there whenever my parents are not feeling well just to help them out. With age too, they retire but in Africa people don’t retire with good retirement packages, so yeah, culturally we grow up to know that if parents need financial support, you can’t be living in luxury when your parents are suffering, so we have to chip in to make sure that our parents are well provided for. For example, [back in Zimbabwe] when my father was not feeling well, I was out of work, […] I made myself available to make sure that my father went for his appointments. Yeah, I would make sure that I drive him to his doctors, I run around to get his medication and everything that he might need at that point. So to me, just being there and making sure my parents, umm, had everything they needed was fulfilling.

Another participant, Rute, held a similar view but went further to include the dimension that caregiving includes sharing resources with relatives such as brothers and providing assistance to meet one’s parents’ needs even in the absence of health and medical concerns. She expressed the following view:

[…]Caregiving is just like taking care of somebody not that they are sick, but just like doing, umm, of course monetary help, monetary form and stuff. If somebody is not able to afford something and you are able to […] you just kind of share everything with them. For me it would be unfair if I was able to afford something and I know my brothers cannot afford, the same thing if my parents cannot afford, I would rather share whatever little I have than just be selfish.

Mafu, a male participant, also commented that caregiving is responding to family needs in both good and bad times, helping one another out. He said:

Well, as a family, when you’re just a member of family, it [caring] is the way of life to respond to family tragedies; good and bad times. It’s just a way of life; it comes naturally and more so if you’re better off than most members of the family, they would look up to you. And the meaning of life would flow out of how you respond to the responsibilities of helping others. [While I was still back in Zimbabwe] my father had not been feeling well, I had to go back home [from place of work] several times to take him to the hospital or to help him seek medication, yeah, the same thing regarding my mother. So I would, you know, go from time to time since I was mobile. I would drive back home from work and respond to family needs.

Thus, participants perceived caregiving as the act of being there helping one’s parents, and family members when there was need or a situation that called for their help or support.

1.2: Caring is giving back to the family

Participants also indicated that caregiving as their way of life allowed them to give back to the family in appreciation of their parents. The participants expressed that they were committed to providing any help possible because caregiving is a way to give back to their parents and families, thanking them for their love, sacrifices and all they did in investing in them [the immigrants/participants] as children to see them through where they are today.

Mafu was very grateful for his parents and extended family’s great commitment to his education and sought to thank them through caring for them. He expressed that:
[...] the family played a very, very active role just preparing me or putting the foundation upon which I thrive. It’s only very keen parents who would send their children to boarding schools [...] a lot of sacrifice had to be paid by not just my parents alone, but even my relatives from my mother’s side, my uncles and relatives from my father’s side[...]In a sense I owe everything to my family. When you realize some people had to take, umm, to take, and to sacrifice, to risk their lives to be able to provide for you, it created a sense of debt in me, which could only be paid if I did something, something positive as well.

Another male participant, Zivo, who was orphaned early in life, indicated that caregiving was a way to express gratitude to those who shared their love and thoughtfulness with him. He said:

I lost my father at the age of seven, and my mother moved away and remarried. I was lucky enough to be taken care of by my uncles. I learned out of that because even after I finished high school, that message was so loud to me that I was taken care of by somebody else who had no obligation to take care of me, right! Now, umm, I find it to me an obligation to even give back to that person even though they are not loudly saying, “Hey! You’re supposed to be giving back to me.”

In this case, caring for family members allows an individual to give back to the family in appreciation of the care given in the past. Two female participants, Dani and Rati, expressed similar views that caring is a way of expressing gratitude to one’s parents. Dani said:

Caring is just the responsibility of knowing that your life is not just about you, you have people who have seen you through where you’re right now, and especially when it comes to parents, we, I feel that I am responsible for taking care of my parents just as a token of appreciation for everything they have done for me.

Rati, who was raised by her widowed mother, and appreciates her mother’s love said:

Honestly, I’ve just seen that mothers make so much sacrifice for their children and everything they do, it is out of love. Now that I am older and I have finished school, I, you know, I am earning money and do have my mom who raised me, so I have the responsibility to, [you know], she is still working [gainfully employed] but approaching retirement [...] I send money, you know, because she is my mom.

Thus, the participants are motivated to provide caregiving as a way to express their appreciation to parents and kin, giving back to those who have been there for them at some point in their lives.

1.3: Caring as an obligation

Participants indicated that as a way of their life, caring is also perceived as an obligation that is generally expected among their families. Adult children are expected show respect to their parents by way of caring for their parents and helping provide for the whole family. It is a cultural and moral obligation that adult children assist their parents in meeting the basic needs of the family. Rute commented:
Nobody has to tell you that you have to take care of your parents because I think culturally if you don’t take care of your parents you are just a disgrace to the community, not just your parents but I think the community as a whole, because if people know that you can afford and they see your parents suffering, living in poverty, they would be like, “What is wrong with their children?”

Failure to provide for one’s parents’ welfare is undesirable and is perceived as negligence of the family obligation of being there for one’s parents. Children should be there for their parents as Musa indicated when he said:

They [parents] have us [children] as an investment, or the more we are, the more help they expect from the children. Help in terms of working in the fields, help in terms of, [you know] working in the homestead, cooking and all that. And when you grow up as they [parents] grow older, they, you know, look forward to you taking care of them. So it is almost expected that they since they sent you to school, they hope you get a job and they expect it – to kind of pay back, yeah, you start taking care of them. When I graduated, when I started working, I started taking care of my parents and my, my mother’s parents, my grandparents. In fact, before that even when I was in college, we used to get money, you know, like, what do you call it? Stipend or grant […] we would share that money, I would buy you know, groceries for my parents. My parents never had a formal job, so yes, they needed that support.

Thus, participants’ concept of caregiving is multifaceted. It is being there for others, a way of expressing appreciation for family members’ commitments to one another, as well as a family obligation that requires adult children to commit themselves to sharing their available resources in meeting family needs.

Theme 2.0: Financial and Emotional Support as Caring

The second theme emerged from the participants’ descriptions of their experiences with distant caregiving assisting their parents and families in their homeland, Zimbabwe. Four subthemes were used to explain the participants’ experiences with LDC. These are financial caring/caregiving; emotional caring/caregiving; the joy of caring/caregiving, and the fourth one, dead as a caregiver offers a discrepant case in the study.

All the participants but one indicated that from the time they moved to the US, they continued with the caregiving responsibilities they had assumed while still in Zimbabwe. However, all the participants expressed that the nature of assistance to their families has become entirely financial and emotional, owing to the great distance between Zimbabwe and the US that separates the participants from their parents and families, and the lack of financial resources to meet the costs of occasional visits back to Zimbabwe.
2.1: Financial Caring

The participants indicated that from the time they migrated to the US, providing financial support to meet their parents and family’s basic needs has become their primary way of caring. Rati, who saw her roles of caring as having expanded from the time she moved to the US, said:

My caregiving role, it has extended because, umm, I, I now have a lot of people I take care of back home. It’s because I now have the means to do that. I always try and make sure that she [mom] has food, her bills are paid for and that she has a little bit extra money to do what she wants. My brothers, I send them money for school fees to send their children to school. And, aaah, when my sister died she left a son, I also take care of him. My aunt, my mom’s sister […] I also send her children to school. So I feel like it has extended.

Although far away from home, Rati acknowledged that being in the US has increased her financial means to contribute more meaningful to the welfare of her mom and more family members back in her homeland. Other participants, Musa and Rute, expressed similar views. Musa said:

You know, coming to America, you, umm, there is that sense of, you know, like detached, you get detached from them, but then you tend to do a lot more in terms of sending money and calling them to fill the gap, your absence, you know.

Rute, who migrated to the US in 1999, commented that:

My responsibilities, I would say started in 1995 when I started working [gainfully employed] when I came over here, then of course, I continued. So, I never stopped taking care of my parents and even my brothers too […] I just continued with what I started when I was back home and now I am even doing more than I did. The only thing, of course, is that I am not there physically. Once I moved here, and because of my mom’s health which wasn’t good […] so I bought a house in the city and that’s where she moved into.

Thus, in Rute’s case, the money she sent home not only met basic needs like food and bills but also went into buying a family house in the capital city, Harare, which is quite expensive and therefore is a big deal to own a house in the capital city in Zimbabwe.

Another caregiver, Dani whose responsibility is merely financial assistance, explains how she has come up with a regular budget for her mom. She said:

Right now, since my role is now mainly financial, I have come to a stage like we, you know, work out a budget so that I know, maybe she [my mom] will need $300 on a monthly basis, but then knowing that she, at the end of the month, if I send it like a lump sum, then she won’t have the money [chuckles]. So, I have to kind of, it’s an additional expense, whatever amount she needs on a monthly basis, I try to maybe send every two weeks, so yeah, that helps her financially.
The participants expressed reaching out to their parents and families by means remittance, and the financial assistance helps cater to the various family needs such as food, utilities and medical bills, school fees and in some cases the purchase of assets like houses.

2.2: Emotional Caring

The participants indicated that they provided emotional support by keeping in contact with and maintaining emotional ties with parents and family through communication. Most participants acknowledged using the improved information communication technologies currently available such as the Internet, mobile phones, email, Skype, Facebook, and many other social media applications.

Rute, one of the participants, described how she supports her mom emotionally. She expressed that:

*Communication is just through the phone […] for my mom, you know, in Zimbabwe almost everyone has a cell phone, so it makes communication so easy compared to when I moved in 1999. But now with cell phones, I call my mom nearly every week.*

Similarly, Rati expressed contacting her mom regularly for the sake of being there for her emotionally. She said:

*I remember, on Mothers’ day, I just sent her a message saying, “I love you –you are the best mom ever.” I’m miles and miles away from her, but that message made her day. Of course, it’s not money, it’s just words which make her feel loved, and in a way I’m taking care of her. That way, I’m kind of giving her, you know, emotional support […] we also Skype and use WhatsApp, it’s about the new technology. Yes, and I, I, I, don’t remember a time when I wrote a letter to my family [chuckles]. Emails, yes I do, a few emails, but mostly it’s calling — I will take time to ask about almost everybody that I can think of, and everything I can remember.*

Another participant, Zano, expressed appreciation of the improved communication technologies that have made it easier to keep in contact with his homeland family than it was in the past. Offering emotional support to his mom has become easier for him. He said:

*Well, at first we used to write each other letters, but, you know, with these technologies that are developing, the phone and Internet, emails and stuff like that, I could communicate with my family at will quite easily. So I thank the technologies that we have right now.*

Zano described how he emotionally supports his elderly mom over the phone. He shared that:

*With her old age, you hear a lot of these things like, “On such-such a day I wasn’t feeling well.” […] you know mothers; they tell you a lot of small things and even major things which worry them. Of course, that is how old age is all about. They become, they get worried more and more as they get older, over minor things or whatever, I can call them silly issues, you know; all I do is listen to her, I know she needs that.*
Similarly, Dani expressed supporting her mom emotionally by merely listening to her talk over the phone. She shared the views below:

I can’t do anything right now about the physical separation but I try to stay connected to my mom. If I don’t call her, she calls me. Sometimes we use Skype and through her grandchildren at times she will be on Facebook, it’s, it’s so funny. And, yeah we Skype and we can also do video conferencing, so that’s great […] Sometimes, my mother will call me and start talking about a problem, so I try not to fix the problem for her, but through listening and talking to her she gets a solution then she will tell me, “You know what, for that project, I think I’m going to do this.” To me, she just needs somebody to talk to and maybe she feels I might help, but then that emotional bonding is important, just knowing that there is somebody out there who will listen to you, so, umm, just being there […] emotionally for them.

Musa indicated that he supports his father emotionally by sponsoring his trips to tourist resort places. He explained, “My father has got a cell phone. So we call him directly and talk to him and get him to visit, you know, tourist centers, you know, resorts and sleep in hotels and all that, you know, I am spoiling him.” So, for Musa getting his father away from his homestead and making him visit some beautiful recreation centers is emotionally therapeutic.

2.3: The Joy of Caring

The participants in this study expressed that offering financial and emotional caring and support to their parents and families gives them a sense of joy, accomplishment and purpose. The appreciation they get from their families inspires and compels them to think of others more, and continue offering assistance from a distance. In their descriptions, the participants indirectly made reference to the influence of their religious beliefs and values on how they deal with caregiving responsibilities.

In light of the pleasure and motivation that comes with caregiving, Rudo said:

That sense of knowing that what you are doing something for somebody, they are grateful and they tell you, “Thank you and May God bless you.” […] and everything makes you feel like […] you want to do more. At least you are a blessing to somebody and they are really appreciating whatever little you are doing. For me it gives me a sense of, yeah, I think I am doing the right and let me continue doing it as long as I am able to do it. Just knowing that I am making a difference not only in my parents’ lives but also in my brothers’ and sisters’ lives too. Now I have nephews and nieces too! It gives me the joy to know that there are some people looking up unto me.

Similarly, Dani explained the joy and encouragement she feels as a caregiver. She expressed the following belief:

I know that’s, umm, that’s where I will get my blessings, because when my mother thanks me, I know she will pray for me and that’s how God blesses you. So, I feel it [caring] makes me feel good. It makes me feel that I am doing what I’m supposed to do in life.

Commenting about the joy of fulfilling one’s caregiver responsibilities, Rati, shared that:
Growing up, my mother always, umm, used to tell me that there is joy in giving than in receiving. So, I always found it pleasurable to give whatever I have, because somehow I feel it’s not like I’m smart or very clever. I’m not. I just have what I have because God provided it for me, so, umm the little I have; it’s good to share […] just recently I sent her [mom] some money and she was like, “Ooh! Thank you very much. I was able to pay for my bills. I had extra money—I was able to buy some grapes and ice-cream.” I was so excited. Just knowing that she [mom] bought these things that she really likes gives me joy.

At the time this study was conducted, affording grapes and ice-cream in Zimbabwe was a luxury, so if an adult child provided financial support that surpassed just meeting the basic needs, the child’s efforts were greatly appreciated by the financial care and support recipients. Thus, the distant caregiver feels joyous about serving his or her families and is more encouraged to continue offering caregiving assistance from a distance.

2.4: Dead as a Caregiver

This subtheme “Dead as a caregiver” is a discrepant perspective. It resulted from what one of the nine participants described as his experience with LDC from the time he moved to the USA. Although the majority of participants indicated that they celebrated and appreciated having continued their caregiving responsibilities to their parents and families back in Zimbabwe through financial and emotional support, Mafu presented discrepant information. He indicated that he was fully aware of the family obligations he was expected to fulfill as a distant caregiver, but had been unsuccessful. He said that:

When I came over here [US] things did not even work out the way I thought they would work out. I got here and […] you’re working in the dining hall [cafeteria] to get money and you are working during summer—I just began to experience some serious financial constraints. My expectations were high, but reality did not match those expectations. Very little was done in terms of continuing my role of supporting activities on the farm [back in Zimbabwe] so, my attention tended to be inward, just looking after my own children, very little went to-to the extended family. I remember very well I had promised my parents, you see, life-life to me appeared to, you know, to be simple. I thought I would come here in the US, very quickly get a job or something like that and buy a tractor. I remember, umm, saying good bye to them and said, “You will receive a tractor very soon”, but twelve years have gone by—nothing has gone to my parents. I’m, I’m a dead human being. I feel I am a dead being, given the upbringing, given the sense of loyalty, devotion and the sense of collectiveness in my family. I feel, what they just don’t see is my grave, because I—life here turned completely upside down. I wish I could be in a position where I would share better news. Honestly, there is nothing to talk about in terms of giving, umm, support. All they hear is that I am now a doctor (PhD) [sarcastic laughter] that’s, that’s pathetic. Yes, so in terms of caregiving, I am far from doing what I’m supposed to be doing. The things that I have failed to do are scary to me. I don’t find anything amusing.

The experience of this one participant with distant caregiving is unique and interesting in this study. By deviating from the dominant story expressed by the majority of the participants, the case brings to light detail that might otherwise be ignored as an element of distant caregiving.
Thus, though obliged to care for parents, it is not every distant caregiver who successfully provides distant caregiving to the homeland family. Failure to secure gainful employment that offers good remuneration was a barrier that limited this participant’s ability to extend distant caregiving (mostly identified as financial assistance) to his parents, and family back in Zimbabwe. The failure was experienced deeply as being dead to one’s parents.

Theme 3.0: Caring, a Source of Emotional Distress

All the participants expressed experiencing emotional distress at some point due to challenges associated with their caregiver responsibilities. The theme is explained through three subthemes: 1) If you are not there, you are not there; 2) living in fear…what if …?and, 3) recipients’ overly high expectations. The common causes of emotional distress included issues of misinformation about participants’ parents’ health conditions and death in the family; fear of bad and distressing news from the homeland, and in some cases highly pitched expectations of homeland kin on what immigrant caregivers should offer as assistance beyond what the distant caregivers could practically offer.

3.1: If you are not there, you are not there.

Most participants indicated that their absence from the homeland put them at the risk of emotional stress due to misinformation, underreporting, and lack of accurate information about things happening within their families back home.

Rati lost a sister (unexpectedly) and could not travel back home to pay her last respects to her sister. She reported suffering excruciating pain. She said:

The worst part of distant caregiving is when a family member gets sick or a family member passes away. I had that experience. My sister passed away when I was here. And it’s, umm, very difficult to go home [Zimbabwe], you know, so for such things to kind of register, because, umm, here it’s difficult to really know what’s going on because when you call, you ask them, “Are you okay?” “Yes, we are all fine,” They don’t tell you exactly what’s going on. So if it comes to that [death] it’s very, very painful because you were not expecting it and you are not with your family, you don’t have them. The few minutes you take and talk on the phone, I don’t think they are enough to respond, to kind of express what you are feeling.

Unexpected shocking news of death of the family member distressed distant caregivers as they felt both misinformed and ‘lied to’ while information is underreported considering the efforts they invest in maintaining contact with the stay-behinds through phone calls. Additionally, grieving over the phone was perceived as not allowing ample time for one to come to terms with the loss, thus immigrant caregivers endure extended emotional pain.

Another participant, Sekai, expressed stressing over not being home physically, as she felt that simply helping with money was not enough as caregivers needed to fully understand the reality of parents and relatives with health issues and other conditions. She expressed that it was crucial to be physically present and see the ailing family member/care recipient personally rather rely on voice calls and she felt denied access to accurate information about the situation back home. She said:
You try to help them financially, but that is all […] I, I think caregiving is also about seeing the person and how they feel, but you just send money, and talking to them, you know, talking on the phone is different. When you look at them sometimes you, you actually see […] if somebody is sick and they don’t tell you, if you look at them you know this person is not feeling okay. But the challenge is, you know, when you plan to go home [Zimbabwe], it’s a big plan that you have to make, you know, financially, because I now have three kids and I have to take them all with me. Some other challenge is when […] You know, my mom got sick and she stayed in hospital, and when you’re here, they just don’t tell me everything. A few months ago my mom had back surgery. It was like a big one, you know, they spent seven hours in the theatre doing the procedure, you know. I was actually crying here because I didn’t know what was to happen over there. This is one of the most painful situations that you have because you really don’t know what’s, what’s, what’s really happening.

The distance that separates the immigrant caregivers from their homeland deprives them access to firsthand information on issues affecting family members and that exerts emotional pressure on them. One participant, Musa, expressed disappointment over not being there physically because making care arrangements or managing tasks and activities back home in absentia and over the phone proved a challenge, as distortions occur in the process. He commented that:

It is difficult to instruct people from here [US] to do what you want them to do, so being not being there is frustrating […] a lot of frustrations because you’re looking at sending money and then the money may not be put to good use, the intended use, you know, when a brother or some relative decides to use the money you sent for something else and not for the recipient’s needs. You know, people compromise on quality, quality care, just because they want to use the money for other things.

Furthermore, another cause for stress raised was the perceived delay in carrying out assigned family caregiving duties on the part of the stay-behinds. Zano commented that:

Umm, you know, you give them certain tasks, if you’re, you know, if you’re not there, you are not there! Some of the tasks which you tell them to do, they don’t do them promptly, you know, they take their time. The difference is that they don’t have that sense of urgency, that’s a-a-little bit, a small obstacle I am observing, I am noticing.

The participants’ perceived deferment of the execution of tasks by the stay-behinds compromised the quality of care and assistance that need urgent attention. So, as distant caregivers reflect on how best to collaborate with their families back home and strategize on how to meet the needs without delay, they are sometimes overwhelmed and succumb to emotional anguish.

Musa, who could not travel back to Zimbabwe, expressed how sickness and death in his homeland family impacted on him as a distant caregiver because he was not home physically. He said:

My parents have gotten sick. I, you know, ended up losing my mother and it’s very painful when you can hardly do anything. I was in a difficult situation because I couldn’t travel back to, you know, to give her my last respects. I was devastated for some time.
Attending a kin’s funeral and burial ceremony, let alone one’s parent’s burial, is a highly regarded cultural and family virtue. One’s presence confirms one’s honor for the departed relative, as well as an indication of one’s allegiance to family solidarity. So one’s absence from significant family gatherings, such as a burial ceremony, is a disgrace that embarrasses every member of the family and resultantly causes emotional distress.

In some instances, an added layer of stress is felt when the participants experience communication problems. With all due appreciation of advanced technologies, the participants still expressed stressing over high phone call charges and poor Internet connectivity that impeded effective communication. Rati had this to say: “Calling home is expensive. It’s expensive calling home, and sometimes network [connectivity] issues, because network is just crazy. Sometimes you call and cannot get through.”

Thus, caregiving becomes a source of emotional distress.

3.2: Living in Fear…What If…?

All nine participants in the study expressed experiencing emotional distress over things they fear might happen to them or to their parents and relatives back home.

Musa expressed the following sentiments:

I’m worried about my father right now. He is not doing well and should be, [you know], undergoing surgery and so, umm, you always have those fears that the worst is going to happen and you’re not there and you will not be able to travel. I am in a situation where I can’t travel so it’s frustrating and it’s a big challenge to be calling every other day, every other week to check on what’s going on back home.

Rute expressed the challenge of living in fear of imminent death. She said:

My mom’s health is not that good anymore, so at times you call her and she is really so low and is sick and the fear that, umm, gets into me is like, it would be like one day I will call and I’m gonna be told my mom is gone. I think that’s the most terrifying thing that bothers me a lot.

Sekai expressed similar views when she said, “What if you lose one of your parents, lose one of your sibs? If you were there, you might have helped take care of them.”

Rati expressed that she worries more about herself as a caregiver. She said:

I worry that, what if I lose my job? Then it means if I lose my job, a lot of people are in trouble […] I will leave a trail of destruction. I feel like, umm, I am the head of the train—if the head derails, then it means the whole thing is going to derail as well. And also I just fear that what if I get sick? Who is going to take care of me here because I don’t have anybody with me here?

Mafu, who has not been able to meaningfully help his family back in Zimbabwe, worries about what his family and relatives think about him, He said:
In the hearts of many [family members] who came to cherish me and looked at me as a normal human being—they are confronted with the reality that I am such a reckless, heartless, cold, distant individual. They can’t help it but to see from the evidence of lack of support, lack of activity in the lives of people who have sacrificed so much for me.

These thoughts of undesirable life experiences the participants anticipate cause perpetual fear that translates into emotional distress. The stories the participants told reflect the emotional suffering they endured as they engaged in distant caregiving.

3.3: Recipients’ Overly High Expectations

The participants expressed stressing over what parents and family members expect from them as assistance, which in most cases would be beyond their means.

Zivo expressed the concern that:

When you’re talking about families back home [Zimbabwe], you are not talking about your mother and father and sisters—it’s more than that. It’s a bigger family; we’re [laughter] one family, a big family that lives together. So within my family I cannot be able to help everybody, right. But now that becomes a challenge […] because they will call you, umm, they probably have heard that you helped this person—so why are you not able to help them too? You can’t please everybody at the end of the day, of course but at the same time you have to find a better way to make them understand that, hey, as much as I’m here it’s not that easy for me as well.

Rati expressed similar sentiments about what is expected of her as a distant caregiver when she commented that:

Yes, I am taking care of my family but there are some […] they are family also but they do have higher expectations and, umm, sometimes I can’t do what is expected of, what they expect me to do for them. In their eyes they feel like I can do anything, but I cannot because I also have some things that I want to do for myself in life. So, it’s kind of a challenge and also sometimes here we go to school. When you are in school, you cannot raise money to do […] what you really want to do because of, umm, and kind of say, the limitations that would be going on at that time.

Rudo expressed similar sentiments that the assistance requests may be over what can be met. She said, “Sometimes people, to be honest, people think you earn more than you do [sarcastic laughter]. So, they expect more from you than you can do.” Thus, distant caregivers are presented with huge financial assistance requests for problems back home which are beyond their disposable income. Resultantly, they fail to provide the expected help and it causes them to suffer emotionally.

Closely aligned to huge assistance expectations and requests they endure from home, distant caregivers expressed worrying over how recipients spend the financial assistance they get in ways perceived as uneconomical. Dani said she suffers distress over her mom’s way of spending the money she remits. She said:
The major challenge is, umm, like I said, well of course, she [mom] is in control, in control of her funds so at times you have to, so on my part it will be a sacrifice, right, but at the same time I can’t tell her what to do with the money. It’s up to her to, you know, to use the money. So my challenge is that my mother is a giver. She will end up, you know, having no money for her own use because she has given it all, well, tried to help somebody. So at times by talking to her, then, then she says she doesn’t have money after I have sent some money. Then it makes me feel like, “Ok, am I not sending enough money?” So then you get tempted to send more money, and then only realize that a week later it is the same discussion. But that is her nature. She, she is a giver; she will end up not, not being able to take care of her needs because of that.

The participants’ descriptions reveal the concern that they are expected to remit more that they can, and also that sometimes the remittances are not put to good use or spent for the intended use and that distress these distant caregivers. Thus, emotional stress is inescapable, and a common experience in caregiving among the participants.

**Theme 4.0: Do not Overstretch Yourself in Caregiving**

Four strategies were raised by the participants. These were participants’ learned lessons that they used to address challenges they faced in the process of fulfilling their distant caregiving roles. They indicated that, first; there is need for collaboration with others back home. Second, distant caregivers should know their limits and provide care within their means. Third, caregivers need to know who they are and keep their values as a guide. Finally, immigrant caregivers were advised to get more academic and professional education while educating younger family members so as to get helpers that relieve them in distant caregiving.

**4.1: You Need Others**

The participants expressed the idea that when you are caring from afar, you need to team up with others back home to help you reach out and serve your care recipients—parents and family. Reliable siblings, relatives, friends and neighbors were some of the people suggested for collaboration.

Dani shared that collaborating with her extended family members helped her meet her mother’s emotional needs. She said:

Now that my father passed away, she (mom) is very lonely. I know she has, my mother, has sisters too so just to keep their morale up at times I send help to them. I just send a little bit of money to them. So that way I find my mom’s relatives also going to check on her. She needs that emotional support.

Furthermore, Dani said: “Personally, I knew that transport would be a problem, so although I have a brother and a sister [back home], I set up the arrangement that somebody can chip in and help [provide transportation] and I will pay bills.”

Rute described the beauty of working with reliable siblings in complementing one another as caregivers. She said:
I am blessed because my brothers are kind of faithful—you hear a lot of stories about people who sent money home and it is diverted. But my family, is like, when you send money for them to do whatever, they do exactly what you tell them to do, which kind of really helps me.

Zano indicated that connecting his family with his reliable friends was a helpful plan. He said:

You know, it’s like I have friends, I have other relatives who I trust, so when I left, I gave them [family], the assurance that you’ve, you’re not alone. If you have major problems you cannot solve by yourself, you can go to so and so. She/he will help you.

Regarding collaborative effort in distant caregiving, Musa advised:

Find or get someone who is responsible to work with, send money through that person to take care of what needs to be done. You have to make follow-ups; you have to call and have to ask the end user [parents] to find out if they received the help. For safe handling of money, get them to open an account, bank account, so that you can put money into that account for the trusted person to withdraw and help the parents.

Rati indicated that collaborating with someone other than a family member helps get accurate details of what is actually going on back home. She said:

Close family members, they will never give you accurate information. That, you can only get from someone who is different, distant—not a close family member. The reason is they don’t want us to struggle because of what might be going on. I think it’s too much love—it’s tough love.”

The participants suggested that collaboration was an effective way for them to have their caregiver goals met back in the homeland. The collaboration involves siblings, close relatives, neighbors and friends.

4.2: Know your Limits – Don’t Overpromise

In addition to practicing distant caregiving as a collaborative activity, the participants expressed that it was important for an individual engaging in distant caregiving to know how much and far they can help the family without going beyond their means. Sekai described how working out a budget for her mom helped her to be in the picture of what needs to be done routinely. She said:

[…] for me, I want to know what she [mom] wants so that I have reason for myself to make a budget, you know, I want to be able to make sure she has everything she needs. And she will tell me, “My groceries are so much, you know, my doctor’s visits are so much, my pills are so much […]” Of course, [laughter] sometimes the amount is high, you wish it was smaller, but as long as you know that it costs so much, it’s better.

Whereas having a budget helps the distant caregiver to keep on track of predictable family expenses for family in the homeland, the distant caregiver still has to deal with unexpected expenses that arise out of unexpected events.
Rudo has learned her lessons and feels that it is a noble thing to provide caregiving assistance within one’s means. She claimed that that is the approach that guides her manage her role as a caregiver. She said, “[…] I just learned to be true to myself, I mean, yes sometimes it’s good to sacrifice but if I can’t do that, I can’t do it. I find something that I can do.”

Mafu, who has had difficulties executing his caregiver roles meaningfully, said it clearly: “Don’t talk too much, and don’t overpromise, be humble […] the future is dark, and may not bring the things that you expect.”

To deal with such unexpected events, Rati described a plan that has worked for her as a distant caregiver. She said, “We do have some projects that we have started back home which generate money—that way we know in the event that things are not going the way we planned here (U.S.), there still are some funds set aside back home to take care of things.”

4.3: Remember who you Are – Keep your Values

The majority of participants expressed the need for immigrants to retain their identity by honoring and upholding one’s native cultural values, as these values are the moral compass that helps sustain the responsibility of providing care to their families back home. Rati advised and commented that when you leave your homeland:

Don’t change yourself. Don’t change your identity because you are in another country […] stand by your culture; don’t be eaten by other cultures. Just do what you know; what you feel is the right thing to do. That is our tradition of caring […] the way we were brought up as Africans, to care for each other.

Another participant advised that distant caregivers should not overlook why they migrated to the USA. Zivo said:

You have to understand that you made a decision to move…stick to the plan why you decided to move to the US. I have seen a lot of people who have come here with a very good vision, but then they get lost. Now they can’t fulfill the thing [their caregiving role] that they have moved here for, right? But if you lose your vision because now you came to America […] Oh, you lose track of the reason why you moved out [migrated from Zimbabwe].

Thus, for those Zimbabwean immigrants who left the homeland in search of better education and lucrative jobs in the USA so that they earn more money with which to help their parents and families back home, the advice is that they need to keep and live their vision and purpose as caregivers.

4.4: Get Educated and Educate Others

Participants perceived obtaining higher educational qualifications as one way of ensuring better paying jobs so that individuals have more financial resources to assist their parents back home. Rati, who had gone back to school at some point in the past, sees better education as a way of improving caregivers’ means to help their families. She said, “They [caregivers] should go school to further their education, so that they get a better job. They are able to spread their wings, have lots of money and take care of people.”
Zivo, like Rati, also encourages immigrant Zimbabweans to get more education as a coping strategy because it has worked for his family. Zivo had a question that had bothered him for a long time, “For how long will I continue helping this [extended] family when I have my own family?” In trying to respond to the question he developed a strategy. He said to himself:

If I can bring some people here [U.S.] that will relieve me so, the cousin I brought right now, that’s from that family [his foster family]. Hopefully now since he is graduating very shortly, then he will able to help his own family. Then I bring somebody else again, then now it’s not only one person […] but we spread it across. So, educate somebody else to be able to educate another person, so you pass it on [caregiving], you don’t keep it to yourself alone.

The perspective expressed in the descriptions above is that if one migrates to the USA and gets education, they have high likelihood of getting better jobs with reasonable remuneration that will enable them to offer financial assistance to parents and family members back in the homeland. By bringing relatives over, and helping them get an education, then teaming up in sharing caregiving responsibilities to parents and families in the homeland, it is perceived that the burden of caregiving will be distributed among several family members. This will lessen the caregiving load and possibly minimize caregiver stress for the initial caregiver, as there would be relievers to help meet the family obligation of caregiving.

Summary of Results

This chapter presented the four major findings of the study. The findings were organized around the research questions. Excerpts from individual interview transcripts revealed participants’ unique perspectives on distant caregiving based on their cultural background. Additionally, the data revealed the participants’ experiences with distant caregiving, exposing the challenges faced by participants and the coping strategies used to sustain caregiving for people back in the homeland. Verbatim quotations from participants’ interview transcripts were used to help accurately present the perceived reality of the participants’ explored experiences. Participants defined caregiving as being there for one’s parents and family in whatever ways possible. The participants strive to offer assistance to their families across borders for the reason implied in the family background that from childhood, they were immersed in a socio-cultural environment that upholds the Hunhu/Ubuntu. The Ubuntu ethic emphasizes family solidarity consciousness.

Almost all the participants who in the current study had rendered financial and emotional support to parents and families back in Zimbabwe. Emotional distress was the biggest challenge indicated by all the participants. The most helpful coping strategies raised by the participants were the ability to offer assistance within one’s means, getting more education in order to get a better paying job, collaboration with reliable people back home and the ability to maintain one’s culture and traditions.
Chapter 5
DISCUSSION

The purpose of this study was to examine and develop an understanding of Zimbabwean immigrants’ experience of caregiving as informed by their various family backgrounds. The study also sought to explore the experiences of these Zimbabweans in meeting the demands of their distant caregiving roles and identify coping strategies in managing distant caregiving roles. The researcher found that almost all nine participants had been caregivers back in Zimbabwe and had continued assisting their families back in the homeland after they came to the US. However, their help has been reduced to predominantly financial and emotional support. The caregiving roles they have maintained have revealed influences of family and cultural values of filial obligations and family solidarity as the participants strive to “be there” for their parents and families in meeting family basic needs.

Generally, researchers have defined caregiving (direct and indirect/distant care) as the act and efforts by family members to assist and provide for the needs of elderly, often ailing relatives who are no longer able to care for themselves due to old age, disability or chronic illness (Libert, 1986; Bledsoe et al., 2010). However, given the diversity that cultures bring forth, the participants expressed their unique meaning-making and understanding of caring/caregiving. Influenced by their family and cultural backgrounds that are grounded in Hunhu/Ubuntu, the participants defined caregiving as an unvoiced obligatory act of providing various forms of assistance (physical, financial, emotional) to one’s parents, family and relatives in response to different needs of individuals or the family as a group. The assistance is also rendered as “appreciation” and “giving back” to one’s family and parents regardless of the health status or age of the recipients of the assistance. In this case, ill-health, disability and old age are not a prerequisite for parents to receive help from their adult children. Thus, parents and families in their various socio-economic statuses receive assistance such as “hands-on” or personal help, emotional support and financial support from their adult children. Thus, “being there” for one’s parents and family in whatever way possible is regarded as caregiving. The need to be there for one’s parents and family is influenced by the Ubuntu maxim: “Umuntu ngumuntu ngabantu,” which in English means “a human being is human because of other human beings.” It is this thinking that motivates participants to embrace caregiving and strive to care for their parents and families back in Zimbabwe. It is through acts of caregiving that the immigrants express their humanness or human kindness.

Family Caregivers Alliance (2009) maintains that family caregivers provide a wide range of services from simple help to complex procedures of activities of daily living (ADLs). This study confirmed the documented informal caregiving responsibilities in general, as well as distant caregiving responsibilities practiced by caregivers living away from the care recipients. Shimizu (2004) maintained that any adult child can assume caregiving roles depending on how faraway one is located with those furthest from the caregiving recipients assuming distant or indirect caregiving roles. In this study, the participants, though 7,927 miles (12,757.3 kilometers) away from home, Zimbabwe, acknowledged that they provide indirect care to their parents and families in the form of financial and emotional support. Being away from home makes participants’ physical “hands-on” caregiving involvement they used to do before moving to the U.S. impossible. Thus, one of the participants in the study, Sekai, indicated that her caregiving role to her mom and family was “just sending” them money and “talking” to them over the
phone. So, in this study distant caregiving responsibilities of the Zimbabwean immigrants have been reduced to mostly financial and emotional assistance, of course not disregarding the fact that some caregivers are not successfully engaging in LDC as evidenced by the discrepant case in this study.

In a study with three cohorts of Italian migrants in Australia, Baldassar (2007) concluded that distance did not reduce the families’ understanding of obligations to provide care. The findings of this study are consistent with Baldassar’s findings. All nine participants indicated that their “moving away” from home (Zimbabwe) did not change their understanding of the caregiving responsibilities they have back home as they believed it is their way of life; it is essentially a part of who they are. Almost all the participants (8 out of 9) expressed having continued their roles of assisting their parents and families. Some even commented that being in the U.S. had enabled them to assist with more money to more people in their families than they did when they were in Zimbabwe. So, the distance between them and the homeland did not limit their caregiving responsibilities.

However, one participant described himself as “a dead human being” in caregiving because his financial circumstances here in the U.S. have failed to allow him to provide the care and assistance expected back home. The participant expressed the idea that he was very much aware of the caregiving obligation he has for his parents and family members back in Zimbabwe, and that the long distance between him and his family in the homeland was not the barrier; the barrier is the lack of stable financial resources. This discrepant case reveals how an individual feels about himself for failing to observe the values of Hunhu/Ubuntu. If one fails to observe Hunhu/Ubuntu values, community unity disruption occurs (Mkhize, 2008), leading the “failed” person to experience feelings of guilty about the perceived inability to meet family obligations (Baldassar, 2007). The participant blamed himself for not being a successful distant caregiver and for not “being there” financially for his parents and family. Embedded in the participant’s description is the sense of despair, regret, and frustration emanating from the realization of failure expressed in the statement “I’m a dead human being.” The statement depicts desperation, and the unworthiness one feels for not rising to the expected standard of filial obligation towards one’s parents. These feelings will be worse if one was raised in a family that values collectivism and family solidarity. Thus, an individual puts himself at fault for not satisfying the obligation of being there for his own parents and family resulting in emotional distress on the individual perceiving herself/himself as a “failing” caregiver.

In this study financial and emotional assistance were the primary sources of care and support rendered to parents and families back in Zimbabwe. Being away from home has limited the participants’ caregiving assistance to remittances, with most of them sending money to parents once or twice a month, depending on the family needs. Most of the financial assistance goes to meet the parents’ and families’ basic needs such as rent, groceries and toiletries, medication, clothing, utility bills, transportation, farm inputs, and school fees for the younger members of the family. In some isolated cases money is remitted for parents/family to go on vacation, and also for meeting funeral expenses in the event of death of a family member. The participants described the provision of emotional support as mainly calling home to talk with their parents over the phone about what is going on in their lives, discussing family needs, health needs and sharing ideas and advice on what needs to be done. They indicated that they also call home to keep in touch with family/relatives, and friends.
The study findings are consistent with prior research that concluded that family ties remain intact, especially emotionally and financially through utilization of various means of communication (Wilding, 2006). For the immigrant caregivers in this study, improved technology and Internet access have improved their communication with people back in the homeland, Zimbabwe. Apart from utilizing telephone calls, their communication is also based on text message, emails, and use of social media such as Skype, Facebook, and WhatsApp. In some cases they utilize video conferencing that allows them to see images of those they will be communicating with, which in a way reduces the stress caused by missing one another.

In previous studies distant caregivers had opportunities to provide physical care to their parents and loved ones when they made occasional visits to their homelands (Kodwo-Nyameazea & Nguyen, 2008). In contrast, participants in this study indicated that they were only providing financial and emotional care, as none of them had ever made a visit back home. The major reasons for not going back home were: (1) lack of sufficient funds to cover travelling costs that they described as “very expensive;” and (2) participants with young children in the U.S. found it a great challenge to either leave their children behind when they visit their parents and relatives in Zimbabwe or to travel with the children back home owing to the children’s varied school schedules. Even though they cannot travel back home, the participants expressed the sentiment that they were doing their part in fulfilling their obligation “to be there” for others at the same time maintaining solidarity with their families.

Distance caregiving, though free from physical distress, has its own challenges. It can be difficult both emotionally and logistically (Family Care Giver Alliance, 2009). In this study, the participants described several situations that caused them emotional distress. Lack of accurate information from the family members in the homeland was one of the sources of emotional suffering. The participants felt that there was always some discrepancy between what they were told over the phone regarding the health condition of ill family members and what it actually was. As a result of this discrepancy, deaths in the family always came as a surprise. This lack of “shared accurate information” emotionally stressed the participants as they felt “cheated” and “lied to” when their family members “underreported” the health condition of family members back home. Although participants acknowledged that they are “lied to” out of love and to shield them from saddening news, still they maintained that lack of adequate information was a source of emotional distress. Thus, the findings in this study confirm Baldock’s (2003) findings on how Dutch migrants and their parents transmitted notions of “ideal family,” where parents and migrants hid issues around sickness and death hoping to protect transnational kin from upsetting news. In the event of the “unexpected” happening, especially death of a family member, the participants expressed feeling very devastated and distressed. Dealing with the family loss over the phone adds a layer of isolation and frustration on top of emotional pain (Baldock, 2000). Thus, one participant suggested relying on communication with people outside family, such as neighbors, to solicit accurate information about what is actually going on in their families back home, since immediate stay behind family members tend to hide the truth from immigrant family members in fear of evoking emotional pain.

Family Caregiver Alliance (2009) argues that caregivers are consumed with concerns about the safety of their loved ones. Participants in the current study worried and stressed over uncertainties and unpleasant things they feared might happen to their loved ones while they were away from the homeland. The participants reported that they were preoccupied with fear
inducing thoughts of “what if parents and siblings die” given that it was difficult and expensive for them to travel back to Zimbabwe, their homeland, to be with their families in trying times. Such thoughts of failure to be in solidarity with one’s family caused emotional distress, because the participants generally observed that it is a noble thing to attend the burial of a loved one to bid farewell as the last respects to a dear departed family member. Failure to fulfill this cultural expectation brings great shame and sorrow upon them. Musa endured this experience when he lost his mother. He narrated that: “I was devastated for some time; I was in a difficult situation as I could not travel to my homeland to give her [my mom] my last respects.” It is this failure that Musa experienced that most participants struggle with every day. They worry and wonder how they would handle the loss when it finally comes; hence there is an added layer of emotional distress caused by lack of physical presence of the immigrant children when they are needed back home.

Several studies have acknowledged the presence of burdens of distant caring, but none of the studies reviewed for this study explored coping strategies for containing the identified challenges. In this study participants described four strategies that have seen them through the hassles of distant caregiving. The coping strategies are not in any way identifiable as professional advice, but were a response to the challenges the participants experienced as distant caregivers.

The participants highlighted the importance of offering assistance within one’s means in terms of money, time and physical presence. One must not overstretch one’s capabilities to help. One participant, Zano, commented that, “If you are not there [home], you are not there.” The expression meant that immigrant caregivers need to understand that their physical absence from the homeland family limited how much of hands-on assistance they could offer as distant caregivers. Because physical absence of migrants affected the quality of care and urgency in taking action by the stay behind members, the immigrant caregivers in the current study recommended collaboration with “reliable people” back home. The reliable people could be siblings, cousins, other relatives, or friends. From the participants’ personal experiences, anyone could be a good candidate for collaborative caregiving as long as they could be trusted with money and running errands for the care recipients back home. Making follow-up calls to assistance/care recipients was also suggested as an accountability measure to ensure that assistance was getting to the intended final beneficiary. Knowing that one was dealing with a “reliable” person back home was quite helpful emotionally as the recipients felt at peace in the faith that their efforts were faithfully delivered to the family members in need of help. If collaboration was properly done, the caregiver would simply gather information and coordinate services through a “team” of family members, relatives, friends and paid help to meet the care needs of recipients (Family Caregiver Alliance, 2009).

The second coping strategy was having a predictable budget, accompanied by knowing one’s capacity to assist financially. Some of the participants found it very helpful to have a budget for the needs of those back home. This strategy relieved the participants of the worry over how much the people back home needed for family support and assistance. Having a predictable budget lessened expense surprises and the distress that comes with random and unexpected assistance requests. Pertinent to the predictable budget strategy, most participants agreed that it is important “to be true to oneself” in practical terms of realizing what one can and cannot do within one’s means. For example, those who have gone back to school here [USA] face
challenges in meeting all their financial needs. Hence, they should accept and live that reality. So, realizing what you can practically do and achieve would be the best strategy to cope with distant caregiving challenges. In addition, they advised “don’t talk too much and overpromise” (Mafu) the people back home in case life in the foreign land mistreats and incapacitates your meaningful assistance as a distance as a caregiver. Generally, all the participants agreed that having a budget plan for the homeland family and realistically offering assistance without making big empty promises was another coping strategy to dealing with challenges associated with financial expectations of parents and relatives back home.

The third coping strategy that helped the participants shoulder their obligatory caregiving roles back home was safe-guarding their native Zimbabwe identity and family values. The consensus shared by the participants in this study was that living away from home and family was cumbersome and frustrating, and only resolute individuals who know who they are could sustain their efforts to assist their parents and the stay-behind kin. Thus one participant advised, “Don’t change yourself, [and] don’t be “eaten” by other cultures. Just do what you know; what you feel is the right thing, that is, our tradition of caring […] the way we were brought up as Africans, to care for each other” (Rati). Another dimension to maintaining cultural values was that immigrants shouldn’t lose their focus, the reason why they moved to the U.S., the “land of opportunities.” Zivo commented that losing the vision and purpose of migrating to the U.S. consequently puts people off track, jeopardizing their caregiving responsibilities to people back in the homeland. Failure “to be there” for parents and family is in disharmony with values emphasized in Hunhu/Ubuntu, the ethical behavior benchmark that provides a guide for the Southern African woman and man in whatever setting they inhabit (Mangena & Chitando, 2011).

The fourth coping means was a long term strategic plan to ensure more financial resources and empowerment of others to increase the number of family caregivers. The participants believed that gaining more academic and professional education was one sure way of increasing the chances of getting better paying jobs that would boost immigrants’ financial resources to remit to their homeland to assist their parents meet family needs. Furthermore, some of the participants recognized the need for partners in caregiving in the form of younger family members, thus they suggested the idea of helping relatives emigrate to the US, get a college education and, when they get jobs, they share and the responsibility of assisting their homeland families. Though it takes time to achieve the goal, the strategy is perceived as a way to create a strong base of family distant caregivers. These four strategies enabled the participants to remain focused in sustaining their moral responsibilities of caring for their parents and family (Nydegger, 1991).

Intergenerational Solidarity Theory and Research Findings

In the current study the Intergenerational Solidarity Theory (IST) was the theory of reference. IST explains patterns of solidarity among parents and children during the adult family life course (Bengtson & Roberts, 1991). In this study, the focus was on consensual solidarity, functional solidarity and normative solidarity. The study findings confirmed all the three elements of the IST chosen for this study. Consensual solidarity, which is the degree of agreement on values, attitudes and beliefs among family members (Bengtson & Roberts, 1991), is reflected in the beliefs, values and attitudes of the participants. The participants’ understanding of the concept caregiving as a way of life—a way of giving back to their parents and being there for others compels them to provide LDC for their kin. The participants expressed consensus that through
socialization, they learned “to be there” for others such as parents, grandparents and other family members who have been there for them in their childhood lives. The notion is grounded in Hunhu/Ubuntu that emphasizes that “Umuntu ngumuntu ngabantu” (“a human being is human because of other human beings”) (Chimuka, 2001). This confirms the influence of consensual solidarity among family members. The reason for such consensus could be that the participants come from families that believe in Hunhu/Ubuntu, and have inherited those same values, so they recognize their own humanness and that of others by being there for them.

Evidence of functional solidarity is very explicit in the study. It is the degree of helping and exchanging resources indicated by the frequency of intergenerational exchanges of financial, physical and emotional assistance (Bengtson & Roberts, 1991). In this study, the participants confirmed being in solidarity with their parents and family members by way of offering financial and emotional care through remittances and communication, respectively. Financial and emotional forms of assistance have become their main ways of meeting their caregiving responsibilities across borders as the distance between U.S. and Zimbabwe limits them from engaging in any form of physical assistance as caregivers. Also, the participants cannot make occasional visits to their homeland because of perceived high travelling costs. Remitting money is, therefore, the only option. However, the element of “reciprocity in the intergenerational exchange of resources” (Bengtson & Roberts, 1991, p. 857) as an aspect of functional solidarity was not examined. The experience of how the participants gain from their interactions and exchange of resources with family members was not investigated, hence, in this study it is not known if the participants are in turn benefitting in some way from their parents and kin in Zimbabwe. The researcher speculates that immigrant distant caregivers benefit from the “reciprocity in the intergenerational exchange of resources”, an area that future research can focus on and explore further.

In this study, the participants confirmed their willingness to satisfy normative solidarity. Normative solidarity refers to the strength of commitment to the performance of familial roles to meet familial obligations. In this study the participants indicated that they were fully aware of their cultural expectation that adult children should help their parents in meet the family needs, hence, the felt obligation to offer financial and emotional assistance to the people back in Zimbabwe. The participants seem to draw a very thin line between normative solidarity and consensual solidarity. By holding beliefs that caregiving is one of their familial obligations, they strive to regularly provide financial and emotional assistance to their elderly parents and kin as caregiving and support.

One observation the researcher made in this study is that although the focus of this study was confined to just three of the six aspects of the IST, namely, consensual, functional and normative solidarity, the influence of associational solidarity could not be ignored. Most participants commented that improved communication technologies, although expensive to use, made it easier for them to provide emotional care to their parents and kin in their homeland. Bengtson and Roberts (1991) define associational solidarity as “the frequency and patterns in various types of activities in which family members engage in intergenerational interaction on common activities” (p. 857). In this study the participants indicated largely utilizing various forms of communication technologies such as Facebook, telephone, WhatsApp, and Viber to maintain social and emotional ties with their parents and families in Zimbabwe.
Overall, the findings in the current study are consistent with prior studies that explored the phenomenon of distant caregiving. This study confirmed Shanas’s (1979) assertion that it has been the duty of adult children across cultures to care for their elderly parents. Although living thousands of miles away from Zimbabwe and faced with caregiving challenges, these participants remained resolute about fulfilling their distant caregiver roles. They do this by assisting, and supporting their parents and kin financially and emotionally to maintain family solidarity.

Implications for Practice

The study findings may provide insightful information about transnational and distance caregiving as experienced by Zimbabweans in the USA. Family life educators, social services professionals, Family and Child Studies students, current immigrants and aspirant immigrants can refer to this work to for purposes of gaining knowledge about the diversity of values on the universal phenomenon of caregiving in pluralistic societies.

The study findings about Zimbabwean family values and their perspective on informal caregiving and caregiving patterns brings “enlightenment” to family life educators and students that enable them to develop awareness of, sensitivity to, and appreciation of other cultures (Radina et al., 2009) in this diverse world. The study brings to light the knowledge of cultural values of a particular ethnic group of immigrants in the US by capturing the participants’ caregiving practices, challenges, and coping strategies employed in trying to manage life in the Diaspora and that of families in the homeland. The information confirms existing knowledge from earlier research on distant caregiving and also adds more information whilst refining the existing knowledge about immigrants’ caregiving experiences.

Family life educators and social services professionals can use the study findings to inform them in further developing their cultural competency and social attitudes that recognize and respect diversity, which is considered necessary when providing services to immigrants from diverse populations. Furthermore, family life educators and social services professionals can consult this study as a resource from which to gain insights into the social support needs of immigrants from uniquely collectivist communities. Consulting information gained in this study may possibly assist providers in the design and development of culturally responsive social support programs and community resources to help immigrants deal with the challenges and emotional distress they experience as distant caregivers.

The information gained from this study can be used to inform current Zimbabwean immigrant caregivers and aspirant immigrants, and possibly other immigrants from collectivist cultures about distant caregiving. Exposure to other immigrants’ life experiences with caregiving may be used to inform and prepare individuals to have a picture of what it entails to be engaged in distant caregiving so that they make informed decisions in their own life situations. Finally, since the findings clearly show that distant caregiving stress is inevitable, there may be need for the immigrants to establish ethnic community support groups for Zimbabweans where they can meet to share ideas and strategies to help deal with distant caregiving challenges in an effort to reduce and contain caregiver emotional distress.
Limitations of the Study

The findings of the current study cannot be generalized to all Zimbabweans living abroad as the study used a purposeful sample which Creswell (2000) says decreases the generalizability of the findings of a study. The sample of this study comprised only nine participants drawn from one big city in central Ohio, USA. Whereas in Zimbabwe there are two major ethnic groups with unique cultures immersed in Hunhu/Ubuntu and Bantu languages, namely ChiShona and IsiNdebele, all the participants in this study were Shona-speaking. Therefore, the findings of this study leave out the many voices of Zimbabweans who are from the Ndebele ethnic group and other “minority” ethnic groups such as the Kalanga, the Tonga, the Venda, and the Chewa. This makes the findings of the study not generalizeable to all Zimbabweans living in the USA.

Implications for Future Research

The focus of the current study was on the experiences of distant caregivers in general. Whereas most participants shared common experiences of supporting parents and family members in Zimbabwe, there was a discrepant case of one participant who felt he was dead as a caregiver because he was failing to assist his people back home. Future research could focus on immigrants facing challenges in fulfilling their filial obligations to families in the homeland. Also, since the current study participants were all Shona-speaking, future studies could focus on the experiences of adult children from other ethnic groups who are living in the USA, and are involved in distant caregiving. Future research seeking an understanding of the experiences of care recipients of distant caregiving could also deepen insight into the phenomenon of distant caregiving. At the theoretical level, the current study did not focus on the functional aspect of the IST which includes ratings of reciprocity in the intergenerational exchange of resources. Thus, future research could study how Zimbabwean immigrants living in the USA benefit from caregiving exchanges experienced with people back home.
References


Smith, S.D. (2005). *What is Care giving?* University of Florida IFAS Extension. FSC 2082/HE017 edis.ifas.ufl.edu/he017.


Appendix A

Participant Recruitment Flier

A Miami University Family and Child Studies graduate student is looking for volunteers to participate in a master’s degree thesis study based on the experiences of Zimbabwean immigrants in the US who are providing distant caregiving and family support for their parent(s) and families back in their homeland, Zimbabwe.

Interested volunteers should meet the following criteria:

- Should be a Zimbabwean aged between 25 and 55.
- Should have been in the US for the past 3 years.
- Should be currently providing support and care for their parent(s) and families in Zimbabwe, or
- Should have had experience with distant caregiving for their parent(s) and families in the past 3 years.

If you are Zimbabwean meeting the criteria above and are interested in participating or getting more information about the study, please contact:

Loveness Ngorosha
Miami University
Department of Family Studies and Social Work
101 McGuffey Hall
Oxford, Ohio 45056
513 4614804
E-mail: ngorosl@miamioh.edu

Please forward this information to other Zimbabweans outside your city but living within Ohio who may be interested in taking part in this study.
Appendix B

Participant Recruitment Flier translated to Shona (Zimbabwean language)

Mudzidzi wezvidzidzo zveMasters of Family and Child Studies paMiami University, Ohio ari kutsvaga vanhu vanozvipira kukurukurwa navo patsvakurudzo yaarikuda kuita pamusoro pezvinosanganikwa nazvo nevanhu varikure mukuedza kuriritira nekuchengeta vabereki nemhuri dziri kumusha kuZimbabwe.

Vanhu varikutarisirwa kupa umbowo mutsvakurudzo iyi vanofanirwa:

- Kuve zvizvarwa zveZimbabwe uye vane makore anobva pamakumi maviri nemashanu (25) kusvikira makumi mashanu nemashanu (55).
- Kuve vagara munyika yeUSA kwemakore anosvika matatu kana kufura.
- Kunge parizvino varikutoriritira nekuchengeta vabereki nemhuri dziri kumusha, kana kuti
- Vakambove nenguva yavakariritira nenguva yavakariritira vabereki kana mubereki nemhuri vari kuZimbabwe mumakore matatu apfuura.

Kana muine zvamakasangana nazvo paupenyu hwenyu zvinoenderana nekuriritira nekuchengeta mhuri dziri kure muchida kuzvigovera mutsvakurudzo ino kana kuti muine zvamunoda kunzwisisa nezvetsvakurudzo ino, mugona kunyora kukero yakapiwa pazasi, kana kurova runhare muchibatana na:

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Appendix C

Informed Consent

Miami University


Research Title: Zimbabwean Adult children in the US and distant caregiving experiences.

Researcher: Loveness Ngorosha (Family and Child Studies graduate student)

As a Family and Child Studies student, I am interested in developing an understanding of your experiences as distant caregivers and family supporters.

Your voluntary participation as an interviewee is being requested. Your decision to participate is voluntary and you will be free to opt out without victimization. A token of appreciation in the form of a $10 gift card will be given to each volunteer participant at the end of the interview.

The interviews will be carried out by the researcher as face-to-face discussions which are likely to take between 45-60 minutes. The interviews will be carried out either in English or Shona depending on the language of your preference. With your consent the interviews will be audio-taped and later transcribed by the researcher.

To maintain anonymity as protection of each participant’s identity, all personal identifying information will be removed and pseudonyms will be used instead.

If you wish to ask questions about the study, feel free to contact me at ngorosl@miamioh.edu or my Research Studies Professor, Dr. Radina at radiname@miamioh.edu or 513-529-3639.

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Consent Form

I have read and understood the consent information and have had all my questions about the study answered. I agree to participate in the study.

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Participant's Full name          Signature          Date
INTERVIEW GUIDE

RESEARCH INTERVIEW QUESTIONS

PART I- Background Information (Caregiving in the homeland)

- How would you describe your family composition and your cultural background?
- How would you define your proximity with parents and family?
  - Lived with parents? Lived near them? Lived far from them?
- What was your understanding of family support and caregiving?
- Did you have any special caregiving responsibilities as an adult child in the family?
  - Tell me about how you related with your parents and family when you were in your homeland.
  - How did you provide for your parents and family?
  - How did you get to assume the role as adult child caregiver?
- How would you describe your experiences of caregiving and caregiver roles back home?

PART II- Experiences of individuals as immigrants (Caregiving from afar)

- How did your family feel about the news of your departure?
  - How did you feel about leaving your parents/family?
- Did you make a 'plan' for your parents’ welfare and family before you left home?
- Have you been keeping connected with your family since the time you left home?
  - Could you explain how you have been keeping in touch with your family?
- What would you describe as the major changes around your role of family supporter and caregiver operating from afar?
- How do you manage to meet the demands of your obligation whilst you are in the US?
- What have been your challenges, fears and burdens as a distant caregiver?
- What strategies have you applied to ease your burdens and overcome the pressure that comes with distant caregiving?
- Is there anything more you feel you would like to share about your experiences as a distant caregiver?
- What advice would give to a new/aspiring immigrant about distant caregiving?

PART III- Demographic information

Age?...........Gender?...........Birth order Position?...........Marital status?

Annual income?...............Length of stay in the US?...........