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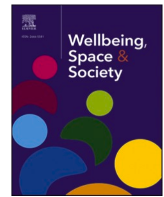

Transnational families, care and wellbeing: The role of legal status and sibling relationships across borders

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ABSTRACT

With transnational mobility on the rise, care is today increasingly carried out across borders, which profoundly impacts the wellbeing of migrants and their families. Drawing on two in-depth qualitative studies with Brazilian migrants in the United States, this article extends discussions on transnational care circulation by exploring two understudied dimensions in transnational care arrangements: legal status and sibling relationships. These two dimensions highlight the importance of legal (undocumented) status and larger family networks, besides the traditional aging parent-adult child dyad, in transnational care practices, family cohesion and wellbeing. The article's findings are two-fold. First, it shows that undocumented siblings experience long-term psychosocial stress resulting from the legal impossibility of their return visits and to make up for that, they provide emotional forms of care from a distance. Second, it reveals a gendered and sexualized component to care provision within family and sibling relationships, wherein women and gay siblings are typically expected, almost as a 'naturalized' role, to take on care responsibilities. This is the case regardless of being a migrant or non-migrant, documented or undocumented sibling.

1. Introduction

With transnational mobility on the rise, care is today increasingly conducted across borders, creating additional challenges for families (Baldassar and Merla, 2014; Hromadžić and Palmberger, 2018). This article extends discussions on transnational care circulation by exploring two understudied dimensions in transnational care arrangements: legal status and sibling relationships. These dimensions highlight the importance of legal (undocumented) status and larger family networks, beyond the traditional aging parent-adult child relationship, in transnational care practices. We draw on two recent in-depth qualitative studies with Brazilian migrants in the United States (Boston Metropolitan Area) to address the question: how do (un)documented migrants negotiate and enact care for aging parents across borders together with non-migrant siblings?

The paper advances the scholarship on transnational families and care in two distinctive ways. First, it shows the significance of legal status, here referring to undocumented status, in hindering the possibility of return visits to deliver proximate care. The experience of undocumented migrants differs from that of less mobile migrants (e.g. due to financial limitations or heavy workloads) in that travelling to the country of origin involves the high psychosocial cost of giving up an entire migration project abroad, sometimes including family and young children. Second, and relatedly, it demonstrates the centrality of sibling relationships in care arrangements and family wellbeing, namely in contexts of prolonged separation. The article's results emphasize that, when confronted with the impossibility of being physically proximate, undocumented siblings develop alternative forms of support, such as constant emotional assistance for aging parents. The discussion concurs with existing literature (De Silva, 2018; Hequembourg and Brallier, 2005) showing a gendered division of care work and, importantly, extend existing scholarship by revealing a sexualized division as well. In this regard, women and gay siblings (both migrant and non-migrant, documented and undocumented) are shown to dedicate a greater amount of time and emotional support (alongside financial support) than their male, heterosexual counterparts. These gendered and sexualized patterns are also commonly extended to care provided for one's in-laws.

Following this introduction, the article discusses existing scholarship on transnational families and care to reveal two underexamined areas

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with significant implications for family wellbeing: legal status and sibling relationships. The following two sections introduce the research context and explain the methods and data collection. The empirical discussion focuses on four selected case studies: four highly illustrative stories that capture the main themes discussed to show how siblings negotiate care responsibilities across borders in contexts of involuntary immobility and prolonged family separation. We conclude with a précis of the main findings and implications for future research.

2. Transnational families, care and wellbeing

In an increasingly mobile world, challenges arise as to how to organize and deliver care at a distance. This article draws on the conceptual discussion of 'transnational care circulation' (Baldassar and Merla, 2014) to capture the asymmetrically reciprocal exchange of care (physical, financial, emotional, moral, virtual) that travels across borders and over the life course. Besides specific dynamics within transnational families, care circulation is also under the heel of political, economic, social and migration-specific transformations that can occur suddenly (e.g., changes in migration and visa policies) (Brandhorst et al., 2020; Kilkey and Merla, 2014). Put differently, these dynamics of care are vulnerable to external processes, with changes in the latter often demanding a need to rethink the organization of care and search for alternative forms of care provision within families, local communities, welfare sponsored mechanisms (when available), and markets (De Silva, 2017).

While international migration is often viewed by migrants as a step toward improving their and their families' wellbeing, it can also be a stressful process with potentially negative impacts for migrants and the families left behind (Cai et al., 2014; Lu, 2012; Stillman et al., 2009). For example, negotiating care from afar while navigating experiences of entrapment abroad generates exceptional moral dilemmas that severely affect migrants' and non-migrants' physical and mental health (Brandhorst et al., 2020; Sampaio, 2020). Following previous discussions (e.g., Jackson, 2013; Kearns et al., 2009; White, 2010), we conceive of wellbeing as a social process comprised of material, subjective and relational dimensions. And yet, wellbeing remains a deeply contested concept difficult to pin down. Like care, wellbeing is subjectively and collectively constituted and understood differently across places, life stages, and one's life experiences (Raghuram, 2012; Tronto, 1993). Our discussion of wellbeing, in particular, integrates health, financial, legal and emotional dimensions that are experienced across more than one locale.

Transnational care practices are shaped by family-specific economies of care and particular gender and generational contracts encompassing migrants and non-migrants (Lulle, 2018; Shah and Lerche, 2020). Such practices can include siblings chipping in and fulfilling an absent kin's role, a process that Ting and Ho (2021) refer to as 'care slotting'; migrant and non-migrant kin sharing and reallocating care responsibilities, particularly in the face of unexpected and/or critical life events such as severe illness, disability, financial precarity, or death, an arrangement Coe (2016) terms 'care entrainment'; and caregivers, home and away, creating new, tiered care provisions, what De Silva (2017) refers to as 'care pentagon'. However, two dimensions remain understudied in existing scholarship on transnational care: legal status and, particularly, how an undocumented status demands a particular set of negotiations in terms of care relationships for aging parents and other older relatives; and the role of sibling relationships as determinants of care across borders, namely, in contexts where siblings abroad face mobility constraints due to their undocumented status.

Care negotiations across a distance can be particularly challenging in contexts of prolonged separation due to an unauthorized immigration status abroad. Existing literature has underscored the effects of undocumented status on migrants' mental health and wellbeing (Cavazos-Rehg et al., 2007). The inability to travel to the country of origin in the event of an emergency, or to provide proximate care for kin who stayed behind, particularly aging parents, comes with many challenges for care circulation and profoundly hinders the wellbeing of migrants and their families (Baldassar and Merla, 2014). This is demonstrated, for example, in the case of refugees to Australia, for whom care provision focuses mainly on emotional forms of care (Baldassar et al., 2007) ,[1] and undocumented migrants for whom transnational caregiving arrangements are embedded in larger institutional framings, like restrictive visa regulations (Kilkey and Merla, 2014). However, none of these studies explicitly considers how an undocumented status affects care arrangements in relation to other siblings within and across borders. In contexts of prolonged immobility, ICTs may offer a path to negotiate the distance and improve families' welfare across borders in a way that is even more significant for undocumented migrants without a prospect of returning to visit family in the near future (Baldassar and Wilding, 2019; Hromadžić and Palmberger, 2018; Hsu, 2021).

When there are challenges to transnational mobility, the role of sibling relationships within the transnational family becomes more accentuated. Interestingly, the role of sibling support has remained mostly overlooked in the existing works on transnational families and care, which have tended to focus on inter-generational relationships (Baldassar and Brandhorst, 2021). However, sibling relationships play a vital role in sustaining (transnational) family life. Focusing on sibling support, and thus extending the analysis beyond the adult child-aging parent relationship, allows for gaining a better understanding of how care provision is managed and how different gendered divisions of care are produced (Hequembourg and Brallier, 2005). Studies show, for example, that even when sibling hierarchies exist, communication between siblings tends to be more equal and unguarded than with parents; namely, in challenging migration contexts (Amelina and Bause, 2020). Equally, both in contexts of international and internal migration, sibling relationships function as an invisible bond that ties families together in contexts of aging and the need for care (Sun and Cao, 2022). Sibling support, and related negotiations, become even more pivotal in contexts of transnational migration, stillness and prolonged family separation, as decisions need to be made on *how, when*, and *where* to allocate care for older generations (see e.g., Baldassar and Brandhorst, 2021).

Sibling relationships are often sites of ingrained gender roles and traditional divisions of care work. This is manifest in women's assigned responsibility for emotional care, sometimes while also sharing financial responsibilities, whereas (heterosexual) men make themselves available chiefly for financial support (De Silva, 2018; Hequembourg and Brallier, 2005). In addition to gender, sexuality may also play a role in care relationships. For example, Santos (2021) notes that lesbian and gay siblings are typically expected to be more readily available to care for aging parents than their heterosexual counterparts. However, more research is needed to understand how sexuality shapes expectations and practices of care among siblings, namely across borders. To address this gap, we delve further into gender and sexuality-specific care patterns within transnational families.

3. Research context

This article focuses on Brazilian migrants residing in the Boston Metropolitan Area (BMA) to probe into dynamics of transnational care circulation and their impacts on family wellbeing. Brazilians to the United States are a suitable case study because they are a highly diverse

[1] Despite shared similarities between a refugee and an undocumented status, most prominently not being able to visit the country of origin, there are also crucial differences that likely affect care circulation. For example, while reuniting with aging parents, through family reunification mechanisms, may be a possibility for migrants granted asylum, this is not the case for undocumented migrants. Moreover, refugees are arguably more likely to develop their migration and life projects in reference to the countries of destination than undocumented migrants, for whom a voluntary or forced return is more likely a permanent consideration.

group, with somewhat equivalent numbers of migrants across genders and large contingents of irregular migration. Although many Brazilians have been able to obtain documentation, chiefly through marriage or following the 2001 U.S. visa amnesty, Brazilian migration to the United States is still characterized by high levels of undocumentation. This includes both tourist visa overstays and dangerous border crossings through Mexico. Brazilian migrants in the United States comprise significant numbers of young, economically active adults (20–40 years old), traditionally from lower socio-economic backgrounds but with greater diversity more recently (Siqueira, 2018). According to recent data, 433,500 Brazilians lived in the United States as of 2019 (Migration Policy Institute – MPI, 2019). Among these, the same source estimated that 145,000 had an unauthorized status (Migration Policy Institute – MPI, 2018).[2] Within the United States, Brazilian migrants have settled primarily in Massachusetts, particularly in the BMA. They are usually employed in flexible and largely informal work niches such as house cleaning, child and elderly care, construction, landscaping, or in the restaurant sector (Martes, 2011).

4. Data and methods

The article draws on two in-depth qualitative studies[3] with Brazilian migrants to the BMA. The first study was conducted in 2019 and the second between 2019 and 2021. Both studies included in-depth interviews with migrants, and sometimes larger families, and participant observation. The themes covered in the interviews included the migration journey to the United States, family networks, and transnational relationships. A focus on transnational care was especially prevalent when parents in Brazil were older and care arrangements had to be made. The participants were reached through snowball sampling. The interviews were conducted in the participants' original language (Portuguese) and typically at the participants' homes and workplaces (pre-COVID-19), or through video calls since the onset of the pandemic through 2021. Online interviews followed a similar procedure to the in-person ones. Aside from requiring greater efforts to recruit participants from specific groups (e.g., men, older cohorts, and lower educational backgrounds), the quality of the information collected was not significantly affected by the change to remote interviewing.[4]

The paper draws on a total of 175 interviews. The participants were illustrative of the Brazilian community in Boston in terms of their socioeconomic background (in Brazil), age, occupation, and migration cohorts. Approximately 1/3 of the study participants were undocumented at the time of the interview and over 2/3 were at some point undocumented for over a year (in most cases, far longer than that). The group was also diverse regarding gender, albeit with an over-representation of women (just over 60% of the cases). While the sample is not fully representative of Brazilians in the United States, it offers valuable insight into the transnational care experiences of this group. After transcription, the interviews were coded and thematically analyzed using NVivo (version 11). Main themes, common patterns and thematic threads worth probing further were discussed among the co-authors as the projects were designed and implemented. Relevant themes were then discussed in relation to existing literature.

Cognizant of the challenges of providing a coherent narrative and making justice to the large number of stories collected, this article focuses on a selected number of highly illustrative case studies that capture the main themes discussed (Table 1). The interviews were anonymized, and pseudonyms are used throughout to protect the identity of the participants.

5. Transnational families and care across borders

5.1. Gabrielle: a traditional gendered division of transnational care

The transnational family is often a site of reproduction of gendered norms and a traditional division of care work, where women find themselves burdened with the responsibilities of work outside the household and caregiving duties (De Silva, 2018; Hequembourg and Brallier, 2005). In this regard, Gabrielle and her husband, Mateus, offered a typical example of the prevailing gendered division of transnational care observed among most participants.

Gabrielle and her family (husband and two children) moved to the United States in 2015. She and her husband had a comfortable middle-class life in one of Brazil's largest cities before they decided to move. Although Gabrielle worked, her husband was the chief breadwinner of the household. When his job situation became unstable, compounded by a growing weariness about violence and their children's safety in Brazil, they decided to move to the United States where her husband's older brother was already living. They came as a family on tourist visas, which they then overstayed. In the interview, Gabrielle emphasized how much their children's future and safety weighed on their decision to move and how much they missed their families in Brazil, especially their aging parents. 'You know what they say… The U.S. is the land where sons and daughters cry without their parents knowing,' she commented to explain the emotional hardships of immigrant life, the prolonged separation, and how hard they tried to protect their aging parents from the troubles they face abroad.

Gabrielle and her brother provided support for their parents, who were still in relatively good health. Despite her brother's physical proximity to them, it was Gabrielle who coordinated care from abroad, anticipated the parents' needs, and devised strategies to fulfil them. She was also the go-to person when her mother needed emotional support and advice regarding daily tribulations and decision-making. On top of this, Gabrielle was also responsible for providing care for her in-laws. Mateus and his brother (also in the United States) provided for their parents' financial needs (e.g. healthcare, housing), and also assisted financially cousins who lived near their parents and coordinated to assist them with medical activities and other daily expenses (medical exams, doctor's appointments). Remarkably, though, emotional and moral assistance, and even some logistical work, was primarily provided by Gabrielle and their other daughter-in-law. A 'normal' process since, as Gabrielle conveyed:

> Women are just more sensitive and better at this, you know, right? He [Mateus] and his brother love their parents and they give them a lot [referring to financial support], but they are not as good when it comes to dealing with emotions and would just make it worse.

She went on to explain how she was always emotionally available for her mother-in-law when her father-in-law underwent heart surgery in Brazil. Her account evoked gendered understandings of care that can shape older parents' satisfaction with transnational care provision and subjective wellbeing. This is exemplified, for example, in older parents' appreciation for the emotional work of daughters(-in-law) and the recognition that sons do not always comprehend their everyday affective needs (De Silva, 2018).

Gabrielle's care responsibilities were accentuated during the pandemic. Because her husband's work (as a painter) was affected, she also became the main breadwinner, while retaining care obligations for

[2] However, these figures are likely largely underestimated, with data from the Brazilian Ministry of Foreign Affairs (Ministério das Relações Exteriores, 2020) estimating the size of the Brazilian community to be around 1.775 million people, almost four times the previous numbers.

[3] These studies were conducted by the first and second authors, respectively. The studies followed a Research Ethics Protocol that ensured ethical principles were followed, including informed consent and respecting the participants' boundaries when talking about sensitive issues such as an unauthorized legal status abroad.

[4] While the research did not focus specifically on COVID-19, because the interviews were partly conducted during the outbreak of the global pandemic, we also include some indication as to how the latter affected care arrangements and (im)mobilities among transnational families.

Table 1
Background information of the case studies.

	Case studies			
	Gabrielle	Maria Eduarda and Iris	Marcelo and Esther	Rogério
Gender identity	Female	Female	Male / Female	Male
Age	Early 40s	Early 50 s / late 50s	Early 40 s / early 50s	Early 50s
Sexual identity/sexual orientation	Heterosexual	Heterosexual	Gay/ heterosexual	Gay
Occupation	Housecleaner	Housecleaners	Social worker / Owner house cleaning business	Travel agent
Years in the United States (U.S.) and legal status	6 years, undocumented	Approx. 30 years, U.S. citizen / 5 years, undocumented	15 years, undocumented / 20 years, U.S. citizen	Approx. 30 years, U.S. citizen
Siblings in the U.S. and Brazil	1 sibling in Brazil	5 siblings, 4 in the U.S., 1 in Brazil	5 siblings in Brazil	2 siblings in Brazil
Parents age and health status (relatively good/poor)	Early 70 s, relatively good health	Early 80 s, relatively good health	Late 70 s, poor health	Early 80 s, relatively good health with early signs of Alzheimer's

her children, parents and in-laws. Gabrielle's case encapsulates a traditional division of labor, wherein women are burdened with caregiving responsibilities. At times, as shown here, these responsibilities pertain not only to their own aging parents but also their husband's parents. Such division of everyday (transnational) care also illustrates the reproduction of traditional ideologies of masculinity and femininity and 'naturalized' gendered expectations that sustain labor inequalities and further disadvantage women (cf. Hequembourg and Brallier, 2005). As a woman, sister, daughter and wife, and despite enduring legal obstacles to providing proximate care due to her undocumented status, Gabrielle remained chiefly responsible for caregiving responsibilities.

5.2. Maria Eduarda, Iris, and their visiting father: (Im)mobilities and multiple constellations of care across borders

Transnational care circulation entails continued temporal and spatial negotiations within the family and beyond. In many cases, this involved several family members both in Brazil and the United States and required navigating lengthy legal procedures. For Maria Eduarda, this meant taking on, delegating and planning care from a distance. As the only documented sibling abroad, she took on the responsibility of providing financial resources and organizing care in Brazil and abroad. One of the youngest siblings and not even the most well-educated or better-off in Brazil, Maria Eduarda had somewhat assumed a matriarchal role in her family, straddling between the United States and Brazil. This happened over time as she became better established abroad, attained citizenship, purchased a house, and helped other siblings migrate and find jobs. She held the lion's share of her parents' care needs and was responsible for maintaining their overall wellbeing by attending to their financial, health and emotional needs.

Maria Eduarda's mother, who had remarried, remained in relatively good health. However, Maria Eduarda shared that once her mother became frailer, she would become responsible for her care as the head of the family and the only child who could freely travel back and forth between Brazil and the United States.

> I would love to have my mother come and live here, most of the siblings are here anyway, and three of them cannot travel to see her… if she dies … but she lives in the *sítio* [farm] with her new husband, they have their things there and she doesn't like it here. She has osteoporosis and she wouldn't cope with the cold here. We would have to move somewhere like Florida, and that wouldn't be easy either. If she doesn't come, I might have to go and stay with her in Brazil. I'm the only one who can do it, and return. Well, my other sister [in Brazil] could do it, but I know it will come down to me.

Furthermore, Maria Eduarda had been able to apply successfully for a green card for her father. This entitled him to stay with her, being cared for and spending time with his (grand)children for at least six months a year. She recounted:

> Our father already spends half of the year here. My siblings can see him… he stays with me, but the other siblings take him around, he goes to their houses, sees his grandchildren; he likes it here in the summer. He stays out in the garden most of the time, makes his coffee, his food, speaks with my husband; it's a good arrangement as it is now.

Maria Eduarda's family's case also captures the ethical dilemmas that can emerge at the intersection of immobility regimes and transnational care circulation. Iris, Maria Eduarda's sister, who had arrived in the United States just a few years ago, overstayed her tourist visa. She had been living undocumented in the United States for the last five years. Maria Eduarda shared that she had been trying to help her sister apply for a green card, but this would require Iris to stay in Brazil for 11 years before she could return, which she was unwilling to do.[5] Another option the family had been mulling over was the possibility that their father, a green card holder, would move permanently to the United States, and Iris would become his official caregiver. This would open a channel for applying for a green card herself. However, this meant that their father would have to agree to move abroad permanently, which he was reluctant to do. Moreover, in case their father passed away during the application process, Iris would not only be unable to proceed with the green card application, but she would also have to leave the country. This story reveals the complex and shifting entanglements between family (im)mobilities and the planning, circulation and provision of transnational care. It shows how inter-generational care interdependencies can produce very distinct transnational care negotiations, experiences and movements with significant implications on future care planning and family wellbeing (cf. Brandhorst et al., 2020). A visibly distraught Maria Eduarda imparted: 'It's a very tough gamble, and difficult decisions will need to be made soon'.

In this case, COVID-19 brought considerations about transnational mobility and care to a halt. During 2020 and 2021, the family felt that it was unsafe and challenging, given the several travel bans in place, to bring their father to the United States. Working mainly as house cleaners, the sisters in the United States had also experienced trying times with additional precarity at work and high exposure to the virus. During this time, the family's transnational care arrangements were once again reconfigured, with relatives, neighbors, and the sibling who resides in Brazil becoming responsible for providing proximate care for their father.

5.3. Marcelo and Esther: the emotional work of caring from abroad in (im)mobility

Caring from abroad in immobility as an undocumented migrant

[5] According to U.S. immigration law, siblings of a U.S. citizen are at the bottom of the family preference list and the waiting list is extremely long, typically 10 years and more.

involves continuously re-negotiating how care is conceived, organized and delivered. Such a process also involves profound emotional work and continued family negotiations, as we frequently observed with the participants. This was the case with Marcelo. Feeling unsafe about his sexuality in Brazil, he emigrated to the United States, where his older sister, Esther, had been living for a few years. Unlike Esther, who attained US citizenship through marriage, Marcelo remained undocumented and thus unable to visit their family in Brazil. While Marcelo described his migration abroad as an emancipatory act as a gay man, he also incurred high emotional costs, including legal barriers to providing proximate care for his parents. A few years ago, Marcelo and Esther had gone through the painful loss of their mother. Given his legal status, Marcelo could not attend his mother's funeral and had since watched from a distance as his father's health deteriorated. Marcelo and Esther's 79-year-old father had become increasingly dependent on family – five non-migrant adult children – for support in his daily activities and had developed hearing issues over time. This made phone and video communications, the only option available for Marcelo to interact with his father, even more challenging.

The family's transnational care arrangements had been reassessed over time. Immediate care for the aging father, such as help with groceries, cooking, cleaning the house, and routine trips to the health center and pharmacy, was performed by siblings and other relatives living nearby. Esther, who had secured a better financial situation abroad, contributed with financial help for the father's everyday needs and ensured that in-situ siblings also received some support for their time and care. Financial support was described as a crucial form of assistance as if money could, at least to some extent, suppress absences and ensure family closeness (cf. Baldassar et al., 2007). Since Marcelo had comparatively fewer financial resources and still found himself in a precarious legal situation, he contributed with less financial support and was unable to provide proximate assistance. Instead, he replaced this with emotional care. He always kept an eye on how his father was faring from a distance through ICTs and purposefully concealed information that could generate further emotional strain on his father (e.g., work and legal precarity) (Sampaio, 2020). Marcelo's experiences concur with those described by Baldassar et al. (2007) in that, under a prolonged unauthorized or vulnerable legal status, emotional support becomes one of the core forms of assistance available for undocumented migrants and refugees. Likewise, Marcelo's care practices mirror those illustrated by Hsu (2021), who shows how (female) migrants utilize different levels of filial ICTs to manage and sustain emotional relationships with their faraway aging parents.

Moreover, it was apparent that Esther, the primary family provider (e.g. paying for health insurance and doctor's appointments), had 'naturalized' the role of emotional provider as belonging to her brother. She rationalized this through the fact that he did not have a family of his own to tend to and thus could, in her view, dedicate more of his time to 'being present' emotionally. Conversely, she did not feel like she had to provide close daily (emotional) care because 'if my family needs me, they will let me know'. In addition, she could always travel to Brazil in case of an emergency. This became clear when their mother passed away. Esther was able to attend the funeral, while Marcelo could not. Instead of being allowed to suffer for this impossibility and grief, he also had to take on the care of his sister, who became mentally and physically distressed for months, and his nieces in the United States.

> Then I got strong. I felt that my sister needed my help, every time someone called from Brazil I knew it was bad news… so when I heard that she had died [their mother] I went to my sister's home. I stayed strong and I didn't want to cry, I was worried about my sister… she went mad, she went to Brazil, for the funeral, and left me alone with her two children and her husband. The day after, I came to work and stayed taking care of her… taking care of her children, her husband, her home, and coming to work.

Such non-negotiable experience and its multiple psychosocial effects set Marcelo apart from migrants who may travel less because of limited financial resources or heavy work schedules, but for whom the option of visiting family is not completely barred. In Marcelo's case, unlike Esther's, the COVID-19 pandemic and the immobilities it generated did not change what was already a challenging situation of prolonged separation from family. However, it made him reflect on his priorities. The additional strain that the global pandemic brought in terms of work and legal uncertainty affected Marcelo's wellbeing in remarkable ways. Namely, it led him to rethink his migration project abroad and consider re-migration to another country where he believes that, albeit with a substantial pay cut, access to legal documents will be easier.

5.4. *Rogério: the role of gay siblings in caring for aging parents*

Marcelo's case provided a first glimpse of a sexualized division of care labor. Drawing on the experiences of queer, mainly gay, cases in our sample and also non-gay participants with gay siblings, we could discern clear patterns in terms of the caregiving roles they took among siblings. Regardless of their financial situation, the onus often fell on the gay siblings to provide the closest support for the parents because, for their heterosexual siblings, they were generally perceived as the 'natural' conduits of care. This understanding was justified by gay siblings' (perceived) stronger emotional bonds with the aging parents and/or the lack of family and children of their own. The statements of heterosexual siblings also displayed a connection between sexual orientation and informal care provision by asserting the expected readiness of gay siblings to step into the role of caregivers (cf. Santos, 2021).

If they were non-migrants, gay siblings were most frequently the ones staying proximate to their parents as they aged. They were responsible for emotional support and assistance with daily activities (e.g. bringing aging parents to medical appointments, buying groceries, cooking and eating together, etc.). Tarcísia, the only one of four siblings residing abroad, bluntly described why her gay brother had taken on the duty as her mother's primary caregiver after their father's passing: 'Well, I cannot physically do it [she is undocumented] and my sisters have their families to take care of. He is not getting married anytime soon anyway, so it just makes sense.' Although her brother had a full-time job, she expected him to care for her mother as a naturally embodied role and sent him money as a token of appreciation for this proximate support. Despite their physical distance, migrant gay siblings consistently took on the role of primary emotional caregivers for their older parents. Eliseu, another gay man in the United States, said that he was more present for his mother on a daily basis (they talked on the phone every day for over an hour over breakfast and sometimes dinner) than his siblings in Brazil. Similar remarks were made by other gay interviewees. Perhaps the clearest example of this was Rogério.

A gay man from a large metropolis in Brazil, Rogério migrated to the United States in his early 20s. He had two siblings in Brazil, including one who lived in the United States for a short period in the late 1990s, returning to Brazil a few years later. Rogério was well established abroad. He had a stable, professional job working as a travel agent, was fluent in English, had a large network of non-Brazilian friends, and even bought a house. Above all, he had become a U.S. citizen. During his time abroad, he always helped his family with remittances, and he also assisted one of his siblings with migration and employment in the United States. The way he described his life planning, always keeping his aging parents (especially his mother) in mind, was illuminating:

> Well, I knew early on that I never wanted to go back to Brazil. Especially after I got my green card and citizenship. And I always knew that I would be the one caring for my mother when my father passed away. So, I bought this house already planning on bringing her. I have a room upstairs for her. She can stay there, have her privacy. I bought this house because of that. I knew I was going to end up bringing her. My siblings have their families, and I am single.

I have no intention of getting married. So, it just made sense and I always knew it would end up being this way.

Rogério had two brothers, both, according to him, in a 'very good' financial situation. And yet, it was striking that despite the two brothers living close to his parents in Brazil, they were not expected to care for them. Given their 'own' family obligations, the care arrangement deemed easiest was to attain a green card (and later citizenship) for his mother and bring her to the United States.

It is interesting to note how Rogério's narrative about his own, expected and embodied, role as caregiver replicates Tarcísia's words about her gay brother in Brazil. 'It just makes sense' that the single, unmarried gay sibling is the one responsible for becoming the primary caregiver for the widowed parent (cf. Santos, 2021). As Rogério's case demonstrates, becoming a proximate care provider sometimes entailed navigating complex delays and stoppages to care circulation. This involved, for example, applying for and sponsoring a U.S. green card for the aging parent/s, which could take several years and certainly a non-negligible amount of money to plan and realize. Rogério's mother received her green card through him a few years ago and started visiting him frequently and for extended periods. The COVID-19 pandemic precipitated her final move to the United States. She lived on the upper floor of Rogério's house year-round, with no plans to move back to Brazil, exactly like he had anticipated.

6. Conclusion

With this article, we sought to advance debates on two under-examined dimensions in the study of transnational care circulation, the role of legal status and sibling relationships. We departed from the question: how do (un)documented migrants negotiate and enact care for aging parents across borders together with non-migrant siblings? In answering this question, we provide insight into migrant and non-migrant contexts of care and illuminate how wellbeing, including health, financial and emotional support, is constituted transnationally. In doing so, it is also important to consider that care arrangements and caregiving responsibilities are embedded in shared family histories and (sibling) relationships that reflect ongoing care negotiations (Kilkey and Merla, 2014).

The article's findings are two-fold. Firstly, the article shows that undocumented siblings experience long-term psychosocial stress resulting from their impossibility to return or even visit their home countries. This experience differs from, for example, that of other less mobile migrants (e.g. due to financial limitations or heavy workloads) in that it is a non-negotiable, prolonged situation and travelling home entails giving up an entire migration project abroad, often including family and children. When confronted with lengthy separations, undocumented migrants find alternative ways to 'be present'. This includes emotional forms of support and always making themselves available. Secondly, the article concurs with existing literature revealing a traditional gendered division of labor wherein women hold the lion's share of care responsibilities.

Furthermore, the article exposes a sexualized component to care provision within family and sibling relationships. In this regard, women and gay siblings are typically expected to take on care duties, almost as a 'natural role'. This includes primarily emotional and proximate forms of care but sometimes also financial support. This is the case regardless of being a migrant or a non-migrant, or a documented or an undocumented sibling. Such arrangements are suggestive of specific social and cultural norms of care and reveal implicit understandings about *who should care for what.* They also evoke gendered and sexualized understandings of care that associate emotional work with daughters(-in-law) and gay children. Alongside inter-generational care, acts of care are also enacted among siblings, for example, by financially supporting siblings in Brazil who took everyday care responsibilities or supporting undocumented siblings regularizing their status. These findings provide a foundation for further investigating experiences of care provision in contexts of prolonged immobility abroad and a sexualized dimension of care work.

While this research did not focus specifically on the impacts of COVID-19, the interviews were partly conducted during the onslaught of the global pandemic. Here, we observed first-hand how the unforeseen changes brought about by the pandemic demanded swift (transnational) readjustments. These involved shifting care responsibilities, with siblings in Brazil becoming primary care providers, widening support networks to include neighbors and other relatives, and changing forms of care (e.g., financial and emotional support over proximate care). Sibling relationships and their ability to effectively communicate and share care responsibilities were further tested and remained a core constituent of family cohesion and wellbeing.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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