

LATINAS EXPERIENCING TRANSNATIONAL MOTHERHOOD

by

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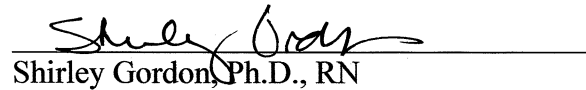
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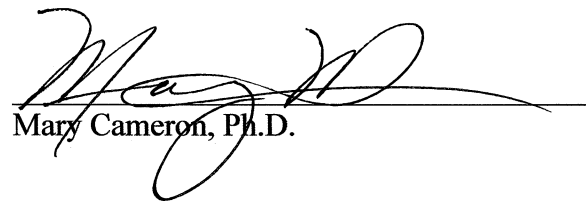
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This dissertation was prepared under the direction of the candidate's dissertation advisor, Dr. Charlotte Barry, The Christine E. Lynn College of Nursing, and has been approved by the members of her supervisory committee. It was submitted to the faculty of the Christine E. Lynn College of Nursing and was accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.


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ABSTRACT

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Economic changes have made the immigration of women to the United States part of major political and social issues. Women from Latin America frequently immigrate alone and without legal documentation, leaving their children in the care of relatives or friends, thus becoming transnational mothers in the process. Hispanic/Latino groups comprise the largest minority in the U.S., and Latina women account for 48.9% of the total Latino population. This demographic trend is expected to continue, and Hispanic/Latino groups are projected to experience the largest population increase in the coming decades (Marshall, Urrutia-Rojas, Soto-Mas & Coggin, 2005). The separation from their family has a strong impact on the health and well-being of these women, rendering them vulnerable to health care barriers and health disparities.

This qualitative research study explored the experiences of Latinas living transnational motherhood. Individual semi-structured interviews were conducted with eight Latinas living transnational motherhood between the ages 21- 39. The findings in

this study describe the lived experience of Latina transnational mothers within their social, economic and cultural context. The narrative was analyzed using van Manen's (1990) interpretative hermeneutic phenomenological approach to narrative analysis.

Findings indicate that Latinas experiencing transnational motherhood find meaning in mothering from afar through sacrifice, suffering, and hopefulness for a better life for their children, and for family reunification. Findings from this study inform nurses of the health care barriers that these Latinas living transnational motherhood encounter as they experience hardship in order to support their families abroad as well as themselves. Nurses caring for women who immigrate without their children are presented with professional and ethical challenges that require nurses to be knowledgeable about these women's pre- and post-immigration experiences. The findings of this study help narrowing the gap of information regarding lived experiences of Latinas transnational mothers. This knowledge offers guidance to the development of care that is compassionate, ethical and culturally appropriate.

DEDICATION

This dissertation is lovingly dedicated to my sons, Marc, David and Eric Sternberg who are the light of my life. Their love, respect and support has given me the strength and inspiration to explore the meaning of my own life.

To my loving partner and best friend, Dr. Alejandro Asfura, with gratitude for his love and unending confidence in me. To the memory of my loving parents, Jaime Coll and Emilia Bajona Coll, for their vision, strength and love which allowed me to come to this country and achieve my dreams.

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CHAPTER 1

INTRODUCTION

Lupita, a young woman who had emigrated from Mexico, began answering the nurse's health history questions. She became visibly anxious as she told the nurse how many children she had. "I have three little girls," she softly stated, "but only one is here." Fighting back the tears, Lupita told the nurse that poverty and despair had led her to leave her country and immigrate to the U.S. She had bid farewell to two of her children and daringly crossed the border with only her 10-year-old daughter. Lupita now works endless hours, and although her life is filled with hardship, loneliness and despair, she has hope of reuniting with her daughters. Nevertheless, she wonders if that day will ever come, and if it does, whether or not her daughters will know who she is.

The scenario featuring Lupita's undocumented status underscores the modern phenomenon of *transnational motherhood*; women migrating internationally and mothering from afar (Schmalzbauer, 2004). Latinas who are faced with hardship often flee poverty, sociopolitical persecution, environmental degradation, and other difficult situations by immigrating to the U.S. (Forbes Martin, 2003). Latinas experiencing transnational motherhood use migration as a survival strategy by which to support their families with wages they earn in the U.S. They become *transnational mothers* by negotiating economic opportunity between two countries while maintaining family ties with their children and extended families (Schmalzbauer, 2004). For Latinas experiencing transnational motherhood, the separation from their children is "grueling, and hovers like

a specter over their daily lives” (McGuire & Martin 2007, p. 185); and they are motivated by hopes for a better life, one characterized by economic opportunities that will help them to overcome poverty and reunite with their families. Once they immigrate to the U.S., many Latinas experiencing transnational motherhood face vulnerabilities and challenges: harsh lifestyles, filled with a fear of deportation, accompanied by intense feelings of guilt, loneliness, loss, and despair as a result of leaving their families and children behind (McGuire & Georges, 2003).

Latinas experiencing transnational motherhood are responding to global changes in which political economies and gender shape international migration. More than half of the migrants in the world today are women. As principal wage earners for themselves and their families, women are driven to migrate from developing to developed countries, leaving their families and children behind in search of living wages (Castles, 1999; Forbes Martin, 2003; Pedraza, 1991).

Purpose of the Study

The purpose of this qualitative study is to explore the phenomenon of Latinas experiencing transnational motherhood. This phenomenological study is aimed at identifying the essence of the Latina’s transnational motherhood experience. The narratives of their experiences will illuminate their pre- and post-immigration experiences within their social, economic, and cultural contexts.

Significance of the Study

As immigration and diversity persist hand in hand, nurses often face daunting ethical decisions within cultural and social contexts that differ from their own (Yarbrough & Klotz, 2007). Nurses, especially those caring for families in community environments

such as public health facilities, schools, and emergency departments, may not have a working understanding of the challenges that many Latinas experiencing transnational motherhood face when immigrating (Campesino, 2006; McGuire, 2006). Nurses benefit from information that supports and promotes caring for immigrant women in respectful and culturally appropriate ways (Campesino, 2006).

In recent decades, globalization and unstable global economies have diminished opportunity and prompted a significant trend in Latina women immigrating to the U.S. According recent U.S. Census the Hispanic/Latino population increased by almost 60% while the total number of U.S. inhabitants increased by only 13% (U.S. Census Bureau, 2004). At 42.7 million (16% of the total population), Hispanic/Latino groups comprise the largest minority in the U.S., and Latina women account for 48.9% of the total Latino population. This demographic trend is expected to continue, and Hispanic/Latino groups are projected to experience the largest population increase in the coming decades (Marshall, Urrutia-Rojas, Soto-Mas & Coggin, 2005).

The separation from their family has a strong impact on the women's health and well-being, rendering them vulnerable to health disparities and poor-quality life styles (Meleis, Lipson, Muecke & Smith, 1998; Russell, 2002; Thurston & Vissandjee, 2005). The stress of the Latina experiencing transnational motherhood needs to be viewed through a wide cultural lens that facilitates respectful and compassionate caring (Leon & Dziegielewski, 1999).

Nursing scholars identify significant limitations in transcultural nursing education. Current pedagogical approaches of cultural care are steered by theories based on positivistic and humanistic philosophical perspectives that assume a health care

context situated in an egalitarian and equitable society (Campesino, 2006). Nursing research can inform nursing practice of the social, political and economic inequalities that affect Latinas experiencing transnational motherhood by revealing the influence of the powerful structural systems of racism, ethnocentrism, sexism, classism, and paternalism (Campesino, 2006).

Nursing research “seeks to advance moral discourse... to engage nurses in praxis that is acting in the world to make a difference” (McGuire & Martin, 2007, p. 182). The goal is that the experience revealed by the participants of this study will nurture the nurse’s solidarity with a population marginalized in their struggle to achieve legitimate human aspirations, such as health, meaningful work, decent living conditions, access to education, and fair treatment (McGuire & Martin, 2007).

Synthesis Framework

The theories guiding this study draw primarily from Parker & Barry’s (2006) *Community Nursing Practice Model* and incorporates Leininger’s theory of *Culture Care Diversity and Universality* (1999). The social, economical, and political hegemonies affecting transnational mothers are evaluated through the theory of *Critical Medical Anthropology* (Singer & Baer, 1995). This synthesis framework is grounded in *caring* and guides the conceptualization of the transnational mother’s reality through the values of respect for persons as caring individuals, and for their wholeness (Parker & Barry, 2006). Caring for transnational mothers presents challenges for nurses.

The Community Nursing Practice Model postulates that individuals live connected to their families and communities and that by knowing their migratory experience the nurse can provide essential and respectful care. Nurses can create a myriad

of community collaboration that will allow access to culturally congruent care within the transnational mother's social and economic context (Parker & Barry, 2006). Caring for the transnational mother begins with the nursing situation, the initial meeting between nurse and individual. The nurse comes to know Latinas experiencing transnational motherhood through a dynamic response guided by the caring principles and reflected in the nurse's humility, openness, presence, and support. The nurse uses multiple ways of knowing to understand the context and wholeness of Latinas experiencing transnational motherhood, providing a safe, caring environment where a collaborative relationship can emerge (Boykin & Schoenhofer, 2001; Parker & Barry, 2006).

The theory of culture care diversity and universality (Leininger & McFarland, 2006) declares that culturally congruent care is imperative for the well-being of humans. Culturally congruent care is based on respectful, supportive, and enabling methods of preserving and maintaining the beliefs of individuals, families, and communities. Lifestyles, parenting methods and healthcare beliefs are highly influenced by culture and ethnicity. Exploring the beliefs and health care needs of these diverse demographics facilitates the investigation and understanding of the transnational mother's lived experience.

The paradigm of transnational mothers is expanded through the discourse of Singer and Baer's critical medical anthropology (1995). The theory offers an emancipatory view, recognizing that health and health inequalities are determined by socioeconomic systems created in the realm of hegemonic politics, and that "... much of the suffering we see today is not due to geographic or other physical givens but is the result of the actions of people. What people create, people can change" (Singer, 1995, p.

80). The integration of these theories reveals the essence of the experience lived by the transnational mother as an expression of caring and a way of self-actualizing the meaning of her own life (Boykin & Schoenhofer, 2001).

Researcher's Perspective

As a Latina woman who immigrated alone, I came to know the experience of leaving culture, family, and friends only to develop an unrelenting longing for something familial. This personal knowledge propels my interest and persistent passion for caring for women who have immigrated. Recognizing that my personal immigration experience is different than the experience of transnational mothers, I seek to explore the meaning of their experiences. Throughout my nursing work in the community, I came to be acquainted with transnational motherhood from the narratives of immigrant women. I am endlessly humbled by the demonstrated strength and courage of mothers who choose to leave their children in exchange for a harsh life often filled with despair, desolation, and lofty promises of hope.

My path as a nurse researcher is guided by a vision of change, inspired by what I can do to meet the needs of woman who immigrate, while recognizing and celebrating their strengths. I share this vision of change with the Latinas experiencing transnational motherhood who put themselves at risk, willingly submitting to daunting sacrifices in hopes of changing their lives and freeing their children from the perils of poverty. For me, this study marks the beginning of a personal journey that focuses on ameliorating health care disparities in the name of social justice.

“It is no use saying, ‘We are doing our best.’ You have got to succeed in doing what is necessary” (Sir Winston Churchill).

Definition of Terms

Globalization. According to Falk-Rafael (2006), globalization has been broadly defined as “a constellation of processes by which nations, businesses, and people are becoming more connected and interdependent via increased economic integration and communication exchange, cultural diffusion (especially of the Western culture) and travel” (p. 3). Globalization is a highly disputed process which is viewed antithetically as the key to economic prosperity and improved health by those who promote it and as a neoliberal tool for complete global colonization through capitalism by those who oppose it.

Hispanic and Latina. According to U.S. Census Bureau (2007), *Hispanics* are individuals who self-identify as having their origin or descent traced to Spanish-speaking countries of the Western hemisphere, in particular, Mexico, Puerto Rico, Cuba, and Central or South America. Women and girls who have origins in Latin America countries, and who are living in the U.S., usually describe themselves as Latinas, a more specific term than Hispanic (Merriam-Webster Online Dictionary, 2008).

Migration and Immigration. Merriam-Webster Online Dictionary (2008) describes migration as moving from one country, place, or locality to another.

Immigration is described as entering and usually becoming established in a country where one is not a native. In this study, *migrants* refer to individuals who leave their countries of origin, while *immigrants* are those individuals who move or relocate to the U.S..

Transnational motherhood is experienced by women who are mothers living some or most of the time separated from their children. These women maintain their families' integrity by creating a collective feeling, a unity across national borders. The motivation for becoming a transnational mother or parent varies depending on race, class, and nation. In poor nations women separate from their children by migrating to nations where they can find living wages (Schmalzbauer, 2008).

Chapter Summary

In this chapter, the global migration phenomenon of transnational mothering was introduced and defined. The purpose and significance of this study was outlined, and the theoretical perspectives for this study were introduced. The researcher's perspective, both as a woman who has immigrated and a nurse researcher, was explained. The chapter concludes with a definition of terms frequently used in this study.

Subsequent chapters will identify the literature on the topic of women and migration, the legal issues of immigration and transnational families. In Chapter 3, a more comprehensive examination of the theoretical perspectives and research methodology is presented.

CHAPTER 2

LITERATURE REVIEW

This chapter provides a review of the current literature on the topic of immigration of Latina women and transnational families. The first section presents a historical review of women and migration followed by a discussion of illegal immigration in the U.S. affecting many families and communities. The process of Latina women immigrating to the U. S. follows, concluding with perspectives on the phenomenon of transnational mothers and transnational families. Most of the literature was found in the disciplines of anthropology, psychology and sociology with a few from the discipline of nursing. The literature review supports the need for further nursing research in the area of immigrant women and family separation.

Women and Migration

Economic globalization, trade agreements and revolutionary changes in transportation and communication all have led to a steady increase of international migration. Currently 175 million people reside in a foreign country for more than one year, and women comprise over 50% of international migrants (Forbes Martin, 2003). The roles of women's migration have been grossly ignored and virtually invisible (Hatzidimitriadou, 2007; Pedraza, 1991). It was not until the feminist movement of the 1970s that scholars, activists and economists began to document the steady increase of women's international migration (Hatzidimitriadou, 2007). In the U.S. over 20 million of

legal immigrants were admitted between 1971 and 2000, and over half of these immigrants were women (Zhou, 2002).

Through the Division for the Advancement of Women (DAW), the United Nations has made an attempt at understanding the various dimensions of international migration, along with the impact that women's migration has on the economy at national, regional and international levels. According to Forbes Martin (2003), an increasing number of women migrate on their own, and while most women migrate voluntarily, many are forced to leave by conflict, political violence, and other situations that affect their livelihood (Castles, 1999; Forbes Martin, 2003).

Historians assert that in the U.S. the contemporary immigration of women mirrors the century-long migration that occurred from 1830 to 1930, when a large number of European women migrated to the U.S. as settlers and laborers. The present day flow of immigration began in 1965, when the U.S. immigration laws were passed to complement civil rights legislation. Today, only a minority of female immigrants come from Europe, the majority arriving from Latin America, Asia, the Caribbean, and the Middle East (Gabaccia, 2002). Gabaccia (2002) states that these women are diverse in culture, language, ethnicity, and skills. A considerable number of these immigrant women are educated and prosperous, having come from decolonized nations. Yet an even larger portion of these immigrants are the low-level wage earners, housewives and young girls that define this demographic.

Industry has played an important role in the migration of women. In the 1980s and early 1990s, the increased need for manufacturing labor brought a large number of women to the U.S. The new millennium saw the outsourcing of these jobs to Asia and

other developing regions, creating a shift towards the service economy. Women entered low wage jobs, such as the migrant farming industry.

The formation of this system of labor migration has historically been recorded as the solution for low-skilled, cheap, and dependable labor in developed nations such as the U.S., France and the United Kingdom. Today's immigrant women are often compared to the Irish women who migrated in massive numbers in the mid-1800s. European conditions of poverty, landlessness and social/economic transformation drove women to immigrate alone to the U.S., much like today's Latina women (Castles, 1999; Forbes Martin, 2003; Pedraza, 1991). The present understanding of why women migrate focuses on the economic and social context of family survival (Pedraza, 1991; Zentgraf, 2002). Female immigrants enter the U.S. in a variety of ways: as family-sponsored migrants, independent labor migrants, refugees, and/or undocumented migrants (Zhou, 2002). Women and children comprise about 80% of refugees displaced by war and violence (McGuire, 1998).

The historical perspective of migration illustrates the motivation and decision process of women who migrate. A genealogy of the present and the past allows for an analysis of place, experience and prospects of women immigrating to the U.S.. Activists, policy makers, and health care providers can concentrate their efforts on easing challenges and barriers experienced by women in order to make them more successful participants of society (Hatzidimitriadou, 2007; Pedraza, 1991).

According to Pedraza (1991), nursing scholars agree that immigration is by nature an interdisciplinary phenomenon. Disciplines such as anthropology, history, literature, and sociology have been profoundly transformed by the study of immigration, while

economics, psychology and political science have resisted change. Understanding the causes, processes and consequences of female migration has been overshadowed by the study of men in labor, politics and social organizations. Pedraza (1991) asserts that studying women's issues, such as migration, enhances the understanding of the lives of women beyond the focus of women in the work force. Researchers need to focus on why women migrate, how the process of migrating occurs and what consequences migration brings to women. This perspective can bring understanding to the complexities that gender plays in the immigration of women (Pedraza; Zentgraf, 2002).

In addition to looking at the historical perspective and the demographics of women migrating, nurses must consider the "plight of individuals" (Pedraza, 1991, p. 308) as an exploration of the lived experience of migration, the propensity to migrate and the way in which women make such decisions. Migration is approached as a central decision that individuals and families make as a strategy to meet the economic challenge of underdevelopment and political transformation in developing countries. These survival strategies are sustained and encouraged by families and communities, as they believe that migrating to the U.S. can ease their despair and bring hope for a better life (Pedraza, 1998; Schmalzbauer, 2004).

McGuire (1998) suggests for historical events, patterns, and trends to be framed and analyzed in the context of global migration and health. Dualistic systems precipitated by a long history of colonization accentuate differences between people and promote patriarchal relationships that perpetuate the ceaseless negation of the rights of the colonized. Nurses, according to McGuire (1998), must be cognizant of the disparaging effects of dualism and colonized dominance when caring for immigrant women. Women

who choose to migrate are often vulnerable to numerous health hazards, the hostility of host countries and blatantly discriminatory inadequacies in health care (Castles 1999; Forbes Martin 2003).

Since the events of September 11, 2001, public awareness of U.S. immigration policies and challenges has increased. Yet, with that said, nurses and other health care providers remain unaware of the precursors to migration. Without this crucial knowledge, the post-migration experiences encountered by their immigrant patients remain a moot point (McGuire, 1998).

Immigration of Latinas

In 2003, the U.S. Census Bureau announced that Hispanics/Latino people were the largest minority in the U.S at 42.7 million (16% of the total population). In the last decade of the 20th century, the Hispanic/Latino population increased by 57.9 % while the total number of U.S. inhabitants increased by only 13.2% (U.S. Census Bureau, 2006). Latina women account for 48.9% of the total Hispanic/Latino population (Marshall et al., 2005). This demographic trend is expected to continue, and as the Hispanic/Latino group is projected to have the largest population increase in the coming decades, the diversity of the U.S. population will continue to increase (U.S. Census Bureau, 2006). The states with the largest concentration of Hispanics/Latino population are California, Texas, New York, Florida, and Illinois (U.S. Congressional Budget Office, 2006).

Zhou (2002) states that Latina women immigrate for many of the same reasons as men do; to reunite with family, seek economic opportunities, and escape persecution. Latina women arrive either with their husbands, children or on their own. These women are younger than their U.S. born counterparts; they are active in human reproduction and

child rearing, which accounts for the projected Latino population growth. Although many Latina women are skilled, educated, and prosperous, a large majority, particularly Mexicans and other women from Central America, are low-level wage earners. Latina women comprise a large portion of the labor market, making substantial financial contributions by supporting their families in the U.S. while sending remittances to their home countries (Zhou, 2002). Immigrant women's remittances are an important source of income for many families in developing countries. Overall, according to the International Monetary Fund, international remittances to developing countries exceed \$80 billion per year and women tend to remit more of their income than men. The World Bank reports that remittances are a more stable source of revenue for some developing countries than their foreign trade, foreign direct investment and foreign aid (Forbes Martin, 2003).

Seabrook (2007) states that globalization as “the integration, to varying degrees, of all countries into a single world economic system” (p. 63) has contributed to a global poverty caused not so much by lack of resources, but by the economic control held by rich countries. This poverty has brought about a new economic insecurity that promotes urbanization, migration and the separation of families as people migrate in search of livelihood. Poverty and socioeconomic factors have a major impact on the lives of immigrant Latina women, as migration often disrupts their lives, families and communities (Marshall et al., 2005).

According to Marshall et al. (2005) like other immigrant women, Latina immigrants are often victims of limited access to housing, competent social services, health care, and education. Many Latina women carry the burden of multiple family/work responsibilities, often finding themselves in exploitative employment situations with

limited or no legal protection (Jachimowics & Meyers, 2002). With no legal standing in a foreign country, these women are more vulnerable to health disparities caused by a barrier of cultural and linguistic differences (Marshall et al., 2005).

Legal Issues of Immigration

Illegal immigration is a new concern precipitated by the changes that nations have made in an effort to control the numbers and origin of immigrants they admit. Though global efforts to control residency have defined world history for over a century, these contemporary attempts have proven largely ineffective. Illegal immigrants are living and working the world over, subverting each new law and regulation (Dwyer, 2004).

In the U.S., the 1965 passage of the Immigration and Nationality Act eradicated national origin quotas and gave preference to close relatives of U.S. citizens, refugees and individuals with certain skills. This act gave way to a massive influx of immigrants from Latin America and Asia, and by the year 2000, over 20 million new immigrants were permanent residents of the U.S. Since then, immigration reforms have attempted to curtail the flow of illegal immigrants. Yet, with the systems created plagued by bureaucratic burdens, the ill-fated law has amounted to nothing more than a monumental failure (Chavez, 2006; U.S. Congressional Budget Office, 2006).

For families, the most significant discrepancy of the Immigration Reform and Control Act (IRCA) is the lack of provisions for the families of those who have obtained a legal U.S. immigration status. In these particular cases, the lengthy and costly multi-year process required is often seen as an impossible goal. It is estimated that about 12 million people reside in the U.S. without legal documentation, four times the number of undocumented immigrants two decades ago (Legomsky, 2007).

The illegal immigration of women has been, and continues to be, a complex issue of enormous sociopolitical and economic consequence for the U.S. Latina women immigrate into the U.S. in search of jobs and safety. Most often, these women pay large sums of money to *coyotes* (human smugglers) to transport them across Mexico. Once they reach the U.S./Mexican border, they must walk the Sonora desert (which extends north past the U.S./Mexican border into the state of Arizona) for days and nights with hardly any food and water, eventually gaining entrance to the U.S. (Berk, Schur, Chavez & Frankel, 2000).

Illegal immigration is intensified by the “feminization of migration” (Dwyer, 2004, p. 36) which prompts global demands for low priced labor. Women from poor countries migrate to prosperous countries and fulfill the jobs that are often disdained by citizens. Women immigrate (often illegally) to find employment in planting fields, factories and in the service sector as maids, nannies and health care aides. In some cases, the women are brought illegally into countries where they are exploited and used as indentured servants and sex workers. These women are often controlled by physical threats and/or intimidated by the threat of exposing their illegal status (Dwyer, 2004).

Legal and illegal immigration is a highly controversial issue in the public-policy arena. Discussions and opinions on how to precede with present U.S. immigration challenges are at the forefront of political debates and past, present and future presidential candidates. According to Chavez (2006), the popular myth of immigrants being welcomed to the U.S. is contrary to the true sentiments of a vast number of Americans who “...romanticize the immigrants of their grandparents’ generation while casting a skeptical eye on the contemporary newcomers” (p. 35). Chavez (2006) suggests that

policy makers need to define the immigration issue beyond an analysis of costs and benefits and look at the relationship between immigration and America's deepest values of justice.

Women who immigrate to the U.S. without legal documentation are often victims of stereotypes and harsh accusations of being a "drain on society; they all are the same they wear traditional clothes, and they must be uneducated and unproductive" (Meleis, 2002, p. 45). The humiliation of these social labels contributes to the stress and isolation felt by these women. Their responses to physical pain might be a reflection of the intense psychological burden with which they live as marginalized members of society.

Transcultural studies have demonstrated the cultural differences in the prevalence and presentation of depression. Stigma attached to mental illness and mental health is heavily influenced by culture. Mental health is inherently linked to support systems and coping mechanisms that are developed, accepted and nurtured in different ways by different cultural beliefs and traditions (Donnelly, 2002).

Aside from its significance in political discourse, illegal immigration has become a contentious topic of discussion in the context of health care. Among modern health care concerns, it is believed that rising costs of health care are yielding to vast numbers of individuals who are either uninsured or underinsured, further exacerbated by emergency services utilized by illegal immigrants. This burden on the health care system is believed to have a negative impact on the availability of affordable services to lawful immigrants and citizens. In a study of individuals who immigrate without proper documentation in El Paso, TX; Los Angeles, CA; and Houston, TX, Berk et al. (2000) concluded that only the rates of hospitalization for childbirth of Latina women were comparable to other Latinas,

and that the use of acute and primary health care services among Latinos that immigrate without proper documentation was low. Berk et al. asserts that economic opportunities and family reunification are the main forces encouraging illegal immigration into the U.S., not the availability of social and health services.

Federal and state policies have profound implications for the health care of immigrants living without legal documentation in the U.S.. Over the past 20 years several legislation efforts (California Proposition 187, the 1990s Welfare Reform and the Personal Responsibility and Work Opportunity Reconciliation Act [PRWORA] of 1996) have aimed at excluding undocumented immigrants from receiving public benefits. This legislation, as most agree, is driven by political ideology, and some legislators believe that barriers like these will decrease the influx of illegal immigration (Berk et al., 2000).

Transnational Motherhood and Transnational Families

Among the immigrant population, there exist individuals who immigrate into the U.S. while leaving their countries, culture, families, and in many cases, their children in the process. These *transnational families* are defined as "...families that live some or most of the time separated from each other, yet hold together and create something that can be seen as a feeling of collective welfare and unity, namely 'familyhood,' even across national borders" (Bryceson & Vuorela, 2002, p. 3). Transnational motherhood is experienced by women who migrate from many different developing countries; a large number are Latinas escaping poverty, political persecution and other oppressive situations. These Latinas experiencing transnational motherhood often find themselves in life threatening situations, crossing dangerous borders as they migrate illegally into the U.S. Their quest is motivated by hopes for a better life, one with economic opportunities

that will help them defeat poverty and attain family reunification (McGuire & Georges, 2003).

Schmalzbauer (2004) describes *transnational families* as families whose parents and children are divided between two countries; the parent's wages in the host country sustain their children and in many cases the family members left behind. The impact of economic globalization and the concentration of wealth in the north, Schmalzbauer (2004) argues, have affected the functioning and unification of families in poor countries of the south. It is a product of "structural inequalities that make it impossible for families to sustain themselves in their countries of origin" (Schmalzbauer, 2004, p. 1319). Women in poor nations resort to migration as a form of family survival. The transnational mothers struggle with their cultural views of motherhood and with the paradox of having to leave their children in order to care for them.

For Latina mothers, the roles of being the nurturing caretaker in their family is put in question as they migrate, and their grandmothers, aunts, sisters, eldest daughters, and friends become their children's *other mothers*. Schmalzbauer (2004) calls for more studies on the gendering of transnational migration and how these mothers find themselves negotiating through remittances and multiple transnational connections the closeness of a family. Reunification of transnational mothers and their children is difficult. A lack of resources and legal mandates make it seemingly impossible for some families to know if they will reunify again; the family's survival depends on the transnational parent's financial support and thus "Out of necessity, millions of families are living in a permanent transnational limbo" (Schmalzbauer, 2004, p. 1329).

Having studied the impact of migration on Latino families, Artico (2003) describes this pattern of migration as *piecemeal* migration, characterized by the mother, father or both migrating while leaving their children in the care of relatives. Piecemeal immigration can often bring prolonged family separations, creating great challenges for parents and their children. Their children often grow resentful of their parents for leaving, experiencing their migration as abandonment. In the meantime, parents suffer through the barriers and frustrations of being in an unfamiliar country where their arduous work does not guarantee a viable way to reunite with their children. The transnational mothers' undocumented status forces them to occupy an invisible locus in society, one filled with loneliness, fear, despair, and the curse of suffering in silence. The impact of migration on Hispanic/Latino women is frequently manifested in feelings of deprivation of specific objects: cultural shock, loss and altered role expectations. Their freedom to choose migration often leaves them with mixed feelings of guilt for leaving their children along with a longing for cultural and familial support (Bhugra & Ayonrinde, 2004; Espin, 1987; Tummala-Narra, 2004; Zentgraf, 2002). The psychological effects of migration are often interpreted as somatic problems, which may mask depression, and for which these women may seek health care. Spin (1987) suggests that nurses who are culturally competent can play a key role in listening and guiding these women in seeking care that is appropriate and culturally congruent. On the other hand, Espin (1987) argues that gender differences play a key role in the "intrapyschic" factors that influence the ability to adapt to such changes (p. 490). The psychological processes of adaptation to another culture, poverty, isolation, acculturation, and role confusion are all potential causes for depression and anxiety. These women respond to anxiety and depression by complaining

about somatic symptoms that are more culturally acceptable, such as gastritis and chronic headaches.

In a quantitative study of Latinas who immigrated without their children, Miranda, Siddique, Der-Martirosian and Belin (2005) found that women who were separated from their children had 1.52 times more risk of major depression than those who lived with their children or than those who did not have any children. According to McGuire (2003) migration for these women is a fracturing experience. It is a paradox whereby migrating women are trying to save their families by pulling them apart (Mullan, 2005).

Suarez-Orozco, Todorova and Louie (2002) state that a gap in the literature demonstrates that the effects of family separation due to immigration have been studied in clinical settings guided by Western theories that did not consider how cultural differences may affect the separation process. In an interdisciplinary, longitudinal study of over 385 early adolescents from China, Central America, Dominican Republic, Haiti, and Mexico Suarez-Orozco et al. (2002) studied the effects that separation due to immigration has on children and families. The results assert evidence that, quantitatively, the depressive feelings of the adolescents were not statistically significant. However, qualitatively, the results demonstrated the poignancy of the separation from their parents. Separation due to immigration between parents and children seems to lead to feelings of loss and sadness for both parents and children. In some cases the children were found to foster feelings of resentment towards the parent who left them back in their countries. Those raised by family members other than a parent lacked parental attachment, leading to the development of contentious parent/child relationships. The interpretations of the

family separation process need to be understood through the lens of the cultural, political, social and economic context of each family (Falicov, 2007; Suarez-Orozco et al., 2002).

Falicov (2003) asserts that piecemeal immigration creates a new kind of transnational family. The separation from extended and nuclear families experienced by immigrant women necessitates the emergence of a new bond that continually evolves and re-organizes differently from traditional families. And although transnational relational stress and generational stress are great emotional burdens on women who experience transnational motherhood, it is believed that these immigrants may develop a greater resilience in the face of necessity. Erel (2002), who studied Turkish mothers who migrated to Germany without their children, concluded that the mothers' migration experiences were not linear; these women were ridden with guilt and feelings of inadequacy in order to comply with their cultural expectations of motherhood. The separation from their children forced their idea of family to become deconstructed.

Chapter Summary

This literature review demonstrates gaps in the nursing literature regarding the study of cultural, social, political, and economic consequences of women migrating internationally and separating from their families. Throughout this review, a lack of phenomenological studies of the lived experiences of mothers living transnational motherhood is noteworthy.

The persistent diversity and increased immigration into the U.S. supports nursing research on women who immigrate. Scholars call for studies that highlight the needs, strengths, and survival strategies of immigrant women who are trapped in the global economic system, and whose rights are often desecrated (Schmalzbauer, 2004). Forbes

Martin (2003) argues that more attention by researchers and policy makers needs to be given to issues of women who immigrate to protect their rights, their safety and their security. “No longer can half of the world’s migrants be ignored” (Forbes Martin, 2003, p. 30). The United Nations Division for the Advancement of Women (2004) recommends research that will expand knowledge and awareness of the disadvantages that women who migrate often face. The creation and implementation of programs that protect women from labor abuse, trafficking, sexual exploitation, and other forms of mistreatment are needed to decrease their vulnerability to abuse and increase opportunities for empowerment.

CHAPTER 3

METHODOLOGY

Method

The design of this qualitative study was guided through the philosophical lens of phenomenology. The qualitative method is a preferred research method when investigating phenomena about which little is known (Munhall, 2007). In Chapters 1 and 2, it was established that there is a scarcity of research related to the experiences of Latinas living transnational motherhood. The methodological approach of conducting semi-structured interviews and analyzing the findings helped define the participant's lived experience. From the perspective of those living the experience, *hermeneutic phenomenology*, as described by van Manen (1990), guided this study in the pursuit of interpreting and describing the essence of transnational motherhood lived by Latinas (Maggs-Rapport, 2001; van Manen, 1990).

Hermeneutic Phenomenology

This research study is grounded in the descriptions and ideas of Max van Manen regarding hermeneutic phenomenology. Munhall (2007) describes van Manen as a gifted, second-generation phenomenologist whose paradigm moves towards a human science stand and it is both philosophical and practical. Van Manen (1990) describes hermeneutic phenomenology as a method for studying lived experiences by investigating such experiences and writing and rewriting about the themes that emerge. Focus on the

phenomenon must be maintained, claims van Manen (1990), while reflecting on the essential themes and the balance between parts of the phenomenon and its whole.

Van Manen (1990) describes hermeneutic phenomenology as focusing on interpretation and illumination of the essence and the uniqueness of the human experience and reproves against generalization and universality of the individual lived experience. The methodology puts forward an approach to research that intends to be “presuppositionless” (p. 29) by having no predetermined fixed procedures that will rule the research study. Nevertheless, van Manen (1990) suggests six non prescriptive methodological themes to stimulate the researcher’s creativity and insightfulness. van Manen’s six methodological themes for studying the human lived experience included:

1. Turning to the nature of lived experience with commitment and serious interest.
2. Investigating experience as we live it rather than as we conceptualize it.
3. Reflecting on essential themes which characterize the phenomenon.
4. Writing and rewriting descriptions of the phenomenon.
5. Maintaining a strong and oriented relation to the fundamental question without superficialities and speculations.
6. Balancing the research context by considering parts and whole. (pp. 30-31)

Van Manen’s phenomenological method of studying lived experiences offered flexible and versatile ways of exploring phenomena without deflating or invalidating its value (1990). Van Manen’s interpretative method endorses immediate exploration of the phenomenon through data collection techniques such as open-ended interviews. Van Manen asserts that the development of conversational relationships through interviews

illuminate the meaning of the experience while providing the researcher narrative material to enhance the understanding of the human experience (Maggs-Rapport, 2001).

Participants and Recruitment Procedures

For this study, purposeful samples of eight Latina mothers who have immigrated to the U.S. were selected. This method of sampling allowed selecting individuals for the study based on the knowledge that these women emigrated from Latin America while leaving their children in their home countries. The initial participants were invited to participate by the nurse researcher at a free clinic in southeast Florida. The additional participants were recruited using snowballing sampling.

Snowballing sampling was chosen over a random sampling method due to the difficulty in obtaining access to a population that has a large number of undocumented members. The snowballing sampling allowed the nurse investigator to accomplish the following: find participants that share the same phenomenon (women having immigrated to the U.S. from Latin America without their children); establish a trusting relationship between the nurse investigator and the participant; and obtain a more heterogeneous sample group that share the same experience, but that do not necessarily fit into the same group seeking medical care at the free clinic (Munhall, 2007). Selection of participants was limited to mothers who: immigrated to the U.S. from Latin America and left their child or children back in their countries of origin, speak either Spanish or English, and are at least 18 years of age.

The participants in this study were Latina mothers, 21 to 39 years of age who immigrated from Mexico, El Salvador, Honduras and Guatemala. Their native language is Spanish and they are all monolingual. The women had children who remain in their

native countries and some had given birth to children here in the United States. The mothers had children ranging in ages of two months to 24 years of age. One participant had grandchildren. The participants all reported living in poverty in their countries and completing anywhere from three to 11 years of formal education. All the participants walked across the United States and Mexico border.

Data Collection

A semi-structured interview was conducted with each of the participants. The interviews lasted anywhere from 1 to 2 hours in length. Careful consideration was placed on not limiting the time of the interview. Such event could have impeded the quality of the information that the nurse investigator was receiving from the participant (Seidman, 2006). The semi-structured interviews were conducted in Spanish, recorded by audiotape and translated to English as they were transcribed by the researcher.

The questions selected for this study were compiled and used cautiously so as not to lead the responses of the participants. Additional questions were generated as the flow of information from the interview evolved. The location for the meetings was established collaboratively according to the participant's preference. Most of the participants were interviewed in their homes, while some chose to be interviewed at local restaurants. This allowed the nurse investigator to place the information received from the interview in context of place, which allowed for a deeper understanding of its significance (Munhall, 2007).

The following are the questions used to guide the interview with Latinas who are experiencing transnational motherhood and who participated in this study:

1. What is it like to have immigrated to the U.S. without your children?

2. How did you and your family decide that you would immigrate without your children?
3. How do you feel about being here in the U.S.?
4. Please describe how you keep in touch with your children.
5. What did you bring from your country (customs, lifestyle, beliefs, health practices, etc.)?
6. How have you changed since you live in the U.S.?
7. What are the most serious concerns or worries that you have right now?
8. What is most important to you right now?
9. What are your hopes for the future?

In addition the following demographic questions were asked:

1. How old are you?
2. How many years did you attend school?
3. From which country did you immigrate?
4. How many children did you leave back in your country?
5. How old are your children?
6. Do you have any children here in the U.S.?

Data Analysis

Hermeneutic phenomenology, as described by van Manen (1990), served as the guiding approach in analyzing the data for this study. The first step was conducted by *intuiting*, which required the investigator to become immersed in the descriptions narrated by the Latinas experiencing transnational motherhood. The phenomenon in question was included when formulating the phenomenological questions and explaining

assumptions and pre-understandings. The researcher avoided criticizing, evaluating or forming opinions, paying careful attention to the experience described by each participant.

The researcher became the collector of data by carefully listening to what the participants were describing. In addition to recording the participants' narratives, the researcher took notes of observations made during the interviewing process. These notes were taken immediately after leaving the participant in order to accurately record emotions and other observations which emerged from the interview. The researcher's notes reflected on both the participant's and the researcher's experience.

After each interview was completed, the researcher listened to the tapes and made additional notes from observations that were made during the interviews. The interviews were in Spanish and translations were done as the researcher transcribed the taped narratives.

Hermeneutic phenomenological reflection was conducted by carefully reading and studying the interview transcripts. Thematic analysis was accomplished by highlighting text and by finding emerging themes in the data. Themes were then analyzed and organized by uncovering thematic aspects in the descriptions of life; by isolating thematic statements; by composing linguistic transformations; and by determining essential themes and sub-themes.

The last step in the data analysis was describing and communicating in a narrative form the verbal descriptions, elements and essences of the participant's experience. During the descriptive step, the researcher was cautious as to not describe the phenomenon or experience prematurely. Hermeneutic phenomenological writing requires

attending to the meaning of language (idiomatic expressions) by reflecting and writing and rewriting the meaning of the narratives described. Going back to the data and dwelling on it allowed for clarity as the themes from the participants' experience were emerging (Speziale & Carpenter, 2007). The goal of the data analysis was to capture the essence of the experiences lived by the Latina transnational mothers who participated in the study.

Evaluation Criteria

To ensure trustworthiness of the study, the researcher carefully considered the validity of the data and its conclusions. Some authors and researchers, such as Lincoln and Guba (1985), believe that trustworthiness of a qualitative research report is accomplished by ensuring the study's *credibility, transferability, dependability, and confirmability*. Trustworthiness enables qualitative inquiry to reasonably claim methodological soundness by using techniques that provide truth-value through credibility, applicability through transferability, consistency through dependability and neutrality through confirmability (Lincoln & Guba, 1985).

Credibility was ensured by studying what was intended and by conducting interviews in an open manner. The participants were not restricted to answering a group of questions within a limited time. The time spent with the participants in the interviews was prolonged as needed to ensure the building of trust between the participants and the researcher, and by ensuring exhaustive unveiling of their experiences as transnational mothers. The descriptions were given in the language of the participants as they described living transnational motherhood, without bias or corruption. The credibility of the study was further assured by the researcher's prolonged and reflective immersion in the data,

and by maintaining a reflective journal with insights and field notes, and methodological decisions. The findings were synthesized by focusing on the phenomenon and not the procedure. The recruitment of participants continued until saturation was reached. Eight participants were interviewed for this study.

Transferability was achieved by purposeful sampling of Latinas who are experiencing transnational motherhood, and by snowball sampling, wherein a participant was recruited from information received from another participant of the study. Rich texts from the participants' interviews were presented by examples of verbatim comments, and by first person collection of data that supported the development of sub-themes and essential themes. The data obtained provide a base where informed judgments can be performed for further applications (Lincoln & Guba, 1985).

Dependability was maximized by ensuring that the auditability of the study was achieved. The decision trail of the researcher can be followed by another researcher from the beginning of the study to the end. Notes on methodological decisions were kept as the development of the study was conducted in a logical manner. The researcher's experience and views were incorporated into the study, the method of data collection and the emergence of themes and their development was explained, the setting of the interviews were described, and the data analysis was outlined.

Confirmability was achieved by sharing the findings with three participants: Consuelo, Margarita and Ana. The women agreed with the findings, and stated that the themes appropriately represented and reflected their experience living transnational motherhood. Furthermore, the findings were confirmed with three expert qualitative researchers.

In this study, the researcher ensured the trustworthiness of the study by accurately describing the factual data of everything that the researcher heard, saw and felt. The interpretation of the meaning of the lived experience was carefully developed by suspending the researcher's biases, presuppositions or previous knowledge of the experience that the participants describe. By ensuring the data's accurate description, the study can apply to other people in similar settings (Munhall, 2007).

Ethical Considerations

This researcher obtained approval to conduct the research from the Institutional Review Board (IRB) of Florida Atlantic University (Appendix A). All precautions necessary to protect the participants were taken. Confidentiality was maintained and guarded to ensure and prevent the participants from perceiving their participation in the study was a threat to their legal immigration status in the United States. A verbal consent was obtained and the participants were made aware of all efforts to maintain complete confidentiality and protection. The participants were assured that they may withdraw from the study at any time.

During the interview, careful observation as to their level of discomfort or emotional distress was made. The participants were offered measures of comfort as they expressed feelings of sadness and emotional distress.

Chapter Summary

In this chapter, the qualitative methods of research as well as the philosophical approach of hermeneutic phenomenology were described. Methods for recruitment of the participants for this study, data collection and data analysis were delineated. The

evaluation criteria and ethical consideration for this study were also included in this chapter.

CHAPTER 4

FINDINGS

The findings presented in this chapter are a description of the experiences of eight Latinas living transnational motherhood. Hermeneutic phenomenology, as proposed by van Manen (1990) was the guiding philosophy and methodology for understating the phenomenon and for illuminating the essence of living as a transnational mother. The participants' personal accounts offer the opportunity for knowing their *life-world*, the experiences of their body in time, space and within human relationships as Latinas living transnational motherhood.

The data are presented with a description of each participant followed by excerpts of the participant's narratives from interviews conducted in Spanish and then translated and transcribed by the researcher. The profile of each participant is worked into a reconstructed account allowing for the diversity and the complexity of the participants experience as transnational mothers (van Manen, 1990).

The first person mode of presenting the participant's experience as transnational mothers, represents the voices of the women participating in the study, precluding the researcher's biases, and allowing for a deeper understanding of the cultural and linguistic context in which the participants live transnational motherhood (Seidman, 2006). Each reconstructed narrative is followed by a table listing a summary of the themes emerging from the participant's interview.

The data were analyzed, utilizing the six-stage method for analyzing and interpreting qualitative data suggested by van Manen (1990), presented in Chapter 3. The stages are offered here as a reference and summary of the data analysis and interpretation process.

Stage 1. Turning to the nature of lived experience: Listening to recorded interviews, translating, and transcribing the texts narrated by the participants.

Stage 2. Investigating experience as we live it: Vigilantly translating the text from Spanish to English and transcribing it as it was narrated by the participants in their own words; focusing on investigating the experience as it is lived by each participant.

Stage 3. Reflecting on essential themes: Identifying statements or phrases that reveal the experience described by each participant and reflecting on essential themes that emerge from the text.

Stage 4. Writing and rewriting: Identifying themes that emerge from the text and comparing similarities and discrepancies between them.

Stage 5. Maintaining a strong and oriented relation: Focusing on the lived experience, with focus on the themes and sub-themes across all the texts.

Stage 6. Balancing the research context by considering the parts and whole: Discovering the reflective structure of meaning that focuses on the essence of the lived experience of transnational motherhood.

The synthesis of the findings is presented by describing and weaving the essential themes and sub-themes within the experience of the participants living transnational motherhood. The evaluation criteria are also explained. Following are the participants' narratives. The participants' identity was protected by giving each one a fictitious name.

Rosario

Rosario Guerra is a 21-year-old woman. She and her husband immigrated to the U.S. from Mexico 2 years ago, leaving their infant daughter with Rosario's mother. Her husband immigrated first, followed by Rosario a few months later. Rosario has 11 years of formal education. In the U.S., she works at a family day care center and numerous restaurants.

The couple lives in a rented room of a small trailer. Two months ago, Rosario gave birth to their second daughter. According to Rosario, having a baby in the U.S. has been challenging for the couple, and she alluded to her uncertainty as a prevailing transnational mother. Rosario and her newborn child returned to Mexico two weeks after the interview.

I met Rosario at her home. She invited me into the porch area of the trailer where she lived, and we proceeded with the interview while she bottle fed her baby. I began by asking Rosario to describe what it was like for her to have immigrated to the U.S. without her daughter.

It is very difficult. Leaving my daughter is too much. It is very difficult because one comes here supposedly to give them the best – a better life and all but what really is best for them is to be with their mother...

To listen to her saying 'Mommy I want you to come back' is too much ...but if I leave it would be very difficult. Over there I don't have a way of giving her the things that she needs. Things like food; it is hard to be there and not have anything to give your child to eat.

I left my daughter with my mother. It is very difficult and now I just miss her too much ...

Now my mother says that my daughter does not need me. Now it is very difficult. My mother and I are going through a hard period right now because I want to bring my daughter here. I want something better for her.

When I speak to my daughter now she says, 'Mom I don't love you anymore'. I know that she says that because my mother tells her that if I really loved my daughter I wouldn't have had another baby.

This is all hard because my husband and I never stopped giving her things that she needs....

As for my mother, I don't know ... I think she took on the mother role ... and a love too big ... and ... I do understand in a way ...but on the other hand ... she is my daughter and I am her mother.

So, if I go back and all ... I am going to have to confront my own mother that is too hard. But I rather have my daughter with me. It hurts me what my mother says to me ...but it is going to hurt a lot more if one day my daughter tells me, 'You abandoned me ... you did not want me'.

Rosario elaborated on her personal journey into transnational motherhood.

The problem here is that sometimes we have work and sometimes we don't. There they think that you come here to make money. But here to make a few dollars is really hard. I work in a restaurant and it is hard. There are Latinos there that humiliate you. Americans treat us better than the Latinos ... but then there are Americans that say to us, '...What are you doing here?'.

It's difficult to make the decision to come because you don't know what is going to happen when you come here. There are a lot of things that you don't know.

I did not know with which *coyote* (human smugglers) I was going to have to cross. It is very dangerous and we have to go through a lot of very scary things, especially for a woman who is alone.

I did know about the dangers of crossing but one never knows exactly what is going to be like. One says I am crossing but one cannot imagine what it is like ... it is awful.

Then when we get here, we don't know ... Maybe you'll have a steady job or maybe not. My husband came here first. We decided to do this together.

We came here to help our family. My husband has always been very responsible with his parents. His father got sick so we needed to help. My brother had a legal problem and I saw my mother suffer so I said...we have to help them. Our family has always been my priority.

But we are here without any legal security. We never know. Any minute they can catch us but we never know if we are going to get caught or not.

Now, it is hard to find jobs and we are treated different. It is hard working here; we go through a lot of humiliation.

Sometimes I feel depressed because of the way that people treat us. Like for instance when I was pregnant with my daughter here. I went to the clinic and some people there were very mean. The Hispanic ones were the worse. They did not treat me well. I had to deal with two social workers that were very rough. They did not explain things and they yell at you when you don't understand. One feels very uncomfortable.

She revealed her efforts to maintain a connection with her daughter from afar.

I keep in touch with my daughter by phone; just by talking on the phone. It is so hard for her because she really doesn't know me. She only knows my mother as her mom. She is the one that has been there when she was sick and all (crying). She only hears my voice ...But that is not enough.

We send her money but money is not everything.

Sometimes I feel that maybe it is worse that we give her every material thing that she wants. Somehow we need to explain to her that we did this for her ... and how much it hurts to be away from her ... but right now she doesn't understand. She is too young she is only 3 years old. She was only 1 year and 5 months when I left.

She doesn't remember and she doesn't understand. But I think someday she will understand.

It is very difficult because I can tell my mother not to put ideas in my daughter's mind, but If she does, what can I do... and I know that she probably is telling her bad things.

Rosario concluded her narrative with reflections on family separation and concerns for the future.

Families should not have to be separated but the problem is that back in my country you have a lot of violence and problems like theft. There you have to live among thieves and that is very hard.

If I go back I would not do it again. I would not leave my daughter. It is too hard. It is not worth it. We think that we come here to be able to give them the best. We try to give them what we think it is best for them...but what it is best for them is to be with their mother.

Right now my dream is to go back and be with my daughter. But it worries me to go back to my country and finding that my daughter rejects me. That, and confronting my mother concerns me. It is something that I know I will have to go through. That is the only thing that really worries me. That is why I want to go. But that really worries me ...is that my daughter should reject me.

Table 1

Emerging Themes and Descriptive Statements: Rosario

Themes	Descriptive Statements
Choosing to walk from poverty	It is very difficult. Leaving my daughter is too much. Over there I don't have a way of giving her the things that she needs. Things like food; it is hard to be there and not have anything to give your child to eat.
Enduring the pain of separating from the children	It is very difficult. Leaving my daughter is too much ... To listen to her 'Mommy I want you to come back' ... it is too much.

(table continues)

Table 1 (*continued*)

Themes	Descriptive Statements
Making difficult decisions	We decided to do it together. We came here to help our family... I saw my mother suffer...we needed to help them.
Suffering during the trip here	... you don't know what is going to happen to you...I did not know with which <i>coyote</i> I was going to have to cross. It is very dangerous and you go through a lot of scary things.
Providing for children and family	...We send her money but is not everything. Sometimes I feel that maybe it is worse that we give her every material thing that she wants
Negotiating family role changes and enduring family conflict	...As for my mother ...I don't know ... I think she took on the mother role...and a love too big...I do understand in a way...but on the other hand ...she is my daughter and I am her mother.
Worrying (about legal status)	...But we are here without any legal security. We never know. Anytime they can catch us...we never know if we are going to get caught or not.
Enduring hardship	The problem is that sometimes we have work and sometimes we don't ...Here to make a few dollars is really hard.

Consuelo

Consuelo Gutierrez is a 39-year-old woman. She immigrated to the U.S. from a rural area in Mexico 7 years ago. Her husband immigrated a few months earlier.

Consuelo has two daughters ages 24 and 21, and two sons, ages 18 and 14. Consuelo had 2 years of formal education in Mexico. She came to this country with two of her four children.

Consuelo now resides with her family in a one-story, two-bedroom row apartment. Her family in the U.S. consists of her husband, two sons, and a daughter (pregnant with her second child), her son-in law, and six-year-old grandson. She supports her daughter back in Mexico and helps her parents and sisters by sending remittances (money), which she earns by cooking for three construction workers. Consuelo cooks breakfast, lunch and dinner for them 5 days a week for \$150 dollars.

I met Consuelo at a free clinic in southeast Florida, where she agreed to be a participant in my study. I contacted her by telephone and she requested that we meet at her home. I arrived at her home where I was greeted by her husband. After reading Consuelo the consent form, I asked her to share her experience as a transnational mother.

At first when one comes is very difficult. One does not want to leave our family. We want to be together... but you see, poverty makes us walk to this country and that is why we force ourselves and we try to get the strength to go ahead and try to make our lives better. Because what else can we do. There is not way that we can help each other or support each other ...there is no other way.

...When we leave our countries to come here it is very difficult because we don't know if we are going to come back or not. It is very hard. We don't know if we will ever see them again or not. It hurts our heart lot to separate from our families.

The need that we have from being poor makes us look towards this way...makes walk to this country. They felt bad that we left them and we

felt very bad leaving them ...there is no choice when there is such need. But one has to be strong, and have a strong heart and keep walking.

When I came here, my daughter that I left behind was in school. She was 14, now she is 21. I have been here 7 years. She did not understand too much. She and my son did not want us to leave them alone ...but it was needed...

I left two children and I brought two with me. A daughter who was 17 years old and my son who was seven years old came with me ...

...When we came from Mexico my children were young. I left my two children back in Mexico by themselves. Just in the house...alone.

My parents live far from the house. That was the other thing that was very hard...I left my family looking after them but they were not there. The daughter was 14 and the son was 11.

The pain of leaving them was very hard....One takes a suitcase and says goodbye, and it is very difficult.

It is very difficult to leave your children. Saying good bye to them over there is terrible... we took the bus....it was hard and it hurts a lotit is very painful but little by little we have to resign ourselves, there is not other choice.

Then 11 months later I went back for the other two but the daughter [left behind] did not want to come with us because she had a boyfriend, so she stayed and I came back with the my son...

Coming here to this country is a whole process and it is very long and very hard, and dangerous because we have to cross the desert. At first when we cross it is very hard and we are suffering from thirst and hunger...it is hard very hard...

When we come here we drink that water ...you know that water that is standing ...because there is no water to drink ...so we drink...it is the desert, so we have to look for that sandy dirty water that is there standing...and we drink it.

All the people that I crossed with were families, entire families and me with two of my children. I did it twice!

It is very hard. There are a lot of accidents when one brings children...I tell you ... when one comes here. You don't forget those

experiences...you really don't forget...we suffer from hunger...there is no food. If you have something to eat you eat it, but the walk in the desert continues and you have no more food... the desert doesn't end...

Consuelo conveyed her enduring concerns and hopes for the future.

My daughter stayed back and for me it is very hard. Now it is even harder and I don't know how I am going to bring her here. She has two children now, and one is disabled.

Now the husband is leaving her so I am going to have to take all the responsibility for her and her children...yes that is the way it is.

Here as a woman I am better off. In our countries we cannot help our families financially. But here it is different. There we cannot help our families with money. Here, if I find myself without work I start making tamales...I make 50 or 60 tamales and I sell them and then I can help my family.

I still help my family. I send my daughter money and clothes for the children... but it is very difficult when children are not with us ...and with her having a sick child is worse ...but what else is there to do ...and here we are. It is very difficult. We as mothers always worry about our children.

I ask God that she could come here so that she could get some help. Here there is more help for those children. There she has none. Here she could get medical help.

I tell my daughter that here we can find resources... Here they have wheelchairs. Over there she carries her around and now she is big. The little girl turned five in March. They don't have a wheelchair so my daughter carries her and it is hard for my daughter...you know my daughter is not tall and it is hard...

I ask God to see if she could comenot to come on vacation or anything ...but to see if her daughter could get better. I see that there is a lot of help here for children like her.

Table 2

Emerging Themes and Descriptive Statements: Consuelo

Themes	Descriptive Statements
Choosing to walk from poverty	... you see, poverty makes us walk to this country and that is why we force ourselves... we to try to get the strength to go ahead and try to make our lives better...being poor makes us look towards this way...makes us walk here...
Enduring the pain of separating from children	...It is very hard. When we leave our homes we don't know if we are going to come back. We don't know if we will see our children again...
Making difficult decisions	... It was very hard deciding which child to bring and which child to leave.
Suffering through the trip here	Coming here to this country is a whole process and of the trip it is very long, very hard, and we suffer from thirst and hunger...it is hard very hard...
Negotiating family role changes	...when we came from Mexico my children were young. I left my daughter (she was 14) and my son (her son 11). I left alone in the house...my daughter took care of my younger son...

(table continues)

Table 2 (continued)

Themes	Descriptive Statements
Providing for children and families	Here as woman I am better off. In our countries we cannot help our families financially, but here is different...here we can work and help our families.
Mothering from afar	My daughter over there is separating from her husband so now she and her children are my responsibility...she has a disabled child and she does not get any help...It is very difficult when children are not with us...but here we are ... we as mothers always worry about our children.
Keeping connections	...I keep in touch with my daughter by telephone...almost everyday I talk to her...
Having hope	I ask God to allow me to bring my daughter here...because here we could get her help...but we will see...it all depends on God's wish.
Finding new meanings in faith	... I had vices. I brought vices with me when I came here. I liked beer and cigarettes. But now with the new direction that God has shown me I have changed and there is nothing but God.

(table continues)

Table 2 (continued)

Themes	Descriptive Statements
Keeping cultural traditions	<p>...At first when we got here we used to have big birthday parties and I used to invite a lot of people like over there in Mexico ...</p> <p>We eat the food that is ours ...well and other things from here too.</p>

Beatriz

Beatriz Gonzales is a 35-year-old woman from El Salvador. She immigrated to the U.S. 4 years ago following her husband's immigration a few months prior. Beatriz left her 16-year-old son with her mother and her two daughters with her mother-in-law. Beatriz now lives with her husband. The couple rents a room in a house where several other people live.

Beatriz was referred by another participant. I first met her at a mutual acquaintance's house where we spoke briefly. Beatriz asked me a few questions about the study and agreed to be interviewed.

Beatriz asked to be interviewed in her home. Upon arrival, I met her husband he was leaving for work. Beatriz had tears in her eyes when I greeted her, and she cried through out the interview.

I asked Beatriz to describe how she has experienced transnational motherhood.

I can go back any time. I mean the moment that I decide to leave, I can leave but when I think about it I know that my daughters will not have a way of studying [going to school]...and my mother ...

I help my mother because in El Salvador elderly women have to carry their baskets. They come down from the mountains to sell to have bread and food, to bring food to their homes, to their grandchildren. My mother has suffered a lot and I want my mother to get to certain age that she would have an easier life. My mother is 64 and she has suffered a lot. I know that if I go back she will not have enough to eat, who else is going to give her.

Sometimes... my daughter sings me a song ... that goes like this '...Poor orphan little one, without a mother or a father...'...when she sang that song I felt that my heart was breaking... I know that they expect me to be with them ...but I can't go back...

Now that she is getting older (I left her when she was only a year and a half)...she tells me Mommy I know that you are working to give us foodI know that it hurts to be away...

Beatriz spoke about her experience as a transnational mother with great emotion. She narrated in detail her trip through Mexico and into the U.S..

They took us to Guatemala and there they had us for 3 days. We went to Chiapas and then things got really hard. We had to walk in places that one cannot even imagine. Even though I have very bad ankles I decided to come.... I would say God how am I going to do it?

My sister thought that the *coyote* would give us something to eat but he actually only gave us bread twice a day. ... In Mexico is where we were really hungry.

The hardest thing was that the mountain did not have a path and they were so steep... Those mountains are all rock. I remember we went on a really steep part and I stood on a rock but the rock was not steady and I fell and hurt my foot...I probably broke it...it was so bad...it hurt so much. That was the beginning of my odyssey. I couldn't walk right and the maltreatment of the *coyote* began. I would tell him, 'leave me here', because I was in such pain. My foot was so swollen and I could hardly walk. But with God's help I did it. At first no one would help me get up the mountain. I would drag myself up the mountain.

We then got to a place where we stayed the night. I remember the *migra* (border patrol) was close by. We were high up so they did not see us...they had their flashlights ...I was so scared ...but worse of all I felt so cold...and one shivers and shivers even though we had lots of clothes on.

We were so afraidwe saw lots of animals but we are more afraid of the *migra*. This was all when we were crossing the border. My foot got worse and worse. I would drag myself. My nails would dig in the earth. I was full of wounds everywhere...but every time that I would look up at those mountains I would think 'MY CHILDREN- MY CHILDREN' ...I would cry at night and my friend would say, 'Don't cry Beatriz, don't cry, try to think, think of your children – think that you are fighting for your children.

Beatriz described her layered existence as a financial and emotional provider and disclosed her feelings of living apart from her children

I feel that we send them enough for the very basic things. I sometime tell them –well I'll send you more for this or that later. But at least I know that my children have the food secured. And that my mother has the food that she needs and sometimes I also help my other two sisters because they are also in need. There are two there that I help and I know at least they can eat with what I send them...If I go back no one eats.

Even if I am in pain all over if I go to work I do it for my children. I can be in pain and I can be dragging my feet but I work for my children. I know that they need me.

Even though I speak to them [her children] almost every day ...emotionally I am not doing well. I feel very lonely... the emptiness that I feel is very painful.

As a woman and as a mother sometimes I get depressed. I want to be in my room. Sometimes I don't want to even go to work. One just gets into the thoughts that are very difficult ...the emptiness. It is difficult and I think that only people who are in a situation like this can understand.

Table 3

Emerging Themes and Descriptive Statements: Beatriz

Themes	Descriptive Statements
Choosing to walk from poverty	We couldn't buy anything for our children. Only at Christmas time .That was the only time that we could buy shoes for our children or some clothes...we leave because we want to overcome poverty... I remember when I was 7 years old, I used to go and sell peanuts and candy with my mother at schools. ...I don't want that kind of life for my children.
Enduring the pain of separating from children	When I left my daughter ...she was there when I took the taxi and she said "mommy please don't leave... and my older son who lives with my mom, their house is on a little hill and I could see how he was waiving goodbye.....believe me I have all of that imprinted in my mind...it is very hard.
Making difficult decisions	I wanted to go back so badly. Things were complicated with him [her son] and I was almost ready to go back but then I thought, no I cannot go back because then I am not helping anything or anyone.

(table continues)

Table 3 (continued)

Themes	Descriptive Statements
Suffering through the trip here	<p>We were so afraid ...we saw lots of animals but we are more afraid of the <i>migra</i> [border patrol]. This was all when we were crossing the border. My foot got worse and we were so afraid ...we saw lots of animals but we are more afraid of the <i>migra</i>. My foot got worse and worse. I would drag myself by digging my nails into the earth between the rocks. I was full of wounds everywhere. When we got to a point I fell down, rocks and all fell on top of me. I thought I would die ...or that they would leave me there...so I tried no to complain or make noise....</p>
Negotiating family role changes	<p>... My son [who is not her husband's son] does not have his father with him so my brother is now like his father. I am so grateful. My brother does not have any children so he cares for him.</p>
Keeping connections	<p>I keep in touch with them by telephone. There is no money for a computer. It would be great because we could see each other, but we use the telephone....</p>

(table continues)

Table 3 (*continued*)

Themes	Descriptive Statements
Providing for children and family	I sometime tell them [her children] I'll send you more for this or that later...At least I know that my children have the food secured. And that my mother has the food that she needs. Sometimes, I also help my other two sisters because they are also in need.
Mothering from afar	From here I help her with her homework and she calls me and says mommy look what I did.
Enduring hardship	Believe me the way things are here one feels like leaving. I am far away from my children and we are living a situation similar to the one in El Salvador. We get our check and nothing is left...we don't have enough.
Hoping for reunification with children	My biggest dream is to have my children here Know that God someday will reunite us ...and that my daughters will not forget me...I tell them that we have to wait until God wants to put us together again.

(table continues)

Table 3 (continued)

Themes	Descriptive Statements
Believing in a better life	I know that my children will get ahead and have a better life... I hope that if my children come here they will come in a different way, not the way I came...
Maintaining cultural traditions	I make <i>pupusas</i> . My sister and I make <i>pupusas</i> . They are typical foods....I am not too attached to traditions and cultural things. I came to this country to get ahead.

Dolores

Dolores Pacheco is a 34-year-old woman. She immigrated to the U.S. from Mexico less than 1 year ago leaving her four children with her mother. Her children range in age from 4 to 12. Dolores is not married. She was born in Honduras where she attended school for 2 years. Dolores has lived in Mexico for over 20 years.

Dolores was referred to me by Ana, another participant in this study. Ana informed me of Dolores's willingness to participate in the study. Ana agreed to take me to the house where Dolores was staying so that I could interview her. As we entered the house, I was introduced to the family allowing Dolores to stay with them.

After a few minutes later, Dolores entered the room and asked me if we could go into a separate room to conduct the interview. Dolores is tall and noticeably attractive. She did not smile and she generally avoided eye contact throughout the course of the interview.

After reading Dolores the participant's consent, I asked her to describe her experience as transnational mother.

I am from Honduras but I lived in Mexico for 20 years and came to this country because ... the father of my children is very irresponsible, I decided that I was not doing anything but traumatizing my children by living in poverty and staying with him...too much violence ...so I came on the train (cargo train).I did not have money to pay the *coyotes* so I came in the train. Oh it was ugly...we had to sleep in the train, and we had to hide on top...it was very scary risking ourselves and all ...and then they [border patrol] caught us in Mexicali.

From there they send me to the Mexican customs officers. The Mexican guard told me, 'you are not Mexican you are from Honduras' and I told him, 'No, I am Mexican'...'Oh well then the cops will take you'...They are racist against us people from Honduras.

I thought okay at least now I am out of there and I am free...

As I was leaving two people came near me and said they could help me.

It is so the desperation that one feels that one falls into stupid raps ...they were *polleros* (Spanish word for someone who gathers chickens – slang to describe someone who kidnaps and sells people) and I did not know it. They took me to Phoenix. I was with another young guy but I did not know him. And there we were ...we were kidnapped but we didn't know it. We thought they were taking us to work and that they were using us to get money from us...but we were wrong

They took us by truck into some house and they told me that I had to take care of the house, and I had to do the chores...and the other guy had to cook.

A month passed and I was desperate; I couldn't get out. I talked to my mother once but I couldn't tell her, they were always near me .She suspected that I was kidnapped because I wasn't sending money.

One of the *polleros* told me that I had to be his woman that he had paid for me, that he bought me... laughed...but inside I was scared...really scared...

One morning, I went to put the garbage outside and I got some clothes out with the garbageThe men were all sleeping ... and I run away. They followed me with their car but I hid in between houses.

I found a store and I hid there, but a dog chased me so I run to other houses and I jumped over fences ... I was so scared ...I thought they would kill me...

After running so much that I dropped my shoes and my clothes. My feet were full of sores and I was crying and running... and I finally stopped. A man was standing near me and I asked him to help me and he said, 'what are you doing here?', so I told him that I was kidnapped and that I needed help and he said yes that he would help me, 'if I take you to my house you have to help me do the house work'. I said yes and I went with him. A few days later he said that if I were to stay that I would have to have sex with him when he wanted to. So he grabbed me and forced me to do everything to him ...That went on for a couple of weeks

...and I could not stand looking at him I was so humiliated and disgusted ... and tired. So I run away because once he hit me and I said, 'no, I rather go to the street and I have to sleep in the street I will not stand you hitting me'.

I finally left and made my way to Florida were my sister lives. So, I stayed with her...but that turned out ugly too.

Dolores described her experience as a struggle against enduring adversity.

I have lots of problems. My children are with my mother ...but I think I will have to go back. My mother is taking care of my four children and the older one that is 12 is not behaving well. He goes out at night and comes back very late. He does not listen to my mother ...and I am very afraid that he will go with the wrong people and join a gang...there are a lot of gangs there. I don't think I am going to last even a year here.

Supposedly, I came here to work, send money to my family and save money to build a house back home for my children. We are very poor and we have nothing. I came here because that is the only way ...but I don't think I am going to last here. I am concerned about everything and most of all I am concerned about my son going bad ...going the wrong way.

I am feeling very bad now ...This girl who I am staying with right now ... It is hard ...her husband doesn't have a job now ...and I don't have a job right now....I think I am going to have to leave...but I don't know where. I sleep in the kitchen floor. They gave me a blanket and that is where I sleep. I can't sleep in the family room because the girl's brother is there. He is also out of job.

Table 4

Emerging Themes and Descriptive Statements: Dolores

Themes	Descriptive Statements
Choosing to walk from poverty	...We are very poor and we have nothing...I came here because it is the only way...
Enduring family conflict	...the father of my children had a bad temper. He was jealous and did not treat me Well...he hit me all the time...He hit me several times on the head with a chair and now I have these head aches ...It feels like my head is burning.
Suffering through the trip here	Coming here was very ugly...I came in the train the trip here [cargo train] ...risking ourselves on top and all ... After they caught us in Mexicali they took us by truck to Phoenix...but I did not know that they were <i>polleros</i> [kidnappers] and they paid money for me ...I was kidnapped... It was very ugly.
Worrying	What worries me most is my son. He is 12... My mother says he is hanging around kids that who were thrown out of school... ..I am afraid he is going to get in a gang... I am so afraid for him.
Keeping connections	I keep in touch with them [her children] My other has a cellular phone so I call them.

(table continues)

Table 4

Themes	Descriptive Statements
Mothering from afar	I talk to him [her son] and I try to tell him that he should not be with those people. I try to advice him and I tell him that there is violence and a lot of danger.
Enduring hardship	...so many bad things...I have gone through so much ...that not much scares me anymore. I don't know why such bad things have happened.
Feeling sadness	I feel very sad. I need my children. I know that is hard not having anything to eat and not having a place to live, but...I really need my children ...I never thought I would need them as much as I do.
Providing for children and family	I always send them [money]...sometimes I am late one week or so ...but I need to send them for food and for the rent....

Patricia

Patricia Gomez is a 30-year-old Honduran woman. She immigrated to the U.S. from Honduras 4 and half years ago, leaving her 1-year-old daughter with her parents. Patricia left Honduras after her husband was brutally murdered as a result of his involvement in a Honduran gang.

Patricia has received 4 years of formal education. She resides with her two brothers in southeast Florida, cleaning houses and offices.

Patricia was referred to this study by staff at a free clinic in south east Florida. She responded by phone and we agreed to meet at a restaurant near her house. Patricia was nearly 1 hour late to our meeting, but not before contacting me and apologizing for the delay. She explained that she was having business cards printed for her new cleaning venture, and there was a delay.

Prior to beginning the interview, Patricia appeared nervous and confessed that talking about her daughter made her cry. She cried throughout the course of the interview. Patricia candidly related her experience as a transnational mother.

It is a very difficult thing when you know that you are leaving little girl who is one and half years old with your parents. We take many risks in that journey where they can rob you that they can kill you. But we take those risks to give a better future to our child. We want a future that we cannot give our children in our own country.

I wanted to give her the things that I never had, like a new pair of shoes or something that I never had. I want that for my child.

That is why we come to this country, to be able to give our children and to for them have the best from us and from this country.

Sometime when I call my daughter (I buy phone cards and we talk), my daughter says (crying) 'Mommy come here, please mommy, I want to be with you.'

This is very hard for me. I am my daughter's mother and father. My daughter does not have a father. My daughter's father died. He was killed. I came to this country to give my daughter a chance for a better life and I came all alone.

My family is poor. I come from a very poor family. Between my mother and father and I we decided that I would leave. I said to my dad "Dad if you help me I'll go. I am willing to risk anything in that difficult journey. But I will go and I will get there, I will get to the U.S. and I will help you (crying). I buy phone cards to call Honduras. I keep in touch with her and I always talk to her and I tell her, 'daughter I am always here for you. When you need something' mommy always will be here for you, mommy always will be here if you need something (she begins to cry) mommy always will give it you. Because my parents never could give us what we

needed. We worked hard in those times when we grew up. We grew up in a very hard way. We used to sell tortillas then and maybe someone would give a pair of shoes; people who had. It was such a joy when I was a child and someone gave us a dress or a skirt or a blouse.

Patricia shared the sorrow that she experienced having separated from her family.

I have been here in this country for four and a half years. When I left, my father said, 'Daughter maybe this is the last time that I see you' and I never thought that those were the last words that I would see my father say to me. Six months ago, my father died and I was here. This is very painful.

We leave and we tell our family that we will return one day but maybe not, because we risk so much in the way here. We risk being raped, being hungry, cold and so many other things.

I am very grateful to my brothers who helped me get here with much sacrifice [they paid the *coyote* that brought her here]. We come here believing that this is the country with opportunities. We come here to try and build our houses, to help our parents, and our brothers and sisters.

Back in Honduras only misery exists. One can never have anything and we want better for our children. So here I am, trying to give my daughter a better life with whatever I can. I pay for her schooling and I give her everything that I can.

I am very grateful to my mother. Now that my father is gone she is caring for my daughter all by herself, and it is not easy. My father was like a father to my daughter when I was not there. Now my daughter sometimes tells me 'Mommy I want to die because now I don't even have my dad.' She always thought her grandfather was her father (crying very hard).

There are three of us here, two brothers and myself. The three of us help our mother. My daughter is most important in my life. But I love my family. My family there includes my mother, my sisters, my nephews and nieces. I love them like the way I love my brothers here. They know how I love them. We have been a very poor family but a very close family and I love them so much.

Patricia conveyed what she wanted others to know about being transnational mother.

I feel good being here, but we put our hand on our heart because it is never the same when we don't have our children with us. It is mother's love, and

many mothers need to realize that. They have their children here with them, but someone like me who does not have her child here ...that she is far away...it is very hard (crying). One loves our children that are far away. Our children ask us 'Mom why don't you come here?' But what are we going to do there? Suffer with them... that is what we don't want to do.

I hope that people will listen to this and know that in our countries many bad things happen (crying) and that is why we come to this country. We come here to this country to get ahead, to help our families and get ahead, so that one will not remain the same as always.

I want to be able someday for my daughter to have a future. I want my daughter to go to school with pride. I know that my parents could not give me that, but I want my daughter to have it. Maybe my daughter goes to school and maybe to the university. I feel proud to give this to my daughter. I consider myself my daughter's mother and father and I want people who listen to this to know that I am my daughter's mother and father.

I just wish that this country would loose the racism against Latinos. Someday God will come and destroy the world and in his eyes we are all the same, and when we died everyone is the same. Maybe someday in this country we [the Latinos] could demonstrate that we are somebody and that we can do something important, that we are valuable.

We come here to work hard and sacrifice to help our families, not to steal. One comes here to help our families back in our countries because they need us. Over there in our countries they need food (bread) and we sacrifice. Maybe we skip eating to send to our children and families what they need. We want people to know who we are and what we are doing here. It is very painful and I want people to reach into their hearts and realize that we are a lot of people, who with great sacrifice are working very hard to help our families and our children .We might be here without papers but we are not delinquents or thieves.

My hopes for the future are that I could have my papers [legal residency] some day and that I could see my daughter. Like many mothers (crying) who come to this country to fight to get ahead, I want to go back and bring my daughter so she can have a future. Here they can have a future that we cannot give them in our countries. In our countries there is too much crime, robberies, violence, too many drugs, and the girls prostitute themselves.

Table 5

Emerging Themes and Descriptive Statements: Patricia

Themes	Descriptive Statements
Choosing to walk from poverty	My family is poor. I come from a very poor family. Between my mother and father and I we decided that I would leave.... I am willing to risk anything in that journey. But I will go and I will get there, I will get to the U.S. and I will help you.
Enduring the pain of separating from children	... It is very hard for me ...I feel good here, but we put our hand on our heart because it is never the same when we don't have our children wit us.
Making difficult decisions	It is very difficult when you know that you are leaving a one and a half year old girl with my parents.
Providing for children and family	It is very hard for me. I am my daughter's mother and father. My daughter does not have a father. I wanted to give her the things that I never had, like a new pair of shoes or something that I never had.

(table continues)

Table 5 (continued)

Themes	Descriptive Statements
Living hardship	We come here to work hard and to sacrifice to help our families....we sacrifice.”
Believing in a better life	We come here believing that this is the country with opportunities. Here we can have a future for us and for our children.
Worrying (about legal status)	...My hopes is that some day I can have my papers ...so that I can see my daughter.
Negotiating family role changes	I am very grateful to my mother that now that my father is gone she is caring for my daughter all by herself, and it is not easy.
Keeping cultural traditions	We do have our traditions. One example, if my belly hurts I can use medicine from the mountains. These are things that we are used to use. Here we can buy them in stores.

Ana

Ana Perez is 31-year-old Guatemalan woman. She immigrated to the U.S. from Guatemala 11 years ago to join two of her sisters living in south Florida. Ana left her 6-month old son in Guatemala with her parents. She has since married and has a 4-year-old daughter. Ana’s husband, in partnership with his two brothers, owns and operates a

landscaping business. The financial stability of her husband's job allows Ana to work only part-time.

Ana was referred by a free clinic in southeast Florida. She asked to be interviewed in her house. Upon entering her house, Ana introduced me to her daughter and one of her sisters. Ana allowed them both to stay in the room as she shared her experience as a transnational mother.

It is very difficult because...I had to separate from my son when I left Guatemala. I left him there with my parents...and it is very difficult. I had to leave and come here because life there is very difficult. My son's father left me (abandoned me) before my son was born. I was pregnant so I was left on my parent's hands. When my son was born I couldn't continue going to school, I couldn't help my parents and I couldn't support my son. I was 20 years old and there was no way that I could get ahead. I was faced with just the option to cross the desert and come here. It was very hard to do that...it was very hard for me.

The decision to come here was in part mine. My parents would never say now that you have a child you have to leave. However they supported my decision by giving me the money that I needed to pay for the trip here. I made the decision with the support that my parents were offering me. Coming here is not like going to the corner. To come here we have to cross all Mexico and it takes something like 25 days. It is very difficult and long.

My sisters were here in West Palm Beach. Now there are four of us here.

My son is now 11 years old ...I have not seen my son in 11 years ...I left him as a baby (crying)...Eleven years without seeing him.

I still dream of him as a baby. I never dream of him as a boy. I imagine him as a baby not as an older boy...but the decision was mine ...

I wanted to do it; to come and work here for my son and to help my parents. I wanted to help them because my brothers were little and my poor father couldn't provide for them all. So, I sent money to help them all. Now all my sisters send them money too.

I keep in touch with him by telephone. We speak every week, sometimes a few times a week. Every time that I speak to my parents I speak to my son and sometimes we send each other pictures.

By phone I tell my son what he should and should not do. I promise to send him small gifts if he behaves well and that way I help my parents raise him.

He calls me mom and he really wants to come here. But my parents are afraid to send him because it is a very risky trip. Many people who make that trip die. When I came here I got lost in the desert for many hours. It was very difficult.

He used to ask me why I had left him. When he was about 8 years old I would explain that I did it so that he could get ahead and have a better life than mine.

My son used to say that he felt as if he were between a wall and a hard rock. In one hand, he wanted me to come back and be with him, but on the other hand, he would say that if I go back, 'Who is going to send me the little things that you send me ...and who is going to send us the money that you send so that we can eat and live and go to school?'

'I want you to come back,' he would say, but I also want you to send me the things that I have.

If I didn't send them what I send them, they would never ever be able to have any of the basic things that they can now have.

I would like for people to know how incredibly difficult it is for us to separate ourselves from our children. We do it so that they can have a better life. That they can have opportunities and hope for a better life (crying). So that they can have something that they will never be able to have over there in our country.

But it is so difficult to live separate from your child. It is not easy to leave a child and to be apart from my child 11 years. My heart and soul hurt to not see my child for 11 years (crying).

Ana revealed how she feels changed having lived transnational motherhood.

I have changed a lot, especially in two ways. Here I go to church and I have known the Lord and God has changed me and transformed me into a different woman. More mature in a sense that before I came here I was less mature and more naïve. I used to let people take advantage of me and manipulate me, not physically but mentally. I feel that I know that people cannot take advantage of you. I know that this in part is because one has found God. In the sense on how one has to behave and think.

I believe that in this country people believe in God. The president of this country said that it was impossible to govern a country without God. So if I had not come to this country maybe I would have not gotten to know God. Here a lot of people know God and God has blessed this country and we are very fortunate to have come to a country like this. I thank God for letting this country exist.

I learned the true meaning of love. Love for God. So when you really love God he blesses you and then gives you the opportunity to really know love. He put me together with my husband. Now we both serve God and the church. God has given us the gift of this beautiful girl that we have here. My husband is a good man. He is from Guatemala and we got married here. He has helped me out with my son too.

As a woman I feel like I can express myself and that I am appreciated. I feel like here women's voices count. There women ...is like ...how can I explain ...the opinion or word of a woman there does not count. So if a woman says this and that happened to me, no one listens, and no one helps you. You feel totally unprotected.

Here you can get help from the government and you feel supported. When I had my daughter here I got lots of help from the government. Like the hospital where I had her. They helped me so much.

I give thanks to God for this country because it has giving us so many opportunities, not only to my family here but also to my family in Guatemala. Here we are able to send money to our family there and help them economically and emotionally.

Ana concluded by communicating the importance of God in her life, as well as her hopes for the future.

For me the most important thing is the service to God and to my family.

I worry about my family that is far away. I worry about my son, about my parents and the rest of my family there. I worry about them because they don't have the resources. There is no hospital near where they are. They have to travel 2 hours to get to a hospital.

Two years ago there was a landslide and lots of people died because help did not come on time. Lots of people died because the make shift hospital did not have the resources to help people, so they died.

I hope that I can follow God's path and that I can see my son again. Hopefully I can to bring him here. Either for me to go there or for him to

come here...but all I want is to be with him again. I ask God that I can see him, touch him and hug him again soon.

I pray to God that the government is going to do something and that maybe this year we can have a permit or something so that I can go there or maybe bring him here.

I have lots of dreams...see the face of God, see my son again and be able to go back to Guatemala and come back here again. I know that I would not be able to go back and stay there. People who have done it say that it is hard and you cannot get used to that life again.

Here ... people who take advantage of the opportunities do well, and I think that we have taken the opportunities and worked hard. Here thanks to God we have this house.

Table 6

Emerging Themes and Descriptive Statements: Ana

Themes	Descriptive Statements
Choosing to walk from poverty	My son's father left me (abandoned me) before my son was born. I was pregnant so I was left on my parent's hands. When my son was born I couldn't continue going to school, I couldn't help my parents and I couldn't support my son.
Enduring the pain of separating from children	It is not easy to leave a child and to be apart from my child 11 years. My heart and soul hurt to not see my child for 11 years.

(table continues)

Table 6 (continued)

Themes	Descriptive Statements
Making difficult decisions	I made the decision with the support that my parents were offering me. Coming here is not like going to the corner. To come here we have to cross all of Mexico and it takes something like 25 days. It is very difficult and long
Providing for children and family	My son would say that if I go back to Guatemala ‘Who is going to send me the little things that you send me ...and who is going to send us the money that you send so that we can eat and live and go to school.?’
Believing in a better life	Here you can get help from the government and you feel supported. When I had my daughter here I got lots of help from the government. Like the hospital where I had her. They helped me so much...Here we are able to send money to our family there and help them economically and financially.
Changing personally	I have changed a lot...I used to let people take advantage of me and manipulate me. Now feel that people cannot take advantage of me.

(table continues)

Table 6 (continued)

Themes	Descriptive Statements
Maintaining culture	I kept just about everything. We do everything here with my family just like we do in Guatemala. But we also do things here that are not done there. Like for instance Thanksgiving.

Maria

Maria Godoy is a 25-year-old woman. She immigrated alone to the U.S. from El Salvador 5 years ago, leaving two sons and a daughter. Maria has 5 years of formal education. She became a single mother at age 13. She is married to a man from Mexico with whom she has no children.

Maria was referred to this study by another participant. I phoned Maria and she agreed to meet me at a local Mexican restaurant. Maria drove to the restaurant. She appeared friendly and smiled easily. After reading the consent form, we began the interview. Maria tearfully shared her experience as a transnational mother.

It is very difficult. For me to come here and leave my children was very hard. They were very young. I left a child who was 7 years old, one that was 5 years and a girl who was only 6 months old.

Coming here was very hard and difficult..... But the circumstances that made me come were to give them a better life....and to save myself. I was a single mom in El Salvador and I did not have any help from anyone so I made the decision to come here.

It is very difficult. Everyday that goes by I want to be with them. I think what am I going to do if I go back? Life there is very difficult. But it is very difficult to be without them...Sometimes I think of going back to be with them or I think of bringing them here but it so difficult.

I am afraid of bringing them here because of the trip here. One suffers a lot.

We suffer crossing Mexico and also once we get to the border. It is hard and dangerous. We suffer a lot.

Then, once we are here we suffer. In many ways, one suffers.

I asked Maria to describe the ways in which she experienced suffering.

Sometimes I find myself without work and I suffer. Sometimes I talk to them and they ask me, 'Mom when are you going to come?' They say, 'Mom, come here already' ...and I tell them, 'Children, I want to be with you but I can't' ...It really hurts a lot when they say that to me.

When I think that they go to school (crying) and Mothers Day comes and the children give gifts to their mothers, but mine don't have me there ...it is hard (crying) I feel very sad about that.

Maria shared the distressing events that prompted her family to decide that she should migrate without her children.

Well, it was something unexpected. What happened was that the father of my children was ...well he was not a gang member but he was very aggressive and he was threatening me that if I did not go back with him he was going to kill me. So my mother said, 'Leave and go to the US.'

So, in a week or so it happened. I really did not plan it. But I was in agreement because I thought that if I came here I was going to be safe and I could give my children a better life. Maybe I could pay for them to go to school. And that is why I made the decision.

The truth is that I did not say good bye to my children. I just left ...I could not say good bye (crying). I did not have the courage to tell them that I was leaving.

Well... I think they thought because I had a job where I came home very late , sometimes at 7 or 8 pm, that I was working ...so they only came to realize that I was gone when the night fell and I wasn't there (crying).

The little one does not know me because when I left she was only 6 months.

I asked Maria to explain how she keeps in touch with her children in El Salvador.

I speak to them on the phone. I speak to them almost everyday. Yes, almost everyday.

Every moment that I speak to them I remind them that I am their mother, so that they don't forget. I tell them that they have to love me because I love them very much and I tell them that they are the most important thing for me ...

I tell them, ' you are the most important people and if I am here is because of you and because I want you to get ahead and have a better life'.

I don't know if they understand...I think the older does. The younger one...I don't know but I send them pictures, so that they don't forget me.

Maria describes how she worries that her children's feelings towards her as their mother are changing.

When I first came here I left my children with my mother. Soon after, their father went to my mother and said he wanted them, so she gave them to him. She lost them to him.

The children now have a step-mother. I think they are treated well. She has the patience to deal with them. The children are a little difficult and rebellious but they are Okay.

I think they know that I am their mother. I don't know, I hope. The older one knows and he respects me but the middle one is very rebellious. He never says to me, 'Mom when are you going to come back?' like the others do. Instead he says 'What are you going to come and do here? If you come you are not going to be able to give us the money that you send us and we will not be able to have the life that we have now. Now we can ask for shoes and we get them, butif you come here who is going to give us those things- No, don't come back.'

It is very difficult because he just thinks that money is the most important thing and that hurts me. My daughter, yes, she knows that I am her mom. And since I am the one who sends the money they have, she knows I am her mom.

Maria expressed her concern for her son's future in El Salvador.

What worries me right now is that there in El Salvador there are a lot of *maras* (gangs). My son is 11 but even at that young age they try to get them to join. In the place where I lived, there are lots and lots of gangs. I remember seeing young children 10 years old or so in the gangs running

around smoking. It is what worries me most...that I will lose my sons the gangs.

In El Salvador there are lots of threats for the children. The government cannot control anymore the spreads gangs. It is full of them everywhere.

Maria communicated how the impact of leaving her family has changed her life.

Well, the truth is that I don't feel good here. Maybe I have the material things but I am not well ...I don't have my children ... it is hard.

One can say ...yes, but we are in the U.S. and it is so nice here. Maybe people who come here with children and have not left children behind can see it that way but I don't.

I knew that when I made the decision to leave it was going to be hard and that I was going to suffer. People there thought that I could bring my children here, but I knew that it was not going to be easy. One knows that that is not going to be soon.

Although I feel that I have accomplished a lot since I came here...but it was not worth leaving my children. I don't think it is worth it. It is never worth living ones family. I think that the most important thing is to be with one's family. I don't think it is worth it. I see things very different now.

Maria concluded by elaborating on her fears and hopes for the future.

I feel much more protected here. In El Salvador I had problems with the father of my children and once I went to the police and they grabbed him but a few hours but later he was running around and that made things worse and then he was even more mad and wanted to kill me.

But here it is not like that. I know that here there are laws, and here the law counts, but in El Salvador it does not. . Here if a man grabs you, you call the police and they protect you. That really scares me about El Salvador.

I am afraid of going back to El Salvador. I am afraid that the father of my children is going to kill me.

He tells me on the phone sometimes when I speak to my children. He tells me that when I go back to El Salvador he is going to kill me, and I know that he can do it because he carries a gun and he always did. It is very common for men to carry guns over there.

My hopes are that I can be with my children again.

I think that we as mothers should be able to bring our children and reunite our families. I think families need to be reunited.

I think it is important because mothers need their children and children need their mothers. I think the country or the president should help mothers that have left their children to bring their children to this country.

I have hopes that things will improve and that immigration laws will change. I ask God that this will change and that we will be together again. I have hope.

Table 7

Emerging Themes and Descriptive Statements: Maria

Themes	Descriptive Statements
Choosing to walk from poverty	Coming here was very hard and difficult. But the circumstances that made me come here were to give them {her children} a better life...Life there is very difficult.
Enduring the pain of separating from children	It is very difficult ...everyday that goes by I want to be with them [her children]... It is very difficult to be without them.
Making difficult decisions	I really did not plan to come here...I thought if I came here I was going to be safe and I could give my children a better life...I did not say good bye to my children ...I did not have the courage.

(table continues)

Table 7 (continued)

Themes	Descriptive Statements
Enduring family conflict	My parents and I decided that I should leave...the father of my children was very aggressive and he was threatening me that if I did not go back to him he was going to kill me.
Keeping connections	Every moment that I speak to them I remind them that I am their mother, so that they don't forget. I tell them that they have to love me because I love them very much and I tell them that they are the most important thing for me.
Providing for children and family	It is very difficult because my son just thinks that money is the most important thing and that hurts me. My daughter, yes she knows that I am her mom. And since I am the one who sends the money they have, she knows I am her mom.
Negotiating family role changes	When I first came here I left my children with my mother. Soon after, their father went to my mother and said he wanted them, so she gave them to him. She lost them to him. The children now have a step-mother. I think they are treated well.

(table continues)

Table 7 (continued)

Themes	Descriptive Statements
Worrying	What worries me right now is that there in El Salvador there are a lot of <i>maras</i> (gangs). My son is 11 but even at that young age they try to get them to join.
Missing family	It is never worth leaving ones family. I think that the most important thing is to be with one's family. I don't think it is worth it. I see things differently now.
Hoping for reunification	My hopes are that I can be with my children again.

Margarita

Margarita Urrutia is a 38-year-old woman who immigrated to the U.S. 13 years ago from Mexico. She has six children; five sons and one daughter. A widow at 24, she met the father of her three youngest children and agreed to come and live with him in the U.S.. Nevertheless, they immigrated separately, and Margarita made the trek through Mexico and across the border with her 2-month-old son.

Margarita's two eldest sons recently moved from a rural southern Mexico to the urban area of Mexico City. There, the two siblings drive a truck and deliver water to stores and restaurants. One of Margarita's sons remains with her mother and her stepfather in southern Mexico.

I recruited Margarita as a participant for my study with the help of a free clinic in southeast Florida. I contacted her to set a time and place to meet. I would provide transportation from her house to a local restaurant where we would conduct the interview.

As I began reading her the consent form, she asked if she could read it herself. She said that she feels particularly proud of the fact that she can read and write in Spanish, considering she only has 3 years of formal education. Margarita offered an open description of her life as a transnational mother.

When they are sick and they call me and say, 'Mom why don't you come back...' but I cannot, I cannot because if I leave I have to come back and I can't. My dad would say – 'look, there is work here too.' But I say, 'It is not the same' and also now I have my children divided here and there.

I have three children here and three there. There are six of them. I tell my daughter here 'We are going there, we are going to go there soon' and she says, 'I don't want to go there.... you say that there is difficult and different than here...what are we going to do there?'

In Mexico where I lived there was nothing. There was no electricity or running water or anything ...just the river. We used to go to the river to bring the water to wash clothes to bathe. We used to bring water on donkeys, loaded on both sides. It was very hard to live like that.

No, he says we can just go and visit and see them and then come back. So I tell them, well you can go and come back but I cannot.

I send money back – I send USD1,000 or so or whatever I have left because I pay rent and the bills here for three children. But it is very difficult.

It is very hard.....very hard because...I left them so little ...and...thought I cannot take them all with me ...they have to stayBut I brought the little one, the baby. He was 2 months old at that time....

I came alone. The children's father was already here.

I thought how I am going to bring them all it would be five of us ...and to cross over with all four children. It was 15 days climbing the mountains and hiding ...and they caught us three times.

I could hardly walk and I had the baby in my arms. I was breast feeding him. I was always ready to faint. We would walk all day and all night without food and water until they would catch us and then they would give us water, bread and they would feel bad for me and they would give me milk because the baby would cry. I did not have enough milk for him. It was very hard.

Margarita shared how difficult she found the decision to immigrate alone. I asked her to explain how she and her family consented to her migrating without her children.

I decided by myself. What happens is that I got married and my husband died. I had three children. Then a year and three months later I got together with the father of my other three children. He would say 'I am going to leave and I want you to come with me' and I would say, '...I cannot...I have three children I cannot leave them'.

So he would say '...no don't worry let's go. If God helps us we can work together and then we can send for them ... we can help them and then in a year or so we come back'. So a year went and three and four and five and more years have passed and we never went back.

Margarita stated that her relations are at times contentious with various members of her family.

With my mother I don't talk since I came here. I don't talk to her because she does not want to talk to me. Of all the family she was the one who was opposed to me coming here. She said, 'if you leave I will never talk to you' and she has never talk to me since I left. I have not talked to her since I left.

With my father I talk. He calls me and I call him and it is through him that I know how she is and all. I would like to talk to her but if she does not want to talk to me. She says, 'what are you doing there? ... come back' and all of that ...she does not understand.

She does not understand. It is true when a person is here, the other one doesn't understand how much one suffers here. People there say 'Oh! people go here and work and make lots of money.' ...but it is not like that. One comes here and says, 'Okay now what I have to do here is work ...and send money back home'.

Now the children over there ask me, 'Mom when are you going to come back?' 'I don't know', I tell them ...I am working so that I can send money so that you can eat. I never stopped sending them money. I was

always working and sending them ...sometimes a little but I always did send then so that they could get ahead.

And now well...it is very hard to be here without my children. I used to think a lot about it but now I just concentrate on working hard.

I speak to my children on the phone ...When I call I only talk to the oldest and the youngest ...the middle one does not want to talk to me ...he resents me...

Margarita described her efforts to provide for her family here and in Mexico, and how increasingly difficult it is for her to financially support them.

I feel responsible for my children over there. Their father died and it is just my parents and I who can care for them. I work at the day care from 8 to 4 and then I stay and I clean the daycare. Sometimes I work until 11 at night.

On Saturdays and Sundays, I get up at 3 am and make tortillas to sell. That is how I buy them tennis shoes and bicycles so they can go to school.

My children here did not like to go to school by bus. They would say that there were too many kids in the bus and that they would make fun of them and fight with them. They wanted to ride their bikes, so I bought them bikes.

Margarita shared how since separating from her children's father and becoming a sole provider, she never seems to have enough resources.

I am concerned...I don't not have any economic support. I am very afraid that I could loose my job and if I loose my job what am I going to do?

I am by myself ...some people have brothers or sisters that they can fall back on. I am all by myself. I make tortillas so that I have enough money to buy the things that my children need.

On the weekends I eat a little something at home...like some soup or an egg and I take them out to eat. I take them to eat pizza or hamburgers and I tell them to eat while I just watch them, because I cannot afford to buy for myself.

She expressed how she hopes that changes in U.S. immigration policy will allow her to work legally in the U.S., and travel freely to and from Mexico.

I worry that any minute immigration can come. If they catch me ...what is going to happen to my children? You know, I hear that they catch people and then they get separated from their children.

I have hopes that I will have ...well to have my own home ...and my papers. I hope to go back to Mexico and visit my family and then come back.

One feels happy when one hears that amnesty may happen but then you hear that it may not...then I worry. It worries me that I may have to go back to Mexico permanently. Over there things are bad.... There is nothing to do there. There is no job there, no way of making a living.

Margarita concluded her narrative reflecting on her 13 years as a transnational mother in the United States.

I have changed a lot. Like a person, I have changed a lot.

When I was in Mexico I thought you always have to obey everything everyone tells you to do.....now I know that ...yes, your parents you have to obey them but not everyone else ... just because they are living with you....

Since I came here, I suffered a lot with the father of my children.

He did not like me to go out. He did not like me to change my clothes. He was very jealous. He did not like me talking to my girlfriend or my parents...nothing ...he just wanted me to be home and that was it ...locked up in the bedroom if at all possible.

He did not want me to talk to anyone, to go outside ...nothing ...He did not treat me well...Yes, he was the one who hit mefor many years.

Until one day finally I said, 'No, I work, I pay bills I pay for my own things , I pay rent' ...I think it was back in 2006 that I paid the rent by myself the whole year. I paid for food and the bills, everything. And he was just there. Then I would come home and he would start yelling at me and ...finally one day I said, 'You know I think that it is enough. I don't need a person like you always giving me a hard time and not helping me when I know that I can do it by myself. I cannot put up with this'.

In Mexico I would have never been able to do this. I know because the same thing happened to me there but I never could do this. Here I can be independent. There are more opportunities. Here one feels and recognizes

that one is more valuable as a person. I used to tell him, ‘ no...this is not the way’...but he never changed.

I learned all these things here...all by myself ...I did not have my parents or anybody to teach me...but I learned these things here. I knew that I could. I learned by looking and seeing how things were here. I know that I could do it.

I was very much afraid of doing that. He hit me when I told him ...and I was very afraid of him...but one day he came home and hit me and I called the police. I was afraid of him because he was very aggressive and violent.

Table 8

Emerging Themes and Descriptive Statements: Margarita

Themes	Descriptive Statements
Living in extreme poverty	...where I lived back in Mexico we had nothing. There was no electricity or running water or anything ...just the river. We had to bring water on donkeys, loaded on both sides. It was very hard to live like that.
Making difficult decisions	I decided by myself. The father of my children would say I am going to leave and I want you to come with me ...and I would I have three children I cannot leave...so we went and year went and three and four and 5 and more years have passed and we never went back.”
Suffering in the trip here	It was 15 days climbing the mountains and hiding ...and they caught us three times. I could hardly walk and I had the baby in my arms. I was breast feeding him. I was always ready to faint. We would walk all day and all night without food and water.

(table continues)

Table 8 (continued)

Themes	Descriptive Statements
Enduring the pain of separating from children	It is very hard....very hard because...I left them so little...and...I thought I cannot take them all with me ...they have to stayBut I brought the little one, the baby. He was 2 months old at that time.
Enduring family conflict	He [her partner] did not like me talking to my girlfriend or my parents...he locked me up in the bedroom....For many years he hit me ...he did not treat me well...
Enduring family conflict	With my mother I don't talk since I came here....she was opposed to me coming here. She said, 'if you leave I will never talk to you' and she has never talk to me since.
Living hardship	I am concerned...I don't not have any economic support. I am very afraid that I could loose my job and if I loose my job what am I going to do?"
Providing for children and family	I feel responsible for my children over there. Their father died and it is just my parents and I who can care for them....

(table continues)

Table 8 (*continued*)

Themes	Descriptive Statements
Worrying (about legal status)	I worry that any minute immigration can come. If they catch me ...what is going to happen to my children? I hear that they catch people and then they get separated from their children.
Changing personally	I am very different here. When I was in Mexico I thought you always had to obey to everything everyone tells you to do...but now I don't think that anymore....
Having hope	I have hopes that I will have ...well to have my own home ...and my papers. I hope to go back to Mexico and visit my family and then come back.

Data Analysis

Essential Themes

Van Manen (1990) asserts that in hermeneutic phenomenology, the analysis of data through the discovery and description of emerging themes, leads to the essence of the lived experience. Through a process of “insightful invention” (p. 88), the researcher is inspired to discover emerging themes, to synthesize the data and to make sense of the lived experience. Themes illuminate the experience on which the study is focused; they are a description of the structure of transnational motherhood.

The emerging themes were discovered by attentively listening, translating from Spanish to English, by transcribing the recorded interviews, and by reflecting and

focusing on the experience of transnational motherhood. Mindful consideration was placed on the subtle undertones of the language used by the participants, with attention to idiomatic expressions and cultural nuances. Although this thematic analysis allows for some degree of generalization of the lived experience in question, the found results illuminate characteristics of transnational motherhood that are complex and multidimensional.

Seven essential themes emerged from the interviews of eight Latinas living transnational motherhood. Each essential theme contains sub-themes that are interpreted as elements of meaning of the essential themes. The essential themes are described by using gerunds or words ending in *ing*, to convey an uncompleted action or a state of being.

Table 9 summarizes the essential themes and sub-themes, followed by a description of the findings.

Table 9

Essential Themes and Sub-Themes

Essential Themes	Examples of Sub-Themes
Living in extreme poverty	Living without opportunity for work Living without basic human needs Living without biomedical health care Living with limited education Enduring violence
Having hope	Believing in a better life Hoping for reunification with children
Choosing to walk from poverty	Making difficult decisions Having the courage to leave
Suffering through the trip here	Fearing the dangers of the trip Enduring hardship
Mothering from afar	Enduring the pain of separating from children Feeling sadness Keeping connections Worrying

(table continues)

Table 9 (continued)

Essential Themes	Examples of Sub-Themes
Mothering from afar (cont.)	Providing for children and family Sending remittances Living hardship
Valuing family	Negotiating family role changes Enduring family conflict Feeling gratitude for family support Missing family
Changing personally	Forming a new family Adopting new cultural traditions Finding new meanings in faith Living a better life Living Hope

Living in Extreme Poverty

The women participating in this study came from Mexico, El Salvador, Honduras, and Guatemala. All eight participants reported living in extreme poverty in their countries of origin.

The United Nations (UN) defines poverty as:

Fundamentally, poverty is a denial of choices and opportunities, a violation of human dignity. It means lack of basic capacity to participate effectively in society.

It means not having enough to feed and clothe a family, not having a school or

clinic to go to, not having the land on which to grow one's food or a job to earn one's living, not having access to credit. It means insecurity, powerlessness and exclusion of individuals, households and communities. It means susceptibility to violence, and it often implies living on marginal or fragile environments, without access to clean water or sanitation. (Gordon, 2005)

All the women reported suffering a lack of some form of basic human needs, such as: food, clean drinking water, sanitation, clothing, adequate shelter, biomedical health care, and education. They each felt anguished by the lack of opportunities for gainful employment as well as a perpetual threat of violence.

According to Consuelo, after she stopped receiving remittances from her husband in the U.S., there were simply not enough basic resources for her four children, not to mention herself. Rosario reported leaving Mexico without her baby as she found herself unable to feed her. Beatriz reported being driven to leave El Salvador without her children because staying with them meant starvation for the entire family. Margarita's family did not have electricity or running water, transporting what they could from the nearby river using donkeys.

The lack of health care was described by many of the participants. Ana expressed her sorrow after learning of the recent death of her 25-year-old sister (living in Guatemala) from a treatable chronic illness. Consuelo described how her granddaughter, whom at age 5 is severely developmentally disabled and lacks access to basic health care in Mexico.

Five of the eight women reported living in conditions of extreme poverty as children. These five women recalled an early end to their formal education in the form of

working to sustain their respective families. Since age 7, Beatriz and her sister helped their mother sell peanuts and candy. This impeded Beatriz's opportunity for adequate formal education; she spent barely 5 years in school.

Each participant stated that poverty was their primary reason for becoming transnational mothers. In addition to poverty, three participants reported being prompted to immigrate by the need to escape imminent, life-threatening personal relationships.

Five participants reported enduring violence in their nations of origin. Patricia and Dolores both reported patterns of severe physical abuse as children. Consuelo, Dolores, Margarita, and Maria all disclosed personal histories rife with spousal physical abuse. Margarita's five brothers were murdered in Mexico. Patricia and Margarita continually insinuated that their husbands were murdered as a result of involvement in Honduran and Mexican gangs, respectively.

In the words of Dolores, "We are very poor and we have nothing ...I came here because it is the only way."

Having Hope

Hope was unequivocally expressed by all participants of this study in constructing a narrative of their lived experiences as transnational mothers. They live hope by believing that they can improve their children's standard of living. For these women, Hope serves as a dimension of motherhood.

Mayeroff (1971) asserts that hope is a major ingredient of caring:

Hope, as an expression of present alive with possibilities, rallies energies and activates our powers; it is not a passive waiting for something to happen from

outside. But it is not hope for the other, it is hope for the realization of the other *through* my caring; and therefore an important aspect of hope is courage. (p. 33)

All the women expressed their hope that the sacrifice of leaving their countries of origin and their children, as well as the suffering and hardship of immigrating to the U.S. will render their children a better life than their own. As Patricia declared, “We believe that this is the country where the opportunities are, and we come here...so that we don’t remain the same.”

Hope was expressed throughout the participants’ narratives. They articulated hope as the catalyst that prompted them to enter into the experience of transnational motherhood. Beatriz conveyed how she and her husband concluded that by leaving the children with their parents and coming to the U.S., they could provide their children with what they needed for a better life.

The participants explained that after living in the U.S. for some time, they hoped to reunite with their children by bringing them to the U.S.. Rosario and Dolores were the only two participants to express dismal hope with respect to ever having their children join them in the U.S.. Consuelo, Beatriz, Ana, and Margarita expressed how they hoped for changes in U.S. immigration policies that would allow mothers to be reunited with their children.

In Ana’s words, “I would like for people to know how incredibly difficult it is for us to separate ourselves from our children. We do it so they can have opportunities and hope for a better life.”

Choosing to Walk Away From Poverty

Consuelo stated, “Poverty makes us walk to this country ...there is no choice when there is so much need...being poor makes us look towards this way...makes us be strong and keep walking.”

The eight women in this study became transnational mothers after living poverty and hoping for a better life for their children. According to each participant, choosing to walk from poverty is a process. It begins by identifying a point of contact within the U.S., whether it is a relative or friend. At that point, they need only to secure the funds necessary to pay a coyote, a person who guides them along the trip, essentially smuggling them into the U.S.. Throughout this process, these women continually negotiate with everyone from blood relations to neighbors in order to ensure basic care and supervision for the children they must leave behind.

Within the narratives of the process of becoming transnational mothers, these women lay bare significant demonstrations of courage. Courage permits these mothers to choose a path largely unknown, a path where they cannot anticipate with certainty who or what they will become (Mayeroff, 1971). However, “Such courage is not blind: it is informed by insight from past experiences, and it is open and sensitive to the present” (p. 34).

While five of the participants made the decision to immigrate with spouses or other family members, Consuelo, Ana and Dolores decided to make the journey on their own. The participants described the decision to leave without their children with such evocative adjectives as difficult, distressing, heartbreaking, excruciating, and agonizing. Beatriz tearfully described the voice of her daughter begging her to stay and the image of

her son waving good bye at a distance. Margarita recalls the devastating discovery that she could only bring one of her four children. Consuelo could only afford to bring two of her children, leaving her daughter (age 14) and her youngest son (age 10) to care for themselves. After receiving death threats from the father of her children, Maria decided she should leave. She left her three children, including her six-month-old son, with her mother. "I left without saying goodbye to them," said Maria. "I didn't have the courage."

Dolores, Consuelo, and Ana made the decision to leave their nation of origin out of financial desperation. Dolores left her four children with their mother in conditions of extreme poverty. After leaving her infant son in an attempt to sustain him from afar, Ana still dreams of him as the infant she left in Mexico. Her son is now 11 years old.

In Maria's words, "I knew that when I made that decision it was going to be hard, and that I was going to suffer. I knew that when people told me that I could bring them, it was not going to be easy. One knows that that is not going to be soon. One knows when one makes that decision how much one will suffer."

Suffering Through the Trip Here

After making the agonizing decision to leave their families and their children, the women participating in this study reported how they survived the hardship of a trip that can last anywhere from nine to 25 days. All eight participants verbalized memories of a grueling journey. Enduring the lack of food and water; walking the desert day and night; climbing the seemingly never ending mountains; tolerating the heartless treatment of the *coyotes*; weathering the inhospitable environment; and fearing apprehension are events indelibly imprinted on their minds.

Beatriz, Consuelo, Ana, Margarita, and Patricia all reported suffering from dehydration, resorting to drinking sandy, standing water in desperation. Walking day and night without eating was reported by most participants. Margarita described the hardship she encountered as she travelled with her two-month-old son in her arms, “I was breast feeding him ...but we did not have food or water so I was always ready to faint.” Consuelo and Beatriz described their panic as they encountered desert animals like snakes and scorpions.

The women all reported how they paid substantial sums of money to the *coyotes* entrusted with smuggling them into the U.S.. Maria could only pay the USD7, 000 to her *coyote* after her mother requested a loan for USD3, 000 in Mexico. She paid the rest after arriving in the U.S. by cleaning houses.

Beatriz described her suffering as she severely injured her foot early in the trip. Her inability to keep the pace of traveling irritated the *coyote*, leading to threats of leaving Beatriz behind. She described the coyote’s treatment towards her as cruel and inhumane. The three apprehended participants described feeling grateful for receiving hydration and food from the U.S. Border Patrol.

The dangers surrounding the full scale immigration process were emphasized in these women’s narratives. Rosario, Beatriz and Patricia reported how the women making the trip risk being abused and raped. Beatriz and Margarita both described the acts of brutality they encountered, the latter describing the shock and the intense fear she felt as she witnessed a man being executed. Rosario is haunted by the screams she heard as she witnessed a man being tortured to death.

The most disturbing narrative was reported by Dolores who after abruptly leaving her four children with her mother in precarious conditions, she joined her brother and embarked on a cargo train that took them across Mexico. Dolores described how the unbearable conditions and imminent danger of the trip ended as they were apprehended at the border between Mexico and the U.S.. After being separated from her brother, Dolores fell victim to a succession of events that included rough treatment, smuggling, sexual abuse, and kidnapping.

Despite the dreadful nature of the trip across the border, Consuelo went back to Mexico 11 months later. She proceeded to cross into the U.S. yet again, bringing the remainder of her children with her. “We take those risks to give our children a better future,” said Patricia. All eight women reported that despite having previous knowledge of the harshness and dangers of the trip, they still believed that illegally emigrating to the U.S. was the only way to provide their children with opportunities for a better life.

In the words of Beatriz,

“After hurting my foot I was in so much pain...I cried at night ... my friend would say ‘Beatriz don’t cry, think of your children –you are fighting for your children.’ So, every time I looked up those mountains I thought - MYCHILDREN!, MY CHILDREN!”

Mothering From Afar

The transnational mothers participating in this study reported having been separated from their children for a time period of 1 to 13 years. Each of the participants claimed that the most difficult aspect of living transnational motherhood was living apart from their children. Each participant articulated the reason(s) for leaving their children as one, if not a combination, of the following: lack of funds necessary to pay a *coyote* extra for traveling with a child; concern for a child’s safety throughout such a perilous trip; and

concern for future childcare needs once in the U.S.. For all these women, parting from their children was grueling.

Their testimonies were notably marked by great emotional pain. Beatriz, Maria, Margarita, Consuelo, and Dolores all described how punishing it felt to say goodbye to their children. While Dolores was able to muster the courage to bid her eldest son farewell, she simply couldn't face her three other children. Consuelo reported how her children begged her not to leave. Margarita described the experience as *demasiado* (too much), prompting a steadfast decision never to leave her daughter again. Beatriz's detailed account of leaving her children was defined by tears and other physical manifestations of grief. Maria could not bear to inform her three children of her departure. "They came to realize that I was gone as the night fell...and I was not there...I didn't have the courage to say good bye."

All eight women reported how maintaining regular contact with their children and families eases the sadness they feel throughout their separation. Each participant reported using cell phones and calling cards to speak to their children on a regular basis, if not daily. Ana, Beatriz, and Margarita readily presented photographs of their children.

The ongoing attention to maintaining a tangible link to their children eases the parental burden placed on relatives and/or friends. The participants strive to recontextualize the reality of their motherhood by taking every opportunity to communicate their love and devotion to their children. Modern technology enables these women to participate in such everyday occurrences as behavioral issues, homework help, family events, financial needs, family crisis, and mutual hopes for the future.

Through steady connections with their children, these transnational mothers assert their motherhood from afar. Ana is proud that her 11-year-old son still calls her *mamá* (mom). Patricia explained that, even by telephone, she is still able to articulate her unwavering support and commitment to her daughter. Beatriz described being in daily contact with her three children in El Salvador and regularly reinforcing why it is she left them behind. She feels proud that through her efforts, her children can attend a good school.

Participants who left behind infants and/or toddlers vocalize their concerns surrounding their children identifying them as mothers. Margarita worries that her children won't even remember her, and Rosario fears being rejected by her daughter as a result of her decision to immigrate without her.

The most prominent familial trepidations expressed by the participants concerned the lack of resources and surging violence characterizing their nations of origin. Patricia, Ana, and Consuelo expressed concerns about adequate education and basic health care in Honduras, Guatemala, and Mexico, respectively. Maria, Margarita, Dolores, and Ana fear their sons will fall prey to the rapidly increasing gang presence in their respective nations of origin.

Six of the women expressed their continuous fear of being apprehended and deported by U.S. immigration authorities, a fear that extends to meeting new people and integrating into the community. According to Patricia, "We try to be invisible." Rosario, Margarita, Dolores, and Patricia articulated how being 'ilegal' (illegal) often leads to situations where they experience exclusion, discrimination and humiliation.

Each of the transnational mothers in this study communicated that their main objective in emigrating to the U.S. was to work in order provide their family with remittances. Upon reaching the U.S., their intent was to secure sustainable employment immediately so as to initiate a steady stream of said remittances. Consuelo reported how within an hour of arriving in Virginia, she was harvesting pumpkins. After fleeing her captors, Dolores found work in a restaurant and was able to send money to her mother and four children in Mexico.

The delicate balancing act of living, working and supporting their families was described as challenging by all the women participating in this study. Beatriz reported that although she and her husband both work, the USD800 monthly remittance they send to their family in El Salvador leaves them with little to no left-over cash. Margarita confessed that when she treats her children to dinner at a restaurant, she can't afford her own dinner and must savor what satisfaction she can from watching them eat. Maria reported borrowing money often in order to send regular remittances to her children in El Salvador.

For Latinas experiencing transnational motherhood the separation from their children is "specially grueling and hovered like a specter over their daily lives" (McGuire & Martin, 2007, p. 185). Margarita, Rosario, Beatriz, and Maria all reported working two or three jobs to support both themselves and their families abroad. The women collectively reported sustaining various degrees of family relations and community members in addition to their own families. Ana reported helping the less fortunate in south Florida as well as in Guatemala. The women described their ability to sustain their

children and families as the anchor that keeps them here; it is what prevents them from succumbing to the pain of missing their children.

In the words of Beatriz, “I can go back any time ...at any moment ...but I know that if I go back no one eats.”

Valuing Family

Each participant contributed to a recurrent dialogue affirming the importance of family in their experience as transnational mothers. Five of the eight women received monetary assistance from family members in order to finance the trip across the border. As the decision to become transnational mothers materialized, the women in this study negotiated changes in family roles. These changes eased the separation and made it possible for these women to mother from afar.

Patricia explained how after leaving her daughter with him, her father took on a paternal role in the young girl’s life. Upon realizing the looming dangers for teenage boys in El Salvador, Beatriz’s brother volunteered to become her son’s legal guardian. Some participants found the changes of familial roles conflictive. Rosario reported feeling tormented by her mother’s demand that she relinquish her rights as the mother of her daughter in Mexico. Margarita continues to endure an 11-year dispute with her mother over Margarita’s decision to leave her three children in Mexico, and “form a new family in the U.S.”

Although the complexities of family dynamics present no shortage of challenges for transnational mothers, most participants expressed their gratitude for their families’ love and support. “We have been a very poor family... but a very close family, and I love them,” Patricia declared. Ana, Dolores, Maria, and Beatriz described how their families’

encouragement and undying support have helped them deal with the deaths of loved ones, spousal conflicts, financial crises, and loneliness. All eight women expressed how deeply they missed their families. Regardless of their present circumstances, each participant still dreams of reuniting with their families.

In the words of Rosario, “Being here I feel good and bad...over there I have all my family...all the people that I love.”

Changing Personally

The participants were asked to describe how they have changed since living in the U.S.. Each participant characterized said change as becoming independent, stronger, and more assertive. Margarita, Ana, and Maria reported how different they found the way in which they relate to others, emboldened by the realization that as women in the U.S., their voices are heard. They no longer feel the need to blindly obey, instead gaining the confidence to, like Consuelo, fully provide for her family or even, like Patricia, start her own cleaning business.

In the midst of providing sustenance and motherhood by proxy, some participants have formed new families in the U.S.. Rosario, Ana, and Margarita have given birth to children while living in the U.S.. This phenomenon presents new challenges for transnational mothers. Collectively, Rosario, Ana, and Margarita reported feeling conflicted, guilty, and fragmented while negotiating their relationships with their children. Rosario reported struggling to reassure her daughter in Mexico that a new baby sister in the U.S. doesn't mean less love to go around. Margarita described the strife of balancing the responsibilities of being a mother of three children in the U.S. and three children in Mexico.

In changing personally, the participants have had to adopt novel cultural traditions while maintaining the customs and traditions of their nations of origin. Seven out of the eight participants described celebrating customary festivities and eating traditional foods. Consuelo described changing the way she celebrates birthdays and other holidays in accordance with the customs of her new religious community. Ana conveyed how although she practices Guatemalan traditions and celebrations, she and her family have adopted American traditions, like Thanksgiving.

In the narratives of these eight women, the presence of their faith is accentuated by stories of hope in the face of hardship. Beatriz's description of her trip across the border was replete with accounts of her personal relationship with God. Consuelo and Ana described the changes in their faith and in the way they live and practice their religion since emigrating to the U.S.

Each of these transnational mothers communicated how living in the U.S. has changed their life for the better. Ana's quality of life has changed dramatically as she now owns her own home, supports her family in Guatemala and enjoys life with her daughter and husband here in the U.S.. Margarita, Rosario and Ana described how grateful they feel for the health care received by their children born here. Margarita, Patricia and Beatriz all reported actively learning English in hopes of one day teaching their children when they join them in the U.S.

Despite their suffering, sacrifice, and hardship, these women relentlessly mother from a distance, driven by the hope of one day reuniting with their children and providing them with the opportunity for a better quality of life.

In the words of Margarita, “I am very different here. When I was in Mexico I thought you always had to obey to everything everyone tells you to do...but now I don’t think that anymore.”

Reflective Structure of Meaning

A reflective structure of meaning emerged from a synthesis of the themes. Latinas experiencing transnational motherhood find meaning in mothering from afar through embodied sacrifice, suffering, and hopefulness of a better life for their children and for family reunification.

Qualitative research looks into the “What is it?” (Van Manen, 1990, p. 33) of the phenomenon. According to Van Manen (1990), this requires each of the themes to be synthesized by balancing the study’s parts and its whole, and allowing a reflective structure of meaning to emerge from the data. Seven essential themes emerged from the participants’ narratives. These sub-themes and essential themes were synthesized using “thoughtfulness” (p. 12) and reflection; a method capable of extracting a common thread amongst the experiences of the eight Latinas living transnational motherhood.

The overall concept of sacrificing emerged from a thematic synthesis of: choosing to walk away from poverty; suffering through the trip here; and mothering from afar. These themes all reflect a quality of sacrificing. Sacrificing is defined by Webster’s New World Dictionary (1994) as the act of giving up, destroying, permitting injury to, or forgoing something valued for the sake of something having a more pressing claim. Sacrificing was evident as these women candidly expressed the angst surrounding their decision to leave; by their accounts of the physical agony felt by separating from their

children and families; by courageously submitting themselves to a grueling trip across the border; and by living hardship here while mothering from afar.

The overall meaning of suffering is the quality identified within the themes of living in extreme poverty; suffering throughout the entirety of the immigration; and mothering from afar. The negative thematic qualities of living in poverty and suffering the trip here were revealed by the descriptions depicting suffering physical pain and enduring emotional anguish. The participants all described suffering as they narrated their experiences living transnational motherhood. Living in extreme poverty, lacking basic survival needs, biomedical health care, education, opportunities for work, and enduring environments ridden by the violence of gangs are descriptions characterized by suffering. They suffered the physical and emotional toll of the harsh, dangerous trip across the border. Suffering emerged from the theme of mothering from afar as the participants disclosed their persistent fear of being apprehended by immigration authorities. The participants elucidated their suffering by expressing the sadness and emotional anguish felt by not having their children with them, and by persistent ambiguity towards working physically strenuous jobs here to provide a better life for their children.

Mothering from afar also revealed the positive quality of caring. Caring was an overall concept that emerged from the themes of having hope; valuing family; changing personally; and mothering from afar. Caring was overwhelmingly present within these themes as expressions of hope, courage, trust, humility, patience, commitment, and love. By maintaining connections with their children, these transnational mothers are present in their children's lives. They are humble in their knowing of possibilities, and they courageously plow through the unknown as they move forward discovering new ways of

being. They work hard trusting and hoping that life will afford them the possibilities necessary to give their children a better life than they had. Hoping for their children is much more than being physically present with their children; it is a mode of being. Having hope for their children makes it possible for these women to transcend themselves and to experience children as hope (van Manen, 1990).

Evaluation Criteria

The rigor of a qualitative study is achieved by ensuring the trustworthiness of the research report. Lincoln and Guba (1985), assert that trustworthiness of the research report is accomplished by ensuring the study's credibility, transferability, dependability, and conformability.

Credibility was ensured by studying what was intended and by conducting interviews in an open manner. The participants were not restricted to answering a group of questions within a limited time. The time spent with the participants in the interviews was prolonged as needed to ensure the building of trust between the participants and the researcher, and by ensuring exhaustive unveiling of their experiences as transnational mothers.

The descriptions were given in the language of the participants as they described living transnational motherhood, without bias or corruption. The credibility of the study was further assured by the researcher's prolonged and reflective immersion in the data, and by maintaining a reflective journal with insights and field notes, and methodological decisions. The findings were synthesized by focusing on the phenomenon and not the procedure. The recruitment of participants continued until saturation was reached. Eight participants were interviewed for this study.

Transferability was achieved by purposeful sampling of Latinas who are experiencing transnational motherhood, and by snowball sampling, wherein a participant was recruited from information received from another participant of the study. Rich texts from the participants' interviews were presented by examples of verbatim comments, and by first person collection of data that supported the development of sub-themes and essential themes. The data obtained provide a base where informed judgments can be performed for further applications (Lincoln & Guba, 1985).

Dependability was maximized by ensuring that the auditability of the study was achieved. The decision trail of the researcher can be followed by another researcher from the beginning of the study to the end. Notes on methodological decisions were kept as the development of the study was conducted in a logical manner. The researcher's experience and views were incorporated into the study, the method of data collection and the emergence of themes and their development was explained, the setting of the interviews were described, and the data analysis was outlined.

Confirmability was achieved by sharing the findings with three participants: Consuelo, Margarita and Ana. The women agreed with the findings, and stated that the themes appropriately represented and reflected their experience living transnational motherhood. Furthermore, the findings were confirmed with three expert qualitative researchers.

Chapter Summary

This chapter introduced the Latinas living transnational motherhood whom volunteered to participate in this study. The narratives of their experiences living transnational motherhood enabled the researcher to discover the emerging themes that

illuminated the essence of their experience. The themes emerged as the participants narrated their heartfelt stories. The descriptions revealed common themes of having hope; living in extreme poverty; enduring violence; choosing to walk from poverty; suffering through the crossing of the border; enduring separation from their children; mothering from afar; valuing family; changing; and hoping for a better life for their children. The themes were then synthesized into an over-arching meaning.

The reflective structure of meaning, which was synthesized from the essential themes, is defined as follows: in this study Latinas experiencing transnational motherhood find meaning in mothering from afar through embodied sacrifice, suffering, and hopefulness of a better life for their children and for family reunification.

In addition the evaluation criteria for this study were presented.

CHAPTER 5

SUMMARY, IMPLICATIONS & RECOMMENDATIONS

This chapter presents a summary of the findings, a discussion of the theoretical framework guiding this study and the implications of the findings for nursing practice, education, research, and policy development.

Summary of Findings

The participants in this study reported immigrating to the U.S. in order to escape living in conditions of extreme poverty in their native countries. Over 50% of these women reported not having any type of biomedical health care available to them before immigrating to the U.S.. The women in the study spoke only Spanish, and only 25% of the participants completed more than 5 years of formal education.

Since entering the U.S., each participant reported working two to three physically-demanding, low-wage jobs to support both themselves and their children and families abroad. They are uninsured and unable to pay for the cost of their health care. These Latinas living in the U.S. face major barriers to health care, including lack of health insurance, high cost health care, language obstacles, and low literacy rates. These barriers make these women susceptible to health inequalities and disparities (U.S. Department of Health and Human Services, 2000).

The participants of this study described their desperate decisions to walk away from poverty by making a dreadful trip across the border. The grueling nature of the trip was marked by deprivation of food and water, mistreatment and abuse. For these women,

the dangers of the trip across the border often included dehydration; exhaustion from rigorous walking, climbing and descending; hunger; fatigue; bone fractures; suffocation as a result of confinement in enclosed spaces such as truck trailers and/or railroad cars; injuries and/or death as a result of accidents haphazardly boarding and disembarking railroad cars; snake bites; and scorpion stings. In addition to the physical suffering endured crossing the border, these women were exposed to emotional anguish which may result in the internalization of feelings of anxiety, fear, worry, and depression, along with symptoms of post traumatic stress disorder.

The most difficult aspect of living transnational motherhood as reported by the participants was the separation from their children. Expressions of sadness, guilt, worry; fear, loss, and uncertainty were all conveyed throughout the interviews. As reflected in the findings, for Latinas experiencing transnational motherhood, the “separation from their children is specially grueling and hovered like a specter over their daily lives” (McGuire & Martin, 2007, p. 185). A study examining the psychological consequences of Latinas living transnational motherhood concluded that the odds of suffering from depression were 1.52 times greater than those of Latinas whose children were currently living with them (Miranda et al., 2005)

Each participant stressed the importance of family. These women regard their family as the center of their social organization. Their families represent an important emotional and practical support for their experience as transnational mothers. However, the complexities of family dynamics presented challenges for these women. Their family support was often conflicted by generational discrepancies and family role changes. Intimate partner conflicts and domestic violence weigh heavily in the lives of these

transnational mothers. As reflected in this study, domestic violence and intimate partner violence are pervasive in Latinos and other ethnic and cultural groups worldwide.

Crandall, Senturia, Sullivan, and Shiu-Thornton (2005) found that, albeit the recognized diversity among the Latino population residing in the U.S., most studies describe Latinos as a unified group with respect to domestic violence. Latina women, who often adhere to strict gender roles and cultural acceptability of violence, are more vulnerable to instances of intimate partner violence. Some of the women in this study demonstrated awareness of domestic violence as something inappropriate, if not unlawful, and they expressed how their partners' abusive tendencies compromised their safety and well being.

Personal changes reported by the women in this study included claims of becoming more assertive, independent and strong. The participants in this study conveyed strong hope for a better life for their children along with family reunification. Their faith in God helps them through the anguish of missing their children and families, as well as the anxiety of being in a country where they are recognized as undocumented and illegal.

The reflective structure of meaning that emerged from a synthesis of the themes in this study was that Latinas experiencing transnational motherhood find meaning in mothering from afar through embodied sacrifice, suffering and hopefulness of a better life for their children and for family reunification.

Synthesis Framework

The study's synthesis framework was informed primarily by Parker and Barry's (2006) *Community Nursing Practice Model*; Leininger's theory of *Culture Care Diversity and Universality* (1999); and the theory of *Critical Medical Anthropology* (Singer &

Baer, 1995). This synthesis framework is grounded in *caring* and guides the exploration of the transnational mother's experience through the values of respect for persons as caring individuals, and for their wholeness (Parker & Barry, 2006).

The interviews were conducted with openness and respect, in an atmosphere of non-judgmental acceptance where the participants were viewed as caring by virtue of their humanness and their potential for living the meaning of their lives (Boykin & Schoenhofer, 2001). Trust between the researcher and the participant was built by intentionally coming to know and understand the participants' cultural values and beliefs, and by respectfully engaging and focusing on their story. As described by Leininger (2006), in this study trust enabled the emergence of narratives abounding with descriptions of cultural history, traditions, spiritual beliefs, social structures, and language. Leininger (2006) affirms that the diversities and similarities found in cultures create opportunities for a deeper understanding of lived experiences and for emergence of new knowledge of persons connected with one another in families and communities (Parker & Barry, 2006).

The understanding of the participants' experience was expanded by the recognition of the health and social inequalities, hegemonic politics and socioeconomic systems that influence the living conditions of the participants and their families. The theory of *Critical Medical Anthropology* (Singer & Baer 1995) suggested an emancipatory paradigm which considers the power of economics and politics over people's experiences of health, disease and illness. Singer and Baer (1995) declared that research studies generating accurate and trustworthy data can change oppressive conditions and relieve suffering. The participants' accounts of physical and emotional

suffering suggests that the causality of society's ills, along with the lack of change, reach beyond the world's capitalist system and points at the impact created by "local level-actors," who are often ignored in the global rhetoric (Singer & Baer, 1995, p. 380). The synthesis framework guiding this study stimulated reflection leading to understanding the structure of meaning of the participants' experiences. Unveiling their experiences within a cultural, socioeconomic, and political context aims to raise consciousness and unmask structural roots of social suffering.

Implications for Nursing Practice

The findings of this study provided insight into the lived experience of Latinas living transnational motherhood. Most of the research on transnational mothers is found within the disciplines of psychology, sociology, anthropology, and psychiatry. This study contributes to the body of knowledge in the discipline of nursing.

Worldwide, voluntary migration of women is occurring at increasing rates, and it is vital for nurses to understand the impact of migration on human health. The complexities of nursing practice in settings with vast diversity of languages, ethnicity and socioeconomic levels calls for caring models that integrate knowledge, reflection and creativity. Public health nurses and nurses practicing in community clinics, schools, churches, hospitals, and/or emergency departments may encounter transnational mothers.

The findings from this study inform nurses and suggest paradigm changes in nursing practice, education, research, and policy development. Nurses can ameliorate health care barriers and become advocates for transnational mothers. Nurses can assist these women by establishing collaborative interdisciplinary relationships within the community; linking these women with opportunities and services. Outreach programs,

faith based groups and other organizations may constitute a network of support for these women.

Crossing the border was reported by these women as thoroughly traumatic experience. Nurses can intervene by conducting comprehensive physical examinations, including diagnostics such as radiology to detect fractures and other possible injuries. Transnational Mothers should be examined and treated for possible sexual abuse (often unreported by women crossing the border) and any evidence of sexually transmitted infections (STI). From a public health perspective, it is important for nurses to recognize that providing health care access to undocumented individuals provides compassionate care and also public protection from unrecognized infectious diseases.

Nurses may also intervene by providing culturally sensitive care that includes the building of professional relationships, allowing for therapeutic communication and dialogue. Non-judgmental, compassionate attitudes will earn mutually caring relationships grounded in trust and respect. Nurses can also demonstrate cultural sensitivity and respect by procuring trustworthy interpreters within health care settings.

Nurses can support Latinas who might be victims of domestic violence through the development of culturally-sensitive, trusting relationships. For these women, trust is crucial in their attempts to make their abuse a matter of public concern. If Latina women are made to feel comfortable, they are more likely in their willingness to ask for help. Nurses can protect these women by assessing their physical needs and by providing emotional support and professional referrals. Focus groups in community centers, churches, schools, and other organizations can be a source of emotional support as well as information concerning their rights and legal protection.

The transnational mothers in this study expressed interest in caring for self and others. Nurses can teach these women by employing visual aids and familiar terminology when promoting general health care. In educating transnational mothers, it is important not to equate the reported low levels of literacy with an innate inability to learn. Transnational mothers' acculturation levels vary and many women face cultural and linguistic challenges that require time to resolve. As their advocates, nurses can demonstrate sensitivity and empathy for these women's needs by allowing sufficient time for teaching and counseling (McGuire, 2006).

Nurses practicing in settings where they may encounter transnational mothers will benefit from gaining an understanding of the socioeconomic and political context of the transnational motherhood phenomenon. In addition, by understanding Latina cultural values concerning motherhood, nurses can actively contribute to their decision making process. Thoughtful consideration for women experiencing transnational motherhood can promote the delivery of compassionate and empowering care. By implementing health histories that include inquiries regarding absent children and/or other family members, nurses can allow these narratives to accurately encompass each transnational mother's expressions of sadness, fear, worry, love, and hope for a better life for their children. As a result, these women have their feelings validated, rather than harshly judged for having made the decision to leave their children in order to immigrate.

These types of informed, culturally sensitive and compassionate nursing interventions may result in positive health outcomes. Nurses can support the efforts of these caring transnational mothers to "mother from afar" by offering culturally appropriate advice and opportunities for parenting education. Creative programs

involving Latina transnational mothers can promote opportunities for community involvement and kinship.

Latina transnational mothers are defined by survival; nurses can further empower these women by establishing programs of *promotoras de salud* (health promoters). Comprised of trained, skilled community health workers, these grass roots programs bridge the gap between community and health care by broadening access to the latter (Castaneda & Alberro, 2009).

Nurses can build upon their strength by validating their strong motherhood role. It is crucial for nurses to know these women as individuals finding meaning in their sacrificing and suffering through caring for their children, their families and themselves. The nurse's intentional presence can flourish into a mutually nurturing relationship where both the Latina transnational mother and the nurse enhance their personhood (Boykin & Schoenhofer, 2001).

McGuire and Georges (2003) propose that nurses might be drawn to "praxis of solidarity" (p. 92) by inviting these women to share their stories and explore the broader health concerns that their suffering can bring. By listening to women experiencing transnational motherhood, nurses can reflect on the nursing situation and seek to comprehend the meaning of their experience by expressing compassion, commitment and confidence (Boykin & Schoenhofer, 2001; Roach, 2002).

Education

Cultural Competency

Cultural competency is a well-recognized essential component of nursing education. Accrediting bodies such as The Commission on Collegiate Nursing Education and the National League of Nursing Accrediting Commission, Inc. mandate that graduates from academic nursing programs of all levels demonstrate that they can render appropriate culturally competent care (Krainovich-Miller et al., 2008).

The findings in this study reveal the complexities of the experiences of eight Latinas experiencing transnational motherhood, and support a mandate for nurses' cultural competency. Culturally competent care needs to be sensitive to the individual differences of cultural background, ethnicity, heritage, sexual orientation, and/or economic situation (Meleis, 1999). Nursing education is enhanced by curricula defined by integrated models of cultural competency. Campinha-Bacote (2003) proposes a model where cultural awareness, skill, knowledge, and encounter form a process by which nurses can continuously strive to achieve the ability to work effectively within the cultural context of the individual, family and/or community. Nursing programs can increase their students' awareness of vulnerable populations by offering international clinical experiences. Ailinger, Molloy, and Ramirez (2009) highlight the benefits of an international program where student nurses working with vulnerable populations in Nicaragua develop awareness of social injustice, enhancing their ability to care for immigrants in the U.S.

The Community Nursing Practice Model

The Community Nursing Practice Model (Parker & Barry, 2006) offers an inclusive approach to nursing education, practice and research. This model promotes health care access to vulnerable populations in community settings while nurturing the wholeness of persons and environments through caring. This caring philosophy affords nursing students opportunities for learning through the nursing situation. It is in the nursing situation that nursing knowledge resides (Boykin & Shoenhofer, 2001). A nursing situation between nurse and transnational mother can become the method for studying and asking epistemological questions of caring in nursing. It is in the nursing situation that nurses discover the modes of knowing essential to caring (Boykin & Shoenhofer, 2001). Personal, ethical, empirical, aesthetic and other ways of knowing requires the courage, trust, patience, and hope that nurses require to meet the needs of society. McGuire and Georges (2003) proclaim that “an emancipatory praxis of nursing to promote health and reduce suffering within transnational migrants is proposed as a starting place for nursing scholarship” (p. 185).

Recommendations for Future Nursing Research

This study of Latinas experiencing transnational motherhood uncovered research challenges that inform nurses conducting studies on Latinas, transnational mothers and other vulnerable populations.

Sampling

Researching vulnerable populations poses potential challenges that require the nurse researcher to have cultural knowledge, sensitivity and respect. To successfully recruit volunteer participants, it was necessary to understand the impact that immigrating

to the U.S. has on Latina transnational mothers. Researchers document a number of barriers when performing health research, among them; mistrust, inequity, cultural clashes, and identity and role confusion (Shelton, 2008).

Gaining public trust is the first step in the process of conducting research with vulnerable populations. The trust between researchers and potential participants can be earned by establishing professional relationships in the community and/or setting where the research is to take place. For this study, the nurse researcher made several visits to the local free clinic where the first few participants were recruited. The researcher began building a professional relationship with the clinic's staff and with patients. It was the trust built through those relationships that allowed the researcher to successfully recruit volunteer for this study.

It was crucial to mindfully approach the actual legal status of each participant throughout the interview process. Populations marked by precarious immigration status tend to be particularly mistrusting of anyone soliciting information, especially a persistent researcher.

Convenience sampling and snowball methodologies are generally preferred when researching these groups. In this study, 50% of the participants were obtained through a convenience sampling method, and the other 50% through the snowball method. Both methods presented challenges. Potential participants in both groups reneged on their participation after speaking to their partners, and Margarita, one of the Latina participants, reported having three acquaintances change their decision to participate due to a shared concern that the researcher worked for *la migra* (immigration authorities). "Tenemos demasiado que perder (We have too much to lose)," confided Ana. In the

culture of undocumented populations, participating in any study, whether by form of interview, questionnaire or survey, requires certain risks they dare not tempt.

Collecting Data

When researching Latina transnational mothers, obtaining consent for participating in the study can be a delicate task. It is important to make the format congruent with the estimated literacy level and level of acculturation of each participant. Given the emotional nature of transnational motherhood, consent forms containing language perceived as *clinical* or *scientific* could result in either the abandonment of the interview or an obstruction to genuine narrative. Three of the participants requested that the researcher stop reading the consent as they found it frightening, and that the formal rigidity of the language asserted the impending risk they were taking by participating in the study itself.

Interviewing Latina transnational mothers revealed significant challenges, all well-documented in the literature focused on researching Latinas. Issues of trust and privacy emerged repeatedly. Cultural knowledge, skills and sensitivity are of utmost importance when soliciting narratives of high emotional charge. It is important for the nurse researcher to initiate the nursing situation as a caring act, approaching the participants with intention and respect as the *expert* of their life experience, the authors of their narratives. Researching Latinas requires a foundation of *simpatia* (friendliness) between the researcher and the participants. This is best accomplished when the nurse voluntarily shares personal, relevant and appropriate information with the participant.

Furthermore, it is important to take into account the priorities of the participants. Researchers need to be aware of time constraints experienced by the participants

throughout the course of a study. For the transnational mothers in this study, work was their priority. They came to this country to work, and their lives are driven by their desire to mother from afar through supporting their children and families. Each of these women understands that a day without work means a day without food for their children abroad.

Theories and Methods

Across disciplines of nursing, anthropology, sociology, and psychology, scholars are calling for phenomenological analysis of lived experiences of transnational women that will illuminate the lives of mothers and children as relational issues of profound human significance (Horton, 2009). Ryan (2008) asserts that it is time to give attention to the dynamics of emotions and recognize that emotions pervade in virtually every aspect of the human experience. Moving beyond the view that “to admit to an emotional component in academic discourse would be to undermine its scientific status” (p. 300), interdisciplinary knowledge can further the understanding of relationships between culture, emotions and health.

Nursing research guided by a critical perspective can promote social justice (Bathum, 2007). Nurses researching transnational mothers and other vulnerable populations can guide their studies by incorporating critical theories that question the effects of economic, political and social nature determinants within their experiences. Studying undocumented transnational mothers without explicating political, social, economic and cultural influences in their experience offers a superficial and incomplete perspective of the phenomenon

The World Health Organization (WHO) declares that “health research is needed now more than ever” (Chan, 2008, p. 1). Research fuels dynamic efforts in alleviating

poverty and closing gaps in health outcomes. In the U.S., the National Institute of Health (NIH) and the National Institute for Nursing Research (NINR) have presented initiatives for reducing health disparities. Programs devoted to finding new ways of improving minority health and reducing disparities among Latino populations are underway (Vasquez & Mejia, 2008). Nursing research can participate in the advancement of knowledge concerning determinants of poverty while consistently promoting social justice.

Policy Development

Nurses have opportunities to develop and influence policies in various health care settings. Public health nurses, community health nurses, school nurses and nurses practicing in hospital settings can be instrumental in the development of policies that address the needs of Latina transnational mothers. Nurses can affect the health outcomes of transnational mothers and other vulnerable populations by advocating at local, state, national, and global levels of health care policy. By participating in health care forums, advisory boards, and other policy making groups at clinics, community centers, schools, universities, faith-based centers, town meetings, state capitals, economic conferences, national legislatures, and/or international assemblies, nurses can increase visibility and give voice to the profession, affirming their position as guardians of social justice (Buresh & Gordon, 2006).

Advocating for the needs of transnational mothers, immigrants and other underserved groups can include the creation of policies directed towards eliminating cultural barriers between said populations and health care providers. Zust and Moline (2003) report a case study in public health nursing in which nurses advocated for

protective cultural care by encouraging the state health department to develop parameters for the use of *manzanilla* (chamomile) tea as a treatment for controlling infant colic symptoms. This practice, commonly used among Latina mothers, had been disregarded, as the health department did not have a protocol for the use of manzanilla tea. Culture care increases access to minorities that may otherwise feel discordance with ethnocentric health policies.

Promoting policies that will improve the access to underserved groups can have a positive impact on individual and community health care outcomes. The participants in this study expressed the obstacles found in obtaining clinic appointments as their work schedules conflicted with the clinic's hours of operation. Nurses can set policies that establish flexible clinic hours reflecting the needs of the community.

Minority women are among the most disenfranchised populations in the U.S. (Sampelle, 2007). They are either publicly insured, underinsured or completely uninsured, and they face policy, institutional and interpersonal barriers to health care. For minority women, the burden is only magnified if their immigration status is undocumented. Undocumented women rely mostly on free community clinics and hospital emergency departments for their health care needs. Policy barriers arise as free clinics and other community organizations providing access to screening services for cervical cancer and breast cancer, fall short of funds and resources for women who are diagnosed with a malignancy or other health problems (Jackson et al., 2001). Nurses can advocate for policy changes that affect transnational mothers and other low-income minority women by advocating for the procurement of public and private funds

benefiting the establishment and ongoing management of health care sites designed to meet their needs.

Nurses can influence policies that honor differences in values, beliefs and meaning systems by contributing to existing empirical and anecdotal data documenting the unequal treatment and social inequalities that define the health care system.

Anecdotal data in the form of narrative can be a powerful method in influencing all levels of policy development. “Why is narrative so central to policy making? Because it is central to life. We live crafting, telling and receiving stories” (McDonough, 2006, p. 8).

Human stories and narratives can identify important yet neglected policy concerns.

McDonough (2006) exemplifies this point by demonstrating the impact of Anne

Fadiman’s account of a young girl from the Hmong culture with epilepsy in *The Spirit Catches You and You Fall Down* on a growing need for culturally competent health care.

Nurses can find narratives in nursing situations that inform policy decisions and contribute to mandates of nursing as caring.

In this study, the narratives of the eight Latinas living transnational motherhood can inform legislators of the inverse and negative effects that immigration policies have on transnational mothers. The horrific descriptions of their dire treks across the border along with disturbing accounts of smuggling and kidnapping clearly depict ineffective immigration policies. Although U.S. immigration law prohibits undocumented persons to apply and obtain state motor vehicle driver’s licenses, 80% of the women in this study reported driving every day, another example of a failing immigration policy that places the American public in danger.

Nurses can advocate for humane immigration laws and policies by understanding the political and economic determinants of transnational motherhood. Individual remittances sent by these women and other immigrants are a significant source of revenue for developing countries. The World Bank reports that remittance flows to developing countries reached USD328 billion in 2008 (World Bank, 2009). The political implications of remittances cannot be understated. Remittances are a substantial driver of consumer spending and economic development in developing countries. In 2003, the World Bank reported that the flow of remittances to developing countries is a more stable source of revenue than foreign trade, foreign direct investment and foreign aid (Forbes Martin, 2003, p. 7).

The most important reason undocumented immigrants walk across the border is to work and send remittances to their families abroad. Contrary to popular belief, undocumented immigrants do not come to use and *abuse* the U.S. health care system (Berk et al., 2000; Marshall et al., 2005, p. 930). Berk, et al. (2000) found seldom use of most public programs amongst undocumented immigrants. Other than cases related to childbirth, the rates of hospitalizations of undocumented immigrants were found to be comparable to those of other Latinos.

Despite the evidence, federal and state policies decisions to limit and exclude undocumented immigrants from receiving health care services were established under the presumption that these policies would deter the steady influx of undocumented immigrants. The 1996 Work Opportunity Reconciliation Act (PRWORA) set forth to restrict the provisions of many federal, state, and local public services to undocumented immigrants (Berk et al., 2000; Kullgren, 2003; Marshall et al., 2005). In 2005, the Deficit

Reduction Act (DRA) was set to require proof of citizenship for those applying for or renewing Medicaid. This policy halted Medicaid availability for undocumented immigrants and their non U.S. citizen children. It was believed that these policies would alleviate the economic burden they first presented. The Government Accountability Office (GAO) has since reported that the DRA documentation requirements have significantly reduced savings of excluding undocumented immigrants from Medicaid coverage. For every USD100 spent by federal taxpayers to implement the policy requirements, only USD0.14 of Medicaid savings could be documented (U.S. Government Accountability Office, 2007).

The harmful implications of these and other policies warrant the attention of nurses and other health care professionals. Instead of serving their intended purpose of reducing undocumented immigrations and conserving public resources, these policies restrict access to services and unjustifiably burden health care providers, threatening the health of the community at large.

The WHO proclaimed that the marker for a good government is meeting the public's rising expectations for health, "...factors like poverty, poor housing, lack of jobs and educational opportunities –is a true root of ill health" (Chan, 2008, p. 2). Latinas experiencing transnational motherhood are among many groups in our communities whose voices are hushed by the unjust obstacles they face. Nursing's fundamental responsibility to promote health, prevent disease and alleviate suffering calls for expressions of caring for humanity through political activism at local, national and international levels.

Summary

Nurses comprise the largest group of health care providers worldwide. Nurses can and must advocate for those who fall into the gaps of inequalities and injustices not by fate, but by markers of policy failure. In this study, the experiences of Latina transnational mothers revealed a call for reflection of their human condition and its definitive fusion with nursing practice, education, research, and policy development. The need for social justice is always pressing; nurses can alleviate these women's plight by giving voice to their silence and providing care in an expression of sheer human solidarity.


APPENDIX A

Institutional Review Board Approval



Division of Research
Institutional Review Board
777 Glades Road
Boca Raton, FL 33431
Tel: 561.297.0777
Fax: 561.297.2319
www.fau.edu/research/ircs

MEMORANDUM

DATE: May 12, 2009
TO: Marilyn Parker,
Rosa Maria Sternberg,
College of Nursing
FROM: Nancy Aaron Jones, Chair 
RE: H09-106 "Exploring the Experiences of Lived by Latina Transnational Mothers"

The Institutional Review Board (IRB) has reviewed the above protocol. Under the provisions for expedited review, the proposed research has been found acceptable as meeting the applicable ethical and legal standards for the protection of the rights and welfare of the human subjects involved.

This approval is valid for **one year from the above memo date**. This research must be approved on an annual basis. It is now your responsibility to renew your approval annually and to keep the IRB informed of any substantive change in your procedures or of any problems of a human subjects' nature.

It is important that you use the approved, stamped consent documents attached.

Please do not hesitate to contact either myself (6-8632) or Elisa Gaucher (7-2318) with any questions.

NAJ:cag
Final Expedited Review Category: B7

APPENDIX B
Institutional Review Board
Amendments



INSTITUTIONAL REVIEW BOARD
Protocol Amendment Form

Protocol #: **130188-1**

Original Approval Date(mm/dd/yyyy): **05/12/2009**

Protocol Title: **Exploring the Experiences Lived by Latina Transnational Mothers**

Sponsor (if not funded, state N/A): N/A

Responsible Project Investigator: Marilyn Parker	College/Dept.: Nursing
Campus Mailing Address:	Phone #: 561-445-0664
Office Fax #:	E-Mail: rsternb3@fau.edu

Type of Amendment:

<input checked="" type="checkbox"/> Add/Delete Personnel	Name: Marilyn Parker	Phone:	Email:	Role:	<input type="checkbox"/> IRB Training
<input checked="" type="checkbox"/> Add/Delete Personnel	Name: Charlotte Barry	Phone: 5612972998	Email: cbarry@fau.edu	Role:	<input type="checkbox"/> IRB Training
<input type="checkbox"/> Add/Delete Personnel	Name:	Phone:	Email:	Role:	<input type="checkbox"/> IRB Training
<input type="checkbox"/> Change Protocol/Procedure	<input type="checkbox"/> Change Surveys/Questionnaires		<input type="checkbox"/> Change Recruitment or Cooperating Site		
<input type="checkbox"/> Change Consent	<input type="checkbox"/> Change Subject Population or Recruitment Methods		<input type="checkbox"/> Other:		

Description of Amendment: Marilyn Parker has retired from FAU. Charlotte Barry is the new RPI and dissertation advisor Chair



Does the proposed amendment increase the risk to the subjects? Yes No
If yes, describe how & indicate new review category (e.g., B or C)

Does the proposed amendment require changes to the consent or assent? Yes No
If yes, attach consents & highlight revisions using Track Changes or other means (e.g., red font for additions and strikethrough for deletions.)

Does the proposed amendment affect subjects currently enrolled in the study? Yes No
If yes, how will subjects be notified of the changes?

*Requires electronic signature by RPI only.

Assurance:

By signing this IRB protocol amendment electronically I, the Responsible Project Investigator, assure the Board that this amendment has been thoroughly reviewed and completed. I understand that these modifications are not to be instituted until final approval from the IRB is secured. I will only use the stamped, approved IRB consent and/or assent documents for use with human subjects. Furthermore, if any problems involving human subjects occur, I will immediately notify the IRB.

***Attachment(s)** Using IRBNet, upload and attach all revised supporting documentation (e.g., protocols, surveys, consents, ads) to your package. Remember to upload CITI human subjects protections training certificates if new personnel are to be added.

APPENDIX C

Verbal Consent Form—English

No written consent will be used for this study. The participants for this study are expected to be immigrant Latina women with limited or no literacy skills in their native language and/or English.

The following script will be utilized for presenting and describing the study, and for asking the participants for their consent to take part in the study.

The script will be presented to the participants in Spanish. (A Spanish version is included)

I am Rosa Maria Sternberg from Florida Atlantic University. I am a doctoral student in the college of nursing. I am conducting a research study to help me understand what is like to live as a mother who has come to live in the United States without her children. I hope to share with other nurses what I learn from this study. It is important for nurses who care for immigrant women to know about the experiences they have. This information will help nurses provide better care for women like you.

Today, you will be participating in an interview, which should take approximately one hour. The interview will be audio taped. Your participation is voluntary. If you do not wish to participate, you may stop at any time. The information that you provide in the interview is confidential. The tape recordings and any notes that I take will not identify you, as I will use a number instead of your name. Your name will not appear on any of the writings from this study. Only people working on this study will see your interview information.

All the information, tapes and any other materials associated with this study will be securely locked in a place where I will be the only who has access to the materials. The tapes will be securely stored until I complete my dissertation (no later than October 2009). After that the tapes will be destroyed.

The risks involved in taking part in the interview are no more than you would experience in your daily activities.

Taking part in this interview is your agreement to participate in this research study. If you become distressed during the interview, I will provide you with the necessary information to get counseling from mental health professionals.

If you would like a copy of this letter for your records, please let me know and I will give you a copy now. If you have any questions regarding the research, contact Dr. Marilyn Parker, my advisor, at the Christine E. Lynn College of Nursing at Florida Atlantic University phone number: 561-297-3376 or just ask me

If you have any questions regarding your rights as a research participant, please contact the Florida Atlantic University Division of Research at 561-297-0777.

Thank you again for your help.

IRB
Approval Date: 5/12/09
Initials: [Signature]
Expiration Date: 5/11/10

APPENDIX D

Verbal Consent Form—Spanish

Spanish version of Verbal Consent Script

Me llamo Rosa María Sternberg y soy una estudiante de doctorado en enfermería en la Universidad de Florida Atlantic University. Estoy haciendo un estudio sobre las experiencias de madres Latinas que inmigran a los Estados Unidos sin sus hijos. Espero poder compartir con otras enfermeras el conocimiento que aprenda en este estudio. Es importante que las enfermeras que cuidan a mujeres inmigrantes conozcan las experiencias de estas mujeres. Esta información ayudara a las enfermeras a cuidar mejor a mujeres como usted.

Hoy, usted esta participando en una entrevista que durará aproximadamente una hora. La entrevista será grabada. Su participación es voluntaria. Si usted no desea participar puede parar en cualquier momento. La información que usted me dé es confidencial. La cinta y las notas que yo tome durante la entrevista, no la identificarán, ya que yo usaré un número en vez de su nombre. Su nombre no aparecerá en ningún papel escrito que salga de este estudio. Solamente gente asociada con este estudio podran ver la informacion de la entrevista.

Toda la información, cintas y otros materiales de este estudio serán guardados bajo llave en un lugar seguro donde solamente yo tendré acceso . Las cintas serán guardadas bajo llave hasta que yo haya terminado mi disertación (no mas tarde que Octubre 2009). Después de que yo haya terminado mi disertación las cintas serán destruidas.

Los riesgos de esta entrevista no son mas que los riegos que usted toma en sus actividades diarias. Su participación en la entrevista significa que usted acepta participar en mi estudio. Si usted se sintiera mal durante la entrevista, yo le daré información para obtener ayuda y guía profesional para su salud mental.

Si usted desea una copia de esta carta, por favor dígame y yo le entrego una copia ahora. Si usted tiene alguna pregunta sobre este estudio, puede contactar a la Dra. Marilyn Parker, mi consejera, en Christine E. Lynn College of Nursing teléfono: 561- 297-3376 o me puede preguntar a mi.

Si usted tiene alguna pregunta sobre sus derechos como participante del estudio puede contactar a Florida Atlantic University Division of Research telefono: 561-297-0777.

Gracias por su ayuda.

IRB
Approval Date: 5/12/09
Initials: RS
Expiration Date: 5/11/10

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