Visits, Visas and Virtual Relationships: An exploration of transnational child care experiences

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Word Count: 2,861
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Abstract
The process of settlement in a new country can be a stressful and difficult time for migrants. Confronted with learning a new language, finding meaningful employment and negotiating cultural practices distinctly different to their own, it is also likely that they will have lost valuable social support networks. The period may be even more complex and challenging for migrants who are parents with children in the so-called early years. How is this dual transition of settlement and parenthood negotiated? What types of coping strategies are employed to assist them in caring for their young children? In this paper I argue that ‘transnational caregiving’ practices are one such strategy. Transnational caring includes return visits to relatives in the homeland, sponsoring relatives to visit Australia, and meaningful communication made possible by recent advances in technology. Following Baldassar et al (2007), I present exemplars from a qualitative study to explore the transnational caring experiences of Culturally and Linguistically Diverse (CALD) parents living in Sydney, Australia.

Key words: transnational care; migration; parenting; children
Introduction
Migration is a process that often disconnects individuals from their family and friendship networks, as well as from other socially significant connections. Their displacement is not only physical, but also social and cultural (Henderson, 2004; Skribis, 2008). For migrants who are also parents of children in the early years (ages 0-3) it is likely that they will have lost these valuable social support networks during a life transition in which such resources are particularly important. In this paper I explore how migrant parents may make use of transnational caregiving practices to balance care and other responsibilities (including learning a new language, finding meaningful and rewarding employment, and negotiating different sets of cultural practices) during this time. First, I outline the research context from which this paper arose and briefly examine the literature on transnational caregiving. My discussion then turns to how migrant parents use transnational caregiving in caring for young children in a new country and culture. Through the use of case studies from my research I explore the ways in which these practices are played out in the lives for parents living in Sydney, Australia.

The Research Setting
There is only limited research on the experiences of migrant parents in Australia. Whilst there has been international research undertaken on the caring experiences of parents from migrant backgrounds, I concur with Chalmers (2006) in arguing that the issues arising within the Australian context are not always interchangeable with international experiences. Factors such as immigration policies, settlement experiences, and economic and social policies impact on both migrant and Australian-born parents. Generally, previous research suggests that the loss of supportive networks and cultural/religious rituals can result in isolation and postnatal depression
for migrant mothers (Ward, 2003; Rice and Naksook, 2003; Lopez Nahas et al, 1999). Liem (1999:158), in her study of Chinese migrant first-time mothers in Australia notes that there is a “vacuum of practical support” for recently arrived migrants who have lost their social network and find themselves living in relative isolation; a situation particularly difficult if they are used to an environment of community and where ‘back home’ childrearing is a responsibility shared among members of the extended family and community. Moreover, it has been noted that despite the fact that the Australian population is multicultural, the dominant beliefs and values about parenting and caring for children in the early years are premised on ‘Anglo-Australian’ ideals and the voices heard are those of white middle class parents, researchers and policy makers rather than culturally diverse or ethnic minority communities (Woolett and Nicholson, 1998, cited in DeSouza, 2004; Chalmers and Allon, 2002; Chalmers, 2006).

My doctoral research study investigates the experiences of parents with young children living within the Ryde local government area (LGA) in Sydney, Australia. I explore the caring experiences of parents from a variety of non-English speaking migrant backgrounds, or in Australian policy speak, Culturally and Linguistically Diverse (CALD) backgrounds (including Chinese, Korean, and South Asian, among others), compared to Australian-born parents. I employ a mixed methodological approach, including the use of surveys, in-depth semi-structured interviews and participant observation. There are two main areas I am interested in: firstly, parents awareness of, access to, and satisfaction with, local early childhood and family services; and secondly, and most significantly, parents creation of and reliance on informal support networks (including family, friends, neighbours and community
organisations). How do they make use of the various formal services and informal support resources available to them in an attempt to balance family, care and work responsibilities in a new and unfamiliar country?

My intent here is not to make generalised claims about the experiences of any one cultural, ethnic or religious group. Rather it is to illustrate how the nature of being a migrant impacts on the experience of caring for children during the so-called ‘early years’ through the stories of migrant mothers. Although initially aimed at exploring the experiences of parents, that is, both mothers and fathers, the focus of my research has largely come to be on mothers. Others have noted that when academics and governments talk about ‘parenting’, particularly in relation to young children, they are, by implication, talking about mothers. Fathers’ parenting is rendered almost invisible because it is often assumed that involvement with children is an additional role to that of the traditional male breadwinner (Marshall, 1991 and Warin et al 1999, cited in Gatrell, 2005). Even though the traditional gendered roles of mother as carer and father as main economic provider are in decline, primarily it is still the mother who is the primary caregiver for children during the early years. Further research therefore needs to be conducted to investigate the experience of fathers, both migrant and Australian-born.
Transnational Caregiving

The theory on ‘transnational caregiving’ is derived from the concept of ‘transnational social fields’, “multi-stranded social relations that link places of origin and settlement that have become a habitual part of life for some migrant groups” (Basch, Glick-Schiller and Blanc, 1994, cited in Orellana et al, 2001: 573). ‘Transnational families’ are “families that live some or most of the time separated from each other but yet create a feeling of collective welfare and unity” (Bryceson and Vuorela, 2002: 3). Baldassar, Baldock and Wilding (2007: 3) subsequently define transnational caregivers as “people who live across and care across national borders” and transnational caregiving as “the exchange of care and support across distance and national borders”. Their model of transnational caregiving builds on the five types of care as defined by Finch (1989, cited in Baldassar et al, 2007): economic, accommodation, personal, practical and emotional and moral. An important concept in this model is the notion of a ‘normative obligation’ to give care based on ideas of duty and responsibility. They note that such norms and negotiations cannot be discussed without consideration for cultural differences that exist within and between families, communities and nations as to what is the proper thing to do. They therefore include the notion of a capacity (or opportunity) to care, illustrating the complex motivations that influence the exchange of transnational care. Such exchanges of care are mediated by the capacity of individual members and importantly by their culturally informed sense of obligation, duty and responsibility to provide care (Baldassar et al, 2007).

Given the vast size of Australia it is important to recognise that it is not only migrant families who may be geographically dispersed and separated by long distances. Sydney-based residents with family interstate (or even in regional or rural New South
Wales) are also involved in distant care networks. Whilst not transnational, following Baldassar et al (2007), I term these networks and relationships ‘translocal’, that is, separated by long distances within national borders. However, geographic distance, national borders and the processes of migration do impact on care exchanges in a number of important ways as will been demonstrated in this paper.

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According to Baldassar et al (2007) transnational migrants participate in caregiving across national borders in four main ways: through transnational communication; return visits to give emotional, practical and personal care to their ageing parents in times of need; bringing their parents to Australia in order to care for them on a long term basis; and repatriating to their homeland to care for their parents there. The research on transnational care has focused predominantly on the care of elderly parents back home by migrant children. I argue that transnational caregiving is also a significant type of support for migrant families caring for young children.

How is transnational care undertaken in such contexts? Return visits back to the ‘home’ country are significant opportunities for transnational care (emotional support, in particular) to take place. For Layla, a young mother of Pakistani descent who recently migrated from the Middle East, a visit to the UK, where several family members live, was extremely important.

“They [Australian born women in her mothers’ group] have families and other friends and what not. But since I don’t it does make me feel very isolated. And I guess one of the reasons I’m really looking forward to going to the UK is my family is there. I really need that, I need that.”
Several other participants expressed similar sentiments about the importance of visits ‘home’ to their extended family and community. Such visits are especially significant following the birth of a child, with parents eager for their relatives to meet the newest member of the family. Further, it is also important for parents that their children have contact with the home country in an effort to establish and retain family and cultural connections.

If possible, migrant parents may bring relatives (parents and parents-in-laws primarily) to Australia for several months following the birth of a child or to care for children whilst parents work. Sponsoring visas for children’s grandparents to visit purposely to provide care is a popular option for some migrants. Sarita, an Indian skilled migrant with two children, successfully applied for a one-year visa for her mother-in-law, who came to Australia and lived with the family to care for their youngest child when Sarita returned to full-time work after a period of maternity leave. When I asked her what the family’s care arrangements would be when her mother-in-law’s visa expired and she returned to India, Sarita explained that if they could not secure a place at a long day care centre they would apply for a one year visa for her own mother. Zontini (2004) describes this situation as ‘importing’ grandparents to take up family care and domestic tasks.

As the above examples illustrate transnational caregiving experiences are often positive, with those involved reunited with supportive loved ones. However for some parents the situation can be heartbreaking, making decisions to leave children behind in the homeland or send children back to be cared for by relatives. Take for example the case of Cai, a Chinese migrant, married with two young children. To enable her
expanding small business venture to succeed Cai and her husband decided to send their young baby back to China to be cared for by her parents-in-law. With a three-year-old daughter already in full-time child care, Cai and her husband simply could not afford to provide care for their young son. As she told me about this situation, Cai was close to tears and the torment this decision choice was inflicting on her was obvious.

“Another bad news is I send my son back to China with grandparents...before I never, never, never ever think of about this, to send him back, to send any kids of mine back to China...I think it’s not good. I think it’s not fair for kids and for parents it is not good as well. But now I am so busy here now...so I’ve got too many things to do now.”

In another example, Yin, also a Chinese migrant, left her six-month-old twin daughters in China to be cared for by her mother when she first migrated to Australia. Struggling to learn English and locate a suitable home for her family, Yin also worked three jobs to support her husband’s alcohol addiction. After a two-year separation, Yin and her daughters were eventually reunited when she gained permanent residency status and could sponsor her mother’s visa, who lived with the family for six months, helping Yin care for her young children.

To an extent these care decisions are informed by a culturally ingrained sense of duty, responsibility and obligation, as outlined by Baldassar et al (2007). For Yin and Cai leaving their children with relatives in another country is considered a suitable alternative to child care services or staying at home full-time. For other parents, from different cultural backgrounds, such a decision would not even be a consideration.
Moreover, these examples highlight the extent to which some parents are able to rely heavily on the provision of care by children’s grandparents. Again, this is influenced by notions of what is culturally expected. For example, in the People’s Republic of China, the care of children involves a combination of formal institutional and informal arrangements, with the extended family playing an important role (Salaff and Greve, 2004). Hence, Chinese migrants, where possible, may seek to replicate this family care network, through a complex negotiation of migration, work and care opportunities.

In some instances, such physical caregiving is not even a possibility as structural barriers prevent the provision of transnational care. Families may face visa restrictions and immigration regulations, expensive travel and communication costs, and disruptions to employment. For some, it is relatively easy to obtain Australian visas for parents and other family members to help them care for their young children. However, for others, there are severe restrictions. For example, Muteteli, who came to Australia as a refugee from a war-torn East African nation in the mid-1990s, and her Australian husband, have twice been denied a visa for her brother to visit his newborn niece.

“They wouldn’t give him [brother] a visa to come here on my wedding day and now cause we can’t take her [daughter] there when she’s young because of the diseases and stuff. So we tried to get him a visa and they refused him a visa...to come and see my baby!”

Despite the fact that they are willing to sponsor him and guarantee that he will return to his homeland, they have been unsuccessful in applications, which understandably has been very difficult for the family to accept. However, this country is classified in
the ‘high risk’ group list for over-stayers under Australian immigration policy. In another example, Rawah migrated from a Central Asian nation and is now married with two children. She has a large extended family that has settled as refugees across the globe. While she has been able to visit family members who now live in a Nordic country, due to their refugee status they are unable to visit her in Australia until they have obtained residency status and can apply for a passport.

These cases demonstrate the extent to which migration and visa status is significant in enabling (or disabling) transnational care visits. For skilled migrants the process is relatively easy (for example, Sarita). However, for migrants in other categories, including refugee/humanitarian entrants from war-torn or unstable nations, visa regulations and structural barriers beyond their control hinder the process. Financial considerations (including remittances) are also important here. Although outside the parameters of this paper, it is important to acknowledge that those with a certain level of economic security are in a much better position to both sponsor relatives to visit Australia and make return visits to their homeland.

Nonetheless, even in such difficult contexts care can be exchanged transnationally. For Sorensen (2005: 4) “dispersed family members are brought together in one social space by emotional and financial ties”. In her work on Filipina transnational families, Zontini (2004:1129) notes that whilst Filipinas do not live transnationally in the sense that they travel back and forth easily and often between two countries, they do, in that they keep alive the networks of communication and a sense of family and identity across geographical distance. Emotional bonds are maintained with family and friends who have migrated or remain in the home country, with experiences exchanged and
information shared. The role of technology in enabling such emotional care to take place is important. As Wilding (2006: 132) illustrates, the use of mobile phone text messages, emails and information communication technologies (ICTs) are important for some families in “constructing or imagining a ‘connected relationship’, and enabling them to overlook their physical separation by time and space”. Many of my research participants regularly talk to family members and friends in other countries, giving and receiving advice and support. The availability of online instant chat services, web cams and services such as Skype also facilitate communication. However, as Mahler (2001: 610) notes, geographic location is critical in transnational communication and in essence translates into ‘social location’. For some the ease of communication is possible due to the availability of telecommunications and the Internet. For others these technological advances are not accessible, hindering the possibility of such virtual caring experiences.

**Conclusion**

The processes of migration and settlement impact on the experience of caring for children during the early years and migrant parents may employ a number of coping strategies, including transnational caregiving practices. However, the extent to which they are able to rely on transnational caregiving practices is influenced by a number of structural and cultural factors, as has been discussed throughout this paper. The empirically grounded discussion provided has demonstrated the ability of migrant parents living in Australia to care for their young children in a transnational sense. In negotiating the dual transition of migrant settlement and parenthood, the opportunity to care transnationally is essential for many migrant parents, particularly for migrants to Australia, a country relatively geographically isolated. In an era of increasing global migration, such care-based decisions are considerations for many families and
the importance of transnational practices in caring for young children cannot be underestimated.

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Domain Conference Immigrant and Out-migration: Atlantic Canada at a Crossroads


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1 This research is supported by an Australian Research Council (ARC) Linkage Project Grant (LP0667890) between Macquarie University’s Centre for Research on Social Inclusion (CRSI) and City of Ryde Community Services. The research setting is therefore the Ryde local government area (LGA). The LGA occupies an area of approximately forty square kilometres in the central northern part of the Sydney Metropolitan area, twelve kilometres from the Sydney CBD (City of Ryde, 2007). There are sixteen suburbs within its boundaries. These suburbs were traditionally populated by white Anglo-Saxon Australian working-middle class. During the 1950s and 1960s a significant proportion of Italian and Greek migrants settled in the area and today there are still sizable communities. Whilst people from various ethnic and cultural backgrounds have lived in the area, it is perhaps in only the past twenty years that Ryde has become noticeably culturally diverse. The residential population for the LGA is close to 97,000 (ABS, 2007). Thirty-seven percent of these people were born overseas (higher than the Sydney average of thirty three percent). In 2006 the most common foreign birthplaces (in descending order) were China, the United Kingdom, Hong Kong, Korea, India, Italy, New Zealand, Malaysia and
The Philippines. Thirty-six percent of residents speak a language other than English at home, with the most commonly spoken languages in 2006 being Cantonese and Mandarin, Italian, Korean, Arabic and Greek (ABS, 2007). It is likely that a significant proportion of the Italian and Greek speakers would be second-generation migrants who also speak English well. There is also a sizable emerging Indian community, most of who enter under the skilled migrant category with high level English language skills.

ii Note: Pseudonyms have been used to protect the privacy of the research participants whose stories are presented (and were conveyed to the researcher during in-depth interviews during 2007 and 2008)