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REVIEW



A systematic review of the literature on transnational caregiving: immigrant adult children to ageing parents in home country

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ABSTRACT

Research on the effects of globalization and immigration on family relationships has focused on younger families. Few studies have addressed the issue of immigrant adult children caring for their ageing parents in their home country. The purpose of this article was to review the empirical evidence on transnational caregiving to ageing parents and summarize identified themes. Using search terms specific to transnational caregiving, a database search resulted in 25 articles. All were published since 2000, reflecting the limited attention given to transnational elder care. Eight themes were identified: cohort and life cycle factors and political context; economic factors; cultural factors; identity of immigrants; gender roles; resistance to institutional care; economic and emotional costs of care; and use of technology. Despite the high economic and emotional costs, immigrant adult children aimed to care for their ageing parents in their home country fulfilling their filial responsibility and confirming their ethnic identity. Remittances to family of origin helped reducing immigrant adult children's guilt. Men were increasingly involved with care by using technology. Although the included studies were limited to immigrants pursuing economic opportunities in a small number of countries, overall, immigrant adult children displayed creativity in how they managed caregiving across national borders.

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KEYWORDS

Transnational caregiving; ageing parents; immigrant adult children; remittance; filial obligation; technology

Introduction

Research on the effects of globalization and immigration policy on family relationships across national borders has tended to focus on younger families who have left children behind in their home country while they seek economic opportunities in a host country (Amin & Ingman, 2014; Bauer & Österle, 2016). When adult children immigrate, however, they not only may leave children, but also ageing parents who may lack a geographically close family caregiver. To date, the issues faced by immigrant adult children who are caring for their ageing parents across national borders have generally been overlooked by researchers, practitioners and policy-makers addressing issues of elder care. This relative invisibility may stem in part from a preoccupation with the importance

of geographic proximity in most studies of caregiving of older adults (Bledsoe et al., 2010). However, with increased geographic mobility and life expectancy in both developing and developed countries, more adult children will be faced with the high economic (e.g. travel and financial support) and emotional (e.g. worry, guilt) costs of providing care across national borders.

This study aimed to review the empirical evidence on transnational caregiving to ageing parents and summarize its themes and patterns that were identified from a systematic data extraction process. Although research is still limited, a growing number of scholars are investigating defining characteristics, opportunities and costs of transnational care for older relatives by immigrant adult children. The methodology of systematic review was used for this study because of its benefits of compiling, summarizing and synthesizing a large amount of data from multiple articles, clarifying what is known, and identifying answers to particular questions (Petticrew & Roberts, 2006). Because of the large amount of data that are used, the systematic review methodology limits biases, and is likely to produce reliable, generalizable, and accurate conclusions (Mulrow, 1994).

Transnational care: key concepts

Transnational caregiving is differentiated from within-country caregiving, whether such care is performed locally or a geographic distance. Strong obligations for the collective welfare of the family form the foundation of transnational activities and interactions similar to most within-country caregiving (Wilding & Baldassar, 2009). However, because care is provided across national borders and at a distance, it contrasts with within-country caregiving at a distance (Cagle & Munn, 2012), but not across national borders. Instead, with transnational caregiving, relatives live in different countries but feel and act as part of the same family. Premised on an ideational concept of family, kin identities and relations are maintained by choice and negotiated across time and distance rather than determined by place or nation state borders (Baldassar, 2007; 2011). The concept of familyhood captures that relatives generally create and maintain a feeling of collective welfare and unity across national boundaries (Baldassar, 2011; Bryceson & Vuorela, 2002 in Krzyzowski & Mucha, 2014). They mobilize skills and resources to sustain their networks across nation states by recreating solidarity ties or social capital in new and diverse forms (Faist, 2000). A closely related concept is that of transnational social fields, or the ability of those who live outside their countries of birth to sustain relationships with their kin and communities in their homeland, even as they develop new networks in their host society. However, maintaining such connections can be challenging, since tensions may exist due to geographic distance, different care practices, gender and economic conditions and intrinsic asymmetries between immigrants and their non-immigrant counterparts in their country of origin. For example, immigrant adult children may experience guilt from being unable to assist siblings with hands-on care in their home country, and siblings may not fully share information about ageing parents with immigrants. Despite such challenges, transnational caregiving experiences are viewed positively by most family members (Baldassar, 2007, 2015; Baldock, 2000; Krzyzowski & Mucha, 2014; Wilding & Baldassar, 2009).

Similar to within-country care, transnational caregiving is categorized into four types of care: practical, financial, personal (hands-on) and emotional/moral support (Baldassar, 2007). The distinction between caring for or hands-on caregiving and caring

about or psychological responsibility found in studies of within-country care is also relevant, but assumes different forms in a transnational context (Ackers & Stalford, 2004; Fisher & Tronto, 1990). Caring for is defined by taking responsibilities and initiatives to ensure care (e.g. financing care, participating in decision-making, locating and arranging services). For transnational families, however, caring for does not involve hands-on care except during relatively infrequent return visits home (Baldock, 2000). Caring about encompasses affectionate attitudes and emotions of care, such as a sense of loss, worry and guilt. But within a transnational context, caring about revolves around immigrant adult children's selection of what to care about, given their limitations of time, resources, skills and knowledge that are due to geographic distance.

Another concept salient to transnational care of older adults is circulation of care, which reflects how networks of reciprocity and obligation connect members of different generations (Baldassar, 2016). This captures the multidirectional nature of transnational care better than does the concept of global care chains, which describes personal links across national borders based on paid or unpaid work of caring (Hochschild, 2003; Parrenas, 2010 from Amin & Ingman, 2014). Global care chains typically encompass low-income women immigrating to wealthier countries to be domestic workers, leaving care of their children to poorer women in their home country who are not adequately compensated for their labour (Brijnath, 2009; Hochschild, 2003). Global care chains thus capture the unequal distribution of paid and unpaid care across the globe and their relationships are not reciprocal (Bauer & Österle, 2014; Parrenas, 2000).

The circulation of care that characterizes transnational care of older relatives encompasses both economic and cultural remittances that immigrant adults send to family in their country of origin. Moreover, the concepts of cultural remittances (Reynolds & Zontini, 2006) and cultures of care (Amin & Ingman, 2014; Zechner, 2008) are distinctive to the circulation of care that characterizes transnational caregiving. Cultural remittances, which advance caring about rather than caring for, represent immigrants' emotional attachments to their home countries and how they utilize their family links to maintain cultural connections and ethnic identities to their place of origin (Reynolds & Zontini, 2006). As a sign of continued commitment to kin left behind and to keeping kin together, cultural remittance generally reinforces ethnic identity (Zontini & Reynolds, 2007). A closely related concept is the culture of care or how, who and when help and care are organized and performed by many kin members (Amin & Ingman, 2014) and interwoven across borders (Zechner, 2008).

Methods

The research question guiding this systematic review was: what are the characteristics of immigrant adult children and the patterns of transnational caregiving involving two or more countries?

Search and study selection

Electronic databases

Databases of Academic Search Complete, CINAHL, Medline, PsycINFO, SocINDEX and Social Sciences Citation Index were searched. Search terms that we used included

transnation*, migrant*, immigrant*, overseas, abroad, care, caregiv*, elderly, aged, older, elder, senior, gerontology and parent* with the manuscript titles and the abstracts as search parameters (Table 1).

Inclusion criteria

The inclusion criteria used were articles published prior to June 2018 and in peer-reviewed academic journals written in English. They are empirical (primary or secondary) studies using largely qualitative or mixed methods and involving at least two different countries. Studies included caregiving dyads of immigrant adult child in the host country and ageing parent in the home country.

Exclusion criteria

Dissertations, conference papers, conference abstracts, books and book chapters were excluded because they typically are not peer-reviewed. One sample size case study ($N = 1$) and reflection papers were excluded because they may be based authors' personal accounts and thus likely to be biased. Research articles on paid caregivers such as migrant care workers and on mother (caregiver)-child dyads were also excluded.

Data extraction

The database search resulted in a total of 572 articles: Academic Search Complete ($n = 131$), CINAHL ($n = 22$), Medline ($n = 96$), PsycINFO ($n = 69$), SocINDEX ($n = 79$) and Social Sciences Citation Index ($n = 175$). Duplicate articles ($n = 206$) were excluded. Based on the above inclusion/exclusion criteria, the first screening by title and abstract was conducted by the first author ($n = 366$) and 311 articles were eliminated. The remaining 55 articles went through a full text assessment, and 42 articles were excluded, reducing the number of the remaining articles to 13. Twelve articles were added by a hand search of references from the 13 articles, resulting in a final review of 25 articles (Figure 1).

Table 1. Results of database search and search terms used.

Name of Database	Number of Hit
Academic Search Complete	131
CINAHL	22
Medline	96
PsycINFO	69
SocINDEX	79
Social Sciences Citation Index	175
Total	572
Search Terms	
transnation* or migrant* or immigrant* or overseas or abroad	
AND	
Care or caregiv*	
AND	
Elderly or aged or older or elder or senior or gerontology	
AND	
Parent*	

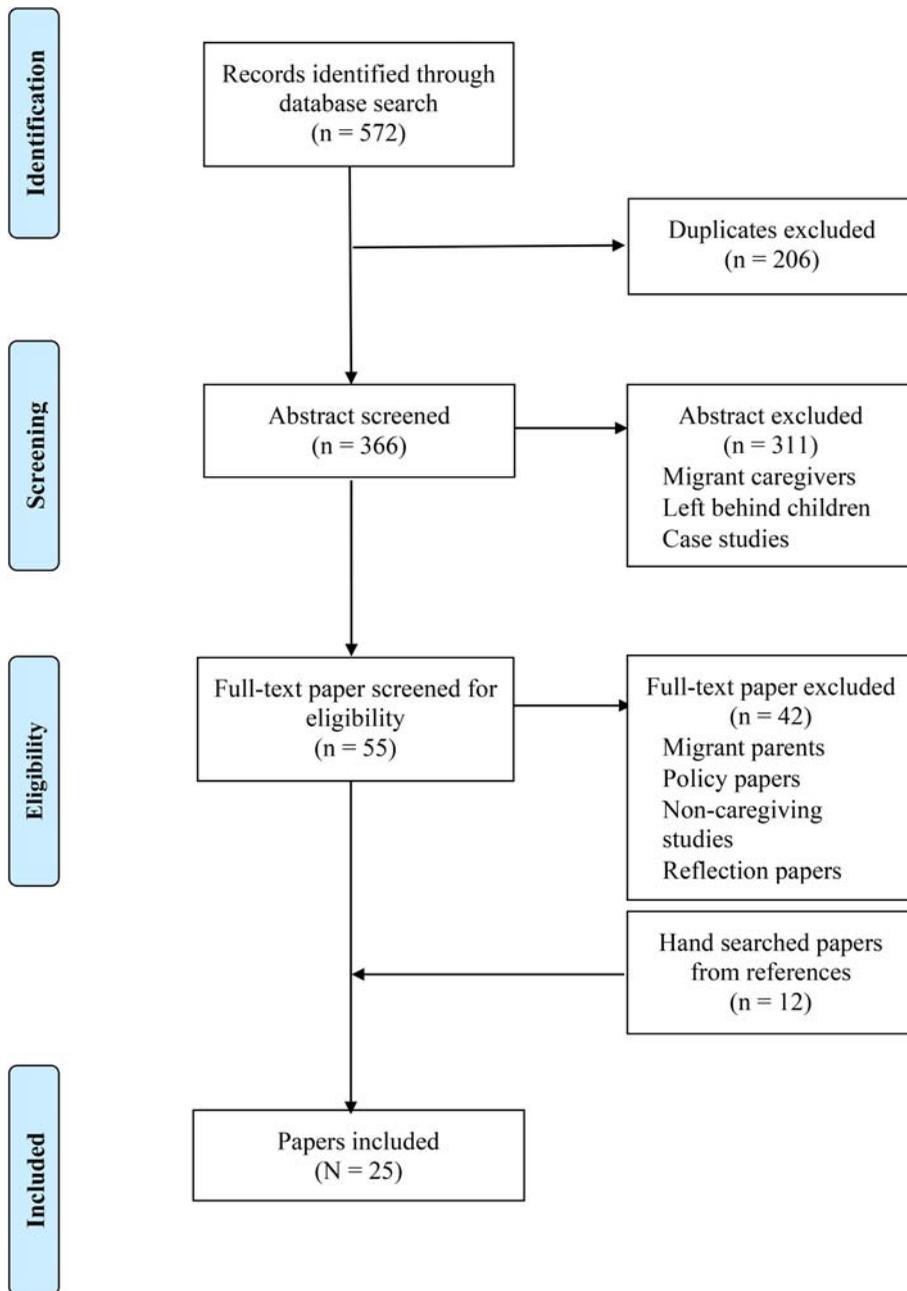


Figure 1. Transnational caregiving flow diagram.

Data collection process and summary measures

The first author randomly selected 18 articles from the final reviewed articles and created a draft table of extracted data as a pilot form. The extracted data were name of the author (s), year of publication, journal name, sample characteristics, study design, data collection methods, key findings, and study strengths and limitations. The second author

then reviewed the same articles and added comments on the table. No major modifications were made to the table. The first author continued the same process and reviewed an additional two articles (80% of the entire study sample), and the second author reviewed the table and confirmed the accuracy of the data. The remaining five articles were reviewed individually and added to the existing table.

Assessment of methodological quality

Further, a quality appraisal of each included article was conducted. The authors considered a range of tools such as Good Reporting of A Mixed Methods Study (GRAMMS) (O' Cathain et al., 2008) to assess methodological quality for qualitative and mixed methods studies, since these were the two methods identified in the articles in this systematic review. The Mixed Methods Appraisal Tool (MMAT) Version 2018 (Hong et al., 2018) was used because it was developed to appraise methodological quality of a variety of empirical studies in one tool. It recognizes that quality criteria differ for qualitative and quantitative methods, since they have different assumptions and aims. It thus has separate subsets of items for 3 types of quantitative (randomized controlled trials, non-randomized and descriptive), qualitative and mixed methods studies. The reliability and efficiency of the MMAT for systematic mixed studies was tested by Pace et al. (2012). The appraisal ratings are Yes, No or Cannot Tell instead of numbers. Therefore, MMAT allows reviewers to include all the articles rather than eliminating them by numerical scores.

Two screening questions – ‘Are there clear research questions’ and ‘Do the collected data allow the research questions to be addressed?’ – were first applied to our assessment. If one or both of the screening questions was rated as No or Cannot Tell, further appraisal was determined to be inappropriate or not feasible as per instructions. If these questions were evaluated as Yes, the authors then applied MMAT ratings for the items identified for Qualitative or Mixed Methods studies, rating each of the items as Yes, No or Cannot Tell. Since these screening questions are subjective, the MMAT instructions advised that at least two reviewers appraise each article independently and come to consensus. Therefore, both authors appraised all the articles separately based on the MMAT ratings, compared the results, and reconciled the differences.

Major themes

The first author next identified recurring themes or patterns identified from her review of the first 18 articles. The second author, based on her reviews, included additional information regarding each of the themes. The first author reviewed the revised major themes as well as an additional two articles. Finally, the authors divided the remaining five articles, reviewed them independently and included them in the final major themes document. This procedure of revision/edits and additional data was repeated several times until agreement was reached on eight major themes: (1) cohort and life cycle factors and political context; (2) economic factors that affect immigration and transnational caregiving; (3) cultural factors that affect transnational caregiving; (4) identity of immigrants and effect on transnational caregiving; (5) gender roles; (6) resistance to institutional care; (7) economic and emotional costs of care; and (8) use of technology in caregiving.

Results

Table 2 presents a summary of the results on transnational caregiving from the 25 published articles included in this study.¹

Sample characteristics

Countries of origin included Europe ($n = 16$; 52%), the Caribbean, Central and South America ($n = 5$, 16%), and Asia and South Asia ($n = 6$; 20%), and host countries were Australia ($n = 10$; 32%), USA ($n = 6$, 19%), the UK ($n = 6$, 19%) and Europe ($n = 6$, 19%). In nearly all studies, adult children had immigrated to countries that afforded them better employment opportunities with higher wages and more opportunities for promotion or professional development. In contrast to refugees and immigrants from war-torn countries, none of the studies included adult children who were fleeing unsafe or oppressive political situations where their human rights were violated. In most instances, parents who were middle-aged or young-old at the point that their children immigrated were supportive – or even proud – of their decision to leave. However, they had not necessarily anticipated that their children would be gone for such extended time periods or might choose to become citizens in the host country.

Study design and data collection methods

For the qualitative studies ($n = 21$), the majority of articles reported results from face-to-face interviews ($n = 21$, 100%) followed by participant observation ($n = 8$, 38%), and phone/Skype interview ($n = 1$, 5%). For the mixed methods studies ($n = 4$), face-to-face interviews ($n = 4$, 100%) and/or participant observations ($n = 1$, 25%) and quantitative surveys ($n = 4$, 100%) were used.

Major themes

Theme 1: cohort and life cycle factors and political context

Multiple non-economic factors influence decisions to immigrate, including cohort, individual and family life cycle stage and political context (e.g. policies in the home and host country and availability of technologies that affect interaction). The cohort and life cycle factors are particularly striking in several studies.

Cohort effects were especially salient among Italian immigrants to Australia and the Netherlands, with three distinct cohorts of migrants: post-war (1950s–1960s); intermediate (1970s–1980s) and more recent (1990 on). For example, Italian post-war immigrants were typically peasants or unskilled workers who left Italy because of poor economic conditions. Often experiencing prejudice, they were residentially segregated and developed strong community connections of protective support (e.g. communally oriented). Given the length of their period of geographic separation from homeland kin networks along with their pattern of obtaining Australian citizenship, they were more oriented toward their adopted homeland and less frequently travelled home than more recent immigrants (Baldassar, 2007).

In contrast, recent Italian migrants to Australia were more likely to be individually oriented, defining themselves as ‘world citizens’ or cosmopolitan, with an international identity rather than immigrant identity (Baldassar, 2007). Equally ‘at home’ in both host and homeland settings, they retained more formal connections to their home country than post-war migrants, even though many of them did not have their homeland families’ support to leave. The intermediate cohort of Italian immigrants typically had parents with pressing care needs who were unable to travel to the host country and with limited English and ability to create new networks if they did migrate. This cohort struggled with their limited capacity to utilize technologies to provide care along with a heightened level of obligation that these technologies brought (Senyürekli & Detzner, 2008).

Life cycle variables often intersect with cohort effects. Individual life cycle factors that characterized Italian immigrants to Australia encompassed: age of the adult child immigrant, including age of immigrants’ children and of their parents; their parents’ health care needs/crisis and marital status (e.g. widowhood); familiarity with travel and degree of mobility; existence and maintenance of formal connections to the home country; and a sense of identity and belonging with home and host countries that may diminish the longer immigrant children stayed in the host country. Family life cycle variables were birth order and availability of siblings in the home country who often provide hands-on care and may resent immigrant sibling’s providing advice from a geographic distance (Baldassar, 2007).

The existence of national and employer policies, such as flexible family leave, and the ease of access to technology are part of the political context affecting transnational care. In most instances, inflexible family leave policies or immigrants being ineligible for such leaves make extended visits home difficult. Although most adult children have access to technology to communicate with their ageing parents, their older relatives may face internal and structural barriers to its use in the home countries.

Theme 2: economic factors

Regardless of cohort, most immigrants sought better economic and professional opportunities than were possible in their home country. Their decision to immigrate was thus influenced by the economy in their countries of origin, their families’ financial support and the potential to increase their income in the host country, which typically had a stronger economy than their homeland (Ahlin, 2018; Baldassar, 2007; Krzyżowski & Mucha, 2014). In turn, economic factors of the host country may influence adult children’s ability to provide care and the frequency of visits home (Horn, 2017). For Italian and Irish immigrants employed in settings with flexible leave policies in Australia, professional opportunities such as conferences allowed them to travel to their home country to check on parents and attend family gatherings, such as weddings and funerals (Wilding & Baldassar, 2009).

Although ageing parents may financially support adult children with the initial move, it was more common for immigrants to express their filial responsibility by sending financial remittances to relatives. Among Italian and Polish immigrants, cash was typically sent directly to parents or siblings in their home country or used to hire people to care for their parents (Krzyżowski & Mucha, 2014). Even if their parents’ economic

needs had declined with an improved economy in their home country, younger immigrants still typically sent economic remittances home. In such instances, financial support by immigrants from Bangladesh and the Caribbean (Amin & Ingman, 2014; Zontini & Reynolds, 2007), Albania (King & Vullnetari, 2009), Poland (Krzyżowski, 2015), and Moldova and Romania (Vianello, 2016) was a substitute for physical care and a way to partially reduce guilt for being unable to provide hands-on care (Krzyżowski, 2015; Lee et al., 2015; Merla, 2015; Plaza & Below, 2014).

For ageing parents, the financial value of remittances was put into both economic and symbolic contexts (e.g. a sign of care) (Krzyżowski & Mucha, 2014). For instance, East Indian families view migration as a form of care practice because with financial remittances, older parents are able to improve their physical and material well-being (Ahlin, 2018). De Silva (2018) found that while Sri Lankan ageing parents were affluent and did not value financial assistance as much as emotional care, their immigrant adult children, especially sons, sent remittances as an expression of care.

Theme 3: cultural factors

Reciprocal care

Reciprocal care is a cultural expectation and norm of many immigrants' home countries. Regardless of immigrants' countries of origin or extent of geographic distance, there tended to be a strong sense of reciprocal care across their parents' generations and their own; this sense of reciprocity has been referred to as a 'care chain process' between adult children and their parents (Hochschild, 2000; Yeates, 2012 in Krzyżowski & Mucha, 2014, p. 12), and is different from aforementioned global chains that is not a reciprocal relationship. This intergenerational relationship reciprocity is multidirectional across countries as well as generations, which is congruent with the concept of circulation of care (Zontini & Reynolds, 2007). This strong sense of reciprocity was noted in studies of Polish adult children immigrants to Iceland (Krzyżowski & Mucha, 2014) and Sri Lankan immigrants to Australia (De Silva, 2018). Among Caribbean and Italian immigrants to the UK, reciprocity across countries was viewed as 'making positive contributions to families and society' (Zontini & Reynolds, 2007, p. 272). Such reciprocal care relationships can occur immediately and concurrently (e.g. among Caribbean's and Italians in the UK and Moroccan immigrants to Belgium, grandparents care for grandchildren while adult children assist older parents). Alternatively, reciprocity can occur at different times during the life course of adult children and parents (e.g. grandparents care for grandchildren in exchange for future care at a later life stage) (Zickgraf, 2017; Zontini & Reynolds, 2007).

Culture of care and cultural remittances

In addition to the cultural expectation of reciprocal care, the concepts of culture of care (Amin & Ingman, 2014; Zechner, 2008) and cultural remittances (Reynolds & Zontini, 2006) were strongly expressed among Bangladesh, Estonian, Caribbean, and Italian immigrant adult children. Managing and living in two different cultures but connecting with their kin at home (culture of care), immigrants aim to keep and strengthen their emotional and ethnic ties to their home countries (cultural remittances).

Redefining filial piety

Feeling a strong sense of duty to care for their parents, immigrant adult children from Italy (Baldassar, 2007; Wilding & Baldassar, 2009), Poland (Krzyżowski, 2015; Krzyżowski & Mucha, 2014), China and Taiwan (Lee et al., 2015; Sun, 2012), El Salvador (Merla, 2015), Turkey (Senyürekli & Detzner, 2008) and Morocco (Zickgraf, 2017) struggle to meet their home country's norm of filial expectations. Unable to be physically present on a frequent basis with their parents, immigrant adult children from Taiwan to the USA emphasize emotional support rather than physical care, often making 'check-in' caring phone calls. Another way they redefine filial piety is that they try to achieve professional or academic achievements that bring honour to their family names (Sun, 2012).

Theme 4: identity of immigrants

Ambiguity

Even after becoming a citizen of the host country, immigrant adult children often felt ambiguous about their citizenship identity and which was their home country: country of origin or host country. For instance, Italian immigrants to Australia, even after a number of years, often did not feel a sense of belongingness (Baldassar, 2007; Baldock, 2000). This sense of ambiguity about national identity could result from continued close communications with family and frequent visits home to meet filial obligations (Baldock, 2000), which served to renew and confirm ethnic identity in their home country (Zontini & Reynolds, 2007). In some instances, whether migration was considered as successful depended on how transnational caregiving was perceived by adult children or their parents. As another instance, if Italian immigrants to Australia perceived their immigration as 'unsuccessful', they did not visit often. If they viewed it as 'successful', they were more likely to visit, both because they could afford to and there was no sense of shame associated with not being 'successful' (Baldassar, 2007). Additionally, for those 'successful' immigrants, visits home is central to maintaining and transmitting ethnic identity to immigrants' 2nd and 3rd generation children and connecting younger generations to extended kin (Baldassar, 2011; Krzyżowski & Mucha, 2014).

Theme 5: gender roles

Findings about the role of gender within the context of transnational care are mixed. In most instances, daughters and daughters-in-law provided more care than did male adult children. For instance, caregiving was a private gendered phenomenon regardless of care circumstances among Asian (Lee et al., 2015), Caribbean (Zontini & Reynolds, 2007), Polish (Krzyżowski, 2015), Sri Lankan (De Silva, 2018) and Albanian immigrants (King & Vullnetari, 2009). Such gender-based differences may reflect the concept of caring about, which encompasses emotional/psychological support across geographic distance vs. caring for or hands-on care. As a sign of caring about, Polish immigrant women typically worried more, engaged in longer and more intimate conversations by phone, faced additional pressures to guarantee their parents' financial security, contributed more to maintaining family ties, and reported more concerns with their parents' health than men did (Krzyżowski, 2015; Krzyżowski & Mucha, 2014).

When visiting their home country, women were more likely to provide hands-on care than were men. Migrating Polish and Caribbean women, especially those whose parents needed physical care, were more often under social and moral scrutiny to provide hands-on care in their home country compared to men (Krzyżowski, 2015; Krzyżowski & Mucha, 2014; Zontini & Reynolds, 2007). In contrast, Italian and Irish male immigrants to Australia tended to place a higher value on earning money to support their dependent children than their parents. These gender-based differences may mirror men's greater ability to set boundaries around the extent of care, including the amount of financial support equated with or measured against hands-on care (De Silva, 2018; King & Vullnetari, 2009). On the other hand, having a supportive husband was central to Italian and Eastern European women's ability to provide care, particularly across multiple generations (Baldassar, 2007; Bauer & Österle, 2016; Wilding & Baldassar, 2009).

In contrast, some studies identified cohort to be more important than gender in terms of a sense of obligation to provide care. In those instances, men were as engaged as women were in caregiving, which contrasts with most research on within-country caregiving (Amin & Ingman, 2014; Baldassar, 2007; Baldock, 2000). For example, among Salvadoran immigrants facing difficult economic and political circumstances, capability to contribute whatever one could financially and emotionally to caregiving was more important than gender (Merla, 2015).

Theme 6: resistance to institutional care

Regardless of the country of origin, institutional care was viewed as the last option and a sign of 'unsuccessful' immigration (Krzyżowski & Mucha, 2014; Wilding & Baldassar, 2009). For some cultures (e.g. South Asian and Moroccan), placing loved ones in an institution meant 'abandonment' (Zickgraf, 2017). Such negative views originated from Italian immigrants' communal orientation encompassing cultural and traditional expectations of filial and community care versus a more individualistic orientation of their host country, Australia (Baldassar, 2007). In addition, some countries such as Romania and Slovakia did not have a formal elder care system; this meant that when families were unable to care directly for their ageing parents, they had to rely on paying for help (Bauer & Österle, 2016). For instance, hiring maids to care for their parents back home was a common arrangement for Bangladesh immigrants; however, these were not trained, highly skilled caregivers and were often underpaid (Amin & Ingman, 2014).

Theme 7: economic and emotional costs of care

Economic costs

Similar to within-country caregiving, economic costs of care were direct and indirect. However, they were often greater because of the need to travel substantial distance across national boundaries, necessitating considerable time and money. Direct costs included sending financial remittances to ageing relatives, travelling home for extended visits to provide care or addressing crises and other emergencies (Baldock, 2000; Lee et al., 2015; Wilding & Baldassar, 2009). Indirect costs encompassed using up vacation time to fulfil care obligations, which reduced adult children's ability to do other kinds of travel; missing time from work; or needing to assume additional employment to

manage costs of care (Amin & Ingman, 2014; Krzyżowski, 2015; Krzyżowski & Mucha, 2014; Zechner, 2008). Moreover, travel back home required careful advance planning, with immigrants facing how to balance time vs. money (Lee et al., 2015; Senyürekli & Detzner, 2008; Wilding & Baldassar, 2009). When immigrants were unable to travel home to provide care, particularly during a family crisis such as major illness or death, they often assumed the costs of managing or coordinating the delivery of care by proxy (Baldassar, 2007).

Inflexible family leave policies in the host country often added to the economic costs. Despite their contributions to their host countries, especially when they brought specialized skills, some immigrants experienced a lack of flexible, accommodating policies that took account of different types of visits, such as ritual, routine or crisis visits when a parent was seriously ill or dying, and whether for an extended time or not (Baldassar, 2008).

Emotional costs

As is true of most caregiving, the emotional costs of transnational care predominated, whether an immigrant was involved in caring for or caring about (Amin & Ingman, 2014). For example, among Caribbean and Italian immigrants to the UK, the concept of cultural remittance or people's emotional attachments to their home country are congruent with the concept of caring about (Zontini & Reynolds, 2007). In contrast to domestic caregiving, geographic distance across national boundaries and dependence on others to provide care tended to intensify emotions of grief, worry, guilt, anxiety and sense of loss of control over an unpredictable and ambiguous care situation, even though immigrant adult children did not face the daily stressors of care (Baldassar, 2007; Lee et al., 2015). Longing for and missing a loved one tended to be an emotion experienced more by transnational caregivers than by those within country (Baldassar, 2008), which sometimes resulted in health problems (Amin & Ingman, 2014).

Guilt, especially if an adult child was unable to be with their dying parent, was intensified when parents had resisted their adult children's immigration, which is referred to as lack of license to leave (Baldassar, 2008). However, guilt can also be a culturally appropriate motivating force to sustain relationships across time and distance (Baldassar, 2015). Even when parents supported their children's decision to leave, Italian immigrants in Australia still felt a moral obligation to return home (Baldassar, 2007; Wilding & Baldassar, 2009). Pressure to stay in constant and regular communication and visit as often as possible had emotional costs, especially in instances of ambivalence about care obligations as was experienced by Polish and Bangladesh immigrants to the US and Italian immigrants to Australia (Amin & Ingman, 2014; Krzyżowski, 2015; Krzyżowski & Mucha, 2014; Wilding & Baldassar, 2009).

Theme 8: use of technology

Technology was highly utilized among many immigrant caregivers and their families and central to performing their care obligations and maintaining communication (Wilding, 2006). However, costs and accessibility of technology varied across home and host countries (Merla, 2015). In the past, international phone calls were the primary means to communicate with parents and siblings and could partially ease feelings of guilt.

Polymedia – use of multiple forms of technology – for communication was becoming common, especially among younger generations of immigrant adult children (Baldassar, 2007; Wilding, 2006). Increasingly, email, text messages, Skype and social media were used more than phone calls (Ahlin, 2018; Amin & Ingman, 2014; Baldassar, 2007; Baldock, 2000; Bauer & Österle, 2016; De Silva, 2018; Lee et al., 2015; Plaza & Below, 2014; Senyürekli & Detzner, 2008). Additionally, parents' acquisition of new skills to utilize technologies contributed to a sense of inclusion among family members (Krzyżowski, 2015; Krzyżowski & Mucha, 2014). For instance, since technology can cross gender and generational lines, ageing parents in Italy could experience co-presence or 'real time' interactions with younger men such as grandsons in Australia (Baldassar, 2011; Zickgraf, 2017). Technology advanced the concept of care circulation among transnational family members as a way to express caring about (Zontini & Reynolds, 2007), and broadened the range and numbers of kin involved in caregiving (Baldassar, 2011). Nevertheless, while technology can increase feelings of psychological closeness, it does not completely eliminate the effects of geographic distance (Wilding, 2006).

Strengths and limitations of the studies reviewed: methodological quality appraisal

Table 3 shows the result of the quality appraisal of all the included studies. Out of 25 articles, 18 studies (72%) had clear research questions (Screening question 1) and their collected data allowed the research questions to be adequately addressed (Screening question 2). Of the 15 qualitative studies, study design and the data collection methods were appropriate to answer the research question. However, some of their findings and interpretations were not adequately derived from or substantiated by the data ($n = 2$, 13%). In terms of coherence between data source, collection, analysis and interpretation (appraisal question 5), less than half of them ($n = 7$, 46.7%) showed clear coherence, while there was no coherence in one study and coherence was unclear in remaining studies. A similar pattern was found among the three mixed methods studies. The majority ($n = 2$, 67%) presented an adequate rationale for using a mixed methods design, and all studies showed that the quantitative and qualitative components of the study were well integrated and adequately interpreted. However, none of the studies addressed divergence and inconsistencies between quantitative and qualitative results, and it was unclear whether all studies adhered to the quality criteria of traditional quantitative and qualitative methods studies (cannot tell = 3). These results reflect both methodological strengths and limitations in the reviewed studies on transnational caregiving: inadequate or insufficient detailed information on data to evaluate the sampling, data analysis, and interpretation. This resulted in the large number of 'no' and/or 'cannot tell' ratings with both the screening and the subsequent appraisal questions.

In addition to methodological limitations identified by a quality appraisal, most of the studies lacked a conceptual or theoretical framework. When sampling methods were described, samples were often non-representative and adult children-ageing parent dyads were rarely matched. In some instances, immigrant adult children from different countries were compared in the analyses, but there was limited discussion of how social and cultural contexts might influence responses.

Table 3. Results of quality appraisal of transnational caregiving studies using MMAT (*N* = 25 studies)

	Yes		No		Cannot tell		Total Articles Assessed	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Screening Questions								
S1. Are there clear research questions?	18	72	7	28	0	0	25	100
S2. Do the collected data allow to address the research questions?	18	72	7	28	0	0	25	100
Qualitative Studies								
1.1 Is the qualitative approach appropriate to answer the research question?	15	100	0	0	0	0	15	100
1.2 Are the qualitative data collection methods adequate to address the research question?	15	100	0	0	0	0	15	100
1.3 Are the findings adequately derived from the data?	13	86.8	1	6.6	1	6.6	15	100
1.4 Is the interpretation of results sufficiently substantiated by data?	13	86.8	1	6.6	1	6.6	15	100
1.5 Is there coherence between qualitative data sources, collection, analysis and interpretation?	7	46.7	1	6.6	7	46.7	15	100
Mixed Methods Studies								
5.1 Is there adequate rationale for using a mixed methods design to address the research question?	2	67	1	33	0	0	3	100
5.2 Are the different components of the study effectively integrated to answer the research question?	3	100	0	0	0	0	3	100
5.3 Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	3	100	0	0	0	0	3	100
5.4 Are divergence and inconsistencies between quantitative and qualitative results adequately addressed?	0	0	3	100	0	0	3	100
5.5 Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	0	0	0	0	3	100	3	100

Discussion

In this study, 25 peer-reviewed empirical articles on transnational caregiving between immigrant adult children in host countries and ageing parents and their kin in their countries of origin were reviewed. Although immigration across national boundaries is a growing global phenomenon, all the reviewed articles were published since 2000, reflecting the limited attention given to transnational elder care. Eight major themes and patterns were identified. Regardless of the country of origin of immigrant adult children, they aimed to provide care to their ageing parents. They used a range of strategies to fulfil their filial obligations/duties, utilizing technology to maintain frequent communication with their kin, sending economic and cultural remittances to attempt to replace their physical presence in their homelands, and visiting their home countries as frequently as possible to support their ageing relatives and maintain ethnic identity. However, these efforts carry high economic (remittance and travel cost to home countries) and emotional (worry and guilt) costs for immigrant adult children. Care for family in their home country was often not openly discussed because it was a private affair and family members in their homeland did not want immigrant adult children to worry about what happens back home (Lee et al., 2015). Additionally, immigrant adult children had to set aside money for travel, especially in case of emergencies, while support systems in their home country, typically siblings, had to be in place to help manage logistical arrangements during health crises (Senyürekli & Detzner, 2008).

These studies also suggest implications for those working with transnational family caregivers. Social and health care providers, for example, should not assume that

geographic distance across national boundaries means conflicts, tensions and lack of caring, but instead recognize the variety of ways that families seek to be co-present with their loved ones in their home country and to assist siblings and other relatives left behind. Similarly, practitioners should seek to build on family's resilience, capacity and creativity in negotiating responsibilities over time and overcoming economic, political and geographic barriers to care (Horn, 2017). Since the use of technology has enhanced transnational care, professionals also need to advocate for the availability and affordability of technology, especially for older parents in the home country.

Themes identified in this review also point to the need for policy-level responses to assist men and women to engage in both caregiving and paid work in a pattern that fits their particular family circumstances (Wilding & Baldassar, 2009). Workplace policies are needed to support the concept of work-family integration rather than work-family balance. The concept of work-family integration reflects the reality that immigrant families were often organized to permit the pursuit of paid work and work was structured to allow for care of relatives, without trying to devote a balanced amount of time of each day, week or year (e.g. work-family balance). As an example of work-family integration, families may benefit by working more hours to build up longer annual vacation periods for extended visits home (Lee et al., 2015; Wilding & Baldassar, 2009). This approach contrasts with more typical family leave policies that allow families to work less to provide care on a regular basis and recognizes the temporality of transnational care. Temporality refers to the pattern that families need the ability to move across borders within a compressed time period, often to address health crises, rather than developing policies to support time off for routine caregiving (Brijnath, 2009). Similarly, employment-based policies to support transnational caregivers also need to take account of a non-traditional pattern where men tend to be more involved in transnational care than they are domestically. The authors recognize, however, that citizenship in the host country may be a condition for benefiting from such policies.

Limitations

This review study has several limitations. Although the authors aimed to be inclusive of all databases and reference lists when searching articles, some relevant articles and/or very recently published studies may not have been captured because of the criteria and strategies used. For example, none of the studies include forced migrants due to wars, terrorism, and other political issues in their home countries. This may have overlooked a significant and growing number of immigrant populations. Accordingly, the number of articles reviewed (25) was relatively small. Another limitation is that multiple articles are based on a small number of studies or on the same sample. For instance, there were four studies of Italian immigrants to Australia, which creates a bias toward similar themes or patterns for these two countries identified across those four articles. By contrast, there were only four studies of immigrants to the USA (one of Keralite nurses, one of Taiwanese immigrants, one of Trinidadian immigrants and last of Bangladeshi immigrants), which is striking given the number of transnational caregivers working in the USA.

Conclusion

Transnational caregiving is a growing issue because of the high mobility of people across national borders, often at considerable geographic distance. Although the studies reviewed for this article have methodological limitations, they begin to address gaps in our knowledge about the characteristics distinctive to transnational caregiving of older adults. Additionally, they capture the complexity of care within families and communities, which involve multigenerational, multidirectional, multidimensional and reciprocal relationships (e.g. the concept of circulation of care rather than care chains). To ensure culturally appropriate support for transnational caregivers, professionals need to be knowledgeable about the economic and political challenges they face as well as their resilience in devising innovative ways to fulfil their care obligations.

Future research on transnational caregiving needs to take account of the impact of increased nationalism, tighter borders and restrictions on immigration in the UK, the USA, Western Europe and Australia, which in the past have been more welcoming of immigrants. Similarly, research is needed on how immigrants manage visits to their homeland, if at all, because of increasingly restrictive travel and visa policies. Immigrants who face legal barriers to returning home are likely to be increasingly dependent on social media and affordable technologies, such as Zoom and WhatsApp as a way to have a virtual co-presence.

Note

1. Table 2: Summary on Transnational Caregiving Studies Published in Peer-Reviewed Journals is available online at <https://uh.edu/socialwork/about/faculty-directory/c-miyawaki/>.

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Table 2. Summary on Transnational Caregiving Studies Published in Peer-Reviewed Journals

	Author/Year/ Journal Name	Sample	Study Design	Data Collection Methods	Key Findings	Study Strengths and Limitations
1	Ahlin (2017) <i>Medical Anthropology Quarterly</i>	29 families E. Indians (Keralite) working primarily as nurses in Middle East (Oman) Also interviewed Keralite nurses in US, UK and Australia 22 women; talked with and/or observed parents (5) or children (11) or both (13)	Qualitative study	Participant observation and interviews	Examines how elder care is shaped through information and communication technologies (ICT); families rely on ICTs to remain connected as alternative to being together physically. Migration is viewed as a care practice rather than as abandoning parents although abandonment is the common narrative. Care as a relational practice between people and technologies. Transnational care as shared work through the family collective (care collective). Ways that families remain connected 1. Children visit regularly (annually) 2. Families view migration as a form of care – a way to improve material and physical well-being in old age through children’s remittances 3. Technologies as active co-creators of relations with and between humans – primarily phone calls; used photos or video calls to expand the care collective (e.g. images of grandchildren, friends) ICTs are not just a tool of communication; ICTs turned communication into a concrete set of care practices, much like financial remittances.	<u>Strengths</u> Concept of ICT as a form of care <u>Limitations</u> No information about how obtained sample Both participant observation and interviews. but not consistent across all participants; did not interview both parents and adult children consistently Did not indicate how many interviewees in different countries No discussion if geographic location affected the care collective
2	Amin and Ingman (2014) <i>J of Cross Cultural Gerontology</i>	21 Bangladeshi immigrant adult children in the USA who had living parents (≥60) in Bangladesh Live in DC (2 immigrants), Louisiana (4), Georgia (3), Illinois (2) & Texas (10)	Qualitative study	In-depth & semi-structured interviews: phone or via Skype	All immigrants felt caregiving as their privileged obligation and rewarding experience, and expressed a strong sense of reciprocity and affection to their parents. Provided financial (monetary remittances), emotional (international calls) support, as well as hiring maids. Maintain cultural connection by keeping kin activities to represent emotional attachments to their home countries (culture of care). Technologies alleviate the stress of filial piety but immigrants felt loss of control over caregiving, guilt, worry and distress over the unpredictability/uncertainty of their circumstances. Underscore the importance of supportive policies (e.g., visa and travel policies, employment leave, and counseling services for caregivers).	<u>Strengths</u> Used Pearlin’s stress process model for the study Used grounded theory approach to create conceptual categories Sample from a variety of geographic locations in the US <u>Limitations</u> Purposive sample by the author’s personal networks and snowball sampling
3	Baldassar (2007) <i>J of Ethnic and Migration Studies</i>	Three cohorts of Italian immigrants in Australia and their kin in Italy	Qualitative study	In-depth interviews	All cohorts displayed similar views of cultural obligations to care. Increased frequency of transnational connections and exchanges through safer and more affordable travel, communication technologies, services, improved infrastructure and policies. The 1960s cohort: enjoyed the most developed community networks of support and involvement of subsequent generations.	<u>Strengths</u> Refutes the notion found in some gerontological literature that caregiving requires geographic proximity

		80 (1960s: n = 40+; 1970s: n = 17; 1990s: n = 20) with families in Italy & Australia			The 1970s cohort: Their parents have the most pressing needs; struggle between limited capacity to take advantage of technologies and their heightened levels of obligation; lacked the 'license to leave' (approval to leave). The 1990s cohort: showed daily exchanges of intimacies and most regular visits home; distance is not considered an impediment; have the greatest sense of obligation to maintain regular and constant contact and to maintain 'ideal' transnational family relations.	Addresses cohort differences/time differences <u>Limitations:</u> Little information about methods used
4	Baldassar (2008) <i>J of Intercultural Studies</i>	N=20 families (40 interviews) with immigrant adult children in Australia and their parents in Italy	Qualitative study	Semi-structured, "quasi-life history" interviews Participant observation	Missing and longing emotions reveals the need for co-presence. This feeling motivates more communication among kin and produces a bridge of co-presence between transnational kin. Motivate kin to construct four types of shared (co)presence: virtual, proxy, physical and imagined, which reinforce the sense of family closeness that characterizes Italian conceptions of health and well-being. Technology and objects such as photos can increase sense of co-presence. The majority of parents showed a strong preference for phone exchange, photos, and prayer as a constant reminder of transnational kin.	<u>Strengths:</u> Greater attention to emotional aspects of transnational care Discuss how feelings manifest in ethnographic interviews; researcher as embodied presence <u>Limitations</u> Lack of information about study design Sample biased toward positive family relations
5	Baldassar (2011) <i>J of Mediterranean Studies</i>	Adult children immigrants in Australia & extended kin in Italy Sample (N): 390 Project 1: n = 20 families (40+ interviews); project 2: n = 20 families (40+ interviews); project 3: 170 interviews & 4 group discussions (115 people); 25 interviews of 2 nd generation adults	Qualitative study	Participant observation and follow-up interviews	Circularity (visits home and in some instances, returning home permanently by second generation) is a more appropriate concept with which to characterize Italian emigration than the more common notions of departure, outpouring and loss. Computer-based communication has enabled men and younger generations' (2 nd generation) to have greater involvement in transnational caregiving obligations than in the past and supports notion of circularity. Use of technology promotes feeling of family (familyhood across boundaries).	<u>Strengths</u> Over two decades of ethnographic research of both immigrants and the families in Italy involving 3 different projects Project 1: postwar immigrants (Australia) and their children (Australia); project 2: post 1970 immigrants (Australia), their children (Australia), and their kin (Italy); project 3: postwar immigrants and their 25 adult children (Australia) <u>Limitations</u> Lack of information about sampling and methods across the

						three projects – no indication if same questions/types of data gathered across the 3 projects.
6	Baldassar (2015) <i>Emotion, space and society</i>	Sample Project 1: n= 40 families in Italy and 40 immigrants to Australia Project 2: n= 24 families Italian and Dutch immigrants to Australia and their kin in Italy, Netherlands	Qualitative study	Participant observation and oral history interviews	The act of migration, by causing physical separation, absence and longing, often results in immigrants' 'feeling guilty' about not being physically present to fulfill the moral obligation of caring for their ageing parents. These 'guilty feelings' provide strong motivation for adult children to put significant time and energy into 'keeping in touch' and 'staying in contact' from a distance. Women in particular 'feel guilty' for not adequately meeting kinship obligations to care, but at the same time, guilt can be a positive motivating force in maintaining and sustaining transnational relationships over time and distance.	<u>Strengths</u> States clear hypothesis <u>Limitations</u> Not always clear which findings are from Italian vs. Dutch immigrants Not able to determine the effects of cultural/historical context (Dutch vs. Italian immigrants)
7	Baldock (2000) <i>J of Family Issues</i>	N=12 (7 women, 5 men; one interview of a couple) of immigrants primarily from UK or North America to Australia from academic settings	Qualitative study	In-depth interviews	Immigrants are very involved in caregiving and their care is intensified when a parent became widowed. Used letters, phone calls and caregiving visits. Due to the excessive costs and long complex journeys involved, travel back home tends to be planned a long time ahead and with great care. Continued close communication with family back home made immigrants feel a sense of ambiguity about their national identity: who they were and where they belonged.	<u>Strengths</u> Makes distinction between caring for and caring about Some indication of types of questions asked in interviews <u>Limitations</u> Author was interviewed and included in sample; shared her own experiences with interviewees; discusses at length about own experience – no reflection by author on how this influenced conclusions
8	Bauer and Osterle (2016) <i>J of Aging Studies</i>	9 Romanian and 11 Slovakian immigrant women age 40+ years old who work as care workers in Austria	Qualitative study	Semi-structured interviews	Found patterns of re-organization of 'sandwich generation' immigrant care workers' care obligation among their own children and parents back home and their domestic work: global care chain. Reorganized informal care obligations including substitute caregiver's multiple care obligations and husbands as primary caregivers. By utilizing electronic communication systems (e.g., mobile phones, Skype), immigrant women mothered their children back home, were involved in their family life and decision-making, kept relationships with their families and relatives, and provided a feeling of togetherness.	<u>Strengths</u> Detailed description of sample, data collection, and analysis <u>Limitations</u> No major ones identified

					<p>Immigrant women still feel guilty about not being there, but also experienced a lack of understanding by their older relatives about their care labor commuting, and emotional burden to their own children.</p> <p>Public care facilities for older people are non-existent back home, and thus, informally employed older women from their neighborhood care for the immigrant women's parents.</p>	
9	De Silva (2018) <i>Gender, place</i>	17 Sri Lankan immigrants in Australia & their affluent older parents (35) in Sri Lanka	Qualitative study	Semi-structured interviews	<p>Drew upon concept of care circulation (see Baldassar, 2011; Merla, 2012) and focused on primarily emotional care work; care not easily exchanged at intimate level.</p> <p>Economic forms of care less valued since parents are affluent.</p> <p>When adult children return home, they restrict parents to care receiver position; overlook parents' emotional care needs and how parents contribute to reciprocal relationship (emotional transnationalism).</p> <p>Use of technology for maintaining emotional bonds.</p> <p>Parents dissatisfied with gendered nature of care (from daughters and daughter in laws, not sons).</p> <p>Sons focus on financial aspects of care, not emotional, which is often a source of disappointment to parents who desire emotional connection with sons.</p> <p>Most parents able to visit Australia, help with grandchildren but often treated by adult children as only care receivers; undermines parents' care contributions to reciprocal care relationships and may limit emotional connections.</p>	<p><u>Strengths</u></p> <p>Concept of emotional transnationalism</p> <p><u>Limitations</u></p> <p>No information about how recruited sample</p>
10	Horn (2017) <i>J of Ethnic & Migration Studies</i>	27 Peruvian immigrants (age 57-86) in Spain and Peru	Qualitative study	Semi-structured interviews	<p>Maintain the cultural constructions of motherhood (being available anytime to their immigrant adult children as well as business person, who provide financial remittance to help her children succeed) are central for non-immigrant parents.</p> <p>Phone and internet are crucial tools for communication.</p> <p>Difficulty in getting visas; government policies, economic factors and communication infrastructures in Peru significantly impact the spatial and temporal dimensions of transnational family life.</p>	<p><u>Strengths</u></p> <p>Clear research questions</p> <p><u>Limitations</u></p> <p>Minimal information on sample description, sample recruitment and data analysis</p> <p>Appeared to use a conceptual framework of previous researchers, but no explanation of that framework</p>
11	King & Vullnetari (2009) <i>Geografiska Annaler. Human Geography</i>	Based on 3 Albanian immigration research projects: 1. to Italy (n=68) 2. to UK (n= 26) and 46 with immigrant-sending and	Qualitative study	In-depth interviews	<p>Examines interaction between gender and generations in recent large-scale emigration from Albania.</p> <p>Addresses 3 aspects of Albanian migration process.</p> <ol style="list-style-type: none"> 1. Initial migration and aftermath of settlement in host country 2. Remittance transfers by immigrants to family members in Albania (men are in control of remittances) 3. Transnational care between family members <p>Men dominate emigration, the sending of remittance; women giving of care (transnational grandmothers and daughters).</p>	<p><u>Strengths</u></p> <p>Incorporates generational dimension (how life cycle and descent interact with migration process).</p> <p>Gendered theorization of migration: added generation dimension</p>

		returnee households. 3. older kin in Albania (n=38) and immigrants of these elders in Greece (n=23)			<p>When woman emigrates with husband, what she earns typically goes to husbands family as remittances, not her own; still under patriarchal control.</p> <p>Older parents denied grandparenting role; even though transnational care takes place, elders place importance on physical proximity; when don't have this, they feel lonely and abandoned as both care receivers and caregivers –although some elders travel to host country to help with grandchildren.</p> <p>While gender and patriarchy organize Albanian migration, international migration has potential to reconfigure gender relations and power inequalities.</p> <p>Individuals' social location within interconnected hierarchies (national, class, kinship) and power geometries deriving from contemporary global phenomena (time-space compression and barriers to international mobility).</p>	<p>to gendered geographies of power</p> <p><u>Limitations:</u> No major ones identified</p>
12	Krzyowski (2015) <i>Studia Socjologiczne</i>	56 Polish immigrants in Iceland & Austria and their 36 parents in Poland 837 questionnaires in Iceland & Austria	Mixed methods	In-depth interviews and online survey	<p>Immigrants provide a variety of care (e.g., social remittances, advice, personal aid, supervision of health situation, assistance filling out forms).</p> <p>Communication technology (e.g., international phone calls, Skype, internet) compensate for immigrants' absence and infrequent visits to parents, reduce their guilt, and give them opportunities to be "in control," (in contact with siblings) and be "present" and move a family "home;" communicate several times a month similar to frequency of interaction of non-immigrant children.</p> <p>Iceland is one of leading countries in the world in terms of internet usage which may partially explain frequency of communication among immigrants in Iceland; Austria.</p> <p>Higher rates of phone communication (Skype); but Skype calls often on siblings/other relatives' computer rather than parents, which can threaten parent's autonomy.</p> <p>New technology means ageing parents need to learn new media skills to avoid social exclusion among family members.</p> <p>Managing networks of support in Poland (physical labor and investment of time and money) is important but raises tensions between an immigrant and non-immigrant relatives in Poland.</p> <p>Rely on a sibling or hire a relative for parents' personal care.</p> <p>Provide practical domestic help on visits home.</p> <p>Financial remittances although there is an expectation that Polish government should provide more financial assistance (pensions).</p> <p>Parents of immigrants more accepting of non-family forms of assistance than those whose children do not migrate, although relative care is still most preferred – hiring outside help is most negative solution.</p>	<p><u>Strengths</u> Use of large sample Described recruitment strategies Detailed description of both quantitative and qualitative methods and how they were complementary Described the analytical categories of qualitative research Used MAXQDA program for qualitative analysis Used cross-case analysis (comparing individual cases) Analyzed a topic of interest from multiple dimensions</p> <p><u>Limitations</u> Surveys with non-randomized sample via internet No conclusions are generalizable due to the lack of sampling mechanism</p>

						No information on how the quantitative data were analyzed
13	Krzyzowski & Mucha (2014) <i>International Sociology</i>	N=40 Polish immigrants to Iceland & parents in Poland	Mixed methods	Participant observation and in-depth interviews; internet survey used snowball technique and immigrant internet site to recruit sample	Although some practices of caring for older parents are modified due to technological development, sociocultural aspects of caring remained unchanged during migration. Adult immigrant children took responsibility for their parents' financial security by sending money to parents, to immigrants' siblings who live in the country to take care of parents or to hire caregivers. For the adult immigrant children, the financial support is a substitute for physical intimacy; for the older parents, it is a sign of care. Immigrant women are seen more negatively socially and morally than men. Women are forced by social and cultural systems to make additional efforts to guarantee financial security of their parents.	<u>Strengths</u> Focus on cultural meaning of remittances Circular process of support rather than care chains Provided information about detailed study design, methods and sample characteristics Quantitative data supplemented by qualitative data <u>Limitations</u> No major ones identified
14	Lee, Chaudhuri, and Yoo (2015) <i>J or Cross Cultural Gerontology</i>	21 Chinese, Taiwanese, Korean, & Indian H1B visa immigrant workers working in the USA.	Qualitative study	In-depth interviews	Continued caring relationships from afar built on cultural values and practices such as filial responsibility, strong interdependence and gendered care work. Created emotional and financial struggle of transnational caregiving in balancing professional pursuits and parental obligations. Concerns regarding care for immigrants' families back home are currently considered as their private affairs and mostly left at the hands of the immigrants. Considering the contributions these highly skilled workers bring to the US economy, more attention should be paid for the physical, mental and financial cost of this immigrant group. Need for more supportive workplace and social policies for transnational families such as longer vacations, family care leave, less stringent travel restrictions, health insurance for older parents, and tax subsidies for transnational elder care.	<u>Strengths</u> Used the concepts of 'caring about' and 'caring for' as theoretical framework. Detailed description of data collection and data analysis (grounded theory) Discussed reflexivity of researchers and her assistants' position with interviewees Interviews with all sectors who care for elders left behind in Italy (e.g., family, public sector, market and the non-profit <u>Limitations</u> No major ones identified
15	Merla (2012) <i>International Migration</i>	22 Salvadoran refugees from various levels of occupations in El Salvador to Australia	Qualitative study	Interviews and participant observation	Obstacles of transnational caregiving include finding jobs due to a limited command of English, inadequate provision of leave options, restrictive visa regulations and inequalities to access and use of communication technologies. The frequency of visiting home is low due to the prioritization of remittances and phone conversation.	<u>Strengths</u> Good use of quotes from the interviews to support the importance of the issues <u>Limitations</u>

		Community leaders and social workers			<p>Telephone and internet communication depends on the availability and affordability.</p> <p>Extended family networks play a major role in overcoming obstacles to transnational caregiving.</p> <p>Immigrants' willingness to contribute to their parents' well-being leads them to maintain/sustain links with far-distanced relatives in their home country.</p> <p>Gender less important than the ability to contribute to parents' well-being.</p>	<p>No data on interviews with community leaders and social workers</p> <p>No detailed information on data collection and analysis</p>
16	Plaza and Below (2014) <i>International Migration</i>	100 online surveys with Trinidadian immigrants in the US, Canada, UK. 3 focus groups and interviews (N=11) with Trinidadians in Canada	Mixed methods	Surveys and interviews	<p>Landlines/cellular phones are the most used technologies, and Facebook, Twitter, YouTube, and Skype are in the early stages of use for Caribbeans.</p> <p>Facebook helps to alleviate feelings of alienation and marginality in host cultures.</p> <p>Social media as a transnational bridge to connect familiar cultural values and practices and help alleviate feelings of cultural mourning.</p> <p>Caribbean women tended to adapt more to the multi-directional family care chains using technologies compared to men.</p>	<p><u>Strengths</u></p> <p>Provided in-depth theoretical background of the study</p> <p>Participants included various ethnic groups of Trinidadian that reflects heterogeneous families from Trinidad</p> <p>Detailed information on the survey and interview questions</p> <p><u>Limitations</u></p> <p>Snowball sampling based on a researcher's acquaintances in both online surveys and focus group</p>
17	Reynolds and Zontini (2006) <i>Families & Social Capital ESRC Research Group</i>	N=30 2 nd & 3 rd generation Caribbean immigrants to UK & Caribbean N=50 several generations of Italian immigrants in UK	Qualitative study	In-depth interviews and participant observation	<p>Individuals enmeshed in a complex web of relationships linking them to wider kin groups located in a variety of geographical contexts and to their wider communities in the UK and abroad.</p> <p>Family visits 'home' and long distance telephone calls are a central feature of family life.</p> <p>Both groups put importance on kin-keeping and cultural connections to their place of origin and strengthen their ethnic identity (cultural remittances).</p> <p>Caring about is multi-directional, flowing across and within the generations as well as countries (concept of circulation of care); caring for is an everyday but gendered and selective activity.</p> <p>Women's and men's involvement and how care is allocated within families differ.</p> <p>Caribbeans discuss decisions more openly than Italians.</p> <p>Geographic distance from family members does not influence the decision to care. But both groups heavily rely on networks of social service communities and associations for different sectors of their populations.</p>	<p><u>Strengths</u></p> <p>Addressed concept of social capital in multidirectional exchanges</p> <p>Utilized feminist theoretical perspective</p> <p>Discussed the many nuances of family life, and the processes by which cultural norms, values, attitudes and behavior are transmitted, transformed and maintained across generations and geographical distance</p> <p><u>Limitations</u></p>

						<p>Compared two very different populations and cultural contexts, but does not take account of how context may influence interactions</p> <p>No information about design of two larger studies</p> <p>In some instances, interviewed more than one family member but not consistent in this approach</p>
18	Senyurekli and Detzner (2008) <i>Family Relations</i>	28 Turkish immigrants in the US.	Qualitative study	In-depth interviews	<p>Due to the geographic distance, these Turkish transnational families were unable to follow Turkish cultural norms of close physical proximity to family members (interdependence).</p> <p>Cost of travel and the need of substantial time-off from work made it challenging to visit their families back home.</p> <p>Used communication technology as a key asset to develop new strategies to help sustain reciprocity in transnational context.</p> <p>Amount of interaction depended on the immigration status (e.g., legal, undocumented, refugees), access to phone, internet, and visitation to home country.</p> <p>No adult children sent remittance to their parents in Turkey indicating parents' financial stability.</p> <p>Structural, associational, and functional changes within families generated ambivalence leading to the censorship of information and the experience of anxiety.</p> <p>Families back home tended to withhold sharing negative news with their immigrant children.</p>	<p><u>Strengths</u></p> <p>Provided in-depth theoretical background of the study</p> <p>Provided detailed methods of data collection and analysis (using MAXQDA)</p> <p>Included information on saturation, aspects of peer debriefing and confirmability with other researchers</p> <p><u>Limitations</u></p> <p>Snowball sampling based on the first author</p>
19	Sun (2012) <i>J of Family Issues</i>	24 middle to upper-class background Taiwanese immigrants living in the Greater Boston area and 23 parents in Taiwan (N = 47)	Qualitative study	In-depth interviews	<p>Both immigrants and their parents value individualism over collectivism, emphasizing that the transnational family can facilitate to be independent rather than (over) dependent on others.</p> <p>Negotiated rules of intergenerational reciprocity across national borders: the decision to violate conventional rules of intergenerational reciprocity; importance of cross-border kin support; remaking filial piety emphasizing emotional support rather than physical care; gendered expectations and practices: importance of daughters-in-law.</p> <p>Immigrant children heavily rely on their siblings and relatives in Taiwan to care for their parents, especially siblings' daughters-in-law.</p> <p>Social class of these Taiwanese immigrants (middle to upper-class status in Taiwan) is central to their negotiation of intergenerational</p>	<p><u>Strengths</u></p> <p>Interviewed both immigrant children in the U.S. and their parents in Taiwan</p> <p>Provided in-depth theoretical background of the study</p> <p><u>Limitations</u></p> <p>No information about data analysis except using the principal of grounded theory</p>

					<p>reciprocity (e.g. no need of financial remittances from both immigrant children to parents in Taiwan and parents to immigrant children in the US.).</p> <p>The US is considered a “superior” country compared to Taiwan, and becoming American citizen and succeeding in the U.S. represent an upward mobility and is viewed as a way to represent filial piety; asking the next generation to glorify family reputation by succeeding in the US.</p>	
20	<p>Vianello (2016) <i>European Journal of Social Work</i></p>	<p>15 Moldovan and Romanian immigrant women in Italy. 210 surveys with Moldovan and Romanian immigrants in Italy</p>	<p>Mixed methods</p>	<p>Survey and in-depth interviews</p>	<p>Cooperation between siblings who are immigrants and live in the country of origin is essential in organization of care provisions. Social networks of parents are important. Communication technology (e.g., phone calls, Skype) and monetary remittance are basic supportive mechanism for ageing parents. An internal reorganization of the family may be necessary: Option 1: immigrant children (usually women in their 50s-60s) return home to provide care; Option 2: bring the parents to Italy. Usually younger women although some parents do not want to migrate to Italy. Immigrant children face dual conflicting loyalties between their own families and parents back home and have to make a decision of which one to prioritize for care. Public and private sectors are trying to fill the gap of elder care; however, many private sectors are too expensive for immigrant children to afford. The care deficit among elders left behind is economically stratified, and this condition produces the paradox that immigrant women who work as caretakers for elders in Italy cannot meet the needs of their own ageing parents. Because of the gaps in policy, transnational families are still the main providers of care.</p>	<p><u>Strengths</u> Interviews with all sectors who care for elders left behind in Italy (e.g. family, public sector, market and the non-profit sector) <u>Limitations</u> Survey of purposive sample (snowball) Non-representative and self-selected sample No information on how to recruit interviewees No information on how all these data were analyzed</p>
21	<p>Wilding (2006) <i>Global Networks</i></p>	<p>N=85 adult children in Australia & parents in Ireland, Italy, Netherlands, Singapore, New Zealand & Iran</p>	<p>Qualitative study (Interviews of select populations from larger quantitative study)</p>	<p>In-depth interviews of immigrants and ethnographic interviews of parents</p>	<p>Although all ICTs serve to maintain transnational relationships, different forms of communication have different consequences for the family relationships they sustain: letters and postcards have been are potential tools for creating particular imaginative worlds, in which both the sender and receiver engage in an idealization of the other and of their relationship. Research on the use of the telephone has documented the ways in which men and women differ in their styles of telephone conversation, and how different cultural groups have different relationships with and attitudes to telephone calls; the Internet and, more specifically, email are used in different ways by different genders and different cultural groups. The introduction of email as a specific ICT has transformed the transnational family. The primary advantage of email is that it provides a sense of transcending time and space, which contributes to a perception of intimate connectedness. Most families saw this capacity for connection as improving the overall quantity and quality of contact that occurred.</p>	<p><u>Strengths</u> Extensive discussion of uses and limitations of ICTs <u>Limitations</u> Limited discussion of how different cultural contexts of their diverse sample may influence transnational care behavior Not matched sample of parents with adult children</p>

					<p>Although the introduction of email into everyday lives has enabled people to feel that they are ‘connected to home’ and family, in spite of space and distance. However, this also constructs its own rather dystopian dynamic: in cases of crisis, the continued existence of distance returns to haunt the family network.</p> <p>ICTs have not created a world in which the extended family network has become a ‘virtual family’, or family events are constructed solely in cyberspace.</p> <p>Cyberspace and virtual communications provide a useful addition to family practices, but they do not displace them or completely eliminate the effect of geographic distance.</p> <p>The ICTs are used primarily to enable and supplement the continuation of existing family practices.</p>	
22	Wilding & Baldassar (2009) <i>J of Family Studies</i>	N=50 immigrants from Italy and Ireland to Australia and their parents in Italy or Ireland. Subset of larger study	Qualitative study	In-depth interviews	<p>Time and money are key resources that influence family’s capacity to engage in transnational caregiving.</p> <p>Both men and women negotiate work to maximize time & money available for local and transnational caregiving. But there is a gendered dimension – women reduce work to increase time for transnational care while men prioritize work as a way to support and facilitate the costs of transnational care. The gendered distinction is not so much in the desire to both work and care, but rather inherently complementary obligations.</p> <p>Transnational family context reinforced that a gender dichotomy may not be the most useful means but families may benefit from longer weekly hours complemented by longer annual leave periods (concept of work-family integration rather than work-family balance).</p>	<p><u>Strengths</u></p> <p>New concept of work-family integration rather than balance makes a substantive contribution</p> <p>Took account of cultural differences</p> <p>Presented topics covered in interviews</p> <p>Concluded that gendered dichotomy may not be the most useful means of addressing transnational care, which contrasts with numerous other studies that focus on gender differences</p> <p><u>Limitations</u></p> <p>No major limitations identified</p>
23	Zechner (2008) <i>J of Aging Studies</i>	5 Female Estonian immigrants in Finland caring for their older relatives in Estonia, Russia or Belorussia)	Qualitative study	In-depth interviews	<p>The geographic distance between the immigrants and their relatives are close; both immigrants and their relatives are low income; the older relatives live in rural areas and live in a poor housing condition in Estonia, Russia and Belorussia; and those countries do not offer good social welfare services as Finland does.</p> <p>Caring transnationally means that the immigrants have to act simultaneously within two sets of cultures of care and social policies.</p> <p>The concept of caring for each other is strongly embedded in the immigrants’ culture (culture of care).</p>	<p><u>Strengths</u></p> <p>Written based on the concept of care: caring about, taking care of, caregiving and care-receiving.</p> <p><u>Limitations</u></p> <p>Purposive sample (snowball) from secondary dataset</p>

					Immigrant families benefit from securing a basic income, working longer weekly hours complemented by longer annual leave periods. The travel restrictions generate great variation in people's ability to manage travelling. Since migration is an increasing phenomenon, social policies such as family care allowance, need to take into consideration not only a national context, but also transnational settings.	Provided only minimal, basic information about the dataset Not enough explanations of how the data was analyzed
24	Zickgraf (2017) <i>J of Ethnic and Migration Studies</i>	40 Moroccan immigrants in Belgium and parents in Morocco	Qualitative study	In-depth interviews and participant observation	Parental care is expected based on Moroccan culture, and placing ageing parents in facilities is considered abandonment. Immigrant children provide their older parents care via visits and arrangements of in-home care by remittance. The parents rely on support from their immigrant children but accept modification of support while they continue to provide support to their descendents' upbringing. The parents need to rely more on Morocco-based care.	<u>Strengths</u> Several methods of data collection were used <u>Limitations</u> Not enough information on the methods of recruitment, data collection and data analysis
25	Zontini & Reynolds (2007). <i>International Review of Sociology</i>	N=130: 80 Caribbeans (30 2 rd & 3 rd generation in UK & their 50 kin in Caribbean) & 50 Italians of various generations in UK	Qualitative study	In-depth interviews and participant observation	Caribbean and Italian groups put importance on keeping families together across distances by employing "kin-keeping" methods such as through family visits home and regular long distance telephone calls. Care provision in both groups is multidirectional, flowing across and within generations as well as countries (concept of circulation of care). In Caribbean families, decisions were discussed more openly (explicit) than in Italian families where tended to be implicit. Observed how individuals in both groups are enmeshed in strong interpersonal networks that act as important resources for everyday functioning of family.	<u>Strengths</u> Circulation of care concept <u>Limitations</u> Compares two very different populations and cultural contexts, but does not take account of how context may influence interactions No information about design of two larger studies In some instances, interviewed more than one family member but not consistent in this approach