LONG DISTANCE INTERNATIONAL CAREGIVING TO ELDERLY PARENTS LEFT BEHIND: A CASE OF NIGERIAN ADULT CHILDREN IMMIGRANTS IN USA

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The intent of this qualitative, grounded theory study was to understand why the Nigerian (Igbo) adult immigrants in the United States provide long distance international caregiving to their elderly parents left behind in Nigeria, the challenges they encounter, and their views on long-term service care. This study was grounded in semi-structured interviews of 20 Igbo adult immigrants residing in the Dallas/Fort Worth Metropolis. Analysis of the literature demonstrates a lack of existent topic on long distance international caregiving to elderly parents left behind in Nigeria.

Findings show that reasons for Igbo adult children immigrants providing care to their elderly parents left behind stem from filial obligation, immigrant’s position in the family, perceived vulnerability of parents, and lack of government support. Also because of cultural expectations, the participants felt obligated to reciprocate to the care their elderly parents gave to them when they were growing up. While providing long distance international care, the participants encountered some challenges like adjusting to their new country, distance, financial constraints, being available for family procreation, issues with means of communication, and legal papers and parental adjustment to life in the U.S. This study also revealed that the participants would support the Nigerian government and private sector to provide long-term service care for the aging population. The findings led to some policy recommendations.
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# TABLE OF CONTENTS

**ACKNOWLEDGEMENTS** ......................................................................................................................... iii

**LIST OF TABLES AND FIGURES** ........................................................................................................ vii

**CHAPTER 1. INTRODUCTION** ..............................................................................................................1

Importance of the Study .......................................................................................................................... 5

**CHAPTER 2. REVIEW OF THE LITERATURE** .......................................................................................10

Location of Nigeria ................................................................................................................................. 10

The Igbo People ....................................................................................................................................... 12

Ethnicity ................................................................................................................................................... 13

Nigerian Migration ................................................................................................................................. 14

The Neoclassical Model .......................................................................................................................... 16

The New Economics Model of Migration ............................................................................................... 16

Roles of Elders in Africa .......................................................................................................................... 19

Elder Care ................................................................................................................................................ 20

Igbo Family .............................................................................................................................................. 22

Erosion of Kinship Network .................................................................................................................. 25

Long Distance Caregiving ..................................................................................................................... 28

Some Motivating Factors for Providing Elder Care .................................................................................. 30

Filial Responsibility ................................................................................................................................ 31

Social Exchange Theory .......................................................................................................................... 32

Attachment Theory .................................................................................................................................. 32

Challenges of Long Distance International Caregiving ......................................................................... 33

Remittances .............................................................................................................................................. 36

Motives for Sending Remittances ......................................................................................................... 37

Pure Altruism .......................................................................................................................................... 38

Tempered Altruism or Enlightened Self-Interest .................................................................................... 38

Pure Self-Interest .................................................................................................................................... 39

Factors Affecting Level of Long Distance International Caregiving/Support ........................................ 40

Length of Time in Host Country ............................................................................................................. 40

Intent to Return to Country of Origin and Caregiving ........................................................................ 41
Participants’ Views on Traditional Family Support .............................................. 83
Participants’ Views on Elderly Parents Suffering from Social Isolation .......... 84
Participants’ Views on Parents’ Emotional Decline .............................................. 86
Long Distance International Caregiving: Reasons, Views, and Challenges ......... 87
Long-Term Care Service in Nigeria .................................................................... 101

CHAPTER 5. CONCLUSION .......................................................................................... 104
Discussion ................................................................................................................... 104
Immigrants’ Position in the Family ................................................................. 108
Perceived Vulnerability of Parents (Inability to Work for Pay) ...................... 109
Lack of Government Support ........................................................................... 109
Views ......................................................................................................................... 109
Culture ....................................................................................................................... 109
Reciprocal Act ........................................................................................................ 110
Challenges .................................................................................................................. 111
Distance ..................................................................................................................... 111
Financial Constraints ............................................................................................ 111
Being Available for Family of Procreation ....................................................... 112
Legal Papers and Parental Adjustment .............................................................. 112
Long-Term Care Service in Nigeria ................................................................. 113
Implication for Future Research .......................................................................... 113
Implication for Policy ............................................................................................. 114

APPENDIX A. STUDY QUESTIONS ............................................................................. 118
APPENDIX B. DATA SUMMARY .................................................................................. 123
APPENDIX C. DEMOGRAPHIC CHARACTERISTICS OF CAREGIVERS ............... 138
APPENDIX D. AGE OF PARENTS ................................................................................. 140
APPENDIX E. VIEWS OF PARTICIPANTS ON LONG TERM CARE SERVICE .......... 142
APPENDIX F. INFORMED CONSENT FORM ............................................................. 144
APPENDIX G. PROTECTION OF HUMAN SUBJECTS ............................................... 148
APPENDIX H. COVER LETTER ..................................................................................... 150
REFERENCES ............................................................................................................. 152
LIST OF TABLES AND FIGURES

Tables

Table 1  Nigeria’s Emigrant Population, 1960-2010 ................................................................. 15
Table 2  African Immigrants Population in the United States .................................................... 18
Table 3  Socio-Demographic Characteristics of Participants (n = 20) ......................................... 74
Table 4  Range ages of the elderly parents (n = 34) ................................................................. 75
Table 5  Elderly Parents Activities of Daily Living (ADLs) ......................................................... 77
Table 6  Levels of Elderly Parents Instrumental Activities of Daily Living (IADLs) ................. 79
Table 7  Views of Participants ................................................................................................... 83
Table 8  Participants’ Views on long-Term Care Service in Nigeria ......................................... 102

Figures

Figure 1. Location of Nigeria ...................................................................................................... 11
Figure 2. Map of Igbo Land in Southeastern Nigeria ................................................................. 12
Figure 3. Motivation for remittances. (Jorgen Carling, 2008) .................................................. 38
Figure 4. Conceptions on long distance international caregiving ............................................ 48
Figure 5. Conceptual model of long distance international caregiving to aging parents .......... 88
CHAPTER 1
INTRODUCTION

International migration, the movement of people across international boundaries, has enormous economic, social, and cultural implications in both origin and destination countries (Ozden, and Schiff, 2006). International migration flows have increased substantially over the past years. Migration of adult children has the advantage of providing resources for the family as well as the home country. However, there are some issues associated with immigration, such as the breaking up of traditional family living arrangements and the increase of relative deprivation among neighbors and communities (Ozden and Schiff, 2006). In the early 1980s, concerns were raised that migration was weakening the extended family solidarity that insures support for family members in old age in Africa (Kodwo-Nyameazea and Nguyen, 2008). In today’s mobile world, it has become fairly common for adult children to move away from home to establish their own families and pursue career opportunities. As a result of these movements, a number of these adult children who have elders to care for live thousands of miles away from those elders for whom they are caring. Some of these adult children live across international boundaries. According to Silver (2006), previous literature discusses the processes of family separation and adaptation to new roles as being very trying for immigrants in host countries, but very few studies address the effects of migration on non-migrants left at home, especially elderly parents. This study is to understand the lived experiences of Igbo adult children immigrants as long distance caregivers and the challenges they encounter while providing the care. The study will also examine the views of the participants on establishment of formal care systems for the elderly in Nigeria.
Nigerians have a long history of international migration. Evidence from Nigeria suggests a long history of Nigerians emigrating to the United Kingdom, the United States, France, and other countries to obtain higher education. In his own account, Nwajiuba (2005) noted that before Nigeria’s independence in 1960, Nigerians travelled to the United Kingdom, U.S., France, etc., to obtain higher education and to return to Nigeria immediately after completing studies to help in nation building. However, today, according to Takougang (2003) the economy of most African states, including Nigeria, is characterized by grinding poverty, endemic corruption, and high rates of unemployment and has contributed to Nigerian immigrants (men, women, and children) to seek refuge, asylum, and economic opportunity in the United States and other European countries.

The reasons for contemporary Nigerian emigration often overlap. For example, Komolafe (2005) observed that Nigerian migrants move predominantly to countries where they are more likely to adjust rapidly in terms of being able to understand the host country’s language, to secure gainful employment, and to reunite with members of their family, friends, or association with other people from their country of origin (Komolafe, 2005). The severe economic difficulties, increased poverty, and political instability that plagued many African countries in the last two decades resulted in the large scale migration of Africans to Europe and the United States (Nwajiuba, 2005). Unlike their counterparts in the 1960s and 70s, who were anxious to return after acquiring an American education in order to contribute in the task of nation building, an overwhelming majority of recent Nigerian immigrants are more interested in establishing permanent residency in the United States (Nwajiuba, 2005).

Unanka (2002) states that the traditional living arrangements of families, whereby elderly Nigerians co-reside with or live in close proximity to their extended family members, means
there are adult children who often live nearby to support and care for them. The elderly Nigerians express satisfaction with family care and they rarely live alone (Unanka, 2002). Migration disrupts these traditional living arrangements. It separates the younger family members from older adult members who need care. This phenomenon is not experienced in Nigeria alone, but found in other low-income countries as well. For instance, Qin (2008) found that labor migration in Thailand triggers transitions in elderly living arrangements from co-residence to living alone, resulting in several negative effects on intra-household elderly.

International migration has some positive outcomes for elderly people left behind. There are some studies on various ways elderly parents benefit from the out-migration. A review of some migration, remittance, and family care literature shows that immigrants do not forget their family members they left behind. They keep in touch with them through various means, such as visits, phone calls, letter writing, and financial and material transfers. The geographical distance requires that long distance caregivers rely on social and family support networks in close proximity with their care recipients in providing care activities. Zimmer, Korineck, Knodel, and Chayovan, (2007) found that the presence of other siblings at home tends to contribute to the level of support from migrant adult children. For instance, elderly parents left behind in Mexico have been observed to receive fewer transfers in time and money from their migrant adult children where there are other siblings at home (Antman, 2011).

Many researchers have studied the roles that Nigerian immigrants play in the lives of their non-migrant family members. The majority of Nigerian immigrants around the world continue to provide financial and emotional support to their non-migrant families in Nigeria (Hernandez-Coss and Bun, 2006; Osili, 2007; Azam and Gubert, 2005). However, none of these studies examined the reasons why the immigrants continued to provide care to non-migrant
families and the challenges that they encounter while providing the care. These are the main foci of this study.

In demonstrating the role of distance as a key factor governing both the amounts and styles of social interaction, and reciprocal supportive exchange, between elderly parents and their adult children, Smith (1998) examined the theoretical and empirical research contributions which address the geographical context of their intergenerational ties. He concluded that parent – child ties represent the most important extramarital component of kinship networks and social relationships of a large majority of elderly people. Kuhn (2001) observed migrants’ dual obligations of looking after their parents’ security as well as their own.

Baldock (2000), in her study, concluded that transnational migrants were all very much involved in the caregiving process. She found it revealing that the transnational migrants are part of a negotiated set of decisions among kin in family help patterns. Findings indicate that such distant caregivers make an important contribution to the caring process through letters, phone calls, and caregiving visits. Caregiving may involve an ongoing dialogue with the home country (Baldock, 2000). A study of Ghanaians who have migrated to the United States indicate that both economic and emotional support continue to be provided to elderly relatives in Ghana (Kodwo-Nyameazea and Nguyen, 2008). Another study on the long distance relationships of migrants and their relatives was done by Swigart (2001), using the influx of immigrants in the late nineteenth century to the United States, and especially in Philadelphia, that brought slow and subtle transformation of new religions, languages, cultural expressions, and social customs. Swigart worked to understand and to represent the transformation brought by those migrants. He explored the experiences of the new non-European immigrants to the Philadelphia area through New Immigrants Initiative, a series of community-based research and program projects. In this
study, he found that the African immigrants in Philadelphia reported having an obligation to provide care to their relatives. Swigart (2001) reported that African immigrants extend their lives back across the Atlantic, also remaining in constant contact with their families on the continent. Morapedi (2008) also reported how migrants keep in touch with their close relatives in his study of “Acculturation and Botswana Migrant Miners in South Africa from 1930–1980” where some Botswana men who ended up living permanently in South Africa and taking up the languages and cultural practices of South Africans and becoming known in Botswana as Makgweelwa still maintained their own languages and cultural practices.

In this study, the reasons for providing care to their elderly parents left behind and challenges the Nigerian adult children immigrants (the Igbo) encounter in the process of providing long distance international caregiving to their elderly parents will be investigated. Additionally, the views of the immigrants regarding formal long-term care services and support for older Nigerians will be presented.

Importance of the Study

The elderly population is increasing in all countries of the world. The greatest increase in the number of older people is occurring in the developing and middle income countries, which are experiencing rapid shifts from high mortality and high fertility to much reduced fertility and greater longevity (Ajomale, 2007). The United Nations World Population Ageing (2009) describes world population aging as when increases in the proportion of older persons (that is, those aged 60 years or over) are accompanied by reductions in the proportion of children (persons under age 15) and then by declines in the proportions of persons in the working ages (15 to 59). The United Nations World Population Ageing (2009) reported that the population of older persons globally is growing at a rate of 2.6% per year, considerably faster than the
population as a whole, which is increasing at 1.2% annually. The pace of population aging is faster in developing countries than in developed countries (United Nations, 2009). Such a rapid growth will require far reaching economic and social adjustments.

Nigeria, being one of the developing countries, is facing an aging population as well (Ajomale, 2007). However, the inability of the Nigerian Government to cope with the regular payment of pensions to a retired workforce, the inadequate social services and health facilities to cater to the needs of her aging population, as well as a predominantly rural agrarian population pose new threats to food security, social security, and national security, especially to the elderly people that constitute the poorest group in Nigerian society (Ajomale, 2007). The inability of the Nigerian government to provide aid to the elderly population creates more burdens to the traditional family caregiving for the elderly. A growth in the numbers of older people inevitably has brought an increase in the range and intensity of their problems and needs which have added such burdens to their families. Older persons in Nigeria suffer much hardship in an increasingly hostile, competitive, and intolerant society (Nwajiuba, 2005).

The population growth rate of Nigeria (2000-2005) is said to be 2.5% with 5% of the total population aged 60 and above (Ajomale, 2007). Although the present population of older Nigerians constitutes a small portion of the Nigerian total population, there are concerns for their care because the traditional eldercare structure is expected to decline (Ajomale, 2007). Traditional functions of the family such as care and social support to older family members have gradually decreased in the recent past due to economic problems, migration, and influence by foreign culture (Ajomale, 2007). Ajiboye, Olurode and Akinnyemi(2012) stated, “Older people are historically cared for within the traditional extended-family structures in Africa.” This system has changed and the family support system in Africa at large and in Nigeria in particular is
believed to have changed with the advent of colonialism that arose in the late 19th century, orchestrated by the spread of Christianity, formal education, and subsequent rural-urban migration, urbanization and industrialization which further made the care of older people more problematic (Ajiboye et al., 2012).

In the discourse of long distance care of the elderly, little research has been done on the long distance international care of immigrants’ elderly parents in Nigeria. The pre-occupation with geographic proximity in the caregiving literature means that very little research has been done on the relationships between aging parents and adult children who live at a distance (Climo 1992, Baldock 2000). Consequently, these relationships remain invisible (Baldock, 2000).

In low-income countries, older parents heavily rely on the care and support of their adult children. Families in developing countries are likely to live together for longer periods and transfer money and food more frequently to each other than their counterparts in developed countries (Park, 2001). The status of older persons is reduced by such modernization factors as the development of health and economic technology, mass education, and urbanization increase. Older family members are being left on their own as the young members move away from the family residence to seek employment and career opportunities. Hence, it is important to ask, “How is care provided when the adult children who are traditionally supposed to provide care to their elderly parents migrate?” Children are sometimes viewed as a method of insuring against disability and providing income after retirement, especially in developing countries with limited markets for credit and insurance (Antman, 2011). Traditionally in Nigeria, older people live in extended, multi-generational households and rely on their adult children for financial and personal care and support. The sons are expected to provide financial support to their older parents, while the daughters give personal care (Ajiboye et al., 2012).
Despite the large volume and diversity of international migration in Nigeria, the literature on the subject of long distance international elderly caregiving remains scarce and disconnected from the body of international migration literature. Few studies have addressed the specific issue of migrant money transfers to their parents in their country of origin. Some of the studies on Nigerian adult migrants and their families left behind focus on the causes and impacts of financial transfers on the entire household. They do not focus alone or disaggregate the elder parents. In most cases these elderly parents are subsumed under the family, or close family relatives, leaving out long distance international caregiving to the elderly parent which is unique.

Unanka (2002), in his study on the support of elderly people in Imo State, Nigeria, found that family support is potentially available, with most of the elderly depending on their children, wives, in-laws, and God. None of the existing Nigerian literature on immigrants and their family has focused on the reasons and support of adult immigrant children to their elderly parents left behind.

The purpose of this study is to examine the reasons the Nigerian (Igbo) adult immigrant children in the United States provide long distance international caregiving to their elderly parents left behind in Nigeria, and the challenges they encounter while providing the care. Also, the views of the immigrants on formal long-term care services will be discussed. Some of the early research on adult migrants and their elderly parents have either been on the impact of their migration on their parents left behind or how their parents benefited via their remittances. Smith (1998) observed that a limited number of studies have presented data explicitly relating to the separation of the elderly parents from their adult children.

Understanding the views of these Igbo adult children immigrants and their reasons for providing long distance international caregiving to their elderly parents left behind, as well as the
challenges they encounter, is important. Firstly, it will fill a void in the literature. Secondly, it will help us understand the lived experiences of these immigrants as long distance caregivers, and, thirdly it may bring policy intervention in establishing formal care systems for the elderly in Nigeria.

The study used in depth interviews to capture the richness of the participants’ experiences and their reasons for the long distance international caregiving as well as the challenges they encounter. The data for this study were collected from 20 Igbo adult children immigrants that live in the Dallas and Fort Worth areas whose parent/s is/are alive. The study questions are found in Appendix A. The Igbo adult children immigrants are used in this study because they are from one cultural group. Though there are other ethnic Nigerian migrants, the Igbo migrants are readily available in the same area – Dallas Fort Worth and were therefore chosen for the study.
CHAPTER 2
REVIEW OF THE LITERATURE

Caregiving to elderly parents left behind is a fact of life for every immigrant whose parent/s is/are alive. Long distance international caregiving is very complex and challenging. In this chapter, a review of Nigerian geographical location is provided to offer a background showing where the immigrants in this study came from. Some literature on caregiving and long distance international caregiving is also reviewed.

Location of Nigeria

Nigeria is a country located in West Africa and shares land borders with the Republic of Benin in the west, Chad and Cameroon in the east, and Niger in the north. Its coast lies on the Gulf of Guinea, and the Bight of Biafra, which is part of the Atlantic Ocean, in the south. Nigeria is a federal constitutional republic comprising 36 states and one Federal Capital Territory, Abuja. The states are further divided into 774 Local Government Areas (Wikipedia, 2009).

Nigeria occupies an area of approximately 923,768.64 square kilometers or 577,355.40 square miles (Ogbaa, 2003). According to Ogbaa (2003), the creation of Nigeria as a country began in the year 1900 when the West African territories around the River Niger and River Benue were acquired by Great Britain as Northern and Southern protectorates, following the scramble for and partition of Africa by various European countries. By 1914, the protectorates were amalgamated to form one British colonial country by Sir Fredrick Lugard, its first governor general, who named it Nigeria after the great River Niger that transverses the country from north to south (Ogbaa, 2003). Nigeria is the most populous country in Africa and the eighth most populous country in the world, with a population of over 148 million. It is the most populous
“black” country in the world, a regional power; it is listed among the “Next Eleven” economies and is a member of the Commonwealth of Nations. The economy of Nigeria is one of the fastest growing in the world; the International Monetary Fund projected a growth of 9% in 2008 and 8.3% in 2009 (Wikipedia, 2009).

Figure 1. Location of Nigeria.
The Igbo People

The Igbo in Nigeria are found in Abia, Anambra, Ebonyi, Enugu, Imo, Delta, and Rivers States. The Igbo language is predominant throughout these areas, although English (the national language) is spoken as well. Prominent towns and cities in Igbo land include Aba, Owerri, Enugu (considered the 'Igbo capital'), Onitsha, Abakaliki, Afikpo, Agbor, Orlu, Okigwe, Umuahia, Asaba, and Port Harcourt among others. There is a significant number of Igbo people found in other parts of Nigeria by migration, such as in the city of Lagos. Southeastern Nigeria, which is inhabited primarily by the Igbo, is the most densely populated area in Nigeria, and possibly in all of Africa. Most ethnicities that inhabit southeastern Nigeria, such as the closely related Efik and Ibibio people, are sometimes regarded as Igbo by other Nigerians and ethnographers who are not well informed about the southeast (IgboZurume, 2011). The Igbo law is based on rules which are enacted by the elders (Ogbaa, 2003). Those who break these laws are punished or fined (Igbo Zurume, 2011).

*Figure 2. Map of Igbo Land in Southeastern Nigeria.*
Life in Igbo land is collective, and each infant is a part of the community. Even here in the United States, the Igbo are united. They are always together and like to support one another. This culture is also transferred to their American born children (Obialo, 2008). They have in the past shared the same hopes, dreams, and aspirations. Their culture accentuates community, liability, receptiveness, and commerce. The Igbo have very strong religious passion and are mainly Christians with enduring belief in a Supreme God – Chukwu (Obialo, 2008).

Ethnicity

Merriam Webster Dictionary as relating to large groups of people classed according to common racial, national, tribal, religious, linguistic, or cultural origin or background defines ethnicity. Thus a group of people that has common culture and language are regarded as ethnic. These common factors are emphasized by frequent interaction between the people in the group. According to Rakov (1992), the ethnicity of Nigeria is so varied that there is no definition of a Nigerian beyond that of someone who lives within the borders of the country. The boundaries of the formerly English colony were drawn to serve commercial interests, largely without regard for the territorial claims of the indigenous people (Rakov, 1992). In Nigeria, the ethnic groups are occasionally fusions created by intermarriage, intermingling, and/or assimilation. In such fusions, the groups of which they are composed maintain a limited individual identity. The groups are thus composed of smaller groups, but there is as much difference among even the small groups (Rakov, 1992).

The Nigerian ethnic variety is dazzling and confusing. Some authors have recognized the multi-ethnic distinct groupings in the country to vary from 250 to 440 (Metz, 1991). The most widely used marker of Nigerian ethnicity is that of language. In most cases, people who speak a distinct language and have a separate term for the language and/or its speakers see themselves, or
are viewed by others, as ethnically different. The three largest and most influential ethnic groups in Nigeria are: the Hausa-Fulani in the north, the Igbo in the southeast, and the Yoruba in the southwest. All share a similar cultural background and, thus, perception of care for older persons (Metz, 1991). There are other ethnic minority groups that have relatively small populations, such as Edo, Efik/Ibibio, Eko, and Ijaw, who live in the south, and the Fulani, Kanuri, Nupe, Chamba, and Tiv in the north (Ogbaa, 2003).

People from all Nigerian ethnic groups are black. For that reason, race is not an issue in Nigeria, as it is in the United States. English is the official language of Nigeria as a result of the British creation and colonization of the country. The English language has made it possible for the more than four hundred ethnic groups to communicate with one another for purposes of education, administration, commerce, and trade within and outside the country (Ogbaa, 2003). In addition to the English language, however, each ethnic group speaks its indigenous Nigerian language which has many dialects (Ogbaa, 2003).

Nigerian Migration

Migration, both internal and international, is a common feature of both developing and developed countries. Internal migration in this context refers to the movement of people within the same country. As reported by Mberu (2010), the motivations for migration out of the southeast region of the country to other parts of the country and outside the country were mainly economic, with education a distant second at 80% and 16% respectively. International migration is the movement of people across national boundaries into another country (immigration). Raventein (a geographer) made the first scholarly contribution to migration in his two articles (1885; 1889), in which he formulated his “laws of migration.” He saw migration as an inseparable part of development, and he asserted that the major causes of migration were
economic. Migration patterns were further assumed to be influenced by factors such as distance and population densities (Skeldon, 1992).

In Nigeria, especially in the southeast, both types of migration (internal and international) continue to increase. There is no consensus on the exact number of Nigerians who live outside the country, though the number of Nigerians living outside the country has consistently increased since 1960 (see Table 1). Of this group, 62% are in other African countries, with smaller shares in Europe and North America, a small presence in Asia, and a minimal presence in Oceania, Latin America, and the Caribbean.

Table 1

_Nigeria’s Emigrant Population, 1960-2010_

<table>
<thead>
<tr>
<th>Year</th>
<th>Number (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960</td>
<td>94.1</td>
</tr>
<tr>
<td>1990</td>
<td>447.4</td>
</tr>
<tr>
<td>2005</td>
<td>972.1</td>
</tr>
<tr>
<td>2010</td>
<td>1,127.70</td>
</tr>
</tbody>
</table>


The lack of adequate data for Nigerian emigrants and the migration estimates remain unclear. Hence we use the United Nations Development Program (UNDP) estimate of about 1.13 million Nigerians living in another country in 2010 (Mberu, 2010). In any given year, thousands of middle-aged and young adults move from low-income countries to high income countries. Many of them leave behind elderly parents and relatives who need some kind of care.

There is no single standard definition of migration process, simply because there are several criteria, kinds, and aspects of migration (Adler and Gielen, 2003). As people migrate for various reasons, these differences affect the overall migration process. However, in this section, I
will use two theoretical based models to explain migration – the neoclassical economic model and the new economics of labor model.

The Neoclassical Model

According to neoclassical theory, flows of labor move from low-wage to high-wage countries, and capital (including human capital) moves in the opposite direction. According to the theory undergirding the neoclassical economic model, migration is considered as a sum of individual cost- benefit decisions, which are initiated for expected income maximization (Massey et al., 1993). Thus neoclassical migration theory attributes the pattern of international migration on the economic factors such as labor demand and supply, as well as wage differentials from low economies to higher economies. The literature on this theory falls along two main lines of thought – macroeconomic and microeconomic.

At the macro-level, neoclassical economic theory explains migration by geographical differences in the supply and demand for labor. The resulting differentials in wages cause workers to move from low-wage, labor-surplus regions to high-wage, labor-scarce regions. Migration will cause labor to become less scarce at the destination and scarcer at the sending end. Capital is expected to move in the opposite direction (De Haas, 2007).

At the micro-level, neoclassical migration theory views migrants as individuals, rational actors, who decide to move on the basis of a cost-benefit calculation. Assuming free choice and full access to information, they are expected to go where they can be the most productive, that is, are able to earn the highest wages. This capacity obviously depends on the specific skills a person possesses and the specific structure of labor markets (De Haas, 2007).

The New Economics Model of Migration

The new economics model of migration, in contrast to the neoclassical migration,
considers conditions of migration in a variety of markets. It points out that migration decisions are not made by an individual. It views migration as household decisions taken to minimize risks and maximize income (Massey et al., 1993). This is also “household strategy theory” which contends that migration decisions are not made by individuals but by households (Oishi, 2002). According to the proponents of this approach, people act collectively not only to maximize expected income but also to minimize family risks. Lauby and Stark (1988) in their study of individual migration as a family strategy using young women in the Philippines, found that all migrants are influenced by the constraints, opportunities, and objectives of people around them, and, in particular, by the needs and resources of their families. Thus, households control risks to their economic well being by diversifying the allocation of household resources such as family labor (Oishi, 2002). In both the neoclassical and new economics model of migration the main reason for people to migrate from a low-income country to a high-income country is higher income. The individual may have the idea to move or migrate, but it is for the family to support the move as their survival strategy. According to Taylor (2000) a growing body of research offers evidence consistent with the new economics model that migration decisions take place within a family or household context and are influenced by families' efforts to overcome poorly functioning or missing risk and credit markets.

Research indicates that after migration, family members left behind pool and share their incomes (Stark, 1991). This pooling, or co-insurance, covers risks of losing income in individual markets and allows the family to smooth its consumption as the migrants start remitting part of their income to those left behind.

Many modern Nigerian immigrants have come to the U.S. to pursue educational opportunities in undergraduate and post-graduate institutions. Unlike their counterparts in the
1960s and 70s, who were anxious to return home after acquiring a western education in order to contribute to the task of nation building, an overwhelming majority of recent immigrants are more interested in establishing permanent residency in the United States because of poor economic conditions with unemployment, a poor health care system, and a poor educational system in Nigeria (Nwajiuba, 2005). The most noticeable exodus occurred among the professionals and middle-class Nigerians who, along with their children, took advantage of education and employment opportunities in the United States. This exodus has contributed to “brain-drain” on Nigeria’s intellectual resources, to the detriment of its future. Takougang (2003) reported there were 21,000 practicing Nigerian physicians in the United States at a time when Nigeria’s health care system was severely deficient.

Table 2

African Immigrants Population in the United States

<table>
<thead>
<tr>
<th>Region/country</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>1,013,880</td>
<td>100.0</td>
</tr>
<tr>
<td>Eastern Africa</td>
<td>263,415</td>
<td>26.0</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>87,543</td>
<td>8.6</td>
</tr>
<tr>
<td>Other Eastern Africa</td>
<td>175,872</td>
<td>17.3</td>
</tr>
<tr>
<td>Middle Africa</td>
<td>23,993</td>
<td>2.4</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>204,728</td>
<td>20.2</td>
</tr>
<tr>
<td>Egypt</td>
<td>108,371</td>
<td>10.7</td>
</tr>
<tr>
<td>Other Northern Africa</td>
<td>96,357</td>
<td>9.5</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>71,883</td>
<td>7.1</td>
</tr>
<tr>
<td>South Africa</td>
<td>70,275</td>
<td>6.9</td>
</tr>
<tr>
<td>Other Southern Africa</td>
<td>1,608</td>
<td>0.2</td>
</tr>
<tr>
<td>Western Africa</td>
<td>357,360</td>
<td>35.2</td>
</tr>
<tr>
<td>Nigeria</td>
<td>139,493</td>
<td>13.8</td>
</tr>
<tr>
<td>Other Western Africa</td>
<td>217,867</td>
<td>21.5</td>
</tr>
<tr>
<td>Africa (not elsewhere classified)</td>
<td>92,501</td>
<td>9.1</td>
</tr>
</tbody>
</table>

Source: US Census Bureau, American Community Survey, 2002
From Wikipedia, the free encyclopedia, it was estimated that the current population of African immigrants to the United States is about 881,300. Countries with the most immigrants to the U.S. are Nigeria, Ghana, Ethiopia, Eritrea, Egypt, Somalia, and South Africa (Wikipedia, 2010). There are over 1 million African foreign born in the United States. Grieco (2004) reported there were 1.0 million African foreign-born residing in the United States in 2002 and the number is still growing as shown in table 2. The largest group of African foreign born in the United States, by region of Africa, is made up of people from Western Africa (Grieco, 2004).

Roles of Elders in Africa


> As a man grows old, his prestige increases according to a number of age grades he has passed. It is his seniority that makes an elder almost indispensable in the general life of the community. His presence or advice is sought in all functions. In religious ceremonies, the elders hold supreme authorities. The custom of the people demands that the elder should be given his due respect and honor.

Traditionally, the older person heads the family and the extended clan that dominates the communities. The social obligations of the aged are multi-dimensional in the sense that they encompass religion, education, politics, recreation, economic, and prophetic issues (Akukwe, 1992). Old people are venerated as a source of wisdom. The elderly provide child care services as the able bodied work in the labor market. The elders represent their families in the Council of Elders Meetings where decisions are taken to regulate and promote the general interest of citizens and administer the affairs of their communities (Ajomale, 2007). The elders are seen as repositories of wisdom and they play leadership roles in the society. They settle disputes and
conflicts arising from members of the family, based on their position, skill, knowledge, wisdom, vision, and experience acquired along the journey to old age (Ajomale, 2007).

By tradition, older people in Africa are not excluded from the process of productive and social participation (Apt, 2000). In a typical African household, each person has a role to play, whether young or old. The elder plays an important role in the social upbringing of the young and thereby becomes the educator and guiding spirit behind many initiatives of the young, psychologically a very satisfying role. As ones entrusted with family land, property and family wealth, the elder is consulted in administrative matters and is always consulted when important decisions are to be made, a role that is linked to their closeness to ancestors (Apt, 2000).

Elder Care

Millions of young and middle-aged people around the world take care of their elderly parents. In a traditional society, family has been the most natural and conducive social organization for the care and support of the old-aged person. This care and support to an old-aged person is provided by the family members, especially the wife, sons, daughters, sons-in-laws, and daughters-in-laws (Sijuwade, 2007). Aging has become a global phenomenon and indeed a critical policy issue receiving some recognition by governments of developing countries like Nigeria where it is reflected in the government’s vital documents of economic and social development strategy (Ajomale, 2007).

Oppong (2006) noted that traditional family values, norms, and roles prevalent half a century ago has molded the lives of today’s old people in Africa. In the past, parent-child ties, descent groups, and kin networks served to integrate, embed, and protect the old (Oppong, 2006). Okoye and Obikeze (2005), in their study of stereotype and perceptions of the elderly and the young in Nigeria, stated that with the passage of time, there have evolved, in different
communities of the world, various models and systems of care and support for the elderly adapted to the prevailing socio-cultural conditions of the time. In the case of Nigeria, it is the informal traditional care system that is adopted – family provides the support to their aged parents.

However, Ajomale (2007) noticed that the decline in the economy, gradual disintegration of the extended family system, unemployment, increasing female employment to complement family income, as well as rural-urban migration, all contribute to the noticeable decline in the level of care for the elderly provided by the family in recent times. According to Apt (2000), within the developed world, older persons have a greater range of resources available to them with which to build their social environment for health and well-being. Within the developing world, however, older persons have a restricted range of economic and service provisions available to them. There is a general consensus that the low-income world that is representative of Africa does not have resources to cater to either the aging of society or large increases in the number of older persons. Public sector provision focus has largely been on the family as the key agency in meeting the aging crisis (Apt, 2000).

Lack of state provision of eldercare in Nigeria requires the family, especially adult children, to provide for the needs of their aging parents. In traditional Nigerian society, family members provide food, shelter, clothing, medicines, and other basic necessities. Ideally, elder care in Nigeria (Igbo land) is a joint responsibility of the extended family members. In most cases, however, caregiving duties fall on the immediate family members, i.e., spouses, children and/or grandchildren. Adult children play the most important role of providing economic security to their elderly parents. Though the first son/daughter is expected to contribute more, there is no consistent way in which eldercare is provided. Who does what at a particular time is
very much a matter of physical presence and abilities (Akukwe, 1992). Whoever happens to be available and capable of performing a needed task performs it.

It is culturally imperative for children to support and respect the aged (Akukwe, 1992). There is no doubt that in most African communities and Nigeria in particular, caregiving and family support is a reciprocal activity involving children, spouses, older parents, and family members (Ajiboye et al., 2012). In other African countries, such caregiving is not different. For example, in Ghana it is said, “When your elders take care of you when you are cutting your teeth, you must in turn take care of them when they are losing theirs.” (Aboderin, 2006).

Customarily, in developing countries such as Nigeria, families have carried out the full responsibility and have been the main stay of support for older adults who are unable to sustain themselves and are unable to perform their activities of daily living (ADLs). ADLs are the things we all do every day with or without help from others. These include getting in and out of bed, bowel movement, bathing, and dressing, preparing and eating meals. Some elderly people also need help with the instrumental activities of daily living (IADLs). These are the things we must do to maintain order and hygiene in our environment with or without help from others. Such activities include doing laundry, shopping for groceries, paying our bills, sending correspondences, answering phones, and cleaning the house. When parents become older or elderly and need help performing these ADL and IADL activities, they rely on their kin and/or adult children. Thus, filial obligation of Nigerian younger generation kin, especially adult children, towards their elder parents has been enshrined in the society moral codes (Akukwe, 1992).

Igbo Family

A family is defined as a group of people who are related to each other by blood,
marriage, or adoption (Wahyuni, 2005). However, the family structures in Igbo land consist of members of the extended lineage which include: parents, grandparents, aunts, uncles, brothers, sisters, cousins, nephews, and nieces. The extended family as a social structural phenomenon serves more or less as a form of social insurance (traditional safety net) for old age (Ajomale, 2007). In Igbo land, the care and support for the older persons are voluntary and reciprocal, without any form of compensation. The care of the older relative is a value, which is culturally rooted and highly respected.

Strong family ties are the foundation upon which Nigerian family values are built (Ogbaa, 2003). The Igbo place a lot of emphasis on the continuity of the family name. Sons are trained to be strong and assertive and to develop leadership roles of their fathers at home, should such fathers die or become old, ill, or infirm (Ogbaa, 2003). The sons are supposed to be providers of their family members’ needs and give them security as well as emotional and economic protection (Ogbaa, 2003). Daughters also help their families. When married, they render such help via their husbands.

The Igbo culture permits relatives to live in geographic proximity and have frequent personal contacts. Holidays and life-cycle events, such as childbirth, naming ceremonies, marriages, and funerals are generally celebrated through ceremonies and customs that bring family members together. The Igbo families also share the stresses of modern families like spousal tension over roles and tasks brought about by increasing gender equality, and difficulties, especially among mothers, in balancing childcare, work, and personal interests and goals. Grandmothers also help daughters take care of their grandchildren. The family is very much together. Unannounced visitors are always welcome in the Igbo family and food and other services are given to such unannounced visitors (Ogbaa, 2003).
The extended family system expresses the notion that a person can be taken care of by a relation who acts like one’s nuclear family. Members of one’s extended family may not be blood related. They could be distant relations who take over the care of a person if his or her biological parents are poor, dead, or not in a position to help. This ensures that the Igbo do not have to deal with homelessness. As the Igbo would put it proverbially, “It takes a village to raise a child,” and “helping a brother or sister to rise up” (Ogbaa, 2003). Relationships within the family are that of loyalty and trust. The properties of a family are considered joint and their affection and devotion to one another supersedes all other interests. According to Igbo custom, membership in the family lineage and extended family is a lifetime (Ogbaa, 2003). Marriage or moving away from the family does not remove one from obligations to and benefits from the family.

Children play the most important role of providing economic security in old age. Older parents live in their adult children’s homes and receive care. On the other hand, they support their children in taking care of their grandchildren. When they live in their own homes, grandchildren or other relatives often live with them to give them support such as washing clothes, running errands, cooking meals, and taking general care of the older people’s environment.

In the Igbo culture, children are sometimes viewed as a method of insuring against financial difficulties due to disability and lack of or insufficient income after retirement. Nigeria is a developing country with limited markets for credit. The burden of providing income to their retired parents, therefore, falls on their children. By the time parents have reached an age where they require assistance, however, it is their children who must decide on the distribution of responsibility of caring for their elderly parents (Ogbaa, 2003). Cox and Fafchamps (2008) noted the importance of extended families just about everywhere, but especially so in poor countries,
where social safety nets are incomplete or nonexistent and households must cope with an unforgiving environment of severe poverty and shocks to economic and physical well-being. Autonomy is not a likely option for a household struggling to make ends meet, especially against a backdrop of inadequate formal credit and insurance markets (Cox and Fafchamps, 2008).

Leaving their wives and children at home in search of jobs that could earn them the money they could send home for upkeep of all family members is not a new thing for the Igbo. Even in the United States, the Igbo migrants do the same. They can leave their families in one American city and go to another for the purpose of working to make money for the upkeep of their families in the U. S. and for their extended family members in the Igbo land. Any important matter concerning the nuclear or primary family, such as migration of a family member, the man (father) is usually expected to present it to his wife and children for deliberation, and decision on such a matter is reached by consensus (Ogbaa, 2003).

Erosion of Kinship Network

Migration causes a split in the family structure. The direct impact of migration on household and family structure is the splitting of a family into several types of households and geographically dispersed homes between origin village and destination areas (Wahyuni, 2005).

Caring of the elderly that has been taken for granted to be filial responsibility for only the women is no longer so. Women are now being affected by the social and economic changes in society. A life course approach provides a broad framework for the study of how women’s lives and family relations generally have changed in the Third World. According to Apt (2000), the informal support system characteristics of the African, along with the modern nuclear family’s inability to continue its care giving roles in the context of the current monetized urbanization life, is compromised as women increasingly join the labor force. Social and economic changes
currently occurring in Nigeria are putting into doubt the continued viability of such traditional arrangements for the elderly (Akukwe, 1992). More women are now in the labor market. Gone are the days when young men would leave their wives in the village to take care of their aged parents while they lived in the cities (Akukwe, 1992). Okoye (2004) in her study explored how Nigerian youths feel about caregiving for the elderly and their views about traditional ways of taking care of the elderly. She observed that the youngsters are not willing to live with their aged parents; neither are they willing to send their wives nor their children to the village to live with their aged parents. The young ones are no longer interested in staying at home with their grandparents. The traditional functions of the family, such as care and social support to older family members, have gradually decreased in the recent past due to economic problems, migration, and influence of foreign culture (Ajomale, 2007).

Smith (1998) used the modified extended family as an alternative to the isolation of nuclear family structure. The modified extended family may be viewed as a new version of the classical extended family. It acts as resistance to modernizing pressures and does not require spatial propinquity (Smith, 1998). What this means is that the modified extended family structure, which is part of the Igbo lifestyle, would assist the families in balancing the activities of these family members who are not in close proximity to their elderly parents. Friends, neighbors, and other relatives can fill the created gap of the migrant in certain caregiving activities.

Since the Igbo respect their culture, marriage is deemed an indispensable factor for the continuation of the family line of descent. A typical Igbo parent will want his/her children to marry an Igbo in order to maintain their traditions and cultures. However, one of the effects of migration is intercultural marriage, and they fear that such intercultural intermarriages will affect
their culture. Divorce is not an easy practice in Igbo land owing to its adverse effects on both the family and the children, but in the United States some Igbo families have copied this American culture of divorce. Either parents or uncles, or other close relatives usually settle serious conflicts between husband and wife when the parents are not living. Sometimes, fellow married women can educate her based on their own experiences in marriage to avoid any kind of misunderstanding with her husband. For example, Chiwetelu (2012) has this to say about Igbo traditional marriage: 1) marriage in Igbo land is not between one man and one woman; rather it is between families and to a great extent between clans or even villages; 2) marriage is regarded as sacrosanct while divorce or separation is not common except in extenuating circumstances (which include flagrant abuse and neglect, promiscuity, acts likely to cause illness, death or embarrassment to member(s) of the family). When these factors apply, the marriage may be set aside in accordance with rules and practices prevalent in the locality. The introduction and practice of Christianity in Igbo land have helped to preserve the sanctity and reverence of Igbo marriages. A third principal of Igbo traditional marriage is that dating or any kind of relationship between the man and the girl before they get formally married is not encouraged (Chiwetelu, 2012).

Another effect of Igbo migration is the issue of understanding indigenous languages. The Igbo children in the U.S. find it difficult to speak and understand the indigenous language – Igbo. Efforts are being made to teach them the Igbo language; still it is not easy for them because they are facing two cultures (the American and the Nigerian). In an effort to avoid losing the tradition, some parents send their children back to Nigeria to attend high school and back to the United States for their college education.
Language is important to any culture. The Igbo traditionally name their children in their indigenous language with meanings such as: “Ike Chukwu” (God’s Power), “Nkechinyere” (The Gift from God), “Nneka” (Mother is more valuable), “Ogechi” (God’s time is the best),”Ngozi” (Blessing), and “Chioma” (Awesome God), to mention a few.

Relatives back home feel that American-born children of Igbo immigrants are losing their cultural heritage by not speaking their indigenous language. In an effort to help these Igbo children in this cultural aspect, every summer the Igbo Community Association of Nigerian (ICAN) in the Dallas/Fort Worth area organizes Igbo language classes for the children. At the end of their summer classes in Igbo language, certificates of participation are awarded to each of the participants. The children look forward to this time of the year, not only for the Igbo language and culture classes, but also because it offers them the opportunity to meet one another. Sometimes Igbo children marry their fellow Igbo. The problem of culture and language is not unique to Nigerian parents and their children alone. For example, Treas (2008), in her study on the transitional older Filipino adults and their families in the Unites States, described language and culture impacts of migration on children as the dilemma of lost identity or identity crisis. She described this as a culture gap, as these second generations living abroad not only have difficulty in being accepted into the mainstream of the country where they grew up because they look physically different from the natives, but at the same time not connecting with their parent’s home country (Treas, 2008).

Long Distance Caregiving

Long distance caregiving has been defined in various ways. According to Bledsoe, Moore, and Collins (2010), there is no single definition for informal long distance caregiving; however, they acknowledged that the term caregiving covers a wide range of possible assistance
which includes complete responsibility for care, provision of some financial support, arrangement for various levels of in-house care, regular visits and telephone calls, and oversight of medical care. In this description of long distance caregiving, Bledsoe et al. (2010) believes that, generally, travel time of more than one hour to provide care should be considered as a long distance for care purposes which means the long distance international caregiver cannot have daily face to face contact with the relative. This definition or classification refers to informal care that is provided to persons living outside institutions like nursing homes (Bledsoe et al., 2010).

In classifying long distance care as the efforts made by family care, the care rendered by an immigrant living in the U. S. to his/her parents in Southeast (Igbo Land) Nigeria, with a travel time of about two days to the care recipient, falls within the definition of long distance international care. Bledsoe et al. (2010) define a caregiver as someone who is at least 18 years old who provides informal care to a relative or friend aged 50 or older during the last 12 months. The young adult immigrants in this study also fit into this category as caregivers.

According to the World Health Organization (WHO, 2011), most developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person; the age at which one can begin to receive pension benefits if one qualifies for it. The chronological age of 55 or 65 years as definition of an elder or 'elderly’ person does not adapt well to the situation in Africa because most often the actual birth dates are not known.

In 2000, the Minimum Data Set (MDS) Project collaborators agreed at the Harare MDS Workshop to use the chronological age of 60 years as a guide for the working definition of "old"; however, this definition was revisited during this meeting. Many felt this definition was not taking into account the real situation of older persons in developing countries, specifically in sub-Saharan Africa. Hence, upon further deliberation and discussion during the 2001 Dar
es Salaam MDS meeting, the working definition of "older" or "old" was changed to the age of 50 years. It is acknowledged that this is also somewhat arbitrary and introduces additional problems of data comparability across nations, but it is believed to be a better representation of the realistic working definition in Africa (World Health Organization). Using this definition of “older” or old, the elderly parents in this study with the mean age of 81.3 years they are qualified to be regarded as old or older.

Some Motivating Factors for Providing Elder Care

Nowadays, many adult children move away from home to places where they can pursue their careers and establish their own families. Conservative estimates indicate that there are approximately 1.1 million Nigerians living outside their home country, representing 0.84% of the Nigerian population Orozco (2007). This movement or migration has caused adult children who have the obligation of taking care of their elderly parents to be very far away from home. No matter the socio economic situation of the immigrant child or the distance from home, the adult child migrant is expected to remit some money to care for his/her aging parents left behind (Kodow-Nyameazea, and Nguyen 2008). There is ample evidence to suggest that adult children who have migrated continue to provide care to their elderly parents, although there are factors that may limit the extent to which these adult children are willing or able to provide care to their elderly parents (Kodow-Nyameazea, and Nguyen, 2008). Understanding what motivates immigrants to provide care to their elderly parents left behind and how much care they are willing to provide is important in explaining the levels of welfare provided for non-migrant older adult family members in Nigeria. Also, understanding the challenges that Nigerian caregivers in the U.S. may encounter will help stakeholders and policy makers devise appropriate approaches that will help long distance caregivers.
Igbo adult children immigrants in the Dallas/Fort Worth areas are not different with regard to these expectations of caregiving to their elderly parents. As Baldock (2000) observed, migrants participate in the planning of their elderly parents’ caregiving. These Igbo adult children immigrants are concerned in providing long distance international care to their aged parents, grandparents, parents-in-laws or other extended relatives in Nigeria. Some theories and concepts can be used to explain the motives behind these adult children caregiving.

**Filial Responsibility**

Filial maturity is an important factor influencing relationships between parents and children and refers to the adult child’s ability to accept his/her parents as individuals—recognizing their parent’s personal needs and goals, accepting imperfections and failings as well as positive qualities (Hamon and Whitney 2003). It implies relating to and supporting aging parents in an adult way. To achieve filial maturity requires understanding, patience, and self-acceptance. Hamon and Whitney (2003) noted that Blenkner (1965) introduced the concept of *filial maturity* as a unique developmental task of midlife. She observed that a filial crisis occurs when adult children, typically in their forties or fifties, realize that their parents can no longer fulfill the supportive role they once did during economic and emotional hardships and that they must become a reliable source of support for their parents (Hamon, and Whitney, 2003).

Filial piety is another motivation for responsibility that exists in the Igbo culture, like the filial piety in Chinese culture in which an individual’s natural feeling is shown towards his parents. Filial piety demands that children should love, serve, and respect their elders. It is not only parents that should be loved and respected, but anyone who is one’s senior. In Igbo land, respect is viewed as showing concern for the welfare of the elderly adults and being aware of the caregiving customs and practices that preserve the dignity of care recipients. Young adults are
trained to respect older people and to view elder care as a cardinal traditional ethic. It is a social norm that parents should love their children and children in turn should love and respect their parents ((Kodow-Nyamezea, and Nguyen, 2008).

Social Exchange Theory

The social exchange theory is another relationship theory that explains parent-child responsibility. It assumes that human beings are motivated by self-interest and seek to maximize their rewards and minimize the costs that they incur in a relationship. Thus, this theory asserts that relationships are governed by a norm of reciprocity. The main point to understand in this theory is that it assumes the two parties (elderly parents and the young adult children) are both giving and receiving items of value from each other. Under this theory, interactions will likely continue as both parties feel they are coming out of the exchange with more than they are giving up—that is, if there is a positive amount of profit or gain for both parties involved (International Encyclopedia of Marriage and Family, 2003). This explains the idea that parent give to children by providing for them when they are young and later receive from the children in their old age.

In Nigeria, as a developing country in which formal capital markets do not function well, people therefore adopt the informal sector in which the kinship networks predominate. People therefore invest their wealth in training their children who will in-turn take care of them in old age. Cox and Fafchamps (2008) noted that kinship networks and families create a setting in which repeated exchange, inculcation of family loyalty and trust, and altruism can keep enforcing mutually beneficial exchanges.

Attachment Theory

Attachment theory provides another explanation for filial norms. The life span attachment theory is based on the concept of the infant developing an emotional bond to the mother or to the
primary caretaker. The existence of an emotional or affection bond that adult children have for parents prompts them to remain in contact and communication with parents, protecting them from harm (Cicirelli, 1993). Cicirelli (1993) analyzed data from 78 daughters caring for their elderly mothers to clarify the effects or motives on caregiving and subsequent feelings of burden and concluded that both attachment and obligation were related to the amount of help provided. Citing Bowlby’s (1969, 1979) attachment-behavioral system during infancy and childhood, Pietromonaco, Barrett, and Powers (2006) viewed the system as enduring over the life course. This can be used to understand why the Igbo adult children immigrants are committed to caring and supporting those left behind, especially their elderly parents.

**Challenges of Long Distance International Caregiving**

Every day, the Nigerian (Igbo) adult children immigrants deal with how best they can care for their aging parents or other loved ones left behind in Nigeria. As they grow older, so do their parents. Eventually there comes a time when they have to be there for their elderly parents, as the parents were once for them. The challenges range from ensuring basic health and safety to assisting in detailed planning of their older parents’ future and often magnify when the adult children and other caregivers live very far away from them. An online survey with 1,130 long distance caregivers conducted by Zogby International found that long-distance caregivers have financial burdens as well as time conflicts. The farther away the caregiver lives, the more he or she is likely to spend on travel and long-distance phone calls (National Alliance for Caregiving, 2004).

Both the migrants and their elderly parents can feel their separation and distance complicates the management of caregiving responsibilities. It often becomes difficult for long distance international caregivers to understand the present situation of their elderly parents,
respond in time, and control events. They cannot be there to know what is really happening. For someone who is sick and his/her care requires continuous planning in order to monitor his/her situation, this is a very tough call for the immigrant. The adult child migrant cannot be there to do this. He/she could only help in the planning via telephone instructions. Interaction with grown up children which includes face to face contact is a valued important source of social and emotional support for the elderly parents.

For their elderly parents left behind in Nigeria, the physical separation limits the ability of the immigrants to provide for the needs of their elderly parents. It is very hard to have a loved one who needs care at such a distance as it takes an average of two days to reach the care recipient in Nigeria. Certain eldercare activities such as personal care, health care, housework, and transportation require physical presence and can be provided only by people who live with or near the older person needing those services. Long distance international caregivers are restricted because of the distance, unless they have the opportunity to frequently visit home to see the care recipient. They can only provide financial support from a distance and make phone calls.

As parents age, homemaking and preparation of their meals can become difficult for them. People do not cope successfully with aging in isolation. Most often they will cope in the company of others who provide social, emotional, and financial support and assistance in surroundings that provide security, love and understanding (Connidis, 2010). In this respect, families of older people usually provide many forms of caregiving assistance for older people. Caregiving assistance in the context of this study is taken to mean all forms of support and assistance given to an elderly parent. This could be by way of telephone calls, visits, financial support, and physically caring for the parent.
According to Atchley (2000), adult children generally are considered to be the first line of support when care-giving assistance is needed for their parents. He also observes that the relationship between elderly parents and adult children emerges through interaction between each other, usually in the process of playing their respective social roles. These are some of the services these adult immigrants provide through their relatives, or hired home-maid personnel:

- Health care management
- Help with bathing and dressing
- Preparation of their meals
- Housekeeping and laundry
- Transportation and
- Emotional support (having someone to talk to face to face).

The long distance international caregivers, unless they visit home, will not experience the burden associated with prolonged and physically-demanding activities of daily living (ADLs), such as lifting a care recipient. These immigrants may suffer from stress and worry over the uncertainty about the actual and perceived health condition and physical needs of their elderly parents. Immigrants worry a lot when they do not have anyone to look out for their loved ones, especially if that caregiver (immigrant) is the sole provider who supports his family back home in Nigeria. It is challenging and emotionally disturbing to the immigrants when they cannot be there to know the actual condition of their elderly parents. The adult children immigrants may not be aware that there is a problem until a visit is made to home, and they see the changes in their parent’s physical and emotional conditions. Some parents might not like to reveal their true health condition to their immigrant children for fear of causing them emotional or mental break downs. Another challenge to long distance international caregiving is that aging
parents are not able to watch their grandchildren grow, as is always a blessing for aging parents to see their grandchildren grow.

Adding to the emotional challenges is the lack of siblings at home to help in taking care of elderly parents, thus forcing the adult children to hire an outsider. Tailoring the services to suit the elderly individual’s needs may not be adequately managed and the adult child immigrant sometimes feels guilty because someone else is taking care of his/her elderly parents with their day-to-day care when he/she would have been the one to render the care services. Sometimes, the immigrants feel resentment over the fact that they do not live closer and that their siblings are not doing more. During each visit to Nigeria, they are anxiously rushing home and then back to the United States for fear of losing their job, not knowing what tomorrow will bring.

Remittances

Review of migration, remittance, and family care literature shows that immigrants do not forget their family members they left behind Baldock (2000), keeping in touch through phone calls, remittances, and visits. According to Okoye and Obikeze (2005), writing on various ways to care for the elderly, there are various modes and systems of care and support for the elderly adapted to the prevailing socio-cultural conditions of the time. The study showed that the migrants use remittances as their means of providing support to their elderly parents left at home.

Migrant remittances are generally known as transfers of money and goods-in-kind that migrants send back to their places of origin. Migrant remittances have become an important source of income and foreign exchange for many developing countries. According to Chukwuone, Amachina, Iyoko, and Okpukara (2007), Nigeria is the single largest recipient of remittances in sub-Saharan Africa over the last decade, as it receives between 30 to 60% of remittances to the region.
Economists and financial analysts believe that remittances to Nigeria from various parts of the world now exceed U.S. $1 billion annually, ranking second only to oil exports as a source of foreign exchange earnings (Chukwuone et al., 2007). The remittance literature indicates that migrants often remit a sizeable portion of their increased earnings to families and acquaintances back home, thus constituting a large share of households’ disposable incomes.

While the value of remittances to particular Nigerian regions and sectors is not available, a 2005 World Bank study found that remittance recipients are located predominantly in Nigeria's southeast and southwest regions and common uses include family expenses and social security for the elderly, the disabled, and orphans. Other major uses include education of relatives, payback for sponsorship of migration, business development and financing of existing businesses, and funding of special occasions like funerals, weddings, and holidays (Hernandez-Coss, and Bun, 2006). A central issue surrounding remittance behavior is the need to ensure the safe transfer of resources from the host country to the origin country.

*Motives for Sending Remittances*

The amount of migrants’ remittance depends on both the migrants’ ability, i.e., their disposable income and the savings from the income, and their motivation to remit part of the savings back to their home country. Carling (2008) noted that migration only does not fuel remittance flows, but the prospect of remitting is often a key element in the motivation to migrate in the first place. The economic literature on migration remittances has been strongly influenced by the Lucas and Stark (1985) study, *Motivations to Remit: Evidence from Botswana*. Citing Lucas and Stark’s 1985 study, Carling (2008) used the figure below to illustrate three motives for migrants to remit – pure altruism, tempered altruism or enlightened self-interest, and pure self-interest.
Figure 3. Motivation for remittances (Jorgen Carling, 2008).

**Pure Altruism**

This factor motivates the migrant to remit money or goods to his/her non-migrant family members. According to International Migration Outlook (2006), pure altruism is one of the strongest motivations for remitting money back home. It is what has been characterized in the literature as “altruism”: the migrants’ concern about relatives left in the home country. Under an altruistic model, the migrant derives satisfaction from the welfare of his/her relatives.

**Tempered Altruism or Enlightened Self-Interest**

The tempered altruism or enlightened self-interest view of remittances is suggested as an alternative to the pure altruistic and self-interest motives. This proposed motive views remittance as a mutually beneficial arrangement between a migrant and his/her household (Lucas and Stark, 1985). This mutually beneficial arrangement or contract has two elements, investment and risk. It has long been recognized that remittances can be viewed as a repayment of the principal (plus interest) invested by the family for the education of the migrant. It is assumed that the higher the investment of the household in the education of the migrant, the higher the expectations of the
family of being repaid through remittances (van Dalen, Groenewold, and Fokkema, 2005). Migration, in other words, is seen as a portfolio investment strategy as to the risk, migration can be viewed as a household strategy for risk-diversification, a subtle form of insurance (van Dalen et al., 2005). Lucas and Stark (1985) suggested that households might want to spread their risk by sending some family members away.

**Pure Self-Interest**

In pure self-interest, a migrant may remit money to his/her parents driven by the aspiration to inherit, if it is assumed that bequests are conditioned by behavior. Another reason could be the ownership of assets in the home which motivates the migrant to remit money for the safekeeping of the assets (International Migration Outlook, 2006).

Azam, and Gubert (2005) used survey data from the Senegal River Valley in Mali and Senegal to study the role of migration and remittances in Africa’s development, concluding that migration cannot be understood as an individual decision. What they mean is that migration is a collective decision made by the extended family or the village. It involves the strategic choice of sending its best offspring away with a view to diversifying its risk, and building a social network. Remittances are to a large extent a contingent flow, aimed at bettering the family’s consumption as to negative effect of the insurance system, there are some moral hazards, as those remaining behind tend to exert fewer efforts to take care of themselves, knowing that the migrant will compensate any consumption shortfall (Azam, and Gubert, 2005). In the implicit co-insurance model, it is assumed that the migrant plays the role of an insured and the family members left behind the role of insurer. The family finances the initial costs of the migration project. In return, it is expected that the migrant can act also as an insurer for the family members back home (International Migration Outlook, 2006).
Azam and Gubert (2005) view immigration as an intra-family co-insurance arrangement aimed at minimizing income risks. The basis for this approach is that income risks are strongly correlated locally in the rural areas of low-income countries. This implies that formal institutions for managing risks are imperfect or absent, giving rural households an incentive to self-insure through geographical dispersion of their members. Families can then rely on the migrants for financial support in case of transitory income shocks due to unforeseen bad local conditions like weather variation, disease, pests and fire, and fall in crop price. Migration remittances are thus improving the allocation of resources across states of nature, in a risky environment. (Azam, and Bledsoe et al., 2010).

Factors Affecting Level of Long Distance International Caregiving/Support

This section examines immigrant specific factors known to affect the level of caregiving that immigrants can provide. Some of these factors include, but are not limited to: 1) length of time in host country, 2) intent to return to country of origin, 3) migrant’s level of income, 4) gender and remittance, 5) situation/condition of elderly parents, and 6) presence of other siblings.

Length of Time in Host Country

The migrant’s length of stay may affect the level of international-long distance caregiving to his/her elderly parents. If the migrant has recently moved, he/she may not be in the position to remit any money because the migrant may not be settled and may not have any job. Rodriguez showed in his study of over 665,000 Filipino migrants that left their country as contract workers that age and time spent abroad had positive influence on the amounts remitted (Rodriguez 1996).

The willingness to remit can be determined by how long the migrants intend to stay abroad, temporary or permanent the family situation of the migrants (single, married, with or
without children), and network effects, (do the migrants move alone, or with family members), and (do they keep in touch to those left behind). These factors determine the level of remittance.

Funkhouser, (1995) in his study of 1112 El Salvadorans migrants in the United States reported that those family members who had stayed longer in the United States were more likely to remit more than those who recently arrived. Baldassar (2007) in an ethnographic exploration of long distance-caregiving among three cohorts of Italian migrants in Australia, using 80 qualitative interviews, highlighted length of time as a key variable in studying transnational caregiving.

*Intent to Return to Country of Origin and Caregiving*

Another factor that may affect the level of remittance to family members is if the migrant wants to return to his/her country of origin. If the migrant decides to go back home, the decision to save towards that goal will be made. On the other hand, if he/she decides to reside permanently in the host country, his/her savings will have a different pattern. Kuhn (2001) used his descriptive analysis results to demonstrate the importance of financial transfers in Matlabo, Bangladesh, a rural area of particularly high migration intensity. His model demonstrates migrants’ dual obligations in looking after their parents’ security as well as their own (Kuhn, 2001).

Dustmann, and Mestres (2010) in their study used a unique data source that provides unusual details on remittances and return plans, and follows the same household over time. They analyzed the associations between individual household characteristics and the geographic location of the family as well as return plans, and remittances. They found that temporary migration plans are strongly related to remittances sent for family support. The reason for this may be that migrants with temporary migration plans have commitments towards family
members other than the spouse and children, compared with migrants with permanent intentions (Dustmann, and Mestres, 2010).

According to Dorantes, Barsak, and Pozo (2004) some individuals migrate to accumulate financial assets to make a specific investment or purchase. For example, a migrant’s ability to accumulate required savings to undertake any relatively large purchases is limited unless he or she migrates to an area with high-paying jobs. Target savers are likely to be short-term or temporary immigrants. They are less apt to make investments in the host community, and they are frugal in their consumption, instead remitting and carrying large sums home. Dorantes et al., (2004) also observed that longer-staying immigrants seem to save more and carry larger sums home.

Sending patterns are different for migrants who plan to return after temporary residence abroad, those who prefer to maintain residences in both countries, and some who have no plans to return (Hernandez-Coss, and Bun(2006). Migrants with closer ties to their family members tend to remit money more frequently. Those who intend to return after a temporary period set a target amount to save and, after accumulating the target savings, move back to their homeland. Sometimes they send money periodically to finance real estate so that, when they return, they have a home. Some individuals move back home once they fulfill their goal, or after passing on to someone else their obligations such as paying for education and supporting family at home (Hernandez-Coss, and Bun 2006).

*Migrant’s Level of Income*

The level of migrants’ remittance flows depends on the migrant’s ability to earn higher income and the savings from the income. Higher income levels will increase the migrant’s ability to provide financial support while the opposite will be true for immigrants who earn low income
levels. Carling (2008), however, found that migrants’ income has been found to have either a positive effect on remittances or no effect at all. Many migrants give remittances a high priority and are under substantial pressure to support family members in the country of origin (Carling, 2008).

Lianos (1997) examined the flow of migrant remittances from Germany, Belgium, and Sweden to Greece. He used statistical analysis on the following determining factors: migrant’s income, family income, the rate of interest, the rate of inflation, the exchange rate, the rate of unemployment, and the number of migrants. He reported that migrants’ income in the country of destination has statistically significant effects on the volume of remittances.

Using a detailed information on his study of El Salvadorian immigrants in the United States, Funkhouser (1995) supported the assertion of emigrants who are working are more likely both to remit money and to remit more than emigrants who are not working.

Sending patterns vary between highly skilled migrants with high salaries and low skilled migrants with low wages. Often the highly professional migrants tend to have an associated high standard and cost of living. Lifestyle commitments, such as mortgages, and expensive car payments, also determine remittance patterns of migrants. Migrants with higher income as well as high educational status are more likely to support the homestead. Those with lower status are less likely to contribute to the homestead (Akinyemi, et al., 2005). Some migrants tend to send money seasonally during the holidays or for social events such as weddings and funerals, and send large amounts at a time.

**Gender and Remittance**

Women have always been present in migratory flows, traditionally as spouses, daughters, or dependents of male migrants. The United Nations (2004) reported that nowadays women are
increasingly migrating as the main economic providers for their households – meaning that they migrate automatically as breadwinners – a contribution that has served to increase their visibility within migratory flows. Women currently constitute 49.6% of global migratory flows (United Nations, 2004). While Baldock (2000) concluded that gender was not a factor when providing care over very large distances, the survey conducted by the National Alliance for Caregiving (2004) found that women tend to send a higher proportion of their income, even though they generally earn less than men. They also usually send money more regularly and for longer periods of time. Reyes (2008) conducted a significant study based from Filipino women migrants to Italy. She found that remittances were influenced by gender where the women were the primary senders of remittances (Reyes, 2008).

Do women and men provide long distance international care differently? Orozco, Lindsay, & Schneider (2006) in their report to World Bank Group on Gender and Development, said there is relatively little research that specifically examines differences in female and male migrants’ remitting behavior. They explicitly assess gender and remittances with random surveys of formal remittance senders from 18 different countries— from Latin America, the Caribbean, and West Africa – residing in the United States, Germany, and the United Kingdom. Firstly, the findings indicate that women remit lesser amounts of monies than men and this characterizes women from most countries. Secondly, they found an interaction effect that reveals the important female/male differences in remitting by sender/recipient relationship. Males remit significantly more especially to spouses and children, but to no one else. Women, on the other hand, are no different from men in the amount that they remit to spouses, but they remit more than males to parents and children, as well as to more distant siblings and other family members. So women demonstrate a greater relationship reach in their remitting behavior suggestive of more altruistic
motivations (Orozco et al., 2006). This could be that women are traditionally known to be performing more caregiving duties than the men.

Another study shows that Chinese women also remit and want to contribute to the care of their natal families. Many young Chinese women contribute their earnings to their parents’ daily maintenance, the building of a new family house, yet they do not receive a share of the family property when it is divided, because in rural China only the male siblings receive an allocation of the family property – so daughters’ prospects depend on marrying into a good family (Rachel, 2002).

Bollard et al. (2010) performed a study on the remitting patterns of African migrants for the Economic Co-Operation and Development (OECD) using 12,000 African immigrants, they found that male migrants remit more than female migrants, particularly among those with spouses remaining in the home country. They also found out that more educated migrants remit more than less educated migrants and that the amount remitted increases with income. Atekmangoh (2011), in her study of Cameroonian family obligations and remittance flow amongst Cameroonians, concluded that gender dynamics are established within particular socio-cultural and economic systems that shape the remittance behavior pattern of male and female migrants.

**Situation/Condition of Elderly Parents**

Other factors that affect the level of remittance to the elderly parents include economic situation of the elderly parents receiving the remittance. Citing Lucas and Starks (1985) from their study on families in Botswana; they observed that the propensity of receiving remittances is associated with the receiver’s risk of economic deprivation. Thus, in that situation, the Botswana
adult immigrant children remittances were sent to their parents to protect their parents’ drought sensitive assets (cattle) in the time of drought.

If the recipient is sick, the remitter may remit more often in order to make sure the recipient is given adequate medical attention. Zimmer et al. (2007), in their comparative study of migrant interactions with elderly parents in rural Cambodia and Thailand, found that parental disability appears to influence the provision of support by migrant children.

Mckenzie, and Hildenbrandt (2005) investigate the impact of international migration and remittances on child health outcomes in rural Mexico using a 1997 nationally representative demographic survey. The authors found that children in migrant households have lower rates of infant mortality and higher birth-weights than those in non-migrant households. One contribution of this study is that the authors also explore the channels through which migration may affect health outcomes and find evidence that migration raises health knowledge as well as wealth, thus providing a broader view of the health consequences of migration than is typically offered by the existing literature.

Another determinant is the presence of parents. If both parents are alive or one of them; the migrant would be remitting to them quite often (Akinyemi et al., 2005). Donald and Thanh (2010) investigated an important aspect of globalization in the Asia-Pacific region on the overseas remittance playing an increasingly important role in Vietnamese economy. They found widows, the elderly, female headed households, and households where the head does not work disproportionately receive foreign remittances.

Presence of Other Siblings

The presence of other siblings at home can also contribute to the level of support from adult children migrants; their siblings at home normally contribute their time and money to their
elderly parents. Antman (2011) suggests that financial contributions of migrants function as strategic complements as the time siblings contribute to take care of their non migrant relations operate as strategic substitutes. Parker, Call, Dunkel, and Vaitkus (2002), in their survey of 277 senior army ranking officers, concluded that officers with more siblings tend to contact their parents less frequently. Zimmer et al. (2007) in their comparison study of rural Cambodia and Thailand found that in both countries the tendency to remit declines the further away the immigrant child lives. In contrast, the tendency to give money is highest among those living outside the province. In both settings regular visits are more common by those children living in closer proximity, and provision of money is more common among those living farther away. These migrants provide multiple forms of support on a regular basis (Zimmer et al., 2007). Although the interactions between adult migrant children in Thailand and Cambodia and their elderly parents appear to be responsive to their parents’ needs and motivated by filial piety, Zimmer et al., (2007) observed that social structural and economic burdens may at times limit the degree of their support.

Other influencing factor for sending remittances can be convenience, favorable foreign exchange rates, senders’ residency status, use of formal financial services, and limited knowledge of available remittance options (Hernández-Coss and Bun, 2006). Senders consider banks as the most reliable means of sending money home. If the recipient is weak or has no means to travel far for the money, the migrant will look for a more convenient method to use.

Conceptual Framework

The long distance international caregiving is a blend of the care that the elderly parents receive from children residing outside their country of origin as well as the care from those residing in their home country. However, the immigrant care provider fits the sandwich
generation as he/she provides care to the elderly parents left behind as well as his/her own family in the host country. As a result of these there must be some political and socio-economic factors that will influence or determine the migrants’ willingness to support their elderly parents. Some of these factors include, but not limited to: 1) filial obligation, 2) perceived vulnerability of elderly parents, 3) migrant’s position in the family, 4) perceived exchange rate in the country of origin, 5) immigrant’s willingness to provide care 6) availability of resources, and 7) the care recipients.

Figure 4. Conceptions on long distance international caregiving.
While the focus of this study is reasons for, and challenges, of the Igbo adult children migrants in the long distance international caregiving to their elderly parents left behind in Nigeria, the literature indicates that there are several factors that can affect the migrants in performing such duties. The conceptual framework of long distance international caregiving developed above can be used to understand some of the factors that influence the immigrants in supporting their elderly parents.

*Filial Obligation (Support Received)*

Examining filial obligation norms from the point of view of the younger generation, if the immigrants have strong feelings of filial obligation they will provide high levels of care to their elderly parents. Their elderly parents must have rendered such helps to them when they were growing up (reciprocal). On the other hand, there may be some adult children who may not like to care for their parents if they felt their parents did not take good care of them when young. However, this is not within the scope of this study.

As cited by Valk and Schans (2008), filial obligation refers to a societal attitude that prescribes a duty of (adult) children to meet the needs of their ageing parents. Rossi and Rossi (1990) defined norms of filial responsibility as culturally-defined rights and duties that specify both the ways in which family members are expected to behave toward each other and the obligations to exchange and provide support to one another.

Attachment is a relevant aspect of a close relationship which can be applied here. Therefore the attachment theory can also be used to explain why the adult children immigrants are willing to support their elderly parents and to explain the level of their support. According to Fraley (2010) secure adults are more likely to provide support to their distressed parents. Hence
the immigrants who view their elderly parents as more distressed than they themselves may likely remit more resources.

Silverstein, Conroy, Wang, Giarrusso, and Bengston (2002) concluded that the motivation of adult children to provide social support to their older parents is rooted in earlier family experiences and guided by an implicit social contract that ensures long-term reciprocity. Aboderin (2005) wrote that children’s filial obligation is typically conceived of as being based on a norm of reciprocity by which children have a responsibility to support their aged parents in return for or “repayment” of the parents’ care and support they received from them in childhood (Aboderin, 2005). The family expected responsibilities of elder care required of the adult immigrant child include monetary help and emotional support like letters, personal visits, and telephone calls.

The concept of age-norm is used to indicate the behaviors that are expected of people of a specific group in a given society at a particular point of time (Hutchison, 2007). Social age refers to the age-graded roles and behaviors expected by society – in other words, the socially constructed meaning and expectations of various ages (Hutchison, 2007). If the immigrants have concern over social disapproval, they will provide support and increase their level of support if necessary. They will not like to be seen in their community as deviants, or regarded as selfish or ungrateful children; ungrateful in the sense that they did not want to pay back or look after their aged parents who took care of them when they were young.

The reciprocity model sees filial support as driven by voluntary motives arising from the child – parent relationship (Nwoye, 2011). The underlining principle of this theory is it takes into account that people evaluate the kindness of an action not only by its consequences but also by
its underlying intention. Here the underlying intention of the parents was to be supported when they are physically and financially unable.

**Perceived Vulnerability of Elderly Parents**

The ways immigrants see or perceive the condition of their elderly parents will be a factor in providing care to these elderly parents. If the immigrants perceive their elderly parents to be more vulnerable (less able to take care of themselves economically or physically) the immigrants will provide care or support at a faster rate. The retirement of elderly parents and becoming economically dependent is a turning point in the lives of elderly parents. As their parents have retired and are not in the position to earn income as they did in their younger years, most immigrants will not like to see their parents suffer. They will remit more financial aid and materials to their parents. Another turning point in the elderly parent’s situation could be life events – death or ill health. The health of their elderly parents will also determine the levels of support the adult children immigrants can provide. If the recipients are sick or are facing a severe economic situation the immigrants will remit more and more often. Those perceived to be lonely, and frail, may receive more emotional support, like more phone contacts, and sometimes personal visits.

**Migrant’s Position in the Family**

Does the immigrant’s position in the family affect the level of care? Customarily, if the immigrant is the only son/daughter in the family, he/she is expected to provide more support to his/her elderly parents. This is because the first male child takes over the family assets when the father is no more. In the Igbo culture, there are two Igbo positions of esteem that are formally institutionalized (1) Opara (first son) and (2) Ada (first daughter). The first two children, namely Opara and Ada, have higher status in an Igbo family. In a monogamous family, the birth order
follows with the younger always-giving respect to the older brother or sister. Seniority accorded to age is one of the primary beliefs among the Igbo (Onyemaechi, 2013).

However, there are cases where some people may not be expected to provide financial support but can provide emotional support especially if the parents remain physically and mentally active until their death; and need little or no assistance from their adult children. However, for some older persons, health and limited financial resources or loneliness present serious problems to adult children (Isbell and Schmall 2010). As a result, an immigrant whose parents are facing such difficult situations like decline of health or intellectual capacities would be required to become involved in decisions about his/her parent’s life. This will require the immigrant to send more remittances to such elderly parents when they perceive such changes in their situation. Although, the immigrant may not be the only child or the first born of their parents, he/she is expected to support the elderly parents. In the Igbo culture, no matter one’s position in the family, the individual is expected to render care to his/her elderly parents (Ogbaa 2003).

The presence of other siblings at home can also affect the level of immigrant support to their elderly parents. Long-distance international caregivers most often depend upon at least a sibling who lives near the care recipient (National Alliance for Caregiving with Zogby International (2004). Any Igbo immigrant in the United States, no matter his/her position in the family, is expected to remit more money – dollars – to his/her elderly parents. This is because the U.S. dollar is known to have more value than the Nigerian local currency and those at home look forward to receiving it as any amount of dollars yields more value than the local currency. If an immigrant is the only child in the family, naturally, he/she carries the caregiving burden. If the
immigrant is a female and married, her husband shares that caregiving burden with her, thus the extended family responsibility.

*Perceived Exchange Rate in the Country of Origin*

If immigrants perceive a favorable exchange rate in the country of origin they will send more help, knowing that their elderly parents would benefit more, as the local currency is weaker than the host currency. Bouhga-Hagbe (2004) shows that the level of workers’ remittances depends on how great are their degrees of altruism and “attachment” to their home country, and also depend on interest rate differentials between the home country and the country of residence if portfolio diversification motives are significant in the decision to remit.

If the exchange rate is favorable in the country of origin, this could encourage immigrants to remit more money, especially if they have any project at home to accomplish within a given time. Yang (2008) studied how Filipino immigrants experienced sudden, changes in exchange rates during the 1997 Asian financial crisis. He found that positive migrant exchange rate shocks lead to enhanced human capital accumulation and entrepreneurship in origin households. Also his findings in the study are directly applicable to predicting the impact of reductions in the cost of sending remittances; as such cost reductions are effectively an improvement in the exchange rate faced by remittance senders (Yang 2008).

The problems elderly parents would encounter to claim their remittances sometimes discourage the immigrants form remitting money to them. Some of the problems they could encounter include, but are not limited to, long hours of waiting for the correct amount, and the possibility of being robbed or kidnapped. It is a common event in Nigeria now of kidnapping people for ransom. Low exchange rate would discourage the immigrants in remitting quite often,
or as much as they should. To avoid such problems, reliable friends going home are more often used to carry resources and money to care recipients. This method is based on pure mutual trust.

**Immigrant’s Willingness to Provide Care**

If the immigrants have good education, they will have good employment opportunities to generate good income and resources to take good care of their elderly parents. The immigrants have transitioned from childhood into adulthood and from high school to college. According to Hutchison (2007), each transition changes family status and roles, and generally is accompanied by family members’ exits and entrances. The immigrants have passed through many stages and have become caregivers of their elderly parents as well as their own immediate families.

Education is very important to the migrants. With their college degrees and skill training, they are able to secure gainful employments. Income is being generated with employment. Katseli, Lucas, Xenogiana (2006) concluded in their study that the United States is a more attractive destination for relatively high skilled migrants than Europe. This shows that the U.S. job market attracts educated and high skilled workers. For the Nigerian migrants to compete for such a job market, they need education and skill training. Therefore, education is a determining factor in the long distance international caregiving of the elderly parents left behind. Immigrants trained/educated in the USA stand better chances of securing employment faster than those trained/educated outside the USA. Being employed will affect the amount of support the immigrants would contribute. Higher income will allow migrants to remit more to those left behind.

**Availability of Resources (Spendable Income)**

The ability to provide economic assistance largely depends on the availability of spendable income. Immigrants with legal documents like a “Green Card” or “Work
Authorization” and required educational background and professional skills will most likely have easier access to employment and accumulate more economic resources.

Much literature has been written on migration and remittances. The migrants remit their spendable incomes to care for their elderly parents. For example, Funkhouser’s (1995) study using household data from El Salvador and Nicaragua immigrants found that emigrants who are working are more likely both to remit and to remit more than emigrants who are not working.

*The Care Recipients*

The care recipients are the elderly parents. From time immemorial care of the elderly was within the extended family system in the hands of their adult children, son’s wife, and the extended family members particularly the women (Abidemi, 2005). According to Atchley (2000), adult children generally are considered to be the first line of support when caregiving assistance is needed for their parents. He observes that the ageing relationship between elderly parents and adult children played out in their respective social roles.

According to the National Academy on Aging Society (2000), there are over 8.5 million people over the age of 70 who have limitations either in activities of daily living (ADLs) or instrumental activities of daily living (IADLs). The article went on to say that adult children provide the majority of care. In the developed countries like the United States, there are numerous private, community, and government sponsored resources, for the elderly and their caregivers, but such provisions are lacking in Nigeria. Therefore, greater need exists for additional capital for these elderly relatives.
CHAPTER 3

METHODOLOGY

The purpose of this study is to understand the reasons for, and challenges of, Nigerian adult children immigrants in the United States providing long distance international caregiving to their elderly parents left behind in Nigeria. In addition, their views on formal long-term care services will be discussed. Firstly the findings of the study will add to the long distance international discourse on providing care to elderly parents left behind. Secondly, it will examine the challenges that the immigrants face in performing this long distance international caregiving, and thirdly, it may also help stakeholders develop appropriate approaches to improve the lives of the elderly in Nigeria.

The main questions this study seeks to answer are: “Why do Igbo adult children migrants perform long distance international caregiving to their elderly parents left behind in Nigeria?” “Why do these immigrants who are very far away from their country of origin and have their own immediate families with them, still support their elderly parents left behind?” In other words, “what are their reasons for caring for their elderly parents?” Additionally, “what are the challenges these immigrants face in performing long distance international care to their elderly parents in Nigeria, and how do they overcome such challenges?”

This chapter describes the methodology of the study. It begins with a discussion about qualitative research, justifications for using qualitative methods, grounded theory, participants’ selection criteria, recruiting participants, ethical consideration, interviews, data collection, data analysis, open coding, axial coding, selective coding, and limitations.

Justification of Qualitative Methods

Creswell (2005) came up with a six-step process for doing research. This six-step process
allows one to:

1. Identify a research problem
2. Review the literature
3. Specify a purpose
4. Collect data
5. Analyze and interpret data, and
6. Report and evaluate research

Each step in the process includes an opportunity to evaluate the research method choice and then to focus on the details of the particular research method chosen. Using the six-step process challenges the researcher’s research choice multiple times, thus providing a solid process to ensure the research design chosen is the most appropriate and to ensure that the best practices for the chosen design are recognized and followed.

Since the purpose of this study is to understand the reasons why Nigerian (Igbo) adult children immigrants provide long distance international caregiving to their elderly parents left behind in Nigeria and the challenges of providing the care, the use of qualitative methodology is the most appropriate means of accessing the participants’ own “truth.” The participants selected for this study were interviewed for their lived experiences with long distance international caregiving. According to Maxwell (2005), qualitative research allows researchers to engage in collaborative or action research with the participants, providing “face credibility” as it includes a focus on particular contexts and the meaning for the participants in those contexts. This study provided a flexible and open approach that provided the opportunity to identify new phenomena - why the Igbo immigrants in the U.S. care for their elderly parents and challenges that they encounter providing the care.
Qualitative research provides the opportunity to get to the intimate experiences of the participants, understand how meanings are developed through and in the culture, and to discover variables (Corbin & Straus 2008). This study assumes that knowledge is not objective “truth,” but instead, is produced differently by different participants; and it also assumes that the interviews are reasonably structured and orderly. Also it requires the researcher to remain neutral in trying to understand the meaning participants make of their lives (Marshall and Rossman, 2006). Using the qualitative method, this study sought to see things in context and to describe and understand a social phenomenon (long distance international caregiving) in terms of the meaning the Igbo participants bring to it (Silverman 1997). According to Rossman and Rallis (2003) qualitative research has five main characteristics: 1. It is naturalistic and is aimed at representing what is real; 2. It uses multiple methods that respect the participants in the study; 3. It focuses on context; 4. It is emergent and evolving; and 5. It is fundamentally interpretive.

This study is not intended to formulate and test hypotheses. It principally investigates the reasons why Nigerian adult children immigrants in the U.S continue to provide long distance international caregiving to their elderly parents left behind in Nigeria and the challenges they face providing the care. Also the views of the immigrants on establishing formal long-term care services in Nigeria will be discussed. Maxwell (2005) noted qualitative research is a method suited for an inductive approach where people or situations are the focus and the importance is on words rather than statistics. Qualitative data consist of words and observations that require understanding and not numbers (Taylor-Powell and Renner 2003). Qualitative method produces rich data for theoretical knowledge and practical use (Boeije, 2010). Creswell (2003) noted that in qualitative and grounded theory, theorists commend interviews as the foremost sources of data collection. Analyzing human processes and behaviors normally involves lengthy conversations
to promote honesty and comprehensive sets of data that expose the phenomena of study (Creswell, 2003).

Another reason to use qualitative methodology is because it is better suited for research where variables are not known, for which the variables need exploration and discovery, and for which a detailed understanding of a central phenomenon is fundamental (Creswell, 2005). Qualitative researchers are concerned with making sure that they capture perspectives accurately (Bogdan and Biklen 2003).

Also, as qualitative research deals with “what” “why” and “how” questions, given that the research question in this study deals with “why” the sample participants perform long distance international caregiving to their elderly parents, therefore, employing qualitative research in this study remains ideal (Boeije, 2010). According to Berg (2007), qualitative researchers are most interested in how humans arrange themselves and their settings and how inhabitants of these settings make sense of their surroundings through symbols, rituals, social structures, social roles, and so forth. This implies that this study method (qualitative research) properly seeks answers to questions by examining various social settings and individuals (Igbo participants) who inhabit these settings. This method will provide a new insight into a social phenomenon – why do the Igbo adult children immigrants provide care to their elderly parents left behind in Nigeria.

Theoretical Perceptive Grounded Theory

The strategy of this qualitative study is engagement with grounded theory, which according to Rossman and Rallis (2003) describes social phenomena and contributes to understanding these phenomena. Grounded theory is a qualitative method that seeks to develop theories based in the reality from data gathered in its natural setting through interviews and
observations. The study ultimately sought to understand the perspectives of participants, with regard to ways the long distance international caregiving is organized and carried out. Grounded theory research moves beyond descriptive studies into an exploratory theoretical framework to provide an understanding of the studied phenomena (Charmaz, 2006). The grounded theory is inductively generated from fieldwork. It emerges from the researcher’s observations and interviews in the real world rather than in the laboratory (Patton, 2002). Grounded theory researchers interact with the participants, provide them an opportunity to have their voices heard, comparatively analyze, categorize, and code the data (Corbin & Strauss, 2008). The theory emerges from the data, and, as a result, grounded theories “offer insights, enhance understanding, and provide meaningful guide to action” (Corbin and Strauss, 2008).

A basic purpose inherent in all perspectives of grounded theory is that it emphasizes the meaning that the study participants ascribe to the phenomena under investigation with the intent of forming or establishing theory (Creswell, 2005). In a grounded theory approach, researchers typically do not begin with a hypothesis nor do they attempt to prove or disprove preconceived ideas. Rather, the goals are to identify a phenomenon, generate a theory that explains how participants view the problem, and identify potential solutions to it (Corbin and Strauss, 2008).

A grounded-theory approach, then, is well suited to this exploration of Igbo adult children immigrants who are performing long distance international caregiving to their elderly parents in Nigeria. The reliance upon an intensely inductive approach to data assures that the perceptions and experiences of the participants will be highly valued. Therefore, grounded theory is the most appropriate method for the present study, as it contributes to the lack of literature and knowledge of the study topic (Corbin & Strauss, 2008).
Recruiting Participants

This study used snowball sampling to recruit participants. According to Creswell (2005), snowball sampling is a form of qualitative purposeful sampling in which the researcher asks participants to recommend individuals to study. As this type of sampling technique works like a chain referral, I used it, after interviewing the initial participants, to help me identify people with a similar trait of interest, in this case those who have elderly parent/s in Nigeria. An advantage of this method is that it enabled me to include participants that were not known to me before.

There are various Nigerian organizations in the U.S., with branches in Dallas and Fort Worth areas. It was not very difficult to locate my initial participants for the study. Having frequent meetings and contacts with many of them during Igbo event gatherings prior to the research study, I was able to identify my initial participants.

Before the interview, I contacted my initial participants. I sent out the informed consent form which was approved by the University North Texas Institutional Review Board (Appendix F) and cover letter (Appendix H). This was done in order to let the participants know the type of interview that was going to take place and also the purpose of the study.

However, what was very challenging was identifying those whose parents were alive. It does not seem proper in Igbo culture to ask anyone that you do not know very well or not familiar with if his/her parent/s is/are alive. You must get to know that person well enough to understand his/her family background. In that case, only those that I know very well and know that their parents were alive were contacted first. From them I was able to identify other participants with similar traits. Another bottleneck was some of them were not willing to participate because they don’t know me or did not want to participate. However, a few of them accepted after I explained the title of the study to them. In addition to this challenge, a
scheduling conflict was a significant hassle because of some potential participants’ daily work schedules. Nevertheless, all the participants of this study have experienced the same phenomenon of participating in long distance international caregiving to their elderly parents in Nigeria.

Participants’ Selection Criteria

- Nigerian-born immigrants of the Igbo ethnic group who reside in the Dallas/Fort Worth (DFW) Metropolitan area.
- The elderly parents have to be at least 65 years old.
- One has to have at least one parent alive and residing in Nigeria.
- Participants must be providing support to parents in Nigeria.

Exclusion Criteria

- Parents were no longer alive.
- Provided care to parents in the past but not any more at the time of the study.
- Parents were less than 65 years.
- Immigrants not born in Nigeria and/or not Igbo ethnic here.

Ethical Considerations

Prior to engaging in the data collection, permission was sought and granted from the University of North Texas Institutional Review Board (UNTIRB). The interview questions (Appendix A) were developed based on the literature review. The participants, before the interview, were asked to read and sign the informed consent form (Appendix B) which was approved by the University of North Texas Intuitional Review Board. I explained the form to the participants. They read the forms and signed them, thus agreeing to participate in the study. The participants were also informed that the interviews would be tape-recorded and they may
withdraw from the study at any time. None of them had a problem with the study. One of the participants asked if he could get a copy of the research at the end of the project, a request which will be honored. The participants were informed that their participations were voluntary and all information from them will remain confidential. The participants were also told that there were no compensations for the study.

Interviews

Berg (1998) defines ‘interview’ as conversation with a purpose, which implies to gather qualitative information. The interview for this study was conducted using Packer’s (2011) most popular style of doing qualitative social research that calls for interviewing a number of individuals in a way that is less restrictive and standardized. Silverman (1997) affirms looking at more methodical forms of information collection, as 90% of all social science investigations are estimated to use interviews. Burton, (2000) referred to modern sociology as “the science of the interview.” Silverman (1997) adds that interviews are special forms of conversation which may vary from a highly structured standardized, quantitatively oriented survey interviews to semi-formal guided conversations and free-flowing informational exchanges where the interviewer asks questions properly and the respondents give the desired information. Bernard (2006) describes the semi-structured interview as a scheduled activity, open-ended but following a general script and covering a list of topics.

In this study, a semi-structured interview guide was used. All the questions that were used were developed and asked of each of the participants (Appendix A). A brief summary of the study was explained to the participants prior to starting the interview. Questions were made clear and took the form of discussions. Copies of the questions were made available to participants.
The participants gave their approval to tape the interview and signed the Informed Consent Forms before the interview commenced.

Data Collection

The interviews were conducted, data collected and coded, and the results reported in the form of formal language based on the experiences of the participants (Packer, 2011). The main source of data for this study was the participants’ experiences which were obtained through semi-structured life word interviews. Through such person-centered interviews (Bernard and Ryan, 2010), a description of each participant’s experience was obtained. Semi-structured interviews consist of a sequence of themes and suggested questions to be addressed. However, there is also freedom to ask probing questions to follow up on answers given and stories told by study participants (Kvale, 1996). An interview guide was used to guide the conversation and contained a sequence of carefully worded questions and themes that were covered in the interviews, as suggested by Patton (1980). The interview guide also allowed making good use of limited time available for the interview and helping to delimit the topics that were explored by establishing a conversation that focused on the subject under study (Patton1980).

The data were collected from 20 participants who were Nigerian Igbo immigrants residing in the DFW Metropolitan area. A total number of 30 interviews were performed. The first 20 interviews were conducted from February 2012 to April 2012. Ten of these participants were intensively interviewed again from May to July of 2012. I decided to stop the second interviews with these 10 participants because a saturation point was reached whereby important information gathered began to be redundant. Also, it is important to note that these 10 participants seemed to be more knowledgeable about the subject matter and were more open to freely give their thoughts on providing care to their parents in Nigeria (Rubin and Rubin, 1995).
Data Analysis

Document analysis aids in understanding the phenomenon of the study (Creswell, 2008). Empirical data are better organized, and analyzed, when the main themes and concepts are clearly stated in an organized manner during data collection (Atemangoh, 2011). Qualitative research seeks to construct representatives based on in-depth, detailed knowledge of cases, often to correct misrepresentations or to offer new representations of the research subjects (Ragin, 1994). Qualitative data analysis is the non-numerical assessment of observations made through participant observation, content analysis, in-depth interviews, and other qualitative analysis research techniques (Babbie, 2004). Analysis involves examining a substance and its components in order to determine their properties and functions, then using the acquired knowledge to make inferences about the whole (Corbin and Strauss 2008). Bernard (2006) defines analysis as the search for patterns in data and for ideas that help explain why those patterns are there in the first place.

There are several ways to analyze qualitative data. Leech and Onwuegbuzie (2007) identified 21 qualitative data analysis techniques. For recorded interviews, the process of identifying themes begins with the act of transcription, as the data come in the format of video, audio, or written documentation (Bernard & Ryan, 2010). I transcribed the audio tape recordings of the interviews verbatim to avoid editing and cleaning up grammar, as respondents have the right to have their stories transcribed without cosmetic (and potentially distorting) revisions (Padgett 2008). All the interviews were re-read several times and compared to the audio recordings in order to ensure that the transcripts were accurate. Therefore the interviews were transcribed word for word as the participants answered each question.
Bernard and Ryan (2010) suggested eight observational techniques to look for themes in written material: repetitions, indigenous typologies or categories, metaphors and analogies, transitions, similarities and differences, linguistic connectors, missing data, and theory-related material.

I organized the data by the research questions and looked across all respondents and their answers in order to identify consistencies and differences. I explored the connections and relationships between questions. Corbin and Strauss (2008) defined context as the set of conditions that give rise to problems, or circumstances to which individuals respond by means of action/interaction/emotions. Context arises out of sets of conditions ranging from the most macro to the micro (Corbin and Strauss, 2008). In his own definition or explanation (Berg1998), content analysis is a passport to listening to words of the text and understanding better the perspective(s) of the producer of these words. Patton (2002) notes that content analysis usually refers to analyzing text (interviews, transcripts, diaries, or documents) rather than observation based on field notes. More generally, however, content analysis is used to refer to any qualitative data reduction and sense-making efforts that takes a volume of qualitative material and attempts to identify core consistencies and meanings (Patton 2002). Themes were created by bringing ideas that run throughout the interviews identified as concepts, because they seem to be able to pull together some of the lesser concepts (Corbin and Strauss, 2008). For the purpose of this study, themes were obtained through inductive process using the raw data from the interviews. Each interview transcript was read line by line from the beginning to the end several times, to identify any pattern that emerged in the experience of the study participants (Aronson, 1994). Next, each interview was read again and was compared for similarities across interviews and grouped accordingly into themes.
The analysis phase of this investigation followed the systematic procedures for grounded theory data analysis outlined by Corbin and Strauss (2008). These procedures include the use of open, axial and selective coding which lend rigor to the data analysis process (Creswell, 2005). The data were generated from the individual face-to-face interviews which were word for word transcripts from the individual participants. The participants described how they take pride in supporting their elderly parents and gave specific illustrations explaining why they engaged in the long distance international caregiving to their elderly parents and the challenges that they encountered providing care and support to their elderly parents.

Open Coding

Grounded theory begins with the study of the phenomenon. The initial stage in data analysis consisted primarily of categorizing and sorting the interview transcripts. The process of open coding is one in which the data are taken apart and reconfigured through the identification and categorization of the phenomena which emerge from reading the data line by line and listening to the interview tapes. Open coding procedures result in the generation of categories, sub-categories, properties, and dimensions (Creswell, 2005).

My steps for open coding consisted of listening to the interview tapes and reviewing the transcripts. I went back through the transcripts and coded the data. From these codes, initial categories, including their properties and dimensions, were developed.

The participants’ answers were reviewed and coded. In grounded theory, the duty of the analyst is to follow the direction of the data for the purpose of saturating categories. Saturation occurs at the point when no new idea is emerging from the information being gathered. In the initial coding, I identified 3 categories that encompass the lived experiences of long distance international caregiving of the Nigerian (Igbo) immigrants in the study:
1. Reasons
2. Views
3. Challenges

Coding generates a theoretical frame from which analysis can be built. During this phase, the data were reviewed and the process of dividing the data into similar groups began. While working on the categorization process, I made a concerted effort to code even the seemingly minutest details. My goal was to make sure that I left out nothing of importance.

Axial Coding

This is the second phase in the grounded theory process of data analysis. During the axial coding process, connections between categories and subcategories take place. My first step in the axial coding process was to determine the central phenomena. The analysis from open coding indicated that the central phenomena fell into three categories: Reasons, Views, and Challenges of caregiving which are embedded in the participants’ culture.

Selective Coding

The final stage of the data analysis is selective coding. According to Mertens (2005) selective coding involves the process of selecting one category and relating the other categories to it; ultimately this becomes the basis for grounded theory. During the selective coding, the grounded theorist must choose one category with related subcategories. The main ideas during the selective coding phase are to identify a central synopsis or sketch around which everything else will be encompassed. It was determined that the core or central category that emerged was the experiences of caregiving to the elderly parents left behind. In this study, the data suggested 14 sub-categories that influenced immigrants’ long distance international caregiving to their elderly parents.
These sub categories identified in the study are:

1. Reasons for providing care (Filial obligation, Position in the family, Perceived Vulnerability of parents (inability to work for pay), Lack of government support).

2. Views (Cultural, Reciprocal, Love for parents).

3. Challenges immigrants encounter (Being far away from parents, Financial constraints, Being available for one’s family of procreation, Issues with means of communication, Emotional, Legal papers, and Cold weather).

Limitations

There are some limitations to this study. They include, but are not limited to the following: 1) difficulty of finding those whose parents are alive; 2) two new participants were scheduled to be interviewed, but it did not work out; 3) one of the participants lost his father before our scheduled interview; 4) the second person could not work out a suitable time from his busy work load. Another limitation is financial constraints. It would have been ideal to travel to Nigeria to study the parents who are the care recipients to assess the views of the parents regarding the care they receive.

Another issue posed for traveling to Nigeria is the poor infrastructure in that country, as well as safety issues. These problems would cause a long delay in carrying out the study at the given time. Limiting the study to only people with living elderly parents also created some problems, as one of the prospective participants lost his father before our scheduled interview, and this resulted in not using him in the study. It took time to find another willing participant whose father was alive. Considering the ages of the participants, with time, most of them would not have living parent/s. What this means, therefore, is not to limit the future research of long distance international caregiving to only those whose parents are alive. Considering every migrant must have at one time in his/her life supported his/her parents, there is a good chance of sharing that experience.
Traditional grounded theory scholars caution against the researcher being overly familiar with the body of knowledge in a particular field as to not inadvertently influence the participants’ responses or bias the results (Creswell, 2003), while others argue to the contrary (Charmez, 2006). I was well versed in the body of knowledge prior to the study and it was this familiarity with the subject matter that allowed me to identify the gap in the existing literature and identify the need for the study. While being familiar with the population was critical to the success of the study, there was also potential for possible bias of adding my own experience and I had to remain diligent throughout the collection and analysis phases of the study. I was known to some of the study participants prior to the present study through some Nigerian organizations in the Dallas and Fort Worth areas. I made a conscious effort to remain unbiased in my recruitment of the study participants by not recruiting from just any particular Igbo State of the four Igbo States in Nigeria (Anambrs, Abia, Imo, and Enugu). I also asked for referrals from my five initial participants, as I used the snowball sampling method. However, Patton, (2002) states that no straightforward tests can be applied for reliability. In short, no absolute rules exist except perhaps this: Do your very best with your full intellect to fairly represent the data and communicate what the data reveal given the purpose of the study (Patton, 2002).

These interviews were carried out in the homes of the participants. The busy work schedule of other prospective participants made it impossible to set up times to interview them. To that effect, some demanded sending the questions to them by mail so that they can answer them and mail them back to me. This was not an acceptable option because it was stated initially to be face to face interviews, and to be tape recorded at the same time.

During the interviews in the homes of the participants, there were some minor disturbances like phone calls, baby cries, and other questions from family members of
participants. Some of these disturbances were captured in the audio tape. They are minor; hence they did not lead to cancellation or postponement of the interview.
CHAPTER 4

RESULTS

This chapter reports the findings on the study of Igbo adult children immigrants on long distance international caregiving to their elderly parents left behind in Nigeria. Qualitative grounded theory is used to generate theoretical knowledge from the participants’ views (Glaser and Strauss, 1967; Strauss and Corbin, 1998). According to Charmaz (2006) grounded theory is an inductive approach that builds theory from individual experiences (Igbo participants), utilizes a systematic approach (study questions) using audio tapes to collect and analyze data to explain why the Igbo adult children immigrants support their elderly parents, and the challenges that they encounter while providing the care.

According to Creswell (2003), the qualitative researcher poses a question that is consistent with the emerging methodology of qualitative research. The central research questions posed in this study are: “Why do Igbo adult children immigrants provide care to their elderly parents left behind in Nigeria?” and “What are the challenges they encounter in this long distance international caregiving?” By employing semi-structured, open-ended questions, the data were collected from a sample of 20 participants: 14 men and 6 women.

Data Analysis

Analysis began during the data collection and transcription. A content analysis of the interview transcripts was conducted by analyzing participants’ answers for recurring categories or themes. As categories are important framework for an emerging grounded theory research design (Glaser and Strauss, 1967), the investigation for this study followed the systematic procedures for grounded theory data analysis outlined by Strauss and Corbin (1998). These procedures include the use of open, axial, and selective coding.
According to Glaser and Strauss (1967), once sufficient evidence of a phenomenon is significant it begins the formal process of category development. Using the open coding which typically begins with the concept identification process of analyzing data, three categories were identified. Axial coding, the process of reassembling the categories, aided in the discovery of the sub-categories that led to the development of the central phenomenon suggestion that influenced immigrants’ long distance international caregiving to their elderly parents. Selective coding refers to the final stage of data analysis to be completed after core concepts emerging from the coded data categories and subcategories have been identified through open and/or axial coding. During selective coding, previously identified discrete concepts and categories are further defined, developed, and refined and then brought together to tell a larger story. Selective coding is the stage in data analysis where core concepts are identified, and then abstracted, yet empirically grounded theory is generated.

A total of 30 interviews were conducted for this study with 20 participants. Ten additional interviews were conducted for more in depth follow up interviewing. The data were organized and presented in a manner that followed the actual emergent categories:

1. Reasons
2. Views
3. Challenges

Findings

The following sections present the demographic characteristics of the sample and their elderly parents. Pseudonyms were used for protection of the identities of the participants. The ages of the participants ranged from 36 to 60 with a mean age of 50.0 years. Education, which is widely believed to be the key to success in the contemporary world, was the main factor that
necessitated 80% of these adult Igbo children immigrants to leave their country of origin in pursuit of education in the U.S. Forty-five percent of the participants had master’s degrees. Twenty-five percent had bachelor’s degrees and 20% had associate degrees. One had a high school diploma, and one was a medical doctor (MD).

Table 3

Socio-Demographic Characteristics of Participants (n = 20)

<table>
<thead>
<tr>
<th>Participant - Categories</th>
<th>Number</th>
<th>Range</th>
<th>Mean</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>36 - 60</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Length of Stay in the U.S. (Years)</td>
<td></td>
<td>8 - 43</td>
<td>24.1</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Males</td>
<td>14</td>
<td></td>
<td></td>
<td>70</td>
</tr>
<tr>
<td>• Females</td>
<td>6</td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Reason for migration:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Education, better life, and survival</td>
<td>16</td>
<td></td>
<td></td>
<td>80</td>
</tr>
<tr>
<td>• Job opportunities</td>
<td>3</td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>• Join husband</td>
<td>1</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• High School</td>
<td>1</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>• Associate</td>
<td>4</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>• First Degree</td>
<td>5</td>
<td></td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>• Masters</td>
<td>9</td>
<td></td>
<td></td>
<td>45</td>
</tr>
<tr>
<td>• MD</td>
<td>1</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Place obtained highest level of education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• U.S.</td>
<td>14</td>
<td></td>
<td></td>
<td>70</td>
</tr>
<tr>
<td>• Nigeria</td>
<td>6</td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Annual Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. &lt;$35,000.00</td>
<td>1</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>b. 35,001-50,000.00</td>
<td>3</td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>c. 50,001-75,000.00</td>
<td>6</td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>d. 70,000.00-99,999.00</td>
<td>4</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>e. 100,000.00 and above</td>
<td>6</td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Married</td>
<td>18</td>
<td></td>
<td></td>
<td>90</td>
</tr>
<tr>
<td>• Divorced</td>
<td>1</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>• Widowed</td>
<td>1</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Age of Parents (both)</td>
<td></td>
<td>65 - 107</td>
<td>81.3</td>
<td></td>
</tr>
<tr>
<td>• Father</td>
<td>16</td>
<td>75 – 107</td>
<td>47.1</td>
<td></td>
</tr>
<tr>
<td>• Mother</td>
<td>18</td>
<td>65 – 104</td>
<td>52.9</td>
<td></td>
</tr>
<tr>
<td>Both Parents Alive</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One Parent Alive</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Seventy percent of the participants attained their highest level of educational in the U.S., while the rest obtained theirs from Nigeria, including the physician. Ninety percent of the participants reported being married one was divorced, and another was widowed. All the participants had children. The family annual incomes ranged from less than $35,000.00 to over $100,000.00. However, only one participant reported making less than $35,000.

Many of the participants have stayed over 20 years in the U.S. This confirms the findings of Takougang (2003), Komolafe (2005), and Nwajiuba (2005) about modern Nigerians settling in the U.S. and other European countries after migrating, unlike their predecessors who returned for nation-building. A poor educational system in Nigeria is one of the reasons Nigerians migrate to attain formal education in the U.S. and other European countries. For example, teachers easily go on strike in Nigeria for non-payment of salaries. This action causes students to not attend schools, and makes it difficult for them to graduate on time. In fact, Nakpodia (2012) found that teachers’ strikes do not affect only the students, but also the schools and the government. The schools tend to lose professional teachers and good schools are becoming difficult to find as there are no teachers in the classroom and teaching and learning are no longer in progress. Also, the government’s aim as contained in the National Policy on Education is now at stake. Additionally, the school curriculum is no longer being completed as a result of strikes. Children now roam the streets of the society some eventually becoming wayward as they no longer attend schools because of the teachers’ strike actions (Nakpodia, 2012).

Table 4

*Range Ages of the Elderly Parents (n = 34)*

<table>
<thead>
<tr>
<th></th>
<th>60-69</th>
<th>70-79</th>
<th>80-89</th>
<th>90-99</th>
<th>100 +</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father:</td>
<td>0</td>
<td>3</td>
<td>9</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Mother:</td>
<td>2</td>
<td>11</td>
<td>4</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 4 also depicts the ages of the parents of Nigerian immigrants that took part in this study. Participants were providing care for 34 parents, 16 elderly fathers, and 18 elderly mothers. Their ages ranged from 65 to 107 with a mean age of 81.3 years. To assess the kinds of needs of the participants’ elderly parents, Lawton and Brody (1969), and Katz and Stroud (1989) scales of activities of daily living (ADLs) and the instrumental activities of daily living (IADLs) were used.

*The Basic Activities of Daily Living (ADLs)*

The basic (ADLs) are grouped into the following six items:

- **Bathing:** includes grooming activities such as shaving, and brushing teeth and hair
- **Dressing:** choosing appropriate garments and being able to dress and undress, having no trouble with buttons, zippers or other fasteners
- **Eating:** being able to feed oneself
- **Transferring:** being able to walk, or, if not ambulatory, being able to transfer oneself from bed to wheelchair and back
- **Continence:** being able to control one’s bowels and bladder, or manage one’s incontinence independently
- **Toileting:** being able to use the toilet (Jong, 2013).

*The Basic Instrumental Activities of Daily Living (IADLs)*

The basic instrumental activities of daily living are:

- **Using the telephone:** being able to dial numbers, look up numbers, etc.
- **Managing medications:** taking the appropriate medications and the correct dosages on time
- **Preparing meals:** making appropriate food choices and preparing meals safely
- **Maintaining the home:** doing or arranging for housekeeping and laundry
- **Managing finances:** budgeting, paying mortgage/rent and bills on time, etc.
- **Shopping:** being able to shop for groceries and other small necessities, and transport purchases from store to home
Using transportation: being able to drive or use public transportation for appointments, shopping, etc. (Jong, 2013)

The needs of the elderly parents regarding basic ADLs and IADLs are presented in tables 5 and 6 respectively. The sample question for ADLs is: “Which of the following does your parent(s) need/s help with?”

Table 5

Elderly Parents Activities of Daily Living (ADLs)

<table>
<thead>
<tr>
<th>Activities of daily living (ADLs)</th>
<th>Father</th>
<th>Mother</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>20.6</td>
</tr>
<tr>
<td>• No</td>
<td>13</td>
<td>14</td>
<td>27</td>
<td>79.4</td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>17.6</td>
</tr>
<tr>
<td>• No</td>
<td>15</td>
<td>13</td>
<td>28</td>
<td>82.4</td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8.8</td>
</tr>
<tr>
<td>• No</td>
<td>14</td>
<td>17</td>
<td>31</td>
<td>91.2</td>
</tr>
<tr>
<td>Transfer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>5.9</td>
</tr>
<tr>
<td>• No</td>
<td>15</td>
<td>17</td>
<td>32</td>
<td>94.1</td>
</tr>
<tr>
<td>Feeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• No</td>
<td>16</td>
<td>18</td>
<td>34</td>
<td>100</td>
</tr>
<tr>
<td>Continence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>6</td>
<td>6</td>
<td>12</td>
<td>35.3</td>
</tr>
<tr>
<td>• No</td>
<td>10</td>
<td>12</td>
<td>22</td>
<td>64.7</td>
</tr>
</tbody>
</table>

Using the ADLs scales the participants answered “Yes” where their parents needed help and “No” where no help was needed. The activity for which most parents needed most help was the “continence” (35.3%). This could be attributed to old age with weaker bladders. However, only two persons were reported to need help with transfers. About 21% said their parents needed help with bathing. Also the percentages of parents who needed help with dressing (17.6%), toileting (8.8%), and transfers (5.9%) were relatively low.
The sample question for the IADLs is: “Please specify which of the following activities that your parent/s need/s helps with”:

1. Ability to use the telephone
2. Shopping
3. Food preparation
4. Housekeeping
5. Home maintenance
6. Responsibility for own medication
7. Mode of transportation
8. Laundry
9. Travel on public transport
10. Ability to handle finances

Participants also answered “Yes” where their parents needed help and “No” where they did not need help. The limitation that parents experienced can be shown in the activities for which they needed help. For example, 100% of the elderly parents needed help on home maintenance and laundry. About 94% of them needed help with their housekeeping, 89% with shopping, and about 86% with food preparation. However, the high levels of participants whose elderly parents were able to handle their own finances (84.5%) and their own medication were surprising because it seems as though their old age did not affect their mental skills.
Table 6

Levels of Elderly Parents Instrumental Activities of Daily Living (IADLs)

<table>
<thead>
<tr>
<th>Instrumental activities of daily living (IADLs)</th>
<th>Father</th>
<th>Mother</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to use telephone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>4</td>
<td>3</td>
<td>7</td>
<td>20.6</td>
</tr>
<tr>
<td>• No</td>
<td>12</td>
<td>15</td>
<td>27</td>
<td>79.4</td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>15</td>
<td>12</td>
<td>27</td>
<td>79.4</td>
</tr>
<tr>
<td>• No</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td>20.6</td>
</tr>
<tr>
<td>Food Preparation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>14</td>
<td>16</td>
<td>30</td>
<td>88.2</td>
</tr>
<tr>
<td>• No</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>11.8</td>
</tr>
<tr>
<td>Housekeeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>15</td>
<td>17</td>
<td>32</td>
<td>94.1</td>
</tr>
<tr>
<td>• No</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>5.9</td>
</tr>
<tr>
<td>Home maintenance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>16</td>
<td>18</td>
<td>34</td>
<td>100</td>
</tr>
<tr>
<td>• No</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Responsibility for own medication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>8</td>
<td>6</td>
<td>14</td>
<td>41.2</td>
</tr>
<tr>
<td>• No</td>
<td>8</td>
<td>12</td>
<td>20</td>
<td>58.8</td>
</tr>
<tr>
<td>Mode of transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>11</td>
<td>5</td>
<td>16</td>
<td>47.1</td>
</tr>
<tr>
<td>• No</td>
<td>10</td>
<td>8</td>
<td>18</td>
<td>52.9</td>
</tr>
<tr>
<td>Laundry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>16</td>
<td>18</td>
<td>34</td>
<td>100</td>
</tr>
<tr>
<td>• No</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Travel on public transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>10</td>
<td>8</td>
<td>18</td>
<td>52.9</td>
</tr>
<tr>
<td>• No</td>
<td>6</td>
<td>10</td>
<td>16</td>
<td>47.1</td>
</tr>
<tr>
<td>Ability to handle finances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yes</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>14.7</td>
</tr>
<tr>
<td>• No</td>
<td>13</td>
<td>16</td>
<td>29</td>
<td>85.3</td>
</tr>
</tbody>
</table>

The elderly parents had fewer needs on the ADLs than they had on the IADLs. This shows they have more limited physical abilities to do activities that require physical strength.

Also, in Nigeria, people commonly hand-wash their clothes and cook on firewood or charcoal.
These activities may be physically exhausting for the aging parents as they no longer have strength and energy.

The next sections present findings on the impact of migration on people left behind, especially the aging parents and ways that the long distance caregiving is provided.

**Benefits of Migration**

Migration has been beneficial to the migrants and their families especially to their elderly parents. All the participants testified that their families, especially their elderly parents, have benefited from their migration in one way or another. Participants also reported that their families have benefited from financial help, articles of clothing, medications, new houses built for them, vehicles shipped to them, and even bringing them to the U.S. for adequate medical attention. The benefits also extended to other family members. For instance, some of the study respondents paid for their younger siblings’ college education in Nigeria.

Migrating to the USA has benefited the migrants as well. Some of the participants remembered and shared how difficult it was to get a job in Nigeria even with their qualifications prior to migrating. Some of the participants who got their college degrees in Nigeria, but could not secure any gainful employment migrated to the U.S. “for better opportunities” and it seemed they have achieved their dreams.

**Needs of Elderly Parents and Items of Support**

As the parents age or get older, they became more dependent on their adult children because they were no longer economically active. They needed money to maintain their health and standard of living. They also needed medication, clothing, wheel chairs, and walking canes, just to mention a few. Consequently, participants sent money, shoes, and articles of clothing, medications, cell phones, walkers, wheel chairs, and vehicles. One of the participants even
bought a vehicle for his father and hired a driver (chauffer) for him because he did not want him to be travelling on public transport.

Means of Providing Support

The popular or the commonest means of sending financial support to elderly parents in Nigeria is through Western Union Money Transfer. This is the most efficient and quickest means for transferring money. People prefer Western Union to the bank because the recipient can change the money (US$) in the local currency market. They normally get higher rates in the local currency market (what they call “black market”) than the official government exchange rate. International business men and women buy foreign currencies from individuals at higher rates than the official government rates. It is the snail speed at which the Nigerian banks operate and to approve foreign exchange transactions that resulted into this “Black Market” that creates the demand and supply for foreign currencies in Nigeria.

Another means is via friends or relatives travelling to Nigeria. This method is purely based on trust. Self-delivery is another means. Individuals visiting home can take their items and deliver them. Most of the participants did not use bank, though it is safe, for fear of changing money at the official government exchange rate.

Means of Communication with Elderly Parents

All the participants reported keeping in touch with their parents by the use of telephone. The introduction of cell phones has made it possible for the immigrants to communicate more frequently with their family members left behind. While some called at least two times a week, others reported calling their parents at least once a week depending on their health conditions. Both elderly parents and participants derive much joy and happiness from hearing from one another.
None of the participants reported communicating with his/her elderly parents via e-mail. The reason for not using e-mail could be the inability of some elderly in low income countries to embrace the modern technology. Computers are not as popular as they are in the U. S. Also many of them cannot read or write and hence cannot communicate with their children via that medium. Some of the participants communicate with their parents through regular mail. Another means is face to face when participants visit their homeland.

Near-by Caregivers

The participants were not the only ones providing care or support to their elderly parents left behind. There were other caregivers who lived close to the elderly care recipients. Such individuals were the elderly person’s other sons/daughters (participants’ siblings), extended family relations, hired maids, and neighbors. These were the people that helped the elderly parents to overcome their limitations with the ADLs and IADLs. Participants relied on these helpers for information regarding the present health condition of their elderly parents. Some of the participants also hired maids because their siblings could not handle all the needs of the aging parents.

This study also assessed the views of the immigrants with regard to the topics below as some scholars report problems with the African traditional care system (Apt, 2000; Okoye, 2004):

- Traditional family support
- Elderly parents suffering from social isolation
- Parents emotional decline
Table 7

Views of Participants

<table>
<thead>
<tr>
<th></th>
<th>Are the elderly parents losing traditional family support?</th>
<th>Are the elderly parents suffering from isolation?</th>
<th>Are the elderly parents suffering from decline in emotional well being?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25%</td>
<td>15%</td>
<td>35%</td>
</tr>
<tr>
<td>No</td>
<td>75%</td>
<td>85%</td>
<td>65%</td>
</tr>
</tbody>
</table>

Participants’ Views on Traditional Family Support

Participants were asked whether their parent/s is/are losing their traditional family support. Seventy-five percent of the participants did not think that their elderly parents were losing the traditional family support. Some of the reasons the participants gave were the presence of their siblings living with the elderly parents or living nearby. For example, Ijeoma, 41, who also agreed to the existence of family support stated:

Why I don’t think so is because, you know, we grew up from big family/compound and e-m’ we learnt from our Dad, of my parents they took care of their own parents, which are our own grandparents and great grandparents. So now, I don’t see that support being lost because we are doing basically the same thing which they were doing to their own family even though most of us might be in Diaspora, but we still meet up with the same obligations that we’re supposed to meet even if we were there in Nigeria we’re doing what our elderly parents need you know, financial support, emotional support, and e-m- sometimes social support too.

Ikechukwu, 51, also did not see any loss in the traditional family support. He mentioned how he kept in touch with his mother. His mother also came and stayed with him at one point in time, but did not like staying in the U.S. because she felt lonely. He explained:

Losing our traditional family support? “No” that’s why she prefers staying back home in Nigeria where her children and grandchildren and other relatives are to commute with them [go out with them] for the traditional support [not feeling lonely].

However, Ekeh a 55 year participant was among a few who believed that the traditional family support was lost. He stated:
In terms of what I grew up with when I was a little kid, yes they’re losing that, yes because families are not e-m that very dynamic anymore, so it depends, before there used to be village people coming together, but now it’s more of your own children taking care of you and stuff like that, but if you don’t have children?.

Others had ambivalent views on whether or not the family system of support was lost. Enyinna, 56, had this to say:

I will say “No”. E-m because e-m, for me I can say [parents are not losing the family support] is given that one of my siblings is there; so they still keep in touch with them and mingle with their grand-kids and great grand-kids. But for me, I will say yea, that’s why actually, I say this is a two faced question, because am not there. They tend to miss me of course, I miss them a lot. So yes the tendency of losing that whole traditional family as whole, with all of us being there is lost, but otherwise, with the little ones at home, they just try to keep the good faith.

Though, Okoye (2004) in her study observed that the youngsters are not willing to live with their aged parents in the village, it does not mean that the traditional family support is no longer available to the elderly parents. Some elderly parents still have their children, grandchildren, and other extended family relations caring for them. Another family tradition has been elderly parents living in their homes or compounds until they die. This has been the case of the elderly parents of the participants. They were not moved out to any institutional facilities because of old age or physical weakness unlike in the Western Countries.

Participants’ Views on Elderly Parents Suffering from Social Isolation

When asked “Do you think your elderly parent/s is/are suffering from social isolation”? Most of the participants (85%) did not think that their elderly parents are suffering from social isolation. They said their siblings and neighbors are there to help their elderly parents. This form of caregiving was referred to by Smith (1998) as the modified extended family, an alternative to the isolation of nuclear family structure. He stated that the modified extended family may be viewed as a new version of classical extended family which is resistant to modernizing pressures and does not require spatial propinquity. What this meant is that the modified extended family
structure which is part of the Igbo lifestyle would assist the families in balancing the absence of immigrant family members. This might be why the participants said that their elderly parents are not suffering from isolation. For example, Madu a 50 year old participant reported:

No, I don’t think so. E-m, if for the most part, e-m, people over there are mostly the elderly ones. Once they have any of their child or children around them, their grand-kids if they have some, have neighbors, they are not totally missing everything. But when, like in some cases, some friends all their younger ones are out in the township or gone overseas or where ever it is, definitely, those ones will be missing. In my own case, really, in my own family, e-m, my parents will be missing me because am not at home. Definitely, there is no doubt about that, and e-m I can say because sometimes I do, when I talk to them is like “when are you coming home?” So apparently they’re missing me there. That’s why they’re asking me that, but for isolation no. They are not socially isolated.

Madu believed as parents had their children and grandchildren around they would not be socially isolated. However, he thought aging parents will miss their children who are abroad just like his parents missed him.

However, Oluchi 36, another participant, was not totally sure about her mother not being socially isolated. She said “No. Little bit,” when asked about her situation. When asked what she meant by “little bit,” she answered:

When she refused to go to her children and wants to be by herself in the home. She is in the city. But I do encourage her not to be isolated, to mix with her children. As I said, there are 7 of us, am the oldest, each of us, we all have children. She has about 26 grandchildren those are enough to keep her from being isolated.

On the other hand, Ada, 47, was one of the few who agreed that his parents were suffering from isolation. She explained:

Well, e-m- I think they are. Maybe missing some of the kids, you know, so not seeing them always, which is e-h you know, that’s why the telephone is better now, at least I can call them, say a week or some two weeks, you know, it helps a lot than earlier when I came here, you know. Maybe the chances are not all that good, so you call them probably, once a month. They may not be complaining but feel that way too, they might feel isolated.
Participants’ Views on Parents’ Emotional Decline

Participants were also asked if their absence has caused a decline in the emotional well-being of their elderly parents. Most of the participants (65%) did not believe that their absence had created a decline in the emotional well-being of their aging parents. Participants gave several reasons to explain the situations of their elderly parents in Nigeria.

Ijeoma, who visits her parents at least once a year, explained:

No, the reason why I say this is like I said; they get that communication from me. I call them. I go home to visit them, so it’s almost like am always there with them.

Another participant Ikechukwu, who was the first-born male in his family, and whose father passed away prior to his migrating to the U.S. stated the following:

When I first came here to the U.S. my absence created a huge vacuum. Because since my dad is no more, I was the dad figure there, and they came to me for support, advice, suggestions, disciplines, for whatever. And when I left my younger brother took over, but it was not the same, but now since I have been here this length of time with occasional visits, phone calls, and financial support, she feels okay.

Ukandu, a 58 year old participant, did not regard his absence from his homeland as a cause of decline in the emotional well-being of his father, but a missing link between him and his father. He has this to say:

I wouldn’t call it a decline, but I would say there is a missing link. The missing link is that distance, not seeing the person when you “wonna” see the person, you know. Like sometimes, I feel like, I wish he was where I could see him and talk to him, even though I can talk to him on the phone, but I say to me is not the same, as face to face.

For some participants, the presence of their aging parents’ children, grandchildren, friends, and neighbors helped by interacting with the elderly and preventing their social isolation as well as contributing to their emotional well-being. These people are the immediate informal care providers to the elderly parents as they do not have formal caregivers who will meet their daily needs. As reported by Smith (1998) in the case of frail elderly people living in the
community at a considerable distance from their children, informal assistance must normally be provided by other relatives or friends in order to avert possible institutionalization.

Though, in the Igbo land, there are no institutions or formal care systems; what they have are the informal care systems where the family members, relatives, and friends care for the frail elderly. This prevents aging adults from premature illnesses and deaths. Connidis (2010) stated that people do not cope successfully with aging in isolation. Most often they will better cope in the company of others who provide social, emotional and financial support and assistance in surroundings that provide security, love, and understanding (Connidis, 2010).

From the above findings, most of the immigrants in our study did not see their migration to have caused any loss in their traditional family support. Neither did their migration cause any decline in the emotional well-being of their elderly parents. Yes, as human beings, their aging parents may miss the physical presence of these immigrants, but it does not mean they are missing their traditional family support. Additionally, migrants’ siblings, grandchildren, and other relatives help to make their parents feel at home. Naturally, the tendency of feeling the absences of these migrants would be felt every now and then. As one of them said that it was hard for him and even his parents when he first arrived in U.S. but now, both parties are getting used to that separation. All the participants reported calling and visiting their elderly parents. The phone calls and the visits go a long way in their emotional support.

*Long Distance International Caregiving: Reasons, Views, and Challenges*

During the selective coding phase three themes/categories that described the live experiences of the Igbo adult immigrants on long distance international caregiving to their elderly parents left behind in Nigeria emerged: *reasons, views, and challenges*. Each of these themes has some sub-categories as shown on Figure 5 below:
Figure 5. Conceptual model of long distance international caregiving to aging parents.

Reasons

The following paragraphs present the reasons why the immigrants provide care their views, and challenges they encounter while providing the care.

Filial Obligation

In the Igbo culture, the care for elderly parents by adult children is generally expected. The literature shows that the popular idea of why adult children have obligations towards their elderly parents was because of reciprocity. Adult children generally feel that they owe something to their elderly parents because their parents have done much for them. Reciprocity model, which is a reciprocal action modeled as the behavioral response to an action that is perceived as either kind or unkind, can be used to illustrate family relationships among the Igbo. In Igbo land, reciprocity is an abiding norm in their social ties in which the older adults expect to rely on their adult children as critical sources of support and care; therefore, the parents try their best in
raising their adult children right and instilling good values in them when they were growing up. The idea that adult children owe their parents something in return can be viewed as a commonsense moral belief. It is a belief that is entrenched in the Igbo moral framework and has been passed on through generations. Also, this adage is commonly used to remind children of their filial responsibility. As the Igbo wise saying goes: “Nnazua nwa ya; nwanta-ahu tolite onyere nna ya aka”, which means: “father raises his child; when the child grows up, he cares for his father”.

Being in the U.S., the adult children immigrants still feel that obligation of caring for their parents. Their parents trained and provided them with material goods. Now that their parents are old, not able to do things that they did when young, and the Nigerian government has no social security scheme, neither does it regularly provide pensions to those qualified. Therefore, the burden of caregiving for the elderly parents falls on the family, especially adult children. These adult children immigrants in the U.S. being part of the family inherit part if not all the caregiving burden of their elderly parents.

Also writing on the motivations of adult children to assume the duties of filial responsibility, Gans and Silverstein (2006) used the concept of filial maturity to describe adult children’s transition from being relatively autonomous from their parents to being dependable sources of support to their elderly parents. Gans and Silverstein (2006) also found that providing support to a parent was positively associated with filial norms. The participants in this current study expressed their filial obligation to their elderly parents left behind in Nigeria in different ways. They remembered what their parents did for them when they were growing up.

Participants were first asked about their views on long distance caregiving. Most of them felt that it was right to provide care to their aging parents. They believed that it was the culture of
the land. Then, when asked why they thought it was right to provide care for their aging parents left behind while they themselves had their own family to care for, they proceeded with the reasons for their caregiving. The participants expressed their filial obligations to their elderly parents.

For example, Nneka 47, in her own answer, said:

Our parents took care of us when young. Now they are retired, it is my responsibility to take care of them. My child will take care of me when am old. Unlike here, there are no Nursing Homes, or Assisted Living Homes in Nigeria. The children are the life insurance of their parents.

Udoka, 51 year old participant, has this to say:

E-m it is very obvious that e-m because of the way we were raised up back in Nigeria. The parents did all they could, starved themselves, labored and cared for us while we were young we could not take care of ourselves. They took care of us. Now that they’re old, it is my responsibility and the responsibility of any other child out there, to be specific, to care for our elderly ones. That is the way our culture calls for. Quite unlike here where they have nursing homes and assisted livings, and stuff, we don’t have it in Nigeria. We are the insurance, we don’t have insurance there, well, there might be, but, it is not for everybody, but for the most part, the children are the life insurance for their parents to them.

*Immigrants’ Position in the Family*

The participant’s position in the family is another reason for providing care. In the Igbo culture, the society has higher expectations for first born children in the family. This is because according to their tradition, the first son takes over the family responsibilities when the father is sick, or cannot perform his fatherly roles in the family, or is dead. The first son takes charge of both his father’s wealth as well as raising his younger siblings in the absence of the father. On the other hand, if the first born is a girl or a father had no male child, she, via her husband, plays major roles in the family. Most of the participants who are the first born in their families narrated their importance and their roles. All of them emphasized the important roles they play quoting their cultures. Below is what Uzondu, 56, the first son in his family, stated:
Yes, the first male in any Igbo family from my tribe, is the one that takes over the responsibility once your father is no longer there. So as the first son you’re the heir of the family issues. By the virtue of my position in the family, there are things they (my siblings) can’t do unless I approve of it because it is my right.

When asked about such things, he answered as follows:

We are 18 and only two of us are here, so the rest of them are at home, and I happen to be the first male child, so which means I have more responsibility than the younger ones. Let’s say that there is a piece of land (family land) that they want to build on, I can say “No” they can’t build on that or that you take another one. As I said before, being the first son in the family, I have sponsored my younger brothers and sisters in colleges, provided them with clothing, and financial help. I have more than five or six of them that I have put through university back home. That’s an example of what first son can do.

Madu another participant said:

No, we are 8; am the only one here, the rest are at home. I happen to be the first male child. I have more responsibilities than the younger ones. The first male child in any Igbo family takes over the responsibility of the family. He can assume semi responsibility for his siblings, like training them in schools, buying clothes, and helping them if they need help.

What this immigrant meant for “assume semi responsibility for the siblings” is that the first male child who takes over from his elderly father would take over the responsibility of seeing that the younger siblings would be cared for as their elderly father would have normally done for them.

Perceived Vulnerability of Parents (Inability to Work for Pay)

Another factor that relates to the long distance international caregiving is the perceived vulnerabilities of elderly parents. It was seen that the propensity of receiving remittances is essential with the recipient’s risk of economic deprivation. Lucas and Starks (1985) reported that families in Botswana, who were at risk of losing their cattle, received more remittances during the time of drought.

The participants reported that they normally send money to their elderly parents so that they take care of their financial needs. One should know that some of these elderly parents are
retired from their active duties, others, especially women, might have been housewives and have never worked for pay. None of the participants reported that their parents were receiving any kind of payment from the government. Thus, the economic situation of the elderly parents determines the amount, the level or the frequency of support given to them. Cox, Eser and Jimenez (1996), conducted a study in which they tested for what motivates private transfers using Peruvian Standard Survey which gathered information from 27,000 representatives. They found that private transfers were targeted to the unemployed and those stricken with illness. They also reported that being unemployed raised the probability of transfer to recipients by over 13 percentage points while those stricken with illness raised probability of transfer to recipients by 5 percentage points. Another important finding was the disproportionate share of child-to-parent transfers given to female-headed households, a potentially vulnerable group. These families being headed by a female increases a household's probability of receiving a transfer by nearly 10 percentage points (Cox et al. 1996).

The chances for elderly parents receiving care and support from their adult children immigrants depend upon their needs as perceived by their adult children. Those perceived to be lonely and frail may receive more emotional support. For example, Ikechukwu answering the question why he is the only one caring for his parents elaborated below:

Why, it goes back to what I have been saying, that e-h family, you know, bondage, that family e-h you know, concern just like the same way you “gonna” provide to your children, you know, your children “gonna” say okay my Mom was there for me, so again, you know, they brought you up, they made you what you are, so now, that they are incapacitated, and physically not fit to provide for themselves what they did when young, that is nature, to always give back to someone who gave you that’s basically right there.

Lack of Government Support

As explained in Chapter 2, there is no credit market in Nigeria, therefore, parents invested in their children and regarded them as their life insurance. Children traditionally assume
that role of caring for their elderly parents. They see to it when their parents die, to finance for their burials. Caring for their parents is reciprocal as it is being passed on from one generation to another. Ojemba, 51, when asked why he cares for his elderly parents explained:

It is our culture, when you grow up you take care of your parents. It is generational from one generation to the next. Government does not help like here, as a son it is my responsibility.

Views

Culture

In Nigeria, care of the elderly is still under the auspices of the family. According to Abdulraheem and Parakoyi (2005) many reasons can be adduced to explain why caregivers’ attitudes were positive with respect to care of the elderly. The influence of historical tradition is important in the context of caring for the elderly. The immediate family provides much of the home care for their elderly parents. This is expected because the way the elderly could be adequately cared for is to ensure that their children and relations live near to them. In this study, all the participants were happy that their elderly parents are living in their own homes with their siblings, and other relations. Some of the participants hired home maids who help their siblings in caring for their elderly parents. All the participants view their long distance international caregiving as cultural, filial obligation, and reciprocal. Each of the participants narrated how their parents were there for them when they were young. Even if the parents had no money to care for them when young, the adult child must find ways to care for his elderly parents. The participant see the care of their elderly parents as embedded in their culture.

Answering this question, “how do you view your long distance international caregiving to your elderly parents left behind in Nigeria?” In his own answer Ejike, a 55 year participant, gave this answer:
Our culture is mostly like when you grow up, you take care of your parents. I saw my Grand parent; my Dad did the same for them. So, is like generational, this is our culture. They took care of their parents. We don’t have traditionally, like any government support, so it’s the family oriented. So I felt, I am responsible, to see to their needs to as much as I could to make sure that, at this age they are, is easier for them and better, that’s the reason why, you know, I accept that responsibility, because, they’re my parents.

Ezenwa, 52, gave his own answer to the question:

Yes, it is my obligation, and traditionally, parents take care of children raise them in turn the children have to take care of the parents because they get old, they can’t do what they usually do when they were raising their children. It is tradition.

*Reciprocal Act*

As was discussed earlier in the literature section, the Igbo family is built on strong relationships. In the Igbo culture, young adults are trained to adhere to certain key ethical behaviors such as respect for the elders. In this regard, respect is viewed as showing concerns for the welfare of the elders and being aware of the care giving customs and practices. The young adults are raised to view and respect elder care as an important cultural ethic. The parents invested much in their adult children when they were young. They did that with the mind to benefit from their children when grown. Traditionally, they themselves did such services (caregiving) to their own parents when their parents were old and weak. In return, their own adult children are culturally expected to do same (care) for their elderly parents. Thus, this is reciprocal, as the proponents of reciprocity argue that people feel obligated to help others who helped them. Reciprocity therefore, has to do with fairness of exchanges and when and how resources should be repaid. In most societies, raising children earlier in life serves as foundation for receiving assistance form them in old age (Apt, 1993). The adult child is under a moral obligation to reciprocate to his/her parents’ favor he/she received when the parents are old and weak and need support. As explained by Ike (53 years old) below, reciprocity is instilled in children and flows from one generation to another:
As I said before, the family bondage, that’s family e-h you know, the concern one has for his/her children, you know, your children will say, yes, my parents were there for me, so again, you know, they brought me up, they made me what I am, so now, that they are old and weak, is my turn to care for them. Hopefully, my own children would do the same for me. That’s how our culture is set up.

This participant is of the opinion that even though he is not in Nigeria, he still does what is expected of him which is caring for his elderly parents. He said his father did the same, and his great-grandparents did the same. Therefore, this is intergenerational. Adult children ought to take care of elderly parents as their elderly parents took care of their own parents.

*Care for Elderly Parents*

Another motivating factor for adult children immigrants to support their elderly parents is the attachment that they feel toward their parent. The attachment theory which was discussed earlier in the literature review explains the affectionate bound between adult children and parents. According to Kussin (2013), attachment is the development of a deep and enduring connection between an infant and caregiver, usually a biological mother. Adults want to be understood, find support and feel nurtured in their close relationships similar to their feelings in their childhood. Adults who had caring parents or caregivers and continued to seek and find positive relationships in adolescence will have secure relationships as an adult (Kussin, 2013).

Many literature reviews have shown how adult children immigrants remit money to their parents, even if they do not have a lot, they still remit. Even the participant that reported making less than $35,000.00 as annual income for his family, still remits to his elderly parents. The Igbo participants in this study have demonstrated such care and support for their elderly parents not only by remitting their resources, but by calling them on the phone almost weekly. When asked this question, “How often do you communicate with your elderly parents?” Almost all of them answered “Weekly.”
It is the bond that prompts the adult children to send support to their parents. Now that they have grown to adulthood and their parents are physically weak, and retired from active duties, it is their turn to care for them. Another reason is the tradition or social expectations. Okoye (2004) in her study found that a good number of Nigerian youths share the view that anyone who cannot take care of his/her parents is irresponsible. Ijeoma explained her reasons for providing care below:

Because they’re my parents! They gave birth to me, and I love them. So to show love to your parents, as they get older, I think that requires of you to take care of them, that’s way to show that you love them.

Another participant Obioma said:

To make sure they’re taken care off. They took care of us when young. And at this time around, they are retired and can not do things they used to do when they were young. It is now my turn for those responsibilities to make sure they don’t lack any thing. And also it’s our tradition that when they take care of you, raise you, and then put you in a position to care for yourself, so when they get old, you be able to do the same for them too.

Challenges

There were several challenges the migrants faced in the long distance international caregiving to their elderly parents left behind: 1- Adjusting to their new country, 2-distance, 3-financial constraints, 4-poor communication, 5-being available for one’s family of procreation, 5-legal papers and parental adjustment

Adjusting to Their New Country

Another challenge that participants reported was adjusting to their new environment. None of the participants reported that it was easy for them when they first came to the U.S. They had to struggle with education and work in order to survive and be able to remit resources to their elderly parents and other relations. They also had emotional distress by thinking about those
they left behind and how to adjust in their new environment. The participants missed their family members left behind, the familiar lifestyle of their country of origin, and culture. They had to learn new ways of life in the U.S. For example, Oluchi explained:

Again when I first came here, I was confused about everything. I was thinking much about home and my friends. I tried my best to adjust to their school system which is different from ours back home (Nigeria). Now am used to their system. I call my mother every week. Hearing her voice makes me feel good. I also visit home at least once in a year.

Distance

According to a study published by the National Alliance for caregiving and Zogby International (2004), living at a distance from an aging parent or grandparent can make care provision a complex and difficult challenge. The idea of being very far away is the main challenge the immigrants faced. This is associated with problems of not seeing their elderly parents quite often, unless calling them on the phone. Telephone conversations are good, but the physical presence is better. The participants complained about how difficult it is for them to quickly get back to Nigeria should there be any emergency. In this case, they only depend on what their siblings or relatives have to tell them about the situation of their elderly parents. It takes at least 2 days to travel to Southeast Nigeria – Igbo land.

Here is what Udoka, a 51 year participant said regarding the challenges:

I have said distance is the biggest challenge, but you can’t do anything about it. You can’t bring Nigeria closer where you can go every month and come back. Like if in Nigeria, if am in Lagos or Abuja, or anywhere, I can go home every week-end. I have mentioned that before, but here, I can’t, I can’t just take my luggage and say, hey, I will be right back. It is a big challenge for me.

Ada who still has both parents also reported:

Well, if I was in Nigeria, it could have been better, it would have been closer, and see them very often, but because of the distance, I don’t go to visit them very often. So, rather, we talk on the phone, and visit probably once every two years or once every year,
and also visit them every other year, unlike if I was living in Nigeria I would have been seeing them more often.

Financial Constraints

Financial constraint was another challenge caregivers faced. One of the determinants of the level of long distance international caregiving is the availability of spendable income. If the participants have income to spend, they will be willing to remit. On that same token, if the adult child has money to travel he/she can travel whenever he/she wants. None of the participants indicated travelling as often as they would like to travel to see their elderly parents. They reported high cost of air tickets to travel from Dallas to Nigeria. The emotional disturbance of not being there for their parents to see them age or grow older weighs heavily on some of the adult children immigrants. Additionally, elderly parents like to see their grandchildren around them. An average family size of participants (Igbo) was 4. This will cost a lot of money for the entire family to travel to Nigeria at the same time. What this will mean is that the elderly parents might not see their grandchildren as they grow. In response to the distance and finance, Ojemba explained:

Telephone (participant depends on telephone contacts with his father), unless when we visit, which is not all that often. When you go home about once a year; to me it is not enough, but that’s the best we can do, or I can do. Not we can do, some people go home two or three times in a year depending on their finances because it is not cheap. It costs money to travel from here to Nigeria. One has to be ready to do that. That’s why I go at least once a year.

Being Available for Family of Procreation

All the participants had their own primary families. They had school aged children living with them. The caregiving of elderly parents is another added responsibility of the participants who have the primary responsibility of their own immediate families in the U.S. It was a challenge for the immigrants to balance the needs of their elderly parents and their own
immediate families. Taking care of their immediate families in the U.S. sometimes delayed the
care or support for the elderly parents. Ekeh (55 years old) stated:

Well, I have children and I have my family here. Money doesn’t grow on trees, since I
came here; I have never seen one; even though people think so. So, it’s a struggle, you
know, trying to make ends meet. Sometimes they may need one dollar, but you can afford
only 50 cents.

Another participant, Ike said:

There is also this e-m issue of dealing with some human beings over there who will not
understand that we’re suffering over here. They think oh, you’re in United States,
therefore, everything is free here; so people tend to, you know, in fact use you because
you’re in United States.

The issue here is those in Nigeria think that the participants do not have financial problems in the
U.S. They think that life in the U.S. is easy or kind of laissez-faire.

Issues with Means of Communication

Though participants called family members on the phone, the communication network
problem in Nigeria is another challenge. Each of the participants complained that they cannot get
connected with their parents on time. It takes more than one call to get through. This is very
frustrating when you cannot reach your parents at the time you want. Sometimes, it takes hours if
not days to reach them, owing to the network problems.

Nneka said:

Well, to be candid, it is very challenging. E-m there’s the tendency of the distance being
a hindrance. It’s really frustrating sometimes with either sending the money or making
the phone calls. It’s not getting through, there’s always some kind of hindrance.

Ijeoma said:

U-m one is the distance; two communications through telephone. Sometimes the phones
are not able to communicate through the telephone because the lines are not working, and
the services are poor. And then three, if there is emergency, the air fare is so expensive
you have to kind of you can’t go home immediately without planning because of the
expenses.
Some participants wanted their parents to visit them in the U.S. However, the bureaucratic process of obtaining a visa was another challenge. Ironically, some parents who are able to visit their children in the U.S. tend not to like the American life. They often complain about the secluded nature life in the U.S. Also their old age and position in their communities back home make them miss their family, friends, and neighbors in Nigeria. Another thing is the “hostile” – cold weather which is different form the tropical weather in Nigeria. Some of the participants reported how their elderly parents did not like their stay in the U.S. because of the cold weather that was hard on their aging bodies.

Ekeh said the following about her mother when she visited:

When my mother came, because I was able to get her Green Card, she liked it somehow, though she came when it was really cold for someone that came from the Tropics is a huge change for her age and being home alone when everyone is gone to work and school. It is prison for her particularly, and I tried to provide everything for her to make it feel like home back in Nigeria, but you can’t manufacture that.

Madu, reporting his father’s experience when he came to the U.S. said:

Actually, my Dad has been here, but the thing is that when he was here, he spent time, he didn’t much like here, because of the way the life is isolating, you know, they don’t have the communal, you know, unlike what it used to be back home, as they can always open door to see their neighbor and talk to, so when he was here, always stayed indoors, and the loneliness, he has to, you know. I have asked him to come back, he said “no” even my Mom, probably he talked to her, the way he felt, that’s why she has refused to come, you know, so that’s the thing. So when he came, he didn’t so much like it.

Although participants experienced the aforementioned challenges, they were able to somewhat overcome them and were living successful lives. However, they all wished there were other forms of care from which their aging parents could benefit. The next sections present findings from participants’ views on formal long term care service.
Another important aspect of this study was to understand the views of the immigrants on long-term service care in Nigeria. Abdulraheem, Olapipo, and Amodu (2012), observed that the goal of primary health care which was to provide accessible health for all by the year 2000 and beyond is yet to be achieved in Nigeria and seems to be unrealistic in the next decade. Though primary health care centers were established in both rural and urban areas in Nigeria with the intention of equity and easy access to care, regrettably, the rural populations in Nigeria are seriously underserved when compared with their urban counterparts (Abdulraheem et al., 2012). The major problem these rural environments faced is the inadequate attention of the Nigerian government to the health professionals in such areas. The deterioration in government facilities, low salaries, and poor working conditions had resulted in a mass exodus of health professionals (Iyun, 1988). Awosika, (2005) noticed that the Nigeria government has a great role to play in the operation of managed care. A substantial proportion of healthcare is privately provided but the capacity of government to develop and enforce regulations to ensure adequate quality of care is very limited (Awosika, 2005).

Some questions were used to assess the views of the immigrants regarding long term service in Nigeria. A Likert scale was used for the answers to these questions where 5 = strongly agree, 4 = agree, 3 = no opinion, 2 = disagree, 1 = strongly disagree, or 5 = very interested, 4 = somewhat interested, 3 = neutral, 2 = not very interested, 1 = not interested at all. They were coded from 5 to 1, 5 being the highest, and 1 the least. Table 8 presents the results of participants’ views.
Eighty percent of the participants were at least somewhat interested in purchasing long term service care insurance for the elderly parents. Though they have favorable reasons to purchase such service, two (10%) of them were skeptical about the honesty in running such an organization. The fear of corruption in the society would prevent them from taking part in this endeavor. Two (10%) of them were neutral. They would like to watch and see how those participating were being benefited from this service.

Another question was to assess their thoughts on whether or not the Nigerian government in partnerships with the private sector should take the lead in developing long term service care. Ninety percent of the participants at least agreed that this is a noble cause. They agreed that this

Table 8

*Participants’ Views on long-Term Care Service in Nigeria*

<table>
<thead>
<tr>
<th>Questions</th>
<th>Totals</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I would like an opportunity to purchase insurance that would assist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigerian long distance international caregivers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Very interested</td>
<td>4</td>
<td>20%</td>
</tr>
<tr>
<td>4. Somewhat interested</td>
<td>12</td>
<td>60%</td>
</tr>
<tr>
<td>3. Neutral</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>2. Not very interested</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>1. Not interested at all</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>2. I believe that the Nigerian government in partnership with the private</td>
<td></td>
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<tr>
<td>sector should take the lead in development of long term care services and</td>
<td></td>
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<tr>
<td>supports for the older Nigerians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Strongly Agree</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>4. Agree</td>
<td>11</td>
<td>55%</td>
</tr>
<tr>
<td>3. No Opinion</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>2. Disagree</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>1. Strongly Disagree</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>3. I would like an opportunity to join or start a support group for Nigerian</td>
<td></td>
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<tr>
<td>long-distance international caregivers.</td>
<td></td>
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<tr>
<td>5. Very interested</td>
<td>7</td>
<td>35%</td>
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<tr>
<td>4. Somewhat interested</td>
<td>10</td>
<td>50%</td>
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<tr>
<td>3. Neutral</td>
<td>2</td>
<td>10%</td>
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<tr>
<td>2. Not very interested</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>1. Not interested at all</td>
<td>1</td>
<td>5%</td>
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</table>
should be done because it will help the aging Nigerian population. Elderly Nigerians will be provided with better care. Also, this will mean that the Nigerian government acknowledges its elderly population. This is what one of the participants had to say regarding the government helping the caregivers:

Ejike commenting on the lack of government support had this to contribute:

What I have observed in Nigeria actually, as time goes on this family care, you know, it’s now tradition – primary care will wane when people start traveling out; going to different places, you know, the government hasn’t set up anything good, you know, that will help like, social security or, the business in Nigeria. Private care in Nigeria has not matured. Actually, I have not seen any of them set up where someone can take his parents and expect a good care for them that could be something that will help our country so apart from that, the way we have been doing it for generation, that’s what we still do, I hope they will improve.

Participants were also asked given an opportunity to join or start a support group for Nigerian long distance international caregivers, if they would participate in such support group. Seventeen participants agreed to join or start a support group for Nigerian long distance international caregivers. Members of the support group could advocate for the well-being of the elderly. They will pressure the Nigerian government to develop good policies that will benefit the aged. The activities of the support group could also help the stakeholders develop policies to help the elderly parents left behind.
CHAPTER 5

CONCLUSION

Discussion

The purpose of this study is to examine the reasons the Nigerian (Igbo) adult children immigrants in the United States provide long-distance international caregiving to their elderly parents in Nigeria, the challenges they face providing the care, and their views on formal long term care services in Nigeria. Nigeria is experiencing an aging population just like other countries in the world. However, the Nigerian government has been unable to cope with the needs of the aged. Hence, the cares of the elderly population fall primarily on family, relatives, and friends.

Very little is known about long-distance international caregiving. Most studies look at remittances that immigrants send to family members and relatives, but not particularly to the elderly parents. Also, few studies address the effects of migration on non-migrants left behind (Silva, 2006). Understanding the lived experiences of immigrants who provide international long distance caregiving will not only add to the literature but also help stakeholders understand caregiving challenges and hopefully provide policies that may aid these caregivers.

Nigerians have a long history of international migration. They migrated to places where they were able to quickly adjust (Komolafe, 2005). Also, Nigerians who immigrated in the 60’s and early 70’s returned for nation-building (Nwajiuba, 2005). However, because of severe economic difficulties, increased poverty, and political instability that plagued Nigeria, most Nigerian migrants do not return, but permanently settle in the West (Nwajiuba, 2005).

International migration, the movement of people across national boundaries, has no single standard definition because there are several criteria, kinds, and aspects of migration
(Adler and Gielen 2003). However, the neoclassical model and the new economic model of migration were used in this study. It was observed that some of the Nigerian immigrants had come to the U.S. to pursue educational opportunities in undergraduate and post-graduate institutions. Others came for better economic opportunities, such as job availability.

While in the U.S., these immigrants still have some responsibility toward their family that they left behind, especially parents. If the parents are old and not economically active, the immigrants are expected to provide for them. Traditionally, the older person headed the family and the extended clan that dominated the communities. Old people were venerated as a source of wisdom (Akukwe, 1992). By tradition, older people in Africa were not excluded from the process of productive and social participation in family affairs because in a typical African household, each person has a role to play, whether young or old (Apt, 2000). Millions of young and middle-aged Nigerians around the world take care of their elderly parents because family has been the most natural and conducive social organization for the care and support of the old-aged person.

Defining family as a group of people who are related to each other by blood, marriage, or adoption (Wahyuni, 2005), the Igbo family structures consist of members of the extended lineage which include: parents, grandparents, aunts, uncles, brothers, sisters, cousins, nephews, and nieces. The extended family system expresses the notion that a person can be taken care of by a relation who acts like one’s nuclear family. Children play the most important role of providing economic security in old age. The Igbo culture permits relatives to live in geographic proximity and have frequent personal contacts. Strong family ties are the foundation upon which Nigerian family values are built (Ogbaa, 2003).

Caring for the elderly, which has been taken for granted to be filial responsibility, is no longer so because Africans are now being affected by the social and economic changes in the
Apt (2000) observed that the informal support system, characteristics of the traditional African family, is now being compromised. Children are no longer willing to stay in rural areas with elderly parents. Women are also taking jobs outside for pay and are no longer available to provide care to the elderly. Nigeria is also undergoing these social changes. Akukwe (1992) noticed that social and economic changes currently occurring in Nigeria are putting into doubt the continued viability of such traditional arrangements for the elderly as more women are now in the labor market. Gone are the days when young men would leave their wives in the village to take care of their aged parents while they lived in the cities (Akukwe, 1992). Okoye (2004) observed that the youngsters are not willing to live with their aged parents; neither are they willing to send their wives nor their children to the village to live with their aged parents.

The study used the snowball sampling technique to recruit participants for the study. A semi-structured interview guide was used to collect data from 20 participants with a total number of 30 interviews. The data for the interviews were captured in an audio tape. Prior to this study, permission was sought and granted from the University of North Texas Intuitional Review Board (UNT—IRB). Data were analyzed after transcribing the interviews. The analysis of this study followed open, axial, and selective coding, which lend rigor to the data analysis process (Creswell, 2005). This study has some limitations like: finding participants whose parents are alive, work scheduled conflicting with interview dates, and poor infrastructure in Nigeria could not permit for adequate time for the study.

Qualitative grounded theory was the methodology used to understand the reasons for providing care, and challenges the Nigerian (Igbo) adult children immigrants face in providing long-distance international caregiving to their elderly parents left behind in Nigeria. The use of qualitative methodology in this study provided the opportunity to get the intimate experiences of
the Igbo participants and to discover variables that explained their experiences (Corbin and Straus 2008).

In this study, some theories underlining the filial responsibility such as social exchange and attachment theory were used. Some factors affecting the level of long distance international caregiving such as: 1. length of time in host country, 2. intent to return to country of origin, 3. migrant’s level of income, 4. gender and remittance, 5. situation/condition of elderly parents, and 6. presence of other siblings, were also discussed. The conceptual framework of the study was guided by three main themes: reasons for providing care, views on caregiving, and challenges. Some socio-economic factors that influence or determine the migrants’ willingness to support their elderly parents were explained. These include but are not limited to: filial obligation, perceived vulnerability of parents, migrant’s position in the family, perceived exchange rate in the country of origin, immigrant’s willingness to support, availability of resources, and the care recipients.

The findings of this study were detailed in Chapter 4. Long distance international caregiving of elderly parents left behind is a fact of life for many Nigerian immigrants in the U.S., and other parts of the world. They remit part of their incomes to their relatives left behind especially their elderly parents. In this study, filial obligation, position in the family, perceived vulnerability of parents, and lack of government support were found to be among the reasons the immigrants provide long-distance international caregiving to their elderly parents left behind in Nigeria. In the Igbo culture, the care for elderly parents by adult children is generally expected. Reciprocity was found to be the popular idea why the adult Igbo children migrants fulfill their filial obligation toward their elderly parents. Many of the participants explained how they received good parental care from their parents when they were growing up. Hence, they had to
reciprocate to their elderly parents who were no longer physically and/or economically able to take care of themselves.

It was also noticed that filial obligation was entrenched in the Igbo moral framework and has been passed on through generations. The participants explained how the Igbo tradition and culture made adult children feel obligated to care for their elderly parents. As a matter of that tradition, being in the U.S. did not prevent the adult children immigrants from fulfilling that obligation. It was explained that the Nigerian government has no social security scheme to help the growing aging population, neither did it regularly provide pension to those qualified. Therefore, the burden of caregiving for the elderly parents still remained in the hands of family members. The immigrants, though may have other siblings, but assumed more responsibility of caregiving to their elderly parents.

**Immigrants’ Position in the Family**

It was noticed that the participant’s position in the family was another reason for providing care. They explained how the Igbo culture plays an important role in one’s position in one’s family. According to their culture, their society has higher expectations for the first born child in the family. In the Igbo tradition, the first son takes over the family responsibilities when the father is sick, or cannot perform his fatherly roles in the family, or is dead. It is the first son that takes charge of both his father’s wealth and as well as raising his younger siblings. In the case of a female first born child, if she is married, her husband plays major roles in her family of procreation. In this study, participants who were the first born in their families mentioned the importance of their positions or ranks which also contributed to the levels of care they provided to their elderly parents.
Perceived Vulnerability of Parents (Inability to Work for Pay)

Perceived vulnerability of the elderly parents was considered another reason to provide support to elderly parents. Due to the recipient’s risk of economic deprivation, receiving remittances is essential. Many of the participants explained they sent more funds to their elderly parents especially when they heard they were sick. Some of them brought them over to the U.S. for better medical attention. The elderly parents’ situation increased the frequency of the immigrants’ contacts to their homeland. The participants reported they called their elderly parents every week to check on their health conditions. None of the participants reported that his/her parents received any kind of payment from the government, only from the family.

Lack of Government Support

It was reported in the study that there was no credit market in Nigeria when the elderly parents were economically active. Also, those contributed to the pension system when they were in the labor force do not regularly receive their monthly payment. Parents invested in their children and regarded them as their life insurance. In the cases of participants who previously lost one of their parents, they reported even paying for their funeral expenses as these elderly parents do not have life insurance.

Views

Culture

All the participants viewed their long distance international caregiving as cultural, a filial obligation, and a reciprocal act which are embedded in their culture. The participants reported that the care of the elderly in Nigeria is still under the auspices of their family members, and participants still had a significant role to play as part of the family even though they were living abroad. The participants noted that care of their elderly parents is a value which is culturally
rooted and highly respected in the Igbo land. This means the immediate family members provide much of the home care to the aged. There is no outside care (institutional care). At times, close relations and neighbors help the elderly, but family members are the primary caregivers. In this study, all the participants expressed some kind of happiness for having their aging parents living in their own homes because they were not socially isolated. Participants’ siblings and at times hired home maids saw to it that the elderly parents were being taken care off and were not left alone.

*Reciprocal Act*

In the Igbo culture, young adults are trained to adhere to certain key ethical behaviors such as respect for the elders. In this regard, respect is viewed as showing concerns for the welfare of the elders and being aware of the caregiving customs and practices. The participants reported how their parents invested in them when they were young. It is a tradition. Their parents took care of their grandparents when their grandparents were old and weak. In return, as tradition, their own adult children are culturally expected to care for their elderly parents. Reciprocity, therefore, has to do with fairness of exchanges and when and how resources should be repaid. In most societies, raising children earlier in life serves as a foundation for receiving assistance form them in old age (Apt, 1993). Having seen how this tradition passes over responsibilities from one generation to another, the adult child is therefore under a moral obligation to reciprocate to his/her parents’ favor received.

Care for Parents

From the answers the participants gave, they developed positive relationships with their parents, and received love from their parents when they were growing up. A participant making less than $35,000.00 as his annual income for his family still provided care to his elderly parents
by regularly sending money. The participants in this study have demonstrated love for their elderly parents not only by remitting their resources, but by calling them on the phone almost every week. They developed strong bonds with their elderly parents.

Challenges

Immigrants that were interviewed had some challenges while providing care to their elderly parents left behind in Nigeria. Long-distance international caregiving, as the name implies, is care one gives from a foreign country often from many miles away. The participants reported that their number one challenge was the distance from the U.S., to Nigeria (Igbo Land) in particular, which takes at least two days for travel.

Distance

It is not easy to live at a distance from an aging parent or grandparent. Such a long distance can make care provision a complex and a significant challenge. The idea of being very far away is one of the main challenges most immigrants face. Long-distance is associated with the problem of not seeing their elderly parents, despite calling them on the phone. Even their telephone interactions do not tell the actual health conditions of the aging parents, unless the parents chose to share his/her health problems with the child. The participants in this study complained about how difficult it would be for them in cases where their parents were to have emergency situations and when they could only depend on what their siblings or relatives had to tell them about the situation.

Financial Constraints

This is another challenge the participants faced. Availability of spendable income determined the level of caregiving an immigrant renders. If the immigrants have more spendable incomes, they would travel to see their elderly parents at least once year. Also they could afford
to send more financial supports to their elderly parents. In this study, none of the participants indicated travelling to Nigeria as often as they would like to travel in order to see their elderly parents because of high cost of air tickets from Dallas to Nigeria.

**Being Available for Family of Procreation**

The burden of providing for one’s own primary family and the extended family was expressed by the participants. All the participants had their own primary families and their children living with them. These children were all school-aged and needed their parents’ financial support. Some of the participants, at times, felt financially stretched and were not able to provide funds to their family in Nigeria when needed. However, they always sent some money later to make sure their elderly parents and loved ones were taken care of.

**Issues with Means of Communication**

The poor nature of the communication network in Nigeria was also expressed as another challenge. Though their elderly parents have cell phones, getting connected to them was a major problem because of poor telecommunications network systems. Participants felt frustrated when they could not get to family members as often as they needed.

**Legal Papers and Parental Adjustment**

To visit the U.S., one needs a visa. Getting a visa was a challenge for participants who wanted their elderly parents to come to the U.S. for a visit or for medical care. However, some of the participants whose parents have been in the U.S., reported that their parents did not like it. For one reason, they were not used to staying indoors which made them feel as if they were in prison. Also, as the elderly parents were used to going out at will and entertaining guests without pre-invitations in Nigeria, they were uncomfortable with the American lifestyle. Further, in some cases, the cold weather was hard on parents’ aging bodies.
Long-Term Care Service in Nigeria

To assess participants’ views on long term care services, a few questions were asked of study participants. Eighty-five percent of the participants agreed to join or start a support group for Nigerian long distance international caregivers. They felt that the support group could advocate for the well-being of the elderly and help stakeholders develop policies that would help the aging population in Nigeria. Also, 90% of the participant agreed that the Nigerian government in partnership with the private sector should take the lead in developing long term care service for the elderly. On purchasing long term insurance for the elderly, only 80% of the participants agreed to participate in such scheme. Those not in favor expressed fears of not knowing how efficiently the long term insurance program would operate, citing the corrupt nature of the country.

Implication for Future Research

This study examines the reasons why adult children (Igbo) migrants provide long distance international caregiving to their elderly parents left behind in Nigeria, the challenges they face providing the care, and their views about long-term care service in Nigeria. The participants demonstrated a strong sense of filial obligation. They also showed their respect for their culture for caring for their elderly parents. They reported that caregiving to their elderly parents is part of their culture and thus is intergenerational.

Future research could explore the relationships between immigrants’ level of acculturation and their own American born children with regard to providing care to aging parents. Will they carry on with this intergenerational culture of caregiving to elderly parents? Redfield, Linton, and Herskovits (1936) define acculturation as “those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact,
with subsequent changes in the original culture pattern of either or both groups.” Considering the number of years the participants have stayed in the U.S. and their children who were born in the U.S., it is possible that these children who were raised in a different cultural setting (U.S.) might not understand the Nigerian (Igbo) culture and its validity with regard to filial obligation/responsibility.

It will be interesting to explore the views of these young children regarding caregiving to their elderly parents. The immigrants have been doing their best in teaching their children the Igbo culture. Other future research should include examination of the elderly parents in Nigeria. Interviewing the care recipients --the elderly parents--would help to understand how the elderly parents appreciate the care their adult children immigrants are providing to them.

Implication for Policy

The aging population and changes in family structure should be areas of focus for policy makers. Aging population in Nigeria has been reported by the World Bank to be about 150 million. In that same report the percentage of the people aged 65 years and above was 3.41 of the whole population (World Bank, 2012). Also, Ajomale, (2007) reported that the population of people aged 60 years and above in 2005 was 6.4% and was projected to be 11.5% in 2025. This shows a rapid growth in Nigerian elderly population.

With regard to aging challenges, the government will determine the feasibility of foreign inflow which can enhance socio-economic and domestic development. The Nigerian government is the largest employer and its pension scheme is noncontributory (Togonu-Bickersteth, 1988). The Nigerian government can help to ensure economic well-being of the elderly by restructuring the retirement system in such a way that the pension scheme is contributory to ensure its long-term solvency. Another idea is to provide non-monetary socio-medical and community services
to the elderly. According to Togonu-Bickersteth (1988), geriatric medicine does not exist in Nigeria because of non-availability, lack of appropriate facilities, poverty of the elderly, lack of awareness of the need for care of the old, and lack of government interest. Introduction of gerontological content in the curricula of various disciplines in behavioral, physical and biological sciences can help researchers and students understand peculiar problems of growing old in Nigeria (Togonu-Bickersteth, 1988). Togonu-Bickersteth, (1988) remarked that appropriate research is an indispensable ingredient in the process of creating awareness and responding to the needs of the Nigerian elderly. As Kent (1972) remarked, “Policy that is not informed by knowledge may well be worse than worthless, it may be dangerous.” Thus, the Nigerian government should be ready to educate the public on their policies.

An additional problem is the change in family structure in Nigeria. The extended family structure, which comprises generations of close relatives rather than a married couple and children, who live either in the same house or compound, or in a close and continuous relationship, dominates the Sub-Saharan African society. Wusu and Isiugo-Abanihe (2006) observed that extended family is a “social arrangement in which an individual has extensive reciprocal duties, obligations and responsibilities to his relations outside his nuclear family.” It was reported earlier that family members, especially adult children, form the bulwark of informal support for older persons. Ajomale (2007) reported that the participation of the Nigerian government at all levels, federal, regional (States) and local councils, in the provision of services to the older person is minimal. The Nigerian government and political leaders believe that the provision of care is the responsibility of families. Policy emphasis on caregiving to the elderly parents is more on young people, women, and children (Ajomale, 2007). However, urbanization has modified domestic roles and relations within the family. More women are now in the labor
market and children migrate to other countries leaving the elderly behind. Hence, the
government needs to help family members provide appropriate care to the aged, such as
providing day care centers for them.

Ajomale (2007) noted there are currently few non-government organizations (NGOs) and
faith-based organizations such as the African Gerontological Society, AGES Nigeria, the
Catholic Church, and the Sorophormist Society in Nigeria that make effective contributions to
the service provision to older people through day-care centers, residential homes, libraries,
regular medical check-up’s, creating a forum for raising the awareness on older people’s rights
and avenues to seek redress when necessary. However, their services are very limited. These
organizations of only ten residential care homes are not enough as they are facing an elderly
population of over 5 million (Ajomale, 2007). Participants were willing to start a support group
in order to help the elderly by advocating for their well-being.

At the family level, care services provided do not adequately meet the needs of the old person in
Nigeria. Diminishing economic power has hindered the willing family member’s capability to
give. Priorities are given to the needs of the members of the nuclear family – spouse and children
– at the expense of older family members: parents or grandparents. Care provided by the family
attempts to satisfy the needs of older persons. The participants agreed that the Nigerian
government and the private sector should establish some day care centers for the elderly
population.

This study has been used to understand the reasons the adult Igbo immigrants support
their elderly parents left behind in Nigeria. This study will help fill the gap in literature of long
distance international caregiving for elderly parents, understand challenges immigrants face in
providing the care, and also will help stakeholders in their plans for the elderly population in Nigeria.

The most interesting findings in this study, perhaps, are the strong filial obligations the immigrants felt towards their elderly parents and also their concerns for their parents. Another finding is their reciprocity obligations. The immigrants remembered what their parents did for them when they were young. They also showed rooted respect for their culture – thus roles or their positions in the family. The strongest obligations within families are those of care - financial, physical and emotional – both for children and for aging parents. Adult children provide care for their elderly parents. There is much evidence to conclude that most adult (Igbo) immigrants provided long-distance international caregiving to their elderly parents as they were much influenced by their social and cultural belief that underlie their family caregiving in Igbo land.
APPENDIX A

STUDY QUESTIONS
1. How old are you?
2. Why did you migrate to the USA?
3. How long have you been in the USA?
4. What is your marital status?
5. How many years of education do you have?
6. How many of those years of education are from the USA?
7. What is the highest degree that you have?
8. Was this degree obtained from the USA?
   “No” from where did you get the degree?
9. What is your annual income range? Please circle the letter that corresponds to your
    annual income range.
    a. Less than 35,000
    b. 35,001 – 50,000
    c. 50,001 – 75,000
    d. 70,001 - 99,999
    e. 100,000 and above
10. How old is/are your parent/s?
11. Who takes care of your parents?
12. Is there a primary caregiver for your elderly parent(s) back home?
13. What is the relationship between your parents and the caregiver?
14. What do you think of the care your parent(s) is/are receiving?
15. How often do you communicate with your parent(s)?
16. How do you keep in touch with your parent/s?
    • Telephone
• E-mail
• Mail
• Other ________ please specify

17. Which of the following does your parent(s) need help with?
   • Bathing
     - Yes/No
   • Dressing
   • Yes/No
   • Toileting
     - Yes/No
   • Transfer from bed to bathroom and into a car
     - Yes/No

18. Does your parent/s have problems with?
   • Feeding
   • Bladder control
   • Bowel movement

19. Please specify which of the following activities that your parent(s) need/s help with:
   • Ability to use telephone
   • Shopping
   • Food preparation
   • Housekeeping
   • Home maintenance
   • Responsibility for own medication
   • Mode of transportation
   • Laundry
   • Travel on public transportation
   • Ability to handle finances
   • Other – please specify

20. Do you think your parent(s) is/are losing your traditional family support?
   • Yes (Please explain)
   • No (Please explain)

21. Do you think your elderly parent/s is/are suffering from isolation?
   • Yes (Please explain)
   • No (Please explain)

22. Do you think your absence has caused a decline in the emotional well-being of your elderly parent/s?
   • Yes (Please explain)
   • No (Please explain)
23. Has your absence (being in the U.S.) affected your parent/s? If yes, explain how. If no, explain.

24. Have you considered bringing your parent/s here to the United States?

25. Do you think that your migration has benefited your family members left behind, especially your parent/s?
   - Yes (Please explain)
   - No (Please explain)

26. Please list all items/support you give to your parents:

27. How do these items/support get to your elderly parents?

28. Do you view your stay in the United States as beneficial to your elderly parents left behind in Nigeria?

29. How do you view your long distance – international caregiving? In order words: your reasons for the long distant international caregiving to your elderly parents left behind in Nigeria?

30. What are the challenges facing you in your long distance – international caregiving?

31. Have you considered moving back to Nigeria because of the condition of your elderly parents? If yes, explain why? If no, explain why?

32. Why is it that you are the person who provides care to your elderly parents?

33. In my family, I feel that it is my primary responsibility to care for my elderly parents.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>No opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
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<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

34. In my family, I feel that it is my primary responsibility to care for my elderly in-laws.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>No opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

35. I feel that my living in the U.S. is making it too hard to care for my elderly parents or in-laws.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>No opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
36. I would like an opportunity to join or start a support group for Nigerian long-distance international caregivers.

- Very Interested: 5
- Somewhat Interested: 4
- Neutral: 3
- Not Very Interested: 2
- Not Interested At All: 1

37. I would like an opportunity to purchase insurance that would assist Nigerian long-distance international caregivers.

- Very Interested: 5
- Somewhat Interested: 4
- Neutral: 3
- Not Very Interested: 2
- Not Interested At All: 1

38. I believe that the Nigerian government in partnership with the private sector should take the lead in development of long term care services and supports for older Nigerians.

- Strongly Agree: 5
- Agree: 4
- No opinion: 3
- Disagree: 2
- Strongly Disagree: 1
APPENDIX B

DATA SUMMARY
<table>
<thead>
<tr>
<th>Participants</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages</td>
<td>60</td>
<td>57</td>
<td>50</td>
<td>51</td>
<td>58</td>
</tr>
<tr>
<td>Why did you migrate to the USA?</td>
<td>Better Education</td>
<td>Education</td>
<td>Study</td>
<td>Study</td>
<td>Education</td>
</tr>
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<td>How long have been in USA?</td>
<td>Over 30 Years</td>
<td>28 Years</td>
<td>30 Years</td>
<td>32 Years</td>
<td>43 Years</td>
</tr>
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<td>Marital Status</td>
<td>Married</td>
<td>Divorced</td>
<td>Married</td>
<td>Married</td>
<td>Married</td>
</tr>
<tr>
<td>Years of Education</td>
<td>18 Years</td>
<td>18 Years</td>
<td>18 Years</td>
<td>18 Years</td>
<td>28 Years</td>
</tr>
<tr>
<td>No. of Years of Education From USA</td>
<td>6 Years</td>
<td>6 Years</td>
<td>6 Years</td>
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<td>MA</td>
<td>BS</td>
<td>MA</td>
<td>MA</td>
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<td>USA</td>
<td>USA</td>
<td>USA</td>
<td>USA</td>
<td>USA</td>
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<td>Annual income range</td>
<td>51,000 - 75,000</td>
<td>100,000 and above</td>
<td>100,000 and above</td>
<td>50,001 -75,000</td>
<td>35,001-50,000</td>
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<td>Age of parent (dad)</td>
<td>89 years</td>
<td>90 years</td>
<td>85 years</td>
<td>94 years</td>
<td></td>
</tr>
<tr>
<td>(Mom)</td>
<td>N/L</td>
<td>75 years</td>
<td>86 years</td>
<td>79 years</td>
<td>105 years</td>
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<td>Parents' care taker</td>
<td>Hired Maid</td>
<td>Siblings</td>
<td>Children</td>
<td>Self</td>
<td>Self</td>
</tr>
<tr>
<td>Primary care givers</td>
<td>Paid Maid</td>
<td>Sister</td>
<td>Older Sister</td>
<td>Sister &amp; Paid Maid</td>
<td>Siblings</td>
</tr>
<tr>
<td>Parents/caregiver relationship</td>
<td>Some are Relatives &amp;Some None</td>
<td>Daughter</td>
<td>Daughter, All of us</td>
<td>Parent - Daughter</td>
<td>Parents-Children Relationships</td>
</tr>
<tr>
<td>Rating care parents received</td>
<td>Impressed &amp;Satisfied</td>
<td>Above Average. She receives direct care from her children</td>
<td>Excellent. We make sure they have enough money; Mom Cooks</td>
<td>Financial okay, but day to day depends on what they tell you.</td>
<td>Adequate. They feel happy in the way they are being taken care of.</td>
</tr>
<tr>
<td>Frequency of communicating with parent/s</td>
<td>Once a week</td>
<td>Every other day; At least once a week or month</td>
<td>Because of their age, at least every two days</td>
<td>Every week</td>
<td>At least once a day</td>
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<td>Means of keeping in touch with parent/s</td>
<td>Telephone</td>
<td>Telephone &amp; Personal Visit</td>
<td>Telephone</td>
<td>Telephone</td>
<td>Telephone</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------</td>
<td>---------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Areas parents need help</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing:</td>
<td>Bathing:</td>
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<td>Dad: &quot;No&quot;</td>
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<td>Mom: &quot;No&quot;</td>
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<tr>
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<td>Only my absence from home; Want to see me. Distance makes the traditional care separated from what they are used to be.</td>
<td>Yes, in terms of what I grew up with. Only one's children take care of their own parents.</td>
<td>Traditional support helps them. Sister now takes care of them.</td>
<td>No, because they are being taken care off by their children. They are not in Nursing Home. It is our tradition.</td>
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<td>Are Parents Losing Family Support:</td>
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<td>Are Elderly Parents Suffering From Isolation:</td>
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<td>No. She visits brothers and sisters. She moves from place to place. She has occasional house-keepers from her family friends.</td>
<td>Yes, isolation is everywhere. We make sure siblings and cousins come around.</td>
<td>I think they are. Missing their kids.</td>
<td>No. A lot of children in the family; they have their daughters-in-laws, and grandchildren.</td>
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<td>Has Your Absence Caused a Decline in the Emotional Well-Being of Your</td>
<td>Can't call it a decline, but a missing link. The distance;</td>
<td>Initially, when I left, but now she's adjusted</td>
<td>No. Calling them on the phone; Going home</td>
<td>Being here so long. Their reactions anytime I visit</td>
<td>A lot of children in the family; they have their</td>
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<td>Elderly Parent/s:</td>
<td>not seeing the person when you want.</td>
<td>frequently and the presence of my siblings.</td>
<td>them make me feel they are emotionally disturbed by my absence.</td>
<td>daughters-in-laws, and grand-children</td>
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<tr>
<td>Has Your Absence (Being in the U.S.) Affected Your Parent/s:</td>
<td>Yes. The absence of not being close.. The distance made it difficult.</td>
<td>Yes. I came in pursuit of education. The culture here keeps one going, and thinking fast. Financially I do send money for their immediate needs.</td>
<td>It affected them in a good way. Sending money to them to take care of their health, food and other things.</td>
<td>No</td>
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<td>Benefits of Migration to Family Members Left Behind:</td>
<td>Oh Yea a lot. I have trained more than 6 of my siblings in the university. I provide financial support to them.</td>
<td>Yes it has affected them in positive ways. I have built a house for them. I provide for my 4 siblings over there in Nigeria. Better medical attention. Makes them proud at home.</td>
<td>Yes, Financially Mostly financially.</td>
<td>Yes, because am able to stand on my own to help them financially and other wise, my education.</td>
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<tr>
<td>Items of support to parent/s:</td>
<td>Shoes, Medications, clothing.</td>
<td>Better home, Money, School Supplies; Helped Siblings find jobs;</td>
<td>Medicine, Medications, Clothing, Shoes Renew their eye-glasses.</td>
<td>Cars, Clothing, Material stuff, Medicines, Television.</td>
<td>Finances, sometimes, like the products, beverages that they need, medications.</td>
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<td>Is your stay in the united states beneficial to your elderly parents:</td>
<td>Yes, I have answered this before.</td>
<td>Yes</td>
<td>Yes, Financial and Material Stuff.</td>
<td>Yes. It puts me in the position to meet the needs of my parents. My education has elevated me to the position that I am able to take care of myself and enough to take care of them too.</td>
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<td>Why do you perform long international caregiving:</td>
<td>I feel good helping them. They made it possible for me to be here. It is our culture to take care of them when old.</td>
<td>Traditional linage. First in the family have several roles to play in the family. I enjoy helping them.</td>
<td>I view my international caregiving as positive. It provides me the opportunity to help my elderly parent.</td>
<td>It our culture, when you grow up, you take care of your parents. It is generational from one generation to the next. Government does not help like here. As a son, it is my responsibility. Yes, it is my obligation, and traditionally, parents take care of children raise them in turn the children have to take care of the parents because they get old, they can’t do what they usually do when they were raising their children. Is tradition.</td>
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<td>How items of support get to elderly parents:</td>
<td>Through friends going home.</td>
<td>Give to People Going Home.</td>
<td>Shipping via container.</td>
<td>Shipping, shipment and through friends that travel.</td>
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Challenges for the long international caregiving: My family here needs my help. Money is hard to get, Distance is the biggest challenge. Distance makes it hard to remit money on time for their medical bills.

Why are you the only person taking care of your parents: The first son in the family. Traditionally, by right the first child is expected to take care of the family. Brother and sisters are there to help. Because, am capable, as I have enough resources. For the love of my parents, I have to take care of them. Mostly in our culture, responsibilities of parents are on the senior son. I am not the only one.

Data for Participants 6-10

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<td>Why did you migrate to the USA?</td>
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<td>Better Opportunity</td>
<td>Better Opportunity</td>
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<td>How long have been in USA?</td>
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<td>Years of Education</td>
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<td>ASSOCIATE ACCOUNTING &amp; RN</td>
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<td>Where degree was obtained</td>
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<td>Annual income range</td>
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<td>Age of parent (dad)</td>
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<td>89 years</td>
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<td>(Mom)</td>
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<td>Parents' caretaker</td>
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<td>Primary care givers</td>
<td>Siblings</td>
<td>Junior Ones &amp; Paid Maid</td>
<td>One of my older brothers</td>
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<td>None; Mom not really old to require attention</td>
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<td>Rating care parents received</td>
<td>Good Care, Sibling report of good care, parents also report they get good care.</td>
<td>Appropriate, Parents report good care.</td>
<td>So far is good, Parents report good care.</td>
<td>Okay, Adequate for her needs.</td>
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<td>Frequency of communicating with parent/s</td>
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<td>As often as I want, maybe weekly, bi-weekly</td>
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<tr>
<td>Are Your Parents Losing Traditional Family Support:</td>
<td>No. Grew up from big family. Dad took care of their own parents. That support is not lost because we are doing the same thing to our parents.</td>
<td>No. My siblings are always there.</td>
<td>No. We help whenever they need our help.</td>
<td>No. My siblings are there.</td>
<td>No. She is surrounded by family and extended family members.</td>
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<tr>
<td>Are Elderly Parents Suffering From Isolation:</td>
<td>They maybe because of the absence of their children. Neighbors are there with them.</td>
<td>No My siblings are always there. The maid is always there.</td>
<td>No. We communicate with them. We visit them and they visit us.</td>
<td>No. My sailings are always there. They may be suffering from separation anxiety. Neighbors are there.</td>
<td>No. She is surrounded with family and extended family members.</td>
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<tr>
<td>Has Your Absence Caused a Decline in the Emotional Well-Being of Your Elderly Parent/s:</td>
<td>My absence could be, being the first son. Can't say to what degree.</td>
<td>No. I communicate with them I go home to visit them.</td>
<td>No. Because I call them. Financially, I help them. We visit home every other year. We take care</td>
<td>I infer that from speaking with them.</td>
<td>No. Because I see her at least once a year. She visits me here. So she is not entirely isolated.</td>
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<tr>
<td>Has Your Absence (Being in the US) Affected Your Parent/s:</td>
<td>No. They still get that communication. It's like am still there.</td>
<td>Not really. Am able to reach them likewise, they're able to reach me. We make sure they have their medications and financial needs.</td>
<td>Yes, to some extent.</td>
<td>Not really. Maybe not being able to see them when you really want to see them.</td>
<td></td>
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<td>----------------------------------------------------------</td>
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<tr>
<td>Benefits of Migration to Family Members Left Behind:</td>
<td>Yes, built a nice house for them. Bought a nice car for them Supporting them financially.</td>
<td>Yes, Financially, Help my siblings, able to make them come to United States.</td>
<td>Yes, definitely for economic base. Morals and emotional development. Training and education here led to degree of maturity. I handle things in matured manner.</td>
<td>Yes. The opportunity to experience the other parts of the world. Financial benefits.</td>
<td></td>
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<td>Items of support to parent/s:</td>
<td>Medicine, Hygienic materials, Money, Clothing.</td>
<td>Financial support, Medication.</td>
<td>Money, Clothing, and Medication.</td>
<td>Moral Support, Medication, Opportunity to come and see her doctor.</td>
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<td>How items of support get to elderly parents:</td>
<td>When I go home (Self); Friends going home</td>
<td>Through Western Union. Through friends going home</td>
<td>Through Money Transfer, Shipping,</td>
<td>Self - Going Home, Someone Going Home, By Mail,</td>
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<td>Through Western Union. Through friends going home</td>
<td>Through Money Transfer, Shipping,</td>
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<th>Is your stay in the united states beneficial to your elderly parents:</th>
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<td>Why do you perform long international caregiving:</td>
<td>Born naturally to take care of our parents. Parents take care of their children.</td>
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<tr>
<td>Challenges for the long international caregiving:</td>
<td>I travel every year to see them. My challenge is going to work.</td>
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<td>Why do you perform long international caregiving:</td>
<td>They are my parents. They took care of me when young. I feel it is my turn to take care of them because they have retired and cannot take care of themselves as they used to.</td>
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<td>Challenges for the long international caregiving:</td>
<td>Distance. Not being closer to them. Talk to them on the phone. I visit them every other year. Not there always with them.</td>
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<td>Why do you perform long international caregiving:</td>
<td>They took care of us when we were young. Now that they are retired and can't do things they used to do, we take care of them. It is our tradition to care for them when old.</td>
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<td>Challenges for the long international caregiving:</td>
<td>Distance is a hindrance. Frustrating calling on the phone with poor connection. The false image of America to the</td>
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<td>Why do you perform long international caregiving:</td>
<td>Working here has helped me to provide financial support to them. Offered the opportunity to invite them and my siblings here.</td>
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<td>Challenges for the long international caregiving:</td>
<td>Financial Help and Opportunity to see America.</td>
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<td>Why do you perform long international caregiving:</td>
<td>Our parents took care of us when young. Now they are retired, it is my responsibility to take care of them. My child will take care of me when am old. Unlike here, there are no Nursing Homes or Assisted Living Homes in Nigeria. The children are the life insurance.</td>
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<td>Challenges for the long international caregiving:</td>
<td>Culturally, it is required of me. My parents took care of me. I love them.</td>
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<tr>
<td>Why do you perform long international caregiving:</td>
<td>Our parents took care of us when young. Now they are retired, it is my responsibility to take care of them. My child will take care of me when am old. Unlike here, there are no Nursing Homes or Assisted Living Homes in Nigeria. The children are the life insurance.</td>
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<td>Challenges for the long international caregiving:</td>
<td>Distance. Poor communication. High cost of air ticket.</td>
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<td>Consider moving back to Nigeria:</td>
<td>Yes.</td>
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<td>Why are you the only person taking care of your parents:</td>
<td>I am one of them, am not the only one.</td>
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APPENDIX C

DEMOGRAPHIC CHARACTERISTICS OF CAREGIVERS
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<th>Age</th>
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<th>Marital Status</th>
<th>Years of Education</th>
<th>Highest Level of Education</th>
<th>Place Degree Obtained</th>
<th>Immigrant Income Range</th>
<th>Relationship to Care Recipient</th>
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APPENDIX D

AGE OF PARENTS
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</tr>
<tr>
<td>107</td>
<td>N/L</td>
<td>90</td>
<td>86</td>
<td>90</td>
<td>86</td>
<td>89</td>
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<td>83</td>
<td>80</td>
<td>92</td>
<td>N/L</td>
<td>82</td>
<td>78</td>
<td>78</td>
<td>70</td>
</tr>
<tr>
<td>79</td>
<td>70</td>
<td>N/L</td>
<td>75</td>
<td>N/L</td>
<td>65</td>
<td>94</td>
<td>104</td>
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</table>

*Note: Here “N/L” denotes No Living Father or Living Mother.*
APPENDIX E

VIEWS OF PARTICIPANTS ON LONG TERM CARE SERVICE
<table>
<thead>
<tr>
<th>Questionnaires</th>
<th>Total</th>
<th>Percentages</th>
</tr>
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<tbody>
<tr>
<td>In my family, I feel that it is my primary responsibility to care for my elderly parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Strongly Agree</td>
<td>17</td>
<td>85</td>
</tr>
<tr>
<td>4. Agree</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>3. No Opinion</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Disagree</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>1. Strongly Disagree</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>In my family, I feel that it is my primary responsibility to care for my elderly in-laws</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>5. Strongly Agree</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>4. Agree</td>
<td>5</td>
<td>25</td>
</tr>
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<td>2. Disagree</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>1. Strongly Disagree</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>I feel that living in the US is making it too hard to care for my elderly parents or in-laws</td>
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<td>5. Strongly Agree</td>
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<td>15</td>
</tr>
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<td>4. Agree</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>3. No Opinion</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Disagree</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>1. Strongly Disagree</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>I would like an opportunity to join or start a support group for Nigerian long-distance international caregivers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Very interested</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>4. Somewhat interested</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>3. Neutral</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>2. Not very interested</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1. Not interested at all</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>I would like an opportunity to purchase insurance that would assist Nigerian long-distance international caregivers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Very interested</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>4. Somewhat interested</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>3. Neutral</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>2. Not very interested</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1. Not interested at all</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>I believe that the Nigerian government in partnership with the private sector should take the lead in development of long term care services and supports for the older Nigerians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Strongly Agree</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>4. Agree</td>
<td>11</td>
<td>55</td>
</tr>
<tr>
<td>3. No Opinion</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Disagree</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>1. Strongly Disagree</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>
APPENDIX F

INFORMED CONSENT FORM
Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

**Title of Study:** Elderly Parents Left Behind: Views and Challenges of Nigerian Adult Immigrant Children in USA on Long Distance International Caregiving.

**Principal Investigator:** Dr. Ami Moore, University of North Texas (UNT) Sociology Department, Denton Campus.

**Student Investigator:** Onyekachi Okoro, University of North Texas (UNT) Applied Gerontology Department, Denton Campus.

**Purpose of the Study:** You are being asked to participate in a research study which involves.

This interview examines your experiences on long distance international caregiving to your elderly parents left behind in Nigeria. It will also review the challenges you face in this long distance international caregiving. This study, therefore will:

1. Fill the void in the international migration literature on long distance international caregiving to elderly parents left behind.
2. Examine the challenges on long distance international caregiving, and
3. Affect elderly care policies for establishing formal care in Nigeria.

**Study Procedures:** You will be asked to answer a questionnaire with 38 questions.

**Foreseeable Risks:** Foreseeable risks are minimal. There is a possibility a participant may become emotional based on the health status of his/her parents. To reduce this potential risk, if the participant becomes emotional the interview would stop.

**Benefits to the Subjects or Others:** Knowledge of the long distance international caregiving experiences of Nigerian adult immigrant children may indirectly benefit every Nigerian. For instance, the Nigerian government and or NGOs (Non-Government Organizations) may create formal care for elderly Nigerians. It would also fill the void in the immigration caregiving to elderly people in this discourse.

**Compensation for Participants:** None

**Procedures for Maintaining Confidentiality of Research Records:** The confidentiality of your individual information will be maintained in any publications or presentations regarding this study. Participation in the study is voluntary. Participants may stop at any time without any penalty. All information is anonymous. Names will not be used in any reports of the study questionnaires; would be individually delivered or mailed to the participants. The records will be maintained in Dr. Ami Moore's office.
Questions about the Study: If you have any questions about the study, you may contact Dr. Moore at telephone number 940 565-4267 & Onyekachi Okoro at (xxx) xxx-xxxx.

Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

Research Participants' Rights:

Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

Onyekachi Okoro has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.

You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.

You understand why the study is being conducted and how it will be performed.

You understand your rights as a research participant and you voluntarily consent to participate in this study.

You have been told you will receive a copy of this form.

________________________________  Printed Name of
Participant

________________________________  Signature of
Participant

Date

For the Principal Investigator or Designee:

I certify that I have reviewed the contents of this form with the subject signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the participant understood the explanation.

________________________________  Signature
of Principal Investigator or Designee

________________________________  Date

I certify that I have reviewed the contents of this form with the subject signing above. I have explained the possible benefits and the potential risks and/or
discomforts of the study. It is my opinion that the participant understood the explanation.

______________________________________                    ____________
Signature of Principal Investigator or Designee             Date
APPENDIX G

PROTECTION OF HUMAN SUBJECTS
Prior to interviewing the participants, each participant was provided with a written description regarding the nature of the study using the UNT Research Consent Form (Appendix C). The participants understood they do not have to take part in the study, and his/her decision to withdraw would not involve any penalty or loss of rights or penalty. Thus, they would voluntarily agree to participate in the research. They were informed of their rights, including the right to withdraw from the study at any time without consequences. Should the respondents need additional information regarding the research, contact information for the Principal Investigator and the Chair of the dissertation committee would be made available to them.

An application for the approval of investigation involving Human Subjects was approved by the University of North Texas Institutional Review Board (IRB),

No major risks were anticipated for participants in this study. The questions are easy to answer. The participants were privately interviewed face to face. Their answers were tape recorded. The records will be maintained in Dr. Moore's office. Inconveniences were reduced by allowing the participants to be interviewed in places of their choice.
APPENDIX H

COVER LETTER
There was a cover letter (Appendix G) that was sent to all participants before the questions. The cover letter was to remind the participants that their participation is purely voluntary. Should any of them need a copy of the report; they could get it via the contact address given on the cover letter.

Cover Letter to Participants

Date

Dear Participant

The purpose of this research is to examine your views or reasons for your long distant international caregiving to your elderly parents left behind in Nigeria. It will also review the challenges you face in the long distant international caregiving.

You will be asked to answer questions. Your participation in this research is strictly voluntary, and you may choose not to participate without fear of penalty or any negative consequences.

Individual responses will be treated confidentially. No individually identifiable information will be disclosed or published, and all results will be presented as aggregate summary data.

If you wish, you may request a copy of the results of this research by writing to the researcher at:

Dr. Ami Moore  
University of North Texas (UNT)  
Department of Sociology  
410 Avenue C.  
Chilton Hall Room #390G  
Denton, TX 76203-5017

Thank you for your cooperation.
REFERENCES


Antman, F. M. (2010). *How does adult child migration affect the health of elderly parents left behind? Evidence from Mexico Department of Economics.* University of Colorado at


