

Negotiating the Moral Politics of Transnational Motherhood: Conducting Ethnographic Research in Central America¹

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Abstract: In this narrative, the author reflects on the personal and ethical dilemmas she faces currently in the beginning stages of conducting dissertation research fieldwork, an aspect often glossed over by retrospective accounts. She is conducting ethnography of Nicaraguan labor migrant women working in Costa Rica's coffee agro-industry, with an emphasis on reproductive health and motherhood. In addition to her social position as a Western, advanced graduate student-researcher, Goldade is also a wife and mother, arriving in the field with her baby daughter just under 4 months of age. She grapples with the challenges of negotiating the moral politics of motherhood and ethnography, seeking collaboration among host country nationals and recruiting study participants, as well as the balancing act of working motherhood.

Keywords: transnationalism, ethnographic research, motherhood

BABY STEPS

"Babies open doors!" my advisor enthused upon hearing the news that I would be taking my three-month old baby daughter to the field. Just two months into my dissertation research, my experience already resonates with his insight. We are living in the foothills of one of Costa Rica's most popular tourist-destination volcanoes. My husband, my baby daughter, Sonia, and I have come to this region so that I may

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conduct a transnational ethnography with people who are not from here; the Nicaraguan labor migrant women working as harvesters in the coffee and ornamental flower industries. My advisor was not the only one to comment on Sonia's influence on the research. In academic circles colleagues predicted that she would ease recruitment challenges and knock down trust barriers, thus smoothing the work of eliciting narratives on sensitive, yet pertinent topics confronting my informants around reproduction, reproductive health, and motherhood. On the other hand, a fellow Central Americanist lamented that she could never take a child to the field lest some harm were to come for which she could never forgive herself.

I could anticipate the benefits of a baby's disarming presence to the research but did not understand the nuanced personal challenges of being a parent while doing fieldwork. By her mere presence, Sonia regularly invokes interactions to be considered rich data. Being a mother helps me to see important themes and has even led me to re-fashion my original research proposal. Most significantly, having Sonia brings me a deeper understanding of working motherhood, the situation many of my informants face.

Also, I am beginning to learn what it means to be a transnational mother, one whose work involves traversing national and cultural boundaries yet remains at odds with the close proximity required of caring for one's children. I am one too. I face corresponding dilemmas on a daily basis, which bring me closer to an insider's perspective. Trade-offs, weighing health risks for Sonia against getting my work done, and negotiating the ethical dilemmas of motherhood are now a way of life. Yet, at two months time, I am cautious not to overestimate the congruence of my situation with that of my informants. I am beginning to understand how our unequal positions of power work and how I am privileged in my own negotiations, even if they often cause me personal distress. In this initial phase of research, intellectual confusion and emotional guilt prevail, as I delicately dance around moral dilemmas as both a new mother and a new ethnographer. I am forced to proceed with caution. I am taking baby steps. In my case, the rewards of motherhood are both personal and intellectual. Sonia has undoubtedly enriched my research experience and findings, but I continually fear the answer to the question, at what cost?

SONIA'S SMILE

Like the way that my own mother's visit did during my Peace Corps service in Nicaragua five years ago, being a mother myself has made me more human in the view of Central Americans. As is the case across the globe, kinship ties are powerful humanizers here. However, ideas of the life course speed up the process of childbearing by about ten years, commonly spawning suspicions of birth control or even rumors of infertility when one is childless beyond the age of 25. To return as a married mother at the age of 30 brings me closer to that ethnographer's manna, cultural congruence. My age and marital status no longer provoke probing. They make sense. To study matters of fertility, reproduction, and transnational motherhood, the core of my dissertation, does not seem odd. In the eyes of my informants, I am a mother first, a curious North American doctoral student/researcher second. Having Sonia here certainly speeds up trust-building processes that are often the principal source of frustration in these initial stages of fieldwork.

For example: The other day, I was excited to be interviewing a newly recruited informant after an extended game of phone tag and one cancellation on her part. She was shy. Her answers were not forthcoming. As I asked her my carefully crafted interview questions I constantly engaged in self-analysis to make her feel more comfortable. I checked my own temperament and posture, the setting, and my volume, all in an effort to convey understanding and to smooth the clearly choppy interview dynamic. Nothing worked. As we wrapped it up, I assessed my failings and felt reassured by the fact that I would be doing several more interviews with her. I closed the notebook and signaled that I was finishing up to my husband who was walking Sonia through a nearby row of coffee plants. He came over and I introduced him to the informant as he handed me Sonia, at which point she exclaimed, "She's yours?!" In an instance, her entire demeanor shifted. She swiftly assumed that cross-cultural high-pitched baby talk and began to interact with Sonia. A willing conversationalist, Sonia eagerly offered her a big, drooly open-mouthed smile, topped off with a full-body shudder, her newest way of communicating excitement. Immediately, the informant returned to the topic I'd been trying to get at earlier (with little success)—her feelings of isolation as a migrant. My position as a transnational ethnographer helped in this regard. She commiserated, "Isn't it hard to be in a country that isn't your own?" We talked for a

while longer. She invited me to her home the following day and offered to introduce me to another migrant, all with Sonia smiling away in my arms. Undoubtedly, the data that followed was the work of Sonia's smile.



Author (left) interviews a Nicaraguan labor migrant as she makes small repairs to the basket she uses while picking coffee.

TRANSNATIONAL MOTHERHOOD, TRANSNATIONAL ETHNOGRAPHY

In another initial interview, a recently recruited informant was explaining how she made the difficult decision to bring her five children with her, and exposing them to the dangers of the journey and the instability of labor migrant living. She does not trust her own mother or mother-in-law back in Nicaragua to care for them in the way that she would. She moved her eyes to Sonia, nursing in my arms, as she commented, "As you know, nobody takes care of one's children like their mother."

So far it appears that being a mother and having faced the dilemmas of ensuring Sonia's safety at the same time that I continue my work, which requires much travel, has already facilitated my efforts to gain trust with my informants. However, social perceptions of an ethnographer are never neutral. Previous experience has taught me that seeing Sonia and me together could just as well prompt shame or jealousy in a future informant who has decided to leave her children behind in Nicaragua.

To date, all of the labor migrants recruited for the study are mothers. In their process of migration from Nicaragua they faced the excruciatingly difficult decision of what to do with their children. Taking them to Costa Rica means subjecting them to many hardships, including the dangers of crossing the border on foot, crowded and transient living conditions, fear of deportation, and social isolation. Once they arrive there is the problem of who will care for them while both of their parents work, now that they are out of reach of kinship and social networks of support that provide childcare. In the case of one informant, her children—ages three and seven—trail behind her while she picks coffee. She fears for their safety as they risk snake bites and the slippery hillsides. However, leaving them in Nicaragua would mean enduring the guilt and emotional pain of separation. In addition, in some cases, it means more worry about the child's well-being depending on the faith in the caregiver—usually a grandmother or aunt. These mothers must call home often and negotiate tough decisions regarding their care over the phone.

An informant shares that she often cries herself to sleep while looking at a photo of her six year old son whom she left when he was three. Another has not seen her two daughters in seven years. Such periods of separation are unfathomable to me. I am struggling to move Sonia out of our room at night, the next step in improving her (and our) sleep. The contrast between these experiences prompts me to ponder who gets to mother their children in this transnational world. Among other things, transnationalism includes the idea that human actors have agency and wield it to assert themselves in the face of that giant steam-rolling force of globalization, often through movement and migration previously unimaginable. My experience so far shows that it works in gendered ways. Whereas labor migration may be an attractive option for those parents (usually fathers) assured the good care of their children in

their absence, transnational motherhood appears to present more challenges than benefits—that is, unless you are a Fulbright-Hays-funded transnational mother with a full-time dad at your side. Like running my tongue over a loose tooth, my mind returns to consider the extent to which transnationalism involves a shift in power relations, or if they are simply enacted over longer distances.

When it comes to transnational ethnography, on the other hand, shifts in power relations between the informant and ethnographer seem clearer. In classic ethnography an anthropologist departs from his privileged position as an extra-educated person studying in a Western university to land in a small, usually very poor, village characterized by traditional systems of economic and cultural exchange. Thanks to the massive movements of people around the globe, part-and-parcel of transnationalism, an ethnographer can meet her informants on territories unfamiliar to both parties. Although it does not completely erase the struggles of power differences, being foreigners in a strange land serves as a common touchstone.

Moreover, ethnographers are particularly well-suited to understanding transnationalism. For instance, in my case, my nationality enhances my ability to evaluate the dynamic between Costa Ricans and Nicaraguans. Being from neither place makes me more neutral to both parties, giving me a unique view into the situation. Holism is a hallmark of the ethnographic method. Using it, researchers can provide insights on the fast-moving human side of this transnational world, a side that often slips past statistical studies. It is the job of ethnographers to understand the new and complex social arrangements made possible by increased global movement and communications.

However, the dilemmas presented by transnational ethnography involve the work of understanding multiple “insider perspectives.” Although Costa Ricans are not my primary informants I rely on them for everyday advice ranging from small lessons like bus etiquette to weightier matters like the best-educated pediatrician in town. Plus, they are my principal research collaborators. Indeed, one of the greatest surprises in fieldwork has been the discomfort and daily work of negotiating the moral politics of parenting among Costa Ricans, and specifically, our closest friends here.

THE MORAL DANCE OF MOTHERING

Often times, I feel as if engaged in a moral dance with locals over the ways that we parent Sonia. Everything from ear-piercing, dress patterns, feeding and sleep habits, and pain-alleviation techniques are up for debate. My observation must resonate with other new parents. The onslaught of unsolicited advice associated with the transition to parenthood and accompanying identity shifts is arguably a universal cultural phenomenon. Indeed, after giving birth to Sonia in Arizona my impressions of new motherhood involved the confusing mix of opinions regarding her eating and sleeping habits. In the social context of ethnography, however, the symbolic stakes have changed. How I care for her reflects the degree to which I condone or contest Costa Rican ways of mothering, a touchy subject. After stepping on toes in these symbolically loaded conversations I have found myself seeking graceful resolve, or fumbling for pardon.

A few weeks before our departure, amidst the frenzy of packing up and storing our household's belongings except for the items we had selected through foggy sleep-deprived deliberations, I called our local host, Doña Blanca². I wanted to allay at least one of my several fears as a new mother taking her newborn to another country; the risk of malaria and other mosquito-borne illnesses in the area. To my questions, Doña Blanca responded that malaria does not exist in this region nor did she know of any local cases of dengue fever. Did not know? What does that mean? "But, *in general*, is there dengue fever in the area," I urged, nervously. Transmitted by a bite from an *Aedes aegypti*, a class of mosquito that feeds around the twilight hours of dusk, dengue is an extremely painful and temporarily debilitating viral illness that can be hemorrhagic in subsequent incidences and, in extreme cases, lead to death. Preventive measures are to try to limit the breeding grounds of *Aedes aegypti* which are pools of stagnant water, an overwhelmingly difficult task in the tropics.

Brusquely, she explained that she had not seen any mosquitoes in her house and she was always careful to keep her house and patio clean. I wondered what cleanliness had to do with it. And, from her defensive tone, I could tell that I had offended her. She followed her response with an offer to find us a crib and to hire us a local nanny, both of which I

² A pseudonym.

gently refused. It occurred to me that she was assuring me in other ways that she would be providing Sonia a safe place to live. Compounded by my rebuffs to her generosity, it seemed that she interpreted my questioning of dengue as a lack of her consideration for Sonia's well-being. I had to convey my trust in her. Delicately, I re-traced my steps and explained, half-truthfully, that Sonia's grandparents were very concerned and had asked me to clarify the risk of dengue. "You *have* to ensure Sonia's grandparents that plenty of Costa Rican children grow up safely here" she responded.

On our very first morning at Doña Blanca's, we awoke to national newspaper headlines bemoaning this year's exceptionally high rate of dengue. On the second day we read that dengue had claimed its first deaths, about half of whom were children under the age of one. My concern elevated to fear. Knowing that I could not bring it up with Doña Blanca, I turned to her daughter who works in the local hospital for reassurance. She explained that all cases of dengue were the result of lack of "self-care," that the inflicted were only those people who did not keep their patios free of garbage, and their yards well-manicured, and that for this reason, we were safe. "You're *fine*," she said in a patronizing tone.

I did not feel any better. I considered the screenless windows right next to Sonia's crib, the house's surrounding gardens with shallow flooding from the afternoon rains, and the fact that I had had dengue five years prior, despite the utmost "self-care." In Nicaragua, I had seen a family crumble under their grief when hemorrhagic dengue claimed the life of their bright and accomplished adolescent daughter. Intellectually, I could understand her reasoning as a cultural logic for making sense of the omnipresent risk of contracting a serious disease for no better reason than being in the unfortunate position of mosquito landing pad. Personally, however, I was very worried about the risk of Sonia contracting dengue and wanted to share this with someone, a fellow mother, who would lend a sympathetic ear, not a demeaning rebuke. Her response not only left me feeling the loneliness familiar to ethnographers in the first months of fieldwork, but frustrated with the moral dance. How could I ever express worry if it was always to be construed as a moral questioning of Costa Rican way of life?

In what felt like a personal compromise, I joked that I am a nervous first-time mother with tendencies toward over-protection, a concept that

has taken hold with this country's plentiful interaction with U.S. media and culture. We both laughed. In this instance laughing at my worries with her communicated that my concerns were not meant to cast ambiguous blame but simply convey a human feeling. In general, making myself the subject of jokes has been a useful move in the moral dance. It can feel self-defeating, particularly since a foremost task of the first months of fieldwork is to establish the research as respectable and worthwhile. However, laughing can help to ease cross-cultural tensions. Sometimes, it's just the most logical option.

On another occasion, a friend blatantly disregarded the way we had decided to introduce Sonia to solid foods at the tender age of 5 months. One weekend our friend generously invited us to her family's home to collect some of their citrus fruit harvests. We were strolling through her lush back yard as her husband picked us a bag full of mandarin oranges and lemons. I had just finished explaining to her that we were starting Sonia on vegetables and brown rice cereal in order to encourage her taste for these things rather than the sweetness of fruit, an odd concept in a cultural setting where *agua dulce* (sugar water) is a national drink often given to newborns, and sweet treats occupy a quarter of the grocery stores' shelves. I turned around to see Sonia delightedly sucking on a mandarin orange, at the hand of our friend. My husband and I caught one another's eye, shared a worried glance, followed by a knowing smile, and ultimately we both started to laugh.

Besides some personal discomfort such interactions are giving me a better understanding of the politics of mothering—that is, the meaning behind moral judgments regarding parenting (especially mothering) attitudes and decisions. From my privileged stance as Western researcher I have the luxury of understanding interactions for what they are: a caring show of concern for Sonia and the defense of her safety in Costa Rica. In contrast, Costa Ricans level harsh scrutiny toward Nicaraguan mothers and mothering practices with blatant utter disdain. Guiltily, in light of Costa Ricans' perceptions of Nicaraguans, I come to understand that teasing criticisms of our worries for Sonia are meant caringly and that to be engaged in the moral dance is a privilege, not a burden.

PANGS OF RESEARCHER'S GUILT

In daily interactions, Costa Ricans regularly and unabashedly articulate their contempt for Nicaraguans. Often, they direct their scorn at migrant women's reproduction and make moral judgments of their ability to mother. Although this issue is not at the heart of my original dissertation proposal, it is what I hear most on a regular basis. While grasping at thematic threads during this exploratory phase of the research I am still trying to make sense of whether being a mother prompts them to share these prejudices with me, makes me more sensitive to them, or if they constitute a regularly occurring social phenomenon. However, from our very first day here, an interaction repeated over and over again goes like this: A national asks what we are doing here, we answer that we are here so that I can conduct a study on Nicaraguan migration, and s/he responds by rattling off a litany of Costa Rica's social problems for which migrants are to blame, and oftentimes includes at least one discriminatory joke. As I grapple with a dizzying slew of prejudices against Nicaraguans, I am flooded with guilt for being American, for being an American mother, and for the way that my original research question may inadvertently support these prejudices.

Most commonly the complaints circulating involve migrant mothers, my informants. One is that Nicaraguan women migrate when pregnant simply in order to access superior health services; another is that they become pregnant with the intention of garnering the newborn's legal entitlements to education and health care until age 18. Most extremely, there is the belief that Nicaraguan women come here with the sole purpose to steal a husband, in order to have Costa Rican babies and thus ensure their own legal status. In all accounts, Nicaraguan (over) reproduction is to blame for dwindling state resources in the health and education sectors.

Not only do Nicaraguan migrant women over-reproduce, their mothering capacities are considered suspect, as several nationals have already shared with me. In a recent exploratory interview, a local doctor bemoans the cold and uncaring attitude that Nicaraguan mothers display for their children. A teacher complains that their lack of parenting skills leaves their children undisciplined, and their laziness leads them to over-rely on the education system to care for their children. An acquaintance tells us a story in which she pulled over to the side of the road to berate a Nicaraguan mother for carrying her baby in

the rain without using an umbrella. Before peeling away, she warned the aberrant mother that she would be subject to police fines for doing so. In these interactions, I don't know how to react. Usually, I put my head down, take a note or two and try to keep a straight face, not letting them see my shock at their gall. Usually, I leave the interaction feeling guilty, both as a Western mother and as a Western researcher.

For one, I would never be the target of the kind of disdainful scrutiny turned on Nicaraguan mothers and mothering practices, simply due to my status as an American. Facing such judgments in my own life presents me with unpredictable and uncomfortable dilemmas, but it does not make me the target of discrimination. Costa Ricans respond to my concerns for Sonia with teasing but not hostility. Moreover, the dwindling state resources have more to do with scale-backs associated with structural adjustment programs initiated by policymakers working for the U.S. over the past twenty years, as a local scholar has demonstrated (Sandoval 2004). That is, while migrants (i.e., my informants) and their children take the blame, Americans (i.e., Sonia and I) may be at greater fault.

Secondly, as I consider my original research objective, which is to understand the sociocultural side of the demographically puzzling trend of Nicaraguan migrants' elevated fertility in comparison to Nicaraguan nationals, I experience researcher's guilt. It occurs to me that my study's results could bolster anxieties over migrants' rate of reproduction and serve as a kind of handmaiden to related tensions. Being a mother myself and in light of the discrimination migrants already face, I cannot stand this thought.

I'm not surprised by the realization that my study's objective is neither politically or morally neutral. The challenge has been to figure out how to handle this heavy feeling of guilt associated with my intellectual understanding of the moral politics of transnational motherhood. Guilt can be paralyzing for ethnographers (and mothers too). It is our responsibility to face it, understand it, and incorporate it into the research somehow. Upon much reflection, I have decided to alter my research's objectives and methods somewhat by adding a sample of health care personnel in order to present a more holistic picture of the moral politics surrounding migrants' reproduction. Although it may extend my time here, it will give a better sense of the challenges migrants face in seeking reproductive health services, an

important consideration for understanding fertility outcomes. Understanding the clinical dynamic between national practitioners and migrant patients will be critical for understanding how the discrimination faced in the health services may shape their access to contraceptives, and furthermore, reproductive decisions taken by migrants and their fertility outcomes.

Undoubtedly, dealing with guilty feelings will be an ongoing project this year, I am sure, for I have already caught glimpses of the trade-offs and the ethical dilemmas inherent in balancing new ethnography with new motherhood.

NEGOTIATING MATERNAL GUILT

Deciding to bring Sonia to a developing country at the tender age of three months required a lot of confidence. In the face of questioning from family and friends we had to defend Costa Rica's safety, emphasize its peaceful history, the fieldsite's clean water supply, and its proximity to the capital. Mixed with our confidence was nervousness, but as former Peace Corps volunteers, my husband and I felt prepared to handle any of the challenges moving here would hold. After all, millions of Costa Rican children have survived just fine. Two months into life here, I realize that it was not possible to fully prepare ourselves for negotiating a whole host of new risks to Sonia's health. Nor could we estimate the tricky ethical dilemmas of balancing the research with ensuring Sonia's safety.

Recruitment for my study has occurred in spurts, so far, and generally seems to move slower than I was hoping. It has required the physical work of hiking up and down these beautiful hills, hills cloaked in a quilt stitched of dark green coffee patches and bright green sugarcane fields to my informants' homes far-flung across the territory. The vast majority of Nicaraguan migrants in this region are undocumented. As agricultural laborers they live on the geographic and social margins in old dilapidated farm houses in exchange for their work in the surrounding fields. To avert their suspicion of strangers and their fear of deportation, I prefer to accompany a local nurse on her house visits in order to explain my study and ask permission to return on my own to conduct a series of interviews. Although she is Costa Rican, she appears to be accepted by the local migrant population. Importantly, she has kindly agreed to collaborate with me despite a lack of apparent

personal benefit to her. However, her ethics depart significantly from my own as was painfully clear on a recent house visit.

With Sonia in his arms, my husband, the nurse, and I were hiking to a home inaccessible by road. It was the middle of the rainy season and the path was slick with moss. The nurse warned us of the poor hygienic conditions of the home and complained that the children were so covered in lice it was possible to see them jumping off their heads. Upon the reported symptom of an unyielding cough in one of its residents local health officials feared a case of tuberculosis (TB) in this household, particularly since it fit the risk profile: crowded living quarters, home to three families, all Nicaraguans, who are often considered harbingers of communicable diseases. The case was unconfirmed. I felt pangs of maternal guilt for potentially exposing Sonia to these health risks. Yet, I marched on with the prospect of recruiting another informant. One of the women in the house had recently given birth and I was eager to talk to her about her experience of prenatal care as an undocumented migrant, among other things.

During the visit I felt my eagerness wane as the nurse took the opportunity to deliver several scoldings to the potential informant before the subject of my study was even mentioned. "You need to bathe these children more often! Why aren't they in school?" And finally, as I resisted the urge to run and hide, "Why didn't you get a tubal ligation?" The recently born baby was the informant's third, the point at which the nurse feels compelled to suggest that women undergo permanent sterilization, she shared with me later. I clenched my teeth, smiled uncomfortably, and silently vowed to return on my own. At the informant's impressionably confident response that the procedure scares her and she is not ready to end her reproductive life, the nurse looked directly at me as she scoffed. Costa Ricans' blatant disdain for Nicaraguans was not anything new, but this was the first time I could be associated with it, an uncomfortable yet common situation in ethnography: dependency on collaborators with disagreeable ethics.

The very next day, I felt like I *had* to return to this house for several reasons: to clarify my work as researcher, not as moral police, as empathetic to the migrants' situation, and as a fellow new mother. I worried that the nurse had compromised my trust with the informant, critical for eliciting narratives on the sensitive topics I was hoping to address in my interview series. However, Sonia was still at an age when

she could not go very long without nursing so we would have to bring her along again. When we reached the house, one of the household's several young children stopped playing in the yard to welcome us by pulling out two chairs for my husband and me to sit on. As they stood staring at us the children scratched at a full body rash, perhaps scabies. Dirty foam poked out from the torn seat covers and I scanned the yard for flea-carrying animals as I sat down with Sonia. Flies swarmed all over, landing freely on the faces, feet, and hands of everyone present. My husband and I did our best not to notice and to appear comfortable so as to set the tone for a fluid and dynamic interview. Although we are both familiar with the discomfort of observing poverty, with Sonia it is now much harder to disregard the health risks.

I immediately started nursing her. I was comforting myself as much as I was comforting her. With the benefit of hindsight I can laugh as I reflect upon my thinking, but in the moment I felt better knowing that she was getting the immunological properties in breastmilk. Plus, at least then the flies could not land on her mouth. At one point I started to cough and couldn't stop without taking a sip of water. The grandmother present at the interview shared that she'd had a similar cough that they couldn't diagnose. My mind flashed to the nurse's fear of a case of TB. Transmission of TB is through airborne contact, although usually prolonged contact. *What are we doing here?* I thought to myself. I remembered the subtly admonishing tone of our dear friend, a pediatrician and fellow international traveler, when he told us that he was shocked by our decision to take Sonia to Costa Rica for her first year of life.

In the interview, the new mother was very open and articulate despite my questionable association with the nurse. She would make an excellent informant. My ethnography was not compromised after all. As we hiked away from the house I felt absolved of my researcher's guilt but my maternal guilt lingered. In my mind I tabled the decision of whether or not to return and include the mother in the study, despite her experiences' obvious resonance with my research proposal. Before motherhood, deciding to risk TB for the research would have required little deliberation. With Sonia, it has changed. Weighing the ethical dilemmas of ethnography against those of motherhood will be a common situation this year, I am sure.

Maternal guilt, particularly as it is related to weighing the trade-offs of working parenthood, is nothing new. My sisters and friends have articulated it well for me before. I anticipate that with more time and more trust, my informants will provide me with further understanding. For the sake of the research I am trying to comprehend whether transnational working conditions make this guilt a unique feeling at all. Although I have felt maternal guilt related to working across transnational boundaries, I also know that my own situation is so very different from that of my informants. For starters, I have to keep in mind the huge measure of support that I receive from my husband who has relegated his own career trajectory to be a full-time father for the year. This too shapes my experience and benefits the research, even if it has also been the source of personal discomfort.

MR. MOM'S WIFE

Unlike my own status as mother and wife, which make me more human, for his "non-traditional" role as Sonia's principal caregiver, my husband's status is a constant matter of question. Our arrangement is not a familiar one here, or anywhere for that matter. We are charting new territory and this brings us some uncomfortable moments. As we prepared to leave for Costa Rica, to the news that Eric would be devoting most of his time to taking care of Sonia so that I could complete the research, several people smiled and commented, "Oh! He's going to be Mr. Mom." If a little sexist, such reactions usually only annoyed me slightly. To my own surprise, on a day not too long ago, recent similar comments from the local health workers tipped my annoyance to anger.

After deliberate consideration of Sonia's eating and sleeping schedule my husband and I had managed to arrange a three-hour window for me to leave. I left them to walk to a health center, about twenty minutes up the mountain on foot, where a nurse had offered to assist me with study recruitment. Earnestly, I arrived at the exact time she proposed that we meet. She was on her way into the kitchen and instructed me to follow her. I was surprised to see the entire staff, including several nurses, a doctor, and a pharmacist, packed into a room not much bigger than a walk-in closet, huddled around an electric skillet. They watched as the center's cleaning person prepared them a pancake breakfast. As I entered, I caught the looks of the patients waiting in the lobby. Just a month into life here, I had not fully shaken my Western

concepts of time, work, and productivity—I had to keep my judgments in check.

Their apparent camaraderie impressed me. Social interaction was predominated by laughter and joking, one of the most nuanced forms of communication, and one of the trickiest to comprehend in one's second language. Shortly after we entered, all eyes were on me as I accepted their generosity: a spot at the tiny crowded table, a cup of coffee, and a pancake. After lobbing familiar initial questions at me one of the nurses asked who was taking care of my baby daughter so that I could work. When I told them that my husband was at home with Sonia her response slipped past me as the room erupted in laughter. I had gathered that her joke referred to the fact that I was working outside of the house while Eric cared for Sonia.

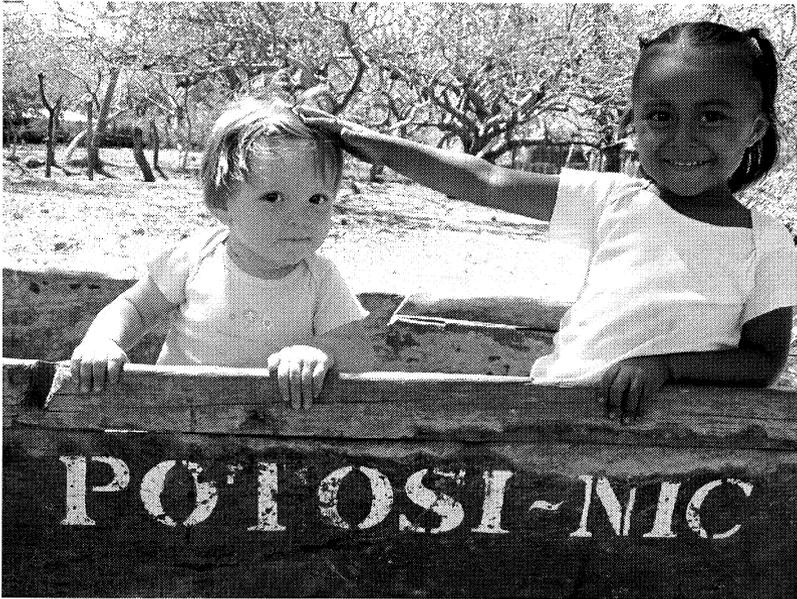
Compounded by my annoyance that we were wasting time and their disregard for the patients waiting to be seen, anger welled inside me. Still, I was trying to establish a relationship of collaboration and gain their respect so I attempted to change the tone of the conversation. I claimed innocence: I did not understand the joke, perhaps my Spanish comprehension was to blame, or, was it because I was unfamiliar with local TV shows? My approach backfired. The nurse's explanation gave everyone another opportunity to laugh at her joke—a derogatory label applied to men who do housework. The doctor followed it up with a teasing question in which he asked whether Eric prepared my lunch and had it waiting for me when I returned to the house. To save face I had to laugh, but in reality, I was feeling offended. I was seeking professional collaboration and felt like their jokes were a sign of disrespect. Plus, if only they knew how much consideration we'd put into making such a solo outing work.

In two short months of fieldwork it is clear that collaboration is a bonus, not a given. Transnational ethnography adds some unique challenges insofar as it must take into account the dynamic between informants and nationals. For me, aforementioned prejudices among the national population makes finding collaborators a thorny process. There is little to no concern for the well-being of the local migrant population, but rather a sense that nationals wish they would simply disappear. Balancing the logistical challenges of transnational motherhood makes it even harder, as this example further illustrates.

The pancake breakfast stretched out into more unexplained waiting. The nurse had not prioritized recruitment for the study. It was secondary to her regular day's work. I waited patiently. I checked my watch. Sonia is probably taking her bottle right now, I thought. I have a couple more hours to spare.

We were eating fruit at a local stand, a pit-stop on the way to do the house visits before the recruitment visits, when my cell phone rang. It was Eric calling from one of our neighbor's homes—our nearest landline. Sonia had not taken the bottle and was very upset. He had tried all of our tricks so nursing her would be the only solution. I could hear her panicked crying in the background. The nurse and medical student had moved on. It was going to be a while before we could do the recruitment visits; perhaps hours at this rate, I thought. I was twenty minutes away on foot and had just missed the local bus—the next one would not pass for another half hour. I had to go. I yelled to the nurse that Sonia was sick, that I needed to go, that I would be in touch. She was very understanding. When I arrived, Sonia was crying so hard that her whole body shuddered, a new parent's most frightening sight.

That was the day that we decided they would accompany me on recruitment and interview outings until Sonia was more comfortable with bottle-feeding. Fortunately, this has only enhanced interview dynamics, as previous examples show. Even with a fully supportive partner the dilemmas of working motherhood are quite challenging, although in my case they add to the research since they help me to gain an "insider's perspective;" indeed, they are a way of life for my informants. However, my informants do not have the full-time support of a co-parent, nor often do they have the ability to bring their children to work, or the luxury of gathering valuable data from such struggles. Once again, being Sonia's mom enhances my research. In light of the particular health risks she faces in Costa Rica, I feel those now familiar feelings of maternal guilt. Although, just as all ethnographers must assess the personal benefits of completing field research, I ask myself, how does this experience benefit Sonia?



Sonia (10 months) and a Nicaraguan playmate during a trip to Nicaragua to talk with return-migrants.

SONIA'S STARDOM

"This is the best place to be a baby. People love babies here," the friendly American recently commented from the table next to ours in a nearby coffee shop. Some days, and some babies, I thought as I bounced my bright-eyed and smiley Sonia on my knee. Keeping in mind the anxieties over Nicaraguan's reproduction, it is clear that not all babies are valued alike. However, Sonia is definitely loved here. If she is a local star, my husband and I are merely her roadies.

Total strangers and recent acquaintances greet Sonia with affectionate caresses and words wherever we go. Women squeal with delight to hold her. She melts stoic elderly men into grinning baby-talk babblers. As we walk the region's hills to do our shopping, to conduct interviews, children of all ages yell out to her "Hola Chiquita!" (Hello little baby girl!) and when I am moving around on my own, unknowns from across the demographic spectrum constantly ask me, "¿Y como está la niña?" (And how is the girl?). For instance, after a moment on our recent bus ride to the nearest town, it struck me as strange that the

woman sitting next to me and Sonia had not uttered the commonplace croonings of endearment - *preciooosa, muuuuñeeeeeca* (precious, doll). I glanced over to see that instead, she and Sonia were quietly holding hands. Offers to baby-sit from practical strangers are common—jokes abound that we ought to leave her in Costa Rica when we go. At local stores and eateries, clerks and cooks reach out and grab Sonia, holding her to free our hands for eating or shopping. On several occasions I have been called Sonia by mistake.

My husband and I enjoy the affection she receives, knowing it would be so different in the United States. We hope that Sonia is absorbing this feeling of cherishment and can hold on to it for years to come. In spite of all of the numerous dilemmas, all ethnographers enjoy the reality that fieldwork brings plenty of personal benefits on top of the anticipated intellectual contributions. Certainly, having her here has enhanced my research findings, yet there is personal fulfillment for us in this experience too. In addition to getting one step closer to having that doctoral degree completed, for me it is sharing the joy and pride of my daughter within a cultural setting where babies and children are explicitly treasured in all realms of life. When we consider the sense of care she must feel, even with such nascent cognitive development, we feel justified in our decision to have her here. To consider these benefits makes the health risks and spending her first year separated from her grandparents and other extended family seem minor in comparison. She is not simply opening doors for the research but gaining a unique and special introductory chapter in her personal story. At least, to think of it in these terms lessens pangs of guilt for this new transnational mother.

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