

# Navigating transnational childcare relationships: migrant parents and their children's caregivers in the origin country

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**Abstract** *In this article, we investigate the daily work entailed in maintaining informal transnational childcare relationships between migrant parents and the children's kin or non-kin caregivers in the country of origin. By applying the concept of 'kin work', we seek to understand how work is performed within transnational care relationships. Using a simultaneous matched sample methodology that gives equal weight to data on both sides of the transnational relationship, a team of researchers collected ethnographic data from Ghanaian migrant parents in the Netherlands and from their children's caregivers in Ghana. This approach allowed us to investigate the day-to-day care work from two perspectives – namely the visible and the invisible actions of the people involved in creating the kinship relationships of care work. Discrepancies in perceptions were uncovered because we compared data obtained on both sides of the relationship. These findings contribute to our understanding of the ways in which long-distance practices facilitate the maintenance of kin relationships and how the inability to perform these can lead to tensions.*

**Keywords** CAREGIVERS, CHILDCARE, GHANA, KIN WORK, TRANSNATIONAL FAMILIES, THE NETHERLANDS

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The perspective of the literature on transnational families has shifted from one of seeing the family as a bounded geographical unit to that of envisaging it as a social unit that can be maintained across distance and national boundaries (Bryceson and Vuorela 2002; Zontini 2004). Despite the emotional suffering that results from geographical separation, family members can live ‘apart-together’ (Baldassar 2007; Mazzucato and Schans 2011) through transnational family practices such as long-distance communication, return visits and sending money. While there are studies that analyse the daily transnational family interactions that keep families functioning across geographical distances (Baldassar 2007; Bryceson and Vuorela 2002; Zontini 2004), to our knowledge, none have investigated day-to-day care from the perspectives of those who migrate and those who stay behind simultaneously. Because our study employed the simultaneous matched sample (SMS) methodology (Mazzucato 2009), which allowed us to give equal attention to migrants and non-migrants, we could examine day-to-day care work in ‘real time’ rather than having to rely on recall. The data collected simultaneously from both sets of actors provide insights into the multi-actor performance of care. Furthermore, by comparing contrasting accounts of care within the same transnational family, we understand the multiple perspectives on care work that are influenced by where one is situated, socially and geographically, in the transnational family. We draw on di Leonardo’s (1987) seminal work on ‘kin work’. While transnational care relationships are often embedded in tacit family practices, these relationships need to be ‘worked at’. The concept of ‘kin work’ allows us to focus on the work involved in ‘doing’ family across national boundaries.

Empirically, we focus on relationships between Ghanaian migrant parents in the Netherlands and their children’s caregivers in Ghana. The latter, while not the children’s biological parents, are that part of the extended family network that provides proximate care for the children separated from their parents. The caregivers can be the children’s grandmothers, grandfathers, aunts, uncles, or cousins and, in some cases, non-kin members such as teachers, pastors, or friends. While transnational families are broadly conceptualized to include ‘both nuclear and extended family types whose members are actively engaged in family survival and maintenance’ (Baldassar and Merla 2014: 12), scholarly work has focused primarily on how relationships are sustained in nuclear family units – namely between children, parents, spouses and, at times, elderly parents. The dynamics and practices involved in creating care arrangements in extended care networks and maintaining relationships between migrant parents and caregivers has been given scant attention in transnational family literature (Mazzucato and Schans 2011); or, if it is signalled as important, it is not the focus of analysis (Hondagneu-Sotelo and Avila 1997; Schmalzbauer 2004). Yet, such relationships are important to the functioning of transnational families and to how their different members experience living apart. Furthermore, studying such relationships contributes to our understanding of how transnationalism shapes family relations and organization.

Our study reveals how migrant parents and caregivers alike carefully manage their finances and their communications to maintain mutually trusting relationships across borders. While much of the literature on transnational families focuses on the emotional toll on parents and children (Bernhard et al. 2005; Pribilsky 2001), we focus on the

family strategies employed to make long-distance childcare relationships work and on how the different actors in different localities respond to the problems they encounter. While acknowledging the challenging nature of transnational childcare arrangements, our study among migrant parents in the Netherlands and caregivers in Ghana reveals that these actors have adopted creative practices to navigate relationships across distance.

### **Doing kin work in transnational families: a review of the literature**

The burgeoning literature on transnational families emphasizes the contributions of migrants and non-migrants to maintaining family life across borders through their interconnected productive and reproductive work. Reproductive work includes both *caring work*, which refers to the care of family members, and *kin work*, which refers to the ways kinship relationships and mutual obligations are kept alive (di Leonardo 1987; Zontini 2004). We focus on kin work to understand how relationships in extended transnational family networks of care, which are crucial to the productive and caring work in which the different actors engage, are created and maintained.

Di Leonardo (1987: 442) introduced and defined the concept of *kin work* as ‘the conception, maintenance, and ritual celebration of cross household kin ties’. The notion of *kin work* as a verb emphasizes that kinship does not automatically result from ‘being’ kin, but is actively created through everyday family practices that require ‘time, intention, and skill’ (di Leonardo 1987: 443). In a transnational context, where family life is enacted without continued face-to-face contact, there is a need for explicit and deliberate actions to overcome geographical distance. Consequently, kin work has to be reorganized. Bryceson and Vuorela (2002) introduced the concept of ‘relativizing’, which applies the notion of kin work to the transnational context. They emphasize that the construction of family within a transnational space is more deliberate, for it cannot rely on continuous face-to-face contact and taken-for-granted everyday interactions.

Transnational family studies generally concentrate on how family relationships are sustained within nuclear families, notably between migrant parents and their children who stay behind in the country of origin (Hoang and Yeoh 2012; Hondagneu-Sotelo and Avila 1997; Parreñas 2005; Schmalzbauer 2004). They also, though to a lesser extent, focus on caregiving relationships between migrant children and their elderly parents in the home country (Baldassar 2007; Baldock 2000; King et al. 2014) and on spousal relationships (Mahler 2001; Menjívar and Agadjanian 2007; Pribilsky 2004). Such studies point to the diverse ways in which family members maintain a feeling of co-presence through long-distance communication, such as telephone calls, text messages, letters, remittances, photos, and visits (Baldassar 2007; Mason 2004; Parreñas 2005; Zontini 2004). New information and communication technologies (ICTs), particularly mobile phones (Vertovec 2004) and the internet (Madianou 2012; Wilding 2006), have increased the possibilities for migrants and non-migrants to engage in each other’s lives, facilitating the active re-creation of family ties and emotional bonds across borders (Baldassar 2007).

Yet, while technologies and travel have facilitated the maintenance of transnational

family relationships, asymmetries are characteristic of kin-work across borders. A family member's place in the transnational field, both geographic and social, plays a part in determining that person's access to transnational mobility, resources, and communication. Geographical distance may create and exacerbate power dynamics, conflicts and inequalities, and shift power balances (Dreby and Adkins 2010).

Studies that take into account transnational care relationships within extended family networks do so from the perspectives of either the migrant parents (Bernhard et al. 2005; Coe 2008; Hondagneu-Sotelo and Avila 1997; Parreñas 2005) or their children (Dreby 2007; Poeze and Mazzucato 2014). The few studies on caregivers, mostly grandmothers (Moran-Taylor 2008; Yarris 2012) and other kin and non-kin (Dankyi 2014; Dreby 2010) highlight that kinship care is key to family survival in the context of transnational migration. Extended kin and non-kin caregivers in the country of origin are important for filling care deficits left by the migrant, especially following maternal migration (Dreby 2010; Leinaweaver 2010; Parreñas 2005). Caregivers perform hands-on domestic and care tasks, provide financial and emotional support, and help children understand their parents' absence (Dankyi 2014; Dreby 2010; Moran-Taylor 2008; Yarris 2012). Terms such as 'other mothers' (Schmalzbauer 2004), 'middle-women' (Dreby 2010) and 'indirect mothering' (Fresnoza-Flot 2009) are used to capture the caregivers' central and mediating roles in transnational families. At the same time, some studies emphasize the emotional stress resulting from separation. Migrant parents grow concerned about the use of finances, the possible abuse, or neglect of their children, and the loss of their authority, decision-making power, and maternal status (Åkesson et al. 2012; Bernhard et al. 2005; Dreby 2010; Hondagneu-Sotelo and Avila 1997; Moran-Taylor 2008). Caregivers, on the other hand, worry about insufficient remittances, protracted care arrangements, and the difficulties of maintaining control over the children (Dankyi 2014; Dreby 2010; Moran-Taylor 2008).

The above-mentioned studies focus primarily on the effects of transnational family care on the different members involved. However, their focus is either on one side of the family or the research has been conducted in two sites in a sequential manner, which misses many of the small day-to-day interactions that together constitute how people work at creating and maintaining networks of care (Mazzucato 2009). Hence, to date we know little about the considerations that go into selecting a caregiver and accepting the care role (but see Dreby 2010; Winters 2014), and the day-to-day strategies that migrant parents and caregivers develop to maintain trust and reciprocity that are at the basis of informal arrangements of care. In this article, by focusing on the everyday interactions and practices of migrant parents and caregivers through a simultaneous matched sample methodology, we explore the mechanisms used to generate and reinforce trust and see how tensions are negotiated to sustain extended family care networks across national borders.

### **A simultaneous matched sample methodology and respondent characteristics**

The transnational context poses challenges for researchers because it is difficult to study relationships when people are located in two or more localities. There is the risk that

the research lacks either depth – when the researcher has to split her or his time between multiple contexts in a multi-sited research design – or breadth – when only one side of the transnational family network is studied (Mazzucato 2009). To overcome this, we adopted a Simultaneous Matched Sample (SMS) methodology (Mazzucato 2009). This methodology allows for simultaneous ethnographic research among different members of the same transnational family in their respective locations by two or more researchers. For our study, two researchers simultaneously studied 11 families<sup>1</sup> in which pairs of Ghanaian migrant parents in the Netherlands and their children's extended kin and non-kin caregivers in Ghana were followed. To our knowledge, few studies employ an approach that gives equal importance to each side of the transnational relationship.

Since the SMS methodology captures simultaneity in space and time, it allowed us to examine interpersonal processes. By being present in both sites simultaneously, we gained insight into the everyday practices, often tacit, that are difficult to recount in an interview based on recall (Mazzucato 2009). We could observe how a single event was experienced in both sites and how migrant parents and caregivers responded to each other's actions. Moreover, our teamwork and the continuous sharing and discussion of interview data and the exchange of field visits gave each researcher insight into what happened on the other side and to follow up when necessary. This helped us identify and analyse important relationship dynamics and discrepancies in information (Poeze and Dankyi 2013).

At the same time, our methodology raises ethical issues of confidentiality, for we come across information that other family members may not know about. We responded to this by guaranteeing confidentiality to our respondents and ensuring that we did not divulge information about one side of the family to the other. We were also careful in our reporting on the families not to disclose information that could damage mutual trust within the family (Poeze and Dankyi 2013).

Fieldwork was conducted between mid-2011 and mid-2013. We began our search for matched samples in Amsterdam where a large percentage of the Ghanaian community in the Netherlands resides. We used various means to contact respondents, including announcements on community radio stations, through churches, and through the networks of the key informants and Ghanaian interviewers who had previously been involved in a larger Transnational Child Raising Arrangements project. To make it practical for the Ghana-based researcher to visit people regularly, we selected families in which the caregiver resided in the Ashanti and Greater Accra regions. About half of all Ghanaian international migrants come from these regions (GSS 2012).

Table 1 shows the main characteristics of the matched sample. All but one of our matched sample respondents belong to the Akan (8) or Ga (2) ethnic groups. The data were gathered through multiple qualitative interviews, observations during interviews and on social visits, and regular phone calls. Interviews in the Netherlands were mainly conducted in English, whereas those in Ghana were mainly conducted in Twi and later translated into English.

Our sample allowed us to investigate dynamics within care relationships. Despite a couple of refusals due to time constraints on the respondents, we are confident that we have a wide range of transnational care experiences due to the variety of gateways

**Table 1: Main characteristics respondents: migrant parents in the Netherlands and caregivers in Ghana<sup>1</sup>**

Respondent	Migrated parent <sup>2</sup>	Years separated	Status	Profession migrant	Caregiver	Relationship to migrant child	Age and sex of migrant's children in care of caregiver	Profession caregiver	Family's wealth status <sup>3</sup>
1 Miles	F	21	documented	factory worker	Daniel	father's nephew	19M	fabricator	thriving
2 Ernest	F	15	undocumented	cleaner	Richard	father's brother-in-law	18M; 15M	car sprayer	getting by
3 Benjamin	F	12	documented	factory worker	Mami	father's mother	13M	unemployed	getting by
4 Kofi	F&M	3	documented	priest	Agyeiwaa	mother's mother	19M; 13F	unemployed	thriving
5 Prince	F&M	8	undocumented	dishwasher	Felicia	mother's sister	19F; 17F; 14M	unemployed	barely subsisting
6 Kwaku	F&M	17	documented	administrator	Rosemund/Victoria	father's mother/non-kin	17F; 15F; 10M	trader/teacher	thriving
7 Sophia	F&M	12	documented	cleaner	Efiua	mother's sister	14F	trader	thriving
8 Abena	M	15	undocumented	cleaner	Rose	mother's mother	19M; 16M	unemployed	barely subsisting
9 Candice	M	17	documented	cleaner	Richard	mother's nephew	18M; 18F	government worker	getting by
10 Joyce	M	2	documented	cleaner	Cecilia	mother's aunt	17F; 15F; 13F; 4M	unemployed	barely subsisting
11 Nicole	M	8	documented	unemployed	Akosua	mother's grandmother	12F	unemployed	barely subsisting

Source: Transnational Child Raising Arrangements project ethnographic studies in the Netherlands and Ghana, 2011–13.

1. All figures are based on moment of first contact in 2011 and 2013.
2. F = father; M = mother; F&M = father and mother, not necessarily migrated together.
3. We have slightly adjusted the categories from Abrego (2009): 'barely subsisting' refers to families in which the housing situation in both Ghana and the Netherlands is poor, children usually attend government schools and sometimes have to stay at home when school fees cannot be paid, and the necessary day-to-day costs for food cannot always be met; 'getting by' refers to families in which the basic necessities for the household and schooling of the children can be covered in both Ghana and the Netherlands, but where there is little surplus for additional expenses; 'thriving' refers to families in which children attend expensive private schools, where migrants are home owners in Ghana and/or the Netherlands, and where there is enough surplus money for savings, luxury goods and investments.

through which we accessed respondents; being able to check characteristics against the wider survey of 300 migrant parents conducted for the TCRA project; and our supplementary data from a non-matched sample of 27 Ghanaian migrant parents in the Netherlands and 19 caregivers in Ghana who were part of extended family care networks. Of the total 57 families, 11 had a father who migrated, 32 a mother who migrated, and 14 had both father and mother who migrated. Some 36 families had a grandmother (the majority maternal), 17 other kin, and 5 a non-kin as the caregiver.<sup>2</sup> The majority of other kin caregivers were the mother's sister and, to a lesser extent, more distant maternal kin, and paternal close and distant kin. We selected migrant parents and caregivers who varied in terms of sex, age of children, and legal and socio-economic status to capture variety in the types of migrant and caregiver.

### **Arranging transnational childcare**

Transnational childcare arrangements and practices are embedded in culturally prescribed notions of family care responsibilities (Åkesson et al. 2012; Mazzucato and Schans 2011). In Ghana, filial relationships include biological and social ties with childcare being the collective responsibility of kin and non-kin (Goody 1982). Accordingly, biological parents and extended family members share parental rights and responsibilities. This manifests itself in large extended kin households and in practices of 'kinship fostering', an informal system outside state involvement whereby children move to non-natal homes for shorter or longer periods and for a myriad of reasons, including collective cost sharing and reinforcing family ties (Goody 1982; Isiugo-Abanihe 1994). Child fostering is to date widely practised in Ghana: in 2010, 16.4 per cent of Ghanaian children, aged 0–18, lived in foster arrangements (GSS 2012: 28, table 8).

Despite social parenthood norms, we find that mobilizing caregivers and creating transnational childcare arrangements is not an easy process. Whereas both migrant parents and caregivers emphasize the obligation to care for somebody else's children, we find that both actors face a myriad of tacit and non-tacit considerations. In a transnational context, parents send remittances for their children's high quality education and to cover the day-to-day costs of child raising, while caregivers perform the daily care tasks that require proximity. Worries over the freedom that geographical distance gives caregivers to mistreat a child or to use the remittances for their own benefit can make parents anxious about having somebody else care for their children in their absence. Consequently, grandmothers, or in a few cases a migrant's previous foster mother, are the preferred caregivers, as in national fostering arrangements (Verhoef 2005) and transnational families elsewhere (Dreby 2010; Hondagneu-Sotelo and Avila 1997). Both mothers and fathers trust grandmothers the most with the care of their children, for they consider them to have a 'good heart' and to be affectionate towards their grandchildren, and therefore to be the most likely caregivers to treat the child as 'their own'. Furthermore, grandmothers are often at a stage of their lives in which they have few productive and reproductive responsibilities that compete with the attention and resources they can give to a migrant's children. Whereas both paternal and maternal grandmothers are trusted, most families opt for the maternal grandmother. This is

especially true of single mothers and couples, and corresponds with the fact that the Akan ethnic group, to which the majority of our respondents belong, has a matrilineal lineage structure, which means that the children belong to the mother's family (Assimeng 1999). Single migrant fathers tend to send children to paternal relatives once they are out of their infant years, but in a few cases a migrant couple would send their children to the paternal grandmother if she were more readily available or if the father took the decision. In one case this decision was met with incomprehension by both the wife and her family members in Ghana.

The issue of trust is emphasized by migrants who choose their child's grandmother. Esther (Amsterdam, February 2013), who entrusted the care of her child to her own foster mother, explained how:

For me, the child living with somebody else [other than her foster mother] is not good. When your son or daughter lives with somebody else and the person is maybe your brother or sister, the way they treat your child ... you will not be happy because some people are selfish. The money you will send for your child, they take it for themselves and only give a little bit to your child. Even the food they give your child to eat is not good. ... If the person does not have a good mind, then maybe he thinks: I can do whatever I want to you, you are my slave.

Despite issues of trust over treatment and finances, other kin and non-kin were selected by some migrants. This was the case when grandmothers were deceased or incapable of providing care due to their own migration, sickness, or old age. Moreover, the child's age and gender were a consideration for parents; the affectionate relationships between grandmothers and grandchildren were viewed positively for younger children but were considered a hindrance to the proper disciplining needed for adolescent children, especially boys. Discipline is greatly valued in Ghanaian society (Coe 2008). Accordingly, parents prefer adolescents to stay with younger caregivers to receive proper supervision. Usually, adolescent boys would stay with male relatives to receive proper male supervision; also, if they had previously stayed with their birth mothers, the migrant father usually made the decision for the change. The choice of a specific caregiver is further guided by circumstantial characteristics, such as the proximity to quality schools, the caregiver's level of education, and the number of children in the person's household.

From the perspective of caregivers, most expressed their willingness to 'help out' and seemed to take on their role without prior consideration, as Kesewaa (Kumasi, July 2012) illustrated:

My sister called me from abroad and told me how overwhelmed she was with handling her four boys in the middle of an ugly divorce case and one of the boys constantly falling ill. This was going on for some time. One day after she had finished lamenting, she added: 'I am bringing them over to you.' And I said, 'OK'. I didn't even have to think about it or ask her to call later for a reply.



Caring for non-birth children is a kinship obligation. Hence, while caregivers may take on the care role out of goodwill, performing it is merely adhering to societal duties and family responsibilities; it is 'the proper thing to do' (Finch and Mason 1991).

At the same time, there are tacit expectations that caregivers have of the potential benefits that they will accrue. Receiving a child in a society in which child fostering is informally institutionalized offers status and respect to the caregiver (Åkesson et al. 2012; Øien 2006). Migrants' children are also a source of household labour and can be a potential source of old age care not only in the present, but also in the future as children are morally obliged to provide elderly care for those who raised them (Aboderin 2004). Also, caring for a migrant's child brings with it the expectation that migrants will reciprocate the 'favour', such as providing seed money to start a business, 'help' in the construction of a house, or financing one's own child's migration. Importantly though, all these expectations are unspoken and part of generally accepted practices rather than explicitly marked agreements.

Despite norms of kinship care, there were people who tried to avoid such responsibilities. We encountered some cases in which kin and non-kin had declined, or were reluctant to take on the care role because of their limited ability to care, their restrictive housing situation, or the poor health of the child. In several cases, the parents responded to such objections by 'forcing' the caregivers into the care role. One female migrant was so desperate to find a caregiver that she pretended that the arrangement would only last for a short time, although she knew that was unlikely and hesitant grandmothers could find themselves 'forced' into the caregiving role. Efua only told her mother that she had migrated to the Netherlands by phone, once she was already there and had left her two children with her. Efua worried that her mother would refuse because of her advanced age and because her son suffered from a chronic illness that required extra care. Other parents were forced to make a 'care compromise' (Winters 2014), meaning that in the light of migration opportunities and no alternative caregivers, parents place their children with a person they do not trust or whom they consider a poor caregiver, usually with the expectation that reunification in the Netherlands can soon be accomplished.

### **Navigating childcare relationships**

Maintaining family relationships across space and over time is mediated by challenges pertaining to the transnational context, often unforeseen. For caregivers this mainly entails insufficient remittances and children complaining to their parents over the care they receive, whereas parents can grow worried over the material and immaterial care provided by the caregiver. In this section we discuss how, in the light of challenges, parents and caregivers maintain relationships through kin work that involves the careful management and navigation of finances and communication.

#### *Finances*

Financial remittances have material and emotional implications. They signify the parents' continued presence and they enable the caregivers use to meet the daily needs

of the migrants' children, including school fees, food, clothing, and medical costs. Parents are financially responsible for their children, yet we find that the exact amount is not discussed. The unspoken nature of finances may be explained by the expectations that both caregivers and parents have of the financial rewards of migration. Largely shaped by success stories of migrants in the West, it is expected that after a short adjustment period, remittances will be sent on a regular basis.

At the same time, caregivers abstain from negotiating finances to avoid the stigma of seeming greedy. Those who are not grandmothers are particularly conscious of the issue of trust and do not want to look as if they are doing it 'just for the money'. Although they may benefit financially from the arrangement, the idea that they take on the role for financial gain is frowned on in the community and caregivers go to great lengths to avoid such accusations (Dankyi 2014). This is clearly illustrated in Victoria's resistance to being financially remunerated for caring for Opoku's 12-year-old son. In this case, the child was moved from his paternal grandmother to Victoria, a teacher, to help the child with his homework. As Victoria (Kumasi, July 2012) put it:

[The father] asked me how much I will charge for taking care of the child. I said I was not going to allow him to pay for this service. All I needed was for him to send money for the child's upkeep and ensure that this was done regularly. I was not amused by his suggestion to pay me. He insisted on paying me and I also insisted on not getting paid. We could not conclude the matter before he left for the Netherlands as we both stuck to our stance on the matter.

For the same reason, caregivers who are not grandmothers often fail to tell the parents of their own economic difficulties when remittances fall short; in other words, they do not make financial demands even when in a financial bind. Instead, they resort to alternative strategies, such as borrowing money, finding ways to postpone payments, moving children from expensive private schools to inexpensive public ones, or letting them engage in income generating activities after school hours. As Kwesi (Kumasi, December 2011) explains:

About the remittances for their upkeep, the only amount I am specific with is their school fees. Whatever they send apart from the fees is decided by them. I just manage it to the best of my abilities. I don't want to quote any amount for them to think that I want to spend their money or take advantage of their children and extort money from them. After all, these are my sister's children, and so they are mine too. I try to manage with what they bring. ... There are times that I do not have anyone to turn to, to borrow money from and that puts me under a lot of stress.

By managing finances, caregivers try to avoid accusations of mismanagement, while at the same time fulfilling kinship obligations that prescribe they care for someone else's child as their own. The caregiver's mitigation of financial shortages has a positive impact on the care relationship. Migrant parents appreciate the help provided

by the caregiver to act collectively for family survival and it takes away worries that caregivers can be trusted with the finances. In the Netherlands, Kofi (Amsterdam, June 2013), who was unaware of Kwesi's financial difficulties, explained:

Kwesi supported us financially to survive. Sometimes when the children needed books, he would tell me how much it was. If I didn't have enough money, say when it was 50 euro, he would buy it for me and I would send the money later. ... He helped me a lot.

The management of finances as a means of maintaining trusting relationships is complicated for caregivers who lack the necessary resources to alleviate remittance shortages. The case of Joyce (migrant mother) and Cecilia (maternal aunt and caregiver) illustrates this point. Cecilia, who was unemployed, received insufficient money from Joyce to pay for the children's expenses and this pushed her into a dire economic situation, which she only disclosed to Joyce on a few occasions. However, despite Cecilia's efforts, Joyce (speaking in Amsterdam in March 2012) became suspicious of Cecilia's intentions:

For the children it is very difficult to live with a caregiver, because whenever they need something, the caregiver doesn't give it to them. Whenever I send money for my children, Cecilia is using the money on something else. On the phone, my children tell me what they need. Maybe they need new panties, but Cecilia does not give it to them. ... You know, in Ghana, whatever happens, a caregiver will always spend some of your money when they have children of their own.

When Cecilia kept the children home from school for a few days because she was unable to pay their school fees, Joyce (Amsterdam, March 2013) reacted to her with distrust and accused her of not doing her best. 'If she was my own mother who gave birth to me, do you think she would allow my children to miss school for days because she does not have money? She needs to help me, she needs to stand for me as a mother.'

In other words, remittances facilitate transnational 'kin-work' because they reinforce care commitments (Singh and Cabraal 2014). Migrants who can afford to do so make sure that they send money and gifts to the caregiver and to their children. They do this for two reasons. First, it reduces the chances of caregivers using the remittances and gifts sent for the child for their own benefit – an accusation migrants often make, as the case of Joyce described earlier demonstrates. Second, it fulfils the obligation to share one's wealth with close kin and to acknowledge the time, energy, and finances spent on the care of the child. Accordingly, migrants carefully manage their finances to ensure they have some surplus to send to the caregiver. This ranges from gifts and remittances at Christmas to regular payments, or even covering the school fees of the caregiver's child.

We find that when caregivers are grandmothers, the relationship of trust between migrant and carer is not called into question over financial issues. The trust between

migrants and their mothers gives the latter more leeway to make their situations known to their migrant children abroad. The case of Fosua, who took care of her son Opoku's three children is illustrative. Opoku instructed his mother to provide the best possible care for his children, including a nutritious diet and catering for all their material needs. Fosua struggled to fulfil these expectations with the remittances she received from Opoku and regularly begged him to increase the monthly remittances. Opoku was reluctant to admit that the remittances he sent were insufficient. To convince him, Fosua kept a logbook of the children's daily expenses and showed this to Opoku on one of his trips to Ghana. The demands for money and the logbook did not affect Opoku's trust in her but served to resolve the problem, as subsequently Opoku sent more remittances.

### *Communication*

In the absence of co-residency and limited face-to-face contact, long-distance communication is the primary means through which migrants and non-migrants exchange information and through which intimate relationships are maintained. For these reasons, parents attach great importance to being able to communicate – mainly by mobile phone – with their family back home. Yet, communication is carefully managed. Parents carefully select what to communicate. For example, they abstain from voicing their anxieties about their children's material and emotional care to avoid breaking the trust that exists between them and the caregiver. Parents with few care alternatives are often forced to accept situations they perceive to be less than ideal. They realize that their children can be difficult to handle and that the caregiver is not necessarily responsible for their bad behaviour, but they nonetheless worry that the caregiver might take it out on their children if they complain, or worse, withdraw from the caregiving role. Thus, parents often do not speak their mind, especially when someone other than the grandmother is taking care of their children.

To return to the case of Joyce and Cecilia cited above. On one occasion, Marie, Joyce's 17-year-old daughter, complained that Cecilia was 'starving' her, which caused Joyce considerable anxiety over Marie's well-being, thus compounding the distrust that had already arisen over finances. Joyce immediately called Cecilia to ask about the situation, but was very careful not to sound accusatory. Cecilia explained that Marie had not come home to eat for two nights and that the third night she had not kept the food for her as she did not want to waste it. Although Joyce did not agree with Cecilia, she took Cecilia's side and told Marie to eat the food that Cecilia prepared.

Situations such as Joyce's place parents in a bind: they feel inhibited about venting their worries, yet at the same time their children expect them to solve their problems with the caregiver. The level of trust in the caregiver will determine whose story they believe and a parent's room for manoeuvre in case of needing to change a caregiver, will affect what they communicate to the caregiver and how.

For example, when Opoku's son Emmanuel complained that his teacher and caregiver, Victoria, was beating him, Opoku took no action. Because he paid Victoria, Opoku expected to have more decision-making power over his child, but the lack of trust between him and Victoria – due to the absence of a kinship relationship and the

short time they had known each other – made him worry that speaking his mind would result in further maltreatment of his child. However, when Emmanuel later reported that Victoria was picking on him because he ate too much, Opoku decided to call Victoria about the situation. At this point he decided to speak his mind because if things did not work out with Victoria, Emmanuel could always return to Opoku's mother, Fosua. This is exactly what happened shortly after the phone call, for Opoku and his wife no longer trusted Victoria.

These same situations, viewed from the perspective of caregivers, show different considerations. Caregivers other than grandmothers felt that the ease of communication with the migrant parents limited their decision-making power because the parents expected to be consulted about every decision relating to their child. In transnational childcare arrangements, the expectations of the roles of caregivers and migrant parents differ from those of child fostering practised nationally (Mazzucato and Schans 2011). In the latter case, the foster parents make the decisions about the child's upbringing, but in transnational families the migrant parents remain engaged in their parental role from afar. Such close parental involvement in the child's care can make caregivers feel distrusted and unappreciated, especially when the parents make decisions behind their backs and when they expect them to communicate every little detail about their children's lives. At the same time, if there are problems, both the parents and the wider society question the caregivers' skills (Dankyi 2014). To balance such risks, the caregivers also need to select carefully what they should and should not tell the parents. Especially when caregivers feel the need to gain or maintain a parent's trust, they may withhold information on the insufficiency of remittances, or a child's deviant behaviour, but instead emphasize how well the children are doing.

Withholding information, though, is a double-edged sword: whereas on both sides it is part of an active strategy to sustain relationships across distances, it can also create incomprehension and mistrust. Migrant parents worry that caregivers might not reveal everything about the care situation. To increase the information they get, parents send mobile phones to their children when they consider them old enough to be able to communicate with them without the involvement of the caregiver. For caregivers, this has serious implications: the children may convey only part of what is happening and the caregivers know that their actions will be communicated to the parents through the children's eyes. This forces the caregivers to avoid any behaviour towards a migrant's child that may prompt bad reports. As Kwesi (Kumasi, June 2012) remarked about his two acquired nephews:

My greatest challenge with these children is the fact that they have phones and communicate directly with their father without my knowledge. For this reason, I am very wary of them because these children can easily disgrace you especially when it comes to issues regarding remittances. I am therefore careful how I handle the money I receive from their parents, because I am not sure if their father calls them to tell them how much he is sending them or not. Once in a while, you might use some of the money the parents send for a personal need, but I am really careful about that.

Caregivers put a lot of effort into preventing children complaining to their parents about how remittances are spent. To do so, they adopt various strategies such as informing the children of the exact amount their parents send and having the children accompany them to the bank to collect the remittances. In addition, to prevent the children complaining to their parents, the caregivers are careful about how they respond to deviant behaviour. Cecilia (Accra, October 2011) described an incident that happened with one of the children as follows:

I asked one of the two older girls, who was off from her apprentice job that day, to do some laundry for me this morning. After washing clothes, she did not immediately dry them on the line. Rather, she left the clothes in a bucket and went off to sleep. ... If she were my own daughter, I would have gone ahead to wake her up to finish the work she started, but with these children I am careful because the next minute they will call to inform their mother. They will usually not report the good things you do, but the ones that are bad.

These accounts point to important shifts in power relations in transnational households. The ease of long-distance communication and the daily involvement of parents in their children's lives create inverted power relations between older children and their caregivers. Whether or not such situations occur is influenced by factors relating to the level of trust between the caregiver and the parent, and the quality of the relationship between the child and the caregiver. Children who experience lengthy separations from their parents and who stay with a caregiver from a very young age, are especially likely to grow emotionally attached to the latter and, accordingly, complain less to their parents about them.

Parents who visit their children regularly are better able to develop a trusting relationship with the caregiver. Visits allow parents to see the situation for themselves, which helps to loosen some of the strains associated with 'truth and distance' (Baldassar 2007). Caregivers may also benefit from visits because they allow them to reveal dire situations, which communication alone does not. This became painfully clear when the Dutch researcher visited Cecilia, the caregiver in charge of Joyce's four children, in Ghana. Cecilia begged the researcher to take pictures of Cecilia's disorderly bedroom, which she shared with all five children. Cecilia complained to the researcher about the children's untidy behaviour, but felt she could not do so to Joyce on the phone. By showing her situation to Joyce through a third party, Cecilia hoped that Joyce would allow her more leeway in handling the children without creating distrust.

Many parents, like Joyce, have few opportunities to visit Ghana. In such cases, they partly overcome the distance by mobilizing local and transnational networks, such as neighbours or family members who visit the child, to monitor the care arrangement. Monitoring by a third party can have a positive impact on the relationship when parents' worries are appeased, but it can also instigate or exacerbate mistrust, and has the potential to disrupt the care arrangement, as the following case illustrates.

Kate, the migrant mother, regularly received complaints from her daughter about delays in the payment of her school fees, excessive household work, and physical abuse.

Kate and her husband, both undocumented, asked a fellow member of the Ghanaian church to check on the situation on his next trip to Ghana. When he arrived at the caregiver's house and asked if Kate's daughter would join him for the weekend, the caregiver accused Kate of distrusting her. This eventually led to a break-up of the care arrangement and a prolonged family dispute.

The only cases in which communication is forthcoming in both directions, without breaching trust, and where visits are not deemed necessary to build trust, are those in which the caregiver is the grandmother. Parents do not worry about the children's grandmothers abandoning or mistreating them, or trying to conceal information about the care they give. Instead, parents emphasize the advantages of open communication; it makes it easier to instruct the grandmothers on how to treat their children and, at least they can have open discussions with them. Akua, a migrant in Amsterdam, explains how 'when the child is staying with your own mother, you can say that the way she treats the child, you don't like it. Because the grandmother takes it better, because she takes care of the child better than you' (Akua, Amsterdam, February 2013).

In addition, grandmothers do not worry about their complaints over the children's behaviour instigating distrust in the parents. In fact, grandmothers frequently complain to migrant parents about the rebellious or deviant behaviour of their grandchildren and their inability to control them. Such complaints, unlike complaints from children, do not erupt into open conflicts or mistrust, for parents recognize how difficult it is to control adolescents, especially for grandmothers. Instead, the parents respond by telling their children to obey their grandmothers and the grandmothers to manage the situation to the best of their abilities. In some cases, grandmothers withheld information about their grandchildren's rebellious behaviour, but more to protect the migrant parents from worry, rather than through a fear of not being trusted.

## **Conclusion**

In this article, we have examined the day-to-day informal work of transnational care relationships from the perspective of both the migrant parents and their children's kin or non-kin caregivers. We used 'kin work' as a framework for understanding how transnational relationships need to be worked on both sides of the relationship. Our analysis reveals that physical distance complicates the mobilization of kinship care. Such care is often assumed by both parties but becomes problematic when expectations are not met. Moreover, we find that both actors engage in explicit and tacit practices to sustain relationships: the careful management of finances and communication that aim to build trust and avoid breaching it. The level of trust largely determines how much work has to be done to maintain relationships.

By employing the SMS methodology we were able to observe what people on both sides do 'in real time', rather than recall later. Di Leonardo's (1987) concept of 'kin-work' emphasizes the activities, such as communication and sending gifts, in which family members engage to maintain kin relationships. Our approach allowed us to observe not only the visible, but also the invisible (Mazzucato 2009) – that is what people do and do not do on a day-to-day level to make transnational care relationships

work. This revealed that much managing of such relationships is built on ‘not doing’, ‘not communicating’ or selective communication. Furthermore, discrepancies in perceptions were identified because we could compare data obtained on both sides of the relationship. These findings contribute to our understanding of the ways in which long-distance practices – composed of things done or communicated and things not done or communicated – facilitate the maintenance of kin relationships and how the inability to perform these can lead to tensions.

Pre-existing norms of social parenthood and practices of child fostering are not exclusive to the Ghanaian case, but can be found in other regions, especially West Africa (Whitehouse 2009) and the Caribbean (Soto 1989), making our study potentially relevant for other cases. Because child raising norms influence the choices that families make in arranging transnational childcare and the ways relationships are managed (Mazzucato and Schans 2011), our study contrasts cases in which nuclear family ideals prevail with those in which a lack of kinship care obligations render care arrangements with other relatives than the grandmother fragile and short-lived (Dreby 2010).

Relationships between migrant parents and caregivers are embedded in ‘transnational moralities’ (Carling 2008) of kinship care obligations. Unequal access to information and resources between migrants and caregivers create new, or exacerbate old, asymmetries, power dynamics, and frustrations. However, they are also the basis for long-distance cooperation within extended kinship networks. Migrant parents and caregivers strategically manage finances and communication not only out of altruistic attachment to the migrant, caregiver, or child, but also in response to kinship obligations of care and to avoid the community’s condemnation when failing to do so. Moreover, these care transactions are part of longer-term reciprocal relationships through which ‘kinning’ is done and lays the basis for future support from the child to the caregiver, both emotional and material (Shipton 2007). A question for future research, now that the first generation of migrant parents is reaching the age of retirement, will be to see how children will engage in their customary obligation to provide care for the people who raised them. In this respect, both the migrant parent in the Netherlands and the caregiver in Ghana will be in need of help (Mazzucato 2008).

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## **Notes**

1. The complete matched sample includes 15 pairs. In four families the caregiver was the children’s mother (3) and the child’s sibling (1), which for the purpose of this article were not included in our analysis.
2. One family had two caregivers.



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