Article

From Migrant to Transnational Families' Mental Health: An Ethnography of Five Mexican Families Participating in Agricultural Labour in Canada

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Abstract: This focused critical ethnography aimed to deepen our understanding of the impact of participating in a temporary, cyclical, low-wage migration program on the mental and emotional health (MEH) of Mexican women and their non-migrating family members. Except for global care chains research, the field of migrant mental health has paid limited attention to the importance of transnational family dynamics and the MEH of relatives beyond the workers' children. The current study broadens this framework to examine how family-level changes brought about by migration affect the MEH not only the migrant and her children, but also extended family members. Participants included five women employed in the Canadian Seasonal Agricultural Worker Program and an average of five non-migrating members of their families in Mexico. The study combined four data generation methods: participant observation, 'emojional' calendars, semi-structured interviews, and sociodemographic questionnaires. Study participants' MEH was significantly influenced by gendered selection processes and the cyclical pattern of migration. Similar impacts were observed within and across four groups of participants (workers, their children, the children's caregivers, and extended family members) during their periods apart and together. There were significant effects of their relative's migration on the MEH of extended family members, a population group commonly overlooked in the literature. Findings from this study suggest that public health research, programs, and policies using a transnational approach are best suited to effectively address the impacts of migration on the MEH of migrants and their non-migrating families.

Keywords: mental health; emotional health; transnational families; international labour migration; agriculture; critical ethnography; public health

1. Introduction

This critical ethnography examined the consequences of participating in a temporary, cyclical, low-wage international labour migration (ILM) initiative, the Canadian Seasonal Agricultural Worker Program (SAWP), for the mental and emotional health (MEH) of five Mexican women and twenty-four members of their extended families. Founded in 1966, the SAWP is one of the oldest formal migration programs in Canada. By providing a constant stream of farm labourers, the state-led initiative has been a pillar of Canadian agriculture. Through the SAWP, Mexican and Caribbean workers are hired to labour at Canadian farms for up to eight months annually, for an unlimited number of years (Binford 2013).

In recent years, approximately 45,000 workers were hired annually through the SAWP, of which only 3–4% were women. Half of these workers were from Mexico, and the rest were from Caribbean countries (Employment and Social Development Canada 2020). Among female applicants, Mexican officials prioritize the recruitment of women who are the single provider for their dependents, generally single mothers, separated, widowed, or divorced, while most men hired are married with children (McLaughlin 2010a). This recruitment strategy results in different family configurations depending on the gender of the worker (i.e., single- vs. two-parent households). While the Mexican government establishes that workers recruited in the Program should have children (STyPS 2016), visa restrictions do not allow their families into Canada. This effectively shapes them into transnational families, that is, families whose members are some or most of the time located in two or more nation-states and maintain close ties (Parreñas 2015).

Gender is one of the fundamental social relations anchoring and shaping migration patterns, as societies create particularly gendered labour demands (Hondagneu-Sotelo and Cranford 2006). Existing research on gender, labour, and migration has examined macro-level patterns of labour incorporation, globalization, religious practice and values, citizenship, sexuality, and ethnic identity to gain a better understanding of how gender is embedded into institutional political and economic structures (Hondagneu-Sotelo and Cranford 2006). Considering that men constitute 97% of the workers in the Program, it is unsurprising that many studies have focused on their experiences. In recognition of the different experiences of men and women in the Program mediated by gender, this study examines the experiences of women and their families, a minority often silenced and marginalized in a masculinized sector, also acknowledging that transnational family relationships and health are differently impacted by the gender of the migrant (Aroian et al. 2003; Bonizzoni and Boccagni 2013; Dreby 2006; Silver et al. 2018).

Underpinned by PCF theory (Anzaldúa 1987; Bhambra 2014; Lugones 2010; Mohanty 2003), the study takes a critical approach to study families becoming transnational as a result of their participation in a restrictive, low-wage ILM program. Transnational families have to face new dynamics and the maintenance of practical and affective ties between their members, something that, on many occasions, is limited by structural conditions (Meñaca 2006). In the SAWP, it is the Mexican government and Canadian farmers who effectively decide the workers' employment conditions, such as employer, location, housing conditions, type of job, contract duration, and start and end dates. In addition to this, the experiences of migrant women and their families are further constrained by the hegemonic patriarchal gender ideology existing in Mexico, in their families, and in Canada, embedded both in the SAWP and in society at large. By privileging the voices of racialized women and their everyday lives, the study used a PCF lens aimed to 'read up the ladder of privilege,' making the workings of power differentials visible (Mohanty 2003).

This approach to transnational families recognizes family as embedded in and organized through unequal relations of power, primarily structured along gender, class, race/ethnicity, and age (Hart 1996). Unequal power relations with employers, coworkers/housemates, and members of the local communities where they live shape the migrant's experience and health in Canada (Encalada Grez 2018; Zavella 2011). Unequal power relations within these Mexican families influence their gendered practices of communication and care exchange, which are constitutive of their family relationships (Oomen Liebers and Kunz 2018; Silver 2006).

The challenging conditions that SAWP workers experience place them at high risk for physical, mental, and emotional health problems (McLaughlin 2010b). Several studies have documented the higher occupational risk of injury and illness they face (Basok 2002; Hennebry and McLaughlin 2012; McLaughlin 2009a; McLaughlin et al. 2014; Preibisch and Otero 2014). Previous research has found that MEH problems are also common among SAWP workers, with many suffering from depression, stress, anxiety, and addictions (Mayell 2016; Mayell and McLaughlin 2016; McLaughlin 2009b; Mysyk et al. 2008; Occupational Health Clinics for Ontario Workers 2022). In turn, their relatives back home

experience the mental and emotional distress resulting from the absence of a central actor in the family unit and the myriad challenges associated with the restructuring of family dynamics (McLaughlin et al. 2017; Nobles 2013; Suárez-Orozco et al. 2010). Most studies, however, have focused on either the migrants (e.g., Donlan and Lee 2010; Grzywacz et al. 2007; Hansen and Donohoe 2003) or the families and communities back home (e.g., Adhikari et al. 2014; Hadi 1999; Wickramage et al. 2015). This multi-site ethnography included all members of five transnational families in order to shed light on how MEH is impacted by migration-related changes in family relationships and dynamics.

The effects of migration on the MEH of transnational families is related in many ways to the changes in family relationships. For these families, migration poses several challenges involved in maintaining loving and supportive relationships with family members living in different countries, which affect their emotional state (Bryceson 2019). In a legal environment that imposes prolonged, cyclical periods of family separation, the emotional aspects of separation are often extremely difficult for families (Dreby 2010). However, although family separation may be emotionally trying for everyone, family roles and positions affect how individuals within families are differently affected by separation, according to gender and relationship type (Silver et al. 2018). Several scholars (see Adhikari et al. 2014; Dreby 2010; Zhao et al. 2018) argue that the emotional suffering from separation is disproportionately concentrated among children whose parents migrate.

A review of the literature on the health of migrant women working in agriculture in Canada (Edmunds et al. 2011) concludes that most of the research into the health of migrant agricultural workers has been conducted with quantitative biomedical and epidemiological perspectives and primarily with men, who are the majority of the workforce. The limited literature comparing migrant men and women's mental health suggests that women commonly experience higher levels of distress (Silver 2006). Many migrant women experience mental health-related problems, particularly depression and anxiety, connected to loneliness and homesickness and aggravated by stressful living and working conditions (McLaughlin 2008). The burden of the emotional labour expended in transnational care (Skrbiš 2008) and the sacrifices endured to provide economically (Abrego 2014) are two of the most prominent factors suggested in the literature accounting for migrant women's higher levels of distress.

Research on global care chains (Baldassar et al. 2016; Parreñas 2005) underscores the importance of caregiving arrangements in migrant-sending households, but there are few studies on the well-being of substitute caregivers and other non-migrant kin with an active role in the family unit. This study aims to advance our understanding of transnational family MEH by incorporating the experiences of members commonly excluded from research. Since most of the existing literature on transnational family health has used population-level epidemiological and quantitative approaches, this study provides an in-depth qualitative examination of this phenomenon.

2. Materials and Methods

The study, taking place in Mexico and Canada, is a focused critical ethnography, which has been proven useful when conducting applied social research in geographically dispersed contexts (Knoblauch 2005; Wall 2014). A methodological article on family research highlights the usefulness of mixing methods to generate multilayered, richly textured information on family relationships (Gabb 2009). Accordingly, the present study combined participant observation with one-time multi-method individual sessions, which included a novel elicitation research method called 'emojional' calendar, semi-structured interviews, and a sociodemographic questionnaire. The study received ethics approval from the University of Toronto's Research Ethics Board.

In Canada, the study took place in Ontario, the province receiving the largest number of Mexican SAWP workers (STyPS 2017). In Ontario, the Niagara region was chosen because it received almost 80% of women workers (STyPS 2017). In Mexico, the Central Region

was selected as it included a large proportion of migrant-sending households in the SAWP (STyPS 2017). Data generation took place in 2017 and 2018.

Participants were selected using a purposive sampling approach. Units of analysis were families (5) including a woman working in the SAWP and a matched sample (Mazzucato 2009) of an average of five family members, for a total of 29 participants (see Table 1 for family unit composition by kinship). At the time of the study, three women had worked in the SAWP 15–20 years, one had less experience in the Program (10–15 years), and the last one had 20–25 years of experience. One of them was in her thirties, while two were in their forties, and the remaining two were in their fifties. Two of them were divorced, one was widowed, one was single, and the last one was married. Five of the workers' children participated in the study, one from each family (two females and three males). Two of them were adults (one in their twenties and one in their thirties), and three of them were between 10 and 19 years old. Among extended family members (19), there were the worker's parents, siblings and their families, grandchildren, and close friends. Further sociodemographic details are omitted to prevent identification.

Table 1. Family unit composition by kinship.

Family 1	Family 2	Family 3	Family 4	Family 5
Migrant worker (mother)	Migrant worker (mother)	Migrant worker (mother)	Migrant worker (mother)	Migrant worker (mother)
Son Husband Daughter-in-law Granddaughter 1 Granddaughter 2 Grandson	Son Mother Father Sister 1 Sister 2	Daughter Sister Brother-in-law Niece Nephew Friend	Daughter Son-in-law Daughter-in-law	Son Father Mother Sister

Source: Adapted from Escrig Pinol 2020.

Recruitment occurred in two steps. First, Mexican workers were recruited in Canada. The first author moved to the area and volunteered in several organizations, developing relationships with workers. She then invited five women to participate. Later on, family members in Mexico were directly referred to by the worker and other relatives (McHale et al. 2014).

Participants were informed of the study and the researcher's background and goals. In addition to the parents or guardians' consent for minors, the study asked underage participants for their informed assent or consent (Fane et al. 2016). All consent and assent forms were in Spanish and provided the option for participants to consent separately to each of the research methods. This strategy allowed participants to reflect on what they felt comfortable doing and choose what they consented/assented to accordingly. In addition to the formal processes of consent and assent, reference to the consent/assent was made at key moments during the study, such as when arranging to meet up or when carrying out informal conversations. A process was in place to allow for participants to withdraw from the study at any time, from the beginning of the study, during the generation of data, and up to one month after data generation. No participant chose to withdraw from the study. Primary data were treated confidentially, digitalized, and kept secured on a password-protected computer. It is not common for research participants in Mexico to be financially compensated. However, Mexican cultural norms establish that relationships are understood as systems of mutual support. Previous studies with Mexican migrant workers set out to develop relationships of reciprocity in lieu of compensation (Encalada Grez 2018; Hennebry 2006; Mayell 2016; McLaughlin 2009b). Following this approach, while participants were not provided with financial compensation, they were offered support by providing advice and in-kind support to navigate the SAWP and healthcare, social, and financial services. Participants were also provided with written information in Spanish on health and social services available to them both in Canada and Mexico.

Data were generated by the first author. Participant observations were recorded through systematic fieldnotes and the first author sought interaction with participants as often and continuously as possible in order to gain a better understanding of their relationships and health. In Canada, observations focused on what life and work are like for Mexican agricultural workers living in this area and on their relationships with the community and between workers. To minimize the risk of employer retaliation, workers were approached away from their worksite. In Mexico, observation with each family had two stages: first, with the family and the migrant worker, and then, once the worker left for Canada. The observation of family activities and everyday life paid attention to both verbal and non-verbal interactions (i.e., body language, signs of affection, tension) between members of the family and with other members of the community; the roles played by each family member in these activities; the emotions expressed by the family members; conversations on migration, work, or health/well-being; and references to the families' past and the future.

Family research literature does not recommend family group methods for the study of sensitive topics such as MEH and family relationships (Marcellus 2006). Individual sessions combined three methods during a one-time meeting with each participant over seven years of age, first in Mexico with family members and later in Canada with SAWP workers. Sessions with family members took place once the migrant worker had left for Canada. This approach responded to two main factors: it allowed for more time to develop relationships of mutual respect and trust with participants, and it accounted for family power dynamics (Bermúdez et al. 2016; Gabb 2009). Women in the SAWP are the breadwinner and head figure in their households, which was likely to have an impact on their relatives' predisposition to consent and participation in the study. As such, once the women had left for Canada, they were asked once more for their consent to participate. Sessions with family members took place at their homes and were carefully planned to prevent interruptions and ensure confidentiality. Women in the SAWP were interviewed last to gain as much context as possible and have a richer, more focused discussion with them. They were interviewed in Canada to also allow for greater privacy and the mental and emotional space that comes from geographical distance. In Canada, sessions with women SAWP workers were conducted in a private room in the first author's apartment, avoiding conducting these sessions at the participants' home, which they commonly shared with other workers and lacked a private space.

The first author designed and applied the 'emojional' calendar, a novel elicitation research method aimed at organizing and comparing family-level processes using emotions as an entry point to examine people's experiences of MEH. The method combines a timeline, colour markers, and emoji stickers (see Escrig Pinol 2020, for further details on this method). The 'emojional' calendar facilitation guide allowed for adaptations of the method to the participants' age and literacy level, while the interview guide had three versions (i.e., adult family member, underage family member, and SAWP worker). The questionnaire was used at the end of the session to collect basic sociodemographic data, such as the age, formal education, and marital status of the participants, in order to characterize the family unit. Sessions with adults averaged 1 h and 40 min, while sessions with underage participants were designed to be shorter, averaging 40 min. Multi-method sessions were audio recorded, transcribed, and anonymized. The study used NVIVO and combined multiple analytical strategies to examine data within and across individuals and families (Gabb 2010). See Table 2 for further detail on the analytical strategies and a summary of the study design.

Methodological coherence (Davis 2012) and trustworthiness (Lincoln and Guba 1985) were ensured using several strategies, such as triangulation of data for analysis; prolonged field engagement; regular peer-debriefing; incorporating thick descriptions; continuous informal 'member checking'; creating an audit trail; and constant engagement with the theoretical framework. The COREQ checklist for reporting was used (Tong et al. 2007).

Table 2. Summary of study design.

Study Design		
Theoretical framework	Critical Social Paradigm: Postcolonial Feminist Theory	
Methodology	Focused Critical Ethnography	
Settings (2)	a.	Niagara region, Ontario, Canada
	b.	Central Region, Mexico (Ciudad de México, Estado de México, Hidalgo, Morelos, Puebla, and Tlaxcala)
Participants (29)	a.	Mexican women working in the SAWP (5)
	b.	Family members (24)
Sample	Purposive sampling strategy: Matched sample of women SAWP workers and their family members	
Recruitment	In two consecutive phases:	
	1.	Migrant workers in Canada
	2.	Their family members in Mexico
Methods for data generation (4)	1.	Participant observation Multi-method individual sessions, which included:
	2.	*Emojional* calendar
	3.	Semi-structured interviews
	4.	Sociodemographic questionnaire
Stages of data generation (3)	1.	Canada (August–September 2017): Participant observation
	2.	Mexico (December 2017–April 2018): Participant observation and multi-method sessions with family members
	3.	Canada (July–August 2018): Participant observation and multi-method sessions with migrant workers
Analytical strategies (4)	1.	Organizing and transforming data
	2.	Writing summaries and analytical notes
	3.	Theoretical honing and coding
	4.	Conceptualizing and theorizing

Source: Adapted from Escrig Pinol 2020.

The study integrated reflexivity and the researchers' positionality and standpoint toward the data to enhance interpretations (Eakin 2018). For instance, although all researchers were fluent in Spanish, none were from Mexico, so Mexican scholars ensured the cultural appropriateness of the research tools and clarified the meaning of Mexican idioms in the data. Also, by applying a PCF lens, the study paid particular attention to issues of power and culture, as often oppressed populations are included in research projects that can suppress their socio-cultural reality (Wilson and Neville 2009). As an example, it avoided imposing normative and decontextualized notions of MEH on the participants' experiences by using a broad definition of health that allowed for the participants' knowledges to shape the study design and the subsequent analysis. Similarly, the study assumed a critical approach when conceptualizing family. Western family theories emerged from scholarly circles made up of an elite of mostly white, middle-class, American men that conceptualized a normative model of family (i.e., the heterosexual, two-parent nuclear household) (Marcellus 2006). In order to contest the normative understanding of family as biologically determined and influenced by Western ideologies, this study asked SAWP workers and their families to identify other members of their family who were then invited to participate. By privileging the family unit over the individual, the study also aimed to challenge individualistic perspectives predominant in Western science, which have not paid sufficient attention to the relationship between family and health (Bermúdez et al. 2016).

3. Results

The study findings are organized into two related sections. First, an examination of the MEH experiences of four participant groups: (a) SAWP workers; (b) their children; (c) their children's caregivers; and (d) the worker's extended family members, each organized into periods they spent apart and periods they spent together in Mexico. An analysis of the commonalities and differences observed across these four participant groups was then performed. The participants' quotes below are presented in English to facilitate the reading; please refer to Table S1 for extended original quotes in Spanish.

3.1. SAWP Workers

Time apart: Prior to their first trip to Canada, workers were fearful about what awaited them in Canada, feelings that were intensified by the uncertainty about the conditions of employment and living arrangements in the Program. María Jesús reflected on how she felt before her first trip to Canada over ten years ago:

> *"It is a strange mix, one is strong to come here and leave her children, I say it takes a lot of courage to do what we do. . . but within us. . . there is a lot of fragility, because there is the question of, will it be worth the sorrow? How will my daughter be? Are they going to take good care of her? Will I return safely? Will I be fine? Will I achieve my goal? There are doubts, there are fears. And most of us women have a really bad story, right? Emotional, affective. . . some women have been beaten, abandoned, cheated, raped, and we come here carrying all these stories".* María Jesús, worker, F3 (Q1)

Her concerns, very similar to other workers' fears, exemplify how women travelled to Canada with a worried mind about their children's well-being in their absence, as well as their own, and how the emotional burden from past experiences of gender-based discrimination and violence was already weighing on their MEH.

Precarious employment, work, living, and social conditions in Canada aggravated the women's suffering from family separation. Due to this emotional anguish, some of them, like Isabel, even went to the emergency room:

> *"When I started, I only came for two months and 15 days, that year I fell sick from 'nerves' and went to the hospital. It started that my head hurt, then a tooth started to hurt too and they removed it because it got infected. But it was of 'nerves,' because I had never separated from my children".* Isabel, worker, F4 (Q2)

Isabel's story from her first season in Canada shows how workers often connected their emotional pain to physical ailments such as headaches and toothaches. For some women, the first separation from their children was so painful that, although they wished to continue in the Program, they chose to return to Mexico early, risking not being called back the following year.

During their months in Canada, most workers experienced social isolation from local communities. Being away from their families and having limited social support in Canada contributed to the workers' feelings of loneliness, which for some of them, like Maria Jesús, worsened and grew more intense over the years:

> *"Maybe right now loneliness is becoming a bigger issue for me, it is already an emotional, personal matter. I have felt it now, stronger. The loneliness that [family] absence and separation make you feel. . . it is hurting me".* María Jesús, worker, F3 (Q3)

Rather than getting used to circular migration and the living and work environment in Canada, as the years went by, María Jesús' guilt piled up from missing her children's birthdays and graduations, and her feelings of isolation and loneliness in Canada also worsened.

Unmet healthcare needs and enduring pain also had a negative impact on the workers' MEH. Precarious employment and work conditions in the SAWP seemed to be powerful barriers that prevented workers from accessing healthcare. During episodes of physical illness or mental distress, they felt even more lonely, worried, and sad, as Leti explained:

"When I was sick, I was not happy, I was in despair . . . I said, 'What if I die? What is going to happen to my little daughter?' I thought about my baby, my little girl is so small, you think about many things and you feel sad and unhappy". Leti, worker, F2 (Q4)

Sometimes workers chose not to share their illness, injury, or pain with their families in Mexico, which further intensified their isolation. Some women expressed their need for psychological support that was not available to them.

Time together: Upon their return to Mexico, workers resumed responsibilities that they had temporarily delegated to others. This became, at the same time, a source of joy and stress. Leti, with two young children, recounted her experience:

"I get more tired there [in Mexico] . . . I play a lot of roles, I teach my daughter, I play with her, I teach my son, I talk with him, you have to be a daughter too, because you have to check on your mother who feels ill, take her to the doctor, then my dad . . . I enjoy it, but I do end up tired, and I no longer have time for myself, I no longer have time to exercise". Leti, worker, F2 (Q5)

While home, as she noted, women had to comply again with gendered expectations within their families, including caring for their children, parents, and other family members as the need arose. In Mexico, they are not only the head and breadwinner figure of the family but also caregivers for their children, elder parents, young grandchildren, nephews/nieces, and sick relatives.

Although many women with long SAWP contracts (of six to eight months) did not work while in Mexico, the feeling of wanting to make up for the time apart from their families over the previous months and to do as much as possible in preparation for their upcoming departure resulted in exhaustion. It was also a source of frustration, as they were confronted with the reality that in just four months they could not do all they had hoped to accomplish, as María Jesús recalled:

"[Women in the SAWP] try to make up of lost time, and the three, four months that we are in Mexico, we try to do what we have not done in eight months, and we experience a terrible anguish . . . I lose more than I gain, the only thing I gain is money, but I lose much more". María Jesús, worker, F3 (Q6)

Workers returned home from Canada with high expectations in regard to spending quality time with their children and relatives, addressing financial and administrative issues, and helping other family members. However, as noted by María Jesús, these high expectations were a source of stress since they were unable to do that much before leaving again.

Workers often returned to Mexico with outstanding health issues, as Valentina explained:

"[María Jesús] has her gynecological checkups here [in Mexico]. There [in Canada] she had a menstruation problem. . .so she came here and, 'well, right now I have to go to the doctor, to this one, to the other one,' and then everything has to be done here in three months". Valentina, friend, F3 (Q7)

These health issues impacted their quality of life while at home, limiting, for instance, what they could do with their children. It also meant having to spend time and money at the doctor's office and/or hospital visits.

Moreover, some workers experienced health issues upon return as their bodies were exposed to changes in diet and weather, Leti explained:

"I would like to be from there [Mexico], but unfortunately, I think we are more from here [Canada]. . . There are changes in our health. Yes, on the one hand, you feel emotionally happy, on the other hand, illnesses return, your hair falls out, my stomach hurts, I have to get used to food again, and many other things". Leti, worker, F2 (Q8)

Based on Leti's and the other women's experiences, the cyclical nature of the Program, whereby workers are constantly coming and going from Mexico to Canada, seemed to

generate internal struggles of belonging for workers, who questioned their identity as Mexican women, which intensified over the years and with longer contracts.

In conclusion, while away from their families, SAWP workers shared experiencing extreme sadness over family separation, guilt over separation from their children, fears about Canada and the job, worries from being or getting sick and/or injured, loneliness, and stress from getting used to a new role in their families while abroad. During their months at home, they underscored their happiness at being reunited with their children and family, but they also felt anxiety from the thought of and preparations to leave again and fatigue from family and home care work in trying to make up for the time lost.

3.2. The Workers' Children

Time apart: Children recall the first separation from their mother as rather traumatic, aggravated by the fact that workers have little information about and control over their departure dates. They commonly experienced feeling abandoned and unheard in their mother's absence. Santiago, in his early teens, shared his experience:

> *"When she's not here, well, I feel unwilling, without energy . . . I feel like my mom isn't here, that she abandons me, I feel that".* Santiago, son, F5 (Q9)

Children like Santiago, especially at younger ages, got angry at their mother, and that impacted negatively on their relationship.

In their mother's absence, minors were left in the care of others, commonly female relatives of their mother. These care arrangements varied in continuity and quality, ranging from very loving and supportive to neglectful. Regardless of the quality of care, children struggled with adaptation to the new (and temporary) rules and authority figures in their lives. María Jesús' daughter, now a teenager, shared how she felt about her mother's absence when she was younger:

> *"I wasn't on my own, but I had a hard time for thinking all the time that I do not have my mother with me, and I felt that no one was listening to me, I just felt that way. I don't know, I felt that I was the girl that everyone had to take care of because her mother was not there . . . My aunt was very protective, as if when my mom left I didn't have to do anything or continue my life or something like that. . . Then I had a lot of fights over things I wanted to do. And my uncle's character. . . . I couldn't stand the situation and I left the house".* Alexa, daughter, F3 (Q10)

Alexa's story shows how the migrant worker's children can feel extreme loneliness, even when in the company of loving relatives who care for them.

Many children felt uncomfortable at home when their mother was in Canada, as the house felt empty and unwelcoming without her, so they spent a lot of time out with friends, playing or partying, and working in small jobs. Some children, due to their specific family configurations and circumstances, had to move homes several times a year over many years, which was another source of emotional distress. These children had deep cravings for stability and continuity in care and living arrangements.

On some occasions, the oldest child cared for the younger siblings. This was the case for Nicole, now in her early twenties, who became head of the household at 18 when her mother was in Canada:

> *"We stayed with another aunt, and she had more children, and we weren't in our own home, it was a bit uncomfortable living with our cousins. . . . And after a few years we [my younger brother, 15, and I] no longer wanted to stay with any of my aunts, we stayed at my home alone and I would cook, I was the mother. (laughs)".* Nicole, daughter, F4 (Q11)

From a young age, Nicole was left in charge of ensuring her brother ate and went to school. For those in charge of their siblings at a young age, they expressed feeling a lot of pressure and responsibility to take care of and provide for them.

As children transitioned from childhood into adolescence, they started communicating their grievances to their mother and relatives more openly. Although they experienced an

increase in pain, they also grew to better understand the conditions that contributed to their mother's decision to migrate and the struggles she had gone through as a migrant worker in Canada, as happened to Alejandro, a boy in his late teens:

> *"No, it is not very easy, because the truth is, I do need her, but there is no other choice but to wait for her to return, for her to return well. If she leaves there is a reason, to give a better life to me and my sister . . . When you are a child, you forget everything, but as you grow up and realize things, it feels worse".* Alejandro, son, F2 (Q12)

In some cases, this awareness helped in improving the relationship with their mother, damaged by the child's anger and resentment for her migration. This was the case for Alejandro and Leti, who had grown closer in recent years.

Time together: Their mother's return was always a source of increased happiness, although sometimes there were some initial tensions during a re-adaptation period. This happened to young children, who, after the separation period, did not recognize or were angry at their mother. Older children and teenagers also experienced stress, as they did not want to go through any more transitions, because their mother's arrival often marked a change in home, location, and rules. This was the case of Alexa, who craved some stability:

> *"I felt in peace living with my aunt, it was when my relationship with [cousins] was closer, the same with my aunt. At that time, I was in fifth and sixth grade, and I think it was a beautiful time in my life, I had a good time, I had many friends. . . When she came back it bothered me to move again from place to place. There were always a lot of changes".* Alexa, daughter, F3 (Q13)

After struggling a lot during the first years of her mother's migration, Alexa found some stability and happiness living with her aunt, so her mother's return became a source of distress for her.

Children reported dropping all their activities to spend time at home with their mother for the few months she was there. Nicole explained how her mother's return stopped time for her:

> *"When she is here for four months we go here and there, do this and that, I take advantage of the time with my mother, and that's how it has always been since she left [to Canada]. With my mother here I no longer go anywhere, my mom is my world".* Nicole, daughter, F4 (Q14)

She also recounted not seeing her friends at all when her mother was home and quitting her job to be able to spend more time with her. Other children shared very similar stories.

Seeing their mother again after so long, children also realized the impact that hard labour and the migration journey had on their mother's physical and MEH, which increased their worries about her getting seriously ill or injured.

In conclusion, when in Mexico without their mother, children spoke of experiencing trauma from the separation; preferring not to stay at home in her absence; worrying about their mother's health and wellbeing; feeling lonely and misunderstood by their relatives and caregivers; feeling stressed by the uncertainty and instability brought about by their mother's departure; feeling a lot of pressure to do well in school; feeling pressure from the responsibility to care for younger siblings, when they had them; feeling abandoned regardless of the quality of caregiving arrangements; and being angry and resentful towards their mother for leaving. When reunited with their mother at home, children shared feeling happy and at home again; being concerned about their mother's health due to seeing signs of illness or injury; and feeling stressed by the changes in their living arrangements brought about by their mother's return.

3.3. The Caregivers for Workers' Children

For workers, the setup of caregiving arrangements for their children prior to migration required negotiations with the prospective caregivers, commonly female relatives (e.g., sister, mother, daughter-in-law), and, if married, with their husbands as well. These

male figures (e.g., brother-in-law, father) assumed some caregiving responsibilities, mostly related to discipline and school attendance and performance. Caregiving arrangements within families were very dynamic; they tended to evolve often due to changes in SAWP conditions, such as contract length, the caregivers' needs and resources, the children's needs and preferences, and changing family configurations, such as new members joining or leaving the family. Thus, it was not always straightforward to identify who was or had been a caregiver for the workers' children, as it appeared to be a rather collective and evolving effort. Within families, financial compensation for caregiving was rare, and it was commonly thought of as unfair, as relatives were expected to support each other when in need out of love.

Time apart: Most caregivers felt that tending to the worker's children was a demanding, labour-intensive job. They felt that it was more responsibility and work to care for the worker's children than their own. Luna, Leti's sister, shared her experience caring for her baby:

> *"That time when [Leti] left, I remember it very well, she left crying when she gave me her daughter, and she said to me, 'well, I'm trusting you with her, take good care of her.' At that time I also had my son, he was four months old, they are four months apart. So I told her, 'don't worry, sister, I'm going to take care of her, don't leave worried,' and then I can tell you that I watched her more than my son, (laughs) my husband said, 'you must be careful, don't drop her or anything, you must take care of her.' Because we had that responsibility, because if she's your daughter, you see that she fell, you pick her up and you are already rubbing her, but she was our niece and I felt that this was more responsibility".* Luna, sister, F2 (Q15)

Luna's feeling of worrying about her sister's daughter even more than about her own was shared by many caregivers, who were constantly fearful that something could happen to the children while under their watch.

In addition to the care labour required, they worried about the children's school performance. Aitana recalled an incident while caring for her nephew:

> *"[He] was in his third year of preschool, and then my sister was told that he was not ready to move on to primary school, and my sister said, 'I've already enrolled him in primary school, so he'll go there' . . . So I went and talked to the first grade teacher, and they told me, 'we don't have an assistant teacher [for him].' And then she told me, 'come tomorrow to talk to the principal,' and so when I went the next day he said that he would not let my nephew enroll [in primary school]. And I was wondering, should I return him or not, should I better enroll him here, or there. . .".* Aitana, sister, F2 (Q16)

Besides doctor's appointments, caregivers had to take children to school, to rehabilitation appointments, and to after-school activities, and they often had to make difficult decisions. In this situation, Aitana struggled to advocate for her sister's decision to move her son to primary school, while the school was not admitting the child.

The relationship between caregivers and the workers' children was complicated by the fact that the children were often dealing with difficult emotions in their mother's absence. Perhaps due to the salient MEH needs of the workers' children, there was little discussion among families about the MEH of caregivers. This could also be related to the fact that, since most caregivers were women, they were expected to self-sacrifice for their families.

At times, caregivers were not in good health, which made the task of caring for a child much harder. This was particularly true for the older parents in poor health, for whom the caregiving responsibilities aggravated their pre-existing health conditions. Rodrigo, in his seventies, was caring for her daughter's teenage son while also experiencing some acute health issues:

> *"If we are not both sick, I can do it, I can make him a smoothie or heat up his milk or something like that, and for example if my wife is well, she is the one who gets up and tells him to have breakfast and that. My daughter who lives nearby, if she [my wife] is on a medication or I am on a medication, she [my daughter] comes and wakes him up, 'you*

know what [Santiago], we need you to get up now, you have to go to school'". Rodrigo, father, F5 (Q17)

Other caregivers developed MEH problems related to stress from the caregiving work, which persisted over the years and required treatment:

"For me it was a difficult year, because although they left me their children for just two months, I got sick with the flu, with stress... yes, it was a difficult year for me. She [my sister Leti] left and I stayed with the children, with my nephew and niece... I started going to an acupuncturist and she told me it was stress". Aitana, sister, F2 (Q18)

Due to this stress, Aitana, a single woman in her thirties, quit a babysitting job, losing her only source of income and becoming further dependent on her family.

At times, there were discrepancies regarding their approach to care and education between the primary caregiver, a woman, and the authority figure in the house, commonly her husband or father, which became an additional source of tension within families.

Time together: The workers' return signaled a break from caregiving responsibilities. With the intent to fully give herself to caring for the family, especially her children, the worker often took on the role of the primary caregiver and homemaker when in Mexico. José Luis explained how his wife's return radically impacted family dynamics:

"[Camila, the worker] arrives and is the one who does everything. [Her daughter-in-law, Juana] is now the centre of attention, she says what we are going to do, what we are not going to do, in matters of food, in matters of everything. And when [Camila] arrives, [Juana] becomes like a daughter, she doesn't do anything. ... [Camila] says, 'you know what, you've already worked for eight months, it's my turn now, let me do it, because I feel useless if I don't do it'". José Luis, husband, F1 (Q19)

After more than 20 years in the Program, Camila's children were already adults and had their own families. In Camila's absence, Juana, her daughter-in-law with three children, was the main caregiving figure in the family home they shared. However, the months Camila was back, she took a step back and let Camila take over that role for a few months, even in regard to decisions about her own children.

The worker's willingness to do everything and care for everyone at times created tensions within families, as it disrupted dynamics and roles that worked for them in her absence. Leti's sister explained how these changes impacted caregivers and their children:

"Here we spoil [my nephew], but when his mother returns, she wants him to follow her rules, do what she says, and he says, 'you know what, I'm with my grandparents, and we do things like this'". Luna, sister, F2 (Q20)

This change in rules and norms upon the worker's return was a concern for caregivers, who anticipated that all these changes would make caring for the child harder in a few months' time once the worker would leave for Canada again.

In conclusion, upon the worker's departure to Canada, caregivers explained experiencing constant worrying about the children's wellbeing, health, and school performance; feeling a lot of pressure from the responsibility to care for the children; being stressed about additional responsibilities taken on such as managing the worker's finances; feeling fatigued and ill; and at times being angry at the worker and/or other relatives because of disagreements about caregiving approaches. Upon the worker's return home, they spoke of feeling relaxed from a release in caregiving and other responsibilities, but also of experiencing stress related to the reorganization of family roles and dynamics.

3.4. Extended Family Members

Time apart: Although the MEH impacts of the worker's migration were more direct and acutely felt by the worker's children and parents, extended family members such as siblings, nieces, nephews, grandchildren, in-laws, and close friends also suffered from the worker's absence. Camila's granddaughter, a teenager, shared her experience:

> *"The thing that hurts the most at the beginning of the year is when 'mum' [Camila] is leaving. . . the day she leaves is when I cry and regret that I didn't take advantage of my time with her".* Adriana, granddaughter, F1 (Q21)

Even though Adriana only saw her grandmother for four months a year, their relationship was very close. Among families, the worker was commonly referred to as 'mum' or 'mother' by grandchildren, nieces, nephews, and in-laws. She was a source of emotional support for the extended family, explaining the impact that her absence had on them. Children such as Adriana, who grew up knowing their relative as a migrant who regularly comes and goes, did not seem to grow accustomed to this situation.

As happened to the workers' children, boys in the family were particularly overlooked and expected not to care about their relative's absence, while, on the contrary, they were suffering and felt very lonely. The first separation was particularly hard for some of them, who experienced intense grief, as Daniel, María Jesús' nephew in his early twenties, recounted:

> *"The first times when she told me, 'I have to leave again,' well, I felt this pressure on my chest, worry, sadness, pain, and even though we are a bit more used to it now, and we know that when she comes back she spends a few months here and then leaves again, even though we are used to it, it is still difficult, it is a sad time".* Daniel, nephew, F3 (Q22)

It seemed that as extended family members, these children were expected to be less impacted when compared, for instance, to the worker's children, which also meant that they received less information about the process of migration (e.g., when, how, for how long) and less support through it.

Extended family members' MEH was also impacted in indirect ways by their relative's migration, as seen in Daniel's story:

> *"On my mother's birthday party we went out to eat and everything, but the whole family had this kind of depressed demeanor, because my aunt [María Jesús] always brings some kind of joy. So on the one hand, my aunt wasn't there, and on the other, we were all sad because she wasn't there. I don't know, I don't think this had happened before, that at a birthday party it felt that depressing".* Daniel, nephew, F3 (Q23)

Daniel's mother struggled with her sister's absence, a suffering that increased year after year. In most families, the intense impact the worker's absence had on one member of the family negatively affected the entire family's dynamics and relationships.

For families living with the worker's children, family members not involved in caring for the child were also affected, as the children's arrival and MEH struggles related to their mother's absence altered family dynamics:

> *"It's sad because [my wife, Nicole] is really affected by the change. My mother-in-law is here for four months and the last month she's already saying, 'I'm going, I'm going, I'm going.' Yes, it really affects [Nicole], who says 'my mother is hardly with me,' and so on, and she gets very sad . . . It makes me very upset because she leaves her disheartened, and I'm her husband and I'll always be there for her and whenever she falls, I'll pick her up".* Pablo, son-in-law, F4 (Q24)

In this example, the worker's child, Nicole, in her twenties, still had a hard time in her mother's absence and suffered from the anticipation of another separation. This struggle impacted her husband, Pablo, who suffered from seeing his wife very sad.

Time together: As previously discussed, upon the worker's return, there were radical shifts in family roles and dynamics that stretched to often include some extended family members, especially those with whom the worker lived while in Mexico. As Adriana explained, the workers' devotion to family when in Mexico was a source of joy for their relatives, who felt cared for and supported:

> *"Usually my mum [Juana], yes, she listens to me, but she is not all here. . . And when my 'mum' [Camila] is here, she would say, 'let's go to this place I was invited to,' 'let's go,' or*

'come on, help me do this,' 'okay,' or 'come on, let's go to sleep together,' 'yeah,' 'let's go to a movie, 'yeah''. Adriana, granddaughter, F1 (Q25)

However, it seemed like this intensity during the reunification period could be contributing to making separation and the periods they spent apart harder for these families.

This intensity was also at times a source of tension and friction, as it dismantled the family's previously established routines and hierarchies, as it happened in Isabel's household:

"This year I told my mother-in-law [Isabel], 'it bothers me that you leave and return and when you are back home you want to impose your law, we are going to do this, we are going to do that, and, yes, obviously you are waiting the whole year to be with your family, but you have to understand that it is no longer just you and your daughter [Nicole], you are no longer just you and your son, there is also your daughter-in-law and I [your daughter's husband].' . . . It is difficult for me when my mother-in-law is here. . . . Yes, it changes your whole routine". Pablo, son-in-law, F4 (Q26)

The fact that family dynamics and roles were radically altered twice a year, with the worker's departure and upon her return, year after year, eroded relationships between the worker and her relatives, as well as among the extended family.

In conclusion, extended family members commonly spoke of feeling pain when the worker left for Canada, regardless of their age, years of experience in circular migration, and the degree of kinship to her. They shared longing for their relative while away, worrying about the prospect of the worker not returning, feeling gloomy at family reunions and special occasions, and experiencing tensions with relatives due to the organization of family dynamics. Upon the worker's return, they explained feeling cared for and very loved, while also being stressed by the changes brought about by the return of the head of the family.

3.5. Commonalities and Differences across Groups

These MEH impacts experienced within each of the four participant groups during their apart and together periods can be organized into categories of MEH connected to the cyclical migration of the worker that cut across these groups. As such, while the roles and the power that each participant belonging to these groups held within families were radically different, their diverse experiences had some similarities in the way that they experienced them and how they impacted their MEH.

During their time apart, the participants' experiences can be grouped into six categories: (1) Sadness and pain due to separation; (2) worries and fears; (3) loneliness and longing; (4) stress from changes in family dynamics; (5) anxiety and fatigue; and (6) anger and resentment. During the periods the family spent together, the participants' experiences can be organized into three categories: (1) Happiness and tranquility; (2) worries and fear; and (3) stress from changes in family dynamics.

Some impacts observed across the four groups of participants were similar during their periods apart and together (i.e., worries and fears and stress from changes in family dynamics), while the happiness and joy participants predominantly felt when together was new when compared to periods apart. See Table 3 below for a summary of categories.

Table 3. Mental and emotional health impacts on families in periods apart and periods together.

Periods Apart
1. SADNESS AND PAIN OF SEPARATION
Sadness over family separation (W)
Guilt over separation form children (W)
Trauma from separation from their mother (CH)
Not wanting to be home (CH)
Pain from separation (EXT)
2. WORRIES AND FEARS
Fears of Canada and the SAWP (W)
Worries about family (W)
Putting up with health issues (W)
Fears of whether their mother will return in good health (CH)
Worries about children well-being (CG)
Fears about the worker's migratory project (EXT)
3. LONELINESS AND LONGING
Loneliness in Canada (W)
Loneliness and feeling misunderstood (CH)
Longing for the relative (EXT)
Gloomy mood at family reunions (EXT)
4. STRESS FROM CHANGES IN FAMILY DYNAMICS
Getting used to new family role (W)
Difficulties adapting to the caregiver (CH)
Uncertainty and instability due to so many changes (CH)
5. ANXIETY AND FATIGUE
Pressure from the responsibility to care for younger siblings (CH)
Pressure to do well in school (CH)
Pressure from the sense of responsibility (CG)
Burden of additional responsibilities (e.g., manage finances, home) (CG)
Fatigue from caregiving (CG)
6. ANGER AND RESENTMENT
Resentment towards the father (CH)
Anger from feeling abandoned by their mother (CH)
Resentment towards their mother for her absence (CH)
Tensions over caregiving negotiations (CG)
Tensions with relatives due to disagreements about caregiving approaches (CG)
Tensions due to the reorganisation of family dynamics (EXT)
Periods Together
1. HAPPINESS AND TRANQUILITY
Happiness to be with family (W)
Happiness to be with mother at home (CH)
Relaxation from the break in caregiving (CG)
Respite from family and home responsibilities taken up by the worker (CG)

Table 3. *Cont.*

Periods Apart
Feeling cared for and loved (EXT)
2. WORRIES AND FEARS
Anxiety about leaving again (W)
Identity and belonging struggles (W)
Concerns for the mother's health (CH)
3. STRESS FROM CHANGES IN FAMILY DYNAMICS
Fatigue from family and home care work (W)
Tensions due to changes resulting from their mother's arrival (CH)
Tensions due to the reorganisation of family dynamics (CG)
Tensions when the worker takes over as head of the family (EXT)
* W: workers; CH: workers' children; CG: caregivers; EXT: extended family members

Source: Adapted from Escrig Pinol 2020.

4. Discussion

This ethnography makes several contributions to the current literature on migration and health. First, it showed that the cyclical nature of the SAWP was a central factor impacting these families' MEH. In previous research, the spatial aspects of ILM (i.e., physical separation) have received most attention as a factor influencing transnational families. This approach has yielded substantial evidence on the MEH effects of family separation on migrant workers and their children. However, to date, few studies have focused on the consequences of temporal patterns of migration. An exception are studies on refugees and undocumented workers, most in the US context (see Merry et al. 2017, for a review), which underscore the negative impacts for migrants and their non-migrating relatives of not having a frame of reference that allows them to estimate if and when they will be able to meet again (e.g., Menjívar 2006; Torres et al. 2018). This ethnography has shown how similar effects can be observed among transnational families involved in low-wage cyclical migration programs like the Canadian SAWP. This issue is particularly relevant for low-wage ILM programs that tightly regulate the workers and their families' space and time. The coming and going of these workers, spending four months home and eight in Canada on a yearly basis, had far-reaching consequences for their relationships and family dynamics, becoming a source of stress and tension. And for many participants, it was also a source of stress and grief, which, rather than becoming easier over time, remained a source of suffering which intensified year after year. By showing the centrality of incorporating temporal patterns of migration in transnational family research, this study sheds light on how structural constraints embedded in ILM programs are impacting these families' MEH.

By paying particular attention to the coming and going of the worker, this study illuminated several changes in family dynamics and emotional well-being of these families occurring the few months they spent together, while most of the literature on transnational families has focused on their challenges during periods of separation. For instance, it shed light on a trend cutting across families: the intensity that families poured onto their relationships in the months that the worker was back home. A similar pattern of increased connection has been previously described by Parreñas (2005) who calls it 'intensive mothering.' Parreñas' concept of 'intensive mothering' pertains to periods of separation and to migrant women's individual strategies to provide care transnationally to their children. In contrast to Parreñas' 'intensive mothering' concept, the increase in intensity observed in this study was at the family-level (not just the mother-child dyad) and during the periods that families spend together—a sort of what could be labelled as 'intensive family bonding' after many months apart. While highly gratifying for most family members, these periods of heightened intimacy and reconnection were also highly

disruptive for non-migrating family members. Building on previous studies like Lázaro Castellanos's (2018), these findings suggest that participation in the SAWP causes families to live in a constant state of change in family dynamics and family roles in response to the annual cycle of migration, profoundly influencing family relationships and MEH.

Another contribution of the study relates to the examination of the extended family members' experiences. Beyond the mother-children dyad, existing literature on transnational families has focused almost exclusively on substitute caregivers (e.g., Newendorp 2017; Pantea 2012), but this study has shown that other family members are impacted as well. By applying a broad conceptualization of family as a group made up of self-defined members (Hanson 2010) who have multiple different relational experiences and hold the sense of being part of something bigger (McCarthy 2012), this study has been able to show the impacts that migration of a family member has on the MEH of not only their children or the children's caregivers, but also their parents, in-laws, grandchildren, and friends.

The study findings have implications largely for immigration policy, resulting in several recommendations. Given the importance of the temporal pattern of migration for these families' MEH, the SAWP should request and respect the workers' preferences regarding contract duration and start/end dates of the contract, particularly those of women heading single-parent households. Moreover, workers should be informed of these details at least two months in advance of their departure so that they can arrange and secure caregiving and other supports they may need while away. Workers should also be able to pause their participation for one or more years without fear of being penalized and banned from the Program. These changes in the Program would allow transnational families to exercise their agency and choice over some key employment conditions, ensuring that they fit their current needs and protect their relationships and health.

Transnational public health programs and policies may be best suited to effectively address the impacts of participating in ILM initiatives on the MEH of migrants and their non-migrating families. For instance, setting up a coordinated binational approach (Canada-Mexico) to healthcare could guarantee continuity and quality of healthcare services for SAWP workers and their families year-round. In light of the findings, it should be a priority to provide mental health care services for SAWP-participating families in both countries.

The present study confirms that migration should be understood as a family process and that future research would benefit from taking a transnational extended family unit approach to the study of migration and health rather than a narrower focus on the mother-child-caregiver triad. Findings suggest that families of female workers may be differently and more intensely affected by the changes in family dynamics brought about by participation in the SAWP, as they do not have a partner performing as the primary caregiver and support person while in Canada. Future studies may benefit from a comparative lens to explore these differences.

Study Limitations

Due to the recruitment methods, this study did not include women who were not connected with local organizations, who perhaps experienced greater employer control of their activities after work, lived in a remote location without access to transportation, or were relatively new to the area. This may have resulted in a sample of participants with an overrepresentation of workers who had greater geographical stability in the SAWP over the years, experienced less employer control, or lived in a less remote location. So, it is probable that the experiences represented by the workers in this study are in some ways less precarious than those of less connected women in the SAWP.

As in any social group, power dynamics mediated by gender, generation, and class are at play. Thus, the sampling strategy potentially excluded family members with whom the worker or other relatives were not in good terms or whom they feared would share certain pieces of information that they did not want revealed.

5. Conclusions

These transnational families' experiences show that, despite participating in a managed-migration ILM program, they faced several structural constraints with a damaging effect on their relationships and MEH. The restrictive migratory system that prevents families from travelling together and the precarious employment, work, living, and social conditions workers suffer in Canada severely limit families' agency to make choices regarding their participation that would meet their needs and protect their health.

In view of the MEH implications that SAWP participation has on transnational families, there is a need for a re-envisioning of cyclical, low-wage ILM initiatives so that they consider migrating and non-migrating family members. This requires a change of paradigm, one that is not just migrant-centred, but a family-centered approach that keeps both the workers and their non-migrant relatives' needs and preferences at the forefront of advocacy and policy-making.

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