Caring Women and the Intimate Realities of Transnational Belonging

By

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For the degree of Masters of Arts in Geography
Graduate Department of Geography and Planning
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Transnational migrants challenge meanings of home, belonging, and citizenship because they exercise their right to mobility and form multiple allegiances abroad, all while negotiating different gender roles and new care deficits. In three parts, I explore the meanings of home and belonging for transnational women and seek to understand the gendered implications of their migration, especially how migrant women meet care needs and confront institutional exclusion. First, I explore how Global South women use transnational friendship networks to migrate and fill welfare-pitfalls in the US. Next, I argue that the concept of the ‘Third World Woman’ helps in understanding belonging and informal support networks both at work and in life. Finally, bringing citizenship, belonging, and care together through multiple meanings of home, I explore how multiple allegiances to multiple places form and how exclusion, inclusion, feelings of belonging, and citizenship shape transnational women’s experiences in and attachments to different places.
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# Table of Contents

## CHAPTER 1: INTRODUCTION

1.1 PROBLEM STATEMENT ................................................................. 1

1.2 CARE DEFICITS, CARE WORK, AND CARING NETWORKS .......... 3
  1.2.1 The Feminization of Migration .................................................. 3
  1.2.2 Transnationally Pushed and Pulled .......................................... 5
  1.2.3 Networks: Ties that Bind and Move .......................................... 7
  1.2.4 A Feminist Perspective ............................................................ 8

1.3 AIM AND OBJECTIVES ................................................................. 9
  1.3.1 Aim of the Research ............................................................... 9
  1.3.2 Objectives of the Research ..................................................... 10

1.4 SIGNIFICANCE OF THE RESEARCH ........................................ 11

1.5 ROADMAP OF THESIS ............................................................... 12

## CHAPTER 2: THE LONG ROAD HOME

2.1 INTRODUCTION ........................................................................... 13

2.2 FROM NAIROBI TO ST. LOUIS ................................................... 13

2.3 SAMPLING STRATEGY ............................................................... 14
  2.3.1 Using Networks—Or Why Mother Knows Best ......................... 14
  2.3.2 The Global Intimate: the Advantages of a Small, In-Depth Case Study 15

2.4 SEMI-STRUCTURED IN-DEPTH INTERVIEWS ............................ 19

2.5 LIMITATIONS ............................................................................. 21

2.6 POSITIONALITY ......................................................................... 22

## CHAPTER 3: THE MULTIPLE WELFARES OF FRIENDSHIP NETWORKS

3.1 THE GENDERING OF TRANSNATIONAL FRIENDSHIPS ............. 25

3.2 TRANSNATIONAL JOB NETWORKS .......................................... 26

3.3 INFORMAL SOCIAL ASSISTANCE ......................................... 29
  3.3.1 Communalism v. Individualism: Gender, Care, and the Rollback of State Social Provisions .................................................. 31
  3.3.2 Healthy Workers and the State of the Union ............................ 35

3.4 GENDERED IMPLICATIONS ..................................................... 38

3.5 CONCLUSION ............................................................................ 44

## CHAPTER 4: “WHERE ARE YOU FROM?” CITIZENSHIPS, BELONGING, AND THIRD WORLD WOMEN

4.1 INTRODUCTION ........................................................................... 45

4.2 THIRD WORLD WOMEN: COLONIZATION VERSUS RESISTANCE 46

4.3 THE BOUNDARIES OF CITIZENSHIP ...................................... 49

4.4 THIRD WORLD CITIZENSHIP IN THE FIRST WORLD ............. 55
  4.4.1 (De)territorialized Citizenship .................................................. 55
  4.4.2 ‘Where are you from?': Exclusion and Inclusion ........................ 59
  4.4.3 Supplementary Citizenship ..................................................... 67

4.5 CONCLUSION ............................................................................ 73

## CHAPTER 5: DISCUSSION AND CONCLUSION: THE MULTIPLE MEANINGS OF HOME

5.1 INTRODUCTION ........................................................................... 74

5.2 HOME IS AN EMOTIONAL CONSTRUCT ................................... 74
  5.2.1 Home is More Than a House ................................................... 77
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2.2 Home is a Community People Create</td>
<td>79</td>
</tr>
<tr>
<td>5.2.3 Home is the Global Intimate</td>
<td>82</td>
</tr>
<tr>
<td>5.3 CITIZENSHIP, BELONGING, AND HOME: TRANSNATIONAL EXPERIENCES OF THE</td>
<td>87</td>
</tr>
<tr>
<td>GLOBAL INTIMATE</td>
<td></td>
</tr>
<tr>
<td>REFERENCES</td>
<td>90</td>
</tr>
<tr>
<td>Appendix: Interview Guide</td>
<td>102</td>
</tr>
</tbody>
</table>
CHAPTER 1: INTRODUCTION

1.1 PROBLEM STATEMENT

Increasingly, identities from the individual to the nation are being reconceived through transnational migrants. Individuals’ increased mobility has complicated questions and definitions of the ‘nation’ and the ‘home,’ while also challenging gender roles and the everyday reproductive labor needs of the home, the community, and the nation (Wong 2000; Mills 2003; Pratt 2004; Parrenas 2005). In some cases, such as the UK, transnational migration has led to stricter laws and more challenging questions of what it means to be a Brit (Raghuram 2007), while the US—the perennial ‘melting pot’ of the world—struggles to reconcile the tension between being a unified nation and a mish-mash country of immigrants (Ellis 2006). Yet, while transnational migration poses many questions for national identity, it offers equally as interesting questions around migrants themselves and their lived experiences as those who shift, mold, create, and challenge communities. Furthermore, since migrants’ motives to migrate are linked to both needs ‘back home’ and to destination choice and their own transnational ties or links (Pratt 2004; Kelly and Lusis 2006), I ask, what are the varieties of networks people use to facilitate migrating? What are the implications to a person’s sense of ‘home’? What do each of these mean for transnational flows of workers and their families? And how does gender influence the experience of living a transnational life?

As a feminist geographer interested in care work and reproductive labor, I have used nurses as my entry point into understanding and searching for answers to these
questions. While foreign-trained nurses are not new to the US health care system—the Philippines especially having long served as a source of nurses amidst a continual nurse shortage (Choy 2003)—Africa is a fairly new and increasingly popular source (Ross, Polsky, and Sochalski 2005, Arends-Keunning 2006). As Parrenas (2005) has outlined, the international flows of care workers—a group of almost exclusively women—has significant implications for the family structure in the donor nation, leading to care deficits\(^1\) and responsibilities which often fall to older generations of women or on the frequently deaf ears of men (for one example, see Gamburd's 2000 study of Sri Lankan women's migration). Furthermore, researching care workers means understanding care deficits in both social and economic terms, both at 'home' and 'abroad.' Thus, nurses are a way to reveal some of the extremes of gender roles and the gendering of society. They migrate to provide monetary care, yet that means they must leave their families behind without their physical and direct emotional care. They work (read: masculine), yet they perform noncommercial, reproductive (read: feminine) labor. They work, yet it is acts of care that provide them with a paycheck. They care for a living, yet, as (almost exclusively) women, they pick up the bulk of the care work at home as well, or the aptly named 'second shift' (see Hocschild 1989). Thus, the nurse lens is particularly useful for understanding the meanings of 'home' for transnational migrants.

\(^1\) I would argue that the opposite of a care deficit would not be a care surplus, but instead it would mean that individuals, communities, and states are able to meet care needs through a variety of ways. Care comes from a myriad sources (such as family and friends, the state, welfare policies, or community groups) and in a variety of ways (such as emotional support and advice, financial assistance, state provided social and health assistance, or community engagement or activism) to fill different types of care deficits. These lists are by no means exhaustive. Furthermore, care deficits can differ greatly according to place and context, with people and places needing different types of care, in different quantities, for different reasons, and met in different ways.
1.2 CARE DEFICITS, CARE WORK, AND CARING NETWORKS

1.2.1 The Feminization of Migration

The feminization of migration has implications for economic classes, divisions of labor, and the daily ‘hum’ of a city. Gender roles and expectations interact in specific ways with migration policies and labor streams to feminize migration (Silvey 2004; Raghuram and Kofman 2002; Kofman and Raghuram 2005; Piper 2006; Raghuram 2009a, 2009b; Yeates 2009). State policies dictate labor patterns, classifying workers as skilled or unskilled which impacts who is which type of laborer and thus, when considering immigration policies, dictates who can and cannot migrate. Whether intentional—as in the case of Indonesian domestic workers in Saudi Arabia (Silvey 2004)—or less intentional, migration policies differ by gender as men and women are in different “migratory flows” of “gender segregated labor markets” (Piper 2006) affecting volume, type, gender, experience, source country, and destination of transnational migrants. Furthermore, as these policies and “migratory flows” have gendered effects, these effects play a role in determining morals around migration, the jobs that women can hold, and the way care flows, stops, or is replaced. Also, remittances are shaped by these migration patterns, with remittance behavior partially depending upon gender (Van Wey 2004; Brown and Connell 2006). Others have shown how skill and occupation also influence remittance behavior (Tanner 2005, Borovnik 2006), yet, as migration flows and patterns—as well as labor classes and skills—are
deeply gendered, the skill and occupation these scholars cite is yet another gendered dimension through which remittances and migration patterns take shape. Thus, the feminization has potentially enormous effects to nations dependent upon remittances.

While the process of the feminization of labor is important for migration policy and flows of labor, equally important are the smaller scale and more emotional impacts of this process. Researchers have shown the myriad ways in which migrant women feel the effects of living, working, and caring transnationally. For Ghanaian women in Toronto (Wong 2000), gender roles and family structures change shape as women who have typically worked outside of the home become home-bound as they have difficulty finding employment, and changing how couples operate, shifting from a rather autonomous partnership to a more western dependency (such as with shared, instead of independent, bank accounts). Furthermore, their work in Toronto is vital to reproducing families in both Canada and in Ghana, as migrant women fill care needs at home and abroad, sending money and support home to Ghana. This work to maintain home in Ghana and Canada supports arguments that huge amounts of care work is needed to maintain transnational ties and family relationships, as well as to manage the high emotional cost of being separated by great distance and time from family (Wong 2003; Parrenas 2005). This labor comes at a significantly gendered cost, as women bear most of the pain because of the feminization of the tasks of caring, of migrating, and of maintaining emotional relationships.

These care chains, which Hocschild (2000) defines as a series of personal links around the world based on paid and unpaid care work, serve to fill the care deficits that come with women's migration. Care deficits often have significant impacts on women's
experiences (Bernhard, Landolt, and Goldring 2008). Some mothers feel that, due to the distance and length of separation from their children, they are no longer mothers—their status no longer legitimate enough to be able to have a say in how family back home is raising their children. Also, women sometimes feel shame or guilt for leaving home (Bernhard et al 2008; Dannecker 2009). These feelings come from internal—such as mothers’ feelings of abandoning children—and external forces—such as family and friends back home seeing them as dirty or having ‘loose morals’.

1.2.2 Transnationally Pushed and Pulled

As nurses are my entry point for answering my questions, it is important to understand the global shortage and migration of nurses, or the dominant causes of nurse migration. In geography and other social sciences, research on nurses has been a significant part of the literature on the feminization of migration, since Western countries have seen a long term and increasing shortage of homegrown nurses (Raghuram, 2009a). Much of the research comes from medical and public health researchers (for examples see Nichols, 2006; Brush, Sochalski, and Berger, 2007; O’Brien, 2007) who emphasize the ethics of recruitment and severity of the global nursing shortage. In this section, I present an overview of literature on the international migration of Global South nurses to the West, focusing on the ‘push’ and ‘pull’ factors for this group of almost exclusively women.

Reasons for migration are often broken up into lists of ‘push’ and ‘pull’ factors. Scholars cite a lack of jobs, health care system infrastructure, and professional
development opportunities, safety concerns in the workplace, low wages, and a heavy workload as push factors for why nurses from the developing world seek employment in the West (Aiken et al 2004; Buchan and Calman 2004; Likupe 2006; Ogilvie et al 2007). Researchers have indeed mentioned HIV/AIDS as a push factor, citing the increased acuity of stress, workload, and patients as reasons for leaving nursing in high prevalence areas (Zelnick and O’Donnell 2005; Ogilvie et al 2007; Dovlo 2007; Chirwa et al 2009; Delobelle et al 2009). Meanwhile, on the other side of the border, incentives in Western countries seek to counter the push factors. Nurses seek higher wages, professional advancement and educational opportunities, and better living and working conditions, as well as chances for remittances and the chance to travel (Aiken et al 2004; Buchan and Calman 2004; Likupe 2006; Ogilvie et al 2007). Buchan et al (1997) sought to create a ‘typology’ of push and pull factors in international migration of nurses, categorizing African nurses as economic and career-oriented migrants while nurses from Australia, Canada, and New Zealand migrated for travel, a chance to see and work in another country. Such a claim, however, runs the risk of silencing each group’s complete reasons for migrating as well as further exposing African nurses to discrimination in the workplace, seeing them as solely migrating for money. As Smith et al (2007) have explained, often, white nurses in the UK’s National Health Service view many minority nurses as purely economic migrants, discounting them of their expertise and desire for professional development in addition to improved wages and working conditions. Furthermore, as Kaponda (1999) explained, midwives from Malawi cited the risky working conditions, scares resources, and heavy workloads of home over the lower salaries as the major influences in decisions to return from Western jobs. Thus,
the mere listing of push and pull factors risks categorizing nurses incorrectly based on their nationality, with the potential for discrimination against migrant nurses.

Other researchers, however, have cited a broader systemic factor for why and where nurses migrate—trade relationships. Aiken et al (2004) explains, in examining trends in international migration of nurses, source or donor nations follow trade patterns that are well established between themselves and Western nations. For example, while Canada has a long history of both trade and nurse migration with the United States, Canadian nurses’ migration to the US has intensified since the passage of the North American Free Trade Agreement (NAFTA). Conversely, NAFTA has had little to no effect on nurses entering the US from Mexico, implying that the strict licensure regulations in the US have racial and economic components when applying to health care workers as well as general immigration populations.

1.2.3 Networks: Ties that Bind and Move

The transnational networks people have are often huge determinants of and facilitators in getting to destinations (Kelly and Lusis 2006, Pratt 2004). Networks are often a heterogeneous mix of family, friends, and support groups (Hamer and Mazzucato 2009) and serve a variety of purposes from aiding migration to helping send home a variety of remittances (Van Hear and Nyberg-Sorenson 2003). In other instances, cultural background shapes both the type and lifespan of networks. Bangladeshi women migrants often need to create temporary and precarious networks that are independent of their families and friends in order to negotiate migration
(Dannecker 2008). These ties usually end after women have migrated and are not very supportive, as these women usually find solidarity challenging—a result of the poor reputation that migrant women hold.

Who uses networks and for what also varies. Skilled migrants are less likely to use personal networks for migrating and settlement, instead opting for agencies (Johnson et al 2006; Ghosh 2008). Yet, often, networks are family-based (Wong 2000; Mohan 2008). Migrants use networks in different ways though. Some may use family for interim-turned-permanent housing (such as with Bangladeshi migrants in Toronto), while others depend on family for advice in selecting a neighborhood, as in the case of Indian Bengalis in the same city (Ghosh 2007). Friendship and family networks also help migrants find jobs, negotiate work permits, and even find creative ways around legal restrictions (Wong 2000). Yet, in some instances people choose to not use their support networks. For example, Bald (1995) discusses how, due to social stigmas around divorce, some south Asian women in the UK choose to seek the advice of an attorney instead of their friends when needing to leave their marriage.

1.2.4 A Feminist Perspective

Literature on nurse migration is largely missing a feminist perspective, save for the work of Raghuram, Kofman, and Nowak (see Kofman and Raghuram 2005; Mackintosh, Raghuram, and Henry 2006; Raghuram 2007 and 2009a; Nowak 2009). In drawing conclusions from their study on the “exodus” of sub-Saharan health care worker, Ogilvie et al (2007) call for bringing a feminist theoretical perspective to the
crisis since most nurses the world over are women, aiming to bring the benefits of a
gendered lens to policy and actions. My goal is to bridge the gap between the
feminization of migration literature and that of nurse migration, infusing the latter with
a post-colonial feminist perspective. As Nagar et al (2001) explain in their call to
economic geographers, the intimate, everyday, private spaces—spaces that are often
gendered feminine, where women perform both paid and unpaid labor—are equally
important as the workspace in understanding the global economy, neoliberalism, and
workers’ daily experiences. Understanding work-life balance is also important, as
numerous scholars have shown that flexibility and feelings of support and control over
work and home make both spaces more livable and workable (McKie, Gregory, and

1.3 AIM AND OBJECTIVES

1.3.1 Aim of the Research

The aim of my research is to understand the means through which people living
transnationally create a sense of home and how migration and living abroad shapes
their opinions of home and self. Each of the objectives of my study that are listed below
builds upon each other in a rather circular fashion aimed at understanding how
transnational migration and reproductive labor affect each other, using the home and
the intimate as the scale of analysis.
1.3.2 Objectives of the Research

1. To understand how transnational living impacts people’s definitions of “home.” Understanding where people consider home builds upon work such as Mohan (2008), which seeks to show how individuals living abroad are both torn between two quasi-citizenships and allied to two polities. Understanding concepts of home helps make more visible the connections between communities and nations and revealing where citizenship manifests itself most commonly and more effectively.

2. To understand the creation of networks based on the idea of the ‘Third World’ or, to understand the impacts of migrating on an individual’s ideas of the ‘Third World Woman’. I base this objective on Mohanty’s (2003) argument that oppressed women of color, both western and not, are members of the ‘Third World’. With this, I seek to uncover how ideas of a shared background reveal support networks, friendships, discrimination, and coping mechanisms.

3. To explore the implications of the international migration of women health care workers on gender roles. This should provide an increased understanding of the feminization of migration and its implications for care chains nationally and within home spaces.
1.4 SIGNIFICANCE OF THE RESEARCH

While my study may be of limited scope, I believe that it exposes the web of connections linking global nurses, gender roles, and transnational support. In academic literature, my research will strive to contribute threefold: to the literature on the feminization of migration, to the work on care chains and care deficits, and to postcolonial scholarship on essentialism and the idea of the ‘Global South’ or the ‘3rd World Woman’. The first two objectives are more obvious as I am working with women who do care work for living and at home as mothers. The third contribution I hope to make is through understanding how feelings of a ‘shared background’ impact experiences and thus the shape and reproduction of home, nation, and community.

While my research is applicable most immediately to the US and Kenya, it translates to nearly everywhere in the world, as nearly any country is either a donor or a recipient of transnational women care workers. Though I chose to work with Kenyan nurses in large part because of personal relationships that connected me to this group of women, they represent the fairly new and growing resource nation for filling the nurse deficit in the US (Kline 2003). Also, they are a growing group of African nurses working in the US. Every nation in Africa is unique, yet as my interviewees argue, each nation on the continent shares similarities and common experiences. In this project the US represents a new phase in the global migration of African nurses. As Ross, Polsky, and Sochalski (2005) have argued, the fast growing, exponentially increasing nurse shortage in the US could have dramatic-to-say-the-least impacts upon African health care systems. Thus, exploring the migration of African nurses to the US has implications
for African and US health care as well as to Development goals and disease and epidemic (such as HIV/AIDS) treatment and prevention programs.

1.5 ROADMAP OF THESIS

In the coming chapters, I will explore how transnational migrants use networks for migration and support, and how they cope with challenges in their new lives in the West. Chapter 2 presents an explanation of my research design, introduce my interviewees, and discuss the advantages that come with small, in-depth studies that emphasize understanding the global intimate. Chapter 3 explores the migration process and the role of friendship networks in transnational women's migration and settlement in the face of limited state support. I build on these arguments in Chapter 4, exploring how transnational migrants create support networks for themselves and, in the process, create a new sort of citizenship around the concept of the ‘Third World Woman’—a inclusive citizenship in response to exclusion. Chapter 5 concludes my thesis. In this chapter, I bring the findings of Chapters 3 and 4 together through the idea of ‘home’, revealing the connections among citizenship, belonging, and home, and I also present possibilities for further research.
CHAPTER 2: THE LONG ROAD HOME

2.1  INTRODUCTION

In this section I present my strategy for answering my research questions. Here, I will present how I designed my methodology and my use of the global intimate. I will discuss the advantages of using a small case study, as well as the limitations and challenges that this strategy and my own positionality present.

2.2  FROM NAIROBI TO ST. LOUIS

My research is based in St. Louis, Missouri—a medium sized American city. I made this choice for practical and ideological reasons. On the practical side, St. Louis-as-research-site essentially chose me. Having grown up here, I am both familiar with its landscape and history and have personal relationship, which were able to connect me with my participants. Also, being on a limited budget, the proximity of St. Louis to where I am based in Toronto and my family and friend connections, made St. Louis a very feasible research site. Ideological reasons also shaped my decision. St. Louis is a medium sized US city that, arguably, has many characteristics common to the American experience. It lacks the extremes of the States’ global cities such as New York or Los Angeles, but displays the diversity, racial tensions, class struggles, and regional urban primacy that is characteristic of many US cities (Pritchett and Rose 2008). For medicine, St. Louis is the regional hub, drawing patients, researchers, and investors alike to its nationally ranked research and specialty hospitals every year (US News; Thomson
Thus, it is no stranger to the national nursing shortage. Furthermore, while much of the research on nurse migration focuses on the United Kingdom, much less literature discusses the situation in the US. This provides me with more gaps and thus more opportunities to contribute to the conversation. Additionally, foreign trained nurses working in the US are not a new phenomenon, yet African-trained nurses are a relatively new and growing nurse population in the US, and the implications of this trend are important to explore (see Ross, Polsky, and Sochalski 2005 for a rather incomplete discussion of what the UK nursing shortage can reveal about the US situation).

2.3 SAMPLING STRATEGY
2.3.1 Using Networks—Or Why Mother Knows Best

My sampling strategy itself was an exercise in using and understanding personal networks. Through a family connection, I met my first participant who then connected me with two of her long-time friends. This strategy came largely out of luck, but using personal connections was also very effective, as people within my network—individuals who could speak on my behalf and, in a way, campaign for me—could act as ambassador, making solid connections between myself and potential participants and giving me more credit and support (Babbie 2005). Grace was my initial contact. Having the personal link between us—my mother—also helped to make meeting Grace’s friends—Sophie and Mary—easier, as she was willing and eager to speak on my behalf to her friends, encouraging them to participate in the project.
2.3.2 The Global Intimate: the Advantages of a Small, In-Depth Case Study

Also, my goal has been to explore global processes through personal stories. For this reason, I have limited my interview sample to a group of three women—Grace, Sophie, and Mary—who have been close friends with each other for two decades. While such a small sample size does limit generalisability, it does not limit my ability to reveal connections between global processes and personal journeys. Through in-depth interviews with my three participants I can reveal many more personal details than I would be able to uncover with a much larger sample size. In fact, this presents me with an opportunity to reveal the global intimate, and, thus, my sample size enhances my ability to reveal intricacies, connections, and relationships. The intimate is a unique and particularly useful avenue for exploring the everyday lived realities of transnational migrants. As Mountz and Hyndman explain,

“...The intimate encompasses not only those entanglements rooted in the everyday, but also the subtlety of their interconnectedness to everyday intimacies in other places and times: the rough hands of the woman who labours, the shortness of breath of the child without medication, the softness of the bed on which one sleeps.” (2006, 447).

In the case of my interviewees, the intimate encompasses the used toys and clothes they send back to Kenya to nieces and nephews, the American scholarships they are not eligible for, the supportive phone calls to each other. Mountz and Hyndman further argue that, “the intimate involves a proximity that renders tangible the intimacies and economies of the body...[personal] accounts are important precisely because they
elucidate silences in the political economy literature” (2006, 450). Thus, the intimate is an apt lens for revealing the personal and intricate effects of global processes as well as for revealing and filling gaps in the transnationalism literature. Furthermore, feminist methodology means a commitment to analyses that “reveal a local that is constitutively global” (Katz 2001, 1214, cited in Nagar et al 2002, 277). The local-global ‘dichotomy’ has long been criticized by feminists (see Massey 2005) as a false and gendered division that prioritizes the global over the local. Yet, despite feminist critiques of this opposition, it still often operates within gendered narratives that can reinforce the false division, painting women as “pure victims of globalization” (Pratt and Rosner 2006a, 16). So, as Pratt and Rosner argue, substituting the intimate for the local enables scholarship to create an entirely new set of fluid domains or categories. It leaves more traditional conceptions of scale behind. Thus, feminist scholars use the intimate because “juxtaposing the global and the intimate...[undermines] the straightforward boundaries and distinctions” of the personal, the political, the objective, and the logical (Pratt and Rosner 2006a, 21). The pair uses the example of a map to explain its advantage. The intimate rails against the god’s-eye, global scale view that maps provide us; it “comes in close and supplements the visual with a host of other sense experiences” (2006, 17). In fact, connecting the global with the intimate “populates the map seen as an abstraction from far away and undoes the distinction between viewer

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2 I have chosen a particular definition of the intimate that examines personal details rather than an emphasis on sexual intimacy or carnal knowledge such as the work of Stoler (2002). I use this alternative definition set out in the special issue of Women Studies Quarterly (Pratt and Rosner 2006b) as my focus is on friendships rather than sexual partnerships or marriages. Because of my narrow focus on my participants’ friendships, I have not examined in depth their relationships with their husbands. While I do discuss their marriages to an extent, my focus is on non-familial relationships. As their husbands live most of the time outside of the home, I believe this particular conception of the intimate was most useful.
and viewed.” It unseats the superior outside viewer; it reveals connections across scales and individuals; it “takes us onto a different map or perhaps entirely beyond the visual register of map reading.” Through the intimate, we see new ways of thinking, seeing, and relating.

Because of its focus on details, complexities, and interconnectedness, the intimate then prioritizes depth over breadth. The intimate operates through understanding the detailed and personal lived experiences of the body, the “finest scale of political and economic space” (Mountz and Hyndman 2006, 451), revealing globalization’s effects on the lived realities of the everyday. While the intimate does not explicitly require a small sample size, by its nature of seeking to understand the minute of life, smaller sample sizes are more adept at uncovering the global intimate. The three women in my study reveal the global intimate, presenting unique yet common stories that help in understanding the international migration, care deficits, and gender roles shaping a growing number of women’s transnational experiences of home. Lawson (2000) argues that the stories from migrants themselves are the richest sources for understanding migration, modernity, and global processes. Through migrants’ own subject positions and social positionings, experiences of and challenges to global neoliberalism become apparent. Similarly, Walton-Roberts and Pratt (2003) followed a single South Asian family through their migration from India to Canada to reveal how they negotiated immigration, gender, and class. While they also acknowledge the limited generalisability of their work, they emphasize the unique gains that come with prioritizing depth and intimacy. Following a single family reveals how people change with (and are changed by) new surroundings and cultural norms, how these changes
are negotiated at home, and, thus, which global and local processes are most impactful. For example, Sarjeet, the husband and father, lives the most ‘typical’ transnational experience. He does not want to move permanently, wanting to return quickly to India, and he struggles to become accredited in Canada as a professional engineer. As his wife moves up to fill the ‘breadwinner’ role, Sarjeet finds himself negotiating new gender roles, and, as a coping mechanism, he maintains a more transnational identity than the rest of his family, maintaining more ties to India. Through Sarjeet, Walton-Roberts and Pratt show the impacts of different concepts of gender roles, Canadian nationalism through its prioritizing of homegrown engineers, and the discriminatory systemic deskilling that many immigrants experience upon coming to the West. Through my own work, I attempt to achieve similar ends with similar means. Through in depth interviews with a tight knit group of friends, I seek to understand the intimacy of the global in their lives—how they reconcile feelings of homesickness, how they negotiate caring for transnational families, and which global and local processes influence their lives and identities most.

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3 Exploring how a place’s history greatly enhances understandings of the intimate. For example, further exploring the racial, social, and political histories of both Nairobi and St. Louis would add an additional layer of understanding the experiences of my three interviewees and their lives in both places. Unfortunately, due to temporal and financial constraints, I have been unable to do justice to this aspect. While it may be absent from this study, it opens the door for new research and suggests even more comprehensive ways of understanding lived transnational realities of the intimate.
2.4 SEMI-STRUCTURED IN-DEPTH INTERVIEWS

I conducted a series of semi-structured in-depth interviews with my participants. Each interview lasted at least an hour, and I conducted all of them over the phone. Each of the women gave me their full attention and gave each question a thoughtful response. We developed a good rapport based on a shared curiosity of each other’s lives. As I discussed above, I met my first interviewee, Grace, through my mother. Building on their good working relationship, Grace was eager and easy to talk to. Also, through my mother, she already had an idea of both who I was and what my work was about. Grace’s friends, having been encouraged by Grace, were also eager to share. Each of the interviews had a reminiscent feeling, though not to the point of romanticism. Gloria Anzaldúa (2009, 187) claimed that “You are closer to home when you are further away” and, for my interviews, this was true and, for me, an advantage. Grace, Sophie, and Mary were all eager to talk about working in Kenya, their journeys to the States, and their feelings of being torn between two places. At times, the interviews felt almost therapeutic for the women. Each of them is homesick for Kenya and the exercise of talking about the past, the present and the future was clearly enjoyable. They were all more than forthcoming with stories of their experiences and the emotions they have felt over the past twenty years.

Phone interviews lack the advantages that come with face-to-face interviews—the expressions, the body language, the intimacy of sharing coffee together. Yet, I do not feel that this was a huge detriment to my project, as I had a good rapport with each woman and they all gave their full and thoughtful attention. While I wanted to remain
quieter and simply let them talk, I found myself saying a “yeah” or “hmmm” (often to my own annoyance) to make sure they knew I was listening. I would have avoided this with in-person interviews. Yet, I recorded each interview through Skype on the internet, and I believe that being on the phone made this process easier. Since we did not have a recorder on the table in front of us—serving as a constant reminder of the permanence of the words we spoke—we both easily forgot about the recording device and spoke more freely. Phone interviews also present new challenges to reading people. Since I could not see anyone, it was more difficult to know when the women were finished answering the questions. I was hesitant to speak up, afraid of interrupting them, but this led to more thoughtful and in-depth responses. I planned to use semi-structured interviews from the outset, as it provides flexibility yet requires a deep understanding of the topic and its history (Dunn, 2000).

Another advantage to semi-structured interviews is that participants have the space to add other information they feel is important (Dunn 2005). This interview structure and freedom proved quite useful. While I guided the interview to follow the themes I was covering, simply letting the women talk revealed new themes. In fact, it is many of those themes that have become the meat of my thesis. I believe the strategy of “letting them talk” and holding back on questions was actually enhanced over the phone, as it opened up greater space for them to jump in and add something else or think through a response. I structured my interviews around the following themes:

- Work Experiences in Kenya
- Experiences with the global nursing shortage
• The experience of migrating to the US – the process, decisions, and emotions
• Working in the US versus Kenya
• The benefits and drawbacks of migrating
• The meaning of home
• Returning to Kenya
• Personal history

In the end, I have structured my thesis largely around the themes of home, life and work in the US, and the migration process. Because of my participants’ candidness, these themes and their responses helped shed light on their use of networks, the meanings of home, and their experiences of care deficits. Their responses revealed how large-scale processes affect their lives. For example, each of the women cited the lack of career opportunities and the poor wages that they received while working in Kenya. Furthermore, they each criticized the corruption of the government, the overarching inadequate access to health care in Kenya, and the ignorance of their former patients. Each of them made the same links between the global and the local that I would have made—the web of connections in the intimacy of patients not knowing to ask their doctors and nurses “why?, the lack of education and access to health care that the government can provide, and the broader systemic poverty in Africa.

2.5 LIMITATIONS

I acknowledge that, as a researcher, I have significant limitations. As a privileged white woman from the US, I interviewed a group of people to which I am largely an
outsider—mostly black African women. Furthermore, I am not a nurse. To both acknowledge and counter this, I am sensitive to the power dynamics between my participants and myself and I strived to create an inclusive, supportive, and open interview environment. Also, as the daughter of a registered nurse of over 30 years, I am familiar with the schedule, work, and stresses of a nurse’s job. Additionally, as I used only qualitative methods (explained above), my work is subject to the limitations and criticisms that come with ethnographic work, such as the role of subjectivity and the choices researchers make in who and what to foreground (Mansvelt and Berg, 2000). Yet, as Mansvelt and Berg explain, writing as transparently as possible will ensure that I present my research in as fair and accurate way as possible, giving a critical yet reflexive analysis of my participants’ answers and contributions. Furthermore, taking up the approach of a small ethnography exemplifies perhaps most of the criticisms of qualitative methods. Yet, as I have explained above, this strategy reveals the intimate details that quantitative methods often run the risk of losing in the numbers.

2.6 POSITIONALITY

As I mentioned in the previous section, I am largely an outsider to the community I am researching. As a white Western feminist, I have the potential to fall into the trap of colonizing the experiences of the Global South women that I am researching. As Mohanty (2003) explains, Western feminists have historically portrayed women of color as oppressed and without agency and placed themselves in moralized positions of superiority. Thus, in interviews, I must always bear in mind the historical,
systemic power inequalities that are present between the West and the Global South. I navigated this in a few ways. First, I strove to ‘be a good listener’. This involved not holding any judgment and also letting the interviewees have some control over the conversation. This way, the power relationship in the conversation is more balanced. Also, I shared information about myself with my participants, creating a reciprocal relationship and setting the stage to have conversations rather than one-sided interviews. Furthermore, my interviewees always had the right to refuse to answer any questions.

I am also aware of the inherent power that I as a researcher hold. Because I am the person who will be interpreting, analyzing, and writing up the ‘data’, I have the obligation to be as honest and accurate in my analysis as possible, ensuring that I paint a fair portrait of my interviewees stories. One way to do this is to be as aware of my ‘self’ as possible, writing myself into the thesis, instead of remaining in the third person (Mansvelt and Berg 2005). By writing myself in—using the first person—I acknowledge that I have a role in the shape of the research, and, while I strive for objectivity, complete objectivity is impossible. It is a way for me to take responsibility for my writing and analysis and recognize my own agency. The writing process is the most important stage for being aware of colonizing my participants and transnational women. I need to acknowledge here that, while I draw conclusions about experiences of transnational, Global South women in the text to come, I by no means claim that all Global South women share the same experiences. Rather, I aim to follow Mohanty’s (2003) argument that the women of color—all colors—can unite around political goals,
respecting the heterogeneity of women’s experiences while also acknowledging the similarities and opportunities for change that exist among women everywhere.
CHAPTER 3: THE MULTIPLE WELFARES OF FRIENDSHIP NETWORKS

3.1 THE GENDERING OF TRANSNATIONAL FRIENDSHIPS

For Grace, Sophie, and Mary, friendships were the spark for their immigration to St. Louis. Their friendships with each other and with fellow Kenyans who had arrived prior were key to their migration process—from planting the seed in their heads and choosing a destination to making it to St. Louis and adjusting to their new lives. Much of the transnationalism literature highlights the importance of family networks, family needs and support, and family reunification in motivating people to migrate (Wong 2000; Walton-Roberts and Pratt 2003; Rouse 2004; Kobayashi and Preston 2007), yet, as my study shows, friendship networks can be just as useful, important, and influential in individuals migration experiences (Gold 2001). In fact, these social networks are vital to migrants finding new jobs in new places and making economical and emotional ends meet. In this chapter, I explore two phases of the migration experience through the eyes of Grace, Sophie and Mary, revealing how social, job-finding networks act transnationally, and, following this, how these supports recreate support networks from ‘back home,’ and provide an informal social assistance where the state fails. In each of these migration phases, gender plays an important role. I will show how the gendering of occupations and migration interacts in important ways with these friendship networks to complicate gender roles, integration, and immigrants’ experiences of the US.
3.2 TRANSNATIONAL JOB NETWORKS

Researchers have documented well the effectiveness of using social contacts for finding employment (Bentolila et al. 2008; Lindsay 2009). In many ways, the experiences of the women I interviewed is hardly different: they spoke with friends who knew of schools or job opportunities in St. Louis and those friends helped connect them to those schools or jobs. Yet, these friends and social contacts did this over thousands of miles, across continents, oceans, and borders, and over the span of a decade. By focusing on two scales—that of the city (St. Louis and Nairobi) and that of the individual—I argue that job networks operate effectively across continents and do so in gendered ways, shaping the reproduction of a city.

Grace was the first of the three friends to come to St. Louis, migrating in 1993. After meeting—often at her father’s encouragement—many family friends and neighbors who had left Kenya to find opportunities in the US, she decided to pursue a Bachelor's in Science-Nursing (BSN) in St. Louis. She had a group of friends in the city who connected her with the nursing school and helped her in getting set up for coming to the US, as well as setting up a life in St. Louis. She cites her friends in St. Louis as her main motivation for choosing to come to the US over the UK or Canada as well as choosing the city. In fact, for her first few years in St. Louis, Grace lived with her next-door neighbor and friend from Kenya. Over the 1990s, Sophie and Mary followed. Sophie arrived first in 1997, staying with Grace for her first year in St. Louis, and Mary came a few years later in late 1998. Both women chose St. Louis because “Grace was here. That's why...because my friends were here” (Mary). By the time of Mary's arrival,
Sophie had set up her life and Mary stayed with her until she was on her feet. Mary exclaims at the support that Sophie and Grace gave her.

“Oh my goodness! Everything from making sure you have the right paperwork to telling you what you need to send to giving you a generalized picture of life in the United States...so pretty much, to help you out—give you an idea of what you are putting yourself into...guide you and help you make decisions about stuff. It's amazing!”

Each of the women used education as their means of legal migration, pursuing a BSN with the intention of returning to Kenya to work. Like many immigrants to the West, however, each found that staying in St. Louis for work was more fruitful, for both money and opportunities—for both themselves and their families at home.

A number of trends appear in this story: encouragement, leading by example, and the act of “networking”. Networks operated and manifested in each of these ways throughout the women’s journeys, all working together to facilitate the migration process. Grace’s father pushed her to talk with anyone who had come back from the States to visit home, picking their brain about life in America and opportunities for her. Mary and friends applied together to work in South Africa for a few years (Mary spent two years working in South Africa before coming to St. Louis). These friends—and later, Grace herself—led by example for later immigrants. They paved the way and showed the possibilities of migrating to the US. Grace, who did not know any nurses who had migrated before her, found that many of her course credits transferred, allowing her to quickly finish her BSN. Grace, along with other friends in St. Louis, told her friends of the ease of becoming certified in the States and, to her, the surprisingly high number of credits that US schools accepted from her Diploma in Nursing from Nairobi. Similarly,
her friends who followed commented on the relative ease (but high cost) of transferring credits and becoming certified in the US. Thus, this ‘leading-by-example’ from Grace, helped show to Mary and Sophie that the benefits could outweigh the stresses of the process. Finally, the act of “networking”—or using your social contacts for personal gains—appears in each of the women’s stories. Each used their networks to find possible destinations. Mary spent two years in South Africa before coming to the US. She applied to work in South Africa along with a few friends (though she is the only one in the group who ended up going) at the encouragement of professional contacts at the South African Ministry of Health. Sophie had a choice of North American networks to use. After doing volunteer nursing with Operation Smile while in Kenya, she made friends with American and Canadian nurses who would have helped her come to Wisconsin or New Brunswick. Instead, she came to St. Louis with Grace’s encouragement and assistance.

As each of the women I interviewed are nurses, the transnational job networking of the paid care work they perform has implications for the reproduction of US cities, revealing the transnational dependence of these cities. While it is small in comparison to global cities such as New York or Los Angeles, St. Louis’s reproduction depends upon transnational flows of women and health care workers, who are also global actors. This raises questions of responsibility. In her call for accountability from Londoners, Massey (2004), argues that London’s identity is tied to the transnational, gendered, racialized identities of the immigrants who make it a global city—the people who make it cosmopolitan as well as those who work in the background to keep the city running. These “agents in globalization” locally produce the global as well as the local, making
Thus, put in the context of St. Louis, these international nurse keep the everyday-St. Louis running while also playing a major role in keeping the city connected to the rest of the world—they keep the city on the map.

3.3 INFORMAL SOCIAL ASSISTANCE

As I mentioned in the previous section, Grace, Mary, and Sophie all supported each other through their journeys to the US and provided each other with a place to stay, a car to drive, and advice on how to live in a new place. Today, that care and support continues. All three women have children of similar ages who often play together, and the women themselves look to each other for the emotional support and camaraderie that comes from years-old friendships. Yet, the support extends beyond Grace, Sophie, and Mary and reveals an informal broader, supra-extended family network of support and social assistance. My argument here is that, in many ways, their friendships work to recreate the extended family network and community that they were a part of in Kenya. This first manifested in the communal living they practiced in their first few years in St. Louis, when they shared an apartment with each other and a few friends, pooling resources and stretching a hundred dollars for the month. They shared cars and helped each other when one was short on cash. Today, they lean on each other for assistance with their children as none of the three has “had a husband living in the home permanently because they are either working away from the home or they’re in Kenya” (Mary). Within their broader network of Kenyan expatriots, they find
‘common mothers’, as someone always has a mother visiting for a few months who helps them with childcare. “They do it because they see themselves as the child’s grandmother,” says Mary. Taken together, these acts work in cooperation to create a “home” in two senses: home as their experience in Kenya and home as place of family, care, and support.

These personal and largely private acts expose significant shortcomings of state of welfare and social assistance in the States. These failures begin at entry into the US. While each of them came on student visas and stayed on work permits, eventually gaining green cards and then citizenship, they relied largely on each other to integrate into the

While smaller cultural aspects may not be the responsibility of the state, they represent cultural differences that maintain divides and misunderstandings. For example, Grace spent her first year of school in shock of the casual atmosphere of the American classroom, uncomfortable speaking in class or even chewing gum or bringing a drink with her into the lecture hall. Yet, other seemingly small differences can have huge impacts. For example, grace expressed loneliness when she first came to the US. She struggled with not knowing her neighbors; as she says, back in Kenya,

“everybody in the village was like your mother. So it was quite an experience having to mind your own business ...In Africa you can visit anyone anytime. People have that kind of thing—you welcome strangers, you can take a walk wherever you stop, walk into somebody's house and have a drink of water! Here you cannot just stop and walk into people's homes and you don’t even know them...Americans, you cannot even get them to take a drink of water [when they are in your home].”

4 Permanent Residency
Also, Mary and Grace both mentioned how small differences in nursing in the US create big challenges. Differences in accents make taking doctors orders over the phone more time and energy consuming; using commercial names instead of scientific names of medications runs the risk of confusion or worse. Each of these seemingly small workplace culture differences overwhelmed them and workdays seemed unmanageable at times. Furthermore, it is through the particular ways in which Grace, Sophie, and Mary try to create a sense of ‘home’—relying on their non-familial assistance through friends (who are also migrant Global South women at that) for child care, using friendships to make rent affordable, finding acceptance through long-term friendships—that expose the gaps in state provisions and practices.

3.3.1 Communalism v. Individualism: Gender, Care, and the Rollback of State Social Provisions

Is integration and settlement assistance a state responsibility? I argue that besides these being state responsibility, the question also raises issues of the effects of neoliberal policies and social services rollbacks. Nancy Fraser and Linda Gordon (1992, 45-6) argue that the concept of social citizenship has little to no place in American vocabulary because of a difference between ‘social rights’ and ‘legal entitlements’. They explain that “people who enjoy ‘social citizenship’ get ‘social rights’, not ‘handouts’...entitled to ‘equal respect’,” yet social rights in the US means ‘welfare’, a dirty word for dirty people who are not ‘pulling their weight’ (read: performing paid labor). Thus, in Fraser and Gordon’s words, “in this climate, social citizenship finds no
foothold.” Instead, US ‘social assistance’ means ‘legal entitlements’—a strict list of benefits or services that are only guaranteed to those who meet clear but complicated criteria. In many cases, this is citizenship or status-dependent. I address in more detail in Chapter 4 the emotional and material realities of inclusion and exclusion that come with immigration and citizenship status, but for here and now, I would argue that this lack of vocabulary sets the stage for the US to shirk responsibility for assisting and integrating (in much of any way at all) the economic migrants it accepts. Restated, simply lacking the vocabulary does not excuse a state from providing social assistance—no scare quotes necessary. Currently, most categories of immigrants are ineligible for social assistance without at least long waiting periods before becoming eligible (see USCIS 1996; Tumlin and Zimmerman 2003; Horn 2006; USDA no date). Unless falling in special categories such as members of the military or refugees, legal immigrants are ineligible for Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) and Temporary Aid to Needy Families (TANF)5 benefits for their first five years in the US. Temporary visa holders such as foreign students are not eligible for welfare assistance. Thus, in those years of tight budgets and communal living, Grace and her friends were ineligible for even food stamps, let alone additional care and support.

5 PRWORA (Personal Responsibility and Work Opportunity Reconciliation Act) and TANF (Temporary Aid to Needy Families) replaced the Aid for Families and Dependent Children (AFDC) started by the Social Security Act of 1936. This marked a clear shift in how the US approached welfare, away from any semblance of a welfare state. In August of 1996, President Bill Clinton signed PRWORA and TANF into law to “make welfare what it was meant to be: a second chance, not a way of life.” The goal of the new programs was to shift rather immediately from welfare to workfare, introducing tight restrictions on eligibility, requiring job preparation and employment within two years, and placing lifetime limits on assistance. For a history of welfare in the US and the gendered and raced ways it operates, see England 2008.
While welfare eligibility is discriminatory by immigration status, President Clinton’s cancelling of the Aid for Families and Dependent Children (AFDC) with TANF and PRWORA shows how pervasive American neoliberalism and its subsequent restrictions, discrimination, and abandonment of those in need of assistance is. Steve Herbert (2005) and Kim England (2008) both give insight as to how the neoliberalization of the American state happened and how civil society legitimizes those shifts. Herbert’s (2005) analysis of community policing in the face of state rollbacks shows the next stage in the US resistance to social assistance that Fraser and Gordon (1992) outline. Especially in the years since their article, welfare has undergone serious revisions, now hardly resembling the program Roosevelt signed into law during the Great Depression (England, 2008). Investigating the shift from government authority to community policing in communities in Seattle during the late 1990s and early 2000s, Herbert (2005, 851) argues that ‘community’ is an apt recipient of government off-loaded responsibilities because of “the warm-hearted associations many make with them” and “historical aversions” in the States to even the welfare programs Roosevelt started. In fact, as Herbert explains (citing political thinkers MacIntyre 1981, Sandel 1982, and Taylor 1989), neoliberal social policies are the natural fit for the US, since, in the eyes of communitarian and neoliberal supporters,

“liberalism neglects the importance of communal associations in creating a morally worthwhile life. Liberalism is thus sociologically suspect because it neglects the means by which ‘rights’ are socially constructed and nourished, and it is politically problematic because it fails to pursue policies that make communities sufficiently robust to form morally responsible citizens” (Herbert 2005, 852).
In other words, welfare rollbacks and the informal social assistance that my three interviewees as well as those that Herbert’s participants created were a natural element of a communitarianism sort of manifest destiny. Yet, Herbert questions the idea of leaving governance and social assistance to the community, citing its limitations, biases, and lack of accountability. Herbert argues that,

“The liberal foregrounding of individual rights is justified precisely because of the defense those rights enable against the majoritarianism that democracy can inspire”... yet, “the entrenched ideology of individualism [in the United States] works to mute the call of communal politics” (2005, 856).

This majority rule and individualism manifest in his Seattle community in various ways—people were reluctant to participate in community governance, language and ethnic barriers silenced some individuals and groups, and some felt intimidated to speak up against the group. Thus, governance was less so devolved to the community, but instead, simply disappeared, leaving residents feeling punished and stuck in struggles of perpetual inequality within their communities and the city. Meanwhile, Haylett (2004) raises similar questions for reproductive labor rather than policing and governance. Neoliberal restructuring of welfare programs has shifted services from the state to independent providers, and, in her example of Texas, this means evangelical, socially conservative groups. As a result, the women seeking (and being directed by the state to) these services began to blame themselves for their poverty or for having ‘too many children’, exposing the moralizing and emotionally abusive potential of shirking responsibility to the private (for- or non-profit) sector. Tronto (2001) gives justification
for this shirking, arguing that as the multitude of caring activities have been forced to the background, care work finds itself devalued and those performing it hold precarious citizenship claims. Thus, care work becomes an easy target for state cuts.

3.3.2 Healthy Workers and the State of the Union

While some see liberal values as a detriment to growing good citizens, it is in the interests of the state to ensure the health of the workforce. Work-life balance scholars have shown the negative and positive effects that work and life have on each other (Halpern 2005; Keene and Reynolds 2005; Mennino, Rubin, and Brayfield 2005; Bryson et al 2007). Arguably, while a goal of neoliberal policies may be fiscal efficiency—based on the expectation that the market will rise to fill all needs—these policies run the risk of creating an inefficient workforce by ignoring the complicated, emotional, and often messy realities of life. Recognizing and working with the spillovers of life into work actually means, to neoliberals’ lamentation, increased efficiency. Halpern (2005), for example, tested this hypothesis, finding that flexible and supportive work policies and practices proved to be good financial sense, as they decreased illnesses, absences, and missed deadlines, as well as increased employee commitment.

Building on these findings, Bryson et al (2007) argue that health and stress at home is in fact a public health concern. Through a longitudinal analysis of working women’s health in Australia, they found that having a sense of control is closely related to ‘demand over-load’, supporting other findings (see Marmot, Davey Smith, and Stansfield 1991; Griffin et al 2002; Chandola et al 2004) that women’s (as well as all
other workers’) stress and lack of feeling of control negatively affects women’s health and is thus cause for public health concern, as women are not dealing with productive stress (that which helps a person cope with extreme situations) but with stress which makes them feel they are “in a constant state of threat” (2007, 1150). They are then driven to think of ways to simply ‘deal with it’ or ‘let go of what they cannot control’—all signs of self-blame, feelings of being in the situation by choice, and that these are natural stresses of life they must learn to balance. Additionally, on the economics side, as multi-tasking and working under this type of stress have not proven to be time-saving but instead to cause negative mental health effects (see also Rubenstein, Meyer, and Evans 2001; Hallowell 2006). Thus, the forced attempts at work-life balance are to the detriment of not only women’s health, but also worker productivity and thus the economy. As care work is also historically and repeatedly gendered feminine, women carry the bulk of the stresses of work-life balance and the reproductive labor needs of the home. These stresses of the home help explain why the state has a vested interest in the matters of the home, the activities that are commonly labeled ‘private’. Young (2000: 487) argues that the “public realm of politics can be so rational, noble, and universal only because the messy [reproductive labors] ...are taken care of elsewhere” in the private spheres of the home. Similarly, the public realm of paid labor can only create such ‘ideal citizens’ who exercise their citizenship and contribute to society through commerce because these same messy tasks are performed “elsewhere”. Just as the private enables the political, the private enables the public. Though public-private it is not a dichotomy, but a division fraught with overlaps, contradictions, and grey areas,
the public and the private are at least mutually constituted in this regard, each enabling the other.

Since the health of the home impacts the health of the workplace, integration seems a step in the right direction. State driven integration, however, raises additional concerns, seeing as how more often it is assimilation. While I do not mean to argue that the state is in a lose-lose situation in terms of providing economic migrants and others social assistance, the rather flimsy integration attempts currently employed actually reinforce the need for more comprehensive social assistance. Parvati Raghuram (2007, 2246) “interrogates the language of integration” by questioning the very tools that are used to integrate foreign-trained nurses. While her focus is on nurses in the UK, it serves as an important lesson for the US, especially considering that, one, the US does not require nurses to do a work orientation (solely to pass the state certification exam; see Brush, Sochalski, and Berger 2004), and, two, as I outlined in Chapter 1, the US is a fast-growing destination for African nurses (Kline 2004). Arguably, minus the work-orientation period which foreign-trained nurses must do when they first start working, the work experiences of foreign-trained nurses in the US and the UK are fairly similar. The state views these health professionals as economic migrants, yet it expects them to assimilate with integration ‘tools’ that are labor-based (Raghuram 2007). The focus is solely on improving work skills and hardly helps with quality of life. Thus, following Marshall’s (1950) concept of paid labor basis for citizenship, individuals and communities remain responsible for quality of life issues—distinctly non-work and thus non-government related concerns in the eyes of the state. Additionally, state-run “integration aims to provide a normative guide” for relationships between migrant
nurses and the new society, a guide which is conceptually a two-way process in which the state guarantees the rights of migrants (2007, 2247, my emphasis).

Yet, as the American experiences of Grace, Sophie, and Mary show, this integration scheme is largely an ‘assimilation-or-nothing’ process, in which one assimilates to US culture or receives no state support. And, in the face of essentially no support, the friends have relied upon their own self-provided informal social assistance and in many ways resisted assimilating to US culture. None of the women have family in St. Louis, yet, as Grace explains, St. Louis is still a supportive place for her because she still has a community of people who love her there. Like how most people use friendships, she goes to her friends for advice on problems at work and in life and to laugh and rejuvenate after a long work week. Mary explained that she sees child care in the same way that she was raised in Kenya, as a “village effort.” The perpetual “Kenyan mom who’s here for a few months” highlights this dependency on extra-familial networks for support, showing how practicing the village-as-family concept from home helps to meet the needs of each of their families in St. Louis.

3.4 GENDERED IMPLICATIONS

Grace, Sophie, and Mary are all currently de facto or functional single mothers. While Grace’s husband splits his time between Nairobi and St. Louis, both Sophie and Mary’s husbands live in Nairobi. Each sees her husband once a year. The husbands had returned for similar outward reasons, as they were all looking for or already working
back in Kenya, yet, as Sophie explained, her husband does not like living in the States. Mary went further, claiming that African men struggle with life in the US. She explained,

“We [herself, Grace, and Sophie] just realized that the African man doesn’t adapt very well to the American way of life...I think it’s the culture. When you are here you cannot afford house help; it’s expensive. So they have to chip in and help with the children and the cooking and the house cleaning and stuff. So they were never raised that way. It’s always a challenge for them...They look to any excuse to go back home. For us [the women], being independent is the one thing that makes us different.”

This follows suit with other research on gender roles and migration. Often, while women find more independence and equate wage work to autonomy and security (Grasmuck and Pessar 1991, Hondagneu-Sotelo 1994, Hirsch 1999, Mills 2003), men struggle with women’s or their own transnational migration. For example, Filipino men working in the Middle East saw their inferior legal status and the vulnerability that comes with it as a denial of their masculinity, frequently returning home after only short stays (Margold, 1995). Similarly, Bourgois (1995) found that young Puerto Rican men in New York City often turned to drug dealing after refusing service sector jobs as “demeaning to their masculine self-respect” (cited in Mills 2003, 54). As a result, these men’s struggles to reconcile themselves with their place in the global economy, and thus, their abandonment of much home work responsibilities, pushes more work and stress onto women. In turn, this reinforces the current gender divisions that states rely upon to function.

For each of the women, living and working as a functional single mother is just how it is and seems almost of no consequence. When I asked how they managed to
balance work and life with their husbands abroad, each of them laughed; “people ask me that all the time!” Mary told me, while Sophie explained, “’Cause I have to do it anyways!” They use different strategies to make life balance with work. Grace works nights, while Sophie works 12-hour shifts three days a week to keep more days open. Sophie lamented that she finds working in the US more stressful than in Kenya, because, despite the better working conditions and pay, she has less support and more stresses and responsibility at home.

Their husbands most certainly fill the father-as-breadwinner role, but each of the women is a breadwinner in her own right, providing money for the nuclear family as well as helping to support family and friends back home in Kenya. As a result, Mary was able to help a sick uncle with medical bills; Sophie and Grace both helped put their siblings through school. This adds another dimension to women’s roles and responsibilities, raising questions of who fills the role of breadwinner and what that means for different masculinities. Furthermore, though my interviewees did not express this, Wong’s (2000) study of Ghanaian women in Toronto revealed that not only did women remit money to their own extended families but to their husbands’ extended families as well. This begs the question of how a husband’s return affects remittances for both extended families. Also, Silvey’s (2003) analysis of women’s participation in labor protests in Indonesia reveals the close connections among traditional gender roles, proximity to home, and paid labor. Migrant women were much more likely to participate in protests than local women, as local women are tied to a discourse of “dutiful daughter” which controls labor activism (2003, 147). Meanwhile, as women become breadwinners—whether tightly bound by family values or exploring
new freedoms—men left behind are compelled to renegotiate their roles upon losing the title of main breadwinner, at times rebelling and misusing remitted money (Rouse 1995; George 2000; Goldring 2001; Levitt 2001). Taken into consideration with previous literature on the renegotiation of gender roles, the experiences of Sophie, Grace, and Mary raise questions about how their husband’s return migration impacts their ideas of the masculine and the feminine, how remittances change for extended families, and how these changes impact care provisions.

Back in St. Louis, Grace, Sophie, and Mary embody the ‘second shift’, as they are care work professionals who come home to do more care work. Hochschild (1989) coined the term ‘second shift’ to describe the double work day of working women—after their paid jobs, women come home, nearly 40 years after the second wave feminist movement and (mostly white) women’s mass entry into the labor force, to still do the majority of the house work in dual-earner (heterosexual) households. More recent studies show that even though men’s participation in housework is increasing, women still perform the bulk of the work (Thebaud 2010). In many ways, the three women are the exemplar of the gendering and marginality of care. They work in one of the most feminized professions, are largely single mothers, and, for much of their time in the US, were ineligible for any of the social services that the state provides. Their (in)ability to make life’s ends meet depends significantly on the gendered nature of care work, the public-private divide, and state policies.

In some ways, their survival strategies have the potential to challenge the dominant American approach to welfare and open up a space for an ethic of care. Joan Tronto (2001) argues that citizenship is discriminatory; it is limited largely to those
who participate in paid labor, and thus, care providers (which are mostly women) are lesser citizens with fewer privileges. Thus, as everyone needs care and everyone provides care at some point in their lives, citizenship based on an ethic or care—care work as “a fundamental criterion for determining citizenship”—opens up how citizens make their contributions to the state and nation (2001, 71).

Furthermore, gender plays an important role in the effects of migration policies, welfare practices, and state rollbacks. As Kim England (2008, 144) explains of the history of welfare in the US, care work, reproduction, and paid work are “profoundly interconnected” and key parts of welfare provisions. All of the elements of welfare—really, all of the elements of the reproduction of society, from state policies and markets to communities and households—are “socially constructed by social relations of difference” and deeply gendered. Thus, “gender relations are co-constitutive of welfare states and social citizenship,” and, thinking independently of welfare provisions, state survival and reproduction depends upon maintaining the gender relations status quo.

Yet, what is a welfare state and what should citizens expect from welfare? Alternative policy approaches to care and scholarship on an ethic of care offer insights. Knijn and Kremer (1997) examined the different approaches to welfare in Britain, the Netherlands, and Denmark—all countries which have a reputation as welfare-states—and compared their gendered effects on work and care. The Danish system stood out as the one with the most gender equal policies through its seemingly counterintuitive approach to work and care. Counter to the care leave the Dutch and British systems provide, “rather than a duty to care, Danish women have a duty to work” (1997, 346). Since all people are encouraged to do paid work instead of splitting the heterosexual
household along gender lines, Denmark integrates care into public sector responsibilities. Thus, as “more money, more people, and more children are involved in state-organized child care,” both men and women are equally freed to fulfill their duties as paid workers (Knijn and Kremer 1997, 344). The state viewing child care as a public responsibility instead of an individual one recognizes work-life spillovers, breaking down the gendered dichotomy of care and work. Furthermore, since the state recognized in the midst of the second wave feminist movement, women’s entry into the labor market has been supported from the start in 1976, avoiding care deficits and the exploitation of migrant care workers and class condescension that plagues the US.

In the US, however, the three friends in my study find themselves in a state which embodies Toronto’s (2001, 65) statement that “neoliberals presume that the free market will always step in to fulfill whatever human needs exist. In reality, though, few people have been paying attention to where the burden of caring work actually falls.” Milligan (2003), speaking of developing countries, contends that global migration and modernization make depending on the family for care precarious. As traditional family structures change and structural adjustment policies exacerbate state-provided care, services become more unreliable and limited, pushing care further into the private and personal spaces of the home and into the hands of mostly women. The neoliberal policies that do not offer support to Grace and her friends are essentially the same, just wrapped in a different name. Yet, similar justifications—the market will step in, people make do, the family (read: women) will take care of them—appear. Thus, the networks that Grace, Sophie, and Mary create to fill their own care deficits, are easy for the state to exploit. They justify the state-provided-care deficit. Furthermore, Grace, Sophie, and
Mary find themselves trapped in a new cycle of care deficits. They each left Kenya because the inadequate health care system and nurses’ poor pay create a failing health care system for patients and health care workers alike. Now, even though they work in better conditions for better pay, they lack family and partner-support at home amidst gendered state welfare rollbacks (and simply historical non-existent provisions, such as child care vouchers), creating a new and perhaps even more personal struggle to fill the care deficit.

3.5 CONCLUSION

Thus far I have explored the relationship between transnational friendship networks and migrants’ abilities to fill care deficits. For my interviewees, transnational networks helped them not only migrate to the US, but also helped them settle in St. Louis and are still important sources of support today. Their friendships serve as informal support networks in the face of both the neoliberal rollback of state provided social services and already-limited recourses and services for immigrants. The implications of this are especially significant for women, as the state commonly sees care services as the easiest services to cut—relying on women most often to pick up the slack. In the next chapter, I build on these ideas of support networks and the gendering of care, arguing that substantive citizenship for transnational women comes less from the state or Americans and more from fellow transnational women, revealing racialized and colonial histories and policies.
CHAPTER 4: “WHERE ARE YOU FROM?” CITIZENSHIPS, BELONGING, AND THIRD WORLD WOMEN

4.1 INTRODUCTION

In Chapter 3 I showed how transnational women negotiate their new lives in the West through supporting each other and the aid of larger friendship networks spanning multiple continents. Due to the lack of support from the state, immigrants like Grace, Mary, and Sophie use creative, alternate avenues to fill in the gaps in everyday living. Now, I will move beyond the work of the networks, to examine the communities themselves, how they form, and what identities are at stake and used within the groups, using the idea of the third world woman and arguments around transnational citizenship. After exploring the perils and possibilities of the category “Third World Women,” I will explore how scholars have theorized formal and pragmatic citizenship for people who straddle national borders. Through these two topics, I will show how the lives of Grace, Sophie, and Mary reveal racialized experiences of citizenship, exclusion, and belonging that lead to a reliance on a supplementary citizenship as Third World Women.
4.2 THIRD WORLD WOMEN: COLONIZATION VERSUS RESISTANCE

While the categories of First World and Third World\(^6\) may have fallen out of favor in academia and policy discourse, Chandra Talpade Mohanty (2003) finds that the category of “Third World Woman” is a useful category for collective action and understanding the experiences of oppressed women of color everywhere. The category holds much potential, but its use is also potentially colonizing. Mohanty warns feminists of the homogenizing effects of Western feminist discourse, but she shows how, in resistance to Western feminist texts and broader representations of women of color, the category of ‘Third World Woman’ provides a flexible but strong unifying concept to counter oppression and open up new and diverse spaces for discussion, action, and change.

In her groundbreaking critique of Western feminism, Mohanty (2003) explains how much of Western feminist writing serves to further colonize women of color and paints the “Third World Woman” as a “singular monolithic subject” (2003, 17). Western feminists contribute to this identity through a variety of strategies. First, Western feminists provide uncritical “proof” that assumes a universality of oppressed women’s experiences (2003, 21-2). Each of these plays into her next two points: one, that the texts blur the distinction between ‘woman’ and ‘women’, and two, the texts portray women as an “oppressed group” (2003, 36, 39-40). The distinction between ‘woman’ and ‘women’ is important because it is key to constructing the ‘monolithic Third World

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\(^6\) The terms First, Second, and Third World come from the beginning of the Cold War. The First World was made up of the capitalist states, the Second World the communist countries, and the Third World were the non-aligned nations. The terms have fallen out of favor, no longer seen as accurate and also creating a hierarchy among states.
Woman’ as it flattens the complexity and diversity of women’s experiences. ‘Women’ are historical subjects, while ‘Woman’ (as icon or symbol) is a representation of no direct identity, “an arbitrary relation set up by particular cultures” (2003, 19). This blurred distinction helps in making the diverse population of Third World women into the singular, homogenized group of ‘Third World Women’ Western feminists see as an oppressed group. This oppressed group has all similar characteristics—women that, because of their gender, lead bounded lives, constrained by tradition, their own ignorance, oppression and victimization, poverty, and domesticity. This is a direct othering, as, being the author and critic—and thus, implicitly superior—Western feminists posit themselves as the direct opposite of the iconic Third World Woman. In fact, it is colonialism. The Third World Woman is the marked, abject body needing saving from brown men⁷ and representation by white Western feminists. This approach assumes subjects as outside of social relations instead of constructed through institutions, structures, and processes. As a result, different types of oppression, the diversity of ideas of equality and success, and the intricacies of lived experiences fade to obscurity.

Yet, as Mohanty argues, this imagined community of Third World Women has significant advantages. Drawing on Anderson’s concepts of “imagined communities” and “horizontal comradeship” (see Anderson 1983, cited in Mohanty 2003, 46),

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⁷ The idea ‘White men (sic) saving brown women from brown men’ comes from Spivak's 1985 essay “Can the Subaltern Speak?” Spivak used the phrase to explain how British colonialists used the ‘uncivilized’ practices of Indian men as justification to ‘save’ Indian women from ‘dangerous’ men (read: brown men) and ‘civilize the uncivilized’. Such logic creates an other needing saving, strips women of any agency, and moralizes cultural practices, traditional or otherwise. The idea is applicable in many other more contemporary contexts; for example, miriam cooke (2002) has argued that the US has used the same logic in the War on Terror in Afghanistan.
Mohanty argues that, through the identity and categorization of Third World Women, the grouping holds the potential for “political alliances and collaborations across diverse boundaries” (2003, 46), as the trappings of race, class, and gender as categorical regulators fall away. Instead of focusing exclusively on the experiences of oppression, Mohanty calls for paying greater attention to struggles and “communities of resistance” (2003, 47). She argues for common alliances based on the way we think about differences and “the political links we choose to make among and between struggles” (2003, 46). Politics instead of essentialism becomes the basis of the grouping. With this strategy, women of all colors—white women not excluded—can ally themselves with. Homogenized images of oppressed women of color that are neither place nor time specific no longer limit resistance strategies. The grouping now opens possibilities for struggle, solidarity, and change, creating fluid alliances with diverse goals that are place specific, historically conscious, and culturally sensitive and appropriate.

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8 Mohanty’s idea of “communities of resistance” refers to the broad opposition from migrant, refugee, and black groups in the UK to the idea of a common European nation (Europe 1992; now the European Union). These communities of resistance opposed Europe 1992 because of its “concrete disenfranchisement” of Third World communities in Britain. As a result of an historical, material analysis of the policies, diverse groups formed “resistant/oppositional” communities to resist the formation of a ‘common nation’ and its effects. (See page 47 in Mohanty 2003 for further explanation.)

9 Admittedly, ideas of whiteness complicate this idea of who is a Third World Woman and who is an ally. vanRiemsdijk (2010) provides an excellent example of the “variegated privileges of whiteness” in Norway, for example, exploring how eastern European nurses working in Norway experience changing ideas of Europeanness and whiteness. As a result, both white nurses and migrants of color experience differing extents of inclusion and exclusion, benefitting as well as not from degrees of white privilege.
4.3 THE BOUNDARIES OF CITIZENSHIP

Citizenship is a complex term with many complicated and often contradicting meanings (Mavroudi 2008). In a more formal sense, citizenship is “a set of practices and processes that allow individuals to construct, negotiate, and position themselves spatially and temporally for strategic and legitimating purposes” (2008, 308). Most commonly, this type of formal citizenship\(^\text{10}\) is tied to the state and, frequently, place of birth. Citizenship carries a sense of belonging with it—belonging to the nation-state; belonging where you live; understanding parts of your identity and where they come from. The feeling of belonging and the idea of citizenship live in tension with each other (Fenster 2005), as not every citizen, in reality, has access to all rights and services, and not everyone’s contributions to society hold the same value\(^\text{11}\). Additionally, while both are affective, belonging and citizenship are also both inherently spatial concepts, as “belonging connects matter to space” (Mee and Wright 2009), and citizenship ties belonging and rights to bounded areas (Painter and Philo 1995). Painter and Philo

\(^{10}\) By ‘formal citizenship’ I mean citizenship that is linked to and granted by the state—the group of rights and membership in a country. Meanwhile, substantive or pragmatic citizenship is the everyday experience of citizenship. This refers to an individual’s access to the rights and privileges that come with formal citizenship but not dependent upon actually having formal citizenship.

\(^{11}\) Under Marshall’s (1950) three categories of citizenship, a person must have social, political, and civil rights in order to have full citizenship. Social rights weighed heavily on economic welfare and security—thus, without engaging in paid labor, an individual will struggle to enjoy full citizenship. By this logic (which is also genderless and absent of class), reproductive (unpaid) labor is thus less valuable and, as feminists have pointed out, citizenship is then gendered masculine and ignores and devalues women’s contributions to society and claims to citizenship. Arguably (see Toronto 2001; Fraser and Gordon 1992) this is the model of citizenship that capitalist non-welfare states like the United States follow.
explain how, first and foremost, citizenship is "mapped’ on to space," an idea dating back to the creation of the modern city-state; it is also “fundamentally exclusionary” as its basis is an idea of ‘us here’ and ‘them there’ (1995, 110). Yet it is more than a matter or ‘me or you’ or ‘here or there’; academics often use the idea of citizenship as a measure of access to rights, exploring who has what substantive rights and services—formal citizenship or not (Fenster 2005). While it is a measure of rights and access, citizenship is also spatial because of both the physical boundedness that guides formal citizenship and individuals’ access to rights are a matter of inclusion and exclusion. Legal status, what passport a person holds, and where you live are all characteristics that determine access to substantive aspects of (formal) citizenship. Where you are and where you are from are spatial determinants that bodies carry—space and place label who can go where and who has access to what.

Furthermore, while citizenship may imply a reciprocal relationship with the state equipped with duties and rights (Faist 2000), it need not necessarily be coupled with identity. Isin and Wood (1999, cited in Mavroudi, 2008) argue that decoupling citizenship and identity does not weaken citizenship’s importance or obscure a citizen’s rights and duties, but, instead, it opens the door for less exclusive citizenships.

Furthermore, as Mavroudi argues, linking citizenship simply with a certification of membership to a state carries the discriminating baggage of having the right history, ethnicity, or language. Naturalization itself is a dehistorisizing, flattening, homogenizing action (Coutin, 2003). Its aim is to erase the different histories of individuals and make everyone part of the same group; in theory, everyone becomes the same—equal—through naturalization. As Coutin explains, with the help of a naturalization judge,
“One judge explained that everyone has ‘an American story. They’re all interesting, they’re all different...[But] each illustrates the same principle.’ The unifying principle of these stories, the judge elaborated, is ‘why we came.’ By defining new citizens according to their allegedly unified motive for immigrating—namely, the search for a better life—instead of their different national origins, naturalization ceremonies erased both difference and history” (Coutin 2003, 515).

Thus, citizenship assumes one nation per person and holds no wiggle room for multiple allegiances. The act of naturalization, the act of formally becoming a member of the group, is conditional upon erasure of personal history and tying identity to new citizenship. Yet, this is an unrealistic assumption and is one that possibly hinders tolerance and substantive citizenship as it creates a second class of citizens.

Tronto (2001) adds to this argument in her call to debase citizenship from economic participation. Instead, she argues for citizenship based upon acts of caring, as everyone needs or performs care at some point in their lives. Thus, taking Mavroudi (2008), Coutin (2003) and Tronto’s (2001) arguments together, divorcing identity from citizenship and basing citizenship on a series of caring actions and relations between people opens citizenship to more people—it becomes less about a birth certificate or naturalization ceremony and more about presence and engaging in a reciprocal relationship with the state and fellow citizens. In many ways, these scholars are arguing for a formal citizenship that is, in fact, less formal and more closely resembles a substantive or pragmatic citizenship—or at least lives up to some of the ideas behind formal citizenship. Substantive or pragmatic citizenship is the lived expression of formal citizenship (regardless or not if an individual is actually a citizen of the nation-
state) as formal citizenship creates feelings of belonging and inclusion, opens doors to services, and creates the reciprocal relationship between the citizens and the state that Faist (2000) discusses, albeit not equally for everyone. It is this lived reality—this expression of citizenship—that concerns me here, yet I acknowledge the role that naturalization plays in an individual’s sense of belonging to a place. Fenster (2005, 244) explains that popular definitions of citizenship define it according to concepts of equality and homogeneity, and goals of citizenship include how to incorporate individuals into “normative frameworks of belonging”.

Transnational migrants, however, complicate citizenship simply with their decision to live outside of their ‘home’ country. When identity and citizenship depend less on each other, the lived realities of citizenship begin to show. Now visible are the multiple and voluntary attachments and affiliations that extend beyond the insular borders of a single nation-state; instead, citizens practice their citizenship in and feel allegiances to multiple places (Mavroudi 2008). Transnational migrants reveal the limitations and inaccuracies that come from seeing immigration-then-assimilation as a process with a fixed endpoint or goal. In fact, a common experience is a kind of citizenship mismatch; Nagel and Staeheli (2004, 6) explain that a “disjunction” exists “between legal categories of citizenship and the more expressive sense of belonging to or identifying with the political community”. They argue that immigrants have a “complex attachment” and a “multilayered political identification” (2004, 14). In his study of Ghanaian immigrants to Canada, Mohan (2008) explores just how this multilayered identity manifests. Like many impoverished states, Ghana sees its economic out-migrants as vital sources of inward flows of capital. As a result, the
government is currently trying to capitalize on the diaspora’s potential political support and investment back into the home country, yet, as Mohan explains, this reveals the tensions that come with “multiple and overlapping political commitments” (2008, 464). In their attempts to balance these tensions, Ghanaians often ignore government efforts in favor of more local projects and allegiances. For example, migrants’ main obligations and focus of support were financial help to family back in Ghana, instead of more public forms of investment such as importing goods. Furthermore, Ghanaian migrants expressed feelings of living as quasi-citizens between two countries, unable to fully capitalize on the rights and protections of either nation-state. Similarly, Anzaldúa’s (1987) ‘borderlands’ identity reveals even more of the affective aspects of performing and experiencing transnational citizenship. In her depiction of growing up on the US-Mexico border, Anzaldúa explains how her identity is both First and Third World. Because of her skin color and name, she straddles the boundaries of ‘who belongs where’, an American Chicana with a “’new mestiza consciousness’ that embraces ambiguity, ambivalence, multilingualism, psychic restlessness, a state of perpetual transition” (1987, 78; cited in Mountz and Hyndman 2006, 452). Thus, she lives without borders, but instead, as a ‘crossroads’ of two states.

The debates around ‘hybridity’—in many ways an alternative name for transnational identity—provide a solid jumping ground (Gilroy 1993, McDowell 1999). While some caution against using the term—Mitchell (1997) warns against the ‘hype of hybridity’ as it can (and often does) assume progressive political agendas and is too nation-state-centric, and Young (1995) argues that the term’s scientific origins carry too much weight and implies impurity and thus inferiority—Bhabha (1990, cited in
McDowell 1999) presents a useful way to think about hybridity or transnational identity. Regardless of which term is more appropriate or politically correct, the idea behind hybridity and the debates surrounding it are helpful for reconceptualizing citizenship. Bhabha sees hybridity as opening up a third space, enabling change, progress, and the creation of new authority structures. While not forgetting Mitchell’s (1997) critique, Mohanty’s category of “Third World Women” complements this third space well, as it increases the potential and power of organizing across differences while ensuring room for heterogeneity.

I argue that for the Third World Woman’s identity, the third space of transnational citizenship, this hybridity and those commonalities across differences create a space for transnational immigrants to counter the exclusive ways more formal citizenship plays out. In fact, Third World Women are more than an imagined community of resistance; they are an independent citizenship category—a form of transnational citizenship that is not nation-state dependent and moves across borders as opposed to being bound by them, more dependent instead on politics and common experiences. In other words, “Third World Women” is a citizenship category of its own—one that is not bound by territory—but whose members’ politics (and the spatial determinants of those politics, such as coming from a “Third World country”) and actions determine belonging.
4.4 THIRD WORLD CITIZENSHIP IN THE FIRST WORLD

In this section, I will show through Grace, Sophie, and Mary, how Third World Women as a category is in fact a form of transnational citizenship. After exploring the women’s different experiences of citizenship, I argue that they actively create a new citizenship with other foreign trained nurses based upon a shared Third World Woman identity; it is through this identity, this new citizenship, that they find ways to fill gaps in substantive citizenship and craft support networks at work, similar to those at home.

4.4.1 (De)territorialized Citizenship

As Mohanty (2003) argues, the strength of the category of Third World Women comes from the politics that form its basis. This removes it from the binds of the stereotyped, perpetual-victim ‘woman’ from the political-boundary-based definition of the ‘Third World’. Essentially, the category is seemingly a-spatial. Since oppressed women of color everywhere are Third World Women, it is embodied rather than spatially determined or dependent upon a nationality. Yet, as I outlined above, the exclusions and feelings of belonging attached to citizenship and group membership are inherently spatial. Thus, membership is not spatially dependent, but the lived reality of being a Third world Woman is a very spatial experience.

While the basis of the Third World Women category may be political rather than territorial, the concept cannot completely escape its territorial history. Some women are immediately marked by their country of origin. Third World Women in the Global South are marked simply by their presence in or their citizenship of particular
countries. For example, a Ghanaian woman living in Ghana is immediately marked by her formal citizenship in Ghana. Meanwhile, formal citizens of the Global South living abroad are marked by their ‘foreignness’ and their ties to particular territories. If that same Ghanaian woman migrated to Toronto, for example, she remains marked by her ties back to Ghana, her history, her accent. As Coutin (2003) explains, transnational migrants seem to hold a rather partial or impure citizenship, always holding an element of ‘foreignness’ through their ties to their home country. Furthermore, the Ghanaian woman’s experiences and feelings in Toronto differ greatly from, for example, a British woman’s experience as an expatriate in Canada. This Ghanaian woman is identified and categorized because of her home country’s economic and colonial history and race, while the British woman carries a very different image, constructed through being the beneficiary of histories of empire and institutional racism. For example, England and Steill (1997) highlight the status that comes from nannies of different backgrounds, showing how Jamaican nannies carry a reputation as aggressive and boisterous, and Filipinas are quiet and disciplined. Meanwhile, British nannies have prestige, formal training and certification, class, and an easier (read: privileged) immigration ticket into Canada.

4.4.1a De jure and de facto citizenships

My focus here is primarily on pragmatic or substantive citizenship. This de facto citizenship is my primary interest because, as I outlined in Chapter 2, my focus is on the global intimate. As is my goal through the entirety of this thesis, I aim to connect
broader issues of exclusion and inclusion, neoliberalism and the feminization of
migration of labor, and support networks and feelings of belonging to the intimate
realities of everyday life; through Grace, Sophie, and Mary, I explore the everyday
experiences, exclusions, and actions involved in practicing citizenship. I cannot,
however, ignore formal citizenship, nor do I intend to do so. Formal citizenship deeply
impacts how people view their access to the pragmatic aspects of citizenship: the
availability of social services, the ability to voice dissent or participate politically, the
feeling of having an equal right to ‘be here’ or belong.

Of the three women I interviewed, one was a naturalized American. Grace’s
decision to become an American citizen reveals just how much belonging depends upon
formal citizenship. Grace became a US citizen in 2004, after living in St. Louis for eleven
years. Grace explains,

“Well, it was for different reasons...’cause I have known what it means to be a citizen of
a place—you belong there; you become part of that country. So I wanted that for myself because
that would help me in the future if I needed to go to school; even if I needed to do anything, I
don’t feel like I don’t belong here. And at that time there was still unease in my country
politically. So I was not even thinking—you know sometimes I’d think ‘I don’t even know
whether I’m ever going back there.’ So it was easier for me just to go ahead and take the
citizenship, because I didn’t know how long I was going to be here.”

This reveals two important points: one, because of the political unease in Kenya at the
time, Grace found practical, pragmatic benefits to becoming a citizen, similar to Coutin’s
(2003) point that naturalization can be “linked to a lack of alternatives” or to find relief
from feeling like their rights are in jeopardy instead of a desire to be an American; two,
Grace sees direct links between a feeling of belonging in the US and an access to pragmatic citizenship and having formal citizenship. She goes on to describe the impact it has had on her sense of self.

“I feel different now. In terms of—like when we bought our home. They ask you all these questions and ‘are you a citizen?’ and you say ‘yes.’ At that point you feel you’re part of it. Now I’m voting. I never used to vote before then... during the election time it’s crazy, but you have no power to vote or change anything no matter how much you want to be. You feel like you are just there; all you can do is watch. Then after becoming a citizen you can vote. You feel like you are part of it. You feel like you belong. You can do the things that the common people can do, and there’s a sense of belonging that ‘I can do this. I can do this. I can do this.’”

Grace finds direct links between formal citizenship and her sense of belonging. She now, as she says, is one of the “common people.” Here it becomes clear that gaining formal citizenship is one of the most effective ways to shed the ‘foreignness’ and ‘belong’ as heavy emotions are tied to naturalization. While she was Grace before she was naturalized, and she was Grace after she was naturalized, post-naturalization ceremony Grace sees herself as a more legitimate member of the group through political and legal measures. Nagel and Staeheli (2004, 17) for example, explain the importance and sense of belonging—and existing—that comes from holding an American passport in particular. An Arab-American man explains that “you say you have a passport, it means an American passport. It means you are a human being, because you have no rights if you have any other passport”.

For Grace, however, formal citizenship is not a panacea for feelings of exclusion. As she explains,
“...but every time somebody asks me, ‘where are you from?’ if I tell them I’m American, it doesn’t make sense. You know what I am saying? Actually, I am, but to them—if I say that, it’s not going to satisfy them. So I tell them I grew up in Africa; I was raised up in Africa. So I’m from Africa. So then it’s like ‘Oh, oh ok.’”

Outsiders’ reading of Grace’s citizenship shows how everyday, pragmatic citizenship may not be tied quite so tightly to formal citizenship. She has the paper to prove she is American, she has an American passport, but outsiders’ casual question ‘where are you from?’ is a constant reminder of her ‘foreignness’ and that her formal citizenship—in an everyday context—is not like that of a natural-born citizen. Hers is marked, asterisked, equipped with disclaimer. Similarly, Nassy Brown (2003) discusses just how racialized nationality is in the UK through the example of a black Londoner. In answer to the frequent “where are you from?” question, the woman always replies “north London,” yet, “‘north London’ never satisfies. So the question gets revisited “no I mean where are you really from?” (2003, 15, emphasis original). The series of questions has an insistence on “real identity,” asking not where a person is from but the “place where they really belong, which cannot be, for example, north London (much less England).”

4.4.2 ‘Where are you from?: Exclusion and Inclusion

Grace was not the only one to express frustration over the ‘where are you from?’ inquiries. Mary explained the confusion that her accent causes for patients.
“Like I mean in St. Louis, the minute I walk into a patient’s room I think the expectation is that I will talk like an African American. Then I talk to them, and I have a different accent. You can just see from their face just the surprise and then the confusion because they don’t know—they didn’t expect that. The second thing is they are not sure what you are talking about because they didn’t expect the accent (laughs). And then the next question is ‘where are you from?’ So I never know, should I say I’m from exactly where in St. Louis or what do you mean ‘where am I from’?”

This reveals that the ‘where are you from?’ question is not simply a matter of what passport a person travels on, but a deeply racialized inquiry. First, patients assume she is African American, applying racial stereotypes and ideas about African Americans to Mary, and, second, after their assumptions have been corrected, Mary’s accent marks her as foreign. Their assumptions come with not just racialized but also classed assumptions.

Mary: …I can’t tell you how many times I’ve walked into a patient’s room and probably with a white patient care technician an they’ll (the patient) be talking to her and giving her all sorts of issues with themselves—just assuming that I’m the CNA or the care technician and my white colleague is the nurse. And it used to bother me when I started, but I think I realized it’s difficult to change people so you just play along.

Caitlin: So you don’t say anything to correct them?
M: Usually. Unless they irritate me—I’ll say something….usually it’s the care technicians who tell them…it depends on the patient really. Some patients are genuinely honest about it. Others I couldn’t care for, but I don’t let it bother me. Life’s too short.

Because of her race, Mary’s patients immediately see her as the lower paid, less educated, lower ranking aid instead of the registered nurse with a bachelors degree.

Furthermore, her reluctance to speak up reveals a sense of inevitability to her
categorization, a feeling that is both internal to herself and the patients and imposed on her from the outside. For Mary, her position as a Third World Woman situates her first within classed and raced stereotypes about African Americans and later in the category of foreigner.

C: Do you notice that people treat you differently from African Americans?
M: you know that's interesting because I think once they realize—yes. I have to say yes.
C: Yeah? How is it? How are they...?
M: They're more friendly. They are more—more interested, and they wanna know about you. 'What do you think?' They want to know your opinion on a couple of things, and it's like, my opinion doesn't count!

While they may be friendlier, patients clearly see Mary as different from both African Americans and other American nurses. She is special and they become curious about her because of her ‘foreignness’.

Both Mary and Grace connected their feelings of exclusion or not fully belonging most strongly to citizenship or nationality. While Mary mentioned dealing with racism at work (something Grace felt she had not encountered), she emphasized her frustrations lied not with race but with nationality. As she explained to me, “if I could, I would move to California. Nobody care where you come from. California has all sorts of people; very rarely does someone ask me where I’m from.” Grace expressed that she does not feel she has experienced racism, but in many instances, she felt reminded that she was not from the US. As a student she realized how much of an ‘outsider’ she was.
“They tell you if you have this kind of GPA you can get this kind of scholarship and this and then we realized that since you are not Americans, that no matter how hard we worked it didn’t—well, it mattered in our GPA, but we were not available to get the scholarship they were offering. That’s when you realize—for the first time in my life, I said, I thought, ‘I have lived in my country for all these years, but I didn’t know the beauty of belonging somewhere’...that’s when you realize you are a foreigner, and you don’t belong. When you go there, and you hear ‘No, this scholarship is for Americans.’ You think—you are 20! You are not thinking you don’t belong! So you think, ‘oh yeah, yeah, I am not one’ ...you have moved to another country. You take things for granted. You take your citizenship for granted.”

In Grace’s mind, her exclusion from scholarships is not because of her skin color but due to her citizenship and immigration status. She links privileges to the state as opposed to a particular race or ethnicity, though she does acknowledge the unique, privileged, and vast supply of opportunities available to Americans that other countries cannot provide.

Sophie provides a different perspective and example. While all three women commented on the differences between nursing in Kenya and nursing in the US, I draw from Sophie’s comments in particular here because of her insight into adjusting and orienting to different nursing practices in different countries.

“...When we come in we have to sit for the state boards12. You know, you study, you pass it. But the nursing in Africa is so different such that when you go to practice it’s very different! ...it would be much better if they would have like an orientation thing...that this is what everybody has to get through to orient then so that you know what you’re dealing with. Because I know like in England, if I have to go and practice there, my friends did not have to do a state board. But what they did have to do was go and work there like an orientation type thing for six months. And that to me made more sense than just doing books and not knowing what you are expected.”

12 State licensure exam in the US
For Sophie, her experience is very much tied to the state. The difficulties she experiences integrating into US nursing is because of a lack of integrative policies rather than racial discrimination. For foreign trained nurses in the US, the state’s concern is around test scores and knowledge certification rather than work-place culture and subtle-but-important differences in nursing styles. The state essentially abandoned Sophie and provided no formal supports for integration; she explains, “a lot of the things I had to learn by myself.”

While Sophie’s friends in the UK may not have had to take boards to practice, the UK and Kenya share a long colonial history. This colonial history is important because of both the Kenyan education system and the UK’s (and much of the rest of the West’s) extraction of human health care resources. An orientation program, by its nature of existence, acknowledges that cultural differences exist between hospitals, both differences in people and in work-place cultures. Orientation programs are integrative strategies. Yet, Raghuram (2007) argues that integrative policies for internationally recruited nurses (IRNs) exist in a certain discursive field, shaped by larger concerns around national security, national identity, and broader migration policies. This discursive field skews and shapes the policies and practices of integration “as the racism that IRNs experience may be inflected by the structured social relations that are extant in wider society” (Allan et al 2004, cited in Raghuram 2007, 2248). Integration as an idea is a two-way process that aims to merge cultures. In reality, however, “integration largely aims to remove or at least limit differences...by incorporating IRNs into existing systems of nursing” (Raghuram 2007, 2248). Furthermore, it assumes UK
nursing as “given” instead of open to shaping by new and different practices that IRNs bring. As integration becomes “the duty of the migrant,” the onus on homegrown nurses falls away. Grace, Sophie, and Mary all expressed how integrating was their own responsibility, and American nurses were essentially oblivious. As Mary explains, “the American nurses—it’s really no fault of theirs. They have no clue what you’re going through.” As a result, Mary finds herself relying on fellow foreign-trained nurses to help make connections between what she knows and the different names that American nurses use; as she says, “a nurse is supposed to know these things, but you know them but you call them a different name.” Thus, it is a matter less of educational differences, but of work-place culture differences.

Also, education systems and the legacy of empire shape and racialize migrant nurses’ experiences. African nurses from former British colonies have long favored migrating to the commonwealth over the US because of the relative ease of finding work (Likupe 2006, Ogilvie et al 2007). Because of the legacy of colonialism, nurses trained in Kenya’s education system are, as postcolonial scholars argue, already integrated into the British nursing system as a result of hundreds of years of exploitation and colonialism (Kyriadkides and Virdee 2003; Raghuram, 2007). In a US context, empire works in a different way. The US, meanwhile, has notoriously strict immigration quotas and professionals of all types experience difficulty in gaining certification to practice (Aiken et al 2004). These strict laws and regulations are protectionist in ways that discriminate based on raced and classed ideas, marking Kenya education as inferior. Grace, Sophie, and Mary all received diplomas in nursing in Kenya, but in order to maintain a similar job, they needed to return to school to become
RNs. Otherwise, they would work as nurse’s aides or care technicians—a direct
deskilling based on negative assumptions of Kenyan nursing education.

While each of my three participants may see these as nation-state-based issues, I
argue that all of these experiences are inherently racialized; the nation-based links that
Grace and Mary identify come with very raced histories. Women’s labor in the US has a
long history of devaluation. The literature on care work helps in understanding this
history. In an effort to identify how definitions of care work understand race and class,
Duffy (2005) explores what qualifies as care work in care literature, what reproductive
labor means, and who works in which jobs. She builds her case on the lack of a
consistent definition of ‘care’ in care work scholarship. Though it is most commonly
nurturing, relational tasks, this definition excludes lower paying jobs that require less
education. Thus, using US census data, Duffy seeks to understand the racial division of
labor and who counts as a care worker. Nakano Glenn (1992) and Roberts (1997; both
cited in Duffy) each came to similar conclusions to Duffy; historically, by the most
common definitions of ‘care’, white women are the public face working in more
’spiritual’ or emotional jobs, while women of color work the menial “dirty, back room
jobs” (2005, 72). This care work requires skills (and emotions apparently) that white
women have disproportionate access to compared with women of color. Therefore, not
only are women of color—Third World Women—devalued for their skills and at
disadvantages for gaining higher skills and education, the jobs themselves that they
work are devalued, barely seen as requiring or using emotion or having a caring
dimension—too dirty to be seen or noticed. In health care, women of color—black
women especially—disproportionately fill orderly and attendant positions, with more white women filling nursing posts.

Though, a history of deskilling of migrant nurses of color pervades black migrant nurses experiences. Migrant nurses often experience deskilling, resulting from increased paperwork in Western nursing, poor or inappropriate job placement by recruitment agencies, and discrimination in certification and ranking (see Likupe 2006; O’Brien 2007; Smith et al 2007; Aboderin 2007; Hardill and MacDonald 2000). For example, numerous nurses migrating the UK lamented being placed in nursing homes—which they were not prepared to work in as in many source countries, much elder care is the responsibility of the family not the state. Others have felt that the work and migration had been a “waste of time” and that “you unlearn everything you learnt in Africa” (Smith et al 2007, 33). In both the UK and the US, finding work of equivalent standing to that back home can be challenging or near impossible without additional education, often a result of nursing-while-black (O’Brien 2007; Smith et al 2007). As the women in my study all explained, nursing is much different in Africa, with much less paperwork. This is concurrent with O’Brien’s (2007) claim that African nurses lose direct care skills because of simply less time performing direct patient care. Also, Brush (1999) suggests that, even while migrant nurses face discrimination and deskilling at times, their migration hurts the chances of African American nurses to fill those job openings. While this is not quite my focus, I find it important to note the potential and real effects of recruiting foreign trained nurses on emerging or newly graduated homegrown nurses, especially those of color. Thus, take from this that the devaluation of women of color and their care world exists—with Western feminists at time implicit
in that devaluation—and even in positions of supposedly greater skill, higher education, and better pay, Third World Women face continued devaluation and discrimination. Since, as I explained earlier, citizenship rankings follow (economic) contributions to society, devalued women performing paid care work (commonly defined as such or not) are subject to further devaluation, formally stripped of the skills that validate their citizenship.

4.4.3 Supplementary Citizenship

4.4.3a (Un)spoken membership

Because of the lack of formal (idealistic) integration policies and the limits—both based on legal status and on discrimination—on their pragmatic citizenship, Grace, Sophie, and Mary all actively create an informal group or support system based on their shared identity as Third World Women that supplements or ensures pragmatic citizenship, support, and feelings of belonging. The concept of the ‘Third World Woman’ is useful for them both in its negative, homogenizing way and in its positive potential for solidarity. Their experiences may be shaped by race and historical, systemic oppression, but these Third World Women come together for political reasons\(^\text{13}\) and based on their shared histories and shared experiences of the US. In this section, I explore the various ways that Grace, Sophie, and Mary have fostered, relied upon, and found support in being Third World Women.

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13 By political I do not mean to imply activist, but instead I mean to argue for political basis in Mohanty’s sense. They come together for political reasons, as political histories and formal as well as pragmatic citizenship shapes their identity and give common but non-homogenizing base for organizing and shared identity.
In many ways the support is no different from a group of friends who share a profession, but the overarching link, the way they are brought together reveals the divide between substantive and formal citizenship and the pervasiveness of the identity of the Third World Woman. In many ways, they are using that latter identity to their advantage to make up for the former problems. Much of the support and assistance I will discuss here is in the workplace, but, as I addressed in Chapter 3, the networks of support that they relied upon are also constructions of the Third World Woman. Their support networks outside of work are made up of other immigrants and span national boundaries. Further, I acknowledge that work-life spillover is natural and inevitable, and I do not intend to create a binary by dividing work and life into separate chapters. In fact, their home support networks are often extensions of the work supports I describe in this chapter.

The workplace is a key site for finding support and people with similar backgrounds. At work the Third World Woman identity is particularly useful. Grace, Sophie, and Mary all explained how they naturally gravitate towards foreign trained nurses.

“When I came across people from different—it's like common ground. Finally! It didn’t matter where they came from 'cause even the people from the Philippines, they also had an accent, and I'm sure they also had their own problems. But you start, you are collecting in that, you have a story behind you. Where are you from? How did you do things in your country? You had common ground with them.” (Grace)

Mary reiterates Grace’s feelings, explaining,
“...the foreign nurses...I mean you just kind of pick each other out...of course you'll find nice people whatever color they are, and you just tend to gravitate towards them...oh if there's a Kenyan it's going to be a Kenyan, most definitely. Um, if it's an African from anywhere, you tend to go that route.”

They also actively, consciously seek out or pursue friendships with other foreign trained nurses, which is part of their desire to connect with other non-American nurses. Grace and Mary both commented on pursuing friendships with other foreign trained nurses at work; they first “size them up...get their contact” (Mary), and, in these groups, the women create informal support groups, meeting to share experiences at work, work through problems, and share and compare common histories.

The ‘group’ is not, however, limited to Africans, as they identify with foreign trained nurses from other parts of the world. Filipinos are one strong example. Mary continues her discussion of who she gravitates towards (quote above), explaining,

“...then the Filipinos, it depends. Have they been here for a long time? Are they newer? The newer ones you gravitate towards them more than the ones that have been here, because they've kind of assimilated the culture, and they're...yeah...they're different. They're bossy.”

Meanwhile, Sophie supplements the lack of African nurse association with the Filipino Nurse Association.

“No, we haven’t come up with anything like [an African nurse association]. I just go to the Filipino ones just because I have a lot of Filipino friends...I've never gone to the official [meetings]. We just kind of hang out—you know, for functions...I feel welcome.”
The searches for ‘common history’ or ‘shared foreignness’ weave through each of the women’s experiences. They express an unspoken bond, one of gravitating towards each other and one of sensing significant commonalities despite differences. Yet, they seek each other out, searching for other Third World nurses who may share their feelings. It is both a spoken and unspoken membership in a transnational club. Furthermore, they explain how they seek out women from the Global South largely because they are from the Global South. “We bond more. You all know you have been through the same thing—the orientation to another country,” explains Mary. Sophie expresses similar sentiments, explaining,

“When you are a foreigner in a different country you kind of tend to hang out with other foreigners, because most of your experiences are the same. You may not be from the same country, but you know, you share the same thing, if it's poverty, the struggles of coming here, just being different.”

This common bond reveals how the women self-identify through their experiences at home, and adopt the identities that are imposed upon them through their exclusion and feelings of being outsiders in the US. The actions reveal both aspects of the “Third World Woman”, the imperial, colonizing idea of the “monolithic” Third World Woman of Western texts that Mohanty (2003) describes and the empowering, politically-based category. The colonized Third World Woman appears in the women’s feelings of exclusion and ‘foreignness’ based on being non-Americans. It comes from outsider, by-birth Americans’ conceptions of what makes a person an American and what life is like in poor faraway places.
Yet, the poverty has political roots as well. Macro-scale politics—which are also racialized and gendered—shape their socio-economic conditions. Their common bond is not based on feelings of oppression or male violence or their own ignorance. Instead, it comes from similar experiences of the global intimate—similar manifestations of global inequalities, international policies, and historical colonial relationships. Furthermore, just as their experiences ‘back home’ shape their ‘shared identity’, their experiences in the US and how they carry their identity with them leads them to find those with common experiences.

4.4.3b Belonging

Through their identities as Third World Women, Grace, Sophie, and Mary each find a way to make working in a new place easier and to feel as though they belong. In the face of no orientation or formal integration at work, each expressed how they have relied upon each other for help in learning the new system. Now, as seasoned nurses, they explained how they help new nurses adjust to American-style nursing.

“I can go to any of these nurses, and they are not going to feel like I am bothering them; because sometimes here you have to be careful. You don’t want to step on people’s toes, and you know sometimes you don’t want to feel like you are asking too much, because sometimes people may think you don’t do your work or things like that. But when you find these people—there’s just so much—I guess there’s a trust, because you feel, you know that you can approach them and say ‘I’m swamped. Can you do one, two, three for me?’ And we feel, you know, we don’t feel that you are asking too much...you don’t feel like they are using you...when you find these nurses you kind of understand one another, and you help each other at work.” (Grace)
As Grace has explained, she still uses these strategies when she feels swamped by work, knowing that she can depend on her fellow Third World Women colleagues. In some ways, they are recreating the nursing styles they were trained on or forcing the idealistic two-way integration Raghuram (2007) questions. Mary confirms this, explaining that “you just kind of pick each other out and ask ‘do you need help? Do you need this?’ and most of the time it’s ‘What is this?’ and you tell them, and then they are like ‘Oh! Now I know what that is!’ because the names are different.” Also, as I explained above, Sophie finds friendship and professional support through the Filipino Nurse Association, even though she is from Kenya. She “feels welcome” because of the shared experience of living in the US as a non-American.

In the workplace, these strategies and alliances ensure substantive citizenship and work to that everyone is able to contribute. It bases the value of substantive citizenship on care—for patients and colleagues alike—creating a considerate and supportive work atmosphere. Grace even feels like her work is a ‘home away from home’ as she works with people she cares about and knows that they will support her on busy days. Thus, this becomes the lived reality of the potential of the Third World Woman as an idea or category. The women are dealing with everyday struggles to belong, struggles for support, and struggles against institutional racism by creating and relying on their identities as Third World Women.
4.5 CONCLUSION

In this chapter, I have discussed how the concept of the Third World Woman, while potentially colonizing, is potentially uniting for oppressed women of color all over the world. For transnational women, the concept is particularly helpful in navigating multiple allegiances and filling the gaps of exclusionary, discriminating formal and substantive citizenship. Through a different, deterritorialized citizenship—membership in a group of Third World Women—my interviewees have found common ground in common histories and experiences with other transnational nurses from the Global South. Through these networks and support groups, they have found belonging and encouragement, feeling as though they do belong in the US or are Americans in many ways. In the final chapter, I bring together these ideas of citizenship, belonging, and informal support networks to understand how these factors influence challenge meanings of home, where migrants call home, and how belonging and formal (and substantive) citizenship reveal the intimate experiences of home making.
CHAPTER 5: DISCUSSION AND CONCLUSION: THE MULTIPLE MEANINGS OF HOME

5.1 INTRODUCTION

In this concluding chapter, I explore the multiple meanings of home for transnational migrants. Through this, I will bring together the previous chapters' arguments, demonstrating the connections between home and experiences of citizenship, feelings of belonging, and shared personal histories. After presenting a brief literature review of the scholarship on home, I explore the multiple meanings of home that transnational migrants develop. I will conclude with a review of the thesis as a whole, reconsidering the common themes I have presented here—belonging, transnational citizenship, inclusion and exclusion, and support strategies.

5.2 HOME IS AN EMOTIONAL CONSTRUCT

The idea of ‘home’ is a complex concept with myriad meanings. It can be in a house, on a particular block of a neighborhood, the city a person grew up in, a country that stokes a person’s individualism. Home, for most people, begins as a physical structure. Yet, it becomes a space for balance in life, giving a place and space to foster feelings of belonging, safety, and “a position in society where we can claim our rights as citizens” (Setten 2008, 559). Research on home and place attachment focuses strongly on rootedness, belonging and comfort (Manzo 2003). For example, Blunt and Dowling (2006, 199) discuss rootedness for transnational migrants through the idea of “roots”
and “routes”. Roots typically means original homeland where migrants long to return, yet, examining the routes migrants take reveals the “lack of fixity and evolving nature of belonging” to show the multiplicity and at times deterritorialized reality of belonging.

Emotions are what turn the built environment of home into Home—the weighted, complicated place filled with struggles, stresses, safety (for some but not all), and security. As Milligan explains, “the surroundings of the home-space provide an important buttress to the individual,” reinforcing a “sense of self, safety, and social status” (2003, 461). By the presence and power of these surrounding, as well as a person’s experiences with them, the physical aspects of the space transforms the house—or city, state, or nation—into Home. Milligan (2003) and Rubenstein (1989) both argue that through personal belongings, the home-space becomes a site of ontological security as it has become a ‘safe space’ from the perils and threats of the world outside. Further, it provides a place for self-expression that further imbues a site with memories and emotions. It is the emotions that are the key—they give the surroundings, the buildings, the stuff weight and importance making a space into a Home. The surroundings enable and enhance experiences, shaping what Home becomes.

I do not intend to romanticize h/Home, however, as home does not mean belonging and comfort for everyone. In fact, home is messy—physically and emotionally. A dominant idea of home is that of ‘house as haven’ or ‘home as haven’. In reality, home can be a stressful, emotionally messy place as people struggle to balance work and life, care for children and elders, and negotiate relationships (See Dyck 2005; Perrons 2003). Furthermore, representations of home as a haven—a place and space
that is secure and safe from the harms of the outside world—necessarily create a dichotomy, creating the safe confines of the home and, thus, the imposing and potentially even threatening and violent space of the outside world (Mallet 2003, 71). Yet, home only holds the possibility of being a safe, secure space. It is no guarantee. Safety and security may lie outside of the reaches of the home. Home can also be a place of fear or danger (see Warrington 2001; Meth 2003). For a significant number of women, children, and young people, the home is anything but a haven, as home can be a space filled with fear of violence and abuse or heteronormativity and homophobia (Wright 1993; Pain 2000). Contrary to Milligan (2003) and Rubenstein (1989) then, home is “a site of fear and isolation, a prison, rather than a place of absolute freedom and ontological security” (Mallet 2003, 72). As a result, the idea of ‘home as haven’ risks creating feelings of homelessness for those whose home is not safe—feelings that may become reality from a desire to escape home or from being ejected from home (Wardaugh 1999).

Furthermore, many scholars of live-in care workers as ‘home for whom?’ (for example see Constable 2002). For transnational, as well as domestic—nannies for example, home is also workplace. Immigrant nannies are particularly at risk of becoming victims of exploitation, on seemingly precarious legal standings and at the mercy of their employers with whom they also share a living space. The ‘home for whom?’ question applies to broader scales as well. Ideas of the homeland and the nation are often used as ways to exclude outsiders on the basis of a collective identity, memory, or race, thus moralizing individuals based on what is ‘right’ or ‘best’ for groups or individuals (Setten 2008, in Hyndman 2008).
5.2.1 Home is More Than a House

In the previous section, I explored arguments about the importance of the physical structure and surroundings of home (Rubenstein 1989; Milligan 2003). In this section I take the argument further, exploring how emotions make houses into homes. As Manzo (2003) explains, the meanings we attach to public and private places shape our relationships with them; important locations in daily life carry emotional attachments and the objects in those locations color emotions. These surroundings are part of what makes life what it is; they characterize the mundane and the lived reality. Settings determine how life is lived.

When I asked Sophie what 'home' meant to her, she flatly explained, “where me and my family live here in St. Louis, that’s a house not home.” For Sophie, home is back in Kenya with her extended family. She went on to explain that, “there’s nobody else here besides my [immediate] family and my friends. My relatives are not here, my extended family is not here. So to me it’s temporary; it’s not permanent.” For Sophie, her home is with her extended family; it is a place where supportive family surrounds her, caring for her as she cares for them. She pines for the place where her memories and experiences of ‘home’ are anchored. Sophie’s take on home explains that a place requires certain memories and feelings to transform from a house into a home. In many ways, she defines her definition of 'home' by 'home as haven', creating an idealized and spatio-temporal home that is tied to a certain past (supportive and with extended family) in a certain place (Kenya).
Meanwhile, Grace’s definition of home shows in different ways that home is more than a house. Grace explained that home for her as well does not mean a house, but instead,

“I think my home is with my family right now. It doesn’t matter where the pace where the house is, but it’s among those people that I love. It’s where I’m at peace the most. It’s around those people…that’s where I feel the best. It’s that place of peace.”

For Grace, the physical structure and location do not matter. What happens in the house is what makes it a home. She goes on to explain that home, for her, is tied to its use rather than its place or physical characteristics.

“I think about a home as like a nest, like the birds have their little place that they go to. And for me, home is a place where I can shake it off. I get home from work and I can shake it off, shake off my stress; it’s somewhere peaceful…I come to some loving people in the home… It’s that place where you can always go back and rejuvenate. You can always go back and get your strength back. You can get your encouragement; even when things are so bad somebody will tell you it’s going to be ok.”

For Grace, home is a haven. While she—like Sophie and Mary—will admit that life is stressful without her husband, home still serves as a space for emotional recuperation, despite the emotional messiness. It is where she can be herself. Mallett (2003, citing Tucker 1994) explains that for many, the house-home can be an expression of a person’s unique self and a space where individual’s can feel at ease. Mee (2009) writes of how belonging and home are tightly linked, arguing that everyday performances of care in the house-home make for strong feelings of belonging, especially for those in
precarious places or with strained feelings of belonging. Belonging and home, thus, go hand in hand. The feelings of home, however, are not unique to the house and can extend beyond the house to a certain environment, a nation, a political system, or another emotion-filled space. In all cases, it is a matter of what happens in the space and the space’s importance that make it home, rather than the structure or surroundings themselves.

This is not to write off completely the physical structure of the house. While Grace may define home as separate from house, her house is clearly important to her home making and sense of belonging. As I explained in Chapter 4, Grace’s US citizenship began to feel real when she and her husband bought their house. Grace explained that when the realtor asked of her citizenship and she was able to reply with “yes”, that “at that point, you feel you are part of it.” Grace found that her ability to buy a house and call herself a US citizen in the process was when she first felt like an American. The structure becomes a symbol for creating a home in St. Louis and the US. The process of home making reveals the importance of belonging to the meanings of home and citizenship. Buying the house as a US citizen is part of making the US into one of her homes, creating that caring, rejuvenating nest in St. Louis.

5.2.2 Home is a Community People Create

Ginsberg argues that, “Our residence is where we live, but our home is how we live” (1998, 31; cited in Mallett 2003, 83). By this argument, home is tied to residence, but it can and does extend beyond the boundaries of a street address to the
communities, neighborhoods, cities in which people live and find meaning. As home is guided by “how we live” and what we do, cyclical events and time become indicators and characteristics of home, grounding home in activities rather than a location (Mallett 2003). It is the activities with loved ones, friends, and neighbors that define the temporal as well as spatial aspects of home. That home is a practice—or a community that people consciously create—appears in two ways for my interviewees in St. Louis: through their recreation of support networks in Kenya and through the ways they have ‘put down roots’ that often characterize ‘home’.

As I discussed in Chapter 3, each of the women have supported each other and created support networks of friends in St. Louis that fill the gaps of the US non-welfare state and make up for the care deficit in their lives that comes with migrating. Each of the women mentioned how raising children differed in Kenya from the US, citing the participation of everyone in the community in raising children at home in Kenya. With the support networks they are creating through friendships in St. Louis, they are recreating their communities-as-home in Kenya. Mary, for example, explains her independence from men. Even though her husband is now living back in Kenya, she does not feel it is a problem for her, “because that is how I grew up”. She explained that growing up, her father worked away from home, often being away for months at a time. The responsibility then fell to her mother, herself, and the other women in their community. Thus, both migration and constructions of home are very gendered processes for Mary. Gender plays into who stayed in St. Louis and who went back to Kenya—with her husband not liking the lifestyle in St. Louis (which echoes Margold 1995’s arguments of Global South men struggling with life in the West) and the care
roles falling heavier on Mary’s shoulders. Community-as-home appears in two ways here. First, it manifests as a memory of how Mary was raised, revealing the independence she learned and the community support she depended upon. Second, history repeats itself. She finds herself in a similar situation to her own mother with an absent husband, relying on herself, her friendships and her community to help raise her child.

The second way that the women have made a community-home for themselves is through their efforts to ‘put down roots’ outside of these initial support networks. For Sophie, St. Louis feels comfortable. She has made it a home for herself, and acknowledges that her childrens’ lives are in St. Louis—they have a school, a community, an established life. For she and her family, moving—even back to Kenya—will be difficult, logistically and emotionally, because of the ties they have made—the home they have created. Mary, on the other hand, does not consider St. Louis Home. Yet, she admits that in many ways, St. Louis is a home. She explains, “I have a house...I mean I have a community where my child goes to school. I volunteer in the school. I belong to a church”. While St. Louis may not have her extended family, she is still actively making it into a home-like place. While pieces are missing, she continues the home making process. This process reveals that home has more than one element or meaning; it requires more than one element and is a dynamic process of making home.
5.2.3 Home is the Global Intimate

Transnational migrants are particularly apt for exploring how home is an expression of the global intimate. In this section, I explore how multiple allegiances, homes, or places of belonging manifest for transnational women. The three ‘wheres’ are: where people call home, where others place people’s homes, and where politics allow people to call home. In each of these categories, identity, race, nationality, and gender all play a significant role in shaping the location of the ‘where’. Each ‘where’ is an instance of the global intimate—spaces where global politics, institutional and everyday racialization, gender roles, and colonialism shape how people experience home, inclusion and exclusion, and a sense of belonging.

Much of the research on transnationalism explores where people call home—where people consider themselves from, where people feel they belong, how people navigate their proximity to home (Mohan 2009; Dwyer 2002). Personal feelings, personal history, and homesickness or nostalgia all shape a person’s idea of home. Blunt and Dowling (2006, 203-4) explore how transnationals define home, arguing that transnational geographies of home are both central to return migration and to how migrants frame their past and the “here and now”. Memories transform over time and become a central motivation for migrants’ desires to return. In addition to a desire to retire or increase their social status back home (Tiemoko 2004), their emotions and potential romanticizing of home push them to return. Furthermore, the nostalgia or homesickness that transnational migrants feel reveals both their feelings for the home they left behind and the emotions they feel about where and how they live now. As I explored in the previous section, my interviewees struggled with calling St. Louis home.
or explaining having multiple homes. While Grace is very homesick or Kenya and considers Kenya her Home, she also calls St. Louis home.

“It’s been my home for the last eighteen years... It’s probably going to be hard for me to— I know I’m longing to go back home-home, back in Kenya, but I think it’s going to be different!... I’m sure it’s going to be. I haven’t lived there for a long time, so I’m sure it’s going to be different. But St. Louis has been my home for many years, and I have enjoyed my stay here.”

At the same time, St. Louis always felt temporary for Grace. She explains,

“I always felt like I was on a journey. I think it was because when I cam here I was older, and when I left home I was coming to go to school. My mindset was come, do my three, four years of school and go back. So I always thought that, I don’t know why, I always felt like on the edge. And I always kept telling people 'I’m going to be leaving soon. I’m going to be leaving soon,' until it became ten years, twelve years, and then you think, ‘nah-ah’... even though sometimes I feel like I don’t belong... maybe there’s that little bit of insecurity. You think, ‘do I really belong here?’ You feel there’s that eagerness that you belong somewhere else. So I know it hasn’t always felt home. I wouldn’t say that I’ve felt—ok. Living here has been great, but there’s that little something that you feel like you don’t belong.”

For Grace, she feels torn between St. Louis and Kenya for a few reasons. She has made a home and a community in St. Louis, but has always been homesick for Kenya. Also, she has in some ways stopped herself from making St. Louis into any more of a home because she has felt like an outsider and missed ‘home-home’ so much. She was always ready to go back. Yet, when she speaks of her son, she shows how her feelings are even more complicated.

“I refer to him as my American boy. He says his parents are from Africa, from Kenya, but that’s how far he goes with it. I think for him it’s different because he was born here, he has
grown here...So I think America’s going to be part of him—even when he goes there he’s going to thing ‘no, this I’m visiting.’ I think he’s going to be the opposite of us! He’s always going to feel that he belongs somewhere else. That this is—I think he’s going to take it as a visit...This is completely home for him. So he’s going to feel like—we are going to come and visit a lot, so he doesn’t lose touch of everything. And we also want to be part of this country as well, but we just want him to go there for a couple of hears and get to know.”

Thus, for Mary, multiple homes and multiple allegiances have changed who she is and who she will be. While she may have struggled to call St. Louis home, never quite feeling welcome enough or comfortable enough to make it feel like a more permanent home, she certainly feels it is part of her and sees herself as part of both Kenya and the US. For her son, she fully recognizes the emotional struggles that come with having multiple homes and never feeling in the right place. But she also sees the benefits. She sees the benefits of understanding how different people live, the privileges that come from being an American, and the harsh struggles that Kenyans face in daily life. She sees the advantages to knowing the ways that global processes impact intimate realities of life. She wants him to understand as a child more of what the world is like, in hopes that “some of those things you get to know as a child, they stay with you.” Grace’s quotes above embody hooks’ (1991, in Massey 1994) statement about home when people experience estrangement or alienation. hooks explains,

“Home is no longer just one place. It is locations. Home is that place that enables and promotes varied and everchanging perspectives, a place where one discovers new ways of seeing reality, frontiers of difference. One confronts and accepts dispersal and fragmentation as part of the constructions of a new world order that reveals more fully who we are, who we can become...”
While individuals themselves may have internal struggles to call a place home, I argue that these emotions are also contested. Where other people think a person’s home is has a strong impact on feelings of belonging and home making as well. As Grace mentioned above, she has always questioned how much she belongs in the US. This self-doubt comes from the ever present question, “where are you from?” Massey (1994, 169) argues that “the identity of any place, including that place called home, is in one sense ever open to contestation” as a person’s sense of home comes from both internal history and that individual’s interactions with the outside world. Mary’s hesitance to answer the “where are you from?” question—not sure whether she should reply with her St. Louis neighborhood or Kenya—comes from a specific racialization of her life. As her accent displays her ‘foreignness’ the interrogator seeks to learn where—to take from Nassy Brown (2005)—she is really from, which cannot be, the suburbs of St. Louis, much less the United States. Thus, her claim to St. Louis as a home is invalid in the eyes of the outsider (or ‘real’ American) because of her accent-skin color combination. Despite the US being a so-called ‘nation of immigrants’ it clearly has specific ideas of who belongs and who is an American, as evidenced by Grace’s answer of “I’m an American” being unsatisfactory. Her response is not believable enough, and, thus, to outsiders (read: born and raised Americans) her home is not the US.

Politics also reveal how home is a key site of the global intimate. Where policies and politics allow people to call home reveals how national and international policies govern individuals’ mobility and integration in inclusionary and exclusionary ways. First and foremost, migration regulations dictate who gets in where. For example, because of the nursing shortage in the US, my three participants along with thousands
of other foreign trained nurses every year (see Kline 2003) have easier entry into the country. Just as gender roles have created gendered divisions of labor (Piper 2006)—and job skills play into a person’s international mobility—the racialized divide between the Global South and the Global North impacts where people can travel, live, and work. For example, the frequent entry programs between the US and Canada and the US and Mexico are telling illustration of the racism, distrust, power inequities, and stereotypes that characterize the United States’ relationship with Mexico (Sparke 2006). The SENTRI program is built upon ideas of militarization and high security, reminding the program’s participants that the US government is choosing to trust them and they have a responsibility and honor to uphold. Meanwhile, the NEXUS program between the US and Canada uses a very different discourse, emphasizing the ease and flexibility of crossing the border and catering to the frequent business traveler. Also telling are participation rates. While Canada has roughly a third of Mexico’s population, and the SENTRI program is a decade older than NEXUS, NEXUS has nearly twice as many users. Thus, a clearly racialized and classed immigration program appears. For nurses and others, colonial histories are strong determinants of destination countries (Aiken et al 2004). These relationships help explain why Kenyans and Ghanaians have preferred to move to countries in the British Commonwealth over the US, while Filipino nurses have strongly favored finding work in the US.

Furthermore, my participants’ experiences with citizenship, belonging, and welfare in the US, reveals how significant macro-scale policies are to personal feelings of attachment to place and home making. As I argued in Chapter 4, Each of these processes are inherently exclusionary as they are based on strict rules that determine
who is worthy enough to receive short-term aid or to become part of the US as a citizen (Coutin 2003; England 2008). The women’s frustrations with the ‘where are you from?’ question is a clear reminder to them that the US is not quite ‘where they belong’ and evidence of the global in the intimate—they are national policies that shape people’s opinions, opinions, perceptions, and ideas of who belongs and people’s perceived abilities to call a place home and feel as though they belong.

5.3 CITIZENSHIP, BELONGING, AND HOME: TRANSNATIONAL EXPERIENCES OF THE GLOBAL INTIMATE

In this final section, I revisit the common themes of my thesis, reviewing how each are linked together, influencing the gendered and racialized experiences of transnational migrants in the United States. As I argued in Chapter 3, friendship networks served to both aid women in migration and settlement and to help meet daily care needs for themselves and their families. Yet, as the following chapter argues, this support networks operates not only in private spaces of home and outside of work; women often, in fact, build these networks and supports through and at work. Chapter Four’s exploration into the identity and possibilities of the Third World Woman shows that transnational migrants consciously create the group through both necessity—because of their racialized exclusion and the pitfalls of integration—and comfort—because of a shared history or bond. Finally, this chapter’s look into the meaning of home shows how citizenship, feelings of belonging, and practices of care all contribute to a person’s sense of home and home making. All of these elements are part and parcel of home making in different ways, in different places, and with different people.
Gender is an important aspect of these women’s—Grace, Sophie, Mary, and all transnational migrant women—experiences. Gender plays into every step of the migration process. Gender roles and gendered expectations in different places determine who can migrate; gendered divisions of labor and care deficits (such as the West’s severe nursing shortage) guide who goes where and which gendered jobs need filling; gender impacts migrants’ experiences in their new places and determines the shape and size of care deficits for those left behind. For nurses, care deficits manifest at multiple scales—from the care deficits in their homes and neighborhoods with their families and communities to the health care systems they leave and the jobs they vacate.

This also raises important questions around the ethical recruitment of Global South nurses. In what Macintosh, Raghuram, and Henry (2006, 103) have called a “perverse subsidy”, Anglophone Western countries have been poaching nurses from developing countries to fill their own homegrown shortages. While countries like the UK have signed treaties, agreeing to not recruit nurses from the poorest developing countries (specifically those in Africa) without compensation to the donor nation, migration and recruitment through private agencies persists. Yet, nurses have a right to seek better working conditions, better wages, and more work, educational, and personal opportunities. Thus, what are the ethics of recruiting nurses from the poorest and most struggling of health care systems? What does a balance between the rights of the individual to mobility and a better life and the rights of every nation and every individual to quality health care look like? Furthermore, while nurses move thousands of miles away from families and support networks to care and perform reproductive
labor, they work for a country where they themselves hold little to no citizenship claims. The question then arises of where and what accountability from the state exists for those asked to fix the West’s (health) care deficit.

In the end, this project raises significant additional research questions. As Grace, Sophie, and Mary all plan to return to Kenya in the next few years—with Grace leading the way again in early 2011—it is important to consider the implications of their returns, as well as those of other foreign trained nurses, on health care in the US. As the UK is struggling with a generation of foreign trained nurses retiring, claiming their pensions, and returning home, how will this manifest in a US context? How will US foreign recruitment change in the coming years? As for belonging, citizenship, and home, I am interested to explore more about how meanings of home and feelings of belonging affect women’s civic engagement and social and political participation or citizenship. How does living as a functional single mother affect this as well?

Furthermore, it is important to further explore the shift from welfare to workfare in the past two decades, further understanding its effects on immigrants of all different backgrounds, gender roles, and immigrants and naturalized citizens' feelings of belonging, support systems, and how they exercise their citizenship.
REFERENCES


Appendix: Interview Guide

History
- How long have you been a practicing nurse?
- How long have you been working in the US?
- Where have you worked? (both hospital and unit/specialization)
- Why did you want to become a nurse?
- What did you imagine your job, the day-to-day experience, to be like before entering nursing training?

Early working years
- What were the first five years of work like, in terms of what you were expecting?

Progression through the profession (if has been working 15+ years)
- How did your experiences change with the longer you worked? What were the later years (say after 5 years) like, in comparison to expectations and in comparison to the first five years?
- Please describe your experience in working with HIV/AIDS patients.

The nursing shortage
- Before you left, what did you think about nurses who choose to go work in the UK or North America?
- What about those who left nursing altogether, such as those who retired or chose a new profession?
- How often did you see your colleagues leave to work in the UK or North America?
- How did it impact your day-to-day activities at work?

Respect and Stigma
- Did you feel that people outside of work and your family respect you for your work? Why/why not?

Bringing work home
- When you were working in Kenya, how did you balance work life and home life in terms of stress and other challenges that work brings?
- Did you notice the stress of work causing stress to your personal relationships? Please explain.

Considering Migration
- How long had you been considering migration?
- Did you consider quitting and finding a new profession? Why or why not?
- What were your main reasons for migrating? Other reasons?
- How significant of a factor was the experience of working with HIV/AIDS patients?
• What countries did you consider?
• Why did you choose the St. Louis?
• Did you migrate on your own? Through a recruitment agency? With the help of family or friend networks? Did you travel alone or with other family members?
• Do you feel that migrating to London was the right decision for you? Would you change anything?
• What have been the benefits to migrating? The negatives?

Migration and settlement
• Who helped you migrate?
• What support did your friends provide you?
• What did that mean to you?

Work-Life Balance
• What support do you get from your friends now?
• Is there any type of Kenyan nurse association, informal or formal?
• Who do you bond with most at work? Why?
• What strategies do you use to balance home obligations when your husband is gone?

Comparing work in Africa and the US
• How does the workload here compare to that back home?
• How has your job changed? Emotionally? Physically? Psychologically?
• How does your work impact your personal life now? Do you find yourself ‘bringing work home’?
• What has it “taught you”? What were the positive and negative “lessons learned” from working in that environment?
• How do you deal with conflicts of problems at work?

Home
• Are you planning to return to Kenya? When?
• What emotions did you feel when you left Kenya?
• How would you define ‘home’?
• In what ways does St. Louis feel like a home to you? In what ways does it not?

Personal
• How many children do you have? How old are they?
• What does your husband do? Is he in the US?