Reunification Experiences and Health Needs of Mexican Women who Stayed Behind and their Returning Migrant Partners: An Intersectional Critical Ethnographic Study

Experiencias de Reunificación y Necesidades de Salud de Mujeres Mexicanas que se Quedan Atrás y sus Parejas Migrantes en Retorno: Un Estudio Etnográfico Crítico

By

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Abstract

Return migration is a reality that many Mexican nationals face. Existing evidence suggests return migrants encounter multiple social, political, economic, and health challenges in their re-integration to home societies; however, less is known about the reunification experiences and health needs of women who stayed behind. The aim of this doctoral research was to examine the reunification experiences and health needs of women who stayed behind and their returning migrant partners from an intersectional perspective. A critical ethnographic study was completed in Agua Dulce, a rural community in Veracruz, Mexico. Veracruz is known for its high migration flows. Intersectionality theory guided this research, which involved completing a literature review of women who stayed behind across transnational spaces. The study also involved performing a critical policy analysis of 20 national return migration policies in Mexico, participant observation, and interviews with key informants. I conducted separate interviews with women who stayed behind (n=20), return migrants (n=12), health care providers (n=6), and community leaders (n=12). Key findings included the lack of inclusion of receiving families and communities during return migrants' integration processes, as well as reunited couples encountering multiple health challenges due to HIV/AIDS, with testing and treatment options not available in Agua Dulce for reunited couples. The research study also revealed the influence of the intersection of *age, gender, and employment status* on reunited couples' relationship pathways: 1) ending the relationship, 2) continuing the relationship, or 3) ending the relationship but continuing to live together according to agreed-upon arrangements. Overall, all families in Agua Dulce face reunification and re-integration challenges, and family rupture is common when couples are not able to adjust to each other's way of living.

This dissertation is composed of six chapters: an introductory chapter, four core chapters, and a concluding chapter. Chapter Two details a systematic scoping review of the international literature on women who stay behind while their partners migrate across international borders. An identified gap is return migration—namely, the reunification experiences and health needs of return migrants and women who stayed behind. The study findings are discussed in Chapters Three to Five. Chapter Three focuses on using the intersecting principles of community engagement and social justice in qualitative community research. Chapter Four contains a critical analysis of 20 return migration policies in Mexico, and Chapter Five more deeply examines the intersection of *age, gender, and employment status* in reunited couples' relationship pathways in Agua Dulce. The final chapter of this dissertation concludes with a summary of the doctoral research study's strengths and weaknesses. Implications for health and public policy, practice, future research, and intervention work are also outlined.

Keywords: Gender; Health needs; Intersectionality; Mexico; Return Migration; Reunification

Preface

This thesis is an original work of Higinio Fernández-Sánchez. The dissertation research component received research ethics approval from the University of Alberta Research Ethics Board, "Reunification Experiences and Health Needs of Left-behind Mexican Women and Returning Transnational Migrants: A Study Protocol", no. Pro00106680, February 02, 2021, and automatic approval was granted by the Universidad Veracruzana, Facultad de Enfermería, Poza Rica-Tuxpan.

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Dedication

This dissertation is dedicated to all migrant families across the globe particularly those who shared their stories with me.

Esta investigación doctoral está dedicada a todas las familias en el mundo impactadas por los flujos migratorios, en especial aquellas familias que compartieron sus historias conmigo.

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Chapter One

Introduction

This doctoral research focuses on women who stayed behind in Mexico and their returning migrant partners. International research on women who stay in their place of origin while their partners migrate across international borders highlights how the absence of their male partner grants women a sense of autonomy and empowerment (Matz & Mbaye, 2017; Singh, 2018) that may persist even after the migrant partner returns (Haas & Rooij, 2010; Yabiku, Agadjanian & Sevoyan, 2010). However, other research suggests personality, family, interpersonal, and marital conflicts may arise upon reunification (Ullah, 2017). Similar findings on the family relations are reported between women who stayed behind and their migrant partners that are in the Temporary Foreign Workers Program (TFW) in Canada (McLaughlin et al., 2017). In Mexico, the patriarchal nature of communities may influence the relationships among couples upon reunification (Ayala & Murga, 2016). Hence, this research focused on the experiences and health needs of women who stay behind and their returning migrant partners.

The number of Mexican nationals returning home after they live, and work abroad has surpassed the number of people departing the country (Gonzalez-Barrera, 2015). This type of migration is referred to as return migration. It occurs when people return to their country of origin (either voluntarily or by forced repatriation) after having lived abroad for a long or short period and intend to stay for at least 12 months (International Organization for Migration [IOM], 2019; Lozano-Ascencio & Martínez-Pizarro, 2015; Organization for Economic Cooperation and Development [OECD], 2017). In Mexico, this shift in migration was evidenced by a decline in Mexican immigrants in the United States from 2009 to 2014, when 1,000,000 migrants departed the United States for Mexico (Gonzalez-Barrera, 2015). Family reunification and lack of employment in the United States were the primary reasons cited for their decision to return to

Mexico (Migration Policy Institute, 2017). Additional motives included changes in immigration policies in host countries, anti-immigrant discourses, and the increase in immigration raids and deportations in the United States (Alarcón, 2016; Canales & Meza, 2016, 2018).

The precise number of voluntary returnees to Mexico is uncertain; however, detentions of immigrants in the United States and Canada continue to increase return migration to Mexico. In the first half of 2022 alone, the United States deported 135,669 Mexicans (Government of Mexico, 2022), most of whom were male migrants 18 years or older. In Canada, the Canada Border Services Agency (CBSA, 2020) reported over 11,000 removals between 2019 and 2020. Mexicans continue to be on the list of the top 10 countries of origin for these immigrants, with 380 removals in 2022 (Government of Mexico, 2023). Data on return migration to Mexico during the COVID-19 pandemic are not yet available; however, over the last decade, more Mexicans returned to Mexico than entered the United States (Gonzalez-Barrera, 2021). Return migration is a reality for many Mexican migrants, hence the importance of studying the reunification experiences of women who stayed behind and their returning migrant partners.

Study Purpose and Objectives

Despite the increasing number of Mexican migrants who are returning home, little is known about the reunification experiences and health needs of women who stayed behind and their returning migrant partners. Given the gaps in the literature, the purpose of this doctoral work was to study the reunification experiences and health needs of women who stayed behind and their returning migrant partners from a gender perspective. A critical ethnographic study was completed to analyze policies related to the integration and reunification of migrants in Mexico; examine the interpersonal dynamics of reunited couples within the context of their families and community; and examine barriers and gaps to health and well-being for reunited families. Therefore, the research questions of this thesis were as follows: What are the reunification

experiences and health needs of reunited couples post migration in Mexico? What inequities exist in return migration policies in Mexico?

Study Significance and Relevance

Return migration to Mexico continues to increase at a rapid rate. This study was designed in congruence with the United Nations' (2015) Sustainable Development Goals on good health and well-being (Goal 3), gender equality (Goal 5), and inequality within and among countries (Goal 10), specifically 10.7—facilitate orderly, safe, regular, and responsible migration and mobility of people. Most return migration research in Mexico ignores the fact that many migrants return to their families and communities (Fernández-Sánchez et al., 2022), and migration policies largely focus their attention on the economic integration of migrants following their repatriation from the United States. However, to the best of my knowledge, no research has been conducted on the way these issues may affect the reunification experiences and health needs of women who stayed behind and their returning migrant partners.

Returnees often use the ideas learned in host countries to promote positive transformative practices in their communities (Mahler, 2000). However, while some researchers find male returnees are more likely to engage in task sharing, such as shopping for the children (Sakka et al., 1999), others indicate these men resume their traditional patriarchal roles (Haas & Rooij, 2010; Ullah, 2017). In Mexico, evidence shows male returnees are often less likely to find a job, leading to financial hardship for the families (Gitter et al., 2008), and have a higher probability of returning in poor health (Arenas et al., 2015). Clearly, return migrants face countless complex challenges that may influence their reunification experiences and gendered couple relationships. Hence, this doctoral research examined the reunification experiences and health needs of women who stayed behind and their returning migrant partners in rural Mexico.

The study focused on women who stayed behind and their returning migrant partners in Veracruz, Mexico— a state along the Gulf Coast of Mexico with one of the highest migration rates (Secretariat of Foreign Relations of Mexico, 2018). It was vital to keep in mind that many women struggle to integrate return migrants into their families, given that many of the men are often away for long periods. This study expands our knowledge of the reunited couples' reunification experiences and health needs and specifically examines gender relationships. Overall, this critical ethnographic research allowed the gender relationships and health needs of reunited couples to be documented and understood. The findings can help raise public awareness of return migration to Mexico, reunification experiences, and gendered couple relationships. This work also seeks to inform return migration policy in Mexico, especially policy that better addresses health issues and the experiences of receiving families and communities.

Background

Migration Trends in Mexico

History of Migration.

Migration trends in Mexico have evolved over the years. Historically, Mexico has been known internationally as a migrant-sending country. For over 50 years, Mexicans have been emigrating to foreign countries through documented and undocumented pathways. In 2015, the Government of Mexico reported that more than 11,000,000 Mexicans were living abroad, most of whom migrated to the United States and Canada (Secretariat of Foreign Relations of Mexico, 2018). This same report indicated that most US-Mexico crossings were unauthorized; this was unlike crossings to Canada, with most migrants entering with proper immigration documentation. This may be largely attributable to Canada's merit-based immigration policy and the Seasonal Agricultural Worker Program. However, documentation is not an indicator of

Mexican migrants' human rights protection, as many face difficulties related to accessing healthcare (Cole et al., 2019), exploitive work environments (Hennebry & Williams, 2015), and lack of opportunities leading to permanent residency (Hennebry & Preibisch, 2012).

Migration history cannot be understood in isolation from its gendered dimensions. Before 1950, most migrants from Mexico were men (Gutiérrez, 2019). This may be attributable to men's role as the breadwinner in Mexican families, as well as the fact that men were primarily recruited to serve as farmworkers in the *Braceros Program* launched by the United States. In 1970, the number of women who left Mexico in the company of men was primarily attributable to family reunification (Instituto Nacional de Estadística y Geografía e Informática [INEGI], 2018c). Further, the increase in migrant women may be related to the reunification with their partners abroad. After 2010, Mexican men began to emigrate more than women again, and among the 760,000 Mexicans who emigrated between 2013 and 2018, 70 of 100 were men (Unidad de Política Migratoria [UPM], 2017). The dominant age group for these migrants has remained constant over the years (18-29 years); however, the number of underage boys and girls increased from 6,107 to 40,114 between 2012 and 2016 (Unidad de Política Migratoria [UPM], 2017), showing a radical shift from traditional migration patterns in Mexico. This is perhaps partly due to labor migration, but also family reunification or educational aspirations. The determinants of migration continue to be related to family and work, but these have been found to differ between the genders. While 90% of women emigrate for family reunification, job opportunities, or higher education, 80% of men emigrate to find a job or a job that pays better than their current one (INEGI, 2015). Those who migrate often establish themselves in host countries; however, others decide to return to their countries of origin.

Return Migration.

Return migration in Mexico has been on the rise over the last decade. Importantly, data on return migration do not include voluntary and transgenerational return migration. In addition, the data do not reflect migrants returning from countries other than the United States or Canada.

Evidence of return migration has focused largely on the reasons for return, the social, political, and cultural context upon arriving in Mexico, and the migrants' health and well-being. Returning male migrants are often less likely to find a job in Mexico (Gitter et al., 2008) and have a higher probability of returning in poor health (Arenas et al., 2015). Migrants often return to Mexico due to their lack of cultural adaptation of the host country (Martinez et al., 2018; Vega & Hirschman, 2019), improved economic situation (Arenas et al., 2015; Vega & Hirschman, 2019), family ties and longing for family (Arenas et al., 2015; Vega & Hirschman, 2019), difficulties with immigration status (Vega & Hirschman, 2019), or inability to speak the language in the host country (Arenas et al., 2015). The reasons for return vary and may influence couples' reunification experiences and health needs.

The economic crisis in Mexico and the lack of social support networks are challenges for those who return from abroad. Once migrants return, they must begin their life over and seek new opportunities (Muñoz et al., 2015; Sowell et al., 2008). Certain opportunities are limited, often related to migrants' education level, age, and health status. In some instances, return migrants face precarious housing conditions and have limited access to public services (i.e., drinking water, drainage) (Fernández-Sánchez et al., 2022).

Literature on return migration in Mexico often overlooks the reunification and health needs of women who stayed behind and their returning migrant partners. There is a lack of attention to the social, cultural, and political factors faced by families and, in particular, reunited

couples. This is important, as most research on this topic focuses on return migrants and the difficulties, they encounter during re-integration into home societies.

Contextual Information and Research Setting

Based upon the high migration rates in Veracruz, the research was conducted in one of its communities, Agua Dulce. Veracruz is one of Mexico's largest states for international emigrants. Since 1996, hundreds of people from rural Veracruz have decided to explore and expand migratory routes beyond national borders in search of a job that can meet their own life and family expectations (Pérez, 2018). Current data show that 49,405 people from Veracruz live and work outside of Mexico, at least 87% of whom reside in the United States (INEGI, 2018b; Secretariat of Foreign Relations, 2018). According to Rocha (2019), 70% of Agua Dulce's adult population lives and works in the United States. This number has been sustained since the 1970s, but the age group has changed from <20 to 20-30 years. Rocha noted that migrants from Agua Dulce initially found jobs in agricultural work; however, more recently many are emigrating with a college degree, which therefore allows them to find better-paying jobs. To date, no data are available on return migration to Agua Dulce.

Veracruz.

Veracruz is a curved strip of land stretching along the Gulf of Mexico. It is approximately 800 km long and 212 km wide, with a coastal strip of 684 km (Gobierno del Estado, 2023). It covers an area of 72,815 km and represents 3.7% of the nation's total area. Veracruz shares its borders with the state of Tamaulipas to the north, the Gulf of Mexico and the state of Tabasco to the east, the state of Chiapas to the southeast, the state of Oaxaca to the south, and the states of Puebla, Hidalgo, and San Luis Potosí to the west (see Figure 1).

Figure 1 Map of Veracruz, Mexico

In 2015, the National Institute of Statistics and Geography of Mexico ranked Veracruz the third-most populated state in the country, with a total population of 8,112,505 inhabitants, 4,203,365 of whom were women and 3,909,140 were men (INEGI, 2015). Between 1990 and 2017, the proportion of the population aged 60 and over increased from 7.4 to 12.0%, the child population decreased from 36.3 to 26.0%, and that of young people decreased from 29.1 to 25.6% (INEGI, 2017). The life expectancy is 71.3 years for men and 77.4 years for women (INEGI, 2018a).

Agua Dulce.

This research was conducted in the town of Agua Dulce, located in the municipality of Papantla in the northern part of Veracruz and just 10 km from the city of Papantla. Agua Dulce is ranked second in the municipality in population size (Pueblos de México, n.d.), with more than 5,000 inhabitants, 2,832 of whom are men and 3,078 are women. Indigenous people (Totonacas) constitute 4.91% of the total population, and 2.10% do not speak Spanish.

Researcher's Positionality and Reflexivity

As a critical ethnographer, I reflected upon my privileges, power, and positionality when conducting my doctoral research. This section addresses the way my perceptions, life experiences, and personal and cultural backgrounds played an important role in this project. I was positioned, epistemically, both as an insider (emic) and outsider (epic). Being Mexican and fluent in Spanish, along with my understanding of the political, social, and cultural context of Mexico, made it possible to gain initial access to this community, build trust, and collect data.

I was born in Veracruz, Mexico, lived there for the first five years of my life, and later spent my childhood and adolescence in the United States. After more than a decade, I returned to live in Mexico for 10 years before I moved to Canada to pursue my doctoral studies. Growing up in the United States, I saw firsthand the challenges that immigrant communities faced, such as lack of access to basic services and the presence of language barriers. I have a long history of acting as an advocate and activist for human rights in the United States and Mexico, particularly for women and migrants.

I have been an active member of several social justice groups and charity organizations. I helped migrants returning to Mexico from the United States by helping them complete state-funded grant applications to secure MXN $20,000 in funds to start businesses. I served as a member of the Citizen Comptrollers Committee and supervised and assessed the State Public Administration's governmental services. My growing interest in advocacy for women's health, gender equality, and social justice prompted me to join Catholics for the Right to Decide, a non-profit organization that promotes awareness of human rights.

Overall, I came to my doctoral research as a gay person, feminist, and registered nurse with many years of activism work. Epistemically, I strongly believe in relying on empirical data derived from scientific approaches to promote social justice and positive transformation. Despite

my extensive work and experience in Mexico, I acknowledge that my current middle-class status and high education level make me a privileged person in certain contexts. Thus, I spent six months in the field to immerse myself and gain an emic perspective. During this time, I engaged in daily life events, kept a reflexive journal, and developed trust by volunteering in the community.

Intersectionality

I used an intersectional lens to guide this critical ethnographic study. Intersectionality allowed me to examine domains of power operating across multiple forms of oppression, to conceive identity as complex, and to complete a critical analysis to highlight complex understanding of power within return migration to Agua Dulce, a rural Mexican community, and couple reunification experiences. Intersectionality is rooted in Black feminism and Black scholarship, and their fight against sexism and racism. Since then, it has served as central to the struggles, activism, and social justice work of women of color around the globe. Through this lens, social categories are assumed to interact and inform one another (Hankivsky et al., 2014; Nash, 2008). The philosophical underpinnings of intersectionality acknowledge that a person's social locations (i.e., class, race, gender), power, time, space, and context influence their experiences (Collins, 2017; Crenshaw, 1991; Davis, 2008). Intersectional complexities can be examined to reveal hidden systems of oppression and discrimination that generate new forms of disadvantage across cultural groups, and the interactions among social locations can be brought to the forefront (Patil, 2013; Yuval-Davis 2006). Furthermore, intersectionality enables the advancement of social justice and an equity-focused agenda by creating awareness of co-constituted disparities and disadvantages that might otherwise be overlooked. Not all social locations are equally important in every context; hence, particular attention was given to the way gender, age, and employment status intersect across time, space, and context (Mahler et al.,

2015). Chapter Three provides more information about intersectionality and how it was used for this research.

Methodology

Design

The research entailed a critical ethnographic study over 12 months with six months of fieldwork (January-July 2021). A critical ethnography is defined as a conventional type of ethnography with a political and social justice agenda that seeks to provide broader insights into the socio-political, cultural, and economic structures and systems of power relationships within a detailed setting (Cook, 2005, 2012; Dutta, 2014; Madison, 2020; Wolf, 2012). This methodology was used because it allowed my activism work and academic career to converge. I was able to extend beyond a description of systems of discrimination and oppression and advocate for emancipatory action and social transformation.

This study involved a literature review of women who stay behind across transnational spaces, a critical policy analysis of 20 national return migration policies in Mexico (Appendix A), participant observation (Appendix B), and interview data from key informants (Appendices C-F). I interviewed, separately, women who stayed behind (n=20), return migrants (n=12), healthcare providers (n=6), and community leaders (n=12). Together, these data sources provided the results discussed in the subsequent chapters of this thesis. Further details about the methodology and methods are given in Chapters Three, Four, and Five. Below, I discuss the credibility and validation strategies employed in this research to ensure the dataset's rigor based on recommendations from the tenets of critical ethnography (Carspecken, 1996; Madison, 2020; Thomas, 1993). I then discuss the ethical considerations for this research, the modifications to the protocol due to the COVID-19 pandemic, and an overview of the ensuing chapters.

Rigor and Trustworthiness

Methodological Coherence.

Methodological coherence refers to alignment among the researcher's worldview, theoretical stand, and chosen methodology (Poucher et al., 2020). It is achieved when the research question, methodology, methods, analysis, and communication of findings are consistent with the study's philosophical suppositions and the researcher's paradigmatic position. In this sense, I argue that my choice of theory, methodology, and analysis are methodologically coherent and suitable to answer the research questions.

This research sought to identify the individuals' multiple realities, and, thus, is consistent with the ontological and epistemological assumptions of the methodology (critical ethnography), in which realities are believed to be socially constructed and influenced by power relationships from and within social systems (May, 1997). The study employed methods that are used often in a critical ethnography to promote social transformation—interviews, participant observation through prolonged field research, and a document review with critical policy analysis (Wolf, 2012). Intersectionality is grounded in the philosophical assumptions of critical race theory and feminist theory (Nash, 2008), informed the study design, and was consistent with critical ethnography. Critical ethnography and intersectionality consider document analysis an important data source and, hence, a critical policy analysis of return migration policies in Mexico was conducted. The epistemological postulates of critical ethnography, in which meaning, and knowledge are thought to be co-created by social interactions within a setting, supported my community engagement. After the datasets were analyzed, triangulation was performed to help obtain broader insights into the existing intersecting social locations that shape the reunification experiences and health needs of reunited couples in Agua Dulce (Denzin, 2012).

Reflexivity.

Intersectionality and critical ethnography both require engagement in reflexivity practices, in which I acknowledge that my personal and professional social positioning influences the research process and outcomes. As a partial insider in this research, I maintained negotiations that respected power imbalances to promote empathy, gain trust, and build rapport with key informants. I practiced reflexivity at a personal and methodological level by remaining conscious of my privileges, background, identities, and biases during the research.

Prolonged Engagement and Participant Observation.

Critical ethnography is concerned with providing insights into the complexities of human social life through long-term immersion in the field until research questions are answered (Wolf, 2012). Accordingly, I lived in Agua Dulce, a community with many migrants, for six months. This community engagement allowed me to build trust, rapport, and relationships with key informants and the community. I achieved this by being an active and sympathetic listener and acknowledging the power and privilege I hold because of my status as a researcher.

Peer Debriefing.

Meetings with my supervisors were held bi-weekly via Zoom to discuss the research process and findings. My supervisors also were available any time I needed to debrief.

Member Checking.

After the data were analyzed and the final codes and themes were developed, I consulted the key informants to ensure the results were consistent with their experiences. During the interviews, the key informants were invited to be involved in member checking, and those who agreed were contacted during this phase of the study. Members of the advisory committee were involved. Five key informants were involved and provided feedback to enhance the results.

Data Source Triangulation.

Information from field notes and interviews was used to conduct methodological triangulation. The combination of data sources helped me to identify the way social, cultural, economic, and political factors may intersect to shape the reunited couples' reunification experiences and health needs. Overall, this strategy helped increase the scope and depth of the datasets (Denzin, 2012).

Ethical Considerations

The University of Alberta Research Ethics Board (approval no. Pro00106680) and the Ethics and Research Commission from the Faculty of Nursing, Campus Poza Rica, Universidad Veracruzana both granted ethical approval for the study (automatic approval). I adhered to institutional, national, and international guidelines for the ethical conduct of research with human key informants. Informed written or verbal consent in Spanish was obtained from all key informants (Appendices G & H). The informed consent outlined the goal of the study, procedures, potential risks, and benefits, and included a privacy statement and a participation statement highlighting that participant involvement in the research was voluntary and that they were free to withdraw at any time without giving any reasons and without penalty. The key informants were informed that all research data would be kept confidential, and the information would not be discussed or shared with anyone other than the research team. Further, they were assured that all research data were secure and stored in a hard drive space provided by the Faculty of Nursing at the University of Alberta, and that all the data would be destroyed after seven years.

Strategies to mitigate potential risk in the research were put in place. The key informants were reminded that they were entitled to withdraw or limit their participation if they became uncomfortable; I ensured their personal information was safeguarded during all stages of the

research process, and that the research protocol was followed carefully. Issues including gender relationships or violence were present between key informants. To reduce the ethical and security risks to the key informants and researchers, the interviews were conducted in a private space, different interviewers interviewed the returnees and women separately, the returnees were interviewed first, information was never divulged from one person to another, available resources for victims of violence were made available, and I ensured the study findings were interpreted properly and used to determine the development of policies and interventions. A female research assistant, named Minerva Rocha, provided valuable assistance in the processes of recruiting, conducting interviews, and transcribing them within the community.

Safety Precautions Related to COVID-19

Because of the current COVID-19 pandemic, strict safety precautions were followed in this doctoral research according to the requirements set forth by the Canadian and Mexican governments. I traveled from Edmonton and stayed in Mexico for six months to conduct the field work. During this time, I always wore a face mask and maintained social distancing (2 meters). While in Mexico, I considered specific local requirements that dictated the safe conduct of research. The setting was in a Yellow Zone (Medium Risk) according to the Health Department of Mexico. Those in areas in Yellow Zones could engage in 1) outside activities with the use of a face mask and social distancing and 2) indoor activities with the use of a face mask while social distancing was maintained with less than four people in a specific place; hand washing, and the use of a hand sanitizer were performed frequently. The list of changes made to the research protocol to comply with the COVID-19 measures is included in Appendix I.

Summary

This paper-based dissertation is organized into six chapters. Chapter One, the introductory chapter, provides an overview of the migration history and related policies in Mexico, with a focus on return migration. Given that Veracruz has a large population of transnational migrants, this research focused on one of its communities, Agua Dulce. I established my positionality and reflexivity concerning the research. As a self-identified Mexican from Veracruz who grew up in the United States and is now completing a doctoral degree in Canada, I am particularly interested in contributing to knowledge in this field. The study was consistent with the United Nations' Sustainable Development Goals 3, 5, and 10 on health and well-being, gender equality, and equality within and among countries, respectively (2015). This chapter details the study's purpose and objectives and discusses the research's significance and relevance. The methodology, critical ethnography, and theory (intersectionality) that guided the research are outlined.

Chapter Two, the first article of the dissertation, titled "Left-behind Women in the Context of International Migration: A Scoping Review," reviews the literature on women who stay behind in their places of origin while their partners migrate transnationally. The article highlights two main themes: 1) women's social, economic, and cultural conditions and 2) their well-being. Issues related to couple dynamics and women and migrants' health needs upon reunification were notable research gaps in the literature on return migration.

Chapter Three, the second dissertation article, titled "Intersecting Principles of Community Partnership and Social Justice in Qualitative Health Research in Migration," describes my experiences employing intersectionality in qualitative community research and examines the way the intersecting principles of community partnership and social justice can be used in qualitative research in migration contexts by actively combining reflexive practices,

family and community engagement, and input from the community. Key insights articulated in this article include the importance of integrating a strengths-based approach in community research, promoting intersectional reciprocity in community research relationships, and negotiating the researcher's positionality in the field.

In Chapter Four, the third dissertation paper, titled "A Critical Analysis of Return Migration Policies in Mexico," provides a critical analysis of 20 return migration policies in Mexico drawing from a multi-scalar and intersectionality-based policy analysis framework. The paper highlights existing inequities in return migration policies in Mexico and concludes that the policies under scrutiny would benefit from a more comprehensive and inclusive approach. The paper acknowledges that return migrants face multiple realities in both their host countries and home communities and recognizes that receiving families and communities play a major role in the integration of return migrants. Thus, providing them with services and resources for a successful integration is deemed necessary.

Chapter Five, the fourth dissertation article, titled "Reinforcing, Negotiating and Resisting Gender Norms among Reunited Couples in Mexico: An Intersectional Critical Ethnography," examines the way the intersection of *age, gender, and employment status* influences reunification experiences and gendered relationship pathways in Agua Dulce post migration. Six months of fieldwork in the community and 50 interviews with key informants informed an intersectional analysis of reunification experiences and gendered couple relationships pathways. A key finding was the influence of the intersection among age, gender, and employment status in the relationship pathways of reunited couples: 1) ending the relationship, 2) continuing the relationship, or 3) ending the relationship but continuing to live together upon agreed arrangements.

The last chapter concludes with a discussion of key findings from this doctoral research. A set of implications for health and public policy and nursing education and practice are outlined. Finally, the strengths and limitations of this research as well as knowledge translation strategies are discussed. The last sections include a bibliography and appendices containing important information used to develop this dissertation (Appendices A-P).

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Chapter Two

Left-behind Women in the Context of International Migration: A Scoping Review

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Abstract

Purpose: Despite the research on left-behind parents, children, and families, less is known about women who stay behind across transnational spaces. The purpose of this scoping review was to assess the extent, range, and nature of the existing body of literature on women who stay behind whose partners had migrated across international borders, to map out research activity and to identify gaps in the existing literature. **Design:** This review was guided by the five-step approach to scoping reviews of Arksey & O'Malley. From April to July 2019, we conducted a comprehensive search in nine electronic databases. The search strategy combined the keywords left-behind and women. Empirical studies and grey literature available in English, French, Spanish and Italian were included. There were no time limits. Articles were included if they focused on women who stay behind across transnational spaces. Two independent reviewers screened and selected articles. We analyzed and synthesized data using descriptive statistics for quantitative data and thematic analysis for qualitative data. **Findings:** Our search yielded 3,157 records. After removing duplicates and titles and abstracts were screened, 53 articles were included for full-text screening; 32 met inclusion criteria. Chain searching generated 52 articles, 22 met the inclusion criteria. Fifty-four articles were then included for analysis. Key informants were primarily from Mexico (n=13). The male migrants' places of destination were primarily the United States (*n*=14). The studies shed light on two major themes: 1) women's *social, economic, and cultural conditions*; women's autonomy and power dynamics, relationship maintenance, family restructure, new roles and responsibilities, remittances, the partner's return and 2) *women's wellbeing*; sexual and reproductive health and mental health. **Conclusions:** We

identified significant knowledge gaps regarding women who stay behind in the context of transnational migration. Implications for future research, policy and practice are discussed.

Keywords: family separation; international migration; left-behind; scoping review; transnational migration; women; women's health

Introduction

Across the globe, an increasing number of people are migrating across international borders each year. In 2018, the International Organization for Migration [IOM] estimated that there were 244 million international migrants worldwide. Generally, people are migrating for work purposes and with the intent of finding better ways of living for themselves and their families (Castelli, 2018; IOM, 2018, Salami et al., 2015). Even though the number of women migrating has also been on the rise, most people living and working abroad are men who have left their families behind (International Labor Organization, 2017).

Multiple scholars have documented significant literature on immigrants in the places of destination, such as their wellbeing, adaptation, and acculturation evolutions (Berry & Hou, 2016; Fedi et al., 2019; Salami et al., 2019; Tartakovsky, 2012; Titzmann & Fuligni, 2015). However, leading international migration and health organizations have made a call for research with special attention on those left-behind during migration processes (IOM, 2018; United Nations International Children Emergency Funds, 2018). This has led researchers to study the impact of migration on left behind children (Chang et al., 2019; Fellmeth et al., 2018; Lam & Yeoh, 2019; Mazzucato, 2015; Zhao et al., 2018), left-behind parents (Scheffel & Zhang, 2019; Thapa et al., 2018; Zimmer & Van Natta, 2018) and left-behind families (Antman, 2012; Demurger, 2015; Kumar, 2019; Murard, 2019). However, less is known about women who stay behind across transnational spaces.

Studying the effects of transnational migration over the lives of women who stay behind is crucial to have an overview of their social, cultural, and political circumstances. This is

particularly important as many women live in cultural systems where they are expected to provide informal care for the family (Sharma et al., 2016; Ullah, 2017) in addition to their roles and responsibilities as mothers and wives. How, when and where men and women migrate across transnational borders has been largely influenced by the culturally and socially established gender roles (Ravenstein, 1885). In this regard, many authors have suggested that gender inequality (Baudassé & Bazillier, 2014; Ferrant & Tuccio, 2015) and poor adherence to women's rights (Naghsh-Nejad & Young, 2014) in certain countries influences female migration; however, this does not have the same impact on male migration (Ferrant & Tuccio, 2015). Furthermore, in 2005, McKenzie identified seventeen countries which had laws that required women to obtain consent from their husbands or fathers to go abroad.

Based on our concern for women who stay behind across transnational spaces, we conducted a preliminary search to explore whether a scoping review or systematic review on women who stay behind across transnational spaces had been conducted. To the best of our knowledge, there was no current or underway review on this topic. Therefore, the purpose of this scoping review was to assess the extent, range, and nature of the existing body of literature on women who stay behind whose partners had migrated across international borders, to map out research activity and to identify gaps in the existing literature.

Methods

Design

Over a four-month period (April-July 2019), we conducted a scoping review. A scoping review is an approach commonly used to assess the extent, range, and nature of the existing body of literature, to map out research activity, to identify gaps in the existing literature, to develop theory or to inform whether a full systematic review is needed (Grant & Booth, 2009; Paré et al.,

2015; Schick-Makaroff et al., 2016). This is opposed to systematic reviews that are conducted largely to explore, appraise, and synthesize research evidence on the effectiveness of randomized controlled trials (Clarke, 2011; Higgins et al., 2011; Siriwardhana et al., 2015a). For this review, we employed the five-stage approach for scoping reviews proposed by Arksey & O'Malley's (2005) and Levac et al. (2010).

Research Question

Our scoping review was guided by the following research question: What is the scope, range, and nature of evidence on women who stay behind whose partners have migrated across international borders? Our question was established based on the Population, Concept, and Context components as suggested by Peters et al. (2017). Our population for this review is women. The concept is being left-behind by their partners and the context is international migration.

Search Strategy

A graduate trained nurse conducted the online search on April 25, 2019. A health science librarian was consulted to ensure a comprehensive search of the literature. The search comprised nine electronic databases: Ovid: Medline, Embase, PsycInfo, Global Health; EBSCO: CINAHL, SportDiscus, Gender Studies Database; Web of Science: Social Science Citation Index; Dissertations & Theses Global; Google Scholar and Sociological Abstracts.

Search Terms

We used two concepts for the search, left-behind and population. These concepts were adapted to every database searched. Subject headings and keywords from the Medical Subject Headings (MeSH) were used for each of the concepts to retrieve empirical studies. The search terms for database search included left-behind, remain*-behind, nonimmigrant*, non-migrant*

and stay*-behind*. These search terms were combined with female*, wom?n, mother*, spous*, partner*, wife and wives. Lastly, we conducted a chain search of the included studies. This consisted of scanning the reference lists of each study to identify articles that were not retrieved during the database search.

Inclusion and Exclusion Criteria

We included articles that: (a) focused on women who were left-behind by their migrant partners in the context of transnational migration; (b) were published empirical studies and grey literature, such as theses and dissertations; (c) had the English, Spanish, French or Italian language full texts available. We excluded studies that focused on left-behind children or parents and women who stay behind in the context of militarization or internal migration, as these did not offer an answer to the research questions of this scoping review, however, studies were not excluded by date limits.

Data Management and Article Selection

Articles that were identified from the database searches were exported and stored into RefWorks, a web-based reference and database manager (UND Libraries, 2019). Two authors (HFS and PMV) screened and selected articles following a twofold approach: title/abstract and full-text screening. This process was done in Covidence, an online platform for conducting systematic reviews (Cochrane community, 2019). We conducted a chain search of the reference lists of the included articles to supplement our search. This allowed us to locate relevant studies that met the inclusion criteria of this review but were not spotted during the database search. Disagreements that arose at any stage of the review were resolved by consensus or by a third author. The PRISMA flow diagram was used to keep track and show the process for screening and selecting articles for this scoping review (Moher et al., 2009) (See Figure 2).

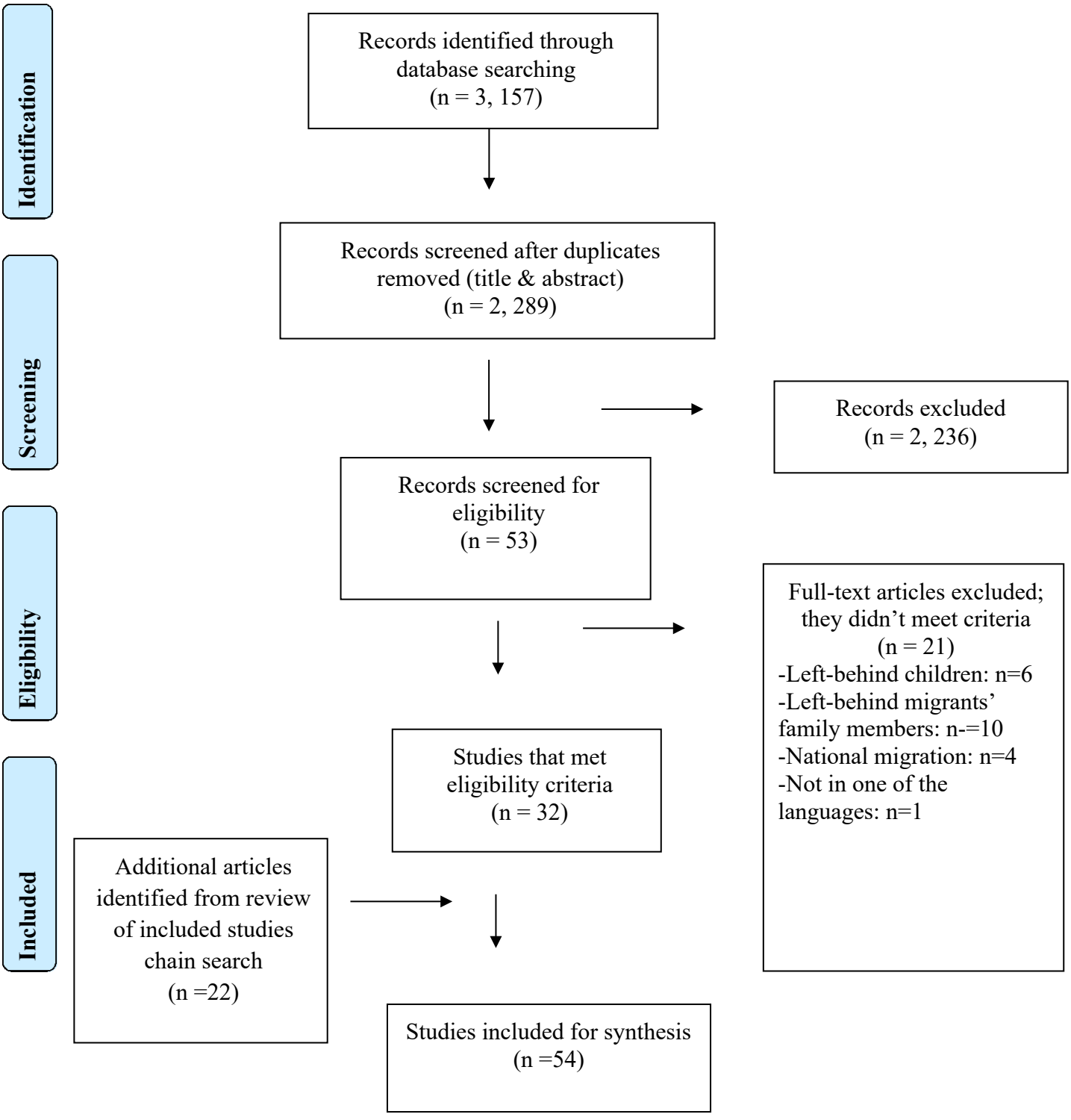
Identification
Screening
Eligibility
Included
Records identified through database searching (n = 3, 157)
Records screened after duplicates removed (title & abstract) (n = 2, 289)
Records excluded (n = 2, 236)
Records screened for eligibility (n = 53)
Full-text articles excluded; they didn't meet criteria (n = 21)
-Left-behind children: n=6
-Left-behind migrants' family members: n-=10
-National migration: n=4
-Not in one of the languages: n=1
Studies that met eligibility criteria (n = 32)
Additional articles identified from review of included studies chain search (n =22)
Studies included for synthesis (n =54)

Figure 2 Flow chart, Scoping Review on Women who Stay Behind (Moher et al., 2009)

Data Extraction and Synthesis

Data were extracted using an Excel spreadsheet developed by the authors. The first author of this study extracted, and charted data and a second reviewer verified it. The study characteristics (i.e., design, sample size) and findings were extracted at first instance. The form was further refined to capture key findings that would address the research questions of our review.

We collated, summarized, and reported the results using descriptive statistics for quantitative data and content analysis for qualitative data (Levac et al., 2010). We used QUIRKOS, software for qualitative data analysis, to code the data into meaningful categories for synthesis (Quirkos 2.5.2 [Computer Software], 2022). Studies with quantitative data were analyzed using numerical summary and descriptive statistics.

Results

Our initial search yielded 3,157 records as shown in PRISMA flowchart. After importing them into Covidence, we removed duplicates and titles and abstracts were screened, leaving 53 articles for full-text screening; 32 of these met inclusion criteria. Chain searching of reference lists of the included articles generated 52 more articles; however only 22 met the inclusion criteria. Fifty-four articles met the inclusion criteria and were included for analysis.

Study Characteristics

Table 1 (Appendix J) summarizes study characteristics for the 54 included studies. The studies were published between 1991 and 2019. The source types were research studies with empirical results (n=47), theses (n=4), and literature reviews (n=3). The studies were mostly descriptive in nature, 24 using a quantitative approach, 23 using a qualitative approach and three

using a mixed-method approach. Only a few of the authors (n=20) reported a theoretical framework to guide their research. Many authors did not report a sampling method (n=25), however, of those reported most of them employed a non-probabilistic sampling technique (n=16). For those studies that clearly stated the sample size, this ranged from three to 36,482 key informants. For data collection, the authors relied primarily on interviews, surveys, questionnaires, and focus groups. The key informants were primarily from Mexico (n=13) and their partners' places of destination was predominantly the United States (n=14). Table 2 (Appendix K) summarizes the key findings from the included studies. The analysis shed light to two major themes: 1) the women's social, economic, and cultural conditions: women's autonomy and power dynamics, relationship maintenance, family restructure, new roles and responsibilities, remittances, the partner's return and 2) women's wellbeing: sexual and reproductive health and mental health. The themes are presented in Figure 3.

Women's social, economic, and cultural condition

Women's autonomy and power dynamics.

Of the studies that examined autonomy and empowerment, most reported an increase in the women who stay behind decision-making autonomy (Agadjanian & Hayford, 2018; Brink, 1991; Desai & Banerji, 2008; Iqbal et al., 2014; Matz & Mbaye, 2017; Sarker & Islam, 2014; Ullah, 2017; Yabiku et al., 2010), movement or mobility autonomy (Bojorquez et al., 2009), purchasing power (Singh, 2018), self-determination (Matz & Mbaye, 2017), empowerment (Lenoël, 2017; Singh et al., 2012), independence (Caballero et al., 2008), and financial or economic autonomy (Bojorquez et al., 2009; Sadiqi & Ennaji, 2004; Singh, 2018). However, other scholars found that women who stay behind had similar autonomy capacity as non-women

who stay behind (Aghajanian et al., 2014) and unclear results for women's empowerment (McEvoy et al., 2012).

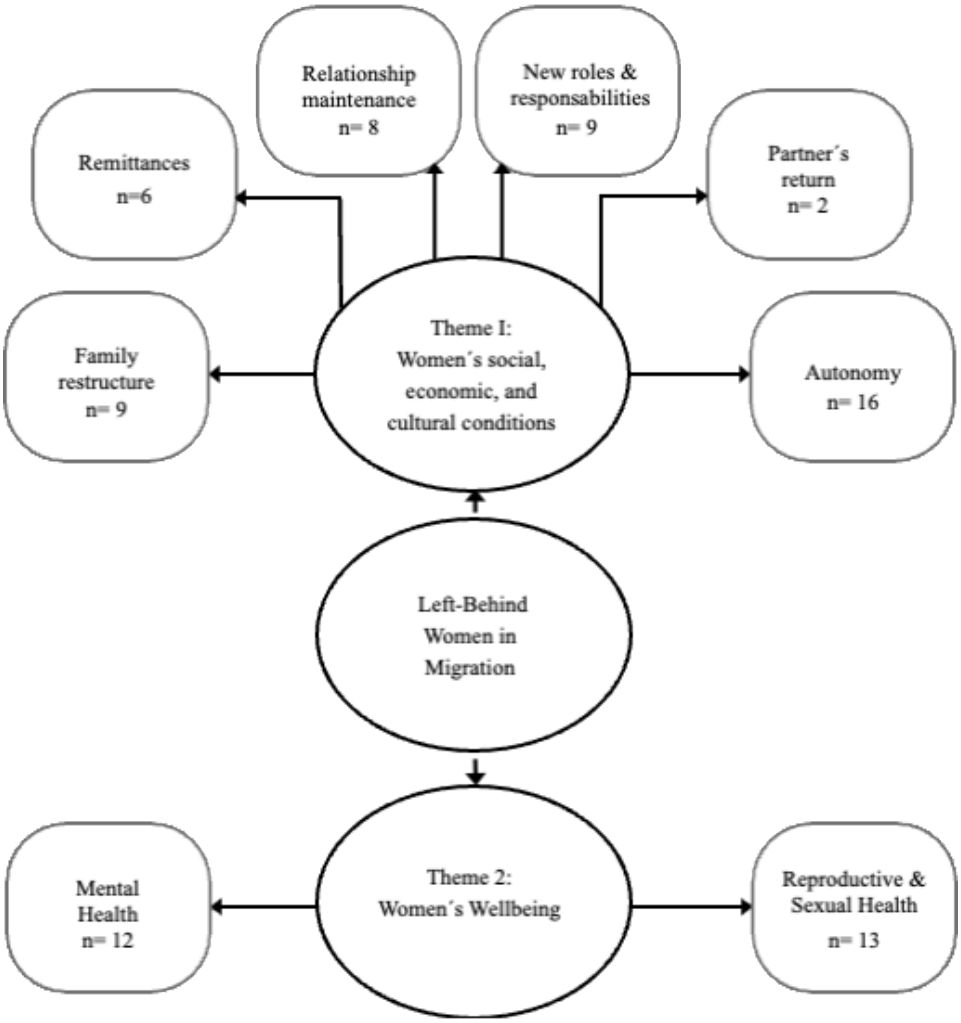

Figure 3 Themes from the Content Analysis-Scoping Review Left Behind Women in Migration

Relationship Maintenance.

Findings from the studies included for analysis in this review indicate that women who stay behind are in constant fear of their partners' infidelity (Agadjanian & Markosyan, 2017; Espinoza et al, 2014; Singh, 2018), fear divorce (Brink, 1991), experience divorced while their

partners are away (Agadjanian & Hayford, 2018; McEvoy, 2008), and express anger towards their partners for having left-behind the family (Echegoyen Nava, 2013). Nonetheless, Hendrickson et al. (2018) found that women who stay behind were in constant communication with their migrant partners, thus allowing the migrant to keep strong ties with the family.

Family Restructure.

Six of the included studies in this review examined the changes in the family structure. Of these, the authors found that the family structure was fragmented due to the men's migration (Ikuomola, 2015; McGuire & Martin, 2007; Lenoël, 2017; Siriwardhana et al., 2015b), many of the women who stay behind are left to live with their in-laws (Caballero et al., 2008; Lenoël, 2017; Sekhar, 1996) and they are exposed to excessive surveillance by their significant others and the negotiation of living arrangements are based on patriarchal values and expectations (Caballero et al., 2008; Ikuomola, 2015).

New Roles and Responsibilities.

Among the studies analyzed, most authors found an increase in the women who stay behind responsibilities and obligations, such as agricultural work, principal caretakers of the children and elderly, attending meetings in the agricultural production and supervising employees (Biao, 2007; Boyles, 2013; Chereni, 2017; Chisholm, 2016; Desai & Banerji, 2008; Graham at al., 2015; Sultana & Rehman, 2014; Haas & Rooij, 2010; Lukasiewicz, 2011; McEvoy, 2008; McKenzie & Menjívar, 2011; Salgado de Snyder, 1993).

Remittances.

The authors of five studies reported the impact of remittances had on women who stay behind. In many cases, women who stay behind are responsible for managing the finances and remittances (Datta & Mishra, 2011). The money transfers help improve the lives of women who

stay behind (Gartaula et al., 2012; Mckenzie & Menjívar, 2011), by increasing the access to reproductive health (Miskinzod, 2015). In addition, for many of these women, the remittances symbolize love and union between the couple (Mckenzie & Menjívar, 2011). However, other authors found that women who stay behind receive minimal, sporadic money transfers from their migrant partners, leading to financial precarious position and limiting their freedom and mobility (McEvoy, 2008).

The Partner's Return and Reintegration.

Of the included studies, only three studies address the return and re-integration of the migrant partner. Some authors discovered that when men return home, personality conflicts arise because men refuse to share responsibilities or are not willing to let the women do as they did before (Ullah, 2017). Others revealed that most men assume their traditional, patriarchal roles as soon as they return, thus decreasing the women's decision-making power and their responsibilities (Haas & Rooij, 2010).

Women's Wellbeing

Sexual and Reproductive Health.

A total of 10 studies explored the sexual and reproductive health among women who stay behind. Of these, some authors found that women were often under social scrutiny in regard to their reproductive lives (Hendrickson et al., 2019; Miskinzod, 2015). Conversations between the couples about family planning and childbearing are ignored until the men's return (Hendrickson et al., 2018). Although women who stay behind have lower birth rates when their partners are away, the birth rates increase once the partners have returned home (Mckenzie & Menjívar, 2011). Women who stay behind are more likely to have hospital births, and receive antenatal and postnatal care (Atake, 2018; Miskinzod, 2015); however, they are less likely to use a birth

control method (Roosen & Siegel, 2018; Sevoyan, 2011; Qin et al., 2009). In contrast, Agadjanian et al. (2011) found that women who are left-behind are more likely to use contraceptive methods. The analysis of Agadjanian & Markosyan (2017) and Qin et al. (2009) detected greater worries about HIV infection and a higher likelihood of spousal communication of HIV among women who stay behind. Furthermore, Women who stay behind are more likely to discuss HIV concerns with other women (Avogo & Agadjanian, 2013), while a higher percentage have had multiple sexual partners (Qin et al., 2009). Nonetheless, Miskinzod (2015) found an increase in the ability to use condoms for a short-term with their partners after their return home and asking them to have an HIV test. However, Qin et al. (2009) reported that migrant men had infected nine women who stayed behind with HIV.

Mental Health.

Among the studies that examined mental health, the majority reported emotional and psychological issues (Chereni, 2017; Graham et al., 2015; Ullmann, 2012), depressive symptoms (Edelblute et al., 2014; Jin et al., 2016; Siriwardhana et al., 2015b; Sultana & Rehman, 2014; Yi et al., 2014), loneliness and fear (Singh, 2018), feelings of abandonment (Chisholm, 2016), anxiety (Siriwardhana et al., 2015b), symptoms of distress (Nobles et al., 2015), stress (Sultana & Rehman, 2014; Yi et al., 2014), and low-self-esteem and frustration (Sultana & Rehman, 2014). Conversely, Aghajanian et al. (2014) found no greater mental health issues in women who stay behind when compared to non-women who stay behind.

Discussion

Findings from our review highlighted significant literature on the existing condition of women who are left-behind when their partners migrate across transnational borders, including health problems. This allowed us to identify several knowledge gaps regarding women who stay

behind from different social, cultural, and political backgrounds. Given that this is the first review to focus exclusively on women who stay behind across transnational spaces, our findings provide important directions for practice, policy, and future research.

The results from this scoping review underlined the lack of sexual and reproductive health knowledge among women who stay behind and their partners. This highlights the need for health prevention programs that involve the participation of both women and men. There is an urgency for well-designed interventions to empower women who stay behind to effectively negotiate prevention strategies with their partners, such as condom use and HIV testing, to help reduce the observed sexual health risks. In addition, we strongly suggest migrant sensitive policies to increase women's consciousness of the health risks linked with their partner's migrant status and their capability to reduce those risks. Although most of the included studies that examined the health of women who stay behind focused on the sexual and reproductive health, it is essential to note that health comprehends other concerns (i.e., nutrition, violence). Therefore, more research is needed to examine other health issues experienced by women who stay behind.

Mental and Reproductive Health Outcomes

Mental health was among the most prominent health issues examined in the included studies. Women who stay behind experience a series of mental health concerns, such as stress, depression, and anxiety. However, given the nature of most included studies, causality cannot be assessed, thus preventing us to infer that the mental health problems identified in women who stay behind are related to the increase in the burden with the roles and responsibilities and family caretaking. In addition, studies lack the longitudinal approach that explores the mental health of women who stay behind before, during and after male migrants return home. These types of

studies would help understand the women who stay behind transition experiences at different points in time.

Gender Roles and Marital Dynamics

This scoping review sheds light on the experiences of women who stay behind living in patriarchal societies. Women in these cultures are at risk of being socially and economically dependent on their partners in addition to having limited or no agency within their matrimony (Alwedinani, 2017; Siriwardhana et al., 2015a). This context leads women who stay behind to encounter many challenges with their expected female role in society; however, migration processes often lead to modifications in gender roles (Bever, 2002). For example, our scoping review demonstrates that women who stay behind adopt new roles and responsibilities, such as maintaining the home front, supervising agricultural production, playing the male and female role simultaneously, and caring for the children and elderly, in addition to their obligations as wives and mothers. This may be explained by the patriarchal culture, where women are socially expected to be the primary caregivers for the family (Biao, 2007; Fernandez-Sanchez et al., 2020; Ullah, 2017). Even though making these life adjustments can be challenging for these women, they eventually learn to cope with their reality.

Even though some of the women who stayed behind in the included studies were in constant communication with their migrant partners, many of them reported ending their relationship or being in constant fear of relationship termination. This was mainly due to their partner's infidelity. This demonstrates that women who stay behind find it challenging to maintain the relationship with their migrant partners and are more likely to suspect partners' extramarital relationships while they are away. Future research should consider the interpersonal relationships between couples in transnational spaces.

The results from the reviewed studies also indicate that the absence of the male partner leads not only to an increase in the women who stay behind decision-making autonomy and gender empowerment but also mental health disorders, roles, and responsibilities. Nonetheless, less is known about the life experiences after the return of the male partners. Given that reunification experiences between women who stay behind, and their migrant partners were underrepresented in this scoping review, further research is necessary to determine whether the observed women autonomy, empowerment, mental health disparities, roles and responsibilities persist post-migration. This is a significant gap in the existing literature as more migrants are expected to be extradited to their country of origin with the current mass immigration raids in the U.S. (Department of Homeland Security, 2019).

Although there is vast literature on the life experiences before, during and after transmigration, the gender relations between women who stay behind and returning partners, rests largely unexplored. Given that the increase in autonomy and empowerment in women who stay behind may be a temporary change, as most men may assume their traditional, patriarchal roles when they return, we suggest that the reunification experiences need to be explored through a gendered lens. In this regard, the intersectionality framework may provide valuable insights to the gender implications of reunification (Bauer, 2014; Crenshaw, 1991; Collins, 2017)

The 54 included studies failed to report whether the women's partners were living and working under authorized or unauthorized status in the host country. This is considerably important, as unauthorized immigration often leads to lengthier stays in the host country and less frequent home visits, whereas authorized migration prompts shorter and more frequent home visits (Hamilton & Hale, 2016). In the case of the Temporary Foreign Worker program in Canada, for example, many seasonal agricultural workers are from Mexico. They typically stay

in Canada for eight months and in Mexico for four months. In contrast, unauthorized immigrants in the United States of America. are usually people who have resided for long periods, usually more than ten years (Gonzalez-Barrera & Manuel-Krogstad, 2019). We suggest that future research pay particular attention to women who are left-behind by temporary migrant workers.

Limitations

This scoping review of 54 articles offers a starting point to understanding the existing condition of women who stay behind in the context of transnational migration; however, we identified several limitations of this study. Despite conducting a comprehensive review using broad terms to search nine different electronic databases, it is possible that we overlooked relevant articles that did not use such terms. In addition, we only included those studies in English, French, Spanish and Italian, though we may have missed potentially significant literature on women who stay behind in the context of transnational migration. Of the included quantitative studies, many had a small or non-representative sample size. This weakness makes it challenging to establish causality of the health concerns, autonomy and empowerment identified in women who stay behind in relation to having a migrant partner. In the case of studies with a qualitative design, frequently the authors did not outline a theoretical approach to guide their work. These limitations should be considered when assessing the findings of this scoping review.

Conclusion

This scoping review located the existing literature on women who stay behind across transnational spaces and reported the research gaps on this topic. The findings of the scoping review allowed us to provide implications for practice, policy, and future research on this topic. Generally, the findings support that women are left-behind in patriarchal societies to be on the home front. In this regard, we suggest that these women have very little input over their sexual

and reproductive health. Therefore, we argue that there is a need for designing, implementing, and evaluating preventive programs aimed to increase the couples' consciousness of the health risks associated with migration processes. To do this effectively, health interventions must consider both, women, and men, in their design. We believe that this would help increase the couple's capability of reducing those health risks and improve their decision-making process. In addition, our findings have implications for health policy in countries known to host large numbers of immigrants, such as the U.S. and Canada. Many immigrants in these countries are reluctant to seek healthcare due to fears of deportation, thus preventing them from adequate sexual and reproductive health education. Overall, future research should explore a broader range of health conditions beyond mental, sexual, and reproductive health.

The included studies also indicate that the absence of the male migrant leaves women who stay behind with new roles and responsibilities in addition to their existing role as mothers and wives. While many authors of these studies have suggested that mental health problems may arise for these women, others have seen an increase in the women's autonomy and empowerment levels. Nonetheless, we suggest that there is little evidence on whether these changes on women who stay behind are temporary or whether they persist post-migration.

In addition to highlighting the existing literature on women who stay behind in the context of transnational migration, this review determines further research is warranted to explore the reunification experiences of women who stay behind and their returning migrant partner. This research would be capable of underlining the gender relations between women who stay behind and their returning migrant partners. Our call for the need for further research is consistent with the United Nations' (2015) sustainable development goals that aims to ensure gender equality and responsible migration by 2030.

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Chapter Three

Principles of Community Partnership and Social Justice in Qualitative Research in Migration

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Abstract

The purpose of this article is to discuss the methodological implications of using the intersectional principles of community partnership and social justice in qualitative research in migration contexts. By actively combining reflexive practices, family and community engagement, and input from the community, intersectionality helped unravel the complexities of the phenomenon under study to develop and promote positive social changes in the community. Researchers engaging in intersectional qualitative research can use this article as a guide to integrate a strength-based approach, promote intersectional reciprocity, and negotiate their positionality.

Keywords: community-based research, qualitative methods, intersectionality, Mexico, return migration

Introduction

Intersectionality is a complex theoretical and analytical tool that is in constant evolution. However, there are few guidelines for incorporating intersectional principles into practical research settings. Given its broad applicability and justice oriented-nature (May, 2015), scholars in the field have encouraged intersectional researchers to outline how intersectionality is being used: as a framework to examine intersecting dynamics, as a theoretical or methodological paradigm, or as a political intervention (Cho et al., 2013). Drawing on lessons learned from a doctoral research project on return migration and reunited couples in Mexico, the purpose of this article is to discuss the methodological implications of using the intersectional principles of community partnership and social justice in qualitative research in migration contexts. Community partnership involves engaging with members of a particular community to ensure their perspectives, experiences, and needs are included in the research process (Wallerstein et al., 2018), and social justice provides a voice to marginalized and oppressed communities by uncovering systemic inequities (Denzin & Lincoln, 2018).

In this article, I provide information on return migration in Mexico, discuss intersectionality, and give an overview of the primary study. Then, I discuss how an intersectional reflexivity mindset helped me recognize family and community as sites of coping dynamics by deploying an active combination of reflexive practices, community engagement, and formal input from community. As an educated, urbanized, cisgender gay man, and intersectional feminist, I can use intersectionality to recognize that women are diverse across spaces, times, and contexts, and that their vulnerability and resilience regarding their experiences differ based on their social locations and inequities that often overlap and operate together to exacerbate each other.

Return Migration in Mexico

Mexican migrants are returning to their places of origin at increasing rates. Despite the COVID-19 pandemic, the U.S. removed more than 185,000 migrants in 2020 and more than half were Mexican citizens (U.S. Immigration and Customs Enforcement, 2021). That same year, Canada returned almost 200 nationals to Mexico (Government of Mexico, 2021b). These figures do not include voluntary returnees, so the number of migrants returning to Mexico is believed to be higher. Internationally, other reasons for return can include failure to adapt to the host country, undocumented status, health issues, and family reunification (Organization for Economic Cooperation and Development [OECD], 2020).

Evidence on return migration to Mexico underlines social, economic, and health issues affecting returning migrants. According to a recent review of return migration in the Americas (Fernández-Sánchez et al., 2022), forced returnees often face problems related to their mental health (i.e., anxiety, depression), sexual health (i.e., human immunodeficiency virus), drug use (i.e., marijuana), and complications from untreated chronic health conditions (i.e., hypertension). Globally, returning migrants may also face challenges in applying learned skills abroad, integrating and adapting, and rejection from family members may be present (Segal, 2016). In Mexico, deportation and old age may set the stage for stigma and discrimination against returning migrants (Calva-Sánchez, 2022), and the lack of job opportunities and lack of help from the government can create an uncertain future for other returnees (Mestries, 2013).

Return migration not only affects migrants, but also the families and communities that receive them in places of origin. International literature on receiving families indicates that upon reunification, some returnees continue their traditional male roles, leading to disagreements between reunited couples about the women's agency (Fernández-Sánchez et al., 2020b). In Mexico, despite their day-to-day difficulties, women have found ways of supporting their

communities and developing skills to expand their survival and ability to thrive (Salazar-Serna & Castro-Pérez, 2020).

Intersectionality

Intersectionality is rooted in the struggles of Chicanas, African American, Native American, and Asian American women in the United States (U.S.) and women internationally. Liberation movements against inequities began outside of academia in the 1960s and 1970s and the intersections of gender, race, and class were brought to the forefront in activism and writing (Collins, 2006; Salem, 2018; Shields, 2008). Later in academia, the term *intersectionality* was presented by Crenshaw (1991), an African American lawyer and scholar, who identified gender and race interactions that placed women of color in the U.S. at a disadvantage in the workforce (Hankivsky et al., 2010; Patil, 2013; Yuval-Davis, 2006). Intersectionality has since been defined and conceptualized in various ways; however, it is always about how various social relations (i.e., race, class, gender) are co-constituted in unequal ways. Some authors call it a method, theory, paradigm, concept, perspective, or theoretical framework (Van Herk et al., 2011). Given its unfixed nature, a single definition has yet to be assigned (Collins, 2017; Misra et al., 2021). For this work, I use intersectionality as a critical inquiry lens and critical praxis to underline social inequities and promote positive social transformations among reunited families in Mexico. I draw from the work of Collins and Bilge (2016) who consider critical inquiry and praxis as interconnected principles that work to produce new knowledge and move individuals into action.

Overview of the Primary Study

A critical ethnography guided by intersectionality was conducted in a small rural community of Veracruz, Mexico. The questions that guided the research were: what are the post migration reunification experiences and health needs of reunited couples in Agua Dulce, Veracruz? and What are the social, cultural, economic, and political factors that intersect to

shape those experiences? Critical ethnography is grounded in critical social theory and is widely employed to provide broader insights into the social-political, cultural, and economic structures and systems of power-relationships within a specific context (Madison, 2020; Wolf, 2012). For six months (January to July 2021), I conducted fieldwork in Agua Dulce, a community impacted by return migration.

The research involved document reviews, participant observations, and in-depth interviews. A policy analysis was conducted of the current return migration policies in Mexico. Participant observations included living in Agua Dulce to get deeper insights into the cultural values of the community and families. In a journal, I recorded participant observations, including physical locations, people involved, actions and behaviors, dates, times, and activities. Forty-five interviews were completed either by phone or face to face. For this article, I draw from my experiences in the field and completing a systematic literature review on the topic.

Although not initially included, phone interviews became essential in increasing interviewee and interviewer safety from COVID-19. As evidenced in the literature, phone interviews can also increase the perceived confidentiality and anonymity from participants (Drabble et al., 2016). Once restrictions were eased, face-to-face interviews were preferred, since phone interviews made it difficult to get participants to expand on their responses, and behavior and body language could not be observed.

A woman research assistant conducted most of the interviews with women participants, and I conducted interviews with men and fewer women participants. Having same-gender interviewers and interviewees was deemed necessary because of the patriarchal nature of Agua Dulce. I interviewed 20 women, 12 returnees, 12 community leaders, and six healthcare providers. Interviews were in Spanish and transcribed verbatim. For supervisory purposes, five

interviews were translated into by the lead author, and later final themes and quotes were also translated for publication; however, the analysis was conducted in Spanish. The lead author manually coded data using an inductive approach with the aid of NVivo software. The results were analyzed using a thematic analysis to interpret data through an intersectional lens (Maguire & Delahunt, 2017). This consisted of identifying, analyzing, and reporting repeating themes across the data set, following an iterative approach: 1. becoming familiar with the data, 2. coding, 3. creating themes, 4. validating themes, 5. naming themes, and 6. interpreting and reporting findings. I conducted this work following the Government of Mexico's (2021a) COVID-19 measures, including wearing facemasks and maintaining social distancing. The study was approved by the Research Ethics Board I of the University of Alberta (approval no. Pro00106680), and automatic approval was granted from the Ethics and Research Commission from the Faculty of Nursing, Campus Poza Rica, Universidad Veracruzana. All participants provided written informed consent prior to enrollment in the study.

Merits of Using Intersectionality in Qualitative Research

Through examples, I intend to discuss the methodological implications of using the intersectional principles of community partnership and social justice in qualitative research in migration contexts. For this study, community partnership and social justice referred to the empowering, and more inclusive and equity approach to the research process, while contributing to transformative changes (Braveman et al., 2011; Wallerstein & Duran, 2010). I focus on three areas: (1) cultivating self-awareness, (2) reflexivity and positionality of the researcher, and (3) community engagement in rural Mexico. By intersectional thinking, I acknowledge that intersectionality serves as a critical inquiry lens to highlight that people's unique experiences of oppression and privilege are understood as complex and are often influenced by multiple

intersecting social locations; by intersectional praxis, I promote social justice and community partnership efforts.

Cultivating Self-Awareness through a Literature Review

In this section, I describe how intersectionality informed the literature review by highlighting the power of language and those who are often overlooked. In 2019, I searched the literature on women who stay behind in their places of origin while their partners migrate across international borders; I noticed the term "left-behind women" was often used to refer to this group of women. I believe, however, that using "left behind" labels women as an established group by assuming that all women are the same and share similar experiences. The notions of hegemonic and universalism of women who stay behind across class, ethnicity, and global contexts can cause problems that place women as the victims of multiple oppressions, when, in fact, this group of women has been found to be empowered, autonomous, and free to make decisions. This is in line with other researchers who pointed out that terms like "third world women" have long defined women as a homogenous socio-economic system, victims of male violence and colonial processes, and universal dependents (Djoudi et al., 2016; Mohanty, 1991).

By living in Agua Dulce, I learned that while some women discussed issues with partner violence, others developed resilience, accepted family, and personal changes, looked for opportunities, and adapted well over time. I noticed an urgent need to shift from using "left-behind women" to "women who stay behind". This shift changes the agent, focusing on the women rather than the person who left; it provides a broader lens to study how our social world is structured and to examine how different social locations interact to create challenges and privileges for this population. Not only did I modify the term in my writing, but I also integrated it to analyze data.

I decided to critically engage with the literature on return migration and women who stay behind. This critical approach allowed me to center my attention on women in this body of evidence and on those who are not. For instance, women who stay behind in Mexico are often defined as a single profile of women: adult, cisgender heterosexual mothers. Women with other forms of gender identity (i.e., transgender), women with children with special needs, Indigenous women, and women with preexisting health conditions are repeatedly overlooked. These forms of identity are important to consider, as they interact with other social locations and systems of oppression that shape the way women live the post migration reunification experience. There was a shortage of evidence on the changes in gendered roles and marital dynamics pre- and post-reunification between couples. Employing intersectionality enabled me to identify which intersections might matter the most and require further exploration in the field.

Reflexivity and Positionality

My lived experiences are informed by intersecting identities across time, space, and context, and are influenced by structures of power and dominance. According to several scholars, reflexivity in qualitative inquiry allows the researcher to examine oneself and how this examination may influence the broader context (Berger, 2015; Macbeth, 2001). Researchers must also account for the power differential between them and participants (Grove, 2017) and acknowledge that they are key in knowledge construction (Palaganas et al., 2017). Reflexivity allowed me to define my relationship with participants, self-reflect on how my personal and professional experiences influenced the research, self-monitor my biases, to draw on parts of my experience to inform participants' narratives, and note how the research transformed me as a person and a researcher. I argue that ongoing reflection and negotiation of my positionality was key in building trust and rapport with participants.

Researcher's Social Positioning in Relation to Research Focus

I engage in critical feminist approaches to research how to empower vulnerable populations. I self-identified as a partial insider to this research as I am originally from Veracruz, grew up as an undocumented migrant in the U.S., and later returned to Veracruz. For some returnees, the shared experience of being a returning migrant created a sense of connectedness. While I am well-known for advocating for migrants' and women's rights, I acknowledge that I am a highly educated, urbanized, gay man and feminist. However, being a recognized feminist and activist in Veracruz helped bridge the insider-outsider perspectives to position myself in the space between the two. This was noted with the high acceptance and sense of connectedness with community members- a community where most citizens continue to be women and children. As others have stated, the researcher's personal, professional, and research experiences allow them to engage in the insider and outsider positions and develop stronger insights (Breen, 2007; Dwyer & Buckle, 2009). Recognizing these intersecting positionalities enabled me to visualize how power played a powerful role in some spaces and less in others.

During the research, I maintained negotiations regarding power imbalances by actively engaging the participants. For instance, the participants could choose a phone or face-to-face interview, a man or a woman interviewer, and the day and time of the interview. This helped to promote empathy, gain trust, and build rapport with participants and other community members. This was important, as scholars have shown that considering how power is produced in the researcher-participant relationship is fundamental in negotiating power and positionality (Cuevas-Parra, 2021; Karnieli-Miller et al., 2009). I practiced personal and methodological reflexivity by promoting the subjective consciousness of my privileges, background, identities, and biases during the research. I recorded personal feelings and emotions, like anger and

admiration, that shaped me as a researcher and a person. For instance, becoming aware of the thriving stories from women, I transitioned from an angry, oppression-focused to an intersectional strength-based approach in my analysis and writing.

A reflexive lens deepened my insights into the phenomenon under study. With a background of advocating for women and victims of sexual violence, I anticipated women would be treated unjustly. Although this was sometimes true, many women proved to be resilient, empowered, and self-determined. Other researchers have noted that intersectionality promotes strength-based and resilience-building approaches and fortifies positive social changes (Chaplin et al., 2019; Thurber et al., 2020). This was a reminder to avoid victimization and highlight the agential power of women who stay behind.

Intersectional reflexivity helped me to re-frame my understanding of health in a return migration context. It became more nuanced as I navigated my intersecting social locations in relation to those of my participants. Not all aspects of my social locations took the same relevance in every context. For instance, in the macho, catholic culture that prevails in Agua Dulce my identity as a gay man could have interfered with my work. However, my rapport-building, community activism, education, and common migrant experiences seemed to prevail. The intersection of gender, masculinity, and sexuality did not create disadvantages in this research. The community showed interest and support by allowing me into their space during a pandemic, finding ways to accommodate my needs to have a strict COVID-19 protocol in place, promoting the research through Facebook live interviews where I shared details of the study, and by receiving multiple invitations from families to share a meal or attend family events. The relationship was fortified by my activism work in Veracruz. During interviews and meetings with community members, many expressed knowing me through newspaper articles that spoke

about my efforts on supporting abandoned children and victims of sexual abuse (La Opinión de Poza Rica, 2021; Rodriguez, 2017; San Martin, 2017). Being aware of my work and who I was, helped in my acceptance. So, I agree with Bellamy et al. (2011) who disapprove of focusing on a researcher's single social location to decide whether the research should be conducted, but rather that the researcher can and should play an active role in negotiating their positionality.

Power Imbalances in Data Collection

I completed data collection during the pandemic and used intersectionality to focus on the power dynamics and account for the multiple intersecting social locations present during the interviews. Practicing reflexivity accounted for the power asymmetries during data collection by considering how the interviewer's and interviewee's personal, social, political, religious, and cultural backgrounds interacted to shape the interview and the knowledge being produced (Anyan, 2013).

Power was produced when the interviewer was regarded by the interviewee as a young man in a professional position. Power inequities were observed either by the participants' behavior or by the way they responded to the questions. In some of the interviews with women, I observed that older women often avoided eye contact or provided short answers. This led me to reflect on whether women hesitated to respond due to the social status of superiority that men hold in the community or confidentiality concerns. Being aware of women's multiple identities, I reminded them about the option of being interviewed by a woman research assistant and reassured them that their information would be kept confidential.

A second interview with a returnee who was twice the age of the interviewer (66-year-old) stated, "Oh, are you the researcher? I thought you were older." Compared to the rest of the interviewees who referred to me as "master" (maestro) or "you" (*usted*) as a way of showing

respect, this participant used the informal "you" (*tú*). This may have been a way for the returnee to show that he had greater knowledge. This is consistent with Mexican culture, where elders are thought to hold wisdom, prestige, power, and leadership (Reyes-Gómez et al., 2013). To mitigate power imbalances, I always wore casual clothing: sneakers, jeans, t-shirt, and a cap. This approach positively contributed to a more intimate relationship with the participants and with balancing power. However, in this situation, this strategy did not seem to work. I reacted quickly and used the age difference in my favor by making the participants aware that I was here to learn from their experiences and not the other way around. However, on reflection, I wondered if by making such a statement, I granted the interviewees further power.

Community Engagement

By living in the community, I recognized that systemic inequities went beyond the reunification experiences and health needs of returning migrants and women. Through formal and informal input from the community, I was able to look at the broader social, economic, and infrastructure needs of the community. As a researcher, I was able to be flexible and adapt to the emerging needs of the community in times of crisis, COVID-19 pandemic.

Advisory Committee

Though committees can serve as cultural agents and facilitate reception from communities (Salma & Giri, 2021), establishing leadership and distribution of power is essential for a successful participation (Newman et al., 2011). To balance power among members, I arranged two advisory committees composed of women who stay behind, and community leaders (chiefs of city blocks [COCB]). This separation helped reduce potential power conflicts among members, because the COCB already held power within the community. They are a communication bridge between residents and the health department.

Intersecting social locations, like living in rural, poor, and marginalized areas, explains the need to be visible for those at the center of power. To ensure an effective dissemination plan, the advisory committees collaborated in this process. Literature disputes that traditional dissemination methods are limited to academic publications are often not useful for research participants, whereas engaging community partners can result in relevant and culturally appropriate dissemination strategies for communities (Cunningham-Erves et al., 2020). The committees expressed the importance of showcasing the work and life of people in Agua Dulce.

From our conversations, the community felt the need to be seen, heard, and supported. As one woman expressed, “We are tired of no one looking at us; we want people to see us and to learn how we live in Agua Dulce.” Mohanty (1991) recognized that the experiences of women from developing countries are often silenced by systems of power and domination; hence, we must learn to advocate to ensure all voices are heard. I agreed to seek funding to create a mini documentary of the work in Agua Dulce. The team was successful in securing a grant specifically for intersectional research seeking to produce visual or audio materials. The documentary was released on International Migrant Day 2022 (Fernández-Sánchez, 2022).

Serving the Community

Intersectionality promotes transformation through positive social change and the elimination of inequities. Previous work fostered collaboration with the National Center for the Prevention and Control of HIV and AIDS (NCPCHA) in Mexico. In this regard, the NCPCHA agreed to support my research in Agua Dulce. In the field, I realized that STI testing was only available for pregnant women, which excluded other high-risk populations like reunited couples and their families. In Mexico, the lack of health services for vulnerable and underserved populations is often the case for small rural communities like Agua Dulce (Del Ángel-Pérez &

Villagómez-Cortés, 2014). Keeping in mind intersectional values, I arranged an STI clinic with the NCPCHA to make testing available for all community members, and more than 80 syphilis and HIV rapid tests were completed. I assisted in making the arrangements with the NCPCHA. The clinic was successful and is expected to continue at least once a year.

Committee members believed that funding should be destined for other community needs like paved streets, better internet services, or hiring healthcare providers. In this regard, I committed to starting a fundraising campaign to help improve the infrastructure conditions of the community clinic. Taking advantage of my strong ties with Mexican migrants abroad, $2,000 were collected. Not only did this meet some of the needs from the community, but it also assisted in showcasing the research, leading to higher recruitment numbers. Literature on the subject highlights the risks of a researcher's power and privilege (Muhammad et al., 2015), yet, in this case, being a credible and recognized activist allowed me to raise funds for the clinic.

Intersectional Reciprocity

An intersectional approach generated collaborative capacity that resulted in reciprocity with the community. I learned that women in Agua Dulce often sit at the intersection of gender, financial need, and the lack of formal education. The interaction among these social locations can lead women to suffer mental health issues; however, these women find ways to strengthen their adaptive capacity during the absence of their migrant partners and upon their return. Women enroll in workshops to help them deal with mental health concerns and learn new skills that later provide income for the family. Importantly, these interactions are also influenced by patriarchal values and religion of the community, meaning that most women engage in gender-approved behaviors.

Guided by the principle of intersectional reciprocity, I promoted two workshops on painting and baking. I had to be sensitive to the specific needs of this population (Wesner et al., 2014), so I advocated for the implementation of these workshops to encourage social and labor participation among women. These workshops were strategically chosen, as art therapy has positive effects on people's health and well-being, including mental health, and it is something the community approved of women doing (Hu et al., 2021; Jensen & Bonde, 2018). Two residents agreed to deliver the workshops, a local baker agreed to host them, and the research team oversaw the organization. These activities were not part of my research plan, and I was not involved in designing or implementing them. However, an intersectional approach requires that researchers be flexible and advocate for social change in communities (Collins, 2017).

Rural Community Dynamics

Socially expected gender roles and patriarchy influence Agua Dulce's education, health, economic, and political systems. This was noted when I had to conduct observations in public and private spaces (i.e., parks and work sites) after the community gatekeepers granted their approval. Andoh-Arthur (2019) suggested that gatekeepers are irrelevant when research is conducted in public spaces; however, I argue that this may not always be the case when research is done in small rural communities. For instance, at the beginning of the pandemic, the community did not allow outsiders to enter Agua Dulce to avoid COVID-19 cases; however, this did not apply to me.

My experiences collaborating with community gatekeepers resemble those of others who have reported positive results through this partnership by facilitating access to research sites and completion of research activities (McFadyen & Rankin, 2016). I visited multiple community sites, including the field crops and local farmers' market. I observed that many women abided by

the established gender roles and patriarchal standards of *machismo* (social behavioral culture of male dominance); older women were often shopping for groceries and taking their children to clinic visits and community celebrations, while men were overseeing the lands or working their businesses. In contrast, younger couples were often doing these activities together, and younger women worked informal jobs. Age-class-gender-rural cultures interact and are woven into community politics and the patriarchal system of Agua Dulce to reinforce, but also to resist, *machismo*. This broader knowledge of community dynamics aided in understanding the needs of women who stay behind and returning migrants.

Recommendations for Health Researchers

Based on my experiences in conducting qualitative research through an intersectional lens, I have recommendations for researchers embarking on these approaches. I outline below two key recommendations drawn from qualitative research focused on family and community impacts and dynamics of return migration. These recommendations are negotiating positionalities, reflexivity, and power in community engagement, and practicing intersectional reciprocity.

Negotiating Positionalities, Reflexivity, and Power

Intersectional research demands that researchers understand community politics to develop strong relationships with study participants, gatekeepers, and the community. Engaging early on, even before starting data collection, helps build trust and facilitates access to research participants and sites. The acceptance of the researcher by small rural communities, like Agua Dulce, greatly depends on how the researcher navigates in the community. Reflecting and negotiating the researcher's positionality is key in building trust and rapport with residents; it ultimately reflects what the researcher is allowed to observe and to learn from the community.

Researchers must continuously negotiate their positionalities to navigate overarching social structures of communities, and help balance power differentials with participants, and the community at large. A process that is influenced by the cultural values of the researcher and the community (Dery, 2020; Merriam et al., 2001), and can be achieved through formal and informal conversations with participants (Kohl & McCutcheon, 2015). This is often shaped by the circumstances, people involved, and space and time (Ali, 2015). It is crucial to acknowledge that the researcher and participants' background, beliefs, and experiences can impact how positionalities are negotiated and how knowledge is produced.

Power exists and is apparent in all aspects of the research process. I recommend that intersectional researchers be flexible and sensitive to build and maintain strong partnerships with community members. Previous work has suggested involving the community in decision-making and prioritizing a research agenda that shares and distributes power during fieldwork (Green & Johns, 2019; Van der Riet & Boettiger, 2009). The agenda must go beyond the initial research plan and be tailored to the needs of residents. For example, during data collection, power relations that shift back and forth from the interviewer to the interviewee are inevitable. Therefore, researchers should create a safe and collaborative environment where knowledge is co-created in a harmonized way. Researchers must be attentive to locate and to avoid harmful language that can cause damage to communities.

When possible, I encourage researchers to take a strength-based intersectional approach, or as others have called it, *Intersectionality of resilience* (Njeze et al., 2020). This intersectionality seeks to transition from a victim-based approach to a strength-based approach, even in situations of suffering and need. Thus, intersectionality of resilience does not only allow individuals to adapt to difficult life experiences, but also to resist injustices, gain agency, and

combat against systems of oppression (Goodkind et al., 2020; Sims-Schouten & Gilbert., 2022). For instance, previous research found that trust and empowerment became key components in reducing stigma in Black women living with HIV who experienced gendered racism and discrimination at the intersections of gender, race, and health status (Rao et al., 2018).

Practicing Intersectional Reciprocity

Mobilizing intersectionality requires researchers to practice reciprocity. Reciprocity demands the researcher to navigate multi-faceted power structures within participating communities to balance competing demands, and to critically reflect on intersecting levels of privilege and power given as a researcher (Wesner et al., 2014). In this regard, intersectional reciprocity means being sensitive and willing to accommodate the needs of residents based on the structural and social concerns of the communities. Reciprocity has been accentuated as a tenet of intersectional and Indigenous research (Vinyeta et al., 2015), and as a major principle of social justice work (Asghar & Rowe, 2017). Clemons (2019) suggests that it is the researcher's responsibility to focus on reciprocity to address social challenges experienced by participating communities. This includes being aware that rural communities in Mexico may experience crises, like the ongoing COVID-19 pandemic, at the intersection of poverty and disadvantage (Fernández-Sánchez et al., 2020a). Accommodating to participants' specific needs during challenging times is vital to address inequalities (Wesner et al, 2014). In my research, intersectional reciprocity required the team to go beyond the initial planning of resources, timing, and flexibility. It involved time and effort to promote the health of the community, seek additional funding, and actively engage the community to address social, economic, and health inequities. It included painting and baking training opportunities for women in Agua Dulce, access to STI and HIV testing for Aguadulceños, and repairs to the local health clinic.

Limitations

Despite the multiple strengths of utilizing intersectionality in qualitative research, there are some limitations. In practice, intersectional research can be time-consuming and resource-draining. To explore domains of power operating across multiple forms of oppression, it is deemed necessary to emerge in the field for prolonged periods. Engaging and negotiating with the community can result in challenges when competing interests are present. The need to seek additional funding to cover the costs of emerging needs is inevitable and takes time to achieve. Conducting intersectional research in times of crisis was challenging. The primary study was limited to observing outdoor activities, many of which had been canceled during fieldwork.

Conclusion

This work summarizes the methodological implications for intersectional community-engaged research on the dynamics of family and migration by combining reflexive practices, family and community engagement, and formal input from community. Intersectionality's principles of community partnership and social justice highlighted social inequities in Agua Dulce and helped us promote action for change. Partnership with a health clinic resulted in the implementation of a STI and HIV testing clinic in Agua Dulce- testing was made available for all community members and not just pregnant women.

For qualitative researchers planning to conduct intersectional work, this article can serve as a guide to integrate a strength-based approach, promote intersectional reciprocity, and negotiate their positionality across contexts in different stages of the research process. The ultimate goals of intersectionality are to achieve a positive social transformation and social justice. Negotiating positionality, practicing intersectional reciprocity, and attending to power differentials can help reach those goals.

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Chapter Four

A Multi-Scalar Critical Analysis of Return Migration Policies in Mexico

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Abstract

Purpose: Services and resources for migrants returning to Mexico are necessary to ease their transition and re-integration into home communities. Policies that do not have a holistic approach can result in serious implications for the social, political, cultural, and health of returnees, receiving families, and communities. This research critically analyzes return migration policies in Mexico drawing from the intersectionality-based policy analysis framework and a multi-scalar approach to critically study return migration policies in Mexico. **Methods:** We analyzed 20 return migration policies using the principles of the intersectionality-based policy analysis framework. In 2021, we interviewed those impacted by return migration policies in Veracruz, Mexico to gain deeper insights into return migration policies. Women who stayed behind, return migrants, community leaders, and health-care providers were interviewed via phone or face-to-face in Spanish. Information was transcribed verbatim and analyzed with the aid of computer-assisted data analysis software and quotes were translated into English. **Findings:** They shed light on two major inequities in policies: 1) the lack of acknowledgement of diversity or return migrants and 2) the exclusion of receiving families and communities from the re-integration process of return migrants. **Conclusions:** Based on the multi-scalar critical policy analysis, return migration policies in Mexico would benefit from a more comprehensive and inclusive approach where the needs of return migrants and community members are protected based on their diversity.

Keywords: equity, multi-scalar, Mexico, policy analysis, return migration

Introduction

Migrants who return to their countries of origin face countless challenges reintegrating and adapting to the social, political, economic, and health contexts of their societies. The United Nations' (2022) Sustainable Development Goal 10.7 is aimed at facilitating the orderly, safe, regular, and responsible migration and mobility of people by 2030. However, internationally, human rights violations that lead to inequities and injustices for migrants have been documented (Boucher, 2019; Green & Ayalon, 2018). Migrants are often exposed to racism (Tulli et al., 2020), social isolation and loneliness (Salma & Salami, 2020), and other social injustices (Enache, 2011). Such difficulties can appear in all three stages of the migration process: pre-migration, when the migrant is preparing to depart; transit migration, during the physical relocation from the place of origin to the destination; and post-migration, resulting in either the migrant's immersion in the new society or their potential repatriation (Toth-Bos et. al., 2019).

Migrants who return home after living and working abroad are not exempt from the above-mentioned challenges. Most of the migration literature centers on forced repatriation, but return migration also incorporates voluntary return (Fernández-Sánchez et al. 2022). International migrants stay in host countries for decades, thus creating unique challenges for them and their families when they return home (Kone et al., 2020). Returnees bring positive social changes to their places of origin. For instance, some returnees start businesses or implement skills learned in the host countries, resulting in higher salaries for themselves; others transfer new ideas and norms that can improve their home countries' social, economic, political, and cultural contexts (Bucheli & Fontenla, 2020; Chen et al., 2021). Returnees encounter systems of oppression that result in vulnerabilities when reintegrating into their home societies. Return migrants can be exposed to violence and insecurity; low access to employment; and inadequate housing, health, and education (Birara, 2017; International Organization of Migration

[IOM], 2020; IOM, 2021; Jacobo Suarez & Cárdenas Alaminos, 2018; Jacobo Suarez & Cárdenas Alaminos, 2020; Official Journal of the Federation [OJF], 2019).

Mexico is highly affected by return migration. The United States continues to deport many Mexican nationals. Between 2020 and 2022, the United States deported more than half a million Mexicans; nearly 90% were men and 10% were under 18 years of age (Government of Mexico [GM], 2022). In 2015, a national census reported more than 119,000,000 returnees in Mexico; returnees included those born in Mexico and abroad, five or older, and those that had lived abroad the past five years at the time of data collection (El Colegio de México, 2018). The same census found that migrants between the ages of 25-44 accounted for the highest percentage of returnees, and men returned in higher proportions (64.8%) (El Colegio de México, 2018). In Veracruz, 72% of migrants returned to rural settings, and 56.3% of male returnees self-identified as being head of the family (El Colegio de México, 2018). In response, Mexican administrations have adopted return migration policies in their National Development Plans including the Inter-Institutional Strategy for Comprehensive Attention to Returning Individuals and Returning Mexican Families (ISCARF) (OJF, 2019). These policies aim to facilitate returnees' departures from their host countries, entrance to Mexico, and re-integration into society.

Given the rise in return migration in Mexico, there is an urgent need to critically analyze existing return migration policies for barriers and challenges that result in inequities for migrants and their families. To the best of our knowledge, no formal analysis of current return migration policies in Mexico has been conducted. We adopted a multi-scalar approach to examine return migration policies in Mexico. This approach allowed us to interrogate the ways that diverse social locations inform individual, family, and community experiences of return migration and to draft recommendations for improving policy language and practices.

Materials and Methods

Design

We conducted a critical analysis of Mexico's return migration policies. To complete this evaluation, we drew from intersectionality-based policy analysis (IBPA) (Hankivsky et al., 2014) and multi-scalar intersectionality (Mahler et. al., 2015). Scaling intersectionality allowed us to examine the influence of return migration policies in Mexico across both social (individual, family, community) and geographical (local, national, transnational) scales. The IBPA is a policy analysis method founded on the principles of social justice and equity that helps with evaluating policy documents. The IBPA has two core components: A set of guiding principles and overarching questions that help shape the analysis. The guiding principles include intersecting categories; multilevel analysis; power; reflexivity; time and space; diverse pieces of knowledge; social justice; and equity (Hankivsky et al., 2014). The group of questions is both descriptive and transformative. The descriptive questions aim to explore current policy responses and identify disadvantages, whereas the goal of transformative questions is to promote equity-focused interventions to improve policies (Hankivsky et al., 2014).

Drawing from intersectionality allows researchers to provide greater insights into inequities within policies, which can serve to inform policymakers to create more equitable policies that meet the needs of individuals, families, and communities (Hankivsky et al., 2010). Some critical policy analyses that have drawn from intersectionality have been undertaken to reduce injustices for Indigenous women in segregated prisons (Prevost & Kilty, 2020), in Indigenous food sovereignty (Phillipps et al., 2022), and to increase equity in mobility in India (Kakar et al., 2021). Return migration in Mexico is impacted by cross-border dynamics; hence, it was deemed necessary to examine various units of analysis across social and transnational scales.

By taking this approach, we were able to analyze policies at the individual, couple, family, community, and transnational levels.

For this critical policy analysis, it was important for the researchers to engage in reflexivity practices. This is a complex process that consists of acknowledging that our privileges and disadvantages may influence the policy analysis. Authors of this article hail from backgrounds of activism and feminist intersectional awareness. We approached this policy analysis as feminists, immigrants, registered nurses, and sociologists with many years of activism and human rights work experience in the United States, Mexico, and Canada. I, lead author, was born in Veracruz, Mexico, grew-up in Texas as an undocumented migrant, and later returned to study nursing in Mexico. As a person of color, openly gay man, highly educated, and transnational migrant, I advocate for social justice and community progress. For this study, we followed a three-phase iterative approach to this policy analysis:

Phase 1

In 2021–22, we located return migration policies through a search on official government web pages related to migration in Mexico. The lead author, a graduate-trained nurse in Mexico and Canada, conducted the search. Using the terms “Migración de Retorno [Return Migration]” OR “Retornado [Returnee]” OR “Deportado [Deported]” OR “Desterrado [Exile]” OR “Expatriado [Expatriated]” OR “Repatriado [Repatriated]” AND “Mexico,” three web pages were scrutinized: Unidad de Política Migratoria, Registro e Identidad de Personas [Immigration Policy, Registration, and Identity of Persons Unit], Diario Oficial de la Federación [Official Journal of the Federation], and the Instituto Nacional de Migración [National Institute of Migration [NIM]]. Some of the web pages provided additional links to the policy documents. We retrieved 20 documents the Mexican government made accessible online that focused on return

migration opportunities. The currency of these documents was validated through a phone conversation (Jan. 24th, 2022) and email inquiries (Jan. 31st & Feb. 4th, 2022) with Mexico's Human Rights Commission and the NIM. The Mexican Consul in Calgary and the Deputy Director of Human Repatriation of the NIM provided information on the current return migration policies in the country, including PowerPoint slides related to the 20 policies. Additionally, email and phone inquiries about existing return migration policies in Veracruz were made with the Dirección General de Atención a Migrantes; no state policies exist; this migration office works under national policies.

Phase II

To achieve an in-depth analysis of the return migration policy, we conducted a detailed line-by-line evaluation of the documents. The IBPA's principles of time and space, equity and justice, and intersectional categories guided our analysis (Hankivsky et al., 2014). We relied on the descriptive question: "What are the current policy responses to the re-integration of return migrants in Mexico?" In addition, the transformative questions were as follows: 1) "What inequities exist concerning the return migration policy in Mexico?" and 2) "Where and how can interventions be made to improve the re-integration of return migrants in Mexico?" The IBPA helped us uncover complexities that may lead to specific inequities for return migrants. We, also, conducted interviews with people impacted by these policies; the findings helped inform the transformative reading of the policies. We organized our findings through a multi-scalar approach to highlight social locations, social units, and geographic scales as these corresponded to aspects of the policies being reviewed.

Phase III

To gain a deeper understanding of return migration policies, we interviewed people directly impacted by these policies. The data came from a larger critical ethnographic study on the reunification experiences and health needs of women who stay behind and return migrants. We report information related to participants' feedback on the policies. Twelve male returnees, 20 women, 12 community leaders, and six health-care providers were recruited using purposeful sampling from Agua Dulce, a small community high in international migrants in Veracruz. On average, women were 40.75 years of age at the time of the interview, and returnees were 39.88 years. Based on women's responses, on average, migrants had returned to Agua Dulce 7.63 years ago, had been abroad 8.85 years, and 85% of migrants held an undocumented status in the host country, and only 5% had been deported. Some interviews were conducted via phone and others face-to-face. Interviews were conducted in Spanish, audio-recorded with previous informed consent, transcribed verbatim, and analyzed using thematic analysis (Maguire & Delahunt, 2017) with the aid of NVivo software. Findings from the larger study led to the multi-scalar intersectional framework used in this policy analysis. We adhered to the COVID-19 measures the Canadian and Mexican governments had put in place, including wearing face masks, maintaining social distancing, and conducting COVID-19 assessments 24 hours before the interviews (Appendix L). This study received ethics approval from the University of Alberta Research Ethics Office (Pro00106680) and informed consent was obtained from all study participants.

Results

Our initial scan yielded 59 policy documents; eighteen were immediately discarded, as they did not focus on return migration. Twenty-one policies were excluded at the full-text review stage because they focused on visiting migrants or were offered by non-governmental institutions. Twenty policy documents were included in the analysis **(**Commission of Border

Health, 2016; GM, 2023a; GM, 2023b; GM, 2023c; GM, 2023d; NIM, 2018; NIM, 2021a; NIM, 2021b; NIM, 2022a; OJF, 2021). These policies were part of more than 10 government offices, including the National Migration Institute and the Health Secretariat (Figure 4).

Table 3 and Table 4 provide an overview of the 20 policies included in this analysis: the responsible governmental office, the aim of the policies, and the area of focus. Twenty-four sources were located regarding the 20 policies: these included web pages, PDFs, and infographics. Additionally, the Mexican Consul in Calgary and the Human Repatriation Program Liaison Deputy Director of the NIM provided information regarding the ISCARF policy through a PowerPoint presentation and informative emails.

tion

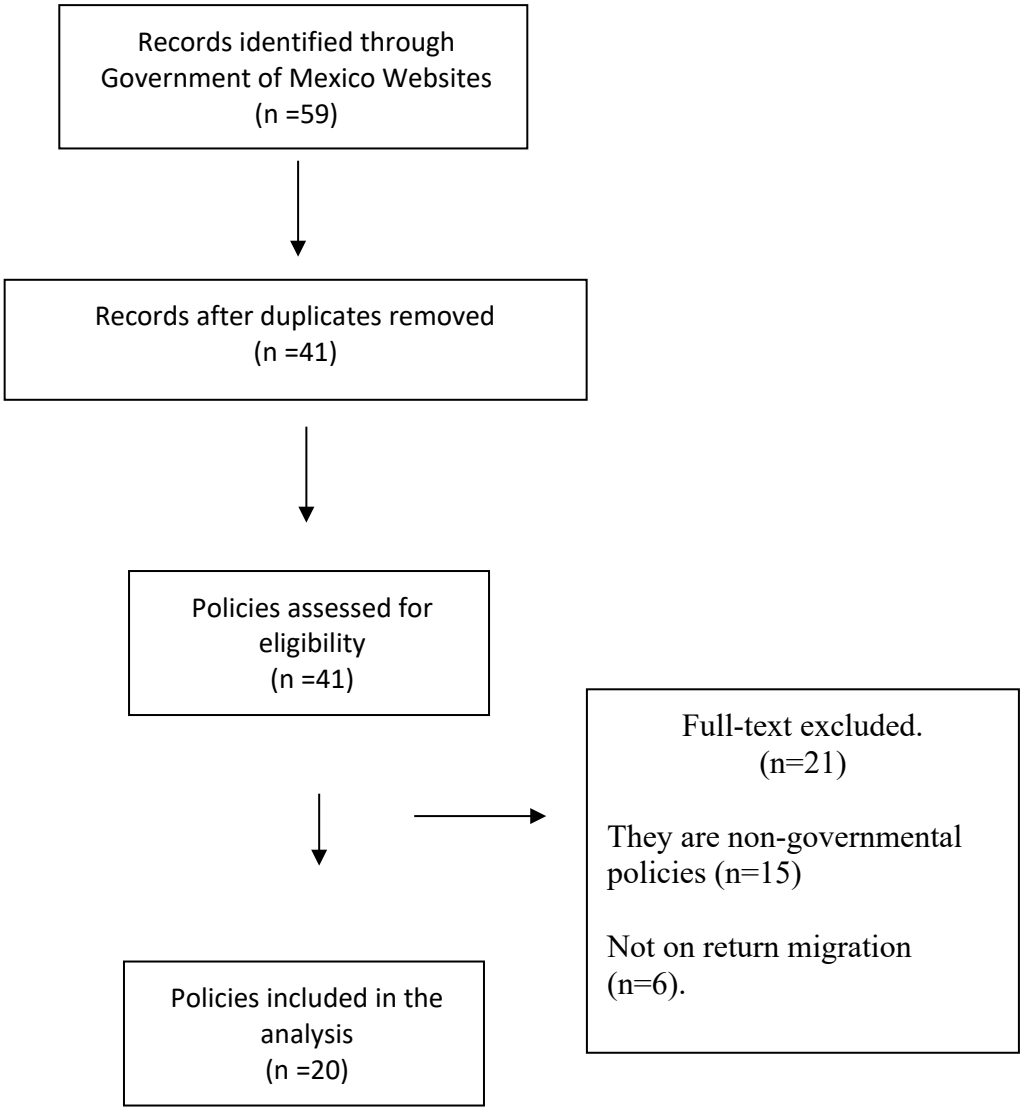

Figure 4 PRISMA Flow chart, Return Migration Policies in Mexico (Moher et al., 2009)

Table 3

Return Migration Policies in Mexico

Policy	Responsible Department(s)	Aim	Area(s) of focus
1. Repatriated Persons in situation of vulnerability	Secretariat of Foreign Relations	To offer advice and support to repatriated Mexicans.	a
2. We are Mexicans	National Institute of Migration	To offer Mexicans who have voluntarily or involuntarily returned to Mexico a comprehensive social integration.	a,b,c
3. Interinstitutional Strategy for Comprehensive Attention to Returning Migrants and Families	The National Institute of Migration, National Customs Agency of Mexico (ANAM)	To provide Mexican returnees support during the three phases of return migration: Departing the host country, and reception and reintegration phases in Mexico.	a,b,c
4. Comprehensive Health Care Module for Repatriated Migrants in the Northern Border	United States-Mexico Border Health Commission, Mexican Health Secretariat	To contribute to the protection of the health of the returning migrant.	b
5. Repatriation Program	Instituto Nacional de Migración [National Institute of Migration	To achieve the reintegration of the repatriated Mexican population.	a,b,c
6. Build your Future Here	Secretary of Labor and Social Welfare	Implement the Youth Program Building the Future at the national level among young people between the ages of 18 and 29 who neither study nor work, to increase their employability.	c
7. Temporary CURP (Identification) with photograph for return migrants	National Registry of Population and Identity (RENAPO) / Ministry of the Interior (SEGOB).	To guarantee the right to identity of all people.	c
8. Training aligned to competency standards	National College of Technical Professional Education (CONALEP)	To offer training aligned to competency standards.	c
9. Evaluation for the purpose of certifying competencies	National College of Technical Professional Education (CONALEP)	To offer credential assessment for the certification of skills.	c
10. Educational offer	National College of Technical Professional Education (CONALEP)	To offer 63 technical majors.	c

Note: a: Departure of host country; b: Entry to Mexico; c: Integration to Society

Table 4

Continuation of Return Migration Policies in Mexico

Policy	Responsible Department(s)	Aim	Area(s) of focus
11. Dissemination of information for access to preschool, primary and secondary education services	General Office of Accreditation, Incorporation and Revalidation (DGAIR-SEP).	To promote the right to education through school control regulations and the development of posters and infographics.	c
12. Education without borders	National Institute for Adult Education (INEA)	To provide educational services to people aged 15 and over.	c
13. Mexico recognizes your experience	National Council for Standardization and Certification of Labor Competencies – CONOCER. Secretary of Public Education.	To certify labor competencies of repatriated Mexicans.	c
14. Open High School	Secretariat of Public Education	To allow return migrants to start, continue or finish their high school education.	c
15. Tools to undertake in Mexico	Productive Development Unit. Economy Secretariat.	To offer free training, linking resources, and financing options.	c
16. Authorization for the importation of household good during the sanitary emergency generated by SARS-COV2 (COVID-19)	Tax Administration Service (SAT)	To allow the importation of household goods.	a
17. Debit account for migrants	Welfare Bank, National Credit Society, Development Banking Institution	To offer financial inclusion to migrants.	c
18. Guide: it's better to be prepared, take care of your heritage and the integrity of your family	National Commission for the Protection and Defense of Service Users Financial (CONDUSEF)	To guide compatriots on the rights and alternatives they must preserve their assets, protect their heritage, and if necessary, transfer their money.	a,c
19. Information for returned and returning Mexican women	National Commission of the Retirement Savings System (CONSAR)	To guide, receive and respond to requests for information from repatriated and returning Mexicans that allows them to know whether they have retirement savings in Mexico.	c
20. Promotion and dissemination of the importance of the registration of industrial property rights to Mexicans	Mexican Institute of Industrial Property (IMPI)	To promote and disseminate the importance of the registration of industrial property rights among return Mexicans.	c

Note: a: Departure of host country; b: Entry to Mexico; c: Integration to Society

Table 5

Identified Social Locations in Return Migration Policies in Mexico

Policies	Availability of Documents	Health Status	Disability	Age	Gender	Indigeneity
1. Repatriated Persons in situation of vulnerability	Secretariat of Foreign Relations' (webpage)	+	+	+	-	-
2. We are Mexicans	a. Official Gazette of the Federation (PDF)	-	-	-	-	-
	b. National Institute of Migration (infographic)					
3. Interinstitutional Strategy for Comprehensive Attention to Returning Migrants and Families	a. Official Gazette of the Federation (PDF)	+	-	-	+	+
	b. National Institute of Migration (webpage)					
	c. Provided by the Consul of Mexico in Calgary, Canada (PPT)					
	d. Provided by the Deputy Director of the Human Repatriation Program of the NIM (email)					
4. Comprehensive Health Care Module for Repatriated Migrants in the Northern Border]	Border Health (webpage)	+	-	-	-	-
5. Repatriation Program	National Institute of Migration (Webpage)	-	-	-	-	-
6. Build your Future Here	Secretariat of Labor and Social Prevision (Webpage)	-	-	-	-	-
7. Temporary CURP (Identification) with photograph for return migrants	Migration Policy Unit, Registration, and Identity of Persons (webpage)	-	-	-	-	-
8. Training aligned to competency standards	Migration Policy Unit, Registration, and Identity of Persons (webpage)	-	-	+	-	-
9. Evaluation for the purpose of certifying competencies	Migration Policy Unit, Registration, and Identity of Persons (webpage)	-	-	+	-	-

Note: (-): Not identified; (+): Identified

Table 6

Continuation of Identified Social Locations in Return Migration Policies in Mexico

Policies	Availability of Documents	Health Status	Disability	Age	Gender	Indigeneity
10. Educational offer	Migration Policy Unit, Registration, and Identity of Persons (webpage)	-	-	+	-	-
11. Dissemination of information for access to preschool, primary and secondary education services	Migration Policy Unit, Registration, and Identity of Persons (webpage)	-	-	+	+	-
12. Education without borders	Migration Policy Unit, Registration, and Identity of Persons (webpage)	-	-	+	-	-
13. Mexico recognizes your experience	Migration Policy Unit, Registration, and Identity of Persons (webpage)	-	-	-	-	-
14. Open High School	Migration Policy Unit, Registration, and Identity of Persons (webpage)	-	-	-	-	-
15. Tools to undertake in Mexico	Migration Policy Unit, Registration, and Identity of Persons (webpage)	-	-	-	-	-
16. Authorization for the importation of household good during the sanitary emergency generated by SARS-COV2 (COVID-19)	Migration Policy Unit, Registration, and Identity of Persons (webpage)	-	-	-	-	-
17. Debit account for migrants	Migration Policy Unit, Registration, and Identity of Persons (webpage)	-	-	-	-	-
18. Guide: it's better to be prepared, take care of your heritage and the integrity of your family	Migration Policy Unit, Registration, and Identity of Persons (webpage)	-	-	-	-	-
19. Information for returned and returning Mexican women	Migration Policy Unit, Registration, and Identity of Persons (webpage)	-	-	-	+	-
20. Promotion and dissemination of the importance of the registration of industrial property rights to Mexicans	Migration Policy Unit, Registration, and Identity of Persons (webpage)	-	-	-	-	-

Note: (-): Not identified; (+): Identified

Focus of Return Migration Policies

Of the 20 policies included in this analysis, some explicitly targeted education (n=7), identity (n=1), labor (n=2), and finances/economy (n=5). Migration policies in Mexico are aimed at assisting individuals and families returning to their places of origin after living and working abroad for at least six months. These policies mostly target deported migrants from the United States. All programs fit into one or more of these areas of focus: Facilitating migrants' departures from the host countries (n=6), easing their entry to Mexico (n=3), and assisting returnees to reintegrate into their communities (n=17). Mexican consulates and embassies in host countries execute actions directed at migration, whereas the NIM manages the reception and re-integration, along with other government entities, including the National Institute of Women and the Secretariat of Labor and Social Provisions. Importantly, return migration is classified into repatriated persons (migrants deported by immigration officials in host countries) and returnees (migrants who return on their own for different reasons) (NIM, 2022a; OJF, 2021).

Inequities in Current Return Migration Policies

The returnees' social locations of gender, age, indigeneity, disability, and health status were not explicitly present across all the policy documents (Table 5 and Table 6). The lack of resources and services for the health needs of return migrants and their families was also noted by the researchers The literature shows that health needs include unmanaged chronic illnesses like arterial hypertension and diabetes type II, mental health conditions like anxiety, stress, and depression, and sexually transmitted infections such as syphilis, human papillomavirus, and HIV (Escamilla, 2021; Fernández-Sánchez et al., 2022). As only a few policy documents acknowledge migrants in relatively greater situations of vulnerability and disadvantage, specific solutions are not identified. Similarly, return migrants' receiving families and communities are

often not considered in their re-integration into society. We highlight two areas of opportunity in return migration policy: The need to acknowledge the diversity of return migrants and the importance of involving receiving families and communities in returnees' re-integration processes. The following section details identified gaps in return migration policies in Mexico; these disadvantages and inequities are further illuminated using interview data.

The dimensions of age (n=6), disability (n=1), gender (n=3), and indigeneity (n=1) are largely not addressed in current return migration policies in Mexico. For instance, some policies, like the ISCARF, have statements that support gender diversity, including the following: "implement concrete actions for gender equality among men and women, promote a gender perspective, and eliminate violence against women, adolescents, and girls"; however, gender is reduced to women and men, and largely excludes nonbinary and other gender-diverse people. An increase in age among return migrants in Mexico has also been reported (Calva-Sánchez, 2022). This is important, as these populations may face specific challenges regarding return and re-integration into Mexican societies.

Deported versus Voluntary Returnees

Return migration policies in Mexico tend to treat migrants' experiences as simplified by their binary grouping (deported vs voluntary, woman vs man). Policies are designed to include migrants who return through intended and unintended routes; however, the IBPA principles of equity and justice challenge the notion that voluntary and forced returnees are equally benefited by the policies. Most of the return migration policies we studied assumed that migrants who return other than through deportation choose to do so, but many return due to unforeseen circumstances or an unanticipated turn of events. This overlap between voluntary and involuntary return is not reflected nor addressed in the policies. While we acknowledge that deported migrants may

experience several traumatic events that voluntary returnees may not experience, such as detention, incarceration, and removal, research has shown migrants who decide to return to their places of origin on their own may be vulnerable (Organization for Economic Cooperation and Development [OECD], 2020). A study involving 11 countries reported challenges in the process of integrating into host countries; undocumented status, deteriorating health status, and lack of employment were among the reasons for returning (OECD, 2020). Based on interview responses, migrants who voluntarily returned to Agua Dulce considered their health status, unemployment, and reaching their migration goals as factors for leaving the host country. Hence, we must consider that a voluntary return may not always indicate an easier path. Here, two participants spoke about how their lack of adaptation to the host society and poor work conditions led to health problems, which in turn influenced their decision to return to Agua Dulce:

> I never got used to living there. It was for that very simple reason that I came back because I got sick. It's better to have people say, 'here he ran away' than 'here he died.' Let's go! I got sick, and, when I arrived at Agua Dulce, I was diagnosed with colitis.
>
> *Mario, returnee*

> When I went to Texas, I suffered from asthma. I worked with glass fiber, and it made it worse for me. Daily, I felt like I was suffocating badly. It was killing me inside, and that was when I decided to return.
>
> *Jesús, returnee*

Health and Quality of Life of Return Migrants

Among the policy documents under scrutiny, 17 do not consider health status. Following the principle of intersectional categories, we recognize migrants' social locations cannot and must not be understood as a singular category but rather as complex and interlocking (Hankivsky et al.,

2014). A stakeholder discussed how not only did an undocumented status, age, and gender often affect the migrant's health while abroad, but also the health and wellbeing of their families in Agua Dulce.

> For example, I knew a very close person. This person migrated to the U.S from a very young age, and with time he got sick there, unfortunately, he suffered from renal failure. He was married, had two children and, unfortunately, he left two children behind, and his wife practically raised the boys. Sometimes they [returnees] leave Agua Dulce to live a dream and, unfortunately, no one knows whether they will return or not.
>
> *Stakeholder*

A second stakeholder described how sexually transmitted infections acquired abroad by return migrants also affect families in Agua Dulce:

> They [returnees] come from there [abroad] and, as women, we just wait for them, but we don't know how they behaved there all these years. They come back, and sometimes they infect people. I know of a case where the man came from the other side [abroad] and the lady got sick; he gave her papilloma [human papillomavirus], and she did not know.
>
> *Stakeholder*

A returnee and a community leader shared the difficulties accessing healthcare in Agua Dulce:

> When I returned to Agua Dulce, we stopped going to private doctors, because we couldn't pay the costs. Instead, we go to the community clinic, but it is not the same service. We must wait in line, and sometimes we don't get service. Many people have died from medical emergencies in Agua Dulce due to the lack of health services.
>
> *Juan, returnee*

> I wish the clinic would treat everyone equally, they prioritize pregnant women and people with diabetes. Doctors don't want to treat other illnesses because they never have time. Once, I went in for a headache and the doctor said he was busy, he told me to get a pain killer. That's why I never go to the clinic because I need to have diabetes or be pregnant.
>
> *Stakeholder*

Exclusion of Receiving Families and Communities

All the analyzed policies mention family as an essential part of the re-integration of return migrants. For instance, the ISCARF policy references "family reunification is one of its key axes, enshrined in national legislation, the policy takes the family into account, and it strengthens the re-integration of receiving communities, these are necessary conditions for the optimum development and welfare of migrants" (OJF, 2021). Nonetheless, beyond general statements about family, the policies do not explicitly address the roles of receiving families and communities in returnees' re-integration exists, or ways that they might be supported.

In Mexico, like in other countries, families play a vital role in migrants' lives, including their decisions to migrate and return (Fleischer, 2008). The ISCARF policy states "To strengthen the public policy of the Mexican State oriented to the re-integration of Mexican families upon repatriation or return " (OJF, 2021). However, this reference to the family is not inclusive of receiving families and is contradictory to the earlier claim about the importance of family. The information retrieved from interviews in Agua Dulce supports the exclusion of receiving families and communities. Most participants were unaware of the policies.

> Here in Agua Dulce, I have not seen support for families like ours. If they exist, perhaps we would have to go to the Development of the Family (DIF) to receive guidance.
>
> *Yesenia, woman*

> No, I've never received any support from the government. I do not remember accurately, but I think the government gave support for immigrants who came back, I believe, but no, no, I am not sure.
>
> *José, returnee*

> I am sure that there are some out there [services and supports]. Here [Agua Dulce], unfortunately, there aren't any.
>
> *María, woman*

The exclusion of receiving families and communities from returnees' re-integration processes can be damaging. The principles of time and space bring relationship and health issues to the forefront for returning individuals and their families. For instance, data from women participant (n=20) in our research highlighted that, on average, couples separate 1.7 months after initiating their relationship (moving to live together) in Agua Dulce, and migrants were away continuously for 8.3 years on average, indicating that couples in our study separated early in their relationships and were apart for long periods. Several scholars have found that sexual health concerns among reunited couples may arise, particularly HIV transmission from male migrants to their female partners who stay behind (Qin et al., 2009). This was also discussed in our interviews. A community health-care provider explained the complexities of return migration, alluding to age, gender, and health status, as well as the impact across time at the individual, couple, family, community, and transnational levels:

> I recall a case of a couple whose husband migrated to work in the U.S., and he returned sick. Eight months later, he tested positive for HIV. He was sent to the city of Poza Rica for treatment, but he didn't go. A year and a half later he died. The lady tested positive for HIV, and a year later she also died. Their son stayed behind in the care of the aunt. He

> was malnourished, and physically neglected. Two years later, the little boy died. The child was not to blame, nor the wife. Migrants go to work, and that's great, but many get involved with alcohol, drugs, women, and then they come back defeated. They come without money, they come sick, and here are the women waiting for them.
>
> *Healthcare provider*

Return migration policies in Mexico may not be fully capturing the complexities of the re-integration process. Services and resources such as standard health screening practices are not tailored to the diverse needs of return migrants and receiving families and communities; it is assumed these groups share similar experiences. However, the principle of intersectional categories and equity underlines that multiple social locations create unique challenges (Hankivsky et al., 2014). Interview data shed light on the needs couples have upon reunification, such as access to health services, employment opportunities, and couple counseling; a stakeholders spoke about how gender relations upon reunification are woven into the social, economic, cultural, political, and health contexts at the local and transnational levels:

> Migrants return arrogant, only because they bring a few dollars. But when the money runs out, the women think they are a burden. I've seen physical violence due to women or men's infidelity. That's the main reason for violence- infidelities that lead to separation.
>
> *Stakeholder*

> When migrants return, they are no longer accustomed to the sun, the extreme heat, and not having an air-conditioner. They don't adapt well, and they become grumpy and angry. That's when couples collide and decide to separate.
>
> *Stakeholder*

Discussion

This critical policy analysis was undertaken to examine the return migration policies in Mexico. Our evaluation suggests that as most policies fail to address the diversity of return migrants and the intersecting health and familial effects across multiple scales, they are ill-equipped to address the needs of return migrants in Mexico. The IBPA framework and a multi-scalar approach helped underline specific inequities which are discussed further below: The diversity of return migrants and migration experiences and the exclusion of receiving families and communities.

Attending to the Diversity of Return Migrants

Return migration policies are written in a simplistic form that largely ignores the diversity of return migrants. Policies need to be developed in ways that acknowledge that returnees' intersecting social locations often shape migrants' opportunities and constraints. This includes policies that attend to Mexicans returning home and their families, avoid reliance on dichotomous categorization (e.g., deported vs. voluntary, man vs. women), and seek to redress intersecting forms of oppression that shape return migration (i.e., colonialism, racism, sexism). For instance, a return migration policy in Colombia, Acompañamiento al Retorno [Accompaniment to the Return], classifies return migration into four types: solidary return (victims of violence or extreme poverty), humanitarian return (people at physical, social, economic, health, or personal risk), labor return (Colombians returning for work purposes), and productive return (returnees seeking to start their own projects) (Cancilleria, 2022). Other researchers have suggested differences in types of returnees; return of failure (Cerase, 1974), transgenerational return (Durand, 2006), forced return by deportation or unemployment (Mestries, 2013), and accompanied binational return (Canales & Meza, 2018). Avoiding

dichotomous language acknowledges the diversity of return migrants while placing equity at the center of policies.

Services and resources included in policy initiatives need to be inclusive of migrants returning to non-border states. Twenty-seven Mexican states are struggling to access services provided through return migration policies. The ISCARF policy mentions 11 repatriation offices distributed across five border states: Baja California, Sonora, Chihuahua, Coahuila, and Tamaulipas (NIM, 2022b). Interestingly, recent data indicate that the top ten states with the highest rates of international migration are non-border states like Oaxaca and Guerrero (Consejo Nacional de Población et al., 2022). Many of these states correspond to Mexico's most underserved populations in terms of education and economic growth (Consejo Nacional de Evaluación de la Política de Desarrollo Social, 2019; Fernández-Sánchez et al., 2020a). The reason behind placing migration offices along border states may be high deportation rates from the United States, yet deportees and other voluntary returnees may be flying in or using the southern border to enter the country. Even though some states, like Veracruz, have general migration offices, their web pages display only services offered to repatriate sick or deceased migrants, as well as services aimed at helping returnees obtain identification cards. Services related to social, economic, education, and health needs mentioned in the analyzed policies are absent. It is unclear in most policies how these services are to be made available to returnees in states such as Veracruz, thus creating disadvantages and inequities for returnees from these states.

The return of Mexican migrants must be understood as a complex phenomenon across time, space, and context. Among others, this could include the social, political, and cultural contexts the returnee is coming from and to; reasons for returning; amount of time the migrant

has been away; returnee's health status; family status; migration status abroad; community location; and diverse and intersecting social locations (i.e., age, gender, race). Currently, most policies are framed as a simple one-way type of returnee: a deported Mexican from the United States who integrates into the labor, economic, or educational markets. This one-dimensional approach largely excludes diversity in returnees and receiving families and communities. These are critical gaps given that others return for additional reasons and from other countries, and migrants may reunite and integrate with their families and communities. When the above are considered, policies can be written in ways that include the often excluded, leading to more equitable policies. This can be achieved by following an intersectional-based structure. It includes modifying how policies are framed to be more inclusive, such as by acknowledging that return migration has a direct impact on receiving families and communities; guaranteeing resource availability; indicating who, how, and where services and resources will be delivered to non-border states; incorporating returnees' receiving family members into the reunification and re-integration phases of the policy; integrating an intersectional, equity-based approach to the policies; collaborating with end users, researchers, and governments that host large numbers of Mexican nationals, such as the United States and Canada; and incorporating Mexicans coming from countries other than the United States (Lam & Mattson, 2020). This last one is crucial, as previous research has noted that migrants' re-integration into home societies is influenced by contexts and values of host countries (Girma, 2017; Hagan & Wassink, 2020).

Attending to Receiving Families and Communities

Families and communities that receive return migrants in Mexico do not benefit from current return migration policies. Migration research and policy have largely focused on the importance of family and community during the pre-migration and re-integration phases,

including the arrival of migrants to host countries (Borjas & Stephen, 1991; Fernández-Sánchez et al., 2020b; Halpern-Manners, 2011). Most recently, scholars have studied the role of receiving families and communities in return migrants' re-integration into society, as well as the impact of return migration on the social, political, economic, cultural, and health schemes of families and communities (Fleischer, 2008; Herrera & Montoya Zavala, 2018; Zevulun et al., 2015). This body of literature highlights conflict with the family upon reunification and challenges with re-integration, mainly due to the traditional patriarchal culture's influence in receiving societies, returnees' lack of employment, difficulties with meeting family and societal expectations, weak governance of home countries, and a lack of return migration policies (Fernández-Sánchez et al., 2022; Herrera & Montoya Zavala, 2019; Setrana & Tonah, 2014). Thus, we recommend receiving families be supported in return migration policies by providing counseling and educational resources, including access to sexual health education (IOM, 2022).

Feasible Solutions

We propose a series of feasible solutions to the inequities identified in this critical policy analysis. Policymakers in Mexico should develop return migration policies informed by the best available evidence. We suggest modifications can be achieved by providing a brief report of this policy analysis to key policymakers; determining who to influence in the system to increase the chances of uptake; deciding how to make the policy adaptations; and establishing the best political time to move forward with policy changes. Solutions may involve identifying opportunities to improve return migration policies as outlined in our research and adjusting policies to benefit those that are largely excluded and ensuring that policies are implemented.

Data from national surveys and research studies can help with assessing the reduction of the inequities identified through this policy analysis. National statistic reports, such as Encuestas

sobre Migración en las Fronteras de México (EMIF, 2023) [Migration Surveys in Mexican Borders] and Encuesta del Instituto Nacional de Estadística y Geografía e Informática (INEGI, 2023) [Survey by the National Institute of Statistics and Geography], can feature data from returnees who benefit through return migration policies. These data can involve collecting social-political, migration, and health data from returnees. The information gathered can help us develop a broader overview of whether migrants who are returning through voluntary routes are taking advantage of the policies. Future research that evaluates whether policy changes increase the number of individuals, families, and communities being benefited is warranted. Research to design and implement interventions to increase policy uptake will support further refinements to policies.

Strengths and Limitations

This article provides the first critical analysis of return migration policies in Mexico. Following a rigorous approach, we identified inequities within the policies and discussed them in concert with interview data from a larger study of people directly affected by these policies in rural Mexico. However, there are some limitations to this work. We did not interview children or other close relatives, who are important family members. Given that policies under scrutiny had a narrow focus on gender, we did not include those who identified as being of other genders or sexual orientation. Therefore, future studies should involve close relatives to learn about their perspectives in return migration. In terms of lived experiences of gaps in policy, there might be issues specific to Veracruz that do not necessarily bear out in other Mexican states. Therefore, studying how these policies are implemented in practice is necessary. Based on the preliminary intersectional findings in this policy analysis, it is worth studying the interaction among gender, age, and indigeneity as an important factor for health and family experiences.

Conclusions

This article examines return migration policies in Mexico through a critical lens. Based on our findings, return migration policies in Mexico require a more comprehensive and inclusive approach, where the needs of return migrants and community members are considered based on their diversity. For instance, policies could incorporate family support groups and access to preventive testing, such as HIV and COVID-19 for returnees and their families. Moreover, more critical research is urgently needed to unravel hidden inequities among migration policies in Mexico. Addressing inequities in return migration policies will contribute to solutions that help reduce or eliminate lived inequities and promote a social justice agenda. Overall, we advocate for inclusive migration policies that consider the diversity of returnees and how they experience the re-integration and reunification processes.

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Chapter Five

Reinforcing, Negotiating and Resisting Gender Norms among Reunited Couples in Mexico: An Intersectional Critical Ethnography

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Abstract

Purpose: We examined the reunification experiences and gender dynamics of reunited Mexican couples post-migration, and the intersections that shape those experiences. **Setting:** The study was conducted in Agua Dulce, a rural community in the municipality of Papantla, Veracruz, Mexico. **Methods:** Between January-July 2021, we conducted a critical ethnographic study guided by intersectionality theory. We interviewed women who stayed behind (n=20), return male migrants (n=12), health care providers (n=6), and community leaders (n=12). This data was complemented by observation and a policy analysis. Data was analyzed using thematic analysis using NVivo software as aid. **Findings:** We found that the intersection of *age, gender, and employment status* influenced gender relations among reunited couples postmigration. Couples reinforced, negotiated, and resisted preestablished gender norms in Agua Dulce. The findings suggest that women have the capacity to act on the relationship pathway upon the return of their migrant partners at the dynamic intersection of *age, gender, and employment*. These must be understood against the backdrop of gender norms in the study context. **Conclusions:** This article provides an important theoretical contribution to research and policy. The contribution of this research lies in the rich intersectional understanding of how and why relationships are affected in different ways depending on intersecting factors across the pre-, during, and post- migration experience. Policymakers and stakeholders can use it to identify ways to enhance women's agency.

Keywords: critical ethnography; gender; intersectionality; Mexico; return migration

Introduction

Globally, return migration and family reunification has gained economic, social, and political interest. Despite the travel restrictions, lockdowns, and limited consular services that resulted from the COVID-19 pandemic, the International Organization for Migration (2020) reported that many migrants who lost their jobs in host countries returned to their places of origin. In Mexico, there was a 71.2% increase in return migration from 2021 to 2022 (Government of Mexico, 2022). This number reflects only deported Mexicans from the United States, thus excluding migrants who returned voluntarily and those who returned from other places.

A recently published literature review on return migration to Latin America and the Caribbean highlighted the challenges return migrants face postmigration (Fernández-Sánchez et al., 2022b). The lack of access to public services and employment opportunities are some of the struggles faced by return migrants. These difficulties are often shaped by the social, political, and cultural contexts in which returnees integrate. Although most research in this review focused on deported migrants from the United States, migrants also return voluntarily due to difficulties adapting to the host country, language barriers, undocumented immigration status, family bonds, and already accomplishing migration goals, such as building a house. Research on return migration often fails to explore the impacts of return migration on the social, political, cultural, health, and family schemes of receiving families and communities.

Family fragmentation following the return of the migrant partner has been documented in the literature on return migration globally (Haas & Rooij, 2010; Kunuroglu et al., 2021; Nwozor et al., 2022; Ullah, 2017), however, less is known on the topic in Mexico. Available evidence shows that conflict arises among reunited couples due to disagreements about women's roles and responsibilities (Haas & Rooij, 2010; Ullah, 2017), the lack of help from the returnee in house

chores (Fernández-Sánchez et al., 2020b), adjustment and adaptation crisis (Nwozor et al., 2022), and integration concerns with the community (Kunuroglu et al., 2021). Despite the multiple challenges reunited families face, there is a shortage of evidence on root causes and implications of post-reunification changes in gendered roles and dynamics of reunited couples.

Based on the above-mentioned gaps on return migration in Mexico, this research focused on the reunification experiences and gender dynamics of reunited Mexican couples post-migration. We examined the social, cultural, economic, and political factors that intersectionality shapes those experiences. Given that reunification experiences may vary across intersecting social locations and levels of complexity, we used intersectionality as an informing lens to critically interpret research findings. We found that women exercise their agency to varying degrees depending in part on age. Despite the prevailing machismo culture (male dominance, hyper-masculinity) of Agua Dulce, women at the intersection of age*, gender, and employment status* are capable of resisting and negotiating their roles and responsibilities, and relationship pathways. Some couples decide to continue their relationships, others decide to end it, and a smaller group end their romantic relationship but continue to live together with agreed upon arrangements. This article provides an important theoretical contribution to research and policy. The contribution of this research lies in the rich intersectional understanding of how and why relationships are affected in different ways depending on intersecting factors across the pre-, during, and post- migration experience. Policymakers and stakeholders can use it to identify ways to enhance women's agency.

Intersectionality

Intersectionality originated from Black Feminist thought and liberation movements against inequalities experienced by women across the globe (Collins, 2006; Crenshaw, 1989; Salem, 2018). The term intersectionality was officially presented by Kimberly Crenshaw, an

African-American lawyer and scholar, who examined the intersection of gender and race among women of color in the United States (Crenshaw, 1991). Intersectionality has been considered a method, theory, paradigm, and perspective (Caiola et al., 2014; Collins, 2015). For this study, we utilize intersectionality as a framework to understand complexity about relations of power and inequality among and within groups and, especially, to highlight the differing experiences of reunification based on the interaction between *age, gender, and employment status* across time. The research question was developed to include multiple key informants in one rural Mexican community to gain deeper insights into the return migration phenomenon: what are the reunification experiences and gender dynamics of reunited couples post-migration in Agua Dulce, Mexico?

As intersectional researchers, we position ourselves within this research. The research team was composed of three registered nurses and a sociologist- academics in the field of migration, health, gender, and intersectional inquiry in Mexico, Canada, and the United States. I, the lead author, was born in Mexico, spent my childhood and adolescence in the United States as an undocumented migrant, and later returned to Veracruz to receive my higher education. I am now back living in the United States as an openly gay man who is committed to advocating for women's and migrants' rights, as well as issues of social justice. I have served on boards and been an active member of several social justice groups and charity organizations in Mexico, including the Front for the Life and Rights of Women in Veracruz and the Citizen Comptrollers Committee of the General Office of Migrant Services of the State of Veracruz.

Methods

Design

We completed a critical ethnography between January 2021 and May 2022. This research design is grounded in critical social theory, and it is employed to support emancipatory purposes

by providing broader insights into the social-political, cultural, and economic structures and systems of power relationships within a specific context (Cook, 2012; Madison, 2020; May, 1997; Thomas, 1993). Critical ethnography is a research design that assumes that all cultural groups produce intersubjective realities that are constantly being built and rebuilt as they are lived and experienced (Foley & Valenzuela, 2008). This design does not focus on verifiable facts, but rather it accepts that individuals can make sense of their reality which are often socially constructed and influenced by power relations from and within social systems (Madison, 2020; Jordan & Yeomans, 1995). A critical ethnographic approach allowed us to focus on equity, social justice, and power to further examine the reunification experiences of both women who stay behind, and their return migrant partners.

Study Location

For six months (January-July 2021), the lead author, a graduate trained nurse, lived in Agua Dulce, a rural community in Mexico. At this time, pandemic restrictions were implemented in the community, such as restricting visitors' entrance into the community and prohibiting large gatherings. The lead author's prolonged engagement in a community with numerous migrants allowed him to build trust, rapport, and strong relationships with key informants (Fernández-Sánchez et al., 2022b). Agua Dulce is in the municipality of Papantla, which is situated in the northern part of Veracruz; it is 10 km away from the city of Papantla. Veracruz continues to rank among the top 10 sending states for international migrants (Instituto Nacional de Estadística y Geografía e Informática [INEGI], 2020), and it is in the top 10 states with the highest poverty levels in Mexico (Statista, 2022). Agua Dulce is ranked number two in the municipality by population size. In 2020, more than 6,000 inhabitants were in Agua Dulce: 2,808 were men, and 3,207 were women (Pueblos de México, n.d.). According to this same document, that same year,

9.64% did not know how to read or write, and the average education level that its inhabitants achieved was sixth grade, and the primary source of employment is agriculture. Indigenous people (Totonacas) account for 3.92% of the total population, and 0.05% do not speak Spanish (Pueblos de México, n.d.).

Advisory Committees

Two advisory committees to the research team were established due to COVID-19 restrictions; one involved three women who stayed behind, and the other involved three community leaders. Committee meetings were held once per month between year, month - year, month to receive input on how to approach potential key informants, facilitate access to key informants, help with recruitment, review, and provide feedback on interview questions, and provide input on the findings.

Recruitment and Sample Size

Potentially eligible key informants were recruited using purposeful and snowball sampling (Palinkas et al., 2015; Speziale & Carpenter, 2007). These methods allowed us to select key informants based on their knowledge of reunification of migrant couples, as well as to locate others based on participant referrals. We implemented three successful strategies to recruit key informants: a) Members of the advisory committee and key informants referred and invited potential key informants to the research, b) two live presentations were delivered by the first author in local Facebook pages, and c) the mobile public address system was used (Appendix M). This last strategy involved a car going around the community with a loudspeaker informing about the study and contact information. We interviewed women who stayed behind (n=20), return migrants (n=12), health care providers (n=6), and community leaders (n=12).

Inclusion and Exclusion Criteria

Key informants were included if they met all the following criteria: Were reunited transnational couples, couples who began their relationship before the migration process, returnees who had been in Agua Dulce for at least a year, returnees who had the intention of staying in Mexico, and key informants who were at least 18 years old. Key informants were excluded if they were unable to provide informed consent due to cognitive impairment.

Data Collection

We used critical ethnographic interviews and participant observation to collect data. Some interviews were conducted via phone due to COVID-19 restrictions; once restrictions were lifted, the rest of the interviews were in person. We adapted a community office to assimilate a typical house living room to comply with a strict COVID-19 protocol. This included wearing facemasks, maintaining social distancing, having hand sanitizer available, disinfecting in-between interviews, and conducting a COVID-19 assessment via phone 24 hours prior to the interview. A woman researcher from Agua Dulce was hired to recruit, consent, transcribe data, and conducted most of the interviews with women key informants due to social norms dictating the interviewer be of the same gender as key informants. Each key informant was individually interviewed once in Spanish for 40-90 minutes. One-on-one meetings between the lead author and the research assistant were held at least once a week to discuss the interview process and study findings.

Following the principles of critical ethnography, the lead author acted both as a participant and as an observer in the research setting (Wolf, 2012). Participant observation involved immersing in the community by engaging in everyday life events like spending a day at work and engaging in outdoor celebrations. Ethnographic fieldnotes were kept to record

information about the reunited families being observed (Emerson et al., 1995). The lead author recorded the physical location where the observation took place (i.e., park, job sites), people involved, actions and behaviors, dates, times, and witnessed activities. By engaging in the community, the lead author learned about the gender roles and responsibilities of families and reunited couples, their communication patterns, and the relationship behaviors and affect.

Additionally, the lead author completed 18 face-to-face interviews with stakeholders from Agua Dulce. The stakeholders included three physicians, three nurses, and 12 chiefs of city blocks. These last ones are responsible for channeling health concerns between the community clinic and its members. We considered stakeholders who had held their positions in the community for at least one year; were able to provide consent; and were 18 years or older.

All key informants provided written consent and agreed to be audio-taped during the interviews after receiving explanations of the study goals. Data were collected using a semi-structured interview guide that the research team developed and that members of the advisory committee revised. The interview guide was informed by study objectives that were, in turn, established based on review findings on return migrants to Latin America and the Caribbean (Fernández-Sánchez et al., 2022b), as well as on women who stay behind in Mexico (Fernández-Sánchez, 2020) and in other countries (Fernández-Sánchez et al., 2020b). In general, the topics covered by the interview included the couples' lives pre-migration, during separation, and post-migration or upon return. We were interested in learning more about the couples' gender relations and health needs during these times, in particular, after being reunited. Interviews began in February 2021, and by the end of May 2021, data saturation had been reached. Data saturation in qualitative research indicates that data collection becomes repetitive, and no new categories emerge (Saunders et al., 2018).

Data Analysis

The lead author or the woman researcher assistant transcribed the data verbatim. An inductive approach entailing the creation of codes, which were then clustered to produce larger themes. We relied on the six-step thematic analysis approach to analyze data as suggested in Maguire and Delahunt (2017): 1) becoming familiar with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing the themes, 5) defining the themes, and 6) writing the final report. Initial coding began upon the completion of the first two interviews.

Five interviews along with the emerging codes and categories were translated into English to allow for collaborative analysis with the non-Spanish speaking research team members. The rest of the interview data were analyzed in Spanish; only the final codes and themes were translated into English. It is best practice as cross-cultural nuances are lost if data is not analyzed in language spoken by key informants (Schembri & Jahić Jašić, 2022). The NVivo 12 software aided in data exploration and analysis. Intersectionality was utilized in data analysis and interpretation. It helped with a) identifying repeating popular categories across data; b) identifying key informants ' identities; c) locating the influence of the social, cultural, and political contexts on these identities; and d) exposing hidden forms of power, inequality, and oppression (Collins, 2006; Salem, 2018). We used data triangulation to build a fuller understanding of the phenomenon from multiple angles. The triangulation consisted of using multiple sources of data, stakeholders and key informants, and types of data, observation, and interviews (Denzin, 2012).

Bi-weekly meetings were held with two members of the research team to discuss research processes and findings. Members of the advisory committee were invited to check the findings to assess whether results were consistent with their experiences.

Ethical Considerations

This research study received approval from the Research Ethics Office of the University of Alberta (Pro00106680). Local ethics authorization from the Universidad Veracruzana in Mexico was also obtained. Informed written or oral consent was given by all key informants before data collection began. The available resources for victims of violence, such as local and national helplines, were made available through the community clinic. In this article, we use pseudonyms to replace key informants' identities and maintain confidentiality.

Results

Sociodemographic Characteristics of Key Informants

A total of 50 key informants participated in interviews and the lead author completed six months of community observation. On average, women in this study were =40.75 years of age at the time of the interviews. Middle school completion was the most common category (35%), over 50% identified as Catholics, 75% continued their relationships post reunification, 40% had their own businesses, and 75% owned their houses. The women's partners held undocumented status abroad (85%), and 95% of them returned voluntarily. On average, men in the research were =39.9 years of age at the time of the interviews. Most men had completed middle school (58%), had their own businesses (50%), and owned their houses (58%). We did not collect socio-demographic data for stakeholders.

Gender Norms in Agua Dulce

Men are socially expected to migrate, find jobs, and provide for their families in Agua Dulce, whereas women are expected to stay behind to care for the children, to care for the elderly, and to be at the forefront of the household. During separation when the partner migrates, some women move in with their in-laws, and others enter the workforce or start their own businesses and gain a greater sense of agency. Upon reunification, couples are expected to

resume their traditional patriarchal roles, although not all couples are willing to abide by this. All families face reunification and re-integration challenges, and family rupture is common when couples are not able to adjust to each other's way of living.

The intersection of *age, gender, employment status* shaped the experiences of reunited couples. Some decide to separate (n=5), others end their romantic relationships but continue to live in the same house (n=3), and others continue their relationship (n=12). Older women, including those with employment or a business, can better negotiate their relationship status, and roles and responsibilities with returnees. On the contrary, some younger women reported maintaining their relationships even though they describe acts of violence and infidelity from their migrant partners. In all cases, women who are employed or have a business engage in gendered occupations, for instance, owning a beauty salon, selling jewelry, or preparing food; nevertheless, women entrepreneurs continue to be economically independent and provide a source of income for the family.

In Agua Dulce, the intersection of *age, gender, and employment status* across time shaped the reunification experiences of a couple following the migrant's return. Time or timing of transitions and events were critical in understanding couples' reunification experiences: timing of becoming a couple, timing of separation, and time apart. On average, women's age at the time of the migrants' departure was 22.65 years, separation occurred around three months after the couples decided to live together, and migrants stayed abroad for eight and a half years on average before returning. (See Figure 5)

Gender segregation was evident in everyday life in Agua Dulce during fieldwork. It was noted that differentiation initiates during childhood and continues into adulthood in the roles and responsibilities of different genders which are disrupted and renegotiated through the migration

and return processes. For instance, grocery shopping and meal preparation are assigned to women in the community, while men are still considered to be the primary breadwinner of the family. Below, we discuss our findings by focusing on the intersection of *age, gender, and employment status* and how it shaped reunification experiences of migrant couples across time. The findings from the thematic analysis resulted in Relationship Pathways: End the Relationship, End the Relationship but Continue to Live Together, Conserve the Relationship.

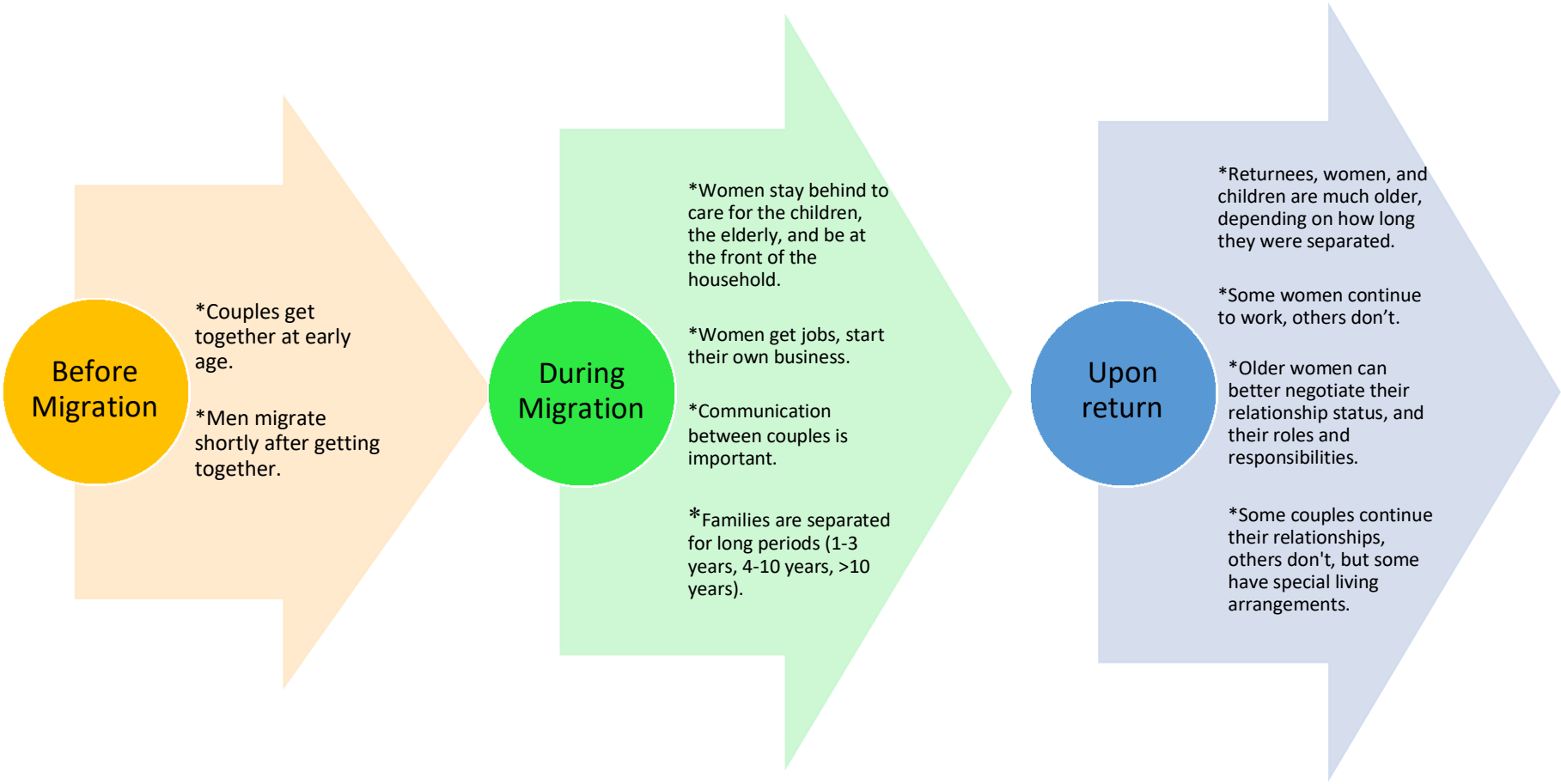

Figure 5 Intersection of age, gender, and employment status across return migration contexts

Relationship Pathways

End of the Relationship.

Some women decide to end their relationship due to issues that arise during separation or upon reunification. Infidelity, violence, substance use, and disagreements are among those concerns. Though some of these issues are also present in couples who continue with their relationships, women who ask their partners to leave the house are no longer willing to bear the burden that comes with accepting these issues. Conflict and disagreement among couples arises when women challenge their partners' wishes and resist the *machismo* culture. Importantly, women that reported relationship rupture had experienced separation due to migration 18 years on average, and the women's age on average at the time of separation was 27.4 years, compared to their age at the time of the interview 45.4 years. Women in this study considered themselves to be more mature than before their partners emigrated. In part, due to the time the migrant was away, but also how things change and evolve over time, and their age. From the analysis, it became evident that women search new ways to earn a living without depending on their migrant partners. Some women are financially independent by becoming bakers, salespersons, and craft artists.

> *Now that I am older, I realize that women must learn to excel, and learn an occupation- whether it's a seamstress or a hairstylist, because, in life, we do not always know what kind of person we are going to be with. If we don't have the opportunity to go to school, learn an occupation, succeed, because life is difficult and if we do not know how to do anything, then it will be even more difficult.*
>
> *Jennifer, woman, 45y.o., employed, 4 children.*

A while back the government used to come to Agua Dulce to provide baking workshops.

Women who attended those workshops took what they learned and made small sales.

Chief-of-city-block

I work, and I get money from my paintings. I make paintings to sell. Nowadays, women who do not work, are women who do not want to succeed.

Elena, 40y.o., salesperson, 4 children

During data collection, women openly spoke about their partners' infidelity, however, they were unlikely to speak about their own infidelity due to being judged more harshly than men for adultery. Community stakeholders discussed both men and women infidelity and linked it to the couples' age, sex drive, and length of separation. Men on the other hand, do not talk about their own infidelity or their partners' infidelity; in *machismo* culture, men do not accept their partner's infidelity. Furthermore, women, during the time their partners are away, are accustomed to living by their own house rules, making decisions regarding their children, and coming and going as they please.

When he left, I made my own decisions. I made up my mind to be strong for my daughters and to set my own rules. I didn't have a partner, it was me, I was a mom, a dad, and I had to stand up for my daughters. When he returned, there came a time when I asked him- When are you leaving? At what time are you leaving?

Marisa, woman, 47y.o., salesperson, 2 children

Sometimes the migrants are good and the women who stay are horrible- some women will begin to hang out with their little boyfriends. The problem arises when migrants are deported or returns home, and they find their partners pregnant.

Chief-of-city-block

When he (partner) returned, our situation changed a lot. You know, I got used to being alone for so long not having obligations. I was stressed a lot at work, especially when I had customers, and [when] he came home, I had to feed him. I had to do more housework, and I became very stressed to the point that I told him, "Well, why did you return? [You] were better there (abroad)."

Petra, woman, 39 y.o., business owner, 3 children

Emotional and physical abuse are constantly present among reunited couples and are exacerbated when alcohol is abused. In these cases, many women decide to end their relationships- many feel that they are too old to be willing to put up with their partners' demands or violence. On occasions the women's family must intervene to prevent further violence against them. Most often alcohol consumption initiates while the returnee is abroad and continues or worsens upon reunification with the family. During fieldwork, we observed that men consumed alcohol in public spaces, even at community gatherings such as funerals.

We were a normal couple, but there's always machismo and sometimes we did not get along. Alcoholism led him to act with a lot of violence, even if I had not provoked it. I had a violent partner- I went through rough times.

Daniela, woman, 48y.o., field worker, 2 children

Jose, a migrant who drank excessively got deported for that reason. When he returned, he would brutalize his wife and son due to his alcoholism. They ended-up leaving their house and left him there by himself.

Healthcare provider

Once, we were arguing and he became violent and hit me. My parents and brother came to talk to him, and I told him that this was the first and last time that he would hit me, otherwise I would leave him.

Rebecca, woman, 30y.o., housewife, 2 children

End of the Relationship but Continue to Live Together.

In some instances, reunited couples in Agua Dulce decide to end their romantic relationships but continue to live in the same household with agreed-upon arrangements. Women in these types of relationships can negotiate and resist traditional patriarchal gender norms in Agua Dulce- women agree to share their house with their ex-partners while they keep their job or business and provide for their children. Living together but not being together allows women to share the children's care and house expenses, and live autonomous personal and sentimental lives. For some women in this study, the lived experiences and the life years gained during the absence of their migrant partners allow women to become more assertive and more willing to speak-up to challenge difficult situations. Importantly, women were 15 years older, on average, at the time of the interview from the time of their partners' migration (25 vs 40 years), and migrants were away for 4.6 years on average. Furthermore, this type of living arrangement allows women to align with the community's expectation of family unity, to avoid being stigmatized for ending the family bond, and to be economically independent. These families tend to blend in with other families in Agua Dulce, as they too attend community gatherings as "couples' ' interact as if they were still romantically involved.

He was away for too long. At first, there were many things that I stopped doing because he didn't like it, but later, I didn't allow it anymore. He was no longer part of my life; I did not have to obey him or ask for permission.

Martha, woman, 43y.o., salesperson, 3 children

An 18-year-old person left for the United States [and] after 18 years returned with his partner, but not as a couple; they are just friends now. They are just living in the same house, but they are not together.

Chief-of-city-block

Sometimes as wives, we take an attitude of no longer allowing them (returnees) to hurt us, because if we do, it's as if we have already accepted the way of life of that person. In our case, we live together but apart; he doesn't mess with me, and I don't mess with him.

Gabriela, woman, 48y.o., field worker, 2 children

Despite not being romantically involved, some women care for migrants who return ill from complications due to untreated chronic illness. The act of caring is not only gendered but also socially expected of women as an act of kindness towards their ex-partners. This was the case of Alexa who cared for a returnee who developed pulmonary tuberculosis due to HIV/AIDS and struggled to find a balance between caring for him, looking after her daughter and working full-time to provide for the family. Likewise, a community leader discussed the strains of a woman supporting her migrant partner through health challenges. It involved caring for the returnee, taking him to medical visits, and being financially responsible for the household.

His health became worse, and I couldn't do it on my own. I asked his family for support. When he was hospitalized, they helped me care for him for a few nights or during the day, because I needed to work for my daughter. But then, they didn't want to help anymore.

Carla, woman, 33y.o., corn leaf preparation, 3 children

When I would speak to her (woman who cared for returnee with untreated diabetes type II), she would tell me, "Now I have to deal with him, take him to the doctor, and pay for his x-rays, and when I ask for help, people tell me that he shouldn't have left (abroad), that he should have stayed here (Agua Dulce)".

Chief-of-city-block

Conserve the Relationship.

The success of some relationships is primarily attributed to the communication among couples during separation and upon return; the administration of remittances; and the couples' willingness to negotiate roles and responsibilities amidst the communities' expectations. On average, couples that continue with their relationships were separated for 6.08 years and were 39 years old, on average, at the time of the interview compared to 26 years at their partners' departure. Couples learn how to live together again by negotiating or resisting community gender norms; some women negotiate maintaining their jobs or businesses, whereas others return to their housewife roles. Despite the patriarchal nature of Agua Dulce, some returnees get involved with responsibilities that are traditionally assigned to women in the community. These tasks may include caring for the children or completing house chores such as doing the laundry, cleaning, and washing the dishes.

My husband is a very affectionate person, very respectful, very loving. He treats me as if I were his girlfriend. He is very close to my children and me. After work, he rests for a while and bathes, and then takes care of the children. We share responsibilities.

Rosa, woman, 47y.o., housewife, 3 children

I help my wife do the laundry and I sweep the house. I help her do everything basically, she's able to rest because I help her.

Oliver, 24y.o., field worker, 2 children

When he (partner) returned, I lived my life as usual. I kept working, and if I needed to pick up, deliver, or collect merchandise, I would do it. I told him, you must understand that I can't change my life. [You must] adapt to my pace of life or who knows what will happen. You were away [for] many years; it was 10 years [during] which I lived alone.

Marisa, woman, 44y.o., business owner, 1 child

Communication among couples during separation and upon return is key in a successful relationship; returnees that continue their relationship reported to communicate over the phone at least twice or thrice a week with their partners. This is important, as many other women mentioned that the frequency in phone calls they received from their migrant partners from abroad reduced or stopped completely over time. Arguments and fights during separation and upon reunification were not reported as issues. Some couples stated that mutual respect and support were key in preserving their relationships.

Our relationship is very stable because she was aware that we were separated. The distance separated us, but in our hearts, we were together. We stayed together because I called on the phone twice a week, and I would send them gifts. We had good communication. She was on the lookout for the construction of our house.

Tomás, returnee, 44y.o., field worker, 3 children

We have a good marriage. You see, we grew up together, we dated many years before we married. We get along well, we communicate well, and we have a lot of respect for each other. For our marriage to work, we talk to each other a lot, and know what each of us wants.

Julian, returnee, 44y.o., mason, 4 children

Discussion

The purpose of this research was to examine the reunification experiences and gender dynamics of reunited couples in rural Mexico. We found that the intersection of *age, gender, and employment status* shaped these experiences, and time further enhanced them. In our study, we found three ways in which reunited couples choose to renegotiate their relationships. Some couples decide to preserve their relationships, and others end them. However, even if they are not romantically involved, some continue to live under the same roof. In this section, we look at gender dynamics among reunited couples in Mexico in the context of the broader literature on how gender norms are reinforced, negotiated, and resisted to either end or maintain relationships.

Machismo, or the male dominance culture, shapes the reunification and gender dynamics of couples in Agua Dulce. The international literature on gender dynamics and return migration shows that reunited couples are not only constantly negotiating gender roles (King & Lulle, 2022) but also reinforcing patriarchal gender systems, where women are less likely to make decisions regarding their homes (Bastia, 2011; Samari, 2021). Furthermore, in this study issues with alcohol among return migrants sometimes lead to violence and ultimately the separation of couples. This is congruent with the literature, where issues with alcoholism have been reported among return migrants to Latin American and the Caribbean. These are problems that often begin while the migrant is abroad, and they persist upon return (Fernández-Sánchez et al., 2022b). This is important, as domestic violence and alcoholism have been negatively linked to *machismo* in Mexican culture (Kulis et al., 2010).

Although some couples resume traditional gender roles and masculinities, others reinvent gender dynamics. In these modern roles, couples rethink *machismo*. Returnees get involved in housework and childcare, and women maintain their agency by keeping their jobs and independence. In Mexico, Suárez Sarmiento (2021) found that even though couple reunification

was a period of tension and negotiation, it helped women to preserve their relationships, keep their families united, and maintain their independence (Suárez Sarmiento, 2021).

The available evidence on return migration shows that gender ideologies in host and home countries impact families (Girma, 2017). For instance, Samari (2021) found that migrants returning to Egypt from Arab countries appreciated traditional gender roles, thus transforming gender dynamics upon reunification. It then becomes necessary to consider the context of the host country from which the migrant is returning, as well as the community where the migrant is settling in (Hagan & Wassink, 2020). This idea receives support from Espinosa-Márquez and González-Ramírez (2016), who argue that migrants create new values and perceptions when they arrive at host countries, and again when they return to their places of origin. In this regard, we suggest that Mexico and other nations with high return migration rates uptake the *Return Counseling Toolkit* that the International Organization for Migration proposes (2022). It provides a set of principles based on a global perspective to build capacity in terms of return, readmission, and re-integration.

Some couples in this study who decided to abandon their relationships agreed to live in the same house and share house responsibilities but were not romantically involved. Furthermore, many women agreed to care for sick partners without any government support: The caregiving burden on women in the families is another result of gender inequity and requires policy and research attention from a social justice lens (Fernández-Sánchez et al. 2022a; Rosete, 2012). Family fragmentation in Agua Dulce is not well seen; hence, couples opt for this way of living to avoid calling attention to themselves while still maintaining their independence. In this regard, our findings suggest that specialized resources and services are deemed necessary for the successful integration and reunification of families. Return migration programs must benefit

receiving families and communities, as they are directly involved in the integration of return migrants (Konzett-Smoliner, 2016). Integration can become more challenging when migrants have been abroad for more than a decade or return in poor economic and health conditions; thus, supporting families and communities is essential. This is in line with Saguin (2020), who notes that migration policies only partially protect returnees when they are thought to be joining the labor market, and they ignore the fact that many return in underprivileged social and economic conditions. As many of our interviewees showed, some of the services and resources needed for successful re-integration include job creation, access to health services, and couple's counseling. Additionally, we suggest that the international collaboration of Mexico with countries that host large numbers of Mexican nationals, such as the United States and Canada, may help to promote current temporary and permanent worker programs that grant legal entrance for migrants and hence more frequent visits to their families in home countries. More frequent visits could be one way to support transnational families as this study points to time away from one another as one determining factor for family wellbeing.

Strengths and Limitations

Although this study followed a rigorous critical methodology to examine the reunification experiences and gender dynamics of reunited couples in Agua Dulce, some limitations exist. We did not interview other family members who could have enhanced our insights. Future work should consider interviewing children and the influence of intergenerational kinship over family reunification. In addition, the first author lived and engaged with people from Agua Dulce for six months; however, the ongoing COVID-19 pandemic interfered with the study. We were restricted from interviewing key informants at their homes and conducting observations in indoor spaces. This study was conducted in a small rural

community in Veracruz; thus, the key informants' experiences may not mirror those living in urban settings or different States in Mexico. Finally, most of the sample interviewed had also returned to Mexico voluntarily. It is possible that some of the challenges with re-integration reported here are more severe for those who are forced to return and require further exploration.

Conclusions

In this study, we examined the reunification experiences and gender dynamics of reunited couples in Agua Dulce- a rural community in Veracruz, Mexico. We found three relationship pathways that women negotiate with their return migrant partners- these different pathways are influenced by the intersection of *age, gender, and employment status*, which in turn, is shaped by the pre-, during, and post-migration experiences. Some reunited couples end their relationships, others end it but continue to live together, and others conserve it. This article provides a rich intersectional understanding of how and why relationships are affected in different ways depending on intersecting factors across the pre-, during, and post- migration experience.

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Chapter Six

Conclusions and Implications for Policy Development, Research, and Practice

Return migration is a reality that many Mexican communities are facing today. The focus of my dissertation was to examine the reunification experiences and health needs of women who stay behind and their migrant partners upon return to Mexico. My literature review (Chapter Two) shed light to the shortage of evidence on the changes in gendered roles and couple dynamics post-reunification, and the health needs of women who stayed behind and their returning migrant partners. In Chapter Three, I provide insights of using the intersectional principles of community partnership and social justice in qualitative health research, including the importance of ongoing reflexivity, negotiating my positionality, practicing intersectional reciprocity, and centering on strength-based approaches. The policy analysis of 20 return migration policies in Mexico (Chapter Four), underlines two major inequities, the lack of attention to the diversity of return migrants and the exclusion of receiving families and communities from the re-integration process of returnees. Finally, in Chapter Five, I examine the intersection of *age, gender, and employment status* and how it influences the relationship pathways of women who stay behind and their returning migrant partners- while some couples end or continue their romantic relationship, others end the relationship but continue to live in the same house.

In this section, I will provide a series of recommendations for advancing health and public policy, nursing education and practice, and future research.

Implications for Health and Public Policy

Based on the findings from my doctoral research in Mexico, I outline a series of recommendations for health and public policy. The health needs of migrants and their families

both pre-migration and upon return urgently need to be assessed because this study shows that migrants often return with untreated chronic health conditions like HIV/AIDS, Hypertension or Diabetes Type II. The international literature on return migration shows that the migration process often impacts migrants' health (Davies et al., 2011), and fewer return migrants have health insurance coverage upon return when compared with the general population (Dominguez-Villegas & Vargas-Bustamante, 2021). The findings of Handlos and Norredam (2016) indicated that return migrants are healthier than non-return migrants; however, this study, like other research in Latin America and the Caribbean, found mental and sexual health challenges among return migrants (Fernández-Sánchez et al., 2022). Hence, access to health screenings, referrals, and treatment needs to be prioritized among reunited families.

The critical policy analysis highlighted the urgent need to support receiving families and communities to re-integrate return migrants. Policymakers in the field should consider the guidelines on sustainable return migration and integration that the International Organization for Migration (2022). This instrument outlines the psychosocial implications of return migration at the individual, community, and structural levels; it addresses returnees' protection needs and vulnerabilities (health, violence, exploitation, and abuse needs); and it promotes equity, diversity, and inclusion. In particular, return migration policies in Mexico would benefit from consulting and integrating a human right-based approach, a gender responsive and vulnerability-sensitive perspective, migrant agency, safe environments for return, and sustainability of re-integration. I consider these recommendations to be critical in supporting reunited couples in Agua Dulce who reported financial hardships, health issues, and relationship maintenance.

My research shows that migrants were away for long periods, and many returned to Agua Dulce with health conditions that may or may not have been treated while abroad. Thus,

Mexico needs to cooperate with host countries to enable the transfer of the medical records of migrants to accelerate the continuity of care upon return. In this regard, I advocate for the use of the IOM pilot project in the electronic personal health record system, which would allow health care providers access to migrants' health records in transit, host, and home countries (IOM, 2023a). Davies et al. (2011) suggested that return migrants' health depends on policies that provide equitable health and social services across and within transnational borders; hence, the development of cross-sectoral local, national, and international return migration policies is deemed necessary.

A key finding in this research was the lack of inclusion of receiving families and communities in return migration policies in Mexico. A more comprehensive and inclusive approach to return migration policy is urgently needed in Mexico. To strengthen policies on return migration and health, Mexico should establish formal collaborations with key civil society, global governance, and international institutions to improve the integration and health of return migrants and their families. It has been documented that alliance making and collective efforts can increase the global sharing of anonymized data on migrants' health and social determinants (Allen et al., 2021; Carl-Ulrik et al., 2018). This will help with creating suitable policies at the local, national, and international levels while also helping to reduce health and social inequities. This is in line with the International Organization for Migration's (2023b) programming, which involves partnering with civil society (i.e., researchers, non-governmental organizations, media, philanthropic foundations) to advance migration initiatives. The United Cities and Local Governments & the Mediterranean City to City Migration (2019), along with other international organizations, have suggested that collaboration with civil society is what strengthened urban migration. According to this same document, the contribution of civil society

as an implementation partner fortified advocacy and awareness raising. It also improved access to basic services, promoted social inclusion, provided communication channels for migrants, fostered the coordination and sharing of information, and improved policy development.

My findings shed light to the binary language used within return migration policies; forced versus voluntary return or man versus woman. In this regard, policies would benefit from an equity-focused approach where the diversity of return migrants and their families is considered. Return migrants with intersecting social locations such as age, sexual orientation, and gender may face specific challenges to the integration process. Therefore, policies must be written with an intersectional, equity, and social justice lens. I recommend that the Mexican government allocate funds for gender-specific health initiatives to address the health needs of return migrants and their families. Receiving families and communities are essential in the successful integration of return migrants; hence, policies should provide the appropriate resources for supporting them in their integration efforts.

This study highlights the multiple health and re-integration needs of reunited couples. Experts in the field have argued for the importance of nursing in the health and wellbeing of migrants and refugees (Desmyth et al., 2021; Shaffer et al., 2019). As advocates for social justice and equity (Biggerstaff & Skomra, 2020), nurses play a vital role in the health and integration needs of reunited families in Mexico. It is fundamental that nurses have a seat at the table and collaborate with local and national authorities to develop a well-managed return migration and integration plan that includes a strong health component. It has been noted that nurses are key in how policies are developed, so their participation needs to increase (Anders, 2021; Hajizadeh et al., 2021).

Implications for Nursing Education and Practice

In this section, I provide tangible implications for nursing education and practice. I found that women who stay behind are impacted by the multiple health challenges suffered by their returning migrant partners. Such health issues are often a result of untreated chronic health conditions like pulmonary tuberculosis due to HIV/AIDS; however, testing and treatment options are not available in Agua Dulce for reunited couples. Two issues are raised here, one that many health issues can be prevented with adequate healthcare, nonetheless, most of the returnees in this study held an undocumented status in the host country, thus potentially preventing them from accessing healthcare services. Even though there are global movements for universal healthcare, it has been noted that in many countries undocumented migrants do not have access to healthcare systems (Onarheim et al., 2018; Legido-Quigley et al., 2019). I suggest that clinicians, researchers, policymakers, and other stakeholders work together to address health inequities embedded in health policies in countries that host a large migrant population, like the United States and Canada. In this regard, the World Health Organization recommends that the best way to accomplish universal health coverage is to transform health systems and focus on primary health care, equity-oriented policies, and practices (WHO, 2023).

The second issue relates to the lack of access to preventive and treatment options for STIs and HIV in Agua Dulce for women who stayed behind and their returning migrant partners. Currently, these services are only available for pregnant women. As part of my social justice efforts, an STI and HIV testing clinic was arranged for Agua Dulce during fieldwork with the National Center for HIV Prevention in Mexico; however, given the sexual health concerns raised in this research and the high migration flows, not only from return migration, but also transit migration in Veracruz from other Latin American countries, like Guatemala and Honduras, there is an urgent need for sexual health and other primary care services availability in rural

communities like Agua Dulce. According to Nielsen et al., (2017), two ways to address rural health challenges in rural areas include providing proper training for students in the healthcare professions and encouraging them to work in rural areas upon graduation. Thus, I propose that undergraduate, and graduate nursing education in Mexico need to prioritize courses and workshops on migration and health. I have made several suggestions on the content of these courses elsewhere (Fernández-Sánchez et al., 2020a): Among others, it can include knowledge about the impact of the migration process and their families' health, as well as the barriers to accessing health care services.

The above suggestions concur with Gunn et al., (2021), who recommended modifying health education syllabi to include migration, anti-racism, and equity-centered components. Additional training for nurses can include gender-specific and intersectional knowledge to identify diverse migrant populations' health needs. I support Commodore-Mensah et al.'s (2021) call to address migrants' and refugees' health by tackling their health needs (clinical care), advocating for policies to improve health care (advocacy), attending to the social determinants of health (equity), and developing innovative approaches to improving migrants' health and wellbeing (justice). An intersectional and equity-based approach can help nurses to reduce or eliminate health disparities that may arise among reunited families. These approaches will help with promoting human rights–centered care while also considering the social determinants of health that influence and shape reunited couples', families', and communities' experiences.

Women who stayed behind and their returning migrant partners often negotiated their relationship pathways, resulting in continuing the relationship, ending the relationship, or ending the relationship but continuing to live together. These relationship pathways were influenced by the interaction among *age, gender, and employment status*. Furthermore, these findings suggest

that couples require counseling sessions to support their relationships, better access to healthcare services, and more employment opportunities. Nurses are well equipped to promote the wellbeing of return migrants and their families as outlined in the United Nations' Third Sustainable Development Goal, Good Health, and Wellbeing (2022). This can be achieved by implementing health interventions for healthy integration among reunited families. These programs can include family and community care plans tailored to specific health needs, information about public health services, counseling sessions for reunited couples, and sexual and mental health screenings and treatment. These recommendations align with Objective 21 in the Global Compact for Safe, Orderly, and Regular Migration: "to cooperate in facilitating safe and dignified return and readmission, as well as sustainable reintegration" aimed at helping and access to rights and social services during the post-return and re-integration phases (United Nations Network on Migration, 2021, p. 1). Taking into consideration that COVID-19 has transformed health systems, and because health services are not always available in rural communities in Mexico, I suggest that telehealth services be made available to reunited families. Digital interventions for addressing depression, mental health literacy and stigma, social connections, and post-traumatic stress disorders have shown positive effects on international migrants' mental health and wellbeing (Abtahi et al., 2022).

Implications for Future Research

This study shed light on the complexities of family reunification in rural Mexico, as well as the need for future critical and intersectional research and intervention work. The management of remittances, and the women's role in the workforce before, during, and after their partners migration experience are key in the couples' relationship pathways. In the existing literature it has been noted that the successful integration of return migrants into the labor market over time

has been linked to financial capital during the migration process (Hagan et al., 2019). Therefore, for documenting positive or negative health, economic, and social changes among women who stayed behind, and their returning migrant partners over time, multi-site longitudinal and comparative studies must be conducted in rural and urban settings across different states in Mexico. Involving multiple family and community members in this type of research would provide greater insights into reunited families' integration experiences and health needs. This is crucial, as family members can contribute unique viewpoints to family dynamics (Jager et al., 2012).

My study underlines that return and re-integration can create multiple social, political, economic and health challenges for women who stayed behind, returnees and their families. Women who stayed behind in Agua Dulce do not have the capacity or the infrastructure to facilitate the re-integration of their returning migrant partners. Additionally, those women who are impacted by their partners' health issues like HIV or Diabetes Type II, do have the local support to address their own health or caregiver role. Return migration policies in Mexico fail to consider women who stayed behind, other family members, and receiving communities in the re-integration process of return migrants; hence, it is imperative to design, implement, and evaluate integration interventions with a policy focus. Gender-sensitive and intersectional interventions can aid in reducing or eliminating inequities currently present among reunited families in Mexico. Researchers have recommended multi sectoral equity-based interventions to meet migrant communities' needs (Machado & Goldenberg, 2021). In this regard, to empower reunited families, interventional research needs to have a social justice and an equity-based approach. Similarly, work on return migration and family reunification and re-integration must continue to focus on policy to advance and inform health policy (Ellenbecker & Edward, 2016).

This will make it possible to advocate for positive social change at the local, national, and transnational levels, as well as to look beyond return migration of men and women to include diverse genders.

Gender Policy and Practice Implications

This research addresses the issue of gender inequality and discrimination that limit women's access to employment and healthcare. The evidence supports the findings that gender has a notable impact on every phase of the migration process, highlighting the intersecting dynamics between gender and other social categories, like migratory stress and health (Villalón & Kraft, 2022). In the context of return migration, it is crucial to recognize how gender is understood and defined in both host and origin countries, as well as the extent to which new or existing gender norms and ideologies are reestablished, challenged, or renegotiated during the process of reuniting with families and communities (Girma, 2017; Villalón and Kraft, 2022). By examining structural barriers, like gender-based discrimination and lack of access to healthcare, the research highlights the unequal power dynamics that perpetuate the marginalized position of women in the context of return migration. This includes the stressors of caregiving responsibilities, and the oppressive gender stereotypes post-return within families and societies (King and Lulle, 2022; Ugargol and Bailey, 2018). Gendered economic, political, and social structures, along with gender norms and the patriarchal nature of Agua Dulce, significantly influence the decisions and experiences of returnees and their families. These structures shape individuals' opportunities based on their gender, affecting their access to resources, decision-making power, and social expectations. Gender norms create barriers that limit women's agency and mobility while reinforcing traditional gender roles and inequalities. Women in this study often face greater challenges in accessing employment and financial resources due to gendered

economic and legal structures. Understanding and addressing these gendered dynamics are essential for supporting successful reintegration of returnees and their families.

It crucial to design gender-specific reintegration services that addresses the specific challenges faced by all genders. For instance, women with returning partners may require assistance with reproductive health, including access to contraception and services to address STIs resulting from extramarital relations. In Agua Dulce, the predominantly Catholic context poses challenges to the provision of sexual and reproductive health services, requiring customized strategies to ensure accessibility and acceptability. Evaluating existing reintegration policies in Mexico was key in identifying gaps in addressing gendered needs and vulnerabilities. In this regard, relevant reports, and resources from organizations like the International Labor Organization (ILO, 2021) and UN Women (2023) offer valuable insights into labor market reintegration challenges and the broader theme of gender inequality and discrimination in return migration.

Implementing a range of recommendations can contribute to addressing gender inequalities and promoting inclusive practices. It is crucial to utilize non-stigmatizing language and concepts that challenge negative stereotypes, creating an environment that fosters equal treatment and opportunities for all. Additionally, tailoring information resources to the specific information needs of all genders ensures that essential knowledge reaches a wider audience, promoting awareness and empowerment. Dissemination of information should occur through appropriate channels frequented by the targeted migrants, enhancing accessibility and effectiveness. Furthermore, addressing the link between migrants' legal status and their access to social protection and avenues for reporting discrimination, violence, or harassment is essential for safeguarding their rights and well-being. Simultaneously, efforts should focus on reducing

the gender pay gap, combating various forms of violence, trafficking, forced labor, and discrimination in hiring and working conditions. By improving maternity and paternity leave policies, we can support gender equality, work-life balance, and shared caregiving responsibilities. Additionally, policy interventions that promote the transition from the informal to the formal economy can provide individuals, particularly women, with increased economic security and opportunities for growth. Through these multifaceted approaches, we can strive towards a more equitable and inclusive society. Finally, recognizing care and domestic work as legitimate employment under labor laws, in alignment with the Domestic Workers Convention of 2011 (ILO, 2011), is essential. Incorporating these perspectives into return migration policies in Mexico will contribute to a comprehensive analysis of gender dynamics and the need for inclusive reintegration programs and policies in Veracruz and beyond.

Recognizing the significant role of networks of international caregiving and the extensive work undertaken by women partners of migrants to facilitate migration for their families is crucial. The increased workload that women bear due to the absence and subsequent return of their male partners, combined with additional responsibilities associated with migration, must be acknowledged (Kofman, 2012; Lei & Desai, 2021). This includes tasks such as farm and land maintenance, business management, and temporarily assuming their partners' jobs. Research indicates that women's work while their partners are away can support male migration (Henneby, 2014), and policies that prioritize economic growth often prioritize labor mobility and may not give enough attention to promoting social welfare and equality (Torres & Carte, 2016). By examining and understanding these labor burdens, this doctoral research sheds light on their profound impact on women's well-being and social conditions. Additionally, addressing gaps in social protection, such as spousal benefits, long-term healthcare for injured migrants, and

unemployment insurance or pensions for return migrants, is vital to support the well-being of migrant families during and after the migration process. Comprehensive reintegration programming and services must address these gaps. By considering international agreements and frameworks, such as the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (United Nations, 2023) and the Global Compact for Safe, Orderly and Regular Migration (2018), this dissertation offers a comprehensive analysis of gendered dynamics and advocate for the development of inclusive programs and policies that address the unique needs and vulnerabilities of returnees and their families in Agua Dulce and more broadly.

Strengths and Limitations

My doctoral research had several strengths. To the best of my knowledge, it is the first multi-method study that foregrounded the perspectives and experiences of women who stayed behind and their returning migrant partners. I was born in Veracruz and grew up as a migrant in the United States and returned to Mexico 18 years later. This provided me with the lived experience of the return migration phenomenon in Veracruz- one of the primary Mexican States with high internal and international migration flows, including return migration. In addition, my experience as an internationally educated nurse provided me with a better understanding of the political, social, and cultural contexts of Mexico, the United States, and Canada. However, my research had some limitations. Only one community in a rural setting in Veracruz, Mexico was studied; hence, the findings must be interpreted with caution due to geographic variability. I did not interview other family members or social support, like children and parents. Thus, future research should include these key informants to enhance our insights into return migration as well as the broader family dynamics. Further, interviewing other family members would help

capture agreements, disagreements, and potential inconsistencies among experiences. Policymakers were to be interviewed; however, none agreed to participate due to scheduling conflicts. Only cis-heterosexual women and men were recruited and interviewed; hence, future research should consider alternative recruitment strategies to reach gender-diverse populations. Finally, I had to modify the study protocol to align with the COVID-19 pandemic restrictions, which limited me to outdoor observations and community engagement.

Knowledge Translation

I have considered multiple knowledge translation (KT) strategies to disseminate key findings. These KT are tailored to specific audiences and promote equity, diversity, and inclusion. Thus far, I have four published articles related to my doctoral research in peer-reviewed journals, *Migraciones Internacionales* (Fernández-Sánchez et al., 2022b), *Index de Enfermería* (Fernández-Sánchez et al., 2021), *Journal of Transcultural Nursing* (Fernández-Sánchez et al., 2020b), and *PlosOne* (Fernández-Sánchez, 2020). I have presented study findings at three academic and research events; an oral and poster presentations at the 25th International Metropolis Conference in Berlin 2022, an oral presentation at the Transcultural Nursing Society Conference in Japan 2020 (via zoom due to COVID-19), and an oral presentation at the Shirley Stinson Nursing Research Conference 2019 in Edmonton.

To reach the general population, I sought additional funding from the Intersections of Gender at the University of Alberta to create a video showcasing the life of people in Agua Dulce and preliminary study findings. This video was released on December 18, 2022, on International Migrant Day- it is available in Spanish with English subtitles (Fernández-Sánchez, 2022). Two newspaper interviews in Spanish have been published in well-known newspapers in

Veracruz, Mexico, La Opinion (Scagno-Castillo, 2021), and La Jornada Veracruz (Fernández-Sánchez, 2023).

Concluding Remarks

In this community-based research, I examined families in Agua Dulce reunification experiences and health needs with a focus on women who stayed behind. Following the principles of critical ethnography and intersectionality, I was able to highlight the intersecting forces that shape these experiences and health needs, as well as highlight the hidden inequities within the return migration policies in Mexico. The complexity of return migration from a family and a community perspective underscored multiple challenges that families face in adjusting to their new realities, alcoholism and violence, infidelity, and mental and sexual health concerns. Whereas some couples reinforce gender norms, others resist and negotiate them. Some decide to continue with their relationships, and others separate; however, several continue to live in the same house under settled conditions.

The values of community partnership and social justice were essential for engaging with community members and being flexible in attending to their needs, which often went beyond my research agenda. Negotiating my positionality on an ongoing basis was crucial for gaining the study subjects' trust, facilitating recruitment and data collection, and ultimately being accepted into the community. My findings have the potential to inform health and public policy, nursing, and future research and intervention work. Finally, this research study adds to the body of knowledge in nursing related to the nurse's role of engaging in critical methodologies, methods, and theory in community health research to uncover hidden forms of oppression and promote positive social change within the migration context.

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Appendix A- Policy Analysis Guide

Name of document	
Date when policy took effect	
Descriptive Analysis of the Policy	
1. What knowledge, values, and experiences do you bring to this policy analysis?	
2. What is the policy problem under consideration?	
3. How have representations of the problem come about?	
4. How are groups differentially affected by this representation of the problem?	
5. What are the current policy responses to the problem?	
Transformative Analysis of the Policy	
6. What inequities exist in relation to the problem?	
7. Where and how can interventions be made to improve the problem?	
8. What are feasible, short, medium, and long-term solutions?	
9. How will proposed policy responses reduce inequities?	
10. How will implementation and uptake be assured?	
11. How will you know if inequities have been reduced?	
12. How has the process of engaging in an intersectionality-based policy analysis transformed: 1) your thinking about relations and structures of power and inequity, 2) the ways in which you and others engage in the work of policy development, implementation and evaluation, and 3) broader conceptualizations, relations and effects of power asymmetry in the everyday world.	

Appendix B- Participant Observation Tool

Date & Time	
Location	Where is the event taking place?
Event	Is this a festival, ceremony, etc.?
Actors	Who is involved in this event? What are their characteristics?
Actions and Behaviors	What are people doing and how are they behaving?
Witnessed activities	What is happening?
Purpose	What is the purpose of this event?

Appendix C: Sociodemographic Data Survey- English

Left-behind Women

Age:

Indigenous background:

Education:

Occupation:

Religion:

Current housing:

Length of relationship:

Family monthly income:

Number, ages, and preexisting health condition of children, if any:

Chronic illnesses/health problems (family):

Medications:

Type of healthcare:

Date of last medical exam:

Use of condom first relation post migration:

Communication channels and frequency during migration:

Number of remittances:

Frequency of remittances:

Housing during migration:

Have you ever emigrated? If yes, where, and how long?

How long was your partner abroad?

Date of Completion: _____ Initials of Participant: _____

Returnees

Age:

Indigenous background:

Education:

Religion:

Current Housing:

Length of relationship:

Current occupation:

Family monthly income:

Number, ages, and preexisting health condition of children, if any:

Chronic illnesses/health problems (family):

Medications:

Type of healthcare:

Medical exam post migration:

Use of condom first relation post migration:

Place & time abroad:

Occupation abroad:

Time since returned:

Reason for returning:

Immigration Status abroad:

Number of home visits if any:

Housing abroad:

Date of Completion: _____ **Initials of Participant**: _____

Appendix D: Sociodemographic Data Survey- Spanish

Participantes Mujeres

Edad:

Antecedentes indígenas:

Educación:

Ocupación:

Religión:

Hogar:

Duración de relación con pareja:

Ingreso mensual familiar:

Número y edades de los hijos/as:

Enfermedades crónicas/problemas de salud (familia):

Medicamentos:

Tipo de servicio de salud:

Fecha último examen médico:

Uso de condón primera relación al regreso:

Medio de comunicación y frecuencia con pareja:

Cantidad y frecuencia transferencias monetarias:

Personas con quien vivía durante la migración:

¿Alguna vez emigraste? ¿Dónde y cuánto tiempo?

¿Cuánto tiempo estuvo tu pareja en el extranjero?

Fecha de llenado: _____ **Iniciales del participante:** _____

Participantes Hombres

Edad:

Antecedentes indígenas:

Educación:

Religión:

Hogar:

Ocupación actual:

Duración de relación con pareja:

Ingreso mensual personal:

Ingreso mensual familiar:

Número y edades de los hijos/as:

Enfermedades crónicas/problemas de salud:

Medicamentos:

Tipo de servicio de salud:

Realizó examen médico a su regreso:

Usó condón primera relación al regreso:

Lugar y tiempo de residencia en el extranjero:

Tiempo desde su regreso:

Motivo de su regreso:

Estatus migratorio en el extranjero:

Personas con quien vivía durante la migración:

Número de visitas a familiares en México:

Fecha de llenado: _____ Iniciales del participante _____

Appendix E: Interview Guide-English

Questions: Left-behind Women

1. Can you tell me about your experience (s) before your partner emigrated?

Probes:

- How was life before your partner left?
- What were the reasons for your partner's departure?
- How did he emigrate? Did he have legal status while abroad?
- How long did your partner remain abroad?
- How was the decision to emigrate made?
- Did you participate in your partner's decision to emigrate?
- What was the reason for you staying behind?
- Was your partner's family or your own family involved in your partner's decision to emigrate?
- How was your health before your partner emigrated?
- How was your mental health? Did you have any chronic health conditions?
- Do you have any children? If so, how is their health?
- How was the family surviving financially before your partner emigrated?
- What was the relationship with your partner like before he emigrated? What do you think could be done to avoid people from emigrating?

2. Can you tell me about your experience(s) while your partner was living abroad?

Probes:

- Were there any changes in your life after your partner's departure? If so, how?
- Who did you live with?

- How did you survive financially?
- Were you working? If so, where?
- Did any health issues arise after your partner emigrated?
- How would you describe your relationship with your partner then?
- Did you have a relationship while your partner was living abroad? If so, what was the person's gender? Did you have sex? Was it protected or unprotected sex?
- How would you describe your relationship with your partner's family and your own family then?
- Were any community resources available for you during this period?
- What do you think could be done to help women who stay behind during the absence of migrants?

3. Can you describe your experience(s) at the return of your partner?

Probes:

- Have there been any changes in your life after your partner's return? If so, which ones?
- Is there anything that you did before your partner's return, like work, that you no longer do? If so, which things and why did you stop doing them?
- How would you describe your relationship with your partner now?
- Are you satisfied now with your relationship with your partner?
- How is the family surviving financially now?
- Has there been any economic changes since the arrival of your partner? If so, how has it impacted your health? How has it influenced your relationship with your partner?
- Has any type of violence occurred upon the return of your partner?

- Did you use a condom during your first sexual intercourse after your partner's arrival? If so, who made the decision?
- Have any mental, physical, or emotional health issues arisen since the return of your partner? If so, which ones?
- Have you or your partners gotten tested for any sexually transmitted infections since being reunified?
- How would you describe your relationship with your partner's family and your own family now?
- Are there any community resources available for you and your partner?

4. Do you have any recommendations for policy or healthcare practices that would help reunited families?

Probes: What do you think can be done to help families prepare for the departure of migrants? What do you think can be done to help families during the absence of migrants? What do you think can be done to improve the reintegration and health of reunited families?

Questions: Returnees

1. Can you tell me about your experience (s) before you emigrated?

Probes:

- How was life with your partner before you left?
- What were the reasons for your departure?
- How was the decision on emigrating made?
- Did your partner participate in your decision to emigrate?
- Was your partner's family or your own family involved in your decision to emigrate?
- What was the reason for your partner staying behind?

- How was your health before you emigrated?
- How was the family surviving financially before you emigrated?
- What was the relationship with your partner like before you emigrated?
- What do you think could be done to avoid people from emigrating?

2. Can you tell me about your experience(s) while you were living abroad?

Probes:

- Were there any changes in your life after you moved to live abroad? If so, which ones?
- Who did you live with?
- Were you working? If so, where?
- Did any health issues arise after you emigrated?
- How would you describe your relationship with your partner then?
- Did you have a relationship while living abroad? If so, what was the person's gender? Did you have sex? Was it protected or unprotected sex?
- How would you describe your relationship with your partner's family and your own family then?
- Were any community resources available for you during this period in the host country?

3. Can you describe your life experience(s) on your return?

Probes:

- Have there been any changes in your life after your return? If so, which ones?
- How would you describe your relationship with your partner now?
- Are you satisfied now with your relationship with your partner?
- Have any health issues arisen since your return? If so, which ones.
- Has any type of violence occurred upon reuniting with your partner?

- Did you use a condom during your first sexual intercourse after you arrived? If so, who made the decision?
- Have you or your partners gotten tested for any sexually transmitted infections since being reunified?
- How would you describe your relationship with your partner's family and your own family now?
- Are there any community resources available for you and your partner?

4. Do you have any recommendations for policy or healthcare practices that would help reunited families?

Probes:

- What do you think can be done to help families prepare for the departure of migrants?
- What do you think can be done to help families during the absence of migrants?
- What do you think can be done to improve the reintegration and health of reunited families?

Questions: Healthcare Providers

1. Today's date:	
2. Type of interview (phone, zoom, face-to-face)	
3. Gender	
4. Duration of interview	
5. Interviewer	

1. Can you tell me about your work in this community?

Probes:

- How long have you worked here and in what capacity (nurse, physician)?

2. Can you tell me your experience with providing care with women who have a migrant partner?

Probes:

- Which health issues have you noticed in women who stay behind?
- Why do you think that they present these health problems?
- What is the care you usually provide to these women?

3. Can you tell me your experience with providing care to migrants who have returned?

Probes:

- Which health issues have you noticed in returning migrants?
- Why do you think that they present these health problems?
- What is the care you usually provide to these men?

4. Do you have any recommendations for policy or healthcare practices that would help migrant families?

Probes:

- What do you think can be done to help families prepare for the departure of migrants?
- What do you think can be done to help families during the absence of migrants?
- What do you think can be done to improve the reintegration and health of reunited families?

Questions: Policy Makers

1. Today's date:	
2. Type of interview (phone, zoom, face-to-face)	
3. Gender	
4. Duration of interview	
5. Interviewer	

1. Can you tell me about your work in the migration office/health department?

Probes:

- How long have you worked here and what is your role?

2. Can you describe the role of the migration office in the state?

Probes:

- What are the programs available for women who stay behind and return migrants?
- What would the migration office like to see in the future in regards reunification of migrant families?

3. Do you have any recommendations for policy or healthcare practices that would help migrant families?

Probes:

- What do you think can be done to help families prepare for the departure of migrants?
- What do you think can be done to help families during the absence of migrants?

- What do you think can be done to improve the reintegration and health of reunited families?

Questions: Chiefs-of-city-blocks

1. Today's date:	
2. Type of interview (phone, zoom, face-to-face)	
3. Gender	
4. Duration of interview	
5. Interviewer	

1. Can you tell me about your role as a chief-of-city-block in this community?

Probes:

- How long have you been in this role?

2. Can you tell me about your experience with women who have a migrant partner in your block?

Probes:

- Which health issues have you noticed in women who stay behind?
- Why do you think that they present these health problems?

3. Can you tell me about your experience with migrants who have returned?

Probes:

- Which health issues have you noticed in returning migrants?
- Why do you think that they present these health problems?

4. Can you tell me about your experience working with reunited families post migration?

Probes:

- What issues have you seen arise in reunited families post migration?
- What changes, if any, have you noticed in reunited couples?
- How are women who stay behind behaving?
- How do returnees interact with the family and the community?

5. Do you have any recommendations for policy or healthcare practices that would help migrant families?

Probes:

- What do you think can be done to help families prepare for the departure of migrants?
- What do you think can be done to help families during the absence of migrants?
- What do you think can be done to improve the reintegration and health of reunited families?

Appendix F: Interview Guide-Spanish

Preguntas: Mujeres que se Quedan Atrás

1. ¿Podría contarme su (s) experiencia (s) antes de que su pareja emigrara?

Sondeos:

- ¿Cómo era la vida antes de que tu pareja se fuera?
- ¿Cuál fue el motivo principal de la partida de su pareja?
- ¿Cómo se tomó la decisión de emigrar?
- ¿Usted participó en la decisión de migrar?
- ¿Cuál fue la razón por la que te quedaste atrás?
- ¿La familia de su pareja o la suya estuvieron involucradas en la decisión de emigrar de su pareja?
- ¿Cómo estaba tu salud antes de que tu pareja emigrara?
- ¿Cómo sobrevivía económicamente la familia antes de que emigrara su pareja?
- ¿Cómo era la relación con su pareja antes de emigrar?
- ¿Qué crees que se podría hacer para evitar que las personas emigren?

2. ¿Podría describir su(s) experiencia(s) mientras su pareja vivía en el extranjero?

Sondeos:

- ¿Hubo cambios en su vida después de la partida de su pareja? ¿Si es así, cuáles?
- ¿Con quién vivías durante este tiempo?
- ¿Cómo sobrevivían económicamente?
- ¿Estabas trabajando? ¿Si es así, dónde?
- ¿Surgió algún problema de salud después de la emigración de su pareja?
- ¿Cómo describiría su relación con su pareja en ese entonces?

- ¿Cómo describiría su relación con la familia de su pareja y su propia familia en ese entonces?
- ¿Había algún recurso comunitario disponible para usted durante este período?
- ¿Qué crees que se podría hacer para ayudar a las mujeres que se quedan atrás durante la ausencia de migrantes?

2. ¿Podría describir su(s) experiencias (s) al regreso de su pareja?

Sondeos:

- ¿Ha habido algún cambio en su vida después del regreso de su pareja? ¿Si es así, cómo?
- ¿Hay algo que hacía antes de que regresara su pareja, cómo trabajar, que ahora ya no hace?
- ¿Si es así, qué cosas y por qué dejaste de hacerlas?
- ¿Cómo describirías tu relación con tu pareja ahora?
- ¿Han surgido problemas de salud desde el regreso de su pareja? ¿Si es así, cuáles?

3. ¿Tiene alguna recomendación sobre políticas o prácticas de atención médica que ayudarían a las familias migrantes?

Sondeos:

- ¿Ha habido cambios en su vida después del regreso de su pareja? ¿De ser así, cuáles?
- ¿Hay algo que hacías antes de que regresara tu pareja, cómo trabajar, que ya no haces ahora? Si es así, ¿qué cosas y por qué dejó de hacerlas?
- ¿Cómo describiría su relación con su pareja ahora?
- ¿Ha ocurrido algún tipo de violencia con el regreso de su pareja?
- ¿Usó condón durante su primera relación sexual después de la llegada de su pareja? Si es así, ¿quién tomó la decisión de usarlo o no?

- ¿Ha surgido algún problema de salud desde el regreso de su pareja? ¿De ser así, cuál?
- ¿Usted o su pareja se han hecho pruebas de detección de infecciones de transmisión sexual desde que se reunieron?
- ¿Cómo describiría su relación con la familia de su pareja y su propia familia ahora?
- ¿Hay algún recurso comunitario disponible para usted y su pareja?

4. ¿Tiene alguna recomendación sobre políticas o prácticas de atención médica que ayudarían a las familias reunidas?

Sondeos:

- ¿Qué cree que se puede hacer para ayudar a las familias a prepararse para la partida de los migrantes?
- ¿Qué cree que se puede hacer para ayudar a las familias durante la ausencia de los migrantes?
- ¿Qué cree que se puede hacer para mejorar la reintegración y la salud de las familias reunidas?

Preguntas: Retornados

1. ¿Podría contarme sobre su (s) experiencia (s) antes de emigrar?

Sondeos:

- ¿Cómo era la vida con tu pareja antes de irte?
- ¿Cuáles fueron las razones de su partida?
- ¿Cómo se tomó la decisión de emigrar?
- ¿Tu pareja participó en tu decisión de emigrar?
- ¿La familia de su pareja o la suya estuvieron involucradas en su decisión de emigrar?
- ¿Cuál fue la razón por la que su pareja se quedó atrás?

- ¿Cómo estaba su salud antes de emigrar?
- ¿Cómo sobrevivía económicamente la familia antes de que usted emigrara?
- ¿Cómo era la relación con tu pareja antes de emigrar?
- ¿Qué crees que se podría hacer para evitar que las personas emigren?

2. ¿Podrías contarme sobre sus experiencias mientras vivía en el extranjero?

Sondeos:

- ¿Hubo cambios en su vida después de mudarse a vivir al extranjero? ¿De ser así, cuáles?
- ¿Con quién vivía? ¿Estabas trabajando? ¿Si es así, dónde?
- ¿Surgió algún problema de salud después de su emigración?
- ¿Cómo describiría su relación con su pareja en ese entonces?
- ¿Cómo describiría su relación con la familia de su pareja y su propia familia en ese entonces?
- ¿Hubo algún recurso comunitario disponible para usted durante este período en el país anfitrión?

3. ¿Podría describir su (s) experiencia (s) de vida a su regreso?

Sondeos:

- ¿Ha habido cambios en su vida después de su regreso? ¿De ser así, cuáles?
- ¿Cómo describiría su relación con su pareja ahora?
- ¿Ha surgido algún problema de salud desde su regreso? De ser así, cuáles.
- ¿Ha ocurrido algún tipo de violencia al reencontrarse con su pareja?
- ¿Usó condón durante su primera relación sexual después de su llegada? Si es así, ¿quién tomó la decisión de utilizarlo o no?

- ¿Usted o su pareja se han hecho pruebas de detección de infecciones de transmisión sexual desde que se reunieron?
- ¿Cómo describiría su relación con la familia de su pareja y su propia familia ahora?
- ¿Hay algún recurso comunitario disponible para usted y su pareja?

4. ¿Tiene alguna recomendación sobre políticas o prácticas de atención médica que ayudarían a las familias reunidas?

Sondeos:

- ¿Qué cree que se puede hacer para ayudar a las familias a prepararse para la partida de los migrantes?
- ¿Qué crees que se puede hacer para ayudar a las familias durante la ausencia de los migrantes?
- ¿Qué cree que se puede hacer para mejorar la reintegración y la salud de las familias reunidas?

Preguntas: Profesionales de la Salud

1. Fecha	
2. Tipo de entrevista (Telefónica, zoom, cara-cara)	
3. Género	
4. Duración de la entrevista	
5. Entrevistador	

1. ¿Podría describir su trabajo en esta comunidad?

Sondeos:

- ¿Cuánto tiempo lleva trabajando aquí y en qué capacidad (enfermera, médico)?

2. ¿Podría describir su experiencia con la atención de salud que brinda a mujeres que tienen una pareja migrante?

Sondeos:

- ¿Qué problemas de salud ha notado en las mujeres con parejas migrantes?
- ¿Por qué cree que presentan estos problemas de salud?
- ¿Cuál es la atención de salud que generalmente brinda a estas mujeres?

3. ¿Podría describir su experiencia con la atención de salud que brinda a hombres migrantes que han regresado a Veracruz?

Sondeos:

- ¿Qué problemas de salud has notado en los hombres migrantes que han regresado a Veracruz?
- ¿Por qué cree que presentan estos problemas de salud?
- ¿Cuál es la atención de salud que generalmente brinda a estos hombres?

4. ¿Tiene alguna recomendación sobre políticas o prácticas de atención médica que ayudarían a las familias migrantes?

Sondeos:

- ¿Qué cree que se puede hacer para ayudar a las familias a prepararse para la partida de los migrantes?
- ¿Qué cree que se puede hacer para ayudar a las familias durante la ausencia de los migrantes?
- ¿Qué cree que se puede hacer para mejorar la reintegración y la salud de las familias reunidas?

Preguntas: Políticos Públicos

1. Fecha	
2. Tipo de entrevista (Telefónica, zoom, cara-cara)	
3. Género	
4. Duración de la entrevista	
5. Entrevistador	

1. ¿Podría describir su función en la oficina de migración?

Sondeos:

- ¿Cuánto tiempo lleva trabajando aquí y cuál es su rol?

2. ¿Podría describir la función de la oficina de migración en el estado?

Sondeos:

- ¿Cuáles son los programas disponibles para mujeres con parejas migrantes y migrantes que han regresado a Veracruz?
- ¿A usted, qué cambios le gustaría ver en la oficina de migración respecto a la reunificación de las familias migrantes?

3. ¿Tiene alguna recomendación sobre políticas o prácticas de atención médica que ayudarían a las familias migrantes?

Sondeos:

- ¿Qué cree que se puede hacer para ayudar a las familias a prepararse para la partida de los migrantes?
- ¿Qué cree que se puede hacer para ayudar a las familias durante la ausencia de los migrantes?
- ¿Qué cree que se puede hacer para mejorar la reintegración y la salud de las familias reunidas?

Preguntas: Jefas de Manzana

1. Fecha	
2. Tipo de entrevista (Telefónica, zoom, cara-cara)	
3. Género	
4. Duración de la entrevista	
5. Entrevistador	

1. ¿Podría hablarme sobre su papel como jefa de manzana en esta comunidad?

Sondeos:

- ¿Cuánto tiempo llevas en este puesto?

2. ¿Podría contarme acerca de su experiencia con mujeres que tienen una pareja migrante en su manzana?

Sondeos:

- ¿Qué problemas de salud ha notado en las mujeres que se quedan atrás?
- ¿Por qué cree que presentan estos problemas de salud?

3. ¿Podría contarme su experiencia con hombres migrantes que han regresado a la comunidad?

Sondeos:

- ¿Qué problemas de salud ha notado en los hombres migrantes que regresan?
- ¿Por qué cree que se presentan estos problemas de salud?

4. ¿Podría contarme acerca de su experiencia trabajando con familias reunidas después de la migración?

Sondeos:

- ¿Qué cambios, si los hay, ha notado en las parejas reunidas?

- ¿Cómo se comportan las mujeres que quedan atrás ahora que han regresado sus parejas?
- ¿Cómo interactúan los repatriados con la familia y la comunidad?

5. ¿Tiene alguna recomendación sobre políticas o prácticas de atención médica que ayudarían a las familias migrantes?

Sondeos:

- ¿Qué cree que se puede hacer para ayudar a las familias a prepararse para la partida de los migrantes?
- ¿Qué cree que se puede hacer para ayudar a las familias durante la ausencia de los migrantes?
- ¿Qué cree que se puede hacer para mejorar la reintegración y la salud de las familias reunidas?

Appendix G: Information Letter and Consent Form-English

Information Letter (Women who stay behind)

Title: Reunification Experiences and Health Needs of Left-behind Mexican Women and Returning Migrants

Researcher: Higinio Fernández-Sánchez, RN, MN **Phone Number:** (784) 104- 4550

Supervisors: Bukola Salami, RN, PhD **Phone Number:** 1 (647) 883-6307

Co-supervisor: Jordana Salma, RN, PhD **Phone Number:** 1 (780) 263-8438

Purpose: You are being asked to share your experiences for a research study. This study will seek to uncover the reunification experiences and health care needs of left-behind Mexican women and returning migrants.

Procedures: If you agree to participate in this study, Minerva Rocha-Fernández will meet with you to conduct the interview. The interview will take between 60 to 90 minutes. Minerva will ask you questions related to your experiences and health care needs before and after the migration experience. The interviews will take place in a safe and comfortable place located within the community's municipal office. The interviews will be conducted in Spanish, and they will be audiotaped.

Due to the COVID-19 pandemic, we cannot eliminate the risk of you getting sick due to an in-person interaction. We will take all precautions to minimize this risk by doing the following:

(1) You and the interviewer will complete a symptom checklist before the meeting *(the interviewer will call you over the phone 24 hours prior to the interview*),

(2) The interviews will take place in the local municipal office where restrooms will be available.

(3) The interviewer will wear a mask and face shield during the meeting,

(4) The interviewer will provide you with a sanitizing kit that will include: a facemask, a pen, a hand sanitizer, and a bottle of water.

(5) The interviewer will keep social distancing during the interview (2 meters), and

(6) All surfaces touched by the interviewer will be disinfected in between interviews with key informants.

(7) If symptoms of COVID-19 appear or you are confirmed positive for COVID-19 within 10 days of our interview, we suggest you contact the local health clinic.

Possible benefits: There are no direct benefits to you for participating in this study. The findings from this research will help healthcare professionals understand the post migration experiences and health care needs of left-behind Mexican women and returning migrants.

Possible risks: There are some questions that may cause you trouble. You do not have to answer these questions if they make you feel uncomfortable. There is a risk that you may be in contact with COVID-19 at the time of your interview. There are no other known risks for participating in this study.

Privacy: All the information that you provide will be kept private. Portions of the final research may be made available through academic journals and or research conferences. Minerva will not use your names on the interview records, they will use numbers and fictional

names (pseudonyms) instead. Information that is available to the public will not identify your personal data. Minerva will ensure that the information collected from the interviews be kept in a safe place and destroyed after seven years.

Additional information: If you have any additional questions about this study, please contact Higinio Fernández-Sánchez using the contact number provided above. If you have any questions about your rights as a research participant or about the ethics of this study you can contact the Health Research Ethics Office: 308 Campus Tower, 8625-112 street, Edmonton, AB, T6G 1K8, email: reoffice@ualberta.ca, phone: (780) 492-0459 fax: (780) 492-7808 or Facultad de Enfermería, Universidad Veracruzana, Campus Poza Rica-Tuxpan: Blvd. Lázaro Cárdenas 801, Ricardo Flores Magon, 93340 Poza Rica de Hidalgo, Ver., Mexico, phone: +52 782-824-5700.

Participation: Your participation in this study is voluntary. You are free to stop participating at any time without giving any reasons for leaving or without penalty.

Payment of Expenses: As a gratitude for your participation, you will receive a MXN200 in cash.

Signature of Research Participant: _____

Printed Name: _____**Date:** _____

Information Letter (Returning migrants)

Title: Reunification Experiences and Health Needs of Left-behind Mexican Women and Returning Migrants

Researcher: Higinio Fernández-Sánchez, RN, MN **Phone Number:** (784) 104- 4550

Supervisors: Bukola Salami, RN, PhD **Phone Number:** 1 (647) 883-6307

Co-supervisor: Jordana Salma, RN, PhD **Phone Number:** 1 (780) 263-8438

Purpose: You are being asked to share your experiences for a research study. This study will seek to uncover the reunification experiences and health care needs of left-behind Mexican women and returning migrants.

Procedures: If you agree to participate in this study, Higinio Fernández-Sánchez will meet with you to conduct an interview. The interview will take between 60 to 90 minutes. Higinio will ask you questions related to your experiences and health care needs before and after the migration experience. The interviews will take place in a safe and comfortable place located within the community's municipal office. The interviews will be conducted in Spanish, and they will be audiotaped.

Due to the COVID-19 pandemic, we cannot eliminate the risk of you getting sick due to an in-person interaction. We will take all precautions to minimize this risk by doing the following:

(1) You and the interviewer will complete a symptom checklist before the meeting *(the interviewer will call you over the phone 24 hours prior to the interview*),

(2) The interviews will take place in the local municipal office where restrooms will be available.

(3) The interviewer will wear a mask and face shield during the meeting,

(4) The interviewer will provide you with a sanitizing kit that will include: a facemask, a pen, a hand sanitizer, and a bottle of water.

(5) The interviewer will keep social distancing during the interview (2 meters), and

(6) All surfaces touched by the interviewer will be disinfected in between interviews with key informants.

(7) If symptoms of COVID-19 appear or you are confirmed positive for COVID-19 within 10 days of our interview, we suggest you contact the local health clinic.

Possible benefits: There are no direct benefits to you for participating in this study. The findings from this research will help health care professionals understand the postmigration experiences and health care needs of left-behind Mexican women and returning migrants.

Possible risks: There are some questions that may cause you trouble. You do not have to answer these questions if they make you feel uncomfortable. There is a risk that you may be in contact with COVID-19 at the time of your interview. There are no other known risks for participating in this study.

Privacy: All the information that you provide will be kept private. Portions of the final research may be made available through academic journals and or research conferences. Higinio will not use your names on the interview records, they will use numbers and fictional names (pseudonyms) instead. Information that is available to the public will not identify your personal data. Higinio will ensure that the information collected from the interviews be kept in a safe place and destroyed after seven years.

Additional information: If you have any additional questions about this study, please contact Higinio Fernández-Sánchez using the contact number provided above. If you have any questions about your rights as a research participant or about the ethics of this study you can contact the Health Research Ethics Office: 308 Campus Tower, 8625-112 street, Edmonton, AB, T6G 1K8, email: reoffice@ualberta.ca, phone: (780) 492-0459 fax: (780) 492-7808 or Facultad de Enfermería, Universidad Veracruzana, Campus Poza Rica-Tuxpan: Blvd. Lázaro Cárdenas 801, Ricardo Flores Magon, 93340 Poza Rica de Hidalgo, Ver., Mexico, phone: +52 782-824-5700.

Participation: Your participation in this study is voluntary. You are free to stop participating at any time without giving any reasons for leaving or without penalty.

Payment of Expenses: As a gratitude for your participation, you will receive a MXN200 in cash.

Signature of Research Participant: _____

Printed Name: _____**Date:** _____

Consent Form

Title: Reunification Experiences and Health Needs of Left-behind Mexican Women and Returning Migrants

Researcher: Higinio Fernández-Sánchez, RN, MN **Phone Number:** (784) 104- 4550

Supervisors: Bukola Salami, RN, PhD **Phone Number:** 1 (647) 883-6307

Co-supervisor: Jordana Salma, RN, PhD **Phone Number:** 1 (780) 263-8438

To be completed by the research participant: (Please mark your answer with an **X**).	Yes	No
1. Do you understand that you have been asked to be in a research study?		
2. Have you read in full the attached information sheet?		
3. Have you received a copy of the attached information sheet?		
4. Do you understand the risks and benefits involved in taking part in this study?		
5. Has the researcher given you an opportunity to ask questions and discuss this study?		
6. Do you understand that you have the right to withdraw from this study at any time, without having to give a reason or without penalty?		
7. Have confidentiality and anonymity issues related to this study been explained to you?		
8. Do you understand that the conversation will be audio-recorded?		
9. Do you understand that portions of the final research may be made available through academic journals and or research conferences?		
10. I agree to participate in this study:		
11. Who has explained this information to you?		

Participant initials: _____ Date: _____

Signature of witness: _____

I testify that the person signing this form understands what is involved in this study and voluntarily agrees to participate.

Signature of researcher or research assistant: _____ Date: _____

Appendix H: Information Letter and Consent Form-Spanish

Carta Informativa (Mujeres que se quedan atrás)

Título: Experiencias de Reunificación y Necesidades de Salud de Mujeres Mexicanas que se Quedan Atrás y Migrantes Retornados

Investigador: ME. Higinio Fernández-Sánchez Teléfono: (784) 104- 4550

Supervisora: Dra. Bukola Salami Teléfono: (647) 883-6307

Co-supervisora: Dra. Jordana Salma. Teléfono: (780) 263-8438

Propósito: Se le pide que comparta sus experiencias para un estudio de investigación. Este estudio buscará descubrir las experiencias de reunificación y las necesidades de atención médica de las mujeres mexicanas y los migrantes que regresan a México.

Procedimientos: Sí acepta participar en este estudio, Minerva Rocha-Fernández se reunirá con usted para realizar la entrevista. La entrevista durará entre 60 y 90 minutos. Minerva le hará preguntas relacionadas con sus experiencias y necesidades de atención médica antes y después de la experiencia de migración. Las entrevistas se llevarán a cabo en un lugar seguro y cómodo dentro de las oficinas de la agencia municipal. Las entrevistas se realizarán en español y se grabarán en audio.

Debido a la pandemia de COVID-19, no podemos eliminar el riesgo de que se enferme debido a una interacción en persona. Tomaremos todas las precauciones para minimizar este riesgo haciendo lo siguiente:

(1) Usted y el entrevistador completarán una lista de verificación de síntomas antes de la reunión *(el entrevistador lo llamará vía telefónica 24 horas antes de la entrevista*).

(2) Las entrevistas se llevarán a cabo en agencia municipal donde habrá baños disponibles.

(3) El entrevistador usará una máscara y un protector facial durante la reunión,

(4) El entrevistador le proporcionará un kit de desinfección que incluirá: una mascarilla, un bolígrafo, un desinfectante de manos y una botella de agua.

(5) El entrevistador mantendrá el distanciamiento social durante la entrevista (2 metros), y

(6) Todas las superficies tocadas por el entrevistador serán desinfectadas entre entrevistas con los participantes.

(7) Si aparecen síntomas de COVID-19 o si se confirma positivo para COVID-19 dentro de los 10 días posteriores a nuestra entrevista, le sugerimos que se comunique con la clínica de salud local.

Posibles beneficios: No hay beneficios directos para usted por participar en este estudio. Los hallazgos de esta investigación ayudarán a los profesionales de la salud a comprender las experiencias de pos-migración y las necesidades de atención médica de mujeres mexicanas y los migrantes que regresan a México.

Posibles riesgos: Algunas preguntas pueden causarle incomodidad. No tiene que responder estas preguntas si le hacen sentir incómodo/a. No hay otros riesgos por participar en este estudio.

Privacidad: Toda la información que proporcione se mantendrá privada. Parte de los resultados serán compartidos en revistas y congresos científicos. Minerva no usará su nombre en los registros de la entrevista, sino que usará números y nombres ficticios (seudónimos). La información que está disponible al público no identificará sus datos personales. Minerva se asegurará de que la información recopilada de las entrevistas se mantenga en un lugar seguro y se destruya después de cinco años.

Información adicional: Sí tiene alguna pregunta adicional sobre este estudio, comuníquese con Higinio Fernández-Sánchez utilizando el número de contacto proporcionado anteriormente. Si tiene alguna pregunta sobre sus derechos como participante de investigación o sobre la ética de este estudio, puede comunicarse con la Oficina de Ética de Investigación de Salud: 308 Campus Tower, 8625-112 street, Edmonton, AB, T6G1K8, correoelectrónico:reoffice@ualberta.ca

, teléfono: (780) 492-0459 fax: (780) 492-7808 o Facultad de Enfermería, Universidad Veracruzana, Campus Poza Rica-Tuxpan: Blvd. Lázaro Cárdenas 801, Ricardo Flores Magón, 93340 Poza Rica de Hidalgo, Ver., México, teléfono: +52 782-824-5700.

Participación: Su participación en este estudio es voluntaria. Puede retirarse en cualquier momento sin dar ninguna razón para o sin penalización.

Pago de gastos: Usted recibirá 200 pesos mexicanos por participar en este estudio.

Firma del participante de la investigación:

Nombre impreso: **Fecha:**

Carta Informativa (Migrantes retornados)

Título: Experiencias de Reunificación y Necesidades de Salud de Mujeres Mexicanas que se Quedan Atrás y Migrantes Retornados

Investigador: Higinio Fernández-Sánchez Teléfono:(784) 104- 4550

Supervisora: Dra. Bukola Salami Teléfono: (647) 883-6307

Co-supervisora: Dra. Jordana Salma. Teléfono: (780) 263-8438

Propósito: Se le pide que comparta sus experiencias para un estudio de investigación. Este estudio buscará descubrir las experiencias de reunificación y las necesidades de atención médica de las mujeres mexicanas y los migrantes que regresan a México.

Procedimientos: Sí acepta participar en este estudio, Higinio Fernández-Sánchez se reunirá con usted para realizar la entrevista. La entrevista durará entre 60 y 90 minutos. Higinio le hará preguntas relacionadas con sus experiencias y necesidades de atención médica antes y después de la experiencia de migración. Las entrevistas se llevarán a cabo en un lugar seguro y cómodo dentro de las oficinas de la agencia municipal. Las entrevistas se realizarán en español y se grabarán en audio.

Debido a la pandemia de COVID-19, no podemos eliminar el riesgo de que se enferme debido a una interacción en persona. Tomaremos todas las precauciones para minimizar este riesgo haciendo lo siguiente:

(1) Usted y el entrevistador completarán una lista de verificación de síntomas antes de la reunión *(el entrevistador lo llamará vía telefónica 24 horas antes de la entrevista*).

(2) Las entrevistas se llevarán a cabo en agencia municipal donde habrá baños disponibles.

(3) El entrevistador usará una máscara y un protector facial durante la reunión,

(4) El entrevistador le proporcionará un kit de desinfección que incluirá: una mascarilla, un bolígrafo, un desinfectante de manos y una botella de agua.

(5) El entrevistador mantendrá el distanciamiento social durante la entrevista (2 metros), y

(6) Todas las superficies tocadas por el entrevistador serán desinfectadas entre entrevistas con los participantes.

(7) Si aparecen síntomas de COVID-19 o si se confirma positivo para COVID-19 dentro de los 10 días posteriores a nuestra entrevista, le sugerimos que se comunique con la clínica de salud local.

Posibles beneficios: No hay beneficios directos para usted por participar en este estudio. Los hallazgos de esta investigación ayudarán a los profesionales de la salud a comprender las experiencias de post migración y las necesidades de atención médica de mujeres mexicanas y los migrantes que regresan a México.

Posibles riesgos: Algunas preguntas pueden causarle incomodidad. No tiene que responder estas preguntas si le hacen sentir incómodo/a. No hay otros riesgos por participar en este estudio.

Privacidad: Toda la información que proporcione se mantendrá privada. Parte de los resultados serán compartidos en revistas y congresos científicos. Higinio no usará su nombre en los registros de la entrevista, sino que usará números y nombres ficticios (seudónimos). La información que está disponible al público no identificará sus datos personales. Higinio se asegurará de que la información recopilada de las entrevistas se mantenga en un lugar seguro y se destruya después de cinco años.

Información adicional: Sí tiene alguna pregunta adicional sobre este estudio, comuníquese con Higinio Fernández-Sánchez utilizando el número de contacto proporcionado anteriormente. Si

tiene alguna pregunta sobre sus derechos como participante de investigación o sobre la ética de este estudio, puede comunicarse con la Oficina de Ética de Investigación de Salud: 308 Campus Tower, 8625-112 street, Edmonton, AB, T6G1K8, correoelectrónico:reoffice@ualberta.ca , teléfono: (780) 492-0459 fax: (780) 492-7808 o Facultad de Enfermería, Universidad Veracruzana, Campus Poza Rica-Tuxpan: Blvd. Lázaro Cárdenas 801, Ricardo Flores Magón, 93340 Poza Rica de Hidalgo, Ver., México, teléfono: +52 782-824-5700.

Participación: Su participación en este estudio es voluntaria. Puede retirarse en cualquier momento sin dar ninguna razón para o sin penalización.

Pago de gastos: Usted recibirá 200 pesos mexicanos por participar en este estudio.

Firma del participante de la investigación:

Nombre impreso: **Fecha:**

Formulario de Consentimiento Informado

Título: Experiencias de Reunificación y Necesidades de Salud de Mujeres Mexicanas que se Quedan Atrás y Migrantes Retornados

Investigador: ME. Higinio Fernández-Sánchez Teléfono: (784) 104- 4550

Supervisora: Dra. Bukola Salami Teléfono: (647) 883-6307

Co-supervisora: Dra. Jordana Salma Teléfono: (780) 263-8438

Para ser llenado por el participante: (Marque su respuesta con una X).

	Sí	**No**
¿Entiende que le han pedido que participe en un estudio de investigación?		
¿Ha leído en su totalidad la hoja de información adjunta?		
¿Recibió una copia de la hoja de información adjunta?		
¿Entiende los riesgos y beneficios que implica participar en este estudio?		
¿El investigador le ha dado la oportunidad de hacer preguntas y discutir este estudio?		
¿Entiende que tiene derecho a retirarse de este estudio en cualquier momento, sin tener que dar una razón o sin penalización?		
¿Le han explicado los problemas de confidencialidad y anonimato relacionados con este estudio?		
¿Entiende que la conversación se grabará en audio?		
¿Entiende que partes de la investigación final estarán disponibles a través de revistas académicas y conferencias de investigación?		
¿Quién le ha explicado esta información?		

Acepto participar en este estudio:

Iniciales del participante:

Fecha:

Firma del testigo:

Testifico que la persona que firma este formulario comprende lo que implica este estudio y acepta voluntariamente participar.

Firma del investigador o asistente de investigación:

Fecha:

Appendix I: COVID-19 Safety Precautions

- I purchased travel health insurance for the time of my fieldwork.
- I maintained communication with my supervisors and kept them updated with any changes to the protocol.
- I self-isolated for 14 days upon arrival to Mexico.
- I sought community approval to research before planning to travel to Mexico.
- Researchers from the Faculty of Nursing, Universidad Veracruzana were contacted to coordinate my involvement in the community.
- I avoided non-essential travel outside of Veracruz during fieldwork.
- I always wore a facemask and maintained social distancing during participant observation.
- I did not attend indoor events or activities as part of my community engagement; however, I assisted outdoor events following the recommendations of wearing a face mask and maintaining social distance of 2 meters.
- Before the interview, key informants were contacted via phone to conduct a COVID-19 assessment.
- Interviews were conducted in a private office where social distancing was ensured, and restroom facilities were available.
- Only two people were in the interview room at the time, the interviewer, and the interviewee.
- No more than three interviews were scheduled per day to allow time for appropriate disinfection of surfaces between key informants.
- Each participant was provided with a sanitizing kit that included: a facemask, a pen, a hand sanitizer, and a bottle of water.

- The advisory committee meetings were broken into two; one composed of three women who stayed behind and I as the researcher, a second one composed of three chief-of-city-block, and myself. This allowed us to have less than four people during monthly meetings.

Appendix J: Table 1 Study Characteristics

Table 1

Study Characteristics

	Authors & Year	Location	Source type	Theoretical Framework	Research Design	Research Methods	Sampling	Sample
1	Hendrickson, Lohani, Thapaliya Shrestha & Underwood (2019)	Nepal	Empirical study	Transnational Theory	Qualitative	Interviews	Purposive sampling	n= 20
2	Agadjanian & Hayford (2018)	Mozambique	Empirical study	Microeconomic Theory of Marriage	Quantitative	Survey	Randomly selected	Wave 1: n= 638 Wave 2: n= 568
3	Hendrickson, Owczarzak, Lohani, Thapaliya Shrestha & Underwood (2018)	Nepal	Empirical study	Intersectionality Framework	Qualitative	Interviews	Purposive sampling	n=20
4	Atake (2018)	Togo	Empirical study	n/a	Quantitative	Secondary data analysis	n/a	n= 5, 019
5	Roosen & Siegel (2018)	Afghanistan	Empirical study	Migration and Health Behavior Theories	Quantitative	Secondary data analysis	n/a	n= 25, 419
6	Singh (2018)	India	Empirical study		Qualitative	Interviews and focus groups	Snowball sampling	n= 100
7	Lenoël (2017)	Morocco	Empirical study	Gender Framework	Qualitative	Interviews	n/a	n=12
8	Matz & Mbaye (2017)	Ethiopia	Empirical study	n/a	Quantitative	Secondary analysis	n/a	n= 1, 208
9	Ullah (2017)	Yemen, Jordan, Iraq, Morocco, Egypt & Indonesia	Empirical study	Autonomy and Leadership Dynamics Framework	Qualitative	Interviews	Snowball sampling	n=53
10	Chereni (2017)	Zimbabwaea	Empirical study	Transnational & Gender Theories	Qualitative	Interviews	n/a	n=3
11	Agadjanian & Markosyan (2017)	Armenia	Empirical study	n/a	Quantitative	Survey	n/a	n= 940

12	Jin et al. (2016)	China	Empirical study	n/a	Quantitative	Survey	Multistage stratified random cluster sampling	n= 938
13	Cortes (2016)	n/a	Literature review	n/a	n/a	n/a	n/a	n/a
14	Chisholm (2016)	Mexico	Thesis	Gender and Migration Theory	Qualitative	Interviews	Purposive sampling	n= 5
15	Miskinzod (2015)	Tajikistan	Thesis	Migration, Fertility and Family planning	Qualitative	Interviews	Purposive sampling	n=112
16	Ikuomola (2015)	Nigeria	Empirical study	n/a	Qualitative	Interviews	Snowball sampling	n= 21
17	Siriwardhana et al. (2015a)	Sri Lanka	Empirical study	n/a	Qualitative	Interviews	Purposive sampling	n= 7
18	Siriwardhana et al. (2015b)	Sri Lanka	Empirical study	n/a	Quantitative	Survey	Randomly selected	n= 158
19	Graham, Jordan & Yeoh (2015)	Indonesia, the Philippines, and Vietnam	Empirical study	n/a	Mixed-methods	Survey and interviews	Replicable sampling	n= 3, 026
20	Nobles, Rubalcava & Teruel (2015)	Mexico	Empirical study	n/a	Quantitative	Survey	Randomly selected	n= 2, 813
21	Espinoza et al. (2014)	Mexico	Empirical study	Theory of Gender & Power	Qualitative	Interviews	Purposive sampling	n= 22
22	Edelblute et al. (2014)	Mexico	Empirical study	Cognitive Behavioral Theory, Psychoeducation & Social Support	A pilot efficacy study: a promotora-based intervention targeting depression given in five sessions.	Pre-post design	Snowball sampling	n= 39
23	Yi, Zhong & Yao (2014)	China	Empirical study	n/a	Quantitative	Survey	Randomly selected	n= 1, 893
24	Sultana & Rehman (2014)	Pakistan	Empirical study	n/a	Qualitative	Interviews, observation and focus groups	n/a	n= 20
25	Sarker & Islam (2014)	Bangladesh	Empirical study	n/a	Quantitative	Interviews using questionnaires	Randomly selected	n= 220
26	Aghajanian, Alihoseini & Thompson (2014)	Iran	Empirical study	n/a	Quantitative	Interviews using questionnaires	Randomly selected	n= 402

27	Iqbal, Idrees & Mohyuddin (2014)	Mandibaha	Empirical study	n/a	Qualitative	Interviews	Snowball sampling	n= 18
28	Agadjanian & Sevoyan (2013)	Armenia	Empirical study	n/a	Quantitative	Secondary data analysis	n/a	n= 280
29	Boyles (2013)	Mexico	Empirical study	Gender Theory	Mixed-methods	Survey and interviews	n/a	Survey (n=71), interviews (n=9)
30	Avogo & Agadjanian (2013)	Mozambique	Empirical study	n/a	Quantitative	Secondary data analysis	n/a	n= 1, 680
31	Echegoyen Nava (2013)	Mexico	Empirical study	n/a	Qualitative	Interviews	n/a	n= 8
32	Gartaula, Visser & Niehof (2012)	Nepal	Empirical study	Theory of Human Need	Qualitative	Interviews and observational visits	n/a	n= 4
33	Ullmann (2012)	Mexico	Empirical study	n/a	Quantitative	Survey	Randomly selected	n= 2, 135
34	McEvoy, Petrzelka, Radel & Schmook (2012)	Mexico	Empirical study	n/a	Qualitative	Focus groups	Snowball sampling	n= 18
35	Singh, Singh & Jha (2012)	India	Empirical study	n/a	Quantitative	Survey	n/a	n= 200
36	Datta & Mishra (2011)	India	Empirical study	n/a	Quantitative	Survey	n/a	n= 976
37	Agadjanian, Yabiku & Cau (2011)	Mozambique	Empirical study	n/a	Quantitative	Secondary data analysis	n/a	n= 1, 680
38	McKenzie & Menjívar (2011)	Honduras	Empirical study	Economic sociology and social meanings of relations within Transnational Families' Framework	Qualitative	Interviews	n/a	n= 12
39	Sevoyan (2011)	Armenia	Thesis	Fertility and Migration Theory	Quantitative	Survey	Randomly selected	n= 240
40	Lukasiewicz (2011)	Philippines	Empirical study	Gender Theory	Qualitative	Interviews	n/a	n/a
41	Haas & Rooij (2010)	Morocco	Empirical study	n/a	Mixed-methods	Interviews and survey	n/a	n= 43

42	Yabiku, Agadjanian & Sevoyan (2010)	Mozambique	Empirical study	n/a	Quantitative	Survey	Randomly selected	n= 680
43	Bojorquez, Salgado de Snyder, & Casique (2009)	Mexico	Empirical study	Stress Theory	Quantitative	Survey	Randomly selected	n= 418
44	Qin et al. (2009)	China	Empirical study	n/a	Quantitative	Survey	Cluster sampling	n= 1, 873
45	Desai & Banerji (2008)	India	Empirical study	n/a	Quantitative	Secondary data analysis	n/a	n= 36, 482
46	Caballero, Leyva-Flores, Ochoa-Marin, Zarco & Guerrero (2008)	Mexico	Empirical study	n/a	Qualitative	Interviews	Snowball sampling	n= 60
47	McEvoy (2008)	Mexico	Thesis	Feminization of Agriculture Framework	Qualitative	Interviews	Purposive, snowball and convenience sampling	n= 31
48	Toyota, Yeoh, & Nguyen (2007)	n/a	Literature review	Household Strategy Theory	Literature review	n/a	n/a	n/a
49	Biao (2007)	China	Empirical study	n/a	Qualitative	Interviews	n/a	n/a
50	McGuire & Martin (2007)	Mexico	Empirical study	n/a	Qualitative	Interviews	Snowball sampling	n= 14
51	Sadiqi & Ennaji (2004)	n/a	Literature review	Gender Theory	Literature review	n/a	n/a	n/a
52	Sekhar (1996)	India	Empirical study	n/a	Quantitative	Survey	n/a	n= 132
53	Salgado de Snyder (1993)	Mexico	Empirical study	n/a	Quantitative	Survey	Snowball sampling	n= 202
54	Brink (1991)	Egypt	Empirical study	n/a	Qualitative	Interviews	n/a	n= 8

Appendix K: Table 2 Summary of Key Findings

Table 2

Summary of study findings

	Authors & Year	Aim/Purpose	Key Findings
1	Hendrickson, Lohani, Thapaliya Shrestha & Underwood (2019)	To document the nature of women's interactions with their absent spouses. To examine whether and how women discussed childbearing, family planning, or childbearing with their labor migrant spouses.	-Migrant husbands were in constant communication with their left-behind wives. -Conversations about family planning and childbearing were often ignored until the husband's return home.
2	Agadjanian & Hayford (2018)	To examine the associations between husband's migration and union dissolution.	-Left-behind wives were either separated or divorced from Wave 1 to Wave 2, compared to their non-left-behind counterparts (13.3% versus 12.7%). -There was no association between husband's migration status and the likelihood of dissolution but substantial differences between unions of more successful and less successful migrants. -Left-behind women's decision-making autonomy is associated with an increased risk of divorce for left-behind wives but greater marital stability for non-left-behind wives.
3	Hendrickson, Owczarzak, Lohani, Thapaliya Shrestha & Underwood (2018)	To examine how global economic processes that lead Nepali men to travel for work also affect women's reproductive work, including childrearing and reproductive decision-making.	-After the husbands migrate the wives were under social scrutiny in regards their reproductive lives and use of money their husbands transferred from abroad. -Caring for the children relied completely on them when their husbands left.
4	Atake (2018)	To evaluate the impacts of migration on maternal and child health services utilization.	-Left-behind women were more likely to receive antenatal care, hospital birth and postnatal care. -Left-behind women gave birth with the assistance of a healthcare provider (10.3%) when compared to non-left-behind women. -The same was for the antenatal visits (3.5-9.5%) higher.
5	Roosen & Siegel (2018)	To investigate the link between migration and knowledge and use of birth control methods among female household members of migrants who stay behind in Afghanistan.	-Left-behind women were less likely to use birth control methods compared to non-left-behind women.
6	Singh (2018)	To look into various socioeconomic, psychological and political impacts of male out-migration on women left behind.	-60% of left-behind women increased their purchasing power. -40% of left-behind women indicated that money transfers from their migrant partners is not enough for household expenses.

			-76% of these women reported that the work burden had increased after their partners' migration. -82% of the women reported that their financial autonomy increased over time after their partners' migration. -79% had to seek advice from husband or other male members in the family when spending money. -93% of the women reported constant feelings of loneliness. -86% suffered from insecurity and fear. -Women fear that their partners would leave them for another woman.
7	Lenoël (2017)	To analyze the effects of migration on wives' bargaining and decision-making power over time within the household in the context of an Arab patriarchal society.	-Left-behind women stayed to live with their in-laws while their partners migrated. -Migration may contribute to the resilience of the traditional extended household structure and it predicated on a patriarchal social and family order are unlikely to bring about sustainable women's empowerment in the origin household and community.
8	Matz & Mbaye (2017)	To investigate the impact of migration of male household heads on the autonomy of their spouses.	-Left-behind women's self-determination and decision-making power increases after their partners' migration and to a lesser extent the ability to protect one's interests. -The husbands' migration offers an opportunity for women to become more autonomous in traditional societies.
9	Ullah (2017)	To investigate how the left-behind women turned around in the absence of their husbands and eventually how they end up being empowered financially, socially, and politically.	-Left-behind women gain decision-making power. -Left-behind women are left to care for the elderly and children. -When these men return home, a personality conflict arises because husbands refuse to share responsibilities or are not willing to let their wives do as they did before.
10	Chereni (2017)	To examine narratives of suffering provided by Zimbabwean non-migrant women.	-Left-behind spouses suffer from psychosocial and emotional issues related to their husband's migration status. Factors that influence this condition are the take-up of new obligations and responsibilities (i.e., menial labor).
11	Agadjanian & Markosyan (2017)	To examine HIV-related perceptions and actions of migrants' left behind wives in Armenia.	-A multivariate logistic regression analysis that showed that migrants' wives are significantly more likely to suspect their husbands of extramarital sex than are non-migrants' wives (OR=2.51, $p<0.01$). -The analyses detected greater worries about HIV infection (OR=1.53, $p<0.05$) and a higher likelihood of spousal communication on HIV matters (OR=1.26, $p<0.10$) among migrants' wives when compared to non-migrants' wives. -No difference between the two categories of women in the probability of consistent condom use with husbands was found.
12	Jin et al. (2016)	To explore the prevalence and factors associated with depressive symptoms among left-behind women in China.	-Left-behind women scored higher in depressive symptoms compared to non-left-behind women (M=50.35 versus M=45.46, p=0.001).
13	Cortes (2016)	To investigate the place of women in international emigration in a range of southern contexts (Central America, Western and Eastern Africa and Southern Asia), with a focus on those who	-The role of women in places of emigration has been the object of several studies in geography and more broadly in social science from the seventies and eighties, and increasingly so in the nineties.

		"stay" in the absence of men and are left behind when the others leave.	
14	Chisholm (2016)	To examine the challenges and coping strategies women face in this situation during health emergencies, and the role of social media in maintaining strong family ties across international borders.	-Left-behind women found work and social support to be helpful coping mechanisms. -Several challenges were identified for these women: relationship maintenance, single parenting, health emergencies, coping with feelings of abandonment.
15	Miskinzod (2015)	To examine the impact of international male labor migration on the sexual and reproductive health of women who stay back home in Tajikistan.	-Male migration does not have an impact on fertility levels of the left-behind women. -The women's ability to use condoms for a short term with husbands after their return and asking spouses to have an HIV test. -Male migration worsens reproductive health of the left-behind women, but it improves their access to reproductive health institutions thanks to remittances.
16	Ikuomola (2015)	To explore the socio-cultural challenges facing wives of migrants (Bini women, in Edo State, Nigeria.	-Left-behind women are confronted with traditions and the need to readjust their lives amidst cultural and familial cooperation and constraints. -Left-behind women are exposed to excessive surveillance through significant others and the renegotiation of living arrangements based on patriarchal values and expectations. -Women described the life adjustment as stigmatic, hectic and demanding in maintaining the home front.
17	Siriwardhana et al. (2015a)	To describe a qualitative study designed to address the lack of insight and understanding of the impact of labor migration on 'left-behind' family members.	-The health and family-structure of left-behind families was affected.
18	Siriwardhana et al. (2015b)	To explore the impact of economic migration on mental health of left-behind families in Sri Lanka.	-7.2% of the participants had depression, 2.5% had somatoform disorder and 0.4% had anxiety.
19	Graham, Jordan & Yeoh (2015)	To investigate the mental health of those who stay behind in Indonesia, Philippines, and Vietnam to care for the children of overseas migrants.	-A large number of left-behind women stayed to care for their children: 16.29% in Indonesia, 34.75% in the Philippines and 17.71% in Vietnam. -Left-behind women are more likely to suffer from Common Mental Disorders in the three countries, Indonesia (OR=1.90, 95% CI= 1.2, 3.23), Philippines (OR=1.80, 95%CI=1.05, 3.10), Vietnam (OR=2.67, 95%CI=1.45, 4.90). -Left-behind women often take-up the husbands' responsibilities (i.e., agricultural work) in addition to their own work.
20	Nobles, Rubalcava & Teruel (2015)	To investigate changes to the emotional wellbeing of non-migrant mothers when their partners reside in the United States.	-Left-behind Mexican women are more likely to report symptoms of distress (i.e., loneliness, sadness, crying, and difficulty sleeping and obsessive thinking). -There was no evidence that these changes in their mental health was related to the decreases in household resources or increases in the burden of household management and family caretaking.
21	Espinoza et al. (2014)	To explore the perceptions of indigenous women from US migrant receiving and Mexican migrant sending communities regarding their sexual	-Left-behind Tunkas confronted barriers to accessing healthcare such as insufficient prescribed drugs and medical personnel, long waiting times and concerns about their privacy and confidentiality.

		health experiences and reproductive health practices.	-These women are culturally expected to remain behind while the husbands migrate. -The husbands' infidelity is common while they are away from home.
22	Edelblute et al. (2014)	To describe a pilot efficacy study for a low cost, research-based promotora intervention focused on improving depression and social support for women in a migratory sending community in Mexico.	-The intervention was effective. -There was a change between pretest and post-test on the depression scale (M=22.9 versus M=20.5, *p=0.23*). -Left-behind women improved their social support scores from baseline assessment to post-test (M=31.0 versus M=33.1, *p=0.06*).
23	Yi, Zhong & Yao (2014)	To examine the health-related quality of life and influencing social and cognitive factors in a sample of left-behind wives in rural areas of China.	-Left-behind women had lower scores on physical components (M=86.35 versus M=91.84, p=0.43), mental health (M=62.74 versus M=67.80, p=0.35) compared to non-left-behind women. -These women scored higher for depression (M=10.90 versus M=7.93, p=0.29), stress (M=17.23 versus M=14.89, p=0.42) and passive coping (M=10.61 versus M=9.53, p=0.18). -Left-behind women scored lower in social support and active coping (M=20.62 versus M=23.22, p=0.35) compared to non-left-behind women.
24	Sultana & Rehman (2014)	To analyze the impact of husbands' out-migration on the status of wives in the community of origin.	-Left-behind women take-up new responsibilities while their husbands are away. -This new workload leads them to experience mental health issues, such as stress, depression, low self-esteem, and frustration. -Even though the migration of the husband might be economically advantageous for the left-behind women, they become lonely and experience emotional distress.
25	Sarker & Islam (2014)	To examine the effects of husbands' international labor migration on wives' position among the left-behind wives in rural Bangladesh.	-The men's migration benefited left-behind women's decision-making (M=28.5 versus M=8.5, p=0.01) and autonomy (M=5.8 versus M=2.5, p=0.01) when compared with non-left-behind women. -Older women gain more autonomy. -Left-behind women who own land seemed to have better decision-making capacity and autonomy.
26	Aghajanian, Alihoseini & Thompson (2014)	To compare the two groups on perceived autonomy, marriage and family life satisfaction and satisfaction with economic resources, physical and mental health status, and reported symptoms of STDs.	-Left-behind women had higher satisfaction with economic resources, -Left-behind women had no greater physical or mental health issues compared to non-left-behind women. -Left-behind and non-left-behind women had similar autonomy levels.
27	Iqbal, Idrees & Mohyuddin (2014)	To examine the possible impact of migration on the change in the role and decision-making autonomy of women who stay behind.	-Left-behind women improved their development, thus increasing their decision-making autonomy. -These women were left to play the male and female role simultaneously.
28	Agadjanian & Sevoyan (2013)	To examine whether men's labor migration from rural Armenia to Russia and other international destinations enhances the economic and social connections of the left-behind households to their communities or, on the contrary, undermines	-Left-behind wives are less likely to find a job compared to non-left-behind women. -Left-behind wives were 50% higher to wish to move abroad than non-left-behind, and the difference in propensity to emigrate between migrants' and non-migrants' wives increased with duration of husband's migration.

		those connections and encourages household members' own migration.	
29	Boyles (2013)	To look at how women's work responses are differentiated by husbands' migration status, by age, and by husband's control over women's activities.	-Left-behind women aged 35-50 tend to be income-producing women, however, because motherhood as a cultural priority for these women, their income-producing income opportunities are primarily limited to options within the home or in venues that can accommodate their children.
30	Avogo & Agadjanian (2013)	To examine how non-migrating wives of labor migrants use their personal networks to cope with perceived risks of HIV infection in rural southern Mozambique.	-Left-behind women were more likely than non-left-behind women to discuss HIV/AIDS with other women.
31	Echegoyen Nava (2013)	To examine the negotiations and changes in family life of those who stayed behind by looking at spouses', siblings, and parent-children's relations.	-Three major themes were identified: positive overcompensation, neutral perspective, and negative compensation. -Left-behind women expressed a sense of guilt and compassion for their migrant partners, however, they also expressed a sense of anger towards the migrants for having left-behind the family.
32	Gartaula, Visser & Niehof (2012)	To contribute to our understanding of objective and subjective wellbeing by exploring the perceptions of women left behind by out-migrating husbands on their quality of life in a transnational social field.	-Even though the well-being of the left-behind from an objective perspective improves with the remittances, their subjective well being worsens.
33	Ullmann (2012)	To explore the relationship between the husbands' migration and several health conditions and behaviors among the wives.	-Left-behind women have 2.84 times the odds of heart disease (pB0.01), 2.34 times the odds of emotional/psychiatric disorders (pB0.01) and 1.38 times the odds of being overweight/obese (pB0.05) compared with non-left-behind women. -No differences were found for the variables of hypertension, diabetes or ever smoking.
34	McEvoy, Petrzelka, Radel & Schmook (2012)	To address the how and why gender affects mobility and vice versa are needed.	-The absence of a migrant partner has resulted in contradictory changes in women's mobility, with ambiguous results for women's gender empowerment.
35	Singh, Singh & Jha (2012)	To examine the impact of male labor out migration on rice productivity, livelihood, and women empowerment on migrant households in Bihar.	-The absence of a migrant partner resulted in the empowerment of women left-behind. -The remittances helped improve the livelihood, education, and healthcare for those left-behind. -The level of employment has also increased for women left-behind.
36	Datta & Mishra (2011)	To analyze the impact of male migration on the lives of women left behind in rural Bihar	-Left-behind women undertake more agricultural and non-agricultural work. -They become the primary caretakers of the children, and the burden of household tasks increases. -They became more involved in decision-making in the household, managing finances and remittances.
37	Agadjanian, Yabiku & Cau (2011)	To explore possible connections between husbands' migration status and contraceptive use by their wives, net of fertility intentions.	-Left-behind women had a lower birth rate, however, once the partner returns home the birth rate increases.

			-Left-behind women who see their partners' migration status as economically beneficial tend to want more children; however, they are also more likely to use contraceptive methods than non-left-behind women are.
38	McKenzie & Menjívar (2011)	To examine the non-economic, emotional meanings that men's economic migration has for the wives and mothers who stay in two rural communities in Honduras.	-Three themes were identified: a) communication between the left-behind women and migrant men b) stress and anxiety in women's personal lives, and c) added household responsibilities for the left-behind women. -Remittances and gifts from migrant men to left-behind women help improve the women's lives and symbolizes love and union between the couple.
39	Sevoyan (2011)	To explore the effects of seasonal migration on reproductive behavior and outcomes, as well as sexual health among women left-behind.	-Seasonal migration does not disrupt fertility of left-behind women. -Women with migrant partners are about three times less likely to use condoms, and 2.5 times less likely to use other modern contraceptives compared to non-left-behind women. -Left-behind women have a higher risk of sexually transmitted diseases compared to non-left-behind women.
40	Lukasiewicz (2011)	To explore how rural social relations in the Philippines are being transformed in today's "age of migration."	-Participants of this study reported buying new lands because of the remittances. -They gain new responsibilities as many of them started managing the lands and farms.
41	Haas & Rooij (2010)	To analyze how internal and international out-migration of men has affected the position of women left behind in a rural area in southern Morocco.	-Internal and international migration has generally not played a major and independent role in this change, as has sometimes been suggested in the literature. -The absence of men has implied a considerable increase in the responsibilities and decision-making power among the wives of both internal and international migrants, this has mainly been a temporary change, as most men assume their traditional, patriarchal roles as soon as they return.
42	Yabiku, Agadjanian & Sevoyan (2010)	To examine the relationship between men's labor migration and the decision-making autonomy of women who stay behind.	-Left-behind women gain more autonomy. -Their autonomy may persist after the return of the husbands.
43	Bojorquez, Salgado de Snyder, & Casique (2009)	To evaluate the association of emigration of husband and depressive symptoms (DS) among women who stay in Mexico. We also tested the hypothesis that the husband's migration would increase the woman's autonomy, which in turn would decrease DS.	-Left-behind women reported high scorers in movement autonomy, with a median of –0.58 (interquartile range (IQR) -0.69–1.27). -A higher educational level was associated with more movement autonomy ($p < 0.001$) and economic autonomy ($p < 0.001$). -Almost one quarter of these women had experienced significant Depressive Symptoms during the previous week.
44	Qin et al. (2009)	To investigate sexual behaviors and condom use among married women in rural areas of China.	-Left-behind women had a higher rate of self-reported HIV infection than their non-left-behind counterparts did (4.3% versus 1.7%, $p<.001$). -Their migrating husbands infected nine left-behind women with HIV. -Non-left-behind women reported more condom use in the previous year compared to left-behind women (4.8% versus 2.7%, $p=.043$). -A higher percentage of left-behind women had had multiple sexual partners (8%) compared to non-left-behind wives (3.2%).

45	Desai & Banerji (2008)	To examine the impact of husbands' migration on the lives of women left behind.	-Left-behind women are more likely to enter the workforce when compared to non-left-behind women. -Women who stay to live alone are more independent and their decision-making power increases; however, they experience an increase in their responsibilities.
46	Caballero, Leyva-Flores, Ochoa-Marin, Zarco & Guerrero (2008)	To analyze how women who are left behind seek care in communities with a high migration index.	-Left-behind women stay to live on their own or move in with their families. -Women who move with their family receive more support but are in constant control and are less likely to seek healthcare. -Women who live on their own show more independence but receive less support from their families.
47	McEvoy (2008)	To assess the effects of male out-migration on women's lives in three areas: households' financial and material situation, issues of infidelity and women's vulnerability to abandonment, and the gendered division of labor.	-Most left-behind women received minimal, sporadic remittances from their migrant partners. -Some women experienced marital separation or abandonment, leading them to a financially precarious position and limiting their freedom and mobility. -Left-behind women increased their participation in agricultural production by attending more meetings and contracting and supervising day laborers.
48	Toyota, Yeoh, & Nguyen (2007)	To bring the left behind back into view and call for a new research framework that examines migration and the left behind in an integrated manner.	-In many parts of Pacific Asia, household members take turns in migrating. -It is possible for both (left-behind and migrant) to migrate at one point.
49	Biao (2007)	To describe the basic problems faced by it, discusses the institutional causes of the problems, and explores long-term and short-term solutions.	-Left-behind women are more likely to enter the agricultural workforce when their partners are away. -These results may not be completely related to being left-behind but rather an issue of rural communities.
50	McGuire & Martin (2007)	To describe the experiences by sharing their voices, and challenges us both to shape new clinical responses, international connections, and solidarity in efforts humanize immigration policy, and to transform the dynamics of economic globalization that contribute to these conditions	-Left-behind women experienced new hopes for their future with the remittances. -Women also experienced fear, insecurity, and instability. -The migration experience for left-behind women was related to temporary or permanent family fragmentations.
51	Sadiqi & Ennaji (2004)	To offer a gender approach to the impact of male migration from Morocco to Europe on women left behind.	-Women left-behind in Morocco gain greater economic independence when the males migrate to European countries. -Newly-married brides often live with the migrant's parents, the ones who control the remittances. -Left-behind women may also start to seek a job. -Male migration resulted in disintegration of the family nucleus and traditions. -Left-behind women are found to live in poverty and a great number of them are found in the lowest levels of vocational schools.
52	Sekhar (1996)	To examine the impact of male emigration on the family left behind with specific reference to the women's position from a rural Indian Perspective.	-41% of left-behind wives lived with their in-laws. -35% reported to be the family's primary caregiver. -The absence of the male migrant could lead to more capable and self-confident women.

53	Salgado de Snyder (1993)	To investigate some of the psychosocial dynamics involved in the lives of women left-behind because of their spouses' departure to the United States.	-52.7% of the left-behind women participated in the decision process of the husbands' migration and 59.4% considered this decision to be very good for the family. -Majority of the women scored high in stress related to their new responsibilities. -43% of the women cried their emotions out while 31% avoided thinking about their concerns. -Most left-behind women (89%) expressed having received support from their husbands even when they were away.
54	Brink (1991)	To assess the effect of education and employment on the status of women.	-Left-behind women who stay to live in a nuclear family gain greater decision-making ability and autonomy. -Many women expressed dissatisfaction about their husbands' absence (i.e., worried about finances, having to assume double roles, and feared divorced).

Appendix L: COVID-19 Assessment Tool

Assessment Questions	Yes or No
1. Do you have any of the following new or worsening symptoms or signs? -cough -shortness of breath -sore throat -runny nose or nasal congestion -hoarse voice -difficulty swallowing or new smell or taste disorders -nausea -vomiting -diarrhea -abdominal pain -unexplained fatigue -chills -headache -fever	
2. Have you traveled outside Veracruz or had close contact with anyone who has traveled outside Veracruz in the past 14 days?	
3. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?	

Appendix M: Mobile Public Address System

The MPAS consists of a car driving around the community with a speaker announcing details about the research study, including contact information. The following recordings will be pre-recorded:

- Hello, my name is Higinio Fernández-Sánchez, I am a doctoral researcher from the University of Alberta.
- I will be conducting a study in Agua Dulce from January to June 2020.
- If you are a woman and your partner arrived from living and working abroad at least 12 months ago, you might be eligible to take part in this research.
- If you would like to learn more about this project, please contact Higinio at (784) 104-4550 or reach out to your chief-of-city-block for more details. Again, the number is (784) 104- 4550. Thank you very much!

Appendix N: Confidentiality Agreement-English

Confidentiality Agreement

Reunification Experiences and Health Needs of Left-behind Mexican Women and Returning Migrants

I, _____ the (job title, e.g., transcriptionist) have been hired to _____.

I agree to:

1. Ensure that all the research information in my possession is kept in confidentiality by not discussing or sharing the research information with anyone other than the researcher, Higinio Fernández-Sánchez.

2. Ensure that all research information is secure while it is in my possession.

3. Return all research information to the researcher, Higinio Fernández-Sánchez, when I have completed my job.

4. Destroy all the research information in my possession once I have consulted with the researcher, Higinio Fernández-Sánchez.

Employee: _____ Signature: _____ Date: _____

Researcher: Higinio Fernández-Sánchez **Signature: _____ Date: _____**

Appendix O: Confidentiality Agreement-Spanish

Acuerdo de Confidencialidad

Título: Experiencias de Reunificación y Necesidades de Salud de Mujeres Mexicanas que se Quedan Atrás y Migrantes Retornados

Investigador: ME. Higinio Fernández-Sánchez Teléfono: (784) 104- 4550

Supervisora: Dra. Bukola Salami Teléfono: (647) 883-6307

Co-supervisora: Dra. Jordana Salma. Teléfono: (780) 263-8438

Yo, el (título del trabajo, por ejemplo, transcriptor) he sido contratado para _____. **Estoy de acuerdo con:**

1. Asegurar que toda la información de la investigación que tengo en mi posesión se mantenga confidencial al no discutir o compartirla con nadie más que el investigador, Higinio Fernández-Sánchez.
2. Asegurar que toda la información de la investigación esté segura mientras esté en mi posesión.
3. Devolver toda la información de la investigación al investigador, Higinio Fernández-Sánchez, cuando haya concluido mi trabajo.
4. Destruir toda la información de la investigación en mi posesión una vez que haya consultado con el investigador, Higinio Fernández-Sánchez.

Empleado: **Firma: _____ Fecha: _____**

Investigador: Higinio Fernández-Sánchez **Firma: _____ Fecha: _____**

Appendix P: Definition of Terms

Culture. "Culture is a process through which ordinary activities and conditions take on an emotional tone and a moral meaning for key informants. It is not homogenous or static. It is inseparable from economic, political, religious, psychological, and biological conditions" (Kleinman & Benson, 2006, p. 1673).

Gender. "Socially constructed roles, behaviors, expressions and identities of girls, women, boys, men, and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society" (Canadian Institutes of Health Research [CIHR], 2020, p. 1).

Gender Identity. "Is not confined to a binary (girl/woman, boy/man) nor is it static; it exists along a continuum and can change over time" (CIHR, 2020, p. 1).

Gender Relations. "Specific subset of social relations uniting women and men as social groups in a particular community, including how power – and access to/control over resources – is distributed between the sexes" (European Institute for Gender Equality, 2020, p.1).

Transnational Migration. "A process of movement and settlement across international borders in which individuals maintain or build multiple networks of connection to their country of origin while at the same time settling in a new country" (Upegui-Hernandez, 2014, pp 2005). Transmigrants. individuals who migrate across international borders, maintain strong ties with their birthplace by constant involvement with their country of origin's social, political, cultural, and political systems (Upegui-Hernandez, 2014).

Women who Stay Behind. Women who stay in their country of birth, for short or prolonged periods, while their partners move to live and work across international borders (Fernández-Sánchez et al., 2020).

Return Migration. it occurs when migrants return to their country of origin after having been transnational migrants, for a long or short period, and who return voluntarily or by forced repatriation, and intending to remain in their place of origin for at least 12 months (International Organization for Migration, 2019; Lozano-Ascencio & Martínez-Pizarro, 2015; Organization for Economic Cooperation and Development [OECD], 2017).

Health Needs. "Health needs are those that can benefit from health care or from wider social and environmental changes" (Wright et al., 1998).