Transnational Mothers Crossing the Border and Bringing Their Health Care Needs

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Abstract

Purpose: The purpose of this study was to explore the experiences of transnational Latina mothers who immigrated to the United States without legal documentation or their children.

Design: The study used a qualitative approach to collect data from eight transnational Latina mothers from South Florida during the summer of 2009.

Methods: Data were collected using open-ended questions in one-on-one, in-depth interviews that lasted 1 to 2 hr.

Findings: A hermeneutic phenomenological analysis of the data yielded seven essential themes from the participants’ stories: living in extreme poverty, having hope, choosing to walk away from poverty, suffering through the trip to and across the border, mothering from afar, valuing family, and changing personally.

Conclusions: The results indicate that transnational Latina mothers find meaning in mothering from afar through embodied sacrifice, suffering, hoping for a better life for their children, and family reunification. These results have implications for healthcare providers, social workers, policy makers, and educators whose professional responsibility is to advocate for, and to enhance the health and social well-being of, transnational mothers.

Clinical Relevance: Although this study focused on transnational Latina mothers in the United States, transnational motherhood is a worldwide phenomenon. Healthcare professionals play an instrumental role in providing culturally specific and evidence-based care to women who migrate without their children.

Illegal immigration is a worldwide concern precipitated by the changes that nations have made to control the numbers and origin of the immigrants they admit. Although global efforts to control residency have defined world history for over a century, contemporary attempts have proved largely ineffective. Illegal immigrants are living and working the world over, despite new laws and regulations (Dwyer, 2004).

In the United States, the passage of the U.S. Immigration and Nationality Act of 1965 eliminated national origin quotas and gave preference to close relatives of U.S. citizens, refugees, and individuals with certain skills. This law paved the way for a massive influx of immigrants from Asia and Latin America, and by the year 2000, over 20 million new immigrants were permanent U.S. residents. Since then, immigration reforms have attempted to curtail the flow of illegal immigrants. Because the immigration system has been plagued by bureaucratic complexities, the ill-fated law has been a monumental failure (Chavez, 2006; U.S. Congressional Budget Office, 2006). For families, the most significant failing of the Immigration Reform and Control Act of 1986 is that it does not provide for families of those who are legal U.S. immigrants. For those individuals, the lengthy and costly multiyear process of naturalization is seen as an impossible goal. Not surprisingly, it is estimated that about
12 million people reside in the United States without legal documentation, four times the number of undocumented immigrants from two decades ago (Legomsky, 2007).

Illegal immigration has been, and continues to be, a complex issue of enormous sociopolitical and economic consequence for Latina women who migrate to the United States in search of jobs and safety. These women pay large sums of money to coyotes (human smugglers) to transport them across Mexico. Once they reach the US-Mexican border, they must walk across the Sonoran desert, which extends north of the border into the state of Arizona, for days and nights with hardly any food and water (Berk, Schur, Chavez, & Frankel, 2000).

Illegal immigration is intensified by the “feminization of migration” (Dwyer, 2004, p. 36), which reflects a global demand for low-priced labor. Women from poor countries migrate to prosperous countries (often illegally) and take jobs that local citizens reject as too menial or low paying. These women often find employment in agriculture, factories, and domestic service (e.g., maids, nannies, and healthcare aides). In some cases, women are smuggled into countries only to be exploited as indentured servants or sex workers. These women are often intimidated and controlled by threats of violence and exposure of their illegal status (Dwyer).

Immigration—legal and illegal—is a highly controversial issue in the public policy arena. Discussions and opinions on how to proceed with current immigration challenges are at the forefront of U.S. political debates and past, present, and future presidential elections. Chavez (2006) found that the popular myth of immigrants being welcomed to the United States contradicts the true sentiments of a vast number of Americans who “…romanticize the immigrants of their grandparents’ generation while casting a skeptical eye on the contemporary newcomers” (p. 35). Chavez suggests that policy makers must define the immigration issue in terms of America’s deeply held principle of justice rather than on the merits of its costs and benefits.

Transnational Mothers

Transnational mothers are those women who migrate from poor to developed nations to escape extreme poverty, political persecution, or other oppressive sociopolitical constructs. In doing so, they consciously leave their country, culture, family, and children. Latinas who become transnational mothers often find themselves in life-threatening situations, crossing dangerous borders as they migrate illegally to the United States. Women in developing nations resort to migration as a means of family survival (Schmalzbauer, 2004). Latina transnational mothers struggle with the paradox of having to leave their children in order to care for them.

As their maternal role of nurturing caretaker is called into question when they migrate; out of necessity, their grandmothers, aunts, sisters, elder daughters, or friends must assume the maternal role for their children. Transnational Latina mothers find themselves negotiating the closeness of family through remittances and various transnational connections. Reunification of transnational mothers and their children is difficult, as their severely limited resources and subsequent international legal complexities make it seemingly impossible for some families to know if they will ever reunite. A family’s survival depends on the transnational mother’s financial support, and, out of sheer necessity, millions of families are living in this permanent transnational limbo (Schmalzbauer, 2004).

Methods

The design of this qualitative study was guided by hermeneutic phenomenology, as described by van Manen (1990). As a research strategy, hermeneutic phenomenology focuses on the interpretation and illumination of the essence and the uniqueness of the human experience and reproves the generalization and universality of an individual’s lived experience. Transnational motherhood, as experienced by the eight Latinas who participated in this study, was explored by (a) embracing the lived experiences with commitment and serious interest, (b) investigating experiences as they are lived rather than how they are conceptualized, (c) reflecting on essential themes that characterize the experiences, (d) writing and rewriting descriptions of the experiences, (e) maintaining a strong orientation to the fundamental question without superficialities and speculations, and (f) balancing the research context between its parts and the whole meaning of the participant’s lived experience (van Manen).

Participants

A purposive sample of Latina mothers who immigrated to the United States without their children was selected. Interviews were conducted and analyzed until saturation and redundancy was achieved (Munhall, 2007). Eight women in total participated in the study. Three women visiting a free community clinic in southeast Florida were invited to participate in the study by the nurse researcher; the other five were recruited using snowball sampling. Snowball sampling was chosen over random sampling because of the difficulty in gaining access to a population with so many undocumented members (Munhall). Further, it enabled the researcher to establish a trusting
relationship with the participants and obtain a more heterogeneous sample group. To be included in this study, participants had to be mothers who were 18 years of age or older, Spanish or English speaking, and immigrants to the United States from Latin America who had left their child or children in their country of origin.

The eight participants included Latina mothers 21 to 39 years of age who had emigrated from El Salvador, Guatemala, Honduras, and Mexico. Their native language was Spanish, and all were monolingual. The women had left children in their native country; subsequently, some had given birth to children in the United States. The children ranged in age from 2 months to 24 years. One participant had grandchildren. The transnational mothers reported that they had been separated from their children for 1 to 13 years. All of the participants reported having lived in poverty in their country and completing from 3 to 11 years of formal education. All of the participants walked across the US-Mexican border.

Setting and Procedure

A semistructured interview was conducted with each participant at a location of her choosing (home or local restaurant). The interviews, which lasted from 1 to 2 hr, were conducted in Spanish and audiotaped. The interview questions were predetermined to avoid leading the participants’ responses. Some of the interview questions included the following: (a) What is it like to have immigrated to the United States without your children? (b) How did you and your family decide that you would immigrate without your children? (c) How do you keep in touch with your children? (d) What is most important to you right now? and (e) What are your hopes for the future? Additional questions arose as the flow of information from the interview evolved.

Ethical Considerations

This study was approved by the Institutional Review Board of Florida Atlantic University. Participants were informed that their participation in the study was voluntary and that they could withdraw at any time. Verbal consent to participate in the study and to tape record the interviews was obtained from the participants, and they were fully apprised of the efforts to maintain their confidentiality and protection. Strict confidentiality allayed the women’s fears that their participation in the study could be a threat to their stay in the United States. The participants’ identity was protected by giving each one a fictitious name.

Data Analysis

After each interview was completed, the researcher listened to the tapes and made additional notes from observations that she made during the interviews. The researcher then translated and transcribed the interviews into English. Every effort was made to keep the translations verbatim. Hermeneutic phenomenological reflection was conducted by carefully reading and studying the interview transcripts. Thematic analysis was accomplished by highlighting texts and by identifying emerging themes in the data. Those themes were then analyzed and organized by uncovering thematic aspects in the descriptions of life by (a) isolating thematic statements, (b) composing linguistic transformations, and (c) determining essential themes and subthemes. The final step in the data analysis consisted of describing and communicating in a narrative form the verbal descriptions and the elements of a participant’s experience. Careful attention was given to the meaning of language (idiomatic expressions) by reflecting and writing and rewriting the meaning of the narratives. Reviewing the data and dwelling in it enhanced clarity as the themes from the interviews emerged. The goal of the data analysis was to capture the essence of the lived experiences of the eight transnational Latina mothers who participated in the study.

Trustworthiness

Trustworthiness of the study’s findings was achieved by using methods to validate the qualitative data’s credibility, fittingness, and auditability (Guba & Lincoln, 1981). Credibility was ensured by studying what was intended and by conducting interviews in an open manner. The participants were not restricted to answering a set of questions in a limited time. The study’s credibility was further assured by the researcher’s prolonged and reflective immersion in the data and by maintaining a reflective journal for insights and field notes. The transcribed interviews and the field notes were reviewed by a panel of three expert qualitative nurse-researchers and by an expert medical anthropologist. The coding and themes were confirmed by the three experts and were found to be representative of the lived experiences of the eight Latina transnational mothers in the study.

Fittingness was achieved by purposive sampling of Latinas who are transnational mothers. A number of participants were recruited by snowball sampling, a sampling technique in which study participants recruited potential participants from among their acquaintances. This technique facilitated the selection of participants who shared the same phenomenon but who were difficult to access.
(Munhall, 2007). In addition, the findings were shared with three of the participants who agreed with the researcher’s conclusions.

Auditability was affirmed by recording the interviews. Auditability was also affirmed by describing the participants and the setting in field notes written immediately after the interviews.

Findings

Seven essential themes emerged as the participants narrated their heart-rending stories. These themes include: living in extreme poverty, having hope, choosing to walk from poverty, suffering through the trip to and across the US-Mexican border, mothering from afar, valuing family, and changing personally (Sternberg, 2009, 2010).

Living in Extreme Poverty

Each participant reported living in extreme poverty in her native country, suffering the lack of some basic human need, such as food, clean drinking water, sanitation, clothing, adequate shelter, health care, or education. Rosario said, “Over there I did not have things like food; it is hard to be there and not have anything to give your child to eat.” Margarita said, “Where I lived in Mexico we had nothing. There was no electricity or running water…just the river. We had to bring water on donkeys. It was very hard to live like that.”

Each participant expressed anguish over the lack of opportunities for gainful employment and the perpetual threat of violence. Maria said, “What worries me is that in El Salvador there are lot of maras [gangs] and my son is 11. Even at that young age they try to get them to join.”

The women reported living in conditions of extreme poverty as children. They recalled that their formal education was short-lived because they had to work to sustain their family. Beatriz said, “I remember when I was 7 years old, I used to go and sell peanuts and candy with my mother…I don’t want that kind of life for my children.”

Poverty, they explained, was their primary reason for becoming a transnational mother. Besides poverty, some participants reported having immigrated to escape an imminent life-threatening personal relationship. Margarita said, “He [her children’s father] did not like me talking to my girlfriends or my parents…he locked me up in the bedroom and hit me…for many years he hit me. He did not treat me well.”

Having Hope

Hope was a common denominator among all of the participants. Each woman expressed the hope that her sacrifice in leaving her native country and her children and suffering the hardship of immigrating to the United States would provide her children with a life better than her own. Beatriz said,

My husband and I work very hard to send our children money so that they can go to a good school in El Salvador. Before we came here, they hardly went to school because we were poor and the schools for poor people are bad.

Patricia said, “I was so happy last year when I sent my mother money so that she could buy mattresses for each of the four grandchildren living with her. Now they each have their own bed.”

Reunification with their children was what all participants hope for most. Maria said, “I hope that I will have my own home…and my papers. I hope to go back to Mexico, visit my family and bring back my three sons.” Beatriz said, “My biggest dream is to have my children here. I know that God will someday reunite us, so I tell my children in El Salvador that we have to wait until God wants us together again.”

Choosing to Walk Away From Extreme Poverty

According to each participant, choosing to walk away from poverty is a process that requires the cooperation of family members, large sums of money for the coyote (human smuggler), and continuous negotiations with everyone, from blood relations to neighbors, to ensure basic care and supervision for the children she must leave behind. Consuelo said, “Poverty makes us walk to this country…there is no choice when there is so much need…being poor makes us look towards this way….makes us be strong and keep walking.” Ana said,

My son’s father left me when I was pregnant. I was not allowed to go to school so my parents took care of me but they are poor too. I had to leave my son in Guatemala, I could not support him.

Each participant described her decision to leave without her children with emotionally charged adjectives like difficult, distressing, heartbreakingly, excruciating, and agonizing. Beatriz said,

When I left, my daughter said “mommy please don’t leave,” as I left, I turned around and I saw both of my children waving goodbye…that was 4 years ago…and believe me it is imprinted in my mind…it is very hard.

Maria said, “I did not say goodbye to my children, I did not have the courage.”
Suffering Through the Trip to and Across the US-Mexican Border

After deciding to leave their family and children, the women in this study reported how they survived the hardship of a trip that could last up to 25 days. All eight participants recounted memories of a grueling journey. Enduring thirst and hunger, walking the desert day and night, climbing the seemingly never-ending mountains, tolerating the merciless treatment of the coyotes, weathering the inhospitable environment, and fearing apprehension were memories indelibly imprinted in their minds. Consuelo said, “The trip to come here is very hard. We suffer a lot. We were so thirsty and the coyotes did not bring enough water. So we drank dirty sandy water. We had to, so that we could survive.” Beatriz said,

We had to cross so many mountains. I hurt my foot and had to drag myself. It was hard and I was in so much pain... when I felt like giving up I thought about my children. I was fighting for my children.

The dangers of the immigration process were emphasized as the women described the acts of brutality they experienced or witnessed. Physical, mental, and sexual abuse was reported by all of the transnational mothers. Despite knowing that the trip north would be harsh and dangerous, all of the women still believed that illegally immigrating to the United States was the only way to provide their children with the opportunity for a better life, one free of poverty and violence. Dolores said,

Coming here was very ugly... I came here in the train [cargo train]... risking ourselves, my brother and I. After they caught us in Mexicali they took us to Phoenix... but I did not know that they were polleros [kidnappers] and they paid money for me... I was kidnapped and raped by all of them... It was very ugly.

Margarita said,

We were climbing the mountains and hiding for 15 days. They caught us three times. I could hardly walk and I had the baby in my arms. I was breastfeeding him. I was always ready to faint. We walked day and night without food or water.

Mothering From Afar

The participants affirmed that the most difficult aspect of transnational motherhood is living apart from their children. Their testimonies were characterized by searing emotional pain. Consuelo said, “It is very hard. When we leave our homes we don’t know if we are going to come back. We don’t know if we will see our children again.” Dolores said,

I feel very sad. I need my children... I know that it’s hard not having anything to eat and not having a place to live, but... I really need my children. I never thought I would need them as much as I do.

Rosario said, “It is very difficult. Leaving my daughter is too much. To listen to her say, ‘Mommy I want you to come back’... is too much.” Beatriz said,

Not seeing my children for 4 years makes me so sad. I cry all the time. My sister is tired of seeing me cry... I need to touch them... to smell them... to feel them. It is tearing my heart.

These mothers reported how maintaining regular contact with their children and family eased the sadness of separation. Each participant reported using cell phones and calling cards to speak with their children on a regular basis, if not daily. Modern telecommunications and computer technology have enabled these women to participate in such everyday familial occurrences as behavioral issues, homework help, family events, financial needs, family crises, and mutual hopes for the future. Beatriz said,

I keep in touch with my children by telephone. There is no money for a computer. But I call them almost every day. We use phone cards, and from here I help them with homework and I feel proud of the things they do in school. I also talk to my teenage son and I give him advice... he listens.

Participants who left infants or toddlers behind voiced concerns that their child might not recognize them as mother. However, the overwhelming fear of the participants was the lack of resources and surging violence in their native country. Maria said,

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

The women expressed the constant fear of being apprehended and deported by U.S. immigration authorities, a fear that inhibited them from meeting new people and integrating into the community. Patricia said, “We try to be invisible... being illegal [illegal] often leads to situations where we experience exclusion, discrimination, and humiliation.”

Each of the transnational mothers in this study asserted that her main objective in immigrating was to find work to provide remittances for her family. Another participant expressed it this way. Beatriz said, “I can go back any time... at any moment... but I know that if I go back no one eats.”
Valuing Family

Each participant repeatedly affirmed the importance of family in their experience as a transnational mother. Although the complexity of family dynamics presents transnational mothers with constant challenges, most of the participants expressed gratitude for their family’s love and support. Patricia said, “I am very grateful to my mother who, now that my father is gone, is taking care of my daughter, all by herself, and it is not easy.” Margarita said,

My mother takes care of my children. It is hard for her. I used to have four brothers and one sister, but all my brothers were killed in the last 10 years. My mother worries that about the safety of my sons in Mexico. She is a saint.

Rosario said,

My mother…now that I am not there, I think she took over the mother role…I have a love that is too big. In a way I understand it, but on the other hand, it is a problem…she is my daughter and I am her mother.

Changing Personally

Immigration forced the participants in this study to change. They had to adopt new cultural traditions while maintaining the customs and traditions of their native country. Personal changes reported by the participants included claims of becoming more assertive, independent, and strong. Faith in God helped them endure the anguish of missing their children and family and the anxiety of being in a country where they are considered to be undocumented and illegal. Beatriz said, “We keep our traditions and make our foods, like papusas [typical dish from El Salvador], but we also celebrate Thanksgiving.” Patricia said, “We had to change our traditions. Like when my belly hurt in Honduras, we used herbs from the mountains. Here we buy things that help us in stores.” Ana said, “I have changed a lot. When I lived in Guatemala I used to let people take advantage of me and manipulate me. Now I feel that people cannot take advantage of me anymore.” Consuelo said, “I had vices. I brought those vices with me…beer and cigarettes. But now with this new direction that God has shown me, I have changed and there is nothing but God.”

Discussion

The participants in this study reported that they immigrated to the United States to escape the extreme poverty in their native country. Over 50% of the women reported that health care, in any form, was not available to them before immigrating to the United States. The participants spoke Spanish only, and since entering the United States, each woman reported working two to three physically demanding, low-wage jobs to support herself and children, and family abroad. Nonetheless, they are uninsured and unable to pay for health care. These Latinas face major barriers to health care in the United States: the lack of health insurance, the high cost of health care, language obstacles, and low literacy rates, all of which make them susceptible to health inequalities and disparities (U.S. Department of Health and Human Services, 2000).

The participants described their decision to walk away from poverty by making the dreaded trip across the border. The dangers of such a trip often included hunger; dehydration; exhaustion from rigorous walking, climbing, and descending; fatigue; bone fractures; suffocation from confinement in truck trailers or railroad cars; injuries or death from haphazardly boarding and disembarking railroad cars; snake bites; and scorpion stings. In addition to the physical suffering of their trek north, these women may experience emotional trauma, the sequelae of which may include anxiety, fear, worry, and depression, along with symptoms of posttraumatic stress disorder.

As reported by the participants, the most difficult aspect of living as a transnational mother was, and continued to be, the separation from their children. Expressions of sadness, guilt, worry, fear, loss, and uncertainty were all conveyed during the interviews. As reflected in the findings, the “separation from their children is especially grueling and hovered like a specter over their daily lives” (McGuire & Martin, 2007, p. 185). A study examining the psychological consequences of Latinas living as transnational mothers concluded that the odds of suffering from depression were 1.52 times greater than those of Latinas whose children were currently living with them (Miranda, Siddique, Der-Martirosian & Belin, 2005).

Each participant stressed the importance of family. These women regard family, which provides them with vital emotional and practical support, as the center of their social organization. However, the complexities of family dynamics presented these women with challenges. Their family’s support was often conflicted by generational discrepancies and role changes. Intimate-partner conflicts and domestic violence weighed heavily on these transnational mothers. As reflected in the study, domestic violence and intimate-partner violence are pervasive among Latinos and other ethnic and cultural groups worldwide. Crandall, Senturia, Sullivan, and Shiu-Thornton (2005) found that most studies described Latinos as a unified group with respect to domestic violence, although they acknowledged the diversity within the U.S. Latino population. Latina women, whose cultural predisposition is to adhere to strict gender roles and...
Nursing Implications

With the voluntary migration of women worldwide occurring at increasing rates, it is vital for nurses to understand the effect of migration on human health. The purpose of this study was to explore the lived experience of eight Latina transnational mothers and to inform nurses of the challenges presented to these women by their pre- and postimmigration experiences within their social, economic, and cultural contexts.

The complexities of nursing practice in settings with diverse languages, ethnicities, and socioeconomic levels calls for models of care that integrate knowledge, reflection, and creativity. Public health nurses and nurses practicing in community clinics, schools, churches, hospitals, and emergency departments are quite likely to encounter transnational mothers. In support of these women, nurses can help them overcome healthcare barriers and become their advocates by establishing collaborative interdisciplinary relationships within the community and linking these women with opportunities and services. Outreach programs, faith-based groups, and other organizations offer these women a network of support.

For the eight participants, crossing the border was a thoroughly traumatic physical and mental experience. Nurses can alleviate their suffering by conducting comprehensive physical examinations that include diagnostic tests to detect possible injuries and careful mental health assessments. Because transnational mothers often underreport the sexual abuse that occurs during migration, nurses should examine and treat them for such conditions and any evidence of sexually transmitted diseases. From a public health perspective, nurses must recognize that providing healthcare access to undocumented individuals provides compassionate care and also public protection from unrecognized infectious diseases.

Nursing interventions that provide culturally sensitive care facilitate therapeutic communication and dialogue. A nonjudgmental, compassionate attitude will engender mutually caring relationships grounded in trust and respect. Nowadays is a culturally sensitive and trusting relationship between nurse and Latinas more important than when broaching the topic of domestic violence. For Latinas, trust is crucial if they are to disclose such abuse. If Latina women are made to feel comfortable, they are more likely to ask for help. Nurses can protect these women by assessing their physical needs and by providing emotional support and professional referrals. Support groups in community centers, churches, schools, and other organizations can be a source of emotional support and information about their rights and legal protection.

Acculturation varies among transnational mothers, and many women face cultural and linguistic challenges that require time to resolve. As their advocates, nurses can express their sensitivity to, and empathy with, their needs by allowing sufficient time for teaching and counseling (McGuire, 2006). Nurses who practice in settings where they may encounter transnational mothers will benefit from understanding the socioeconomic and political context of the transnational motherhood phenomenon. In addition, by understanding Latina cultural values about motherhood, nurses can actively contribute to their decision-making process. Thoughtful consideration for women experiencing transnational motherhood can promote the delivery of compassionate and empowering care. For example, separation from family has a strong negative effect on the women’s health and well-being, making them vulnerable to health disparities and poor-quality lifestyles (Meleis, Lipson, Muecke & Smith, 1998; Russell, 2002; Thurston & Vissandjee, 2005). The experience and stress of transnational motherhood for Latinas must be viewed through a wide cultural lens that facilitates respectful and compassionate caring (Leon & Dziegielewski, 1999).

Transnational Latina mothers are survivors. Nurses can further empower these women by establishing programs with promotoras de salud (health promoters). Composed of trained, skilled community health workers, these grass root programs bridge the gap between community and health care by broadening access to the latter (Castañeda & Alberro, 2009). Nurses can build upon the inherent strength of transnational Latina mothers by validating their motherhood. It is crucial that nurses know these women as individuals and find meaning in the sacrifice and suffering that they endure for their children, family, and themselves. A nurse’s intentional presence can lead to a mutually nurturing relationship in which the transnational Latina mother and the nurse enhance their personhood (Boykin & Schoenhofer, 2001).

McGuire and Georges (2003) propose that nurses might be drawn to a “praxis of solidarity” (p. 92) by inviting transnational Latina mothers to share their stories and to explore the health concerns that their suffering can bring. By listening, nurses can reflect on the transnational mother’s situation and compassionately seek to understand the meaning and health-related implications of their experience.
Clinical Resources

- International Centre for Migration Health and Development: http://icmhgeneva.blogspot.com
- Gender Dimensions of International Migration: http://www.gcim.org/mm/File/GMP%20No%2035.pdf

References


