

TRANSNATIONAL CAREGIVING

by

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Abstract

In 2011, about 13 percent of the U.S. population, approximately 40 million people, were foreign born in the United States. Many of them participate in transnational caregiving, either as children supporting their parents in their country of origin or parents moving to the U.S. to help their children. This report examines research on transnational caregiving between immigrant adult children and their parents. Following the caregiving definitions of Finch (1989), the articles were reviewed and categorized as economic support, accommodation, personal care, practical support and childcare, and emotional and moral support. Changes in family norms and roles, and the caregiving responsibilities after immigration, are also presented.

Keywords: transnational, caregiving, immigrant, elderly, economic support, accommodation, personal care, practical support and childcare, and emotional and moral support, living arrangement.

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Dedication

This final report is lovingly dedicated to my husband, László Kulcsár. Thank you very much for all of your support and encouragement while I wrote this paper.

Preface

Living as an immigrant in the United States, I always had a personal interest in cultural differences and diversity. I learned a lot about elderly people's challenges during my studies and that was when I realized that I want to work with older people and write my report about older immigrants' life experiences. During my visits with friends we talked about the different nationalities that lived in their neighborhoods and how they bring their relatives over for family reunions. I thought it would be interesting to find out how older relatives can adjust to the new culture. I started to look for studies on this subject, and my first find was the article by Treas and Mazumdar (2002) about kinkeeping and caregiving. This study indicated that many older people came to the U.S. to help their immigrant children and their families, and not because - as I would have assumed - they needed someone to take care of them. Immigrant older adults help with house chores, babysitting, monitoring and transporting grandchildren, taking care of sick family members and teaching family traditions. This clearly indicates that they are a very important part of the family's well-being.

Building on these findings, I decided to write my report on how the family caregiving dynamics change with immigration, how the caretaking responsibilities are split between the family members, and what caregiving challenges and difficulties older immigrants have in a new country.

Chapter 1 - Introduction

Selected Research on Immigrant Family and Kinship Change

A number of studies have explored family and kinship change in the process of immigration (Foner, 1997). Many focus on older immigrants, such as Leach (2009), who presents a demographic profile of older immigrants, describing the older immigrant population by age, ethnicity, national origins, English language ability, marital status, and geographic location. Leach (2009) emphasized that these characteristics are likely to make a difference for the older immigrants and their younger counterparts' experiences and needs.

According to Foner (1997) and other researchers, first generation immigrant families interlace the old culture from their home country and the new culture in the host country by creating new family traditions. Filtering the new values and beliefs, immigrants are able to develop their own cultural values and norms, and selectively integrate into the new culture. There are changes in immigrants' "beliefs, values, and cultural symbols as well as behavior patterns" (Foner, 1997, p. 965).

According to Clark, Glick, and Bures (2009) research on international migration needs not only to focus on the experiences of the immigrants, but also on their families. For coping with the new circumstances, family organization often shifts after immigration (Glick, 2010, p.505). More recently, researchers examined the structural conditions that shaped family formation rather than assuming that all the generational differences are caused by cultural orientations (Glick, 2010, p.500). Still, there is a relative lack of studies on family changes as results of elderly immigration, as well as on the impact of this immigration on caregiving.

Transnational Caregiving

According to the Merriam-Webster online dictionary (<http://www.merriam-webster.com/dictionary/>), a caregiver provides direct care for children, elderly people, or the chronically ill. The dictionary defines the caregiver as an individual, such as a parent, foster parent, or head of a household, who attends to the needs of a child or dependent adult. For some of us, caregiving means both taking care of our children and providing care for our parents. This

study focuses on transnational caregiving, which could be both a migrant helping someone who stayed in a home country and a family member helping a migrant living in another country. Baldassar, Baldock and Wilding (2007) distinguished transnational caregiving as “the capacity to exchange care and support take place across national borders” (Baldassar et al, p. 14).

This paper examines transnational relationships between immigrant adult children and their parents, with the emphasis on both directions of caregiving. On one hand, I would like to know how immigrant adult children care for their aging parents and what difficulties they find. On the other hand, I would like to discuss caregiving by aging parents’ towards their immigrant adult children and their families. To discuss the details of transnational caregiving, I will use the five categories defined by Finch (1989): economic support, accommodation, personal care, practical support and childcare, and emotional and moral support. These categories are discussed in the transnational context, as defined by Baldassar et al. (2007).

I limited this review to transnational care between parents and their adult children. I did not use articles about transnational parenting, when either or both parents worked abroad, and grandparents took care of grandchildren. In that case, there is less clarity about who receives the support from the immigrants. Leaving both aging parents and young children behind also indicates a temporary migration with no permanent change for transnational caregiving. For the same reason, I also did not include studies on grandparents raising grandchildren. I found many articles about migrant caretakers, but this was beyond the scope of this review, given the different family dynamics.

Economic support.

Economic support, as specified by Finch (1989), is often person-to-person, between family members who share the same economic resources. This study uses person-to-person economic sharing as economic support. Finch (1989) listed four different kinds of support that relatives provide to each other: money transfer, gift in kind, inheritance, and finding job or helping with migration. Baldassar et al. (2007) found that while material support is the most important in refugee families, “transnational migrants do not see themselves as having major responsibilities in contributing to their parents’ economic wellbeing” (p. 80).

Accommodation support.

Providing accommodation among family members is related not only to transnational caregiving, but also to established family customs despite nationality and countries. Baldassar et al. (2007) noted that in transnational families shared accommodation is common during family visits. Immigrant adult children's visits to the home country often go hand in hand with sharing accommodation with their parents. Parental visits to the host country usually involve accommodation in their child's home.

In some cultures, sharing accommodations with relatives is an expected arrangement. In Western cultures a household usually includes only the nuclear family, extended family members usually move together to provide care. In the cases of immigrants, most of the times there are no other options but moving into the relatives' home. Family members, who arrived to the host country to reunite with their immigrant family, stay with them until they establish financial independence. Elderly immigrants usually stay with their family on a long-term basis, because they do not have an opportunity to become financially independent, and for many this is not the purpose of migration.

Personal care.

Personal care is providing assistance with daily activities to people who are unable to take care of themselves, such as help with cooking, eating, bathing, and walking. For personal care, physical closeness is required and transnational migrants can only provide it during visiting time or if the parents live with them. In this paper, I considered adult children hiring professionals' help to their elderly parents in the home country as a personal care.

Practical support and childcare.

Practical support is helping with everyday tasks, such as getting up, shopping, and household chores. Finch (1989) investigated practical support only between mothers and daughters, but Baldassar et al. (2007) generalized it to the rest of the family. Even though it seems that practical support is only possible with physical closeness (during visits), parents in the home country could still provide practical support to their migrant children. According to Baldassar et al. (2007) renewing passports and driving licenses, forwarding mail, looking after

bank accounts or properties, and maintaining family and friends relationships on behalf of the migrants can also be defined as practical support.

Emotional and moral support.

Finch (1989) defined emotional and moral support as “listening, talking, giving advice, and helping people to put their own lives in perspective” (p. 33). In transnational families, emotional support is often the strongest bond between family members. Baldassar et al. (2007) noted that emotional support can help parents deal with the loss of children and possibly grandchildren, while at the same time it “helps migrants cope with homesickness” (p. 87).

Table 1 shows the possible caregiving scenarios if both the adult child and the parent reside in the host country (see Appendix A).

In the next chapter I present statistical data and discuss the significance of research on older immigrants and their relationships with their families. Chapter 3 is dedicated to the research studies in the topic of transnational caregiving, and Chapter 4 presents implications and research suggestions.

Chapter 2 - U.S. Immigration among Older Adults

A wide range of studies exists on immigrants in the United States. Researchers examined the cultural differences between the immigrants' native country and the U.S., the integration of immigrants into the new culture, and the relationship between foreign-born parents and their Americanized children. Immigration has been the focus of several social science disciplines, but anthropology, political science, and sociology employed different disciplinary methods, priorities, and perspectives.

Recently, researchers took notice of people who migrated in old age to the United States, not just who arrived young and then grew older there. Researchers such as Torres-Gil and Treas (2008/2009) studied the relationship between aging and immigration, while Torres and Moga (2002) noted the significant impact of these trends on public policies in human services.

The United States uses two different definitions for the immigrant population. The official term "immigrant" refers to those who come to the U.S. to gain permanent residency and later citizenship. This definition, used by the Department of Homeland Security which monitors the flow of international migrants, does not include temporary visitors and workers, international students or undocumented migrants. The U.S. Bureau of Census uses the term "foreign born," which refers to anybody not born in the United States. These may include those who are already citizens as well as those who are in the U.S. with no intention to settle down permanently. According to the Migration Policy Institute (MPI) data, in 2011 about 13 percent of the U.S. population, approximately 40 million people were foreign born in the United States. This represents a 30% increase since 2000 (MPI, 2011), a significant number, but much less than the corresponding rate between 1990 and 2000 (57%). Approximately 45% of the foreign born population has citizenship (MPI).

According to the Migration Policy Institute, in 2011 thirteen percent of the foreign born population were among those 55 year and older, the same as the national average. Among the total foreign born population, 26% were 55 or older (MPI, 2011). Even though this number is relatively high, it includes those who came to the U.S. when young, and aged into this category. We could have a better view of the immigrants' population checking the number of people who obtained permanent resident status, which tends to be around a million each year. According to

the 2011 Yearbook of Immigration Statistics, there were 1,062,040 green cards given to immigrants in 2011. Older immigrants arrive under various legal circumstances. In 2011, more than 70,000 immigrants came as parents of U.S. citizens. An additional 44,000 have adjusted their status to legal permanent resident as parents of U.S. citizens. While it is not possible to give an age distribution here, most of these people must have been at least 50 years old. Table 2 in Appendix B shows the number of immigrants receiving green cards as parents for the period 2002-2011.

The Yearbook also provides data for the age distribution of new legal permanent residents in 2011. Most of the green cards were given to people in their twenties and thirties, which corresponds with the age structure of immigrants (Figure 1). The age distribution of new legal permanent residents in 2011 appears in Appendix 3.

However, more than 87,000 green cards were given to people aged 60 and older, most of them (about 52,000) for women. As appears from the reviewed articles, this could be caused by one of the parents passing, and the other elderly parent joining the immigrant family. Since women usually live longer than men, this results in a gender imbalance among the older immigrants.

Of the 87,000 green cards given to people 60 and older, 75,000 were based on family connections to U.S. citizens. Ten thousand was given out to refugees and the rest was based on employment preferences or diversity (the green card lottery). In terms of occupation of all new permanent residents in 2011, 9,965 recipients were listed as retirees. From this low number we can assume that most of elderly migrants do not have retirement income from the U.S.

It is interesting to note that in 2011, 11,705 people aged 60 and older were admitted as either students or exchange visitors. More importantly, 107,960 elderly migrants were admitted as temporary workers or their family members. Given the small number of temporary worker visas, these are most likely elderly dependents of work visa holders. It is possible that this group is the population which later receives green cards as adjustments when their children become citizens.

According to U.S. Census Bureau (2011) there has been a visible shift in the origin of immigrant population. Until the past few decades, 90 percent or more of the immigrants arrived from Europe. After the 1970s, immigration from Asia and particularly from Mexico or Central America became more notable. With the diverse cultures of immigrant populations, it has

become more important to study the cultural differences in caregiving practices and understand the aging immigrants' problems and needs. Earlier, older immigrants usually resided in traditional gateway states such as New York or California, but in the future older immigrants are likely to spread out across America. With this, it becomes more important for communities to address the issues unique to older immigrants.

Leach (2009) demonstrated that the number of elderly immigrants has doubled since 1990 and indicated that “the growth of the older foreign-born population presents challenges for family members, advocates, service providers, and policy makers who carry the responsibility of ensuring the well-being of an increasingly diverse older population in the United States.” Leach, 2009, p. 38.

Chapter 3 - Review of the Transnational Caregiving Literature

The purpose of this chapter is to introduce what is known about transnational caregiving among elderly immigrants and their families in the academic literature. The focus is on two aspects of the studies. One is the methodology, including target population and data collection, and the other is the correspondence between the substantive findings of the studies and the theoretical groups posited by Finch.

Table 3 in Appendix D shows the articles I used in this report. Many of these studies appear in more categories, because the focus of the article was on more than just one of the categories Finch determined. As we can see, some topics are better researched than others and the basic situation shows elderly moving to join their family. While economic support and provided accommodation trend towards older adults, then personal care and practical help is provided by the elderly migrants to their families. Finally, emotional help, at least based on the number of studies, is mutual between adult children and elderly.

In the following sections, I discuss these studies using the Finch categories.

Economic Support

The authors that examined economic support focus primarily on caregiving provided by immigrants to their parents, and only one (Baldassar, 2007) mentioned parents' economic support for their adult children. Two of the articles, Kodwo-Nyameazea and Nguyen (2008) and Sharma and Kemp (2012) used a clearly defined theoretical approach (grounded theory). All studies investigated only one ethnic group and most of them used very small samples (N=4-10), except Krzyzowski and Mucha (2013), who interviewed 40 people. Only one study (Krzyzowski and Mucha, 2013) noted how participants were recruited.

Krzyzowski and Mucha (2013) reported economic help for elderly parents both in financial and health care, including migrant children finding a solution to a parent's health problems in the host country. Kodwo-Nyameazea and Nguyen (2008) reported that their participants mostly provided financial assistance to their parents, and Meihan and Russel (2007) found that this financial support was related more to the parents' financial situation than to filial obligations. Sharma and Kemp (2012) found that some older Indian adults contributed financially to the extended household, while one of the Italian cohorts in Baldassar's (2007) study indicated mutual financial support between parents and their migrant adult children.

Kodwo-Nyameazea and Nguyen (2008) interviewed five Akan-speaking Ghanaian migrants who resided in the U.S. The study was aimed to find out how Ghanaian immigrants' care and support their older adult relatives in Ghana. All participants - two men and three women - were born in Ghana and migrated to the U.S. as adults earlier. Four of them were employed full-time, while one was a student who worked part-time. Two of them reported that at least one of their children lived with their grandparents in Ghana. According to the researchers, in Akan society all adult members of the extended family are responsible for the older adults' care. Even though some adult family members might live further from elderly relatives, they are still "expected to stay in touch and to contribute financially towards their care" (Kodwo-Nyameazea and Nguyen, 2008, p. 282).

Participants of the study expressed high societal expectations to take care of their biological parents and saw it as their moral or religious obligation. Even though many felt overwhelmed by family expectation of elderly care, they also thought that "the ultimate reward for providing elder care and support is the respect one gets from the community and the blessing

received from God” (Kodwo-Nyameazea & Nguyen, 2008, p. 289). Participants in the study only provided care for their parents and grandparents, but they visited their older relatives and gave money to them. It was interesting to see that participants expected their children to provide elder care for them, but they were uncertain about what kind of care they would receive.

Sharma and Kemp (2012) examined filial obligation and forms of support exchanges among older Indian immigrants and their families in the United States who lived in multigenerational households. The in-depth, semi-structured interviews were conducted and recorded in Hindi. The participants were five men and five women ranging between 65 and 80 years of age who lived in the U.S. between 9 and 19 years. Seven of them were married, three were widowed, and all but one lived with their children. Three of them came to care for grandchildren and four for family reunification. Only one participant had a job, and three did not have any income; they relied on spouse’s or children’s help.

Even though the tradition in India is to share households with their sons, only two of the participants held traditional views and four of them lived with their daughters instead. Daily care provided by adult children for their parents included food, water, shelter and transportation. Financial support was expected from sons. The researchers found that the elderly parents wanted to spend time with their children as they saw it as their caregiving obligations, but they had to follow their children's work schedule. The participants were satisfied with the support provided for them, and thought that multi-generational households were the best arrangements. Only two would consider moving to a long-term care facility. Sharma and Kemp (2012) found that the older Indian participants were displeased about the influence of American culture on younger generations. They disapproved of the lack of respect for older people, parents’ lessened authority, working mothers, and a loss of their independence (through not driving).

Krzyzowski and Mucha (2013) studied 40 Polish migrants in Iceland and their parents in Poland between 2010 and 2012. The participants were recruited via snowball sampling process and through Internet forums. Even though the average age of parents (59 years) was below retirement age, most of them were not on the job market. The authors found that migrants provided three types of support for their aging parents: help with legal regulations, with health related problems, and monitoring their parents’ everyday life via Skype, such as in organizing medical help, internet shopping, hiring help, and paying bills. According to the authors, the third type of help appears only in case of transnational care, such as financial and technical help, also

asking for medical consultations in host societies and sending home medications. The financial help from migrants is usually used for paying medical and other bills and for contributing to pensions. Personal care to parents is provided during the migrants' visit to their home country, which usually lasted a month.

Krzyzowski and Mucha (2013) found that while some of the sociocultural practices in caregiving didn't change with the migration, other practices, such as the direction of financial remittances and negotiated gender roles have changed. While in Poland the tradition is that parents help their children financially, in this case the migrants were responsible for the financial security of their parents. This often substituted for physical care. Money transfer went directly to parents, or to a sibling or other individual who took care of parents. Polish culture defines women as primary caregivers for their mothers so those women who migrated often received negative judgments, and was seen abandoning their family obligations.

Baldassar (2007) researched Italian transnational families that settled in Perth, Western Australia, and their parents living in Italy. Data collection included approximately 200 ethnographic interviews and observations with migrants and their parents in the homeland. There were over 40 interviews about the 1960s cohort, 12 interviews about the 1970s cohort, and 20 interviews from the most recent cohort originally drawn from the collaborative study by Baldassar, Baldock and Wilding (2007).

Baldassar (2007) separated three cohorts of Italian families, migrants from post-war period who settled in Australia in the 1960s, migrant families between 1970 and 80's, and families from the last two decades. According to the author, Italians arriving in 1950s-1960s were mostly proletarian and communally-oriented. They had strong connections with their family and their village community back home that helped them maintain ethnic and regional identities. Conducting the so called "postal run", they were able to send and receive gifts, money and information from family members. While failing to fulfill their filial obligations to take care of their parents personally, migrants provided financial assistance, emotional, and practical support. While they often visited their home country, they rarely received visitors from the homeland. Their main form of contact with the family was through letters and monthly phone calls. This generation often hid the 'truth' about illnesses from their kin living far away, which reduced the effectiveness of distant care. These migrants identified themselves as Italian-

Australians, and continued to have contact with their kin in Italy even after their parents' passing.

Baldassar (2007) described Italian immigrants in the 1970s and 1980s as skilled, 'quasi-community'-oriented migrants helping the Italian community. This cohort did not receive any financial help from home, but tried to visit often despite the emotional difficulties. The reason behind this emotional turmoil was complex, as many women did not want to leave Italy and their kin did not support their migration. They felt guilty not fulfilling their filial obligations and feared their parents' death while they are away. Interestingly, this cohort was the most likely to have ailing parents with siblings or home-help taking care of them.

Immigrants from the last two decades were different from earlier Italian migrants in their occupation and socio-economic status. The author defined them as professional, cosmopolitan, 'world citizen' and 'individual-oriented' migrants, because they were not connected to each other or to other Italian-Australians. This cohort retained more formal connections to Italy, had access to dual citizenship and was more likely to receive long-distance care than provide it. Their parents are also different from the previous two groups, as they were mainly in good health and belonged to the young-old generation. These parents were willing to travel to Australia, helped their children in case of crisis, such as a grandchild's birth, family illness or divorce. They were also active transnational caregivers, making phone calls, sending e-mails, text messages and photos of the family. Migrants in this group tended to visit Italy often, especially with young children, which help them maintain family connections in Italy. Long-distance care for parents was often discussed by migrants, but expected to be done mostly by siblings back at home.

Two interesting themes emerged in these articles discussing economic support as part of transnational caregiving. One is the strong presence of filial obligations. The younger generation maintains these obligations despite emigrating from their homeland. There is pressure to help their parents across borders as normally expected. Some of this pressure comes from cultural expectations, leading to negative feelings toward the migrants from the older generation.

The other theme is the presence of economic support as a substitute for other types of support the older family member would have received. Given the distance and other obstacles, financial support fulfills the filial obligations even if it pays somebody else to provide the actual care. This, however, can change cultural norms, especially the gender roles of caregiving.

Accommodation

The articles in this area all use the term ‘living arrangement’ to characterize accommodation, and usually approach it from the perspective of the elderly. Unlike the articles in the other sections of this paper, all of the researchers in this area used secondary data instead of going out to the field. Importantly, not all of researchers distinguished recently arrived elderly immigrants from those who immigrated in their young age, the exceptions being Glick and Van Hook’s (2002), Gurak and Kritz (2010) and Angel, Angel, and Markides (2000). The discussion of accommodation helps us understand the cultural differences and expectations as well as other factors influencing elderly immigrants to coreside with family. Also, these articles might reflect potential future changes in recently arrived older immigrants’ living arrangements. Most of these studies examine several ethnic groups, but Kamo and Zhou (1994) only researched Chinese and Japanese elderly immigrants, while Burr and Mutchler (1993) considered only Asian American elderly females.

Most of the studies differentiated between three or four types of living arrangements. The first category was when the elderly lived alone or with a partner, then there were different categories for the elderly who lived in a complex, multiperson household, but were divided whether the elderly were the head of the household. Only a few studies investigated older immigrants who lived in an institutional setting. Table 4 shows the different categories of living arrangements in individual articles. The table appears in Appendix E.

Wilmoth (2001) analyzed data from the 1990 5% Public Use Microdata Sample (PUMS) to identify the characteristics that influence residential patterns. The target population was 60 and older immigrants that resided in the United States. According to the author, living arrangement in later life depended on four factors: preference (race and ethnicity, acculturation and immigration), resources (economic), need (health status), and children’s availability (number). Living arrangement form was categorized as living alone, living with spouse, living with the family as a head of the home, and living with the family not as a head of the household. Wilmoth (2001) identified 11 immigrant groups, and three racial and ethnic categories: non-Hispanic Whites, Hispanics and Asians. Half of the immigrants were Hispanic; one-third was Asian, and less than one fifth was non-Hispanic White. The resource and need factors were determined by

using the respondents' personal income, education level, and reported functional limitations. The majority of the older immigrants were female (58%), and 60% of them were married.

The results indicated that in the case of unmarried men, non-Hispanic White immigrants were the most likely to live independently. Among Hispanic men, Mexicans were the least likely to live independently, in contrast with Cubans. Among Asian men, Indians were the least likely to live independently, in contrast with Japanese. Unmarried female immigrants were most likely to live with their family, except Eastern Europeans and Japanese, while married women were the most likely to live independently. Wilmoth (2001) noted that the rate of dependent living was the highest among unmarried women, and the rate of independent living was the highest among married males and females. Regardless of gender and marital status, living independently was most common among White, Japanese and Cuban immigrants. Acculturation of the respondent decreases the likelihood of living with the family, while recent immigration, poor language proficiency, limited resources and high functional needs were increasing it. The individual-level characteristics (resource, need, and demographic characteristics) did not explain any differences between the immigrant groups.

Kritz, Gurak, and Chen's (2000) article was based on a study on immigrant and nonimmigrant living arrangements by Wilmoth, De Jong, and Himes (1997). I used Wilmoth's more recent study, but because Kritz et al. (2000) found similar results, I only listed their additional outcomes. Kritz et al. (2000) analyzed data from the same 1990 5% Public Use Microdata Sample (PUMS) to identify the differences in living arrangements between elderly immigrants and native elderly.

The results showed that foreign-born elderly are less likely to live independently than native-born elderly, and more likely to live in extended families. Twenty seven percent of elderly Canadians, British, Germans and Russians live alone, compared to 16.5 percent of elderly Cubans, and only 5.5 percent of elderly Filipinos. Filipino elderly immigrants were most likely (60.1 %) to live with their children, while Canadian and German elderly were the least likely to do so (14%). Kritz et al. (2000) found support for the argument that assimilation influences living arrangement; the longer the immigrants reside in U.S. the more likely their living arrangement resembles to those of the natives. Economic resources affected the living arrangement of foreign-born elderly; education and personal income significantly increased the odds of living alone, while lack of Social Security income significantly decreases it.

Glick & Van Hook's (2002) study focused on living arrangement in the U.S. along racial and ethnic differences. The authors distinguished between recently arrived immigrants from those grew old in the U.S. Glick and Van Hook's (2002) first hypothesis was that racial and ethnic groups with recent immigrant older people would have higher rates of coresidence. The authors also hypothesized that recent older immigrants were more likely to reside with adult children (the head the household) than their counterparts who aged in this country. The final hypothesis was that recent older immigrants were more likely to reside with adult children and would contribute financially less to the household than longer resident immigrants.

Using the Current Population Survey (CPS), and identifying 45 or older individuals, the authors concluded that more minority elderly, especially Asians, lived with children than non-Hispanic Whites. At the same time, recently (within the past 10 years) immigrated older adults are much more likely to live with an adult child regardless of race and ethnicity. The authors assumed that the reasons why recently arrived immigrants reside with family are complex, and may include financial status, age and marital status. Among Hispanics and non-Hispanic Whites there is no significant difference between recently arrived and other immigrants' living arrangements. Asian-born immigrants are much more likely to coreside than their American counterparts. Glick and Van Hook (2002) found that the high level of coresidence among immigrants is not explained by differences in demographic and socioeconomic characteristics.

Using data from the 1980 Census of Population, Burr and Mutchler (1993) selected 55 year old plus unmarried Asian American females to examine their living arrangements. They did not differentiate between foreign and native born women. For comparison group, the authors used non-Hispanic White unmarried females. Due to the small sample of Vietnamese women in the database, the authors omitted them from the study. They also disregarded Asian Indians due to significant differences in their living arrangements compared to other Asian American groups. Burr and Mutchler (1993) defined three categories of living arrangements: living in a complex, multiperson household; living alone; and living in an institution. The authors excluded women who lived with children aged 18-25 that were enrolled in school.

The researchers found that Filipino (88.5%) and Korean-origin (84.3 %) unmarried women are more likely to reside with others than their Japanese (55.3 %) and Chinese (68.6 %) counterparts. Of the four Asian American groups, the highest rates of living alone (40 %) and living in institution (4.6 %) were among Japanese-origin women. At the same time, 60% of

White women live alone and 7.8 % of them live in institutions. Japanese-American women had the highest medium income (\$4,322), close to White comparison group. In comparison, Chinese, Korean and Filipino American unmarried women were more likely to be below the poverty level with few economic resources.

Comparing immigrant and native born Asian American women's living arrangements, the authors found that immigrant Asian American women are more likely to live in extended households than to live alone. They also found that acculturated Korean American women were less likely to live in a complex household than their more acculturated Chinese counterparts. The results also showed that Asian women with higher income and education are more likely to "purchase independence and privacy," than the lower income and less educated counterparts. An interesting finding was that Filipino women were more likely to use their economic resources to obtain privacy than Japanese women. Japanese and Filipino women with disability were more likely to live in complex households than alone and the authors thought this could be related to these groups higher fertility rate too. Finally, "Household living arrangements were significantly affected by both English language proficiency for all four groups and by income for all but older Korean women" Burr and Mutchler (1993, p. 62)

Kamo and Zhou (1994) examined the 1980 U.S. Census data on 8,502 65-years-and-older Chinese and Japanese people's living arrangement, using non-Hispanic Whites residing in California and Hawaii as a reference group. The researchers measured Asian American elderly people's likelihood to coreside using a logistic regression model with acculturation, economic, and demographic factors as independent variables. The authors did not consider elderly persons living with never-married adult children as an extended family.

Kamo and Zhou (1994) defined seven categories of living arrangements. They differentiated among three types of extended family households, living with ever-married children, living with siblings or parents, which was further separated whether the elderly was a head of the house or not. The remaining categories were living in a nuclear family, living alone or living in a nursing home or other facilities. The authors proposed four hypotheses:

1. Race/ethnicity affects elderly living arrangements. Asian Americans are more likely to live in an extended family household.

2. Acculturation level influences elderly living arrangements. With lower level of acculturation Asian American elderly are more likely to live in an extended family household.
3. Economic resources have an effect on elderly living arrangements. The lower the level of economic feasibility, the more likely the elderly live in an extended family household.
4. Lacking self-support among the elderly and the number of children has an impact on living arrangements.

The findings showed that older Asians were more likely to coreside than their non-Hispanic White counterparts, despite marital status, gender, state of residence, and household position. In case of unmarried elderly in California, 42.6% of the Chinese and 36.8% of Japanese women lived with their extended family, while only 9.4% non-Hispanic White did. For unmarried Asian men the racial/ethnic differences were smaller. The results were similar in Hawaii. Similar patterns were found in the case of the married elderly. While 23.5 % and 11.9 % of elderly Chinese and Japanese women lived with ever-married children, it was only 2.2 % for non-Hispanic Whites. Among married men, 18.1 % and 6.9 % of elderly Chinese and Japanese lived in extended households and only 1.4 % of non-Hispanic Whites.

There were no racial/ethnic differences in among elderly living in their own home with ever-married children, except in Hawaii, where Asians were more likely to live in this category than their non-Hispanic White counterparts. Of interest, unmarried Chinese men in Hawaii were more likely to live with siblings or parents than their Japanese or White counterparts.

In terms of nonextended family arrangements, unmarried Chinese and Japanese elderly were more likely to live in a nuclear family than their White counterparts, especially in case of unmarried women. The opposite was true for married elderly that showed more Whites living in nuclear family. In terms of living in nursing home, an interesting finding was that in California significantly fewer unmarried Chinese elderly women lived in nursing homes than their Japanese and White counterparts. At the same time, significantly more Chinese elderly lived in other group quarters than Japanese and Whites, regardless of gender and marital status.

The authors found that race/ethnicity increased the likelihood of living in an extended family except for Japanese men. Acculturation lessens the likelihood of Asian American elderly living in an extended family household. Lower level of economic feasibility is more likely to encourage elderly to live in an extended family household, which was strongest among

unmarried Chinese elderly. Having any disability does not seem to have effect on elderly Asians' living arrangements, which contradicted previous research: "Findings indicated that factors facilitating independent living arrangements by elderly people, such as youth, marriage, and urban residence, generally decreased the likelihood of living in an ever-married child's home" (Kamo & Zhou, 1994, p. 554). The results showed that less acculturated Chinese and Japanese families were more likely to follow the traditional value of filial responsibility, and suggested that even if it could be reduced through acculturation, it may never disappear. Kamo and Zhou (1994) indicated that Japanese and Chinese Americans living in an extended family household "serves as an alternative mode of coping with aging" (p. 557) and suggested further studies of living arrangement from the children's perspective.

Kim and Lauderdale's (2002) study investigated the living arrangements of Korean American elderly using the U.S. Census Bureau 1990 Public Use Microdata 5% Sample, and the Korean business directories from Los Angeles (1990), Chicago (1990), and New York City (1993). They used the New York City as the reference category. The authors hypothesized that community characteristics, such as the availability of subsidized housing increases the likelihood of Korean American elderly living independently.

The findings showed that Korean Americans were much more likely to live independently in Los Angeles than in Chicago. In addition, "the availability of subsidized housing proximal to a concentration of Korean businesses is associated with increased residential autonomy" (Kim & Lauderdale, 2002, p. 648). The authors' third hypothesis was supported; the subsidized housing's effect was greater in the presence of Korean businesses.

Gurak and Kritz (2010) examined Asian and Hispanic elders' living arrangements to find the reasons behind living in extended family households. They considered demographic, resource and assimilation status as factors that make a difference. The authors used the 1990 and 2000 Public Use Microdata 5% Sample file (PUMS) combined with 2000 Census files from IPUMS (Ruggles et al. 2009). The researchers evaluated four hypotheses:

1. Assimilation plays a major role in ethnic differences between Asian, Hispanic and Whites.
2. Social and economic resources influence ethnic differences, more for Hispanic elders than for Asians.

3. Demographic characteristics are significant determinants of living with the extended family, but not for group differences.
4. These characteristics remain as significant sources of Asian and Hispanic extended family living differences with native Whites.

Gurak and Kritz (2010) separated 11 study groups, but only 5 had large enough number of foreign- and native-born subsamples: Mexicans, Puerto Ricans, Japanese, Chinese, and Filipinos. The other groups had small native-born components, such as Korean, Indian, Vietnamese, Cuban, Dominican and Columbian. Extended household was defined as the elderly living together with at least one adult (other than a spouse) or one child (unmarried or married without spouse and younger than 40). Because of the small sample, the researchers eliminated elders living in group quarters.

The findings show that both foreign- and native-born Asians and Hispanics are more likely to live in extended households than native Whites. This was true for both 1990 and 2000. Mexicans showed the largest increase of extended family living arrangements, from 36.4% (1990) to 45.9% (2000) for foreign-borns and from 21.3% to 27.1% for natives. In case of foreign-born Asian groups, several had lower levels of extended family living arrangements in 2000 compared to 1990, such as Japanese, Korean, Filipino and Indian groups. At the same time, their native-born Asian counterparts showed an increase in extended family living, except for Indians. Foreign-born Mexican, Dominican, Filipino, Vietnamese, and Indian elderly had the largest percentages (3.9 to 4.7) compared to Whites, while Japanese had the lowest (2.0). Among native born Asian and Hispanic elders, Vietnamese (3.3) and Filipinos (2.8) have the highest ratios of the percentage compared to native Whites, while Colombians and Chinese have the lowest with 1.8.

Gurak and Kritz (2010) used logistic regression models to assess whether ethnic origin, demographic characteristics, social and economic resources, and assimilation could be reasons behind higher level of extended family living among Asian and Hispanic elders. The results showed that elders with higher levels of education and income and fewer disabilities were less likely to live in an extended household. Language fluency decreased the chance of extended living, while arriving to the United States as an elderly increased it. The research also showed that only four groups had more than double likelihood to live in an extended household than

native Whites; they were the Filipinos, Indians, Vietnamese, and Mexicans. Overall, Gurak and Kritz (2010) found that demographic characteristics were the most important reference of extended living, second were social and economic resources, followed by assimilation, and finally group origin. Comparing the ethnic group with native Whites' living arrangements, assimilation had the biggest impact on extended living. The findings supported the authors' four hypotheses.

Angel, Angel, and Markides (2000) examined data from The Hispanic Established Population for Epidemiologic Studies of the Elderly (H-EPESE). The authors questioned whether elderly Mexican immigrants who came to the U.S. when they were 50 or older are more likely to move in with others, especially in case of functional impairment, than the native born or those immigrated earlier. In addition, they seek to answer whether those elderly who live with others, especially those with functional impairment are less likely to be the head of the household. The authors hypothesized that those who moved in with their family and not the heads of the household have the most dependents. H-EPESE has health data for those 65 and older Mexican Americans who reside to the Southwestern States (TX, CA, NM, AZ and CO).

The authors conducted their research in two study periods, first in 1993-1994 with 2439 respondents, next in 1995-1996 with 80% of the original cohort. The database contained three types of living arrangement: living alone or as a couple, living with the family as a head of household, and living with the family as a non-head of household. Individuals who were living with others than the family were dropped from the research.

The researchers found that age is an important predictor of living arrangements among Mexican immigrants. Those who came to the U.S. as older individuals were almost twice as likely to live with their family as their native counterparts or those who immigrated younger. Also elderly with any disabilities were twice as likely to live with their family. The authors also examined whether the older person moved in with relatives or someone moved into their home. The results showed that individuals who immigrated at 50 years or older and those between 20 and 49 were more likely to move in with the family than their native born counterparts. In this respect, Mexicans who immigrated in their younger life were very similar to their native born counterparts, and usually they are the head of the household. Having two or more children increases the likelihood for the elderly to move into their child's home. In the conclusion, Angel et al. (2000) drew attention to the fact that older Mexicans who came to the U.S. more dependent

on their family because of their age, fewer job skills, immigration policy (for social services they need to reside in the U.S. for at least five years).

Boyd (1991) summarized the socioeconomic and family influences on living arrangements. Due to the expectations of caregiving and social responsibilities immigration could be emotional for the family. Boyd (1991) considered elderly foreign born in Canada as a heterogeneous group with respect to socioeconomic status and family based migration, and distinguished them from native elderly emphasizing their different socioeconomic characteristics. She suggested that the foreign-born elderly's age, income, residence, number of children, educational level and assimilation were all affecting their living arrangements.

Using the 1981 Census of Canada, Public Use Sample Tape, the author argued that the tendency to live with kin was more likely when migration happens in old age, the migrant have spent less time in Canada, came from certain countries, was not able to speak the official languages, and when the women had low income and benefits. While only 24.4% women who migrated before their adulthood lived with kin in old age, 75.7 % of the women who migrated 65 years or older lived together with family. Those women who immigrated late in life came to Canada to reunite with family and they were the ones, who were most likely to live with family than live alone or in a nonrelative household. Women who lived in Canada for more than 26 years (27.1%) were less likely to live with family than who just recently arrived (85% - 2-5 years of duration). Women who arrived from southern Europe, Asia, the Caribbean or South America, and East Europe or the USSR are more likely to live with kin than women from other countries (Western Europe, UK, and USA). The findings also showed that both the mean and the median income and percentages of governmental benefits declined with the increasing age of the immigrant. Studying selected characteristics of foreign-born women in Canada, Boyd (1991) demonstrated that the elderly who immigrated late in life (65 or older) were more likely (75.7%) to reside with kin, higher than average percentage of this group does not speak the official languages well enough for a conversation, had less median income and less likely to receive pension and governmental payments than their younger counterparts.

These studies clearly show that sharing accommodation is common in transnational families, and it is even an expected form of living in some cultures. Glick and Van Hook (2002) found that recently immigrated (less than 10 years) older adults are much more likely to live with their adult child regardless of race and ethnicity. In addition, Angel et al. (2000) demonstrated

that among Mexican immigrants, age of the individuals in time of the migration is an important predictor of the living arrangements. Those who came to the U.S. as older individuals were more likely to live with family than their younger migrant counterparts.

Because these studies used statistics databases as sources, the researchers were able to show elderly migrants' living arrangements for different ethnic groups, and compare them to the elderly White population. Wilmoth (2001) found that the rate of dependent living is the highest among unmarried women. She and other researchers (Burr & Mutchler, 1993; Kamo & Zhou, 1994) noted that recent immigration, poor language proficiency, limited resources and high functional needs tend to increase the likelihood of living with the family. Gurak and Kritz (2010) found that when comparing the ethnic group to native Whites, assimilation seems to have the biggest impact on extended living.

Personal Support

The provision of personal support is not a well-researched area in transnational caregiving. I only found one article about migrants providing personal care for their parents. Lan (2002) demonstrated the transfer chain of filial care in Taiwanese and Hong Kong immigrant families and used three different patterns of elder care. Also, Krzyzowski and Mucha (2013) mentioned that Polish migrants provided personal care for their parents during their visits, which was an extended stay, usually a month. I was unable to locate any article that dealt with elderly parents providing personal care for their migrant children or grandchildren. This kind of support is more complex than just providing personal care and was mostly listed under practical support. Baldassar (2007) mentioned that the parents of recently migrated Italians are able to visit their adult children in Australia if they need their support or can provide some help.

Lan's (2002) study was based on in-depth interviews with eight, middle-class, dual-earner Taiwanese and Hong Kong immigrant families in the San Francisco Bay Area. The study analyzed how filial norms and elder care arrangements changed in the new country. The sixteen interviews were made with eight elderly and eight adult children, four from same households. The elderly participants' ages were between 68 and 88 years old. Four were widowed (3 women, 1 man) and 2 couples were married. The interviewed adult children were one single man, 3

single women, and 2 married couples. Their ages ranged between 38 and 60. All took care of their parents who also resided in the Bay Area. The care provided for their parents was mostly personal and custodial attendance rather than medical care. There were only two households where aging parents and adult children lived together.

Additionally, Lan (2002) interviewed 11 Chinese home care worker women, aged between 51 and 64. Four of them worked with the participant families. All interviews were conducted in Mandarin Chinese, except for one which was conducted in Cantonese with the assistance of a translator.

Lan (2002) found that adult children often refer to the American norms to justify why they do not follow the traditional filial norms. Many immigrant parents also preferred living in senior apartments rather than with their adult children, because they had access to public transportation and peer support. Lan introduced different patterns of elder care and opinions toward public benefits. In the first example, the upper-middle-class families employed care workers to take care of their parents. They refused to use public benefits for the elderly, because they considered it socially stigmatized or morally inappropriate. Families in lower-middle-class relied on public elderly benefits to hire someone to take care of their mother in her home. Finally, some families combined public funds and private money to employ home care workers. It is important to note that in California there is a program called In-Home Supportive Services (IHSS), and family caregivers could become paid employees of IHSS. Also, adult children who take care of their low-income parents at home could apply for food and housing subsidies.

Lan (2002) noted that even though filial norms still have an impact on family relations, it is interlocking with Western values and taking on different social configurations. The researcher suggested that “recruiting home care workers as fictive kin, immigrant adult children are able to maintain the cultural ideal of filial care in spite of their absence from actual caregiving” (Lan, 2002, p. 833).

The use of a small sample size in one location limits generalizations and also limits the replication of the study. The researcher mentioned observing the home care workers, but did not learn much about it. It is worth to note that if the caregiving participant has been living in the United States for more than sixty years it is no surprise that the beliefs and practices of filial norms and values changed.

Practical Support and Childcare

This topic has a more extensive literature with seven articles in this area, published between 1999 and 2013. None of the articles used a clearly defined theoretical approach. Three of the articles (Treas & Mazumdar, 2002; Treas & Mazumdar, 2004; Treas, 2008) used several ethnic groups, but made no comparisons between them, probably because of the small sample size for each. One compared two different ethnic groups (Yoon, 2005), and three discussed single minority groups (Kauh, 1999; Meihan & Russell, 2007; Zhou, 2012). The size of the samples varied between 6 and 101. Participants were usually recruited through various networks, including friends, families, ethnic organizations, senior centers, churches, community centers, and other organizations such as a school for the elderly, a grandparent support group, and a social services agency. The articles provided a rich description on various topics, such as the care provided by elderly, their contribution to the well-being of immigrant families, status and role changes, and the need for services and programs. In addition, these studies show that even though elderly immigrants have clear commitments toward their children and think that it is their filial obligation to help, they are disappointed with their relationship and communication with grandchildren.

Two articles discussed above are also relevant. Baldassar (2007) discussed recently immigrated (last two decades) Italians, who are receiving long-distance care thanks to their parents' good health condition (the young-old generation). Krzyzowski and Mucha (2013) mentioned Polish migrants in Iceland who provided some practical help (organizing medical help, shopping, hiring helpers, and paying bills) for their parents through the Internet.

Treas and Mazumdar (2002) assessed older immigrants' dissatisfaction with their lives in the U.S. They analyzed interviews from a broader study, aiming to understand the dilemmas, contradictions, and expectations of transnational elders.

The participants were elderly visitors, who recently moved to California or were on a family visit from another country. They were recruited from among the friends, families, or friends of the families from a same ethnic group. The 28 informants' average age was 72, with a range between 61 and 85 years. The countries of origin were diverse: 12 elderly arrived from the Philippines, 4 from Korea, 3 of each from Mexico and Taiwan, 2 from Iran, and 1 of each from

Egypt, Jordan, Pakistan and Vietnam. Most of the participants (75%) were women. 41% of the participants were widowed, but all the men were married.

The findings indicated that participants who were dissatisfied with their life in the U.S. felt lonely, and missed their social life back in their home country. This was particularly true for the frail and widowed or those who could not drive or speak the language. Even though they provided childcare, older relatives' limited English proficiency often kept them from having conversations with grandchildren, which made them feel disappointed about their relationships with their American-based kin. Besides childcare, many older people were responsible for other chores, like cleaning and cooking. The position of aging parents in the family seemed secure but powerless. Adult children did provide support to their parents, but the elderly had a responsibility to return this help with anything they could. Some older immigrants even voiced liking the American independence and self-reliance, but for most of them the family was the focus of their attention. Many elderly saw their adult children as doing their best in a new culture, and understood that the younger generation has to work and study hard to succeed. The parallels between immigrants and American elders, as Treas and Mazumdar (2002) found, was that they both accepted their adult children's desire for exchanging family support. Concentration on individual cases allowed in-depth narratives, providing a rich description. However, due to the small number of participants and their diverse ethnicity and the nonrandom recruitment of participants, it is difficult to make generalizations.

In their later study, Treas and Mazumdar (2004) analyzed elderly newcomers' contributions to their adult child's family. They interviewed 33 older immigrants who resided permanently in California, but regularly traveled back to their home country. The interview questions were about travel patterns, family life and activities, health status and immigration experiences of the older immigrants.

Most of the interviewers knew the elderly participants, because they were recruited the same way as in their previous study. Among the participants, thirteen were in their 60s, twelve in their 70s, and seven in their 80s. Most of the participants (76%) were women. The participants came from different countries; there were 14 Filipinos, 4 Koreans, 4 Mexicans, 4 Taiwanese, 2 of each from Pakistan and Iran, and 1 of each from Egypt, Jordan, and Vietnam.

When older immigrants stay in the U.S., they depend on their adult children for financial and economic support, but they return this by providing house chores and babysitting. Mostly

older women visit their families whenever a new child is born to provide infant care. Older women tend to do housework, such as cooking, laundry, gardening and shopping, while men do repair and maintenance work around the house. Transnational elders in the study viewed themselves as loving, supporting and comforting in their family roles, and women had especially strong emotional commitment towards their children which they considered more important than physical help. Older immigrants help maintain their culture through language, cooking traditional dishes, and teaching religious norms to younger ones. They preserve family closeness, teach respect for the elderly, link generations together, and emphasize family solidarity.

Treas' (2008) qualitative study of older immigrants explored the international migration patterns of older adults who live in or frequently visit Southern California and have a connection to another country. Respondents described their strategies to maintain their ties to both the United States and their homeland. Most of them reported coming here to help out their adult children with housekeeping and child care. Treas asked how older adults navigate immigration laws and how they contribute to the well-being of immigrants families.

The interviews were conducted with 54 transnational older adults during a six year period. All of them were older than 60 years. Treas mentioned that the study was biased towards recently arrived immigrants who had stronger ties to their homeland. The 54 informants came from 15 different countries. With respect to their age, 25 were in their 60s, 20 were in their 70s, and 9 in their 80s. Most of the informants were unmarried women, and were recruited by the interviewers (bilingual undergraduate students) from their own family members and friends, similar to her previously discussed research. The students' personal contacts offered shared ethnic background and familiarity with language, culture and social networks of the informants. The interviews were face-to face, conducted at the relatives' home, lasted for about two hours, and were done in either English or the informants' native language. Treas (2008) noted that having the interviews at the relatives' home resulted in a lack of privacy and other problems with confidentiality. Another noted limitation was that many respondents were relatives of the interviewers. Generalization to a broader group of foreign-born older adults is difficult.

The results showed that older immigrants travel back and forth between their home and host country. This transnational lifestyle was a result of their commitment toward both their children and their homeland. The reasons for coming to the U.S. were mostly the desire to be close to the family or help raising grandchildren, while for going back it was the connections

with friends and “to revisit one’s own personal history” (Treas, 2008, p. 472). One finding which was shocking for me was that even though most of the elderly came voluntarily, there were some who were forced by their children to do so. Immigrant parents often invited their own parents to be “hands-on caregivers.” Besides providing care for their grandchildren, they were also responsible for their academic and moral development, and mediating cultural, family and religious values. Treas (2008) noted that regardless of older caregivers’ immigration status - US citizens, permanent residents or visitors - they all traveled back to their home country as often as they could.

Kauh’s (1999) exploratory study focused on older Korean immigrants’ status and role changes after their migration to the United States. The sample of this study included two groups, fifty Koreans who were 65 years or older and forty adult children from Korean-American families who took care of their elderly. They lived in the Philadelphia area, where the number of Korean-Americans was high.

This study found that older people were disadvantaged in the new country. While most of the younger Koreans had a job, the majority of older Koreans had no employment. Half of the elderly women never received any formal education, and the lack of employment did not make them eligible for social security benefits. They depended on public assistance, such as Supplemental Security Income (SSI) and their family's support. According to the elderly Koreans in this study, governmental financial subsidies enabled them to have financial independence and some autonomy, and 32 % of them didn’t receive any financial support from their children. Almost half of them (48%) reported better financial status in the U.S., and only 22% indicated higher income back in Korea. Even though 43% of the older Koreans lived with their extended family, widowed women without sons usually lived alone.

The older people’s experiences gained throughout their life in Korea proved to be largely useless in the new country; their children did not seek their advice at all, and only 20% reported good communication with their children. For example, 60% of the younger Koreans rarely sought advice from parents or parent-in laws on issues such as job searching or financial matters. Adapting to the new country was difficult for the elderly because of the lack of English knowledge as well; more than half of them (mostly the women) didn’t speak or understand English. This made it difficult to interact with their grandchildren or non-Korean speaking individuals. Eighty six percent of the elderly did not know how to drive. They mostly interacted

with other Koreans through activities or religious meetings. Housekeeping work is not something that older people would traditionally do in Korea, but in the U.S. many were helping their children with chores and babysitting. Due to the social and cultural changes, filial obligation may be strong in traditional Korean families, but with the immigration the elderly lost their position to exercise this authority, just as respect lost its original power and became more like a symbolic gesture. Many younger Koreans expressed guilt for not being able to support their elderly parents.

On the positive side, Kauh (1999) interviewed both the elderly and their adult children and could compare the roles in the family. A limitation of the study is that the participants' demographic characteristics were very similar and it would be hard to know if Koreans with different social status would have experienced the same status and roles changes.

Yoon's (2005) study sought to define the characteristics of Asian-American grandparent caregivers and examine their needs for services and programs. Hundred and one Chinese-American and Korean-American grandparents were recruited and completed the survey in face-to-face or small group interviews. These two ethnic groups represented three-quarter of all Asian-American elderly in New York City at that time, and had similar cultural backgrounds and immigration histories.

The participants of the study were found with the help of bilingual social workers through ethnic organizations, senior centers, churches, a school for the elderly, a grandparent support group and social services agencies in New York City. Participants' characteristics and needs were assessed by Yoon using the 2002 American Association of Retired Persons grandparent survey questionnaire.

Even though most of the grandparents resided in the United States more than 10 years, there were 34 (one-third of them) who arrived less than 10 years ago. Almost two-third (72%) of the Asian-American grandparents were female. In terms of English proficiency, 78% of respondents reported that they could not speak or could speak only a little. More than half (58%) of the grandparent caretakers resided with their children, but most of them reported that they were not the primary caregivers for their grandchildren, although they provided child care. Some major problems between grandparents and grandchildren - that grandparents reported - were cultural differences (48%), communication (42%), lack of knowledge of grandparent caring (34%), and grandparents' physical problems (34%). The respondents' willingness to participate

in the grandparent support group was the only point where Yoon reported any difference between the two groups. Even though 70% of the grandparents were willing to participate, it was higher for the Korean-Americans (80%) than for the Chinese-Americans (59%).

Yoon (2005) noted that many Asian-American elders moved to the United States to perform childcare tasks for daughters or daughters-in-law, and they resided with their children due to the norm of filial responsibility and inadequate retirement incomes or pensions. Yoon (2005) suggested that social work practitioners and program planners should establish social policies and programs to satisfy the needs of Asian-American caregivers. He also noted that most of the social policies and programs are built to help primary grandparent caregivers, and do not apply for extended grandparent caregivers, like the Asian-Americans in this study. Yoon recommended culturally and ethically appropriate social policies and programs. He advised that there is a need for dispel the social work practitioners and program planners' misbelief that Asian-American caregivers do not seek help for social service providers.

While that Yoon included Chinese-American and Korean-American grandparents in the same study, I wonder if research would show similar results with participants from another location or with people with different demographic attributes. It would be interesting to know if the participants of this study lived in an ethnic neighborhood, like Chinatown.

Meihan and Russell's (2007) exploratory study was about the dimensions and meaning of family care among Chinese immigrants who moved to Australia in their old age to reunite with their families. The participants were recruited through the Chinese Community Center and Cantonese Church in Sydney. The participants, four women and a couple, were older than 65. The interviews were conducted in Cantonese, and the questions were about their childhood and family relationships in China as well as their recent life and family relations in Australia. The recorded interviews were translated to English. The researchers identified four main areas: health and functionality, living arrangements, social networks and self-identity. During the second stage of the analysis, the authors focused on dependence, social isolation, grandparenthood, and filial obligation.

The participants' living arrangements were very different. One woman lived in a three-generation home, three lived alone, and the couple lived with their three grandchildren. Living together with the younger generation resulted in greater emotional connection to the others but also more intergenerational tension. Only the couple and one of the women were financially

independent, while the others received pensions. The financial support was related to the older parents' financial situation rather than to general filial obligations. Parents expressed their disappointment about their adult children who failed to fulfill filial expectations. Most of the instrumental help for the elderly came from community services; family was mostly used for transportation. All of those who lived alone received great emotional support from their family, but the couple had communication troubles with their children. The participant's expectation of filial care varied widely and moved away from the traditional role.

Meihan and Russell (2007) noted that some information could get lost through the translation due to absence of right words in English to certain Chinese terms or expressions. Even though the small sample size limits generalizability, the researchers believed that it represented the diversity of the experiences and expectations of family care. For policy and service planning, the researchers noted that there is no 'one-size-fits-all' approach. Policy makers need to realize that immigrant families do not always provide for the needs of their elderly and the elderly immigrants might prefer different ways.

Zhou (2012) examined secondary data from a larger qualitative study of the dynamics, experiences, and effects of Chinese grandparents' transnational caregiving in Canada. Semi-structured interviews were conducted with 36 Chinese grandparents, most of them (31) women. The age of Chinese grandparent caregivers ranged from 54 to 77 years. Their living arrangements were different; 19 of them lived in houses or apartments owned by their children, 12 resided with their children and grandchildren, and 5 lived in senior homes. Face-to-face interviews were videotaped in Chinese, and later translated to English.

Visiting the family in another country came with some inconvenience, such as crossing borders, long flights, language barriers, time difference, and a strong sense of uncertainty. Restrictive border control policies sometimes interrupted the seniors' mobility and travel to Canada. Nonetheless, all of the elderly participants came to Canada without any hesitation; sometimes they left their own aging parent behind. They felt obligated to help, first because of their cultural norms of filial obligation to take care of the grandchildren, and second, because they wanted to help their offspring cope with cultural adaptation, economic survival, career, and settling in the new country. Grandparents appreciated that they could be there for their children and grandchildren, but disliked the faster pace of life in Canada. While the elderly couple could share the responsibilities, the others who came alone felt physical burnout and a sense of

isolation. Many of the seniors reported that they felt neglected and isolated because their children were too busy to communicate with them. The changing of intergenerational relationships, such as role and authority changes, and the different cultural norms affected the seniors' expectations about filial obligation. Many of them did not expect their immigrant children to take care of them in their later life due to geographic separation, economic constraints, and cultural differences. While the adult children' immigrant adaptation was to learn about the Canadian culture and integrate into the host society, seniors were coping with cultural conflicts and the changes in their children's lives.

Only two articles mentioned practical support that was provided by adult children to their aging parents. Meihan and Russell (2007) noted that their older participants received only transportation from family members; for instrumental help they used community services. Sharma and Kemp (2012) also mentioned transportation for non-driving elderly, but in their case adult children provided daily care also, such as food, water and shelter for their elderly parents.

Based on the research in this arena, I conclude that immigrant adult children expect their parent(s) to help out with housework, childcare, and cultural upbringing in the new country. Most of the time, parents are happy to come and help out because of their need for family closeness and to fulfill their filial obligations. Adult children provide practical care for their parents, but their parents repay them with care for the household and grandchildren. We should note that older parents in the above research were generally healthy or only needed minimal care. It would be very interesting to follow the same families that participated in each study and observe the caregiving changes in case the elderly parents get ill or need more health related support.

Emotional, Moral and Religious Support

Researching emotional, moral, and religious support between migrants and their distant family members is also a popular topic in the caregiving exchange literature. Despite the distance, giving emotional and moral support are still manageable between family members. Special occasions such as birthdays, birth of a new family member, funerals, religious holidays

and New Years were the most important events named by migrants to keep in touch with family members. A unique category was support in case of emergency.

I found two research studies specifically addressing this area (Baldock, 2000; and Jones, Zhang, Jaceldo-Siegl, and Meleis, 2002), and another five studies that also mentioned some aspects of emotional support. All were published after 2000, and used interviews for collecting data on their subjects. Only one of the researchers (Jones et al., 2002) used more than one ethnic group and made any comparisons. Both of the main articles (Baldock, 2000; and Jones et al., 2002) used small sample sizes (13 and 41). While Baldock (2000) recruited the participants through her university, Jones et al. used newspapers' announcements, flyers, and churches and caregivers' recommendations. Baldock (2000) provided a description on the migrants' emotional support towards their elderly parents, and Jones et al. (2002) pointed to the difficulties and rewards of caring. Elderly participants felt the need to be with their offspring (Sharma & Kemp, 2012), and considered emotional support from adult children more important than their physical help (Treas & Mazumdar, 2004). According to Meihan and Russell (2007), elderly participants mentioned emotional support from their migrant adult children and families, but had trouble communicating with grandchildren. Krzyzowski and Mucha (2013) found that migrants provided emotional support to their elderly parents by helping with legal regulations, and health related problems. Baldassar (2007) found that Italian migrants, who immigrated after the Second World War provided more emotional and practical support to their family and visited their home country more often than their counterparts, who immigrated later or in the last two decades.

Baldock (2000) interviewed 12 immigrants (1 couple) at Murdoch University, Perth, Australia in 1996. All of the participants had been living in Australia for more than 10 years and did not see themselves as migrants anymore. Baldock (2000) surveyed the participants' relationship to their parents by the frequency of contact and hands-on caregiving. There were patterns in keeping touch and visiting with family back home, which become more frequent as parents aged or one of them died. In the 1960s' the participants connected with their family by mail, which has changed with the new technology over time. Keeping in touch with family was extremely important at special occasions, such as birthdays, Christmas time, New Year's and particularly in case of emergencies. All of the participants felt that one of their parents' deaths made them realize the need of caregiving toward surviving parent. Several people remarked that even though their parents did not make demands on caring, it was their responsibility to take care

of them. Baldock (2000) did not find gender differences in keeping in touch with family, but she did find gender differences in caregiving roles. While women provided emotional support and were concerned about health issues, men were involved in home repairing and business affairs. Even though caregiving from a distance seems partial, most of the participants offered emotional support and assisted in decision making, such as some purchases, business concerns, accommodation decisions, and funeral arrangements. Distant carers did not feel the pressure of day-to-day care, but many times they went home to take care of their parents instead of using their annual leave for vacation. All, who had a parent still alive, tried to persuade them to live permanently in Australia, but none of them were successful. It could be because parents had strong, well established social networks of family, friends and neighbors back at home, they didn't want to leave. When asked if there is a possibility for them to move back permanently to their home country, all of the women, but not one of the men answered affirmatively. Most of them had a strong bond with their home country even after both of their parents passed away, except one who stopped visiting his country.

I liked Baldock's exploratory study, because she started her research for the same reason as me, seeking to understand how other immigrants care for their parents from a distance. She also included her personal experience as a transnational caregiver to this study. Even though it was an enjoyable read, it is necessary to note that the participants of this study worked at the university and they might have had more resources for traveling than people in other occupations.

Jones, Zhang, Jaceldo-Siegl, and Meleis (2002) investigated Asian American women's caregiving process for elderly parents. Forty-one women (22 Chinese American and 19 Filipino American) were interviewed in southern California, who were recruited through newspapers' announcements, flyers, and churches or recommended by another caregiver. The in-depth, semi structured interviews were conducted by research assistants of the same cultural group, who spoke the same language as the participants. In the two hour interviews, assistants asked the participants about their caregiving history, how it changed their life, whether they were satisfied with the care they provided, and the difficulties and rewards of caring for elderly parents. In contrast to the Asian tradition, caregivers were mostly adult daughters and not sons with their wives. Since only 2% were born in the United States, they were moderately acculturated; on a scale from 1 to 5, they scored 2.9. After settling in the United States, women caregivers invited

their parents to give them a better life. It was interesting to see that Filipino caregivers and their parents were more acculturated than their Chinese counterparts. Most of the women (98%) were employed, were married (85%) and had a college education (95%). Most parents (63%) lived with their adult children. The researchers revisited 6 caregivers (3 from each ethnic group) from the original group to confirm the analysis, which added credibility to the research. Caregivers' filial commitments and love helped them through difficulties of caregiving, but they felt pressure from their parents "to adjust their thinking back and forth between Western and Asian values" (Jones et al., 2002, p. 205). Due to the expensive and culturally inappropriate community services, caregivers refused to use them, relying on family resources instead. Most of the time, these were the husbands, but many Filipino women used extended family members' and close friends' help too. Even though this type of care was not ideal for those involved, it was acceptable and feasible. According to Jones et al. (2002), "the caregiver was constantly seeking a new balance of roles and expectations, while the care receiver was trying to understand and accept the new standards" (Jones et al., 2002, p. 207).

Jones et al. (2002) suggested new approaches to study filial obligations, and caregiving processes in different ethnic and cultural groups. The researchers drew attention to the need of information on transnational caregiving for health and other professionals, and community services for caregivers. This study gave good insights on Asian American women's caregiving, but omitted men caregivers.

Chapter 4 - Summary and Implications

The review of the transnational caregiving literature clearly shows that this topic has been receiving increasing attention in the past two decades. Several are working on this topic. There are however, certain gaps in the literature that remain unexplored.

I started this report by discussing the caregiving categories Finch (1989) developed. Based on this review, we can conclude that these categories are useful when caregiving is discussed in the transnational context. I was able to find studies for each of the five categories, although some categories had more exemplars.

In these studies, the data were usually gathered via in-depth interviews. Most of the research conducted by interview included small or medium size samples (4-54). While in qualitative studies the sample size depends on when the researcher reaches the saturation point, with small sample sizes it is difficult to show statistically significant relationships. Many researchers conducted the study in one location, which makes it difficult to generalize to a larger geographic area or the whole ethnic group. In addition, the recruitment of subjects often used convenience samples and targeted recruitment.

Using secondary data was common for researchers who studied the elderly immigrants' living arrangements. These were much bigger samples of the various populations, and many researchers took the opportunity to make comparisons between different ethnic groups. The limitation here was that data were collected for a different purpose and may not have used the same questions.

A typical issue for such studies is not defining old age. In some cases, researchers did not even note the respondents' age. Those that did, used different age categories. The lowest cutoff year was 45, while in other studies 50, 55, or 60 years was used to define old age. In many studies, researchers used 65 years and older, which is the most commonly used age limit, because it's connection to retirement age.

There were some other limitations of the studies, ones that are related to the topic and not the methodology. Given that the subjects were foreign individuals, certain meanings of their responses could have been lost with the translation between English and the native language. Also, participants might have provided socially desirable responses, emphasizing positive

eldercare behaviors. It is important to note that older participants in these studies were all in relatively good health status; therefore they did not require help from their children yet. This fundamentally determines the nature of transnational caregiving.

In this report I reviewed of the literature of transnational caregiving between immigrant adult children and their parents. I examined the studies to see how immigrant adult children take care for their aging parents and what difficulties they may run into. Based on the existing research, I found that one solution for taking care of parents could be bringing them to the host country. In this case, cultural differences, language, assimilation, different norms and values, financial problems and coresidence could raise significant difficulties, especially for the elderly. On the other hand, the fulfillment of filial obligations, closeness to family, and greater emotional connection would be beneficial for both sides.

Immigrant children mostly provide economic and emotional support to their parents, especially if the elderly parents stay in the home country. With the children's immigration, the dynamics of traditional family support system changes. Providing accommodation, personal and practical care to parents becomes impossible with the geographic distance. Economic, especially financial support takes over; and migrants would pay for services provided to their parents at home. Providing accommodation to parents is reduced only for the duration of visits. Using technological advances, some practical support is still manageable from a distance, such as helping with medications, shopping, or finding a retirement home. In case of coresidence or living in the same city, children can also provide transportation, shelter, and food.

Kodwo-Nyameaze and Nguyen (2008) and Baldassar (2007) draw similar conclusions, and noted that adult children expressed high societal expectations to take care of their parents, and saw it as their moral obligations. Additionally, 'quasi-community' Italian women in Baldassar's study felt guilty for not fulfilling their filial duties and dreaded their parents' death. Both Baldassar (2007) and Sharma and Kemp (2012) noted similar results in case of economic help provided by parents. Indian parents felt obligated to care for their family, while Italian 'individual oriented' immigrants received economic support from their parents.

There was only one study (Glick and Van Hook, 2002) where the researchers disagreed that demographic and socioeconomic characteristics of migrants impact coresidence with an elderly parent. Most of the studies (Kirtz et al., 2000; Wilmoth, 2001; Burr and Mutchler, 1993; Kamo and Zhou, 1994; Gurak and Kritz, 2010; Boyd, 1991) found that assimilation and

economic resources influence living arrangements. Longer time spent in the US and language proficiency made the living arrangements similar to those of the natives. Education and personal income (Kirtz et al., 2000; Burr and Mutchler, 1993; Gurak and Kritz, 2010) decreased to likelihood of coresidence, while lack of social security income, high functional needs (Wilmoth, 2001; Gurak and Kritz, 2010; Angel et al., 2000; Boyd, 1991), lower economic resources (Kamo and Zhou, 1994; Boyd, 1991) and fewer job skills (Angel et al., 2000) increased it. Gurak and Kirtz (2010) found demographic characteristics are the most important determinants of residing with the family, followed by social and economic resources, assimilation, and country of origin. Angel et al. (2000) and Boyd (1991) both mentioned the migrant's age as an important fact in coresidence. The rate of living in extended family households was the highest among unmarried older women immigrants (Wilmoth, 2001), older Asians (Kamo and Zhou, 1994), Asian American women (Burr and Mutchler, 1993), and older Mexicans (Angel et al., 2000).

I also explored aging parents' participation in transnational caregiving towards their migrant children and families. As it is shown from some studies, bringing the elderly parents to the host country serves important benefits for the migrant family which can expect them to help with the care of grandchildren and doing housework. The reviewed studies indicate that elderly parents mostly provide practical and emotional support towards their children and their families. There is lack of available data on economic and financial help provided by parents towards their migrant children and families, however I think it exists. Financial help does not always means money, as elderly parents could provide this by sending gifts, toys and clothing for grandchildren, and spices or food items not available in the host country.

There is a continuing lack of research or available data on elderly parents providing accommodation, but that is understandable. In these studies, the adult child is the one who immigrates, and in the position to offer accommodation for other family members in the host country. The lack of research on personal help between family members is also possible to explain. Providing personal care for family members is probably a norm in every culture, and is not seen as a special case or extra burden. Researchers are often interested in studying caretaking in special cases, such as for mental or physical disabilities, chronic illnesses, and other serious health problems.

I think it would be useful to see longitudinal studies in transnational caregiving. It would be nice to follow the migrants' story for the beginning, and note the caregiving changes

throughout the years in the context of cultural norms and beliefs. Another large scale research could be a comparative study, representative for the different ethnic groups. It would be interesting finding out whether research would show similar results with participants from another location or with people with different demographic attributes.

In an aging society with growing diversity among the elderly, educators, social workers, gerontology researchers and family practitioners should prepare for the different care needs of minority groups, and suggest changes for policy makers to help those groups overcome their disadvantages. Transnational caregiving raises several issues on this topic, such as eligibility for pensions, healthcare, and social security of older immigrants. Further complicating this question is the immigrant status of these elderly, and lack of research on their long term plans. Transnational caregiving by older immigrants fulfills an important social role with unique family dynamics, and public policies should address the needs of this group.

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Appendix A - Table 1

Table 1

Transnational caregiving in case both adult children and elderly parents resided in the host country

Type of caregiving	Adult child providing care to parent(s)	Parents providing care to adult children and/or grandchildren
Economic support	Health care, meals	Financial help
Accommodation	Shelter	NA
Personal care	Hire professionals to help with walking, bathing, dressing, toileting, or eating	Taking care of grandchildren
Practical support and childcare	Driving, shopping, cooking, managing medication	Housework and babysitting
Emotional and moral support	Closeness to family, respect	Supporting adult children (homesickness, loneliness)

Note. Adapted from Baldassar, Baldock, and Wilding (2007). *Families Caring Across*

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The table above shows that if both the adult child and the parent reside in the host country, they mutually contribute to each other's needs. Knowing that parents are usually those who follow their adult children to the new country, it is not surprising that I did not find any examples in the literature for parents providing accommodations.

Appendix B - Table 2

Table 2

The number of immigrants receiving green cards as parents between 2002 and 2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
New	61,830	50,953	47,634	54,758	82,816	82,740	87,042	81,791	75,576	70,509
Adjustment	31,686	18,589	29,900	27,355	37,625	33,994	34,428	38,364	40,632	44,018
Total	93,516	69,542	77,534	82,113	120,441	116,734	121,470	120,155	116,208	114,527

Note. Source: the 2011 Yearbook of Immigration Statistics

Appendix C - Figure 1

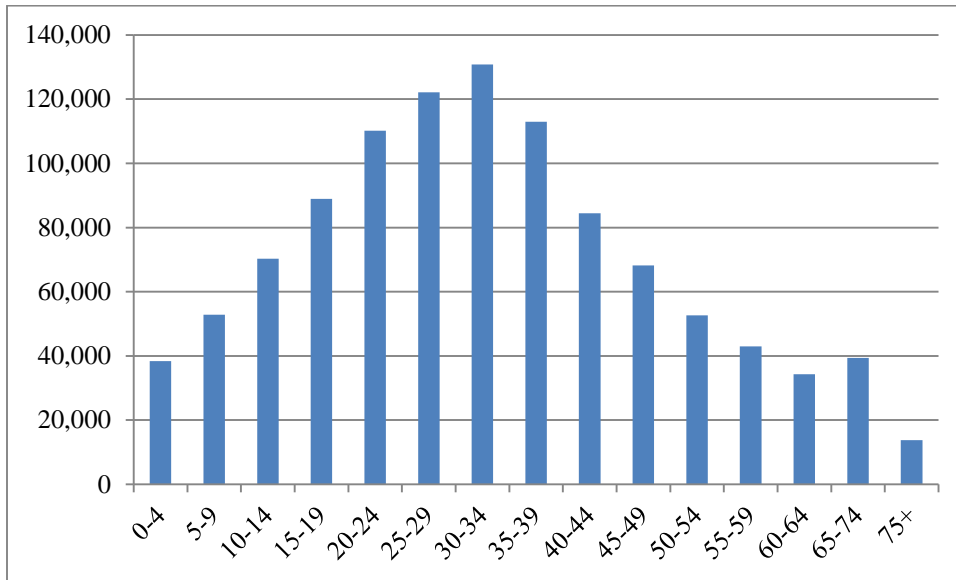


Figure 1. Age distribution of new legal permanent residents in 2011.

Source: the 2011 Yearbook of Immigration Statistics

Appendix D - Table 3

Table 3

Different types of transnational across research studies

Type of caregiving	Adult child provides care to the parent(s)	Parents provide care to adult children and/or grandchildren
<u>Economic</u>	Kodwo-Nyameazea & Nguyen (2008) Sharma & Kemp (2012) Krzyszowski & Mucha (2013) Meihan & Russell (2007) Baldassar (2007)	Baldassar (2007) Sharma & Kemp (2012)
<u>Accommodation</u>	Wilmoth (2001) Kritz, Gurak, & Chen (2000) Glick & Van Hook (2002) Burr & Mutchler (1993) Kim & Lauderdale (2002) Gurak & Kritz (2010) Angel, Angel, & Markides (2000) Boyd (1991)	
<u>Personal</u>	Lan (2002)	Baldassar (2007)
<u>Practical and childcare</u>	Meihan & Russell (2007) Sharma & Kemp (2012) Krzyszowski & Mucha (2013)	Treas & Mazumdar (2002) Treas & Mazumdar (2004) Treas (2008) Kauh (1999) Yoon (2005) Meihan & Russell (2007) Zhou (2012) Baldassar (2007)
<u>Emotional, moral and religious support</u>	Baldock (2000) Jones et al., (2002) Krzyszowski & Mucha (2013) Baldassar (2007)	Treas & Mazumdar (2004) Sharma & Kemp (2012) Baldassar (2007)

Appendix E - Table 4

Table 4

Different labels used in the articles of living arrangements

Researcher	Categories
Wilmoth (2001)	<ul style="list-style-type: none"> • living alone, • living with spouse, • living with family as a head of the home, and • living with family not as a head of the household
Kritz, Gurak, & Chen (2000)	<ul style="list-style-type: none"> • living alone, • living with children
Glick & Van Hook (2002)	<ul style="list-style-type: none"> • living alone, • living with children (non-head of the household)
Burr & Mutchler (1993)	<ul style="list-style-type: none"> • living in a complex, multiperson household • living alone, and • living in the institution
Kamo & Zhou (1994)	<ul style="list-style-type: none"> • living in a nuclear family, • living alone, or • living in nursing home or other facilities, and • living in an extended family household: living with ever-married children, sibling or parent
Kim & Lauderdale (2002)	<ul style="list-style-type: none"> • independent living: living alone or as a couple, and • extended household: not independent living
Gurak & Kritz (2010)	<ul style="list-style-type: none"> • extended household (elderly lived with at least one adult (other than a spouse) or one child (unmarried or married without spouse and younger than 40) • other living arrangement
Angel, Angel, & Markides (2000)	<ul style="list-style-type: none"> • living alone or a couple, • living with family as a head of household, and • living with family as a non-head of household
Boyd (1991)	<ul style="list-style-type: none"> • living alone, • living with family
Yoon (2005)	<ul style="list-style-type: none"> • living with extended family