

Care of older persons in transnational settings

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Abstract

The question posed in this research is: in what ways is care of older persons practiced in a transnational setting. It is answered by looking at certain transnational activities where a migrant is helping an older person living in another country. This is done by using the description of care developed by Berenice Fisher and Joan Tronto [Fisher, Berenice & Tronto, Joan. 1990. "Toward a feminist theory of caring." Pp. 35–62 in *Circles of care* edited by Able, E. K. & Nelson, M. Albany: State University of New York Press], where caring is seen to consist of four elements: 'caring about', 'taking care', 'caregiving' and care-receiving'. Additionally the article is built around three basic elements of transnational care: distance, resources and circumstances. Distance refers to geographical distance between the migrant and the elderly person in need of care. Resources encompass a variety of resources that the migrant has or would need for the transnational caring activities. Circumstances are various determinants linked to the elderly person in need of care. Also attention is paid to the social policies involved in care-related activities. Two fundamental issues are distinctive to caring transnationally: the differing cultures of care and the two sets of social policies that have a role in this activity. © 2007 Elsevier Inc. All rights reserved.

1. Caring transnationally

Members of transnational families live at least part of the time geographically dispersed and spend periods of time in separate countries (Herrera, 2001, 78). Despite the separation caused by national borders and distances they look after one another, share resources and maintain their social relations (Alicea, 1997, 598; Bryceson & Vuorela, 2002, 3–7). The members of transnational families also provide emotional care and guidance from afar (Hondagneu-Sotelo & Avila, 1997, 564). These actions, conceptualized here as *transnational*, are the focus of this article.

Transnationalism can be defined as the sustained ties of persons, networks and organizations across national

borders. These ties and networks may be institutionalized to a greater or lesser degree (Faist, 2000a, 190). Transnationalism and transnational family life may contain elements of discomfort: distant members of transnational families miss one another and they may have feelings of abandonment, regret and loneliness (Parreñas Salazar, 2002, 44). These phenomena are documented in the vast amount of research on transnational families which largely focuses on mothers who work as domestic servants and who have been forced to leave their children behind in order to provide for them (Romero, 1997; Anderson, 2000; Hochschild, 2000; Parreñas Salazar, 2001; 2002; Parreñas 2005). Within this framework, the focus is on transnational motherhood (Hondagneu-Sotelo & Avila, 1997). However, children are not the only ones in transnational families who may have been left behind and are in need of care, guidance, resources and help. Also the older members of transnational families can

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remain in need of help and care when their children, in-laws and other younger relatives change residence to other countries. Problems may arise when care work is not redistributed within the family and kin at the time of moving from one country to another. Moreover the need for help and care can arise or increase during the absence of the carer (Spitzer, Neufeld, Harrison, Hughes & Steward, 2003, 268–269).

It is well documented in research literature that family responsibilities do not entirely fade away with increasing distance or with the passing of time (see for example, Alicea, 1997; Mason, 1998; Baldassar & Baldock, 2000; Izuhara & Shibata, 2002; Lan, 2002). Rather, webs of competing obligations emerge between immediate family needs and extended family needs. As a result, people do activities similar to caring across the transnational field (Alicea, 1997, 614, 616). In this context, as Loretta Baldassar and Cora Baldock (2000, 63) consider, the distance between the caregiver and care receiver is an important factor. However, when the care activities are taking place across national borders, crossing the national frontiers can produce specific kinds of challenges especially for the carer. Ruba Salih (2001, 659) describes this activity as ‘having reproductive roles’ in two countries.

The above described element of transnational care, that crossing the national frontiers is part of the care activity, has received little attention in studies on migration, transnationalism and care (Ackers 2004, 378). A number of studies examine the transnational activities of women in relation to family and kin (e.g. Alicea, 1997; Foner, 1997; Salih, 2001; Zontini, 2004) but only very few works focus on caring of the elderly relatives in the transnational settings (see for example Baldassar & Baldock, 2000; Baldock, 2000; Izuhara & Shibata, 2002; Lan, 2002; Ackers & Stalford, 2004; Baldassar, Baldock & Wilding, 2006; Zechner, 2006). In this article I contribute to the scarce research on caring and transnationalism by asking in what ways is care practiced transnationally? And what are the differences between caring from a distance nationally or transnationally? Attention will be paid to related social policies as they encourage a particular version of family responsibilities (Finch 1989, 8). I shall use the four-dimensional description of care which has been developed by Berenice Fisher and Joan Tronto (1990). I assume that since it includes not only the actual caregiving work, but also the orientation to the needs of others, evaluation of those needs, taking the responsibility to respond to them and finally the responses of the care receiver or the caree (ibid. 1990, 40), it may be helpful in analyzing activities within transnational families. At the same time I will have a chance to test this description of care by checking how it works in a setting that may not be

perceived as very ‘typical’ for informal caring relations within families and kin.

2. The concept of care

The research is built on the concept of care developed by Fisher and Tronto (1990). According to them, caring refers to specific activities that include everything that is done to “maintain, continue and repair our world so that we can live in it as well as possible”. They suggest that caring consists of four dimensions: ‘caring about’, ‘taking care of’, ‘caregiving’ and ‘care-receiving’. ‘Caring about’ is an orientation to observe what parts of the world requires maintenance and repairs: this part of caring is often associated with affective horizons such as attachment and love. ‘Taking care’ implies the responsibility for initiating and maintaining caring activities: these two dimensions do not necessarily involve any overt actions which instead are needed in caregiving. By ‘caregiving,’ Fisher and Tronto refer to the concrete care work that demands time and resources. The last dimension of caring is ‘care-receiving’: the response of the caree (caree is the person who is in need of care and receives care) to the three previous elements (Fisher & Tronto, 1990, 40–44). In this study however, care-receiving has only a minor role, and the analytical emphasis is on the experiences of the carers.

The four-dimensional description of care described above is elaborate, and it enables the diversity of care to become visible so that not only is the actual care work present, but also the mental and emotional work that is involved in caring. This is important as transnational families have a particular need to act out and practice their love and attachment because they cannot be demonstrated in everyday life (Vuorela, 2004; see also Parreñas, 2005). When caring within a transnational setting the less concrete components of care are often more emphasized than in the cases in which care is provided within national borders or across smaller distances. In the context of care-related responsibilities the transnational families and kin networks are in a special situation since their access to different resources due to distances and other obstacles (wars, visa requirements, etc.) can be, and often are, very limited (Bryceson & Vuorela, 2002, 7). Despite these barriers, often the members of transnational families have the desire and obligation to keep in touch with, care for and look after members of their kin, as well as maintain transnational families and their ties. Micaela Di Leonardo (1987, 442–443) calls the activities that take place between kin members and include the development, maintenance and ritual celebration of cross-household kinship ties, as kin work. Kin work resembles ‘caring about’ since they both

are based on observation of other people's needs and life events.

Thomas Faist (2000b, 202) talks about 'reciprocity in transnational kinship groups' but with this concept he is referring primarily to remittances. Reciprocity can also be a basis of giving and receiving help in a transnational setting. These activities in a transnational context create mixtures of practices and meanings that would not have emerged without the transnational family situation. These practices and meanings can be called transnational social spaces that refer to "...a densified and institutionalized framework of social practices, symbol systems and artefacts that span pluri-locally over different national societies" (Herrera Lima, 2001, 77).

In the following two sections I will go through the considerations in relation to my data, after which I shall demonstrate how this research has been realized.

3. About the data

The data contains five interviews with female Estonian immigrants in Finland. These interviews were conducted during 2001 and 2002 as part of an international research project called 'New Kinds of Families, New Kinds of Social Care, Shaping Multi-dimensional Policies for Informal and Formal Care' (SOCCARE¹) which was funded by the European Commission.

I was looking for Chinese and Estonian immigrants in Finland with caring responsibilities either towards children or older relatives. Through various networks, using snowball method, population registry and with the help of migrants' associations 28 interviewees were found. Of Estonian origin there were 15 interviewees and five of them had older relatives residing either in Estonia, Russia or Belorussia in need of help. None of the Chinese interviewees were helping older relatives outside or inside Finland. Reading these interviews made me wonder how care can be given transnationally. Since the data sample is so small, I am trying to look beyond it while carrying out the analysis. In order to fully consider the marginality of the data I shall describe the immigrant population and especially the Estonian immigrant population in Finland.

Immigrant population is very small in Finland. Out of 5.2 million total number of inhabitants 113,800 (2.2%) have foreign nationality. The Russian nationals (24 600) form the largest and Estonians (15,400) the second largest

immigrant group in Finland. Other than one of the two official languages (Finnish and Swedish) is spoken by 144,300 inhabitants (2.8%). Estonian is spoken by 15,300 and Russian by 39,600 people (Foreigners and international migration, 2006, 46–52). Due to Russianization or Sovietianization measures of the Soviet Union before Estonian's independence, some migrants from Estonia have Russian roots and some of them speak Russian as their first language.

The interviewees are women aged between 41 and 50. One can assume that the likely ages to have older parents, in-laws or other aging relatives needing help or care are somewhere between 30 and 60. At the end of the year 2005 in Finland there were 4,800 Estonian speaking women aged between 30 and 64 years. Estonian speaking men within the same age bracket, there were 3,600. The numbers of Russian speaking are distinctively higher: women aged between 30 and 64 years were 14,000 and men 6,600 (Population structure and vital statistics by municipality, 2006, 85–86). These numbers do not obviously show where the parents are residing, whose elderly relatives are already deceased nor whose relatives need help or care. However they indicate that a great number of immigrants from Finland's neighboring countries may potentially be giving help and possibly care across the national borders. A recent Finnish study (Liebkind, Mannila, Jasinskaja-Lahti, Jaakkola & Kyn-tjä, 2004) on immigrants born in Estonia, the former Soviet Union or Russia reveals that contacts across national borders are very common among this group of people. Over 60% of the respondents in the study maintained contact at least on a monthly basis with their relatives and friends in the country of origin. None of the respondents had cut these ties completely. Half of the respondents visited the country of origin several times a year, and every third made such visits at least once a year (Liebkind et al., 2, 188). The issues of visiting, keeping contact and helping older relatives in a transnational social space (Herrera Lima, 2001) are worthy of attention and research especially since migration to nearby countries is a globally common phenomenon.

An example of a well-known migration pattern within neighboring countries is between Mexico and United States. Similar migration movements are found also in the African continent where the more prosperous countries have been at the receiving end, South Africa being one of them. Also political and economic instability have caused many inter-African streams of refugees and other migrants where for example Tanzania has been one of the receiving countries (Toro-Morn & Alicea, 2004, xxi–xxv). Within Europe, the residents of the previous socialist countries have been keen to move to western parts of Europe, as well

¹ Finland, France, Great Britain, Italy and Portugal participated in the project during 2000–2003. All project reports are available at: www.uta.fi/laitokset/sospol/soccare.

as to other continents (Okólski, 2004, 44). These movements of people result in a plethora of transnational activities, while people keep contact to people who stay in the country they departed. Transnational activities may take place across long but also across short distances. Hence the results of this research have a wider applicability than Finland and its neighboring countries.

Finland and Estonia have the Gulf of Finland separating them. The distance between their capitals Helsinki and Tallinn is only 84 km. Estonia was part of the Soviet Union until it regained independence in 1991. During the Soviet era, the gap in the living standards between occidental Finland and Soviet Estonia was extensive. This produced a tradition to emigrate from Estonia to work and live in Finland, especially after the breakdown of Soviet regime which alleviated the emigration from former socialist countries. Moreover, some of the Estonian and Russian population has Finnish roots. A new immigration policy was initiated in 1990 when it was stated that Finland had a debt of honor to its people with Finnish roots living in the former Soviet Union. Since then, people from the former Soviet Union with Finnish roots have been granted returning migrant status when immigrating to Finland (Liebkind et al., 2, 28).

4. Realization of the research

First I will shortly describe the interview data which has raised the question of caring in a transnational setting. Then I shall explain how this research has been implemented.

The ages of the women who were interviewed during the research project are between 41 and 50. They have resided in Finland between six and twelve years after entering the country either as returning migrants or through other (legal) means. They reside in the capital area near Helsinki. One of them is married to a Finn while the rest of them are divorced. They all have maximum intermediate level of education and fairly low levels of income despite the fact that they are all working, at least part-time. Four of them have children living with them in Finland and one has an adult son in Estonia. All of them have elderly relatives either in Estonia, Russia or Belorussia. Only one of the older relatives needed some help at the time of migration, others' need of help emerged only later and the amount of need has lately been increasing.

The interviews were open-ended where a list of questions was used as a reminder for the interviewer. The questions concerned migration, the management of childcare and care for the elderly before and after migrating to Finland. Each of the five interviews lasted from two to three hours and made from 31 to 43 pages of

transcribed text. The interviews and the analysis aim to grasp the point of view of the migrant helping the elderly person.

The interview data at my disposal has, besides the small number, also other distinctive features. I have recognized three major ones: first being the short distance between the interviewee and the older person in need of help, second is the fact that both parties have relatively low incomes and the third is the types of circumstances that the elderly live in. Estonia, Russia and Belorussia do not have such an extensive welfare state as for example Finland has. Also the elderly people linked to this research live in rural areas and they have poor housing conditions. These three features are commonly present in international migration. Traditionally migration has been characterized as a choice of people seeking better income opportunities (Toro-Morn & Alicea, 2004, xv; Arango, 2004, 18). For example between 1995 and 2000 the majority of the net migration flows were received in North America and Europe while Asia, Latin America and Africa were the main regions of departure (Global Policy Forum, 2006). People with relatively few resources are likely to leave but also educated and well-off people migrate, so the picture of migration at present is quite polymorphic (see Arango, 2004). As mentioned, migrating to neighboring countries is very common as well. There are all several possible variations within these three distinctive features of distance, income and circumstances as it comes to the backgrounds of the international streams of immigrants and their relatives. I will take them as much as possible into account during the course of my research.

From the data, I have identified sections of speech that contain helping or caring across national borders. Then I checked if the dimensions of 'caring about', 'taking care', 'caregiving' and 'care-receiving' fit into these stories. Very soon it became obvious that certain three elements create the foundation for the transnational caring activities of the interviewees. The elements are distance, resources and circumstances. The element of distance refers to the geographical distance between the migrant and the person in need of help. The second element contains a variety of resources that the migrant has or would need to do caring activities transnationally. Here will especially the resources of time, money, information, communication technology and social networks be paid attention to. In addition to available resources the social policies of each country involved create enabling or disabling structures for the use of resources. The third element of circumstances consist of the circumstances, resources or other determinants linked to the elderly person in the country of departure: housing conditions, the illnesses s/he has, the services available and so forth. These three elements shape the

possibilities that people in transnational social spaces have for helping and looking after their older relatives.

Baldassar and her colleagues have named, in their model of transnational caring, somewhat different elements, namely capacity, obligation and negotiation (2006, 204). Capacity refers to issues that encompass one's possibilities to engage in transnational caring. Obligations refer to cultural values and expectations on kinship relations, while negotiation accounts for the particular kin relationships that develop over time (ibid. 2006, 204–211). These elements are not contradicting the ones I am using, instead the contents are basically the same but differently labeled. I will return to these later on. Important here is the distance which is not always vast, like with Filipina migrants in United States (see Parreñas Salazar, 2001, 2002; Parreñas 2005). In many occasions people give help from a distance *within* national borders (translocal) but in this case the distance includes *crossing borders of nation-states* (transnational). This creates many consequences, especially since the transnational social space where the caring activity takes place reaches over two systems of social policies. For example many social policy measures in Finland are residence-based (Asumisperusteista sosiaaliturvaa selvittäneen työryhmän loppuraportti, 2003, 11), which will become evident during this course of research. I have used the three above-mentioned elements as a framework to present the results of my research and they will be discussed further.

5. Distance

Distance has an impact on the negotiations about kinship and its consequences like helping one another. Distance can also create tension within the kin community regarding religious, familial and cultural practices and traditions (Mason, 2004, 421, 426). As such, geographical distance does not need to be a barrier to being close to members of the family. Rather the tightness of the emotional bonds and the level of trust between the family members can overcome the issue of distance (Gould-bourne & Chamberlayne, 2001, 42; Mason, 1998, 9). Intense connections across the transnational social space have at times provoked the question whether they even threaten the integration to the country of reception (see for example Palmer, 1977). Indeed family matters like the wish to educate the children in the country of origin or the care needs of the older family members can be incentives for return migration (Ackers & Stalford, 2004, 153–163). Social policies have a role to play here. If the educational system in the country of residence, or the services for elderly persons in the country of departure, does not seem

to satisfy the needs at hand, return migration may become a liable option.

Care definitely is a pivotal issue both in deciding on migration and in shaping transnational life (Ackers, 2004, 374). As mentioned earlier, 'caring from a distance' can take place within or across the national borders. Long distances are always problematic in caregiving. Caring and especially 'caregiving' often involves activities that demand face-to-face interaction or physical contact with the caree or within the environment in which s/he lives. This means that even a short distance can cause problems if the means to cross it are not at disposal. Consider for example a staircase that lead to one's bedroom. With a broken leg such a distance might become impossible to cross even if a week earlier it deserved no attention. Longer distances may cause time delays, travel expenses and problems in information exchange. Referring to the model of transnational caring that Baldassar and her colleagues have developed (2006), distance has a focal role to play as to the capacity that the migrant has in order to engage in transnational caring activities. The distance often has a great impact on the frequency of the visits and at worst it may be incompatible with the needs of the caree. One of the interviewees for example visits her mother in Estonia once or twice a month and reflects the issue in this way:

I*: [...] Do you usually go for a weekend then?

R: Yes, yes, unless there are no errands to run during office hours, but then I go just to take care of them. To bathe in the sauna, my mother can't do it herself so I have to bathe her, once a month I go bathe her in the sauna. Then I go for a weekend. If there is some matter that must be dealt with during office hours, then I take a day off work or use my overtime or something.

I: So you help your mother even with bathing? She is so...

R: Yes, yeah, that if I come once a month she is one month without bathing. Then I take her to sauna and bathe. (IF27**)

* I stands for interviewer (the author) and R for respondent. ** IF means immigrant family and the number indicates the interview number.

The actual distance between the daughter and her mother is less than 100 km by ferry and by bus. The trip lasts for several hours (at least five) and it involves crossing a national border between Finland and Estonia. Now that Estonia is a member of the European Union, no visas are needed and an identity card can substitute the passport. If she was from Mexico, her possibilities to visit her mother from Finland once a month would be very limited unless she was extremely wealthy. Even then it would be very fatiguing.

A second issue in the previous example is that compared to many other migrants, she is able to visit her mother fairly often due to the relatively short distance between them. Then contrasted to the needs of the mother, bathing, the time frame of the visits is extremely loose. Most of us wish to bathe more often than once a month. Needs of the body are the ones that demand ‘caregiving’ (see [Tedre, 2003](#); [Twigg, 2000](#)) and they have a time frame of their own: hunger, need to go to the toilet and bathing for example. [Minna Salmi \(1996\)](#) has described how the institutions that we are connected to in our everyday life, have their own time frames, timetables and deadlines. For example the labour market keeps most of us busy between eight in the morning until five in the afternoon. Those who work in shifts have a completely different rhythm in life, created by the employment. Another layer of time demands is created by the markets: when the shops, hairdressers and dentists offer their services. The third layer consists of the times that the schools, day care and other essential and often needed services operate. The fourth layer of time grows out of the household rhythms and determines when the dishes need to be done and food prepared. These differing layers of times create a variety of demands on us and we are responsible over fitting them together ([Salmi, 1996](#), 216–217).

The quotation shows how the bathing needs of the mother have a different time frame from the ones that the caring daughter is complying with. The frequency of the daughter’s visits is dictated by the working hours she has, by the needs of her children at home in Finland, the availability of money for traveling and the timetables of ferries and buses. Not only the differing time frames collide here but the immediate family needs and extended family needs create also conflicting demands. Activities like bathing can be defined as ‘caregiving’, which demands continuous or frequent effort, time and presence. [Silva Tedre \(2004, 52\)](#) claims that if care is to happen, there is a need that two people meet in one physical location at a certain time. This portrays well the dimension of ‘caregiving’ which implies the direct meeting of needs, physical work and a contact with carees ([Fisher & Tronto, 1990](#), 42–43). It is self-evident that this type of caring is very difficult from a distance, whether it involves crossing national borders or not. Since in this case national borders are being crossed, certain social policy issues become observable.

Social policies encourage particular version of family responsibilities ([Finch 1989](#), 8). For example in Finland there are no social policies that specifically promote transnational caring. There are no benefits to assist in visiting relatives residing abroad or possibilities to limit working hours for the same purposes. Neither are there policies that are destined to bring an elderly relative to

Finland where the prospective caring relatives reside. Family reunification measures cover only spouses and children under 18 ([Kofman, 2004](#), 245). Quite the contrary, the Finnish government has in the recent program on immigration politics stated, that those immigrants from the former Soviet Union with a returning migrant status, will be selected contemplating the needs of the Finnish labor market ([Hallituksen... 2006](#), 13). It means that immigrants of working age will be favored and older persons have fewer chances to migrate to Finland. Social policies quite clearly spell out that relatives to older persons in need of care ought to live in the same country to start with.

Distance influences the division of labor especially in ‘caregiving’. Those who are closer to the caree often have more responsibilities than those facing greater distances. In the British context [Janet Finch and Jennifer Mason \(1993, 108–110\)](#) found that people generally consider that a trip of over one hour is a sufficient reason not to help or care for a relative. In some cases, however, people do travel very long distances or undertake complicated journeys in order to help their relatives. Could it be that in a transnational social space the distance, in order to be a good excuse for not to help or care, must be longer than nationally? Similar to Irish migrants in Britain, Estonians in Finland are expected to fulfil various family roles and perform kin work back in the community of origin since the distances are not extremely long ([Ryan, 2004](#), 361). The distance as such may not be a sufficient excuse for not participating, but lacking the means to cross the distance may be. The shortage of money and time needed for travelling are examples of resources that are needed if migrants are to care in a transnational context. Hence the next section is about resources.

6. Migrant’s resources

Care activities demand resources. [Joan Tronto \(1994, 110\)](#) names material goods, time and skills whereas [Anneli Anttonen and Jorma Sipilä \(2006, 223\)](#) list persons, time, finances and place as elements needed in child care. These certainly apply to care of older persons as well. I also want to stress that social networks are invaluable resources, as well as channels for finding new resources, while helping and caring for older persons. A matter of resources is a conflictual one in care since there is no universal definition of an adequate or good level or quality of care ([Tronto 1994](#), 110). Part of the quality of care is the rarely spoken issue of competence. Caring requires certain kind of competence, which can be seen as a resource as well. The need for competence is obvious in formal care with training and diplomas. Also if a parent lacks affection and caring competence towards a child, a serious concern would be shown. However, if an adult child or a spouse does not

show affection and caring towards an elderly in need of care, such concern is not as likely (Nolan, Grant & Keady, 1996, 33).

As noted before, 'Caregiving' demands traveling back and forth, and creates needs for an amount of resources such as time and money (see Mason, 1998; Ackers & Stalford, 2004). Instead economic and emotional support can be given through different channels and using different resources. Recognizing and assessing the needs ('caring about'), judging what course of action to take and assessing the resources needed for the actions ('taking care of') can be to some extent done without direct physical contacts to the older person. The exchange of information is an essential part of these activities and information is an invaluable resource in care. Without some kind of definition about the needs of the older person, caring is merely blind shooting. Here the virtual world of e-mails, the Internet as well as telephones are important (see Wilding, 2006). The Internet is a new kind of site for managing care work and why not also the kin work (Di Leonardo, 1987).

I: So, you have made a division then, have you divided those tasks somehow between you and this sister of yours, that...

R: We have made shifts. We do everything that needs to be done in turn. I mean, the cleaning and shopping and medicine from the pharmacy. Then we discuss every day by e-mail with my big sister about what is the current situation, what are the needs.

I: Yes. Do your parents have a phone there, so you can phone them?

R: They have a phone, yes.

I: And it is possible to negotiate with them.

R: Yes, them I also call almost (...) twice a week. Can't more often, because the bills are so high. (IF26)

Without e-mail, the two sisters would not be as well informed about what one has done and what still needs to be done for their parents. Even today, telephoning is expensive and seems to be reserved for communicating with the older relatives who are often not able to use e-mail. There are still many places where even a telephone is a rarity and hence not everybody is well connected to their kin members.

Since many major streams of migration start from developing countries and end up in more developed regions, to many migrants a letter is the only feasible means of communication to the relatives in the country of departure. Everybody is not able to share the virtual world due to weak infrastructure, low income or the lack of knowledge. Often the virtual world is also unidirectional (Parreñas Salazar, 2001, 126) meaning that the migrant children call and e-mail and exchange information whereas

the remaining older relatives are advised not to call in order to save on phone bills. Moreover, some elderly people are not able to call, e-mail or send letters even if they wanted. It is important to notice that though the virtual world is a real site to do the 'caring about' and 'taking care' there are many limitations to these activities. The carer is not always able to know what kind of help the caree needs ('caring about') and can not necessarily take responsibility for initiating and maintaining suitable activities ('taking care') to meet the needs. Such information obstructions cause sense of strain and inadequacy and it limits the caring process. On the other hand feeling of inadequacy may also emerge when the information flows well: knowing what the elderly relative needs but not being able to provide it across the distance or due to lack of material and economic resources.

Besides material and economic resources, social networks are resources in helping and caring for older persons. In the previous example the sisters share the 'caregiving', 'taking care' and 'caring about' — dimensions of their care responsibilities. One of them lives fairly close to their parents and can thus visit them, discuss with them directly about help needed and do 'caregiving' work. Not everybody has such resources at their disposal and they may need to recruit and possibly to pay a neighbor, a friend or services if available, to keep an eye on the elderly relative or to give some practical help.

Social policies creating resources

Practical help can as well be channeled with the help of social policies by using services and by claiming benefits. If the migrant is able to make use of the benefits and services like child care, income support or employment benefits in her country of residence, they may create a backbone that enables the migrants' helping activities by providing a basic security for her and for the immediate family.

In order for this to happen, such supportive benefits and services must in the first place exist. Then the migrant needs to be aware of them and be able to use them, which usually means that s/he has to master the local language (or at least English) relatively well. Here the difference between caring from a distance nationally or transnationally becomes evident. When care is provided within national borders the carer and the caree are within the same system of social policy. When caring or helping happens in a transnational social space, two differing social policy systems are involved. In this section I will concentrate on the migrant's country of residence and next section will cover issues related to the country of departure.

If the participants of this study were caring for an elderly relative residing in Finland, they would be able to

apply informal care allowance. Informal care allowance is paid to a carer giving care to another person at one of their homes. Allowance is paid by the municipality, which is responsible for providing services for the elderly in need of care ([Act on Support for Informal Care](#)). In most cases it is the municipality where the caree is residing. If the carer was living in Estonia and the caree in Finland, the carer could try to claim informal care allowance if the need for care and help given were extensive. In practice co residence or living close by is a prerequisite for receiving informal care allowance. At times national social policies hinder the helping and caring activities:

I: Yes. And how, I mean, if it was possible, would you anyhow like to, for instance, go and visit this grandma or...

R: Yes, of course, because she misses us and also my mother [who lives in Finland] would like to go, but the trip is so terribly expensive. We must get visas [to Russia]. Then there is the train fare and also, because mother gets income support, she loses her daily benefits.

I: Oh, even if you go on such a trip?

R: One can't go. It is so that you can go for seven days a year, but anyhow the train trip alone is six hundred marks [100 €].

I: Yes, you can not go for such a short time.

R: Yes, such a short time. The trip itself there and back takes, say, two days. (IF28)

A low level of income is a limitation to travelling and helping in general, but other restrictive limitations are related to those dependent on income support or unemployment benefits. For example the Finnish income support system allows 21 days of travelling abroad in a year. The rationale behind this is that people should not be able to collect income support in Finland and reside in another country. The mother of the interviewee is under the impression that she may not travel more than seven days at a time. The grandmother can not be visited in Russia in just seven days because she lives in a remote area that requires several days to reach. However, social services are supposed to consider longer periods of traveling when these kinds of circumstances are involved. So either the social worker has given wrong information or the applicant has misunderstood the given information.

Similar restrictions are attached to unemployment benefits where travels abroad should not exceed six working days and visiting family or kin are not generally accepted as grounds to prolong the travel time. The unemployment levels of foreign nationals in Finland are much higher than the ones of Finns. In 2004 the unemployment rate for Finns was 5,6% whereas it was 12,9% for foreign nationals ([Foreigners and international migration, 2006, 24](#)). While unemployed people may be available for informal caring, the unemployment benefits

may hamper these activities, at least in a transnational setting.

In the last excerpt above traveling is expensive and time-consuming so it does not make sense to visit only for a few days at a time. The mother could go and not report the trip to the social worker, but traveling to Russia involves stamps in the passport. If social workers ask to see her passport, which they are supposed to do if they suspect misuse, they will withdraw her income support based on that evidence. In this kind of situation, people living and traveling within European Union are in a more favorable position. If they wish, they can conceal their travels from the authorities since they have no stamps in their passports which reveal border crossings. Obviously many beneficiaries do not wish to do such deceiving maneuvers. These kinds of restrictions on traveling for beneficiaries of Finnish welfare benefits create very concrete legal hindrances to transnational activities.

A similar but reversed problem may rise when relatives are attempting to give care translocally in Finland. Provision of social and health services for the inhabitants is the responsibility of the municipalities either alone or in cooperation with other municipalities and private enterprises. The state subsidizes the provision and gives norms and guidance to the municipalities ([Care and Services for older people, 2002, 23, 25](#)). If an elderly person in need of institutional care wishes to move from one municipality to another, for example closer to her/his children, the intended municipality of residence may refuse a place in an institution. It is possible that the sending municipality commits to pay the expenses. Even so, there are usually long queues to municipal institutions offering long-term care, so the likelihood of getting a place when coming from outside, is small. Some children choose to take the elderly parent to live with them for a while after the moving and then apply for a place in an institution. Again the long queues to institutions may unexpectedly prolong the period of joint living ([Municipality of Residence Act and Restrictions of Chancing the Municipality of Residence, 2005, 21](#)). Another possibility is to choose a private institution if one is affluent enough to pay for it and if such services are available.

These examples show that caring from a distance can both translocally and especially transnationally meet unexpected obstacles as social policies are designed to meet the needs of people within the boundaries of a state or even of a municipality. Of course, services to help caring for older persons are not available at all in many countries as will become evident in the next section where I will concentrate on the issues related to the elderly person and her/his circumstances.

7. Elderly and her/his circumstances

Deborah Bryceson and Ulla Vuorela (2002, 18) claim that transnational families with low income and little cultural capital need to maintain more frequent contact to the country of departure than transnational families with more resources. The reason for this is that in case the life in the new setting does not get properly started, sustained ties ensure support and a possible return to the country of origin. My research has an opposing setting: because the older persons remaining in the country of departure have difficult material, physical and social circumstances, those living abroad must maintain frequent contact, which goes beyond remittances, with them.

In Estonia the costs of social protection have been increasing only since 2002 measured in Gross Domestic Product (*Social Sector in Figures 2006.*, 146). For example the national pension is connected to the consumer price index (*Social Sector in Figures, 2006*, 98) but still low level of income is one of the biggest problems that pensioners in Estonia have to face. Almost 27% of female and 11% of male pensioners are living under the poverty line (*Social Sector in Figures, 2006*, 31). Poor housing and disrepair of streets are another major obstacle for managing independently especially in the countryside (Tulva, 2003, 20). Services are slowly being developed but low tax revenues and negative attitudes towards older persons are hindering the development. Elderly people have biggest demand for home help, transport, counselling and housing services especially in the countryside (Ahtiala, 1994, 32; Tulva, 2003, 20; Tulva, 2004, 23). Elderly people, whom the participants of this research were helping, were living in the countryside and they all had poor housing conditions: heating with wood, cold or no running water and other related problems. The differences between Estonia and Finland in the standards of living became very articulate to these women.

The concrete physical and economic conditions partly create needs for help and add further constraints to already heavy and time consuming ‘caregiving’. There are more issues that they have to ‘care about’, ‘take care of’ and ‘give care to’ than there is if the housing and other qualities of the imminent environment are better suited for older persons. Acquiring wood, getting it chopped up and carried inside would not need ‘caring about’ and ‘taking care of’ in that case. This holds for all kinds of caring and helping situations nationally and transnationally. If the care activities were practiced translocally in Finland, carers could use private companies to do home repairs, cleaning, shopping, bathing and other ‘caregiving’ activities. At the same time they could benefit from the domestic help credit, which allows tax deductions on certain services bought

from companies. Deductible services cover house repairs, care-and household work. The work may be performed in one’s own, spouse’s, parents’, parents-in-law’s and other close relatives’ home or summer residence. There is a certain yearly limit on deductible sums and the company must be listed in a preliminary tax withholding registry, which rules out foreign companies (*Taxpayers’ organization*). Domestic help credit gives clearly the message that relatives should help one another, if not personally, then by employing other people to do it for us. In a transnational caring situation one would need to find a Finnish company listed in the preliminary tax withholding registry and willing to perform the work abroad. This may prove to be very difficult.

Older relatives in need of care may also refuse to be helped, even by the family members. They might not wish to be a burden to their adult children or they might think that people ought to manage on their own and that it is a shame to ask for or receive help:

I: Well, what — what kind of help do your parents usually need?

R: It is that they are not used to getting help and it is terribly hard for them to accept it. That is, to accept that stuff [second hand clothing] that we offer them. When I go there I always buy, I mean it is kind of hard that way. (IF27)

This is an example of ‘care-receiving’ or the caree’s response, which is rather reserved. Not accepting help diminishes the need to do ‘caregiving’, but it also complicates the ‘caring about’ and ‘taking care’ aspects of caring by increasing the emotional burden and worry with which the carer has to live. Refusal makes carers feel helpless and unable to assist, despite the fact that they are aware of at least some of the trials and tribulations that their parents or grandparents have to face (Zechner, 2004, 645). Responses of the carees are linked to a broader framework which can be called cultures of care where, in this case, issues related to the migrant as well as to older person staying put are entwined.

8. Cultures of care

In addition to the qualities of the physical environment where the elderly person is an occupant, the broader ideas about how help and care ought to be organized and done, are salient when relatives help and care for one another. These ideas can be called cultures of care which is created through interweaving of action, meanings and patterns of social resources and relations. Also kin work, the maintenance and development of cross-household ties can be based on cultures of care: who is expected to keep

contact with whom, how and when. When structural determinants create consequences for care work and the surrounding relationships, a cultural pattern has emerged (Chamberlayne & King, 2000, 5). Cultures of care embrace the elements of obligation and negotiation in the model of transnational caring created by Baldassar et al. (2006).

R: We in Estonia, it is kind of different. I mean always in a family, the family members help one another all the time (IF24).

The conception in this quotation is that unlike Finns, who, according to the interviewee, are not looking properly after their older members of the family, the Estonians do so. In Estonia the elderly people are supposed to be cared for by the family. This version of family responsibilities has been passed down from the Soviet time when it was assumed that the needs of older persons are met by the families, usually by the women in the families. The idea was enforced by not providing services helping families to care for their elderly members or by making the use of such services stigmatizing and unpleasant (Rotkirch, 2000, 121; Tedre & Tulva, 1999, 204). After the independence the responsibility has been encoded in the family law and it reaches across three generations, to the grandparents and grandchildren (Tulva, 2004, 24). While being aware of the normative and legal responsibility over their older relatives the women in this study see that in Finland there are services available to help in caring for older persons and the use of them is socially acceptable. They see that it may ease the 'caregiving' work and possibly the 'taking care of' work as well. On the other hand having services to help with the 'caregiving' may increase the 'taking care of' dimension since family members often need to negotiate the help and care for their kin with the service providers (Zechner, 2004, 645).

In their own lives and within the helping activities, these women are located in two differing cultures of care while their field of activities spans across two countries. Most of them would like to integrate these two cultural sets of thinking, acting and divisions of responsibilities, by continuing the 'caregiving', 'caring about' and 'taking care of' while at the same time using the services, which unfortunately are not currently available to them. Such services are often not provided in countries that mainly send out migrants and receive fewer of them. The interviewees are actively shaping the transnational social space by attempting to combine old and new cultural patterns and preferred actions. This way they challenge certain premigration traditions while retaining others.

To keep cultural patterns and social practices from the country of departure alive, immigrants need strong immigrant communities and institutions with dense ethnic

networks and continuous transnational ties (Foner, 1997, 963). From these the Estonian women in this study have only continuous transnational ties. Hence an encounter or a mixture of Finnish and Estonian caring practices and understandings is likely to emerge. Emilia Forssell (2004) had similar results when studying immigrants caring for older family members in Sweden. Those immigrant carers with a strong idea of family responsibility in old age care, contrasted with the stereotypical assumption of Swedes abandoning their elderly, were in the process of changing their attitudes towards care services. Especially if the needs of the elderly person were getting extensive, the use of services became a more liable option. There was a conflict between the idea of family care and the wish to enjoy economically and socially independent life in the new home country (ibid. 2004, 142, 203). Also in transnational caring a possibility of conflict remains since the carees are usually only aware of their local culture of care. They therefore might not accept such 'foreign' arrangements as home help or meals-on-wheels if they are available (see also Anderson, 2001; Lan, 2002). The conflict thus stays within the carer who may be the only one actually meeting and combining the two differing cultures of care.

I should like to add cultures of care as a fourth, less concrete, element to transnational caring alongside the distance between the migrant and the person in need of help, the resources that the migrant has at her/his disposal and the circumstances, resources or other determinants linked to the elderly person in the country of departure.

9. Conclusions

In transnational caring certain dimensions of care dominate, namely 'caring about' and 'taking care'. These activities are to some extent possible across distances and borders with the help of modern technologies providing that such technologies are at disposal, parties are able to and can afford to use them. For 'caregiving' distance is an obstacle especially since it often demands physical contact or simultaneous presence with the caree. A multidimensional description or concept of care, with the division of 'caring about', 'taking care of', 'caregiving' and 'care-receiving' is helpful when researching transnational care (Fisher & Tronto, 1990). The major problem with this concept, as with many other concepts of care, is that it focuses on the individual and her/his activities leaving the social networks and different structures in the background.

Regardless of the similarities between caring from a distance translocally and transnationally, even a small sample of data mirrors certain elements that are specific for care in a transnational social space. The first of them contains the differing cultures of care which refer to the

norms and structures that shape the organizing of care societally. The second one consists of the national social policies which have the power to enable or hinder the transnational caring activities.

Caring transnationally means that the migrant has to act simultaneously within two sets of cultures of care which in turn creates new kinds of cultures in care when combined. Simultaneously a possibility of a conflict exists, when either the migrant herself or the elderly person has difficulties in accepting some aspects of these cultures of care, which also are in a state of flux. In addition to needing to tackle two cultures of care, the caring migrant has to understand two sets of social policies, which are designed to be national or at times even regional as the example of Finnish municipalities shows.

The social policies that could help the migrant to care for the elderly relative in the country of departure may not exist or they are not known to the migrant or the elderly. Oftentimes, since the migrant flows are mostly from the less affluent countries to the more wealthy ones, the services simply do not exist. In addition the social policies in the country of reception could help the migrant in the process of caring by securing the basic income and helping with possible other caring responsibilities for example towards children. The migrant has to be aware of such benefits and services and be able to claim them, which generally requires good language skills. Both requirements may be overwhelming for a migrant at least immediately after the migration. The last issue in relation to social policies is that beneficiaries of different benefits like income support or unemployment benefit are facing restrictions on travelling abroad.

The travel restrictions within the eligibility requirements for social security benefits generates great variation in people's ability to manage the travelling and exchange of information needed to care for family members. In which ways and how extensively these restrictions affect the actual 'caregiving' depends on the type of the transnational setting. Restrictions can be less within the European Union than in the situations where Union's borders are crossed, as the people travelling within the EU have the possibility, if they wish, to travel without any evidence (no stamps in the passports). It is important that the social security systems have means to control all beneficiaries in an equal manner.

Social policies do not take into account the fact that care is a pivotal issue both in deciding on migration and in shaping transnational life (Ackers, 2004, 374). Social policies encourage a particular version of family responsibilities, but it is done in a national context. For example informal care allowance is only paid to carers caring for elderly persons residing in Finland. Also if the 'caregiving' is subcontracted to private companies, the domestic help

credit can be claimed solely if the companies are registered in a Finnish tax registry. Social policies have received very marginal attention in research on care and transnationalism. Migration and people's movement is an increasing phenomenon and need for research on care in transnational settings is evident.

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