

The Transnational Families of Filipino Nurses in Ireland in the Midst of an Emerging Philippines-Ireland Migration System

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The economic boom in the decade of the 90's, dubbed as the Celtic Tiger era, has transformed Ireland from a net emigration to a net immigration country beginning in 1996. This reversal in migration flow had placed Ireland in a position both as a seasoned emigration country and as a neophyte host country. Their inexperience in hosting immigrants had led to State policies that are constantly evolving and have profound influence in the way immigrants and their families live their transnational lives.

Filipinos were among the immigrant groups that responded to the economic opportunities in Ireland. The mass migration of Filipinos to Ireland is a recent phenomenon. In 1991, there were only 257 officially registered Filipinos in Ireland. Ninety percent of these Filipinos were women married to Irish nationals and domestic workers employed in diplomatic missions. Starting in 1999, this number began to climb with the arrival of Filipino aircraft engine mechanics, mechanical engineers, and sales workers. In the year 2000, Filipino nurses started arriving in Ireland. Data from the Philippine Overseas Employment Agency (POEA henceforth) reveal that 126 Filipino nurses were deployed to Ireland in the year 2000. The following year 1,529 Filipino nurses were added representing a 1,200 percent growth from the previous year. Filipino nurses had since become the most dominant Filipino occupational group comprising the majority of all Filipinos with work permits and visas in Ireland. Between 2000 - 2006, the POEA data shows that the Philippines deployed a total of 3,512 nurses to Ireland, 82 percent were women. In 2002, a new group of Filipino workers arrived in Ireland. Filipino domestics workers, hired directly from Malaysia and Singapore to work mostly as nannies (because there is no work permit category for domestic workers), also joined the ever growing number of Filipinos in Ireland. All in all, between 1999-2006, the Philippines deployed 6,505 workers-- 54 percent are nurses and 7 out of 10 (69.76 percent) are women.

But what factors caused this surge in migration of Filipinos to Ireland? Prior to 1999, the Philippines did not have any significant social, economic, historical or colonial ties with Ireland which are hypothesized to be the precursors in the development of a migration system (Zlotnik, 1992). It is only recently that these ties are unfolding. Before 1999, the closest that could be considered as a historical (or cultural) tie between the two countries was the presence of Irish missionaries through the missionary programs of the Redemptorists, Columbans and Dominicans who had missions in the Philippines dating back to the 1920's to fill in the void resulting from the departure of the Spanish friars. Even when we extend the definition of colonialism to include the 'cultural dominance' of the Catholic Church (Pareñas, 2000:565; Sarvasy and Longo, 2004:401), "colonialism" still could not explain the relationship between the two countries because the direction of the flow of people (the missionaries) at that time was largely unidirectional i.e., from Ireland to Philippines, and they were few and far between. The

only counter movement of people that resulted in this relationship was the exchange of missionaries and some missionaries marrying Filipinos and bringing their spouses to Ireland. This lack of past ties is evident in the recruitment practice of one of the largest recruiter of Filipino nurses in Ireland who would take out a map and point the location of Ireland to their Filipino recruits because “they have no idea where Ireland is.”

At present there is a growing Filipino community and organizations that cater to Filipinos in Ireland. The development of many social and economic structures that connect the Philippines and Ireland, all hints to Filipinos longing for home, a desire to preserve their culture and to maintain their relationships in the Philippines for an eventual permanent return in the future. Migrant workers, on the one hand, are working and living in Ireland, but at the same time are performing reproductive and social work in the Philippines. They are therefore managing their lives in two settings - a transnational life. This is a narrative that is repeated in other countries where Filipino migrant workers abound. But, what makes the experience of migrant workers in Ireland stand out is the recentness of all these developments – they all happened within the last nine years, many within the last five, and more importantly, in the early stage of an emerging migration system

One of the immediate impacts of the departure of a migrant worker, especially if the wife is the migrant, is the rupture of normative roles in the family. Women traditionally do most of the reproductive work¹ in Filipino households even when actively engaged in the productive sphere. And as the “*ilaw ng tahanan*” (the beacon of the family), they are the guide and inspiration of the rest of the members. The feminized nature of migration of Filipinos to Ireland meant that with their departure, their reproductive work and their role as the beacon of the family will have to be transferred to someone else who could be a kin and/or non-kin.

Studies of transnational Filipino families have mostly focused on the experiences of the families of female Filipino domestic workers (Asis, et.al, 2004; Zontini, 2004; Tacoli, 1999) who have no rights to and/or cannot afford to reunite their families in their host country, and whose remittances are insufficient for the maintenance of the families in the Philippines so much so that they would require the assistance of unpaid relative or paid help, so that their husbands can continue working and contribute to the household coffers. The focus on workers with the inability to reunite at host countries provided only a snapshot of the transnational lives of migrant workers during the separation stage and upon return migration.

Transnational family studies are missing the experiences of female professional workers who have rights to and can afford to reunite their families in their host country, and whose experiences can provide a complete picture of transnational families going through the stages of separation to partial and/or full reunification (and sometimes, de-reunification) in the host country. This study focuses on the experiences of the

¹ Parreñas (2001:61) defined reproductive labor as “the labor needed to sustain the productive labor force. Such works include household chores; the care of elders, adults and youth; the socialization of children and the maintenance of social ties in the family.”

transnational families of the other major female labor export of the Philippines – Filipino nurses in Ireland who all have rights and capacity to reunite their families in the host country.

Specifically the study examines: a) the process of family reunification and the factors affecting the process; b) the role (re)configurations and negotiations in Filipino nurse families during the process of separation, to partial and/or full reunification; and c) their transnational practices (communication, remittances in cash and goods, and visits) to maintain and sustain their ties in the Philippines during the process of separation, to partial and/or full reunification, and the factors influencing these practices.

Aside from being professional workers (and mostly women), with the rights and capacity to reunite with families in Ireland, the focus of this study on the realities of Filipino nurses' families are due to the following: a) More than half of the Filipinos in Ireland are engaged in the nursing profession and many were among the pioneers; b) Nurses were present from the very beginning of this migration system and they and their families had experienced first hand its dynamism; c) With the entry of EU 10 accession states in May 1, 2004, the door to all low-skilled occupations had been closed from citizens of non-EU member states. Nursing is one of the few remaining professional occupations open to Filipinos, albeit at a lower pace in the last two years; d) Nurses are major players in the Irish health care system. Their strategic importance in the health care system had sparked off policy changes to address their concerns and to prevent them from leaving, which eventually benefited other immigrants in Ireland; and e) the potential for substantially more nurse families becoming transnational is unimaginable. Between June 2002 and December 2008, the Philippines produced 215,240 registered nurses, safe to say almost all have intentions to work abroad.

The paper is organized in the following manner: First, I provide a background to this emerging Philippines-Ireland migration system discussing the forces in the Philippines that led to the emigration of Filipinos to Ireland, forces that led Ireland to accept immigrants including non-EEA nationals like Filipinos, the reasons nurses left the Philippines or previous country of employment for Ireland, the policies of the sending and receiving state, and the roles played by migrant networks in shaping the system.

I then discuss the empirical findings of the study which is divided into three sections: the pattern of reunification of families in Ireland and the factors that delay or hasten the process, how kinship ties are maintained and sustained across borders by examining their transnational practices of communication, remittances (in cash and goods) and visits during the process of separation, partial and/or full reunification, and the role reconfiguration/negotiations during the process of separation, partial and/or full reunification.

Method

In addressing the objectives of this paper, I rely primarily on in-depth interviews of individuals and couples, and group interviews. The interviews focused on their migration experience; working and living condition in Ireland; transnational practices of reproductive and social work; and role negotiation and/or (re)configuration as Filipino nurses and their families go through the process of separation to partial and/or full reunification. All respondents were either a spouse of a nurse or nurse with a spouse who arrived before March 2004 when spouses of non-EEA nationals, like Filipinos, do not have automatic entitlement to work. These interviews were conducted in a combination of languages that I am familiar with – English, Tagalog and Visayan. Tagalog is the Philippines national language, while Visayan is the other major dialect in the Philippines. All interviews were tape-recorded and transcribed and translated into English. In processing the data I used Atlas.ti, a qualitative data analysis software.

I chose Ireland as my research site because I found that one out of every four nurses (27.0 percent) in a survey I conducted for my M.A. thesis² involving 246 nurses in two major hospitals in Davao City, Philippines intends to apply to Ireland. I wasn't surprised when the top destination where they intend to apply was the U.S. (91.1 percent) given our history the United States, nor with the second and third frequently mentioned, which were the United Kingdom (62.1 percent) and Canada (28.6 percent), respectively given our long history of deployment of workers there. But, Ireland was surprising since the Philippines and Ireland do not have any historical ties, and there was very little presence of Filipinos there. In the early 90's, there were only 257 Filipinos living there mostly as domestics workers employed in embassies, as missionaries, and as spouses of Irish nationals. The huge jump in numbers beginning in 2000, and the recentness of this event, encouraged me to investigate the origin of this migration system, the factors shaping it, and its consequences to the migrants and their families.

The individual in-depth interviews and group interviews ranged from one to two hours in length, but couple interviews ranged from 2 to 4 hours. Most individual in-depth interviews were conducted at the respondents' home, while others in their place of work after their shifts, or in a quiet corner of a coffee shop. All, but one, couple interviews were conducted in the respondent's home.

Going into Ireland, the only contact I had was a Filipino Catholic priest on sabbatical in Ireland who I was able to get in touch with by posting an open letter looking for contacts at the FilipinosinIreland@yahoo.com. One of the members of the e-group responded to me and gave me the contact information of the priest. Thus, my first interviewee in Ireland was a Filipino priest who then introduced me to some of the key informants of my study. Like Parrenas (2000)³, I recruited the following sets of participants through chain and snowball referrals:

² Arguillas, Florio Jr. O. (2004) "*International Migration of Filipino Nurses and Its Consequences on the Philippines Health Care System*" M.A. thesis. Cornell University

³ Parrenas, Rhacel Salara. "Migrant Filipina Domestic Workers and the International Division of Reproductive Labor

a) Individual interviews of nine married couples where the wife is a nurse, seven husbands of nurses alone (nurse-wives not interviewed), and nine married female nurses alone (husbands not interviewed);

b) One group interview of married female nurses;

c) In-depth interviews of seven (7) recruiters of Filipino workers in Ireland – 5 of whom were engaged in the recruitment of nurses, the other two in the recruitment of Filipinos in non-nursing occupations;

d) In-depth interviews of other key informants which include three (3) Catholic priests, three (3) remittance center representatives, two (2) freight forwarders, two (2) travel agents, and the Honorary Consul of the Philippines to Ireland

All nurses in this study are married Filipino female nurses who arrived in Ireland before March 2004, the period when their husbands were given automatic entitlement to work.

I chose to focus on nurses because: a) More than half of the Filipinos in Ireland are engaged in the nursing profession and many were among the pioneers; b) Nurses have been present from the very beginning of this system and they and their families had experienced first hand the dynamism of this migration system; c) With the entry of EU 10 accession states in May 1, 2004, the door to all low-skilled occupations closed for citizens of non-EU member states. Nursing is one of the few remaining professional occupations open to Filipinos; d) Nurses are major players in the Irish health care system. Their strategic importance in the health care system had sparked off policy changes to address their concerns and prevent them from leaving, which eventually benefited other immigrants in Ireland; and e) Studies on transnational families have mostly focused on experiences of migrant women in low skilled occupations (Parreñas, 2005; Zontini, 2004, Asis, et. al., 2004). This study focuses on the transnational families of professional nurses, 82 percent of whom are women.

Conditions in the Philippines: Forces leading to the emigration of Filipinos to Ireland

The Philippines is one of many labor-exporting countries. Its tradition of sending workers abroad dates back to the early 1900's in the plantations of Hawaii, but it was in the mid-60's when labor export began to be extremely significant. Pres. Marcos and succeeding presidents (including the current one) were all too happy to send overseas contract workers or OCWs, as they were called then, to relieve the pressure of rising unemployment in the country. The export of Filipino manpower was supposed to be a temporary stop-gap measure to alleviate the rising unemployment, but the practice continues unabated.

As a former colony of the United States, the Philippines is deeply engaged in the global economy. Its leading export market is the United States. In 2006, 81 percent of the Philippines' \$2.3 Billion dollar export earnings came from the U.S., 10 percent came from Europe, and the remainder from the rest of the world⁴. English is the medium of instruction in colleges and universities and is the official language used in the national print media as well as in government proceedings, meetings, and publications.

In 2000, at around the time Filipino workers started migrating to Ireland in significant numbers, the level of unemployment in the Philippines ranged from 9-11 percent⁵ and external debt was \$50 Billion⁶. The continued exportation of labor is a source of much needed dollar reserves in the country, which is another reason why the Philippine government does not discourage the departure of its workers to foreign lands. In 2006, remittances of Overseas Filipino Workers, as they are called now, totaled \$12.7 Billion dollars. The \$2.3 B total export earnings for the same year was only 18 percent of remittances, making remittances the single most important source of dollar reserves in the Philippines.

Filipinos choose Ireland and are well received there, in part, because of their common religion. The Philippines was ruled by Spain for 333 years until its independence in 1898. One result was that the Philippines became a majority Catholic country. The departure of the Spanish friars left a considerable void, so, in the early 1920's Irish missionaries through the missionary programs of the Redemptorists (1926), Columbans (1929) and Dominicans started missions in the Philippines.

The Philippines is now a major player in the international division of nursing labor. In 2000, data from the Philippine Overseas Employment Administration revealed that the Philippines exported nurses to over 60 countries. In 1998, half (49.3 percent) of the registered nurses trained in the Philippines were working abroad, 8.9 percent were employed as nurses locally and the remaining 41.8 percent were either unemployed or working in non-nursing professions (Corcega, et al. 2000). Filipino nurses are in demand abroad because they have established a reputation for professional, tender-loving-care service outside the Philippines; they speak English, and their nursing curriculum is geared not only for the local, but also towards the global market.

Conditions in Ireland: Forces leading to the immigration of Filipinos to Ireland

The Irish economy experienced an unprecedented growth in the decade of the 90's. GNP registered a sustained average growth of 7.5 percent from 1994 to 1999 while

⁴ <http://www.bsp.gov.ph/statistics/keystat/ict/2006/ict2.1.htm> accessed January 30, 2009 at 4:29 PM

⁵ Source: Philippine Labor Force Survey January 2000

⁶ <http://siteresources.worldbank.org/INTGDF2002/Resources/countrytables-reg-external-debt.pdf> accessed February 25, 2009

GDP posted an average growth of 8.4 percent in the same period. Unemployment rate was low and so was inflation. This transformed what once was a traditional emigrant-sending nation into an immigrant-receiving nation. This transformation was swift. Just seven years prior to 1994, Ireland's economy was in crisis. Her debt was 125% of GNP the State had to introduce fiscal retrenchment. Her economy was so bad *The Economist*, in January 1988, described Ireland as the "Poorest of the Rich", the rich referring to the countries in Northwest Europe.

The economic boom in the mid-90s led to increased demand for workers which could not be fully supplied from within Ireland. Several factors accounted for the shortage of workers in specific skill sectors. Because of the swiftness in which progress arrived in Ireland, the education sector was unable and unprepared to produce enough Irish workers with professional skills needed in the construction, computers, electronic, chemical, and other high-tech sectors. All over Europe, fertility levels were declining and populations had begun ageing. Ireland was no exception. The declining fertility levels in Ireland were partly attributed to the legalization of contraceptives in 1979 (O'Reilly, 1981). While the decline in fertility had resulted in a demographic dividend that helped gave birth to the Celtic Tiger (Murphy, 2000), it worked against specific skills sectors like nursing, which relied on a pool of young, mostly female labor as the economic boom provided Irish youth with other career options. Barret and Rust (2009:11) noted that "these demographic and societal changes have contributed to significant, long-term labour shortages in the healthcare sector."

Nursing shortage in Ireland

By the mid-90's, the health care sector was experiencing acute nursing shortage. Not only was the recruitment of students for general nursing courses declining (Wells and McElwee, 2000), it was coupled with a very fast turnover in the nursing profession with many leaving Ireland for other countries.

Among the factors that have contributed to the nursing shortage in Ireland were the failure of the health service to recognize the true worth of nurses which made the Irish nurses feel that they were undervalued; and the Irish public's perception of a lack of status of nursing; and lack of planning and failure of the government to heed the call of nurses to address the nursing shortage.

Consequences of the nursing shortage

As a result, Ireland experienced a fast turnover and shortage of nurses. This led to curtailment of services. Beds were closed directly and solely as a result of lack of staff as in the case of the Mater hospital in October of 1999. Elective surgeries were postponed or cancelled. Accessing treatments were delayed and there were long waits in the Accident and Emergency departments of medical institutions. Irish nurses were mentally and physically exhausted as they were asked to work over and above their normal hours just to maintain levels of service. These conditions contributed to the negative perception of the public on the status of nursing, and to the unattractiveness of the nursing profession

to the young people, and in 1998, many student nursing places were unfilled (WIN, January 1999).

The consequence of the nursing shortage had finally reached a point when it could no longer be ignored by the government. Since the health service could not fill the vacancies from within Ireland as Irish nurses were also leaving and the Irish youth showed lack of interest, one immediate solution was to recruit nurses from other countries. The nursing profession required that the nurses must speak English or at least the basics of it, and since they couldn't completely source nurses from within the EU, they expanded the search to non-EEA countries.

Nurses from the Philippines were targeted for recruitment because their nursing qualifications have already been recognized by the U.S. and the U.K. Thus, as the Secretary General of the Department of Health and Children said in the hearing of the Committee of Public Accounts: "There is a ready welcome for them [Filipino Nurses] in the Irish System." Because the Professional Regulation Commission in the Philippines was slow to provide the An Bord Altranais (Irish Nursing Board) with certification that attests to the qualifications of Filipino nurses, there was a brief delay in recruitment. Once this issue had been sorted out in the 2nd quarter of 2000, however, Filipino nurses started arriving.

Motivations of Nurses for working in Ireland.

The overwhelming reason nurses mentioned for migrating to Ireland was the higher pay in that country. This is seconded by the need to help one's family financially. Others cited their desire to acquire new skills and mentioned that Ireland is an attractive destination because it is a Catholic country.

Reasons varied depending on whether nurses were recruited directly from the Philippines or had already migrated to an intermediate destination. Those who were hired from the Philippines were motivated by poor working conditions at home, including poor staffing ratios, lack of opportunities for professional development, and low pay. Several nurses who were hired directly from Saudi Arabia added a cultural dimension to the list, specifically that their former country of employment is a less "open" society i.e., that women must have a minder when they go out shopping and they cannot be seen talking to a man outside the streets. Men complained of cultural restrictions such as prohibitions on alcoholic beverages and eating pork, among other things. Those recruited from Oman were particularly concerned about security of tenure. Oman is a freer, more open society than other Middle Eastern countries such as Saudi Arabia. Women can be seen with men, they can wear comfortable dresses, they can talk to men in the streets, there are Catholic churches where they can practice their faith, and any religion can practice their faith for as long as they don't recruit or convert others. Since Oman started to introduce their local nurse graduates to the health care system, however, Filipino migrants have become increasingly concerned about job security. Oman is seen as prioritizing their home grown nurses over other nationals. Non-Omanis holding nursing

positions had been receiving letters indicating that their positions had been assigned to Omanis. On those occasions, contracts are not renewed and nurses must return to their home countries. “You are Omanized” is how Filipinos dubbed this situation, and the uncertainty surrounding the possibility of being Omanized created an incentive for more secure employment.

The Role of Social Networks

Migrant social networks have been noted as playing a vital role in shaping and maintaining migration flows (Balan, 1992, Gurak and Caces, 1992). Massey, et. al (1993:448) defined migrant networks as “sets of interpersonal ties that connect migrants, former migrants, and non-migrants in origin and destination areas through ties of kinship, friendship, and shared community origin.” They also include institutional networks like government and non-government organizations (Boyd, 1989), migrant support groups, and recruitment agents and agencies. Gurak and Caces (2002) noted that at the destination, migrant networks serve as resources for migrant adaptation, adjustment, and integration. At origin, they are viewed as support networks especially of those left behind, and as channels of remittances and contributions from migrant workers. At both origin and destination, networks are seen as sources of information needed in the migration decision-making process; and as facilitators of migration. They added that the commitment of migrant networks could shift with life-style changes and could affect the ties between the origin and destination over time, and their accessibility could be influenced by their distance and cost from other members of the network. Through the process of cumulative causation, migrant networks can perpetuate migration long after the original cause for migration had past. Massey, et. al., (1993) noted that their presence and numbers alter the context within which subsequent migration decisions are made, usually towards more migration.

Below, I relate some of the many stories that depict the functioning of migrant networks especially in growing the Philippines-Ireland migration system.

Many of the nursing home nurses in Ireland came from just one city in the Philippines. The former teacher of one of the leading nursing schools located in that city in the Philippines was appointed as the liaison of an organization of nursing homes in Ireland. After learning about the manpower requirements of the organization, she informed her former students about the job opportunities in Ireland.. Some of her students that I’ve interviewed described the first-to-be-informed as her “*su-od*”, meaning “the ones closest to her”. These students were known to her personally or were her students during her tenure at the nursing school. The volume of nurses needed by the nursing homes organization, however, were much more than the number of nurses initially informed about the recruitment drive, so word-of-mouth played a crucial role in bringing in more nurses for interview. Each nurse began contacting their friends and their friends contacted their friends, and so on. Mobile phones, which were already very popular then, were instrumental in spreading the news to members of their networks.

Aside from word-of-mouth, unexpected actors came to play in the information campaign. Some nurses learned about the job opportunities for nurses in Ireland from a Catholic Bishop in Iligan City. During one of his regular church service, he announced the nurse recruitment drive, which was how one of my respondents found out about the job opportunity in Ireland.

A similar event was repeated in Italy. The Irish priest officiating the mass for the Filipino community in Italy announced that Ireland is looking for nurses and that anyone interested can come see him. The priest apparently is a friend of the owner of one of the nursing homes in Ireland. This is also how one of my other respondents found out about the job opportunity in Ireland.

Migrant networks are not just sources of information, but they can also be like Fr. Pat O'Connell—an advocate for their rights. Fr. Pat, the Chaplain of the Filipino people in Ireland, had the dual responsibility of nurturing the Filipino soul and advocating for their rights in Ireland. In 2000, during the time when recruitment of nurses was still new in Ireland, there was no policy for appeal when nurses fail the six-week period of adaptation and assessment. Some nurses failed because of difficulty in communication; while others said that it was subjective and this was proven by a glaring discrepancy between the evaluation of the same person by two ward sisters. Fr. Pat wrote a letter to the Minister for Health indicating his shock and the shock of others with whom he discussed the matter (including a lawyer), that nurses who fail the period of assessment were not given the opportunity to appeal the decision. He added that the system does not have any protection against racial bias and those responsible for the assessment. Fr. Pat was pleasantly surprised when the matron of one of the hospitals in Dublin asked to see him, and indicated that his letter had been sent around by the Minister for Health. Because of his advocacy, all nurses now have rights to appeal if they fail the period of assessment. If an appeal is granted they will be given additional 6 weeks of period of assessment.

Pioneer Filipino nurses in Ireland have also played a role in providing not just information, but actual job offers. Personal recommendations are valued by Irish employers especially if they come from an employee who is performing exceptionally well. One nurse who was hired from Italy was able to bring into Ireland 5 of her siblings and 35 other relatives. Many of them worked as care assistants and receptionists in the facility where she worked. There are many stories also of nurses who were able to secure work permits for their spouses by speaking to their own employers directly, or by actively sourcing work for them. Filipino nurses recruited from the Middle-East report having informed friends about the better living and working condition in Ireland relative to the Middle-East, and their encouragement has enticed many of these friends to apply.

Recruitment agents and agencies were also big players in bringing in Filipino nurses to Ireland. Pioneer nurses only had recruitment agents as their network when they arrived in Ireland. These agencies prepared accommodation for them, help setup their bank accounts, introduced them to places of interest in Ireland including where they could go for marketing, shopping, church service, and many others. The effectiveness of

the recruitment drives of these agencies, especially their information campaign in the Middle-East, drove large numbers of Filipinos to move to Ireland. Two nurses that I interviewed who worked in Oman before coming to Ireland said that had they stayed in Oman, they would be the only Filipinos left in their hospital because all the rest had applied for the job in Ireland.

With the slow down of the Irish economy beginning in 2007, and the closure of low-skilled occupations to Filipinos as a consequence of the free movement into Ireland of labor from the EU Accession States beginning in May 1, 2004, the original cause of migration, which were the economic boom in Ireland and its shortage of labor, had taken a back seat behind family reunification, visits, natural increase, and to a much lesser degree, the continued hiring of professional workers especially nurses, as the driving force behind the growth of the system.

With the background of the migration system and the roles played by the states and social networks in shaping the system already set, I now discuss the empirical findings of this study. First, I talk about the family reunification policy of Ireland, the pattern of family reunification of migrant Filipino married female nurses in Ireland and the factors that hasten or delay the process. I then discuss their transnational practices of communication, visits and remittances to maintain and sustain their kinship ties during the process of separation, partial and full reunification; and finally, the roles that were (re)configured and negotiated by examining the changes in the division of labor in the household during the process of separation, partial and full reunification.

Family Reunification

Ireland is the only EU Member State that does not have national rules regarding family reunification enshrined in primary legislation⁷. In 22 September 2003, Council Directive 2003/86/EC was signed into law which establishes the conditions under which third country nationals in lawful residence in any of the Member States may exercise of the right to family reunification. In Paragraph 4 of the Directive, the Council recognized the importance of family reunification:

“(4) Family reunification is a necessary way of making family life possible. It helps to create socio-cultural stability facilitating the integration of third country nationals in the Member State, which also serves to promote economic and social cohesion, a fundamental Community objective stated in the Treaty.”

Council Directive 2003/86/EC of 22 September 2003

⁷ Immigrant Council of Ireland – Independent Law Centre (2008). “Position on Family Reunification a Model for the Granting of Family Reunification in Ireland. Written reply to the Joint Oireachtas Committee on Justice, Equality, Defence and Women’s Rights on issues relating to Family Reunification presented to the Committee on Wednesday, 2nd April 2008.

Ireland along with the UK, opted-out of this Right to Family Reunification (RFR henceforth) Directive citing problems with the Common Travel Area with the United Kingdom.

Though not a signatory to the RFR Directive, Ireland has a family reunification policy which is at pace with the recommendations of the EU RFR Directive. In Ireland, the spouse and unmarried children under 18 years can reunify with the migrant worker provided that they have health insurance and an average weekly net family income (less of tax, employee PRSI contribution, Health Contribution, superannuation, and any contributions to Personal Retirement Savings Accounts) that is above the income threshold for their family size that would qualify them for payment under the Family Income Supplement (FIS) scheme (a social assistance system). However, the timing of reunification would depend on the migrant worker's visa and duration of residence in Ireland. Work visa holders can start bringing their families after working 3 months in Ireland. Work permit holders can reunify with their families after a year on the condition that the worker is still working within the terms of his/her work permit. Green card holders can bring their families immediately -- starting from Day 1 of their employment.

Filipinos in professional occupations (work visa holders) in Ireland, like nursing, have no problems meeting the above requirements. Filipinos engaged in low-skilled occupations (work permits), however, have difficulty meeting these requirements because of their low pay and were, therefore, unable to bring their families. Recently, Ireland relaxed the family income requirements for work permit holders who have worked in Ireland for more than 3 years. This enabled many work permit holders to bring their families to Ireland.

The pattern of reunification

Figure 1 illustrates the general pattern of family reunification of nurse families. The departure of the nurse for Ireland signals the beginning of the *separation stage* of the family reunification process. As work visa holders, nurses would have to wait at least 3 months before they could begin the process of inviting their spouses and unmarried children under 18. While this automatically delays reunification by 3 months, nurses did not mention this as the primary factor delaying their migration. It was the lack of entitlement to work of their spouses prior to March 2004. Their spouses can come to Ireland, but only as dependents of the nurses. They are not permitted to work. Yet, finding a job for the spouse is crucial for permanent reunification because full family reunification would entail greater costs which include, among others, the cost of renting a house or an apartment all on their own, and higher consumption of food and other basic services. To secure a work permit prior to March 2004, spouses must either find an employer who would sponsor their work permit; acquire residency by virtue of having an Irish-born child i.e., an Irish citizen child; or talk to an Irish employer who is willing, but hesitant to hire a Filipino and offer to pay for the work permit which costs €500 instead of the employer paying for it.

Other factors that nurses and their spouses mentioned as influencing the duration of separation or pace of reunification include: the location of place of work or residence, the status of the spouse's occupation or business in the Philippines, age and enrolment status of children, whether the nurse has secured a separate work permit for her spouse, policies in Ireland related to child benefits and children's access to education, involvement in extra-marital affairs, and other forms of crisis in the family.

Some nurses were hesitant to relocate their families in the area where they work or live because of its lack of "life." A nurse, who arrived in April of 2001, said:

"It took me 2 years to decide whether to bring my family to Limerick. When we arrived here in 2001, the place was very quiet. There were not too many people. There was no life in Limerick. Now, there are many developments." – *Jane, married, nurse*

A similar comment was made by a nurse in Sligo. These comments points to the realities that many of these nurses are posted in isolated areas and some waited for developments to take place in their locale to sway them into inviting their family for the purpose of reunification.

Though most spouses resign from their jobs months before they join the migrant nurses in Ireland, others were reluctant to give up their careers or thriving business in the Philippines, and in the process delayed the family reunification.

"I have a thriving business in the Philippines. I am a wholesaler of Coca-Cola and San Miguel Beer, and exclusive distributor of the Absolute and Summit mineral water. At a young age, I consider myself very successful there. I was earning at least 30,000 a month, and this is in the province! But, I finally decided to leave it behind to join my wife. I initially handed over the business to my younger sibling, but he is not into it, so I had the space rented instead." *Jose – spouse of nurse*

One of the goals of the nurse during the separation stage is to secure a job for their spouses. This is the nurse acting out her role as the migrant network actively seeking a job for her husband. Fortunately, for many, they do not have to look far. The retention practices of some of their employers include the employment of nurses' spouses as caregivers or cleaners in the facility where they work. This strategy is less costly than losing a nurse to another health facility or countries with family friendly policies like neighboring United Kingdom. Having the freedom to move within the same sector of their employment (a benefit of having a work visa) worked for the benefit of the nurses and their families.

"My employer sponsored the work permit of my husband. That's why we were together in just 6 months. He had his own work permit." – *Joan, married, nurse*

“My husband was hired as a carer by the nursing home where I work. My employer sponsored his work permit.” -- *Carol, married, nurse*

The duration of separation is also influenced by children’s refusal to go to Ireland because they do not want to leave their friends (although after constant prodding some do relent in the end). The departure of one or both parents for months or years at a time made some of the children get used to not having one or both their parents around. Being separated from their parents had given them more freedom and autonomy and less longing for their parents. The lack of excitement or eagerness to reunite with parents points to this fact.

“My son was already in high school in the Philippines when I asked him to join us, but he refused initially. It took almost 2 years of convincing before he relented. He said that he will have a hard time adjusting in Ireland. He would have to start making new friends, while in the Philippines, he has many friends and classmates. We know that it was really a tremendous sacrifice for him to leave his friends, but you know, we all need to sacrifice to be reunited here in Ireland.” *Joseph – spouse of nurse*

The age and/or enrolment status of children also influence the pace of reunification. Couples with only infants and/or toddlers usually leave their children in the care of their relatives for an extended period of time so that they can just concentrate on work in Ireland. Children who are closed to finishing high school or elementary level in the Philippines are allowed to complete their degrees first by their parents, although these children would be told to go back one level when they enroll in schools in Ireland.

“Our children were still infant and toddler, so we left them under the care of my parents. We decided to not bring them yet in Ireland at that time so that we can concentrate on working. Spouse’s weren’t allowed to work back then, but because we do not have any thing to look after in Ireland, just each other, I can take on any job offered to me on a cash-basis. I go back to the Philippines every 3 months though to check on my children.” – *Frank, spouse of nurse*

Ireland’s education policy of regressing or sliding back Filipino students one level upon transfer in their educational institutions discouraged Filipino children, especially those who just graduated from high school, from joining their families in Ireland. Miriam’s son, although still under 18 years and could still join them in Ireland as her dependent, decided to stay and earn his college degree in the Philippines:

“We had intense discussion about that because we want him to join us while he can still be called as my dependent to complete our family in Ireland. But, he said that he would waste a year of his life if he will study in Ireland. Instead of becoming a freshman college student in the Philippines, he will be back to 4th year high school student or its equivalent in Ireland.” *Miriam, married, nurse*

Ireland’s Child Benefits is a plus factor that made the couples decide to reunify despite the possibility of the spouse not getting a job because the benefits would help supplement the income of the family. Non-EEA nationals like Filipinos will qualify for Child Benefits (formerly Children’s allowance), if legally working and habitually resident in the state (at least 2 years of legal residence), with children under 16, or under 19 if the child is in full-time education, provided the child(ren) resides in Ireland with them.

“I currently don’t have a job here in Ireland. My wife is the only one working. All our five children are here and we receive Child Benefits for each one of them. The Child Benefits we received really helped us get by.” – *John, spouse of nurse*

All my respondents have heard of stories of Filipino migrant workers in Ireland having extra marital affairs. Some of them actually knew of someone who was personally involved in such an affair. Various respondents have warned me not to trust what I see at the malls because what would look like a happy family may actually be a second family i.e., an extra-marital affair that bore a child in Ireland. These affairs had the effect of indefinitely postponing the reunification plans of the first family of either one or both partners (assuming that both were married in the Philippines).

The realities of these extra-marital affairs in Ireland had the opposite effect to those who weren’t involve in any of it – it contributed to the hastening of the couple’s reunification in Ireland. It cannot be helped that some measures of protection from extra-marital affairs were employed by either one or both partners. One nurse said that her husband doesn’t want her to attend social activities like Filipino parties because he gets jealous that she might meet someone there at these parties. Since extra-marital affairs are a two-way street i.e., it could also happen to the husbands left-behind. Nurses strip the husband of one possible source of extra-marital relationship – the full-time stay-at-home helper. This is the main reason why many husbands are resigned from their jobs to take care of their children full time without the aid of any domestic helper.

“Before I left for Ireland, we had a stay-at-home maid. She was really nice, and pretty, too. Boys in our neighborhood would be waiting outside our gate to get a glimpse of her when she gets out of the house. But, I had to let her go because I will be away, and she’ll be left alone with my husband and young son. This way we avoid temptation and neighborhood gossips.” *Claire, married, nurse*

Other forms of family crisis can hasten family reunification and therefore shorten the duration of separation. Jaime decided to reunite with his wife because his daughter, for lack of a female role model, is getting confused about her sexuality.

“I knew it was time for me to reunite with my wife in Ireland because my daughter is acting like a boy. She pees the way I do. And one time, when we were in the car, she asked me when her birdie will come out.” -- *Jaime*, spouse of nurse

Following the separation stage is the partial or outright full reunification of families in Ireland. In a *partial reunification* scenario, the spouse is usually the first to follow the nurse in Ireland. The couple’s reunification is initially considered a trial, to “test the waters,” with the goal of securing a job for the spouse and also for the couple to assess together whether Ireland is a good place to live and raise their family. Relocating the entire family is a big decision so they want to decide that as a couple. Securing a job for the spouse in Ireland is important because of the expected spike in expenses when the children start arriving. The indecision of the spouse to reunite permanently with the nurse is primarily attributed to the spouse’s lack of entitlement to work prior to March 2004. In a partial reunification scenario, sometimes the spouse brings along some of their children to reunite with the nurse. The other children that are left behind are usually those who are ineligible for reunification (married or 18 years and older), those closed to graduating from elementary or high school, those who are still infants and toddlers, and those who insist on staying behind.

When some or all children are left behind by the couple, they delegate the authority of looking after their children to either a guardian or to the eldest child (depending on the age composition of the family). The guardian is often the child’s grandparent, generally the mother of either the husband or wife. There are also instances of joint guardianship between the mother and sibling of either the husband or wife. Some couples who have relatively older kids, i.e., all are teens or some are young adults, opt for the eldest child to look after their siblings, but with constant monitoring from them, and with a back-up plan in case it doesn’t work. The back-up plan also involves the mother or sibling of either the husband or the wife. Couples are mindful of the burden they impose on their guardians, so as not to overburden them, they also hire a helper or nanny for the children and to help out in the guardian’s household.

In an *outright full reunification* scenario, the entire family left behind leaves the Philippines together to join the nurse in Ireland. Being the only person in the family who has actually worked and lived in Ireland, full confidence is entrusted to the nurse’s assessment of Ireland and the timing of the reunification of the entire family in Ireland. The decision to reunify, however, is a product of intense deliberation of the entire family including the children, with additional inputs from friends and other relatives. Most outright full reunification decisions reported in this study were decided by nurse families soon after the policy announcement in March 2004 giving spouses automatic entitlement to work in Ireland. Before joining the nurse in Ireland, some spouses took vocational

courses on care giving in the Philippines, so they can have a caregiver skill that is employable in Ireland.

The *transition from partial to full reunification* is usually a decision arrived at after the spouse's success in securing a work permit in Ireland. Soon after the spouse secures a work permit, the couple immediately makes plans to bring their children to Ireland. However, full transition is possible only if all children are unmarried under 18. The only way families with married children or children 18 and over could reunify is if the children could secure their own work permits. Spouse's failure to secure a work permit can also transition partial to full reunification, but this would mean that the entire family would be dependent solely on the nurse and the spouse has to look for jobs that pay on cash basis.

The *transition from partial to de-reunification* is usually a decision arrived at primarily as a result of spouse's failure to secure a work permit in Ireland. This scenario was common during the period before March 2004 when spouses were not permitted to work. Some spouses grew frustrated with the difficulty of finding a job, and the lack of stability (or regularity) of their cash-basis ("under-the-radar") jobs. Instead of staying in Ireland, they decided to go back to the Philippines. Most of them returned when Ireland reversed the policy starting in March 2004.

Full reunification can also transition to de-reunification. The overwhelming reason cited for this type of transition pertains to policies in Ireland related to college tuition fees for non-EEA nationals. As Filipino students enter their college years, the family prefers that they attend college in Ireland. However, the cost of college tuition forced families to send their college-going children back to the Philippines where tuition fee is much affordable to pursue their college education there. Non-EEA nationals, like Filipinos, who had been resident in Ireland for less than three years pay tuition in the amount of €16,000. If they had been in Ireland for at least three years, they would only pay €7,000– the EU rate. Some families opted to send their children to the United States. They reckoned that if they are going to pay €16,000 or €7,000 for tuition, they might as well send their children to colleges in the U.S where they said the quality of education is much better.

Another scenario for *full reunification transitioning to de-reunification* is when couples send to the Philippines their newborn children or toddlers to be cared for by their relatives. This decision, which they say is painful but necessary, is often made when both spouses are employed and they cannot arrange a schedule where one of them is available to take care of the child(ren) at all times. That the spouse of the nurse would resign from his or her job is generally considered, but the income that would be lost is usually paramount. If the children are quite young anyway, the parents reason that they will adjust when the time comes for them to come back to Ireland.

The Transnational Practices of Communication, Visits, and Remittances

The stability of transnational families is undergirded by practices that allow nurses and their family members “to be here and yet there.” In this section, I discuss how nurses and their families maintain and sustain their ties across borders through their transnational practices of communication, remittances and visits and the factors that influence these practices. These practices still fall under the rubric of reproductive work. Reynolds and Zontini (2006:5) cited these activities as examples of a *caring about* form of family care which “encompasses contact and emotional support and refers to emotional function connected with sociability, advice comfort, and self-validation. Examples of caring about activities include communication by telephone, letters, e-mails, visits, participation in family decision-making and financing the purchase of care.”

Call, text, and instant messenger

The most common form of communication used by nurses to maintain and sustain their ties in the Philippines at the outset of the migration system and up to the present time is by calling or texting by phone.

Since long distance telephone communications is not cheap, Filipino nurses and their families devised strategies to minimize the costs. When calling the Philippines especially for an extended period, Filipino nurses use phone cards because of their cheap per minute rates relative to the rates of Irish telephone companies. The most popular phone card used by Filipinos in 2000 were a seaman’s phone card which gave them more than an hour of talk time for 5 Irish pounds. Though nurses are land-based workers and the seaman’s phone card are exclusively for sea-based workers, sellers of the card eventually made it available to the public as more and more Filipinos learned about the card and started lining up in their place of business. Phone cards are still currently popular and are used for long conversations to relatives in the Philippines. Some phone cards like *Talktime* allow nurses to talk for 3.5 hours for €8. The same phone card would allow them to talk for up to 10 hours and 6 hours to relatives and friends in the U.S. and U.K., respectively.

Most Filipino nurses that arrived in Ireland in 2000 had mobile phones from the Philippines with international roaming. If a relative in the Philippines wants to talk to them, they alert the worker in Ireland by making a *drop call* to their mobile phones. A *drop call* is when a person dials another person’s mobile phone number then ends the call as soon as it rings. This has the effect alerting the receiver as to who they should call back as it displays the name or the cell phone number of the person who called. There is no charge to this strategy and is still being employed up to the present time.

Text messaging is the most frequently used form of sending short messages to relatives in the Philippines and Ireland. It is common to see Filipinos in Ireland with at least two cell phones – one a roaming mobile phone from the Philippines, and another subscribed to an Irish phone company. When exchanging text messages, the relative in the Philippines would text the nurse’s roaming cell phone because texting would cost

them only U.S. \$ 0.021 cents⁸ (2 U.S. cents). The migrant nurse then replies also by text message using her Irish mobile phone account because it would cost her only \$0.11⁹ cents per text message. If she responds by making a phone call using her Irish mobile phone, it would cost her only U.S. \$ 0.19 cents per minute. Nurses hardly use their roaming mobile phones from the Philippines to text back because it would cost them U.S. \$ 1.03.

During the process of separation or partial reunification, calls to spouse and children were regular and of considerable length ranging from 15 minutes to an hour and sometimes longer. Regular can range from once a week to everyday of the week. Because of the frequency of their call, some Filipino nurses stack up on phone cards buying in bulk (10 cards) to get a 10 percent discount. So they get 10 phone cards for the price of 9. The frequency of use of phone cards has also helped build friendships and social capital with merchants who Filipinos can contact when they ran out of phone cards. These merchants would dictate the access codes over the phone and will only collect the payment the next time they meet. From frequent conversations with their friends and co-workers, nurses also know which among their friendship networks are likely to have phone cards whom they could call in the event they ran out of it. As to the length of the conversation with their relatives in the Philippines, sometimes it is determined by the minutes remaining in the phone cards. They terminate the conversation when the phone card runs out, warning those at the other end of the line that they will end their conversation when the minutes are up. They do this not only to extend their conversation, but to maximize the use of the phone cards because based on their experience, phone cards have connection fees and other charges. Sometimes when they try to make another call, an automated voice will inform them that they have used up their cards – “you do not have sufficient balance to make this call.”

As the separation and partial reunification drags on, the frequency becomes irregular, but still at least once a week, and the length of the conversation diminished ranging from 10-30 minutes. These were mostly attributed to both sides getting accustomed to the absence of the other and to the relative ease in which family members could contact each other as improved economic condition of the family of the nurse in the Philippines enabled them to provide mobile phones to some, if not all, members of the family, and to purchase alternative forms of communication including subscription to internet service. Family members have also been instructed to call at anytime for urgent or emergency matters, or whenever the need arises.

The longing to see and talk to their loved ones in the Philippines could not be fully satisfied by phone and text messages. Every phone call or text message sent through their phones incurs costs, and most don't have phones and plans that allow them to see their loved ones through their mobile phones. These limitations prompted many nurses to invest in computers with internet connection for themselves in Ireland and for their families in the Philippines. With Instant Messenger (IM), they are able to communicate with their families in the Philippines by voice, chat, and even via web

⁸ At \$1=Peso 48.00 exchange rate

⁹ € = \$1.25

camera basically for free. The only cost they incur is the initial cost of buying the computer, which they say is also being used by their children for educational purposes, and the monthly fees for internet connection both in Ireland and in the Philippines.

All the nurses I've interviewed have e-mails and several IM accounts. The most popular IM accounts were Yahoo and Skype. They used these accounts not just to communicate with immediate family members, but with other relatives and friends as well. Many nurses have also signed up for social networking accounts such as Friendster, Facebook, and MySpace which also allowed them to reconnect with friends in elementary, high school, and college; neighbors, former co-workers, and other friends and relatives around the world. They said these tools helped ease the pain and loneliness associated with transnational life.

Remittances in cash

As the main reason for migration, Filipino nurses do not fail in remitting cash to their families in the Philippines. In fact they send more of their earnings to their families than what they keep for themselves in Ireland, especially during the separation stage of family reunification. However, they have to rely on their budget management skills to retain enough money in their bank accounts in Ireland because part of the required documentation for reunification is a detailed bank statement covering a 6-month period immediately prior to the visa application of their family member(s), and showing sufficient funds to cover all costs. Still, during this stage, remittances sent by nurses to their families were usually more than 50 percent of their net income.

But, what enabled nurses to send such big chunks of their salary to the Philippines during the separation stage? The answers lie in the nurses' way of life in Ireland during the separation stage

Prior to reunification, a married Filipino migrant nurse in Ireland usually shares accommodation with Filipino co-workers (although it should be noted that some of them do live with their Irish co-workers). Typically there are three or four of them renting a house or an apartment. Each of them has their own separate room or is sharing a room with someone else, and they share the cost of the rent. This type of living arrangement results to great savings. By sharing accommodation, nurses spend on average €300 a month on rent. Had they rented a separate apartment all on their own in the Dublin area, they would have spent on average €1200 per month on rent. Thus they save an additional €900 per month just on rent alone for sharing accommodation with other nurses, which they then include in the remittance to the Philippines.

In addition, having no family member in Ireland to physically attend to during the separation stage, nurses bank (work overtime) at every opportunity presented to them. It is also common to find nurses doing agency work during their days off while fully employed in another health institution, which they are allowed to do as work visa holders. Nurses who recently arrived in Ireland who are Green Card holders do not have this right.

Other sources of remittances, which have significant implications to the impact-of-immigrants-on-the-economy debate, are Irish banks and credit cards. When substantial outlays are needed to purchase a property, finance a business, or some other activity in the Philippines that requires a big amount of money, some nurses turn to Irish banks to loan the amount then send it to the Philippines. Others send almost all their income to the Philippines and live within what they retained and used their credit cards when they have used up their cash. These practices had the effect of developing both economies – the Philippines through cash remittance, and Ireland through the interest paid on loans and credit cards.

During the separation stage, remittances are usually sent to and managed by their spouses. However, once the spouse joins the nurse in Ireland, with children still left behind in the Philippines, remittances are sent to and managed by a guardian, usually the mother of either the spouse or the nurse, i.e., if the children are, in the opinion of the parents, still not capable of managing the money. The arrangement is different when the children are already young adults or in their late teens. In this situation, the remittance is oftentimes sent to and managed by the eldest child irrespective of gender. It gets passed on to the next child only when the eldest child was found to have mismanaged the funds. Typically it is birth order in the family that is followed as to who gets to manage the money rather than gender. This follows the norm in traditional Filipino families where the eldest is expected to look after (or is responsible for) their younger siblings.

The amount of remittances sent during the partial reunification stage is minimally affected by the arrival of the spouse. Again, this has something to do with nurses' living arrangements. Most nurses do not leave their shared accommodation to rent a house on their own in preparation for the arrival of their spouses. The nurse would just ask for the housemates' permission for their spouse to live with them. Their housemates generally understand and approve of the arrangements. With the addition of one more person in the house – the spouse of the nurse—a four-member housing unit becomes a five-member housing unit and the rent is split evenly into 5, with the married couple paying 40% of the rent. In some arrangements, the rent is still split into 4, but the utilities are split into 5. Thus, if the household rent is €1,200, the couple pays €480 a month, which means that the nurse's usual savings for living in a shared accommodation is reduced by €180 with the arrival of the spouse. Although other expenses increased like food, clothing, and recreation with the addition of the spouse, the couple still manages to remit a substantial part of their income to the Philippines. When the couple reaches a decision to reunify their family, they move out of their shared accommodation to rent a house all on their own or that has an extra room that they can rent out to others. The costs of preparation e.g., renting a house, purchasing kitchen wares and other appliances, visa fees, transport, and other expenses— are taken from their savings in Ireland. The couple still maintains the usual amount that they remit for their children.

Once the entire family gets transplanted in Ireland, remittances are now mostly for members of the family of orientation, although some extended relatives also benefit. The amount of remittances, however, is greatly reduced because of the high cost of maintaining a household in Ireland.

Currently, the amount of remittances is substantially reduced as many nurses already have mortgaged homes, and at least have one car and paying car loans. In 2005, banks in Ireland aggressively offered housing loans up to 100 percent of equity, which the nurses readily grabbed. These enabled nurses to purchase their own homes in locations that allowed them to integrate with the Irish and at the same co-mingle with other Filipinos. Many of these nurses who purchased their own homes are co-workers, who loaned and bought houses together that are close to their place of work. Though integrated within an Irish neighborhood, some rows of houses within the neighborhood are all owned by Filipinos. Home ownership has given their stay in Ireland a semblance of stability and permanence.

What are remittances for and for whom, and what are the motives behind it? Remittances are used in a variety of ways. They are used to pay for living expenses -- food, clothing, bills, maintenance medicines, allowance for spouse and children, and other miscellaneous expenses; for school tuition of children, nephews, nieces, siblings, cousins, or a sponsored child; for some once-yearly events such as fiestas, birthdays and Christmas; and for big projects or investments such as the renovation of house, the purchase of lot or house or both; huge loans to relatives; and other big money investments. The main beneficiaries of remittances are usually the members of their family of pro-creation and orientation, but it is often stretched to extended relatives and non-relatives like a sponsored child..

As for the motivations of nurses for sending remittances, the consensus hints at the cultural trait of the Filipino people: "It is part of our culture." "That's how we are." "It is in our nature." "We send money to our relatives who are in need."

However, as I probed deeper into their motives for sending remittances for big investments that benefit their close or extended relatives, the underlying reason for the support was to improve the recipients' lives by making them self-sufficient, so that they wouldn't have to rely on them all the time.

"My brother asked for money so he could start an internet café business. Initially I bought 10 computers, but it turned out it wasn't enough, so I added 10 more, and then added 7 more. Right now there are 27 computers in his internet café. The business is thriving, so when I go home he has money to spend for me. I do not have to take out my wallet when I am there." – Vivian, married nurse

"I also put up a bakery for my mother. It is a big bakery!! I don't have to worry about them. I don't send remittances to them anymore!" – Vivian, married nurse

Some loaned their relatives huge sums to keep them off their backs for a long while.

“My brother loaned money from me in the amount of 100,000 pesos. He wanted to start a business. To help him out, I loaned him the amount he requested. I really don’t expect him to be able to pay the loan, *lista sa hangin*¹⁰!. But that should keep him from asking money from me for a long while.” *Jessa, married, nurse.*

All the nurses I interviewed are currently investing or at some point in the past had invested in the human capital of close or extended relatives. They contributed to the education of their nieces, nephews, and even cousins. They usually pay for their full tuition, but stop short of including the allowance, books, and uniforms of their beneficiaries. They reasoned that they do not want to take away all the responsibilities from the parents, although they can afford to give full scholarship. Some of them were approached by relatives to help with the education of their child(ren), but most of them did not put their relatives in a position to ask for help. Most voluntarily offered to help in sending their relatives’ child(ren) to school. When queried for their motives they revealed that, personally, it makes them feel good to be able to help, and also to give the child(ren) a good education so they can find a good job and be able to help send their younger siblings to school, and/or help their parents out in the future.

Remittances in kind

The most common form of remittance in kind is the *Balikbayan* box which is offered by freight forwarders. This form of remittance is very popular to Filipinos because they can put anything they want in a box without any weight restrictions. The only limit is the dimension of the box which is about 65 linear inches. *Balikbayan* boxes are delivered door-to-door and takes about 45 to 70 days to reach the recipient.

Airline policies, duration of stay in Ireland, status of family reunification, and the cost of sending *Balikbayan* boxes are associated with the frequency of sending *Balikbayan* boxes. .

When a Filipino goes home for a visit to the Philippines, it is common practice for them to bring home for relatives and friends gifts bought in Ireland. However, Ireland’s airline policy limits their baggage allowance to only 20 kilos (44 lbs.) As a result, some Filipinos send *Balikbayan* boxes containing their gifts months in advance of their scheduled trip to time it to arrive just a few days before or after their arrival in the Philippines.

¹⁰ *Lista sa hangin* literally means “listed in the wind”, but figuratively, it means there is no written contract, the debt is payable when able, and the lender is indifferent if the debt is repaid or not. The debt is considered a help to the debtor, but the debtor doesn’t know it.

The owner of the leading Filipino-owned freight forwarding company in Ireland observed that those who recently arrived in Ireland were usually those who send lots of boxes. The longer they are in Ireland the lesser the frequency they send boxes, especially if their families had been fully reunified in Ireland. Reunified families send *Balikbayan* boxes rarely or only when they have a scheduled trip to the Philippines.

The same freight forwarder mentioned that the peak months for *Balikbayan* boxes are August, September, October, and November as migrant workers begin sending them so as to be received in time for the Christmas season. This trend is opposite that of cash remittances which peak in May and June for tuition purposes since classes starts in June, and also in December for Christmas presents.

Most of the nurses I interviewed had at some point in the past sent a *Balikbayan* box. However, the cost of sending a *Balikbayan* box is turning off a lot of Filipinos – currently it costs €160 per box. This led some to just try it once and never do it again. They said they just buy the gifts for their relatives when they are in the Philippines, because they are likely to be available there.

Visits

Visits to the Philippines are made possible because of the generous leave entitlements and smart scheduling on the part of Filipino nurses. These visits are usually for holidays and vacation, but also for sad occasions like a death in the family, or to avert a family crisis usually involving their children. The number of times they can travel to the Philippines in a year, however, would depend on their employer, and also on the cost of the airfare.

Nurses' annual leave entitlement varies by years of experience. Those with 0-4 years experience get 24 days annual leave, 5-9 years experience get 25 days, while those with 10 or more years of experience get 27 days. These are working days and, therefore, exclude Saturdays and Sundays. So when converted into weeks, a staff nurse with 10 or more years of experience, for example, has $27 \text{ days} \div 5 \text{ days in a week} = 5 \text{ weeks plus } 2 \text{ days}$ of annual leave entitlement per year.

Nurses, however, are able to extend their vacation by one more week. They do this by scheduling 7 straight night schedule which entitles them to 7 days off the following week, then they start their vacation in the Philippines during their week off, and claim their 5 weeks leave entitlements starting in the 2nd week of their vacation.

Nurses can even extend their vacation by two weeks, by taking two vacations to the Philippines each year and splitting their leave entitlements. So for a staff nurse with more than 10 years of experience, they will use only 13 days of their 27 days entitlement for their first vacation and start the vacation on the first day of their week off following their 7 straight night shifts. They will do the same for the second trip. However, their ability to make two trips to the Philippines would depend on whether their employer

would allow them to go away twice in a year. Employers honor the nurses' annual leave entitlements, but some do not allow their nurses to split their entitlements in order to make two trips.

The nurses I interviewed said that prior to reunification they take at least one or two vacations to the Philippines each year. However, as more members are added to their household in Ireland, the frequency of their vacation to the Philippines diminished because of the high cost of travel for the entire household. Most of them instead take vacations to Paris, London and other European countries, and even to the United States where the fares are much cheaper than the fares to the Philippines.

Household Division of Labor before the move: Baseline

The households of nurses in the Philippines prior to the move to Ireland follow the typical pattern of households in the Philippines, which is characterized by a gendered division of labor. The bulk of the reproductive work, which includes the household tasks, the care of children and their socialization, among others (Parrenas, 2001), were performed by the wife like cooking, washing of clothes, ironing of clothes, washing of dishes, shopping at wet markets, light cleaning/dusting, managing the household budget, and most child-related tasks like minding kids, preparing their breakfast, preparing them for school, and attending PTA meetings. Since most nurses are women, they perform most of the household tasks mentioned above despite being in full-time employment.

Husbands are typically considered the *padre de familia*, the head of the family, the provider, the main breadwinner. They do the occasional heavy lifting and assist in some of the household tasks every now and then.

In a household with teenagers, it is common for teenage girls to be assisting the mom in cooking, washing the dishes, food preparations, minding younger siblings, and sometimes in the washing of clothes by hand and ironing of clothes. If the couple can afford a helper or laundrywoman, the washing and ironing of clothes were usually delegated to them. Teenage boys usually do heavy house cleaning, like scrubbing the floor, and on occasion tasked to buy some items from the neighbor's convenience store. Like teenage girls, they are also tasked to look after younger siblings if they have one. Thus, growing up, girls had been socialized to more domestic roles than boys.

The division of labor in the household after the move: Philippines

Given that a great majority (80 %) of Filipino nurses who left for Ireland were women, their departure for Ireland meant that the vast majority of nurses' households in the Philippines underwent a major reconfiguration of household roles.

In a husband left-behind nurses' household it is typical to see the husband step up to fill in the responsibilities left by the nurse. Some husbands admitted that they lack

training in some aspects of domestic work especially cooking, washing and ironing clothes, but, they get by because of the pre-departure orientation of their wives; and because they consult their cookbooks, parents, friends, and their wives during their regular phone conversations.

Mon's story depicts this scenario. He and his nurse wife have four children. When his wife left for Ireland, the eldest child was only 11 years old, the youngest barely 3. Having young kids, he and his wife decided that he give up his job to give full attention to their children. He did most of the tasks that his wife was doing before she left i.e., cooking, going to the market, managing the household budget, preparing breakfast for kids and preparing them for school, taking them to school and picking them up afterwards, helping them with assignments, and taking them to the doctor when they are sick. Though he bought a washing machine from her wife's remittance, he still hired a live-out *Manang* (an older woman) to handle the washing and the ironing of clothes. Cooking was one of the regular challenges he had to face:

“I am a terrible cook. I am an expert in frying, but if you ask me to cook something else I would have to consult my mom, or my wife over the phone. Before she left, my wife taught me how to cook *pinakbet*, which is our favorite, but I've forgotten most of what she taught me. If you try it occasionally, it doesn't stick in your head.” – *Mon, spouse of nurse*

Hiring a domestic helper to help out in the household chores is a bit delicate in a husband left-behind household because almost all domestic helpers are women. Having a live-in maid while the wife is thousands of miles a way is a recipe for neighborhood gossip and temptation which the couple try to avoid. There are four ways that this dilemma of hiring a helper is addressed. One, if an adult female relative lives with them, e.g., the mother or either one of them. Two, hire two maids instead of just one. Three, the husband resigns from his job and take care of the household tasks and child minding full time. Four, hire an older, unattractive maid (at least from the perspective of the couple). Some did option 2, but most did option 3.

Jason, a spouse of a nurse, delayed his reunification with his nurse-wife because at the time she left, he was just recently promoted to a managerial position in the educational institution where he worked. He and his wife had a two year old daughter when she left for Ireland. For him to be able to work and have someone to look after her daughter, he hired two helpers:

“We had to hire two helpers. I have to go to work, and someone must look after my young daughter while I am working. One helper would have been enough, but you know the neighbors, they would tease and gossip about you and your maid even if there is nothing going on. So, that they could not say anything, my wife and I decided to hire two helpers. We can afford it now anyway.”
Jason – spouse of nurse

Most of the spouses I interviewed, however, with some in similar important managerial positions as Jason's, resigned from their jobs to concentrate full time in doing the household tasks and minding the children. This was reinforced by my group interview of married female nurses. All four of them acknowledged that their husbands were "vacant" for months before they joined them in Ireland. Their husbands were gainfully employed previously, but the couple decided that he resign from his job and concentrate on looking after their children since her earnings are more than sufficient to make up for his loss income and provide for the needs of the family. When asked whether they hired a helper to assist the husband, two of them admitted the struggle that they had with hiring a helper for their family in the Philippines. They said that it is not because they do not trust their husband, but to avoid possible temptation. In addition, they do not want to hear anything negative from their neighbors.

The biggest challenge confronted by the husbands left-behind is on how to deal with and explain the physiological changes experienced by their daughters. Carol had recently left for Ireland, when her two daughters had their first period.

Jude: I go to the store and I buy their napkin. People would stare at me, and I just say "those are for my children!"

Carol: And the kids, they are sooo innocent. They would shout at the gate "Daddyyyy, buy us napkin because we are out of napkin!!! The neighbors can hear them."

Carol: Because no one was there to advice them when they had their first menstruation. And you know my husband gets irritated with them because he tells me that they just scatter their used napkins and soiled panties in the bathroom. And we only have one bathroom so everyone who goes inside sees it!

Carol. They are soooo innocent! Since there was no other woman in the household to give them advice, I solicited the help of my mother to go visit our house and talk to her granddaughters and teach them about periods and becoming a lady.

The experience left Jude to acknowledge to himself and to his wife that he is an "*Inatay*" meaning a dad and mom combined.

As a testament to their new roles and society's growing acceptability of it, the husbands left-behind had been given several monikers by their relatives and friends, which they gamely acknowledged and even used when asked about their occupation. Examples of these monikers are:

"Housebands", referring to their status as a full time stay at home dad/husband.

“Chemists”, short for “*Kay misis umaasa*” which means “relying on the wife.”

“PNB”, which is the initial of the Philippine National Bank, but in this context, it means “*Parating Nasa Bahay*” which translates to “Always at home.”

“Shy”, shy in this case doesn’t mean that they are timid, quiet, or reserved, but is short for “*Siya ay taga-laba; siya ay tagaluto*, etc..” *Siya* in English, if you are pointing to a man or woman, means “He” or “She”, respectively. In this case “*Siya ay taga-laba*” means “He does the laundry”. “*Siya ay tagaluto*” means “He does the cooking.”

“BSN”, is not short for Bachelor of Science in Nursing, but *Bana Sa Nurse*, meaning “Husband of a nurse.”

“*Inatay*”, its meaning is closest to “My Goodness!”, but in this context it is a conjugation of two words – *Ina* and *Itay*. *Ina* means mother while *Itay* means father.

The wife’s role in the household while in Ireland

The average monthly net income of a Filipino nurse in Ireland including overtime is about €3,000 Euros. When converted into pesos, €3,000 is equivalent to almost 200,000 pesos. Since a nurse’s starting salary in the Philippines is between 7,500 – 10,000 pesos per month, depending on whether you work in a private or public hospital, then their salary in Ireland is 20 times more than their salary in the Philippines. This massive jump in salary instantaneously switched the breadwinning role in the family. If it were the husband before the move, it is now the wife immediately after the move.

With many spouses already resigned from their jobs in the Philippines, their entire family becomes solely dependent on the nurse in Ireland (which challenges the theory that migration is a risk-minimization strategy). This has given the nurse power over the purse strings. Nurses could exercise that power, and do on occasion, but for the most part they delegate the management of finances to their spouses. Decisions on how remittances are to be spent are discussed and decided jointly over long distance phone calls or via the internet. Although spouses are not restricted to spend the money in any way they want, they stick to their agreed plans and consult the wife whenever there are miscellaneous expenses. Migrant nurses give their spouses allowance money to compensate for their lost income which they can spend in any way they want.

John and Josie’s long distance discussion on their birthday gift to their son is an example of the dynamics on how decisions are made regarding remittance spending. It depicts the wife’s (Josie) power of the purse strings, and the husband (John) consulting and concurring with his wife’s decision.

“I went shopping with my children, and the birthday boy wants a very expensive toy. It is worth 2,000 pesos! Although we can afford it with her remittances, I find it too expensive. But my boy was very insistent. He really wants the toy, so I called up my wife. I said “Your son wants this toy, but it is so expensive it is worth 2,000 pesos.” My wife just said “It’s only 30 Euros, buy it!.” So, happy birthday, son!” - *John, spouse of nurse*

Despite their physical absence, as mothers, nurses are able to nurture and show intimacy to their children from afar. Most of the nurses I talked to communicated with their family in the Philippines at least twice a week. Sometimes they call once a day, or even three times a day especially if one of the children is sick or if there is a problem in school. Some nurses intentionally stay up late in Ireland to make wake-up calls to the Philippines to wake up their children and also their spouses so they can prepare for school and work, respectively. The Philippines is seven hours ahead of Ireland, so wake up calls are usually made by the nurses between 10-11 PM in Ireland. Children as young as 10 years old are provided cell phones so that they can directly communicate with mommy anytime and vice versa.

Nurses are also most likely to accede to the requests of their children for things that they do not necessarily need to compensate for their physical absence in their lives. The birthday gift mentioned above is an example. Other requests include more expensive electronic toys like Sony Play Station Portable, Xbox 360, Playstation 3, and Nintendo DS or Wii. The relative inexpensiveness of these items from the point of view of nurses, the happiness that she brings to her kids for buying it for them, and the appreciation that she gets in return are the reasons they cited for buying the items.

In some cases, nurses over-compensate their kids because of guilt feelings. Jude and Carol so wanted to bring their eldest son to join them so their family can be completely reunified in Ireland. However, being 18 years old, the son cannot join them as a dependent, but would need to secure for himself a work permit to stay for a longer term. Their son was able to secure a tourist visa, but had to leave after 3 months which is the maximum allowed for tourists. He pleaded with them to let him stay i.e., overstay his visa, but they decided against it because not only is it unlawful, but also he is already enrolled in college, so the decision was made for him to leave. Back in the Philippines, their son got depressed, so they asked a relative to live with him, and awash him with cash equivalent to 4 times the nurses starting salary in Ireland. At 18, their son is a college freshman, with the house to his own, and a monthly allowance four times what professional nurses in the Philippines make.

On some occasion, when the nurse-wife flexes her newfound economic power in the household, it could lead to some tension between the couple. Carol’s brother, who is a Catholic priest, requested her to buy him a new vehicle for his ministry. Jude was vehemently opposed to this because it is a lot of money, but he could not stop his wife because it’s her money, and she wants to give it to her brother.

Children's Role

Just as the husband's step-up in a left behind household (especially those who resigned from their jobs), so do teenage girls who find themselves doing more than the amount of what they used to do when their mom was around. While before they assist mom in cooking, washing the dishes, food preparations, minding younger siblings, and sometimes in the washing of clothes by hand and ironing of clothes, now, in some cases, she takes the lead especially in food preparations, washing dishes and cooking. Teenage boys also have expanded roles in terms of helping out in most of the household chores except on tasks associated with the kitchen.

The division of labor in the household during partial reunification: Philippines

When husbands join their nurse-wives in Ireland, the children are left in the care of a guardian while others are left under the stewardship of their eldest child. If left with a guardian, the parents usually provide them with a helper so as not to overburden the guardian. However, if the steward is the eldest child having a helper would depend on whether the eldest is a daughter or a son. If the latter, they share the same fate as when the father was around – no helper. If a helper is really necessary, the parents hire a much, much older maid, or solicit the help of a relative who they pay (which they call “allowance”) to live with their children and help in the day-to-day activities in the household. But if the steward is a daughter, then they are provided a helper. Parents, this time, are protective of the eldest son. Again, to avoid temptation and the endless teasing of his son's friends, they do not hire a maid for them. Filipinos are very conservative still, and one manifestation of this is not wanting others (e.g., their neighbors) to say something negative about them or to someone they love for living with someone in the opposite sex who is unrelated to them without anyone guarding them.

The choice of the eldest child as steward in the children-left behind household has its advantages. When Jude joined Carol in Ireland, he left his eldest son who was 18 years old at that time to take his place as the man of the house, look after his younger siblings, and to manage the finances of the household. Being the eldest, he had ample practice growing up looking after his siblings, and it showed:

“We were so proud of our eldest son, because the first Christmas when Carol and I were separated from them, on Christmas Eve he drove his younger siblings to the park and they had a good time there.” Jude– spouse of nurse

However, some children were thrust by their parents in roles they thought they could handle. Aside from looking after their siblings, Jude and Carol, tasked their eldest to manage the finances, but he was ill-prepared for it.

“We made our eldest son in-charge of managing our remittances, but his younger siblings complained that they were not getting their fair share. So, change management. We decided to assign it to the second eldest, one of our daughters, but she too was the same as her older brother. We were about to transfer the responsibility over the remittances to our third child when their visa to Ireland as our dependents were approved.” Jude– spouse of nurse

The division of labor in the household during partial reunification: Ireland.

The husbands who joined their wives before March 2004 knew before coming to Ireland that they wouldn't be able to find a job legally because of their lack of work permit. Some of them find themselves totally dependent on their spouses for survival in Ireland.

For those who were unable to secure a work permit, so as not to be a burden to their wives and have a contribution to the household, they do most, if not all, the household tasks in Ireland. The months they were “vacant” in the Philippines doing full-time “houseband” duties, turned out to be a training ground for their role in their household in Ireland.

I did everything! All the tasks in the household – cooking, washing, cleaning, looking after the kids, taking them to school, picking them up afterwards, name it! I did everything! Because she works hard, and I don't have a job! So that is my contribution to the household.” –
Jason, spouse of nurse

Some spouses, however, took some risks, and took on jobs that pay on cash basis. For them, their main reason for taking the risk is to be able to contribute to the household. Before March 2004, many spouses are in similar situation. Some of them banded together and devised a rotating child minding arrangement so that every member of the group will each have his turn at looking at the other members' children while the rest engaged in cash-basis only jobs. This arrangement was carried over after spouses were given permission by the state to work and still being employed to date because they do not have to pay a nanny or a crèche and therefore save. As a testament to its popularity, if for some other reason no one can take care of their child on a particular day, they just phone their friends and chances are they know of others with similar arrangements.

The division of labor in the household during full reunification: Ireland.

If during full reunification the spouse still doesn't have a job, much of the division of labor in the household in Ireland follows the pattern for partial reunification as above.

However, when both partners are employed, the division of labor has greatly changed as compared to the Philippines prior to the move. Cooperation plays a big role

in the division of tasks. Having learned a great deal of housework from their stints as “housebands”, husbands readily take on tasks that needed to be done in their household.

Jason who said “I did everything!” when he was still totally dependent on his wife, when asked who did the tasks in the household most often now, replied – “*Inyo lahat!*” This is a loaded word. In this context it means “both of us”, but it also points to the necessity of cooperation between partners in Ireland because they cannot afford outside help to do all or some of the household tasks. In the Philippines, there is someone whom they maybe able to call for help to do all or some of the household tasks.

SUMMARY AND CONCLUSION

Summary

The process of reunification in Ireland usually begins with the arrival of the spouse, typically on a trial basis, before they reach a decision to fully reunite their family. This study identified several factors that contributed to the delay of family reunification of Filipinos in Ireland. These factors include state immigration and education policies, on the one hand, and family circumstances, on the other.

The lack of entitlement of spouses to work prior to March 2004 was a key deterrent to family reunification. This had the effect of almost all first trips made by the spouse a temporary one, just to “test the waters”.

The educational policies of Ireland that charged non EU students higher tuition fee rates led had the dual effect of discouraging children from coming to Ireland and de-reunifying some families in Ireland as children are sent back to the Philippines to pursue college education there. That Filipino students who migrate to Ireland are assigned to a grade level that is one year lower than his grade level in the Philippines (e.g. say a third year high school student in the Philippines becomes a second year high school student in Ireland) has also discouraged some families to bring their children to Ireland.

There are also policies that hastened family reunification. The Child benefits or allowance provided by the Irish state encouraged some to reunite in Ireland as the allowance provided by the state helps in the family’s household budget. Employer- based policies of sponsoring the work-permit of their employees’ spouses in the hopes of retaining their service and gaining their loyalty have also worked towards speeding-up family reunification.

As for family circumstances that delay reunification, the more common reasons were: some spouses could not give up their career or business right away; children refusing to go; the age of the children –if the children are still infants or toddlers, they are left in the care of a guardian, usually the mother of either parent.

Maintaining Family Ties

To maintain their ties with the relatives in the Philippines, nurses engage in several forms of transnational practices. During the separation stage, communication by phone/text is regular and lengthy, but as separation drags on, the frequency becomes irregular and length of the conversation is diminished. This is attributed to both sides getting accustomed to the absence of the other, the ease of contact as most have mobile phones, and the presence of alternative forms of communication like the internet messenger.

In terms of remittance in cash, remittances are huge during the separation stage oftentimes amounting to more than 50 percent of net income. This is attributed to savings derived from staying in a shared accommodation, banking (overtime), and agency work on top of their regular work. But, remittances gradually diminish as family members start relocating to Ireland and families start to rent or purchase their own home. Remittance in kind (*Balikbayan* box) are popular among those who recently arrived in Ireland, but the longer they reside in Ireland, the lesser the frequency they send boxes especially if their families had been fully reunified in Ireland. Reunified families rarely send *Balikbayan* boxes, or only when they have a scheduled trip to the Philippines.

Visits are common during the separation and partial reunification stage. In some cases two visits are made each year. This is made possible by the generous leave entitlements in Ireland and smart scheduling of nurses. Visits diminish though as family members increase in Ireland as the cost of travel for the entire family factors in.

Division of labor in the Household

The division of labor in the household prior to the migration of nurses is characterized by gendered division of labor where most of the household tasks are often done by the mother – the nurse, with some assistance from teenage daughters.

The departure of the nurses reconfigured the roles of the other members of the household. Those husband left-behind who were able to hire maids (usually old enough to be their mothers, if not, two of them are hired) are able to escape much of the role reconfiguration as they delegate the task to the helpers. But, for most men, this is not possible, because hiring a domestic helper is a delicate matter since almost all domestic helpers are women. Having a live-in maid while the wife is thousands of miles away is a recipe for neighborhood gossip and temptation. Thus, couples negotiate, and this leads men to actually give up their careers and do full-time “houseband” work. As a full-time “houseband”, they do most of the household work and child minding. With the wife away, daughters also step up. Their duties are elevated as they, on some occasions, take the lead in cooking, meal preparations and other household tasks.

During the partial reunification stage, the husband’s reunification in Ireland is usually on a trial basis because he is not permitted to work by the Irish State (before March 2004). During this stage the husband is totally dependent on her until he secures

his own work permit. While unemployed, his household labor (he does all the household tasks) serves as his contribution to the household. Many, however, take risks by taking on jobs on cash-basis so they can help financially in the household. Being the child minder in the household, several “housebands” banded together and devised a rotating child minding arrangement so that every member of the group will have his turn at looking after the other member’s child(ren) while the rest engaged in cash-basis only jobs. Some of those who were unsuccessful in finding a job in Ireland, however, returned to the Philippines, therefore, de-reunifying the family.

As families move from partial to full reunification, and the husband finally permitted by the state to work (after March 2004) making the household a dual-earner household, the division of labor in the household takes a different form from what it once was in the Philippines. The new arrangement in the household division of labor is characterized by partnership and cooperation as they share the tasks of maintaining the household.

Conclusion

The findings in this study, which focuses on the transnational families of female Filipino professional workers, specifically nurses, in Ireland, provided us with a different perspective on transnational families of female migrant workers – the global care chain need not happen because men can and do give up careers to devote full-time care work to their children.

This was made possible by the significantly higher income of the nurse which made it easier for the couple to decide that the husband give up his job, the cultural taboo of a husband living with a maid while the nurse-wife is working abroad (and to avoid temptation and neighborhood gossips), and a culture of migration that has led to the growing acceptability of a stay-at-home dad – a “houseband”.

The Philippines society is gradually changing its view about the role of men in the household, and as children grow in a household characterized by non-traditional household division of labor with males (e.g. their father) sharing equal responsibility in reproductive work, their socialization spells good news for how future generations would view their gender roles in the household.

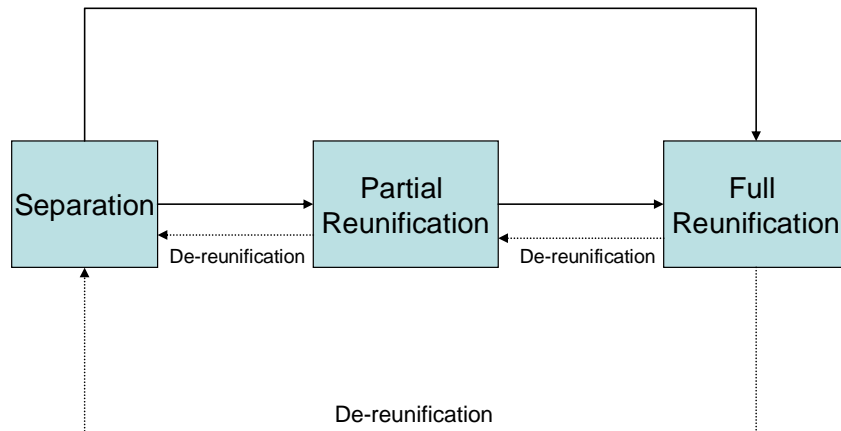
The couple’s decision for the husband to give up his job or career also challenges the notion that migration is a household strategy to minimize risk (new economics of migration). While the decision to migrate is a household decision to maximize income and minimize risks, it went from less risky to extremely risky when they decided to put all eggs in the nurses’ basket. Market risks may not be a factor for nurses because there is a demand for their services, but there are other risks that can potentially affect their income and risk strategies—failing the assessment test, accident, illness, or malpractice.

The paper has also shown the perils of prolonged separation – it seemed to be gnawing away at the value of family unity. As family members become used to being

separated from one another they seem to overlook the value of family unity when they decide on issues that reunify or de-reunify their families, cases in point are the lack of excitement of some children to reunite with their parents, and parents sending their newborn back to the Philippines because they prevent the couple from working full-time.

Ireland's implementation of her family reunification policy must be made consistent with its goals. Though nurses can reunite immediately with their families as in the case of Green Card holders, and after 3 months as in the case of work visa holders, one of the requirements needed by the Irish Consulate to process their family members' visas is 6 months of bank statements which they could only produce if they have been in Ireland for at least 6 months. The education policy of the state leaves much to be desired as well. Migrant workers in Ireland have equal rights as Irish workers, but their children do not in terms of access to tertiary education. Most Filipino nurses that I interviewed plan to work in Ireland until they retire. For successful integration into its society, barriers to such integration, such as education policy, must be addressed.

Figure 1. Process of Family Reunification



Bibliography

- Asis, Milagros B., Shirlena Huang, and Brenda S.A. Yeoh (2004). "When the Light of the Home is Abroad: Unskilled Female Migration and the Filipino Family." Singapore Journal of Tropical Geography, 25(2), 2004, 198-215.
- Balan, Jorge (1992) "The Role of Migration Policies and Social Networks in the Development of a Migration System in the Southern Cone" in International Migration Systems a Global Approach eds. Kritz, Mary, Lim, Lin Lean and Hania Zlotnik
- Barret, Alan and Ana Rust (2009). "Projecting the Future Numbers of Migrant Workers in the Health and Social Care Sectors in Ireland". Working Paper No. 275. January 2009
- Corcega, T. F., M. E. Lorenzo, et al. (2000). "Nurse Supply and Demand in the Philippines." The UP Manila Journal 5(1): 1-7.
- Gurak, Douglas and Fe Caces (1992) "Migration Networks and the Shaping of Migration Systems" in International Migration Systems a Global Approach eds. Kritz, Mary, Lim, Lin Lean and Hania Zlotnik
- Massey, Douglas S (1999). "International Migration at the Dawn of the Twenty-first Century: The Role of the State." Population and Development Review 25(2): 303-322.
- Massey, D. S., J. Arango, et al. (1993). "Theories of International Migration: A Review and Appraisal." Population and Development Review 19(3): 431-466.
- Murphy, Antoin E. (2000) . "The 'Celtic' Tiger: An Assesment of Ireland's Economic Growth Performance" European University Institute Robert Schuman Center for Advanced Studies Working Paper RSC No. 2000/16
- O'Reilly, KR (1981) "Population dynamics and family planning in Dublin, Ireland." Ann Arbor, Michigan, University Microfilms, 1981. 230 p. Doctoral dissertation, University of Connecticut, 1981.
- Parreñas, Rhacel Salazar (2000) "Migrant Filipina Domestic Workers and the International Division of Reproductive Labor." Gender and Society 2000; 14; 560-579
- Parreñas, Rhacel Salazar (2001) *Servants of Globalization. Women, Migration, and Domestic Work.* Stanford: Stanford University Press.

- Parreñas, Rhacel Salazar (2005). "Long distance intimacy: class, gender and intergenerational relations between mothers and children in Filipino transnational families" Global Networks 5, 4 (2005) 317-336
- Reynolds, Tracey and Elisabetta Zontini (2006). A Comparative Study of Care and Provision Across Caribbean and Italian Transnational Families" Families and Social Capital ESRC Research Group. February 2006
- Sarvasy, Wendy and Patrizia Longo (2004) "The Globalization of Care" International Feminist Journal of Politics 6, 3 392-415
- Tacoli, Cecilia (1999). "International Migration and the Restructuring of Gender Asymmetries: Continuity and Change among Filipino Labor Migrants in Rome." International Migration Review, Vol. 33, No. 3 (Autumn, 1999), pp. 658-682
- Wells, John S.G. and C. Niall McElwee (2000). "The recruitment crisis in nursing: placing Irish psychiatric nursing in context - a review." Journal of Advanced Nursing, Volume 32, Issue 1 (p 10-18)
- Zlotnik, Hania (1992) "Empirical Identification of International Migration Systems" in International Migration Systems a Global Approach eds. Kritz, Mary, Lim, Lin Lean and Hania Zlotnik
- Zontini, Elisabetta (2004). "Immigrant Women in Barcelona: Coping with the Consequences of Transnational Lives". Journal of Ethnic and Migration Studies 30 (6) November 2004, p. 1113-1114