

Fractured Migrant Families Paradoxes of Hope and Devastation

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The increasing feminization of migration from Oaxaca, Mexico, in a context of economic globalization has profound implications for the emotional and psychological health of indigenous transnational immigrant women, who often arrive in the United States (US), having left family members or their children behind in the care of relatives. Simultaneously, indigenous women who are left behind on the migration trail also grapple with the suffering of separation and persistent undercurrents of sorrow because of an increasingly dangerous and intransigent US-Mexico border that makes family reunifications so difficult. The public policy discourses surrounding unauthorized immigration across the US-Mexico border tend to neglect attention to the mental and social health effects on families and communities. This article describes their experiences by sharing their voices, and challenges us both to shape new clinical responses, international connections, and solidarity in efforts humanize immigration policy, and to transform the dynamics of economic globalization that contribute to these conditions. **Key words:** *immigrant women, indigenous people, Mexican immigrants, undocumented immigrants, women's health*

MIGRATION can be a fracturing experience for families. Although it is often presented as voluntary, more often than not transnational migration from Mexico to the United States (US) is the result of political pressures or economic necessity. The decision to leave home and relocate thousands of miles away, crossing borders to another country, is fraught with anguish in migrants and their families. Simultaneously, fear of the un-

known with excitement about new possibilities creates both anticipation and dread. Decisions to migrate among parents of young children are most difficult, yet are often undertaken by the desire to improve life prospects for those children. Frequently, those same children are left behind in the care of an extended family member. If one parent stays behind, the separation can be especially painful for each of the pair, as well as for the children. Abundant as migration literature is across disciplines, little attention has been paid to the social suffering of families fragmented by this phenomenon. In the nursing literature the postcolonial historical context that situates transnational migration patterns from poor to rich countries has only recently begun to become evident.¹ This particular pattern bears scrutiny because of the physical and mental health implications foregrounded by the intersections of race, class, and gender that are both product of, and produced in, postcolonial relations.^{2,3}

This article reports research results focusing on the effects of family fracturing from 2 separate qualitative studies carried out asynchronously but with the same ethnic population from Oaxaca, Mexico. The studies

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reflect mirror aspects of the experiences of indigenous Oaxacan transnational migrant women who leave children or close family members behind, or women who have been left behind to care for children while the other parent leaves, or whose grown children have left them behind to "go north." The suffering of indigenous women caught in these dynamics can be viewed within a "politics of suffering"^{4(p250)} since historical and global political and economic structures position this population as marginalized and impoverished.^{5,6}

BACKGROUND: SOCIOECONOMIC, POLITICAL, AND CULTURAL CONTEXTS

Oaxaca is the fifth largest of Mexico's 31 states, and is located in southern Mexico in the seat of ancient Mesoamerica, a region spanning southern Mexico and most of Central America.⁷ Oaxaca is home to 16 ethnic indigenous (pre-Columbian) groups, each with its own language and numerous dialects within each language. The largest of these groups are the Zapotecs and Mixtecs. In pre-Columbian times the Mesoamerican population numbered about 25,000,000, but the introduction of old world microbes beginning in 1520 caused epidemics and pandemics of smallpox, measles, typhus, and other diseases to which indigenous populations had no immunity.⁸ These pestilences and the massacres that occurred during the colonizing period decimated their numbers.⁹ Only in the mid-1600s did surviving indigenous people begin to recover population. The current Mexican population of indigenous peoples is more than 12,000,000, the majority located in southern Mexico.^{10,11}

Although they have a long history of being itinerant within Mexico both to neighboring states and to the US, indigenous communities from southern Mexico have migrated in an accelerated pattern to the US since the global economic crisis of 1982.¹²⁻¹⁴ More than 500 years of colonial practices and enduring neo-colonial relations with the Mexican political system have left Mexican indigenes marginal-

ized and their development needs largely unmet.¹⁵ This relatively new pattern of Mexican migration has emerged as a response to Mexico's recent adoption of a neoliberal economic model, sometimes known as the Washington Consensus, a market-oriented policy that maintains and perpetuates the power and hegemony of the global corporations that are its chief architects.¹⁶⁻¹⁸

As an economic philosophy, neoliberalism opposes governmental regulations or any external controls for accountability to communities, and seeks to privatize both goods and services for the sole purpose of economic profitability. The 1994 North American Free Trade Agreement between Canada, Mexico, and the United States is an example of global neoliberal economic policy. Social scientists and demographers have documented the combined effects of Mexican and international neoliberal policies on the economic vitality and health of indigenous communities and on much of the rest of Mestizo (mixed indigenous and European ancestry) Mexico, including increased misery, widening economic disparities, and an increase in transnational migration.^{13,14,18-27}

According to Oxfam, trade rules written by the rich countries of the US and the European Union have favored those countries through the use of agricultural subsidies that contribute to overproduction and disproportionately high tariff barriers. These unfair practices lead to the dumping of cheap agricultural products, such as the Mexican dietary staple of corn, into poor countries that undermine the livelihoods of indigenous farmers, thus creating a vast pool of new migrants.^{19,24,28-30} Simultaneously, the US economy benefits from such groups of migrants, so the far-reaching effects of US policies, allied with the interests of cooperating Mexican beneficiaries of these policies, must be acknowledged in this phenomenon.^{31,32}

OAXACAN MIGRATION PATTERNS

Approximately 1,000,000 indigenous Oaxacans have migrated to the US. Along with

indigenous migrants from other southern Mexican states, the heaviest concentrations of Oaxacans are in California, Texas, Florida, New York, and Illinois, although Oaxacan presence has been documented in 37 states.³³ Indigenous women represent a substantial proportion of new Oaxacan immigrants, and are arriving in increasing numbers, consistent with the feminization of transnational migration in general.³⁴⁻³⁶ According to the Pew Hispanic Center, female migrants constitute 50.2% of immigrants, both authorized and unauthorized.³⁷ Because of their roles in family health maintenance, they may be the first point of contact with community-based nurses, such as public health or school nurses, and thus are key to family and community nursing practice.^{36,38} In addition, indigenous Oaxacan women immigrants often arrive undocumented as "economic refugees," a condition that is not officially recognized by the United Nations High Commissioner on Refugees (UNHCR) or the US Government.^{3,15}

Men who arrive, having left their wives, partners, children, or parents behind, share similar conditions. Some are documented and engage in circular migration, coming for part of a year easily across the border. Many are undocumented and may stay for years because of the great difficulty and expense of the border crossing.³⁹

RESEARCHER ENGAGEMENT AND SITUATEDNESS

As researchers who ascribe to postmodern ideas, we espouse a critical postcolonial feminist standpoint and are committed to providing venues for the submerged voices of indigenous women to be raised for the purpose of developing greater understandings of their lives and the related health issues engendered in their historical, socioeconomic, and cultural contexts. This posture is consistent with the goals both of nursing and of critical postcolonial feminism to illuminate experiences of marginalized people in

their social locations and health concerns, and in their own voices.⁴⁰ We adhere to the tenets of postmodernity, which eschews the notion of neutrality on the premise that societal structures and policies are humanly constructed, the result of human decision making in a milieu of differential power relations between individuals and groups. These power differences can contribute to oppression and consequent poor health status, and therefore we believe it is important that nursing scholarship and practice recognize power differentials for influencing long-term policy changes. Rather than keeping investigators' biases hidden, standpoint theory renders these biases visible^{41,42} and the knowledge-generated perspectival.⁴³

Although all critical interpretive methods embody the subjectivity of the interpreter, we claim legitimacy in our efforts due to our long-standing involvement and commitment to migrant and immigrant health and human rights, which are inextricably linked. Cumulatively we have spent more than 42 years working directly with and in advocacy roles with Spanish-speaking migrants and immigrants in the south and southwest, and one of us is regularly involved in voluntary international and cross-border healthcare service delivery. The other claims familial Mexican heritage. We both speak and read Spanish as a second language.

We have also lived along the US-Mexico border for many years and witnessed the effects of evolving border policy with its militarization^{44,45} and the increasing northward migration of Mexican people from many parts of Mexico to the jobs in the maquiladora (factory or assembly plants) industry and to the agricultural and service sector jobs in the US. Our stance comes both from our study of border politics and economics and from our extensive experience in listening to many stories of migration, family influences and consequences of migration, and the health issues inherent in these stories. These personal experiences have influenced the selection of our research methods within critical paradigms.

DESCRIPTION OF THE 2 ASYNCHRONOUS STUDIES

As principal investigators who have maintained an ongoing discussion since completion of the first study, we each carried out 2 separate studies 2 years apart. The first study was a binational study that emphasized immigrant women's experiences and perspectives. The second was a study in 3 remote villages in Oaxaca. The inclusion criterion for each study was that participants were indigenous Oaxacan women who were either migrants/immigrants themselves or a family member of transnational migrants/immigrants, and were conversant in Spanish. Appropriate institutional review board (IRB) approval was obtained for each study.

Study 1: Participants and procedures

In the binational study, the investigator interviewed 12 participants in the US and 5 women who were returned migrants in Oaxaca. With IRB approval, in lieu of written consent the investigator secured verbal consent at the time of interview with the participants in the US to promote a sense of comfort and security in case they were undocumented, and to maintain an ethical posture of protection of participants as members of a vulnerable population.¹ The transcriber also signed a pledge of confidentiality for the same reasons.⁴⁶ The US participants chose pseudonyms, as did most of the participants in Oaxaca, except those who allowed the use of their own names.

Recruitment of participants used both snowball sampling and connecting with communities through community informants and events organized by and for Oaxacan indigenous immigrants and their allies in their numerous self-help activities over a period of 3 years before initiating the study. Data collection included participant observation and semistructured interviews, which were recorded digitally. After retrieving the interviews from a password-protected virtual hard

drive on the Internet, a professional interpreter who is a bilingual, bicultural, and first-generation Mexican immigrant transcribed the interviews. All digital files were double deleted after retrieval.

Employing Schatzman's⁴⁷ dimensional analysis (DA) approach to data analysis, the investigator analyzed the data simultaneously with data collection in both English and Spanish, first by hand and then using NVivo for organizational purposes,⁴⁸ coding and keeping audit trails of the coding process in theoretical and operational memos. When theoretical saturation occurred and variability was established in the analysis, the investigator discontinued data collection. DA is an approach to developing a grounded theory (GT) that yields an explanatory matrix to structure the theory generated in related dimensions and sub-dimensions. It is based on a theory of "natural analysis"^{47(p305)} in which researchers draw on their experiences and knowledge as a cumulative and integral part of their thinking to identify dimensions in the phenomena under study. These dimensions, in turn, are woven into a coherent narrative built around a central perspective chosen from among tightly linked dimensions that identifies the heart of "what all is going on"^{49(p172)},⁵⁰ in the data.

Although an interpretive method, GT/DA gives priority to the perspectives of participants⁵¹ and is thus consistent with feminist and postcolonial standpoints. The narrative yields theoretical understandings of the phenomenon under study through the most salient dimension, chosen as the "lens" of the story that integrates the rest of the dimensions identified during data analysis. In the binational exploration of the migration and health experiences of indigenous Oaxacan women, the overarching theme of crossing myriad borders was chosen as the central perspective to best report report study findings. The splintering of families and effects on family life and relationships surfaced as a salient subdivision with relevance to family and community nursing.

Study 2: Participants and procedures

The investigator of the second study, carried out 2 years later, recruited 14 women through snowball sampling in rural Oaxacan villages. The initial participants in this study were family members of migrants in the US known to the investigator who carried messages from family members to the first participants. Securing informed written consent, the investigator, informed by critical perspectives, used participant observation and tape-recorded semistructured interviews to collect, transcribe, and analyze data in both Spanish and English per ethnographic procedures for coding. The explicit purpose in this critical ethnographic study was to explore effects of migration on families from the perspectives of those whose family members have gone north across the border.

Critical ethnography (CE) is a genre of the "seventh moment"^{52(p127)} of ethnography that is futuristic in its bent, and relies on the voices of its participants as testimony to the nature of the oppression they suffer, the struggles they embrace, and the methods they employ in processes of emancipation.^{21,53,54} CE recognizes the political nature of research and therefore directs it to examine and include the larger sociopolitical and economic issues surrounding the phenomenon in question.⁵⁵ It then seeks to advance a "moral discourse"^{21(p259)} to advance engagement in praxis, that is, acting in the world to make a difference. Thus, one of its goals is geared to nurture solidarity with those who struggle to transform their existence on the margins of society to a life of human dignity that allow for the achievement of legitimate human aspirations, such as for health, meaningful work, decent living conditions, access to education, and fair treatment.

The investigators' awareness of border politics, of widening economic disparities in both the US and Mexico, and of the hardships migrants suffer, informed these studies in the modes of both DA and CE. The 2 major themes (salient dimensions) discussed in this article, "staying behind" with its burdens, and "left

behind" with its sorrows, depict the family fracturing meaning of transnational migration, and the hardships they impose, to the participants within this context.

BURDENS OF STAYING BEHIND

Although women and families who stay in Oaxaca are physically distant from the border and had never traveled far from home, the effects of the transnational migration of a family member on them are pronounced, often affecting every facet of their lives. Paradoxically, while the migration of a family member often provided remaining women with new hope for the future through monetary remittances, their hope was simultaneously dampened by fears, insecurity, and instability. Three areas of conflicting hope and despair surfaced as emotional, economic, and health effects of the migration of a family member to the US.

Patricia, although deploring the separation, viewed her husband's annual trip to the US as the only way to give their children more opportunities than she or her husband had enjoyed. Without diminishing the role of agency, her perspective reflects the economic conditions that produce migration, and reveals the way in which indigenous Oaxacan families might feel backed to the wall:

We need to provide for our children. Yes, it is very important that we provide for the children so that they can study. Because if they don't study, they have to work in the fields where they suffer and they aren't paid well. What more can we hope for than that we give them an education so that they can prepare themselves? It is for this reason that my husband goes to work in the north because here there is no other way; here there is no source of work.

Because there are no school classes beyond this grade level in her rural town, her children live and study in the city and adjoining state both known as Puebla, a 5- or 6-hour bus ride away. Without access to education beyond 6th grade, Patricia and her husband were committed to forge a less arduous path in life for their children than the migration cycle, and to

minimize their potential for suffering. Like others in their community, they pay a steep price to achieve their goals. Notwithstanding that their children could continue their education only away from home, the family separation induced by migration was especially onerous, and ran counter to their deepest longings to be together as a family. As she said on her husband's annual return:

It's a party because there are 5-7 months that he is gone. When he returns it is a joy for me because I don't have to assume all the responsibilities alone anymore. . . we enjoy it to the fullest. He tells us what he saw, my children tell him what they have learned, they chat with him about school. For us, the couple, it is a re-meeting.

Patricia's narrative also reveals the excessive burdens of responsibility she carries in her husband's absence. Indigenous women left behind not only have sole caretaking responsibilities for the house and children, they often must take care of plots of land growing maize (corn) and other crops for home use. Other women left behind described the absence painfully. Alicia expressed the grief she felt every time she heard a certain song by the group known as "La Migra" (The Border Patrol) on the radio. Her angst was associated with hearing this music the day her son left, the last time she had ever been with him. She kept his possessions as a remembrance, in a sense memorializing him in his absence. Even more importantly, her sentiments echoed the sentiments of other women in the village:

This is his bed. It is my keepsake of him. These are his things, all of them kept still. . . I am always sad for my son; I wish I could see him, but I can't, I can't. It breaks my heart.

Alba described the uncertainty that accompanied the separation from her father who had not been heard from after leaving for the US. Underlying this uncertainty and unknowing was a sense of fear of having been abandoned:

He never calls, he left the woman, he left and as of now, he has not returned or called. I don't know

if he is old or if he is dead, he's wandering up there.

Fears of the perils of the border and of the US were another common theme that exposed uncertainties and ambiguities. These fears are based on the well-known risk of dying in the Arizona desert while attempting to reach a destination once the border has been successfully crossed, or of perishing in the California mountains to the east of San Diego during winter months, or of exposure to other hazards of border crossing.⁵⁶ Balvina, whose son and husband both left for the US, spoke of her son's experiences in the US and of her husband's border-crossing experience:

In the United States, one suffers a lot. Luck laughs at you, luck laughs at you. . . Well, he [my husband] says that he suffered a lot when he crossed the border because by the third day they were without water, without food. He says that there were many of them, about 20, looking for something to eat as they walked through the mountains. He says that they found an *atun* (cactus fruit) and split it between 3 people, one *atun*! They found a 2-liter bottle of coke but he says, "who knows how long it's been here?" They drank it. Even though it smelled bad, he says, he had to drink it because they didn't have anything to drink.

Alicia, too, spoke of her husband's experience of crossing the border and of her own fears for his safety because of the dangers of robbery:

Then the thieves stole everything. They even carried off his shirt, and they stole everything from his pockets.

The distress felt by women left behind appeared related to their roles in providing security, safety, and nourishment for family members, spouses, and children. The frustration of feeling helpless in the face of the perceived and real dangers their loved ones faced on the migration trail fueled their images of the border as hostile territory. In their minds, the US is a pervasive and intrusive presence that produces a persistent undercurrent of sorrow beneath the hopes they harbor for improving their lives.

SORROWS OF LEAVING FAMILY BEHIND

The counterparts of women left behind are the women who leave family members behind, especially children, to venture forth on the migration trail themselves. As anthropologist Cohen noted, Oaxacan migrants are "fathers and mothers. . . struggling to balance the demands of their families against their own wishes for the future. . . they migrate to support children, siblings and parents."⁵⁷(pp7-8) While women migrants share some of the same burdens as women who stay behind, the specificity of their condition as migrants yields new experiences of suffering from family fracturing. Immigrant women told heartrending stories of having to leave children and other family members behind and of enduring grueling living conditions. Many made plans to retrieve their children once they were financially solvent enough either to afford a trip home to bring them personally or to hire a smuggler to get them across the border. Both these options are dangerous propositions in the cases of undocumented women, as unaccompanied children have been apprehended and detained at the border.⁵⁸ Meanwhile they suffered from intrusive thoughts of their children in Mexico, depression, sadness, and loss of appetite during the prolonged period of separation from children.² As Camelia remembered:

I left my son, Jose, who was five years old. He stayed with my mother and brothers because I couldn't bring him. I didn't know if I would be able to get across. I suffered for a year because I couldn't see him and I thought of him constantly, and wondered how I could bring him.

Colibri was able to bring a younger child but revealed her thinking when she left an overweight adolescent daughter in the care of an aunt:

There are so many dangers. I only have one daughter with me. I have two more children in Mexico, one who will be 15 years old. She couldn't come because it's so dangerous with all the running and walking. It's so difficult, but God helped us and we arrived safely.

Paloma, whose children lived just across the border, worked full-time as a domestic worker cleaning houses and caring for the children of others while going to school at night. Although she recognized the value of learning English to move ahead, she also employed this strategy to distract herself from thinking too much about her children. Nevertheless, Paloma's words reflect a situation common to Oaxacan immigrants: her children are the focus of her private thoughts and the motivating force to continue working:

I don't have my children with me, then I suffer a lot, not having them here with me, I also worry too much. . . I wish I could have them with me but right now it's not possible. I'm struggling to send them some money so they'll be able to eat over there. We come here very sad because we leave our families over there. As mothers we always want to have our children with us. . . and if you don't have them it's very sad. . . it's very hard on us.

DISCUSSION

These narratives provide glimpses into the lives of participants caught in global changes that have profoundly affected their families and communities in Oaxaca. A neoliberal economic model has not delivered on its promises to generate millions of new jobs, and has disenfranchised more than a million indigenous peasant farmers from their traditional livelihoods. This newest pattern of accelerated migration from southern Mexico, whether documented or undocumented, is a visible strategy in response to the current economic conditions.⁵⁷ Migration demands an exacting cost to the integrity of family life from the perspective of the participants. The suffering they experience from these family fracturings is further exacerbated by an increasingly intransigent US-Mexico border policy unfriendly to family reunification.

Anthropologist Tamar Diana Wilson¹³ asserted that one of the unstated aims of the 1996 Congressional legislation known as the Illegal Immigration Reform and Immigrant Responsibility Act is to deliberately maintain separation of productive activity from

reproductive activities by discouraging family unifications. Whether women were left behind in Oaxaca, or left children behind, the migration experience was likely associated with family fragmentations, sometimes temporary and sometimes permanent. For the women in these studies, separation from children was especially grueling and hovered like a specter over their daily lives.

Yet, regardless of their immigrant juridical status,⁵⁹ the majority of men and women come making heroic efforts to improve the lives of their families. They bear witness to unflinching hope, a human characteristic recognized by Freire⁶⁰ as an ontological need. Culturally, affection and love among Oaxacan indigenes are symbolized and expressed by parents primarily in the feeding and clothing of their children.⁶¹ Thus, hunger, a political reality of the global South, also represents a cultural imperative in Oaxaca that drives migration.² Salas,⁶² a Chilean nurse, reminds us that the claim "I am hungry"^(p22) is an ethical mandate presented by those who are impoverished and marginalized.

The contradictions inherent in both the neoliberal economic policy that induces migration and the immigration policy deliberately designed to discourage family unification then challenge nurses and other healthcare providers who work with Oaxacan immigrants individually or in communities. These challenges are both clinical and political, calling on the advocacy role that is a tradition and hallmark of the nursing profession in the alleviation of human suffering.⁶³

IMPLICATIONS FOR FAMILY AND COMMUNITY NURSING

Challenges and opportunities for nursing practice

Although not all Oaxacan families are separated, especially those who immigrated in the earliest groups of the 1980s or early 1990s, clinicians encountering more recent immigrant Oaxacan women in various healthcare settings need to be alert to the potential health effects of family fracturing, including

global anxiety, sadness, or depression. Indigenous immigrant women might present with somatic symptoms related to separation from children, or with overt symptoms of depression. Eliciting information as part of a migration history may be a sensitive topic when the person is undocumented. However, once a trusting relationship is established, mental and physical health concerns related to migration and family fragmentation may be addressed. Overcoming language barriers is another challenge in caring for Oaxacan women who may speak only their indigenous language or speak Spanish. Most recent Oaxacan immigrants have limited English proficiency and therefore require the use of a qualified interpreter if a bilingual or trilingual clinician is not available.

An empathic attitude in a clinician can help bridge a cultural divide and build a therapeutic connection, conveying a sense of support and understanding in these difficult painful circumstances. Sharing of health information and acknowledging that symptoms might be associated with family fracturings can enhance the sense of trust in the nurse and build a relationship of solidarity.^{2,64} Nurses who work closely with Oaxacan immigrants can participate in events such as fiestas organized by these communities, and thus provide visible witness to their interest in the struggles of immigrant communities outside the healthcare setting. These are also occasions for learning much about the history, culture, and concerns of indigenous immigrant communities. As one participant said, migration with its difficulties and suffering is of central importance within Oaxacan indigenous groups in the US.^{2,3}

Challenges and opportunities for public policy

In this milieu, undocumented women may still be strategizing to find ways to bring their children safely across the border. The struggles of undocumented women to reunite with children or other family members invite solidarity and support for collective efforts of undocumented immigrants and their allies to modify the punitive dimensions of current

immigration law, and to win legalization for those who are already here working.⁶⁵⁻⁶⁷ They also invite us to counteract the public discourses that negatively portray immigrants with our own experientially derived, alternative discourses based on our provision of healthcare to this marginalized population.

As nurses and other clinicians increasingly become aware of the neoliberal economic paradigm as a central driving force for economic globalization, and how these policies affect migrants in their microeconomic lives, they can also support efforts to educate the public about these complex relationships. Letters to editors of local community newspapers, op-ed pieces, or articles are examples of advocacy work that influences public opinion, helps citizens understand these complexities, and may contribute to a more rational and friendly discourse surrounding the lives of migrants and immigrants.

Advocating with elected officials is another a way to express solidarity, especially in efforts to reform immigration law to make it more family friendly. Correspondingly, vigorously opposing efforts to criminalize undocumented immigrants lets elected officials know of the support that is among citizens who recognize the humanity of immigrants and their contributions to society. Working in tandem with immigrant advocacy groups such as the Interfaith Coalition on Immigrants' Rights (ICCR), Humane Borders, or the American Friends Service Committee (AFSCR), for example, is a way for nurses to have their voices heard as respected members of the healthcare community who care about these issues.

Lastly, as more nurses travel to provide health services in other countries, they might connect with nurses in those countries to share their knowledge of the burdens, sorrows, and joys of those who have been left

behind and those who leave family members behind. Exchanges between US nurses and nurses in Oaxaca could lead to a better understanding of the health challenges faced by Oaxacan indigenous women in both countries, and to collaborative ventures.

CONCLUSION

Although these 2 studies are limited and cannot speak for all transnational immigrant women, they highlight a condition shared by many Oaxacan immigrant women and those "left behind" by migrant husbands or children. How will we learn about the lives of immigrant women who suffer from family fragmentations, and the health challenges they face as a consequence of these unwanted separations from loved ones?

Nurses and other healthcare professionals in general have begun to recognize the influences of economic globalization and its connections to new forms of colonization.⁶³ As Feetham⁶⁸ recently noted, the focus of family and community nursing demands attention to broader system effects. Economic globalization is shaping new social realities, including migration, that can lead to negative health outcomes and social suffering resulting from the splintering of families, as well as certain economic benefits for the families of migrants and also for the host country. While international borders have become porous to goods, services, and instantaneous money transfers, they are becoming increasingly impermeable to transnational migrants who risk everything to cross them for the sake of their families. Our efforts to respond in new creative ways to the newer health challenges faced by Oaxacan indigenous immigrants can be enhanced only by incorporating these contextual dimensions into family nursing practice and praxis.⁶⁹

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