



**TRANSNATIONAL
FAMILY DYNAMICS
IN EUROPE**



WORKING PAPER 10/25

Transnational Family Dynamics, Migration, and Health

An emerging field of interdisciplinary and participatory action



Transnational Family Dynamics, Migration, and Health. An emerging field of interdisciplinary and participatory action – notes from work in progress

The challenge

Migration is acknowledged as become increasingly necessary over the next decades for countries at all income levels because of demographic divergences and climate change. If managed well, it can be a force for prosperity and can help achieve the United Nations' Sustainable Development Goals. With health being a crucial factor for development, considerable evidence on the intersections of health and migration has been built up since the 2000s. While the relevance of family is acknowledged as important both for health as for migration, the role of family for migration processes and outcomes and its impact on both physical and mental health of migrants and left behind has so far been under-researched.

In all the 4 phases of migration as defined in the literature, families play a decisive role. In the (1) pre-migration phase migration decisions may be made within families, the (2) movement phase may often be shaped by family financing models, the (3) arrival and integration phase may be much harder without family and with the challenge of sending remittances, and the (4) return phase, where family can provide a factor of stability. It is highlighted by stakeholders in migration management that, while return is a fundamental aspect of human mobility, it is often overlooked despite its profound impact on migrants. Transnational family dynamics play a decisive role in return migration, shaping both the decision-making process and the reintegration experience. Family influences every stage of return—motivating the decision through obligations such as caregiving, providing emotional support during the journey, and facilitating or hindering reintegration upon arrival. A welcoming family can offer stability and social reintegration, while rejection or stigma may create significant challenges. Thus, understanding transnational family dynamics is also crucial to comprehensively addressing return migration.

Better insights into the powerful interplay of health, migration, and family, and the building of a solid base for evidence-informed policy development for public health, migration governance, and family is needed.

The knowledge base

Available literature indicates that for transnational families, issues of mental health and wellbeing are of special importance for left behind children, spouses and grandparents. There is also indication of a significant effect on migrant parents separated from their children who report lower subjective well-being, measured by life satisfaction, happiness, and emotional health.

Policy recommendations emphasize enhancing better healthcare support and access to resources, particularly for mental health, offering better educational and social assistance to children left behind, and strengthening digital communication tools and economic transfer mechanisms (remittances) to maintain family connections.



The development of immigration policies that are supportive to family reunification is also an issue raised in the available literature. Indeed, evidence shows that national legislation on immigration has a high practical impact on transnational family life, e.g. by restrictions on time to be spent in the home country and/or with family members in relation to social benefits or residence permits.

Family reunion is one of the 8 policy arenas which is monitored in the MIPEX. The Migrant Integration Policy Index (MIPEX) is a tool which measures policies to integrate migrants in countries across six continents, including all EU Member States, other European countries, Asian countries, North American countries, South American countries, South Africa, and Australia and New Zealand in Oceania.

A conceptual model developed in the framework of the Trafady Action

The conceptual model considers and works along the three dimensions of Migration, Health, and Family.

1. Migration: including different types and phases of migration, like forced or voluntary migration, internal migration, the four phases from predeparture to return, geographic places of migration like diaspora communities, left behind communities, Internally displaced communities...
2. Health: uses the broader definition of health as defined by WHO, including physical, mental and social health and well-being, health promotion and prevention and the social determinants of health...
3. Family, including definitions of family and roles of family members in different cultural contexts, intergenerational family solidarity with social, emotional and economic bonds to be considered...

The three dimensions are embedded into a context that is crucial for the understanding of elements within the three dimensions as well as their interplay. Context e.g. refers to national and international policies and regulations on migration, family, and health, as well as economic regulations like eg. taxes/fees on remittances, economic disparities etc.

To give an example for influence of economic issues: Albania has experienced significant migration since the 1990s, with large numbers of citizens moving to Italy and Greece for economic opportunities. This migration trend has led to prolonged family separations, particularly affecting children and elderly parents left behind. Studies indicate that children in transnational families often experience emotional distress, academic difficulties, and social isolation due to prolonged parental absence. Additionally, elderly parents, who rely on financial remittances, face psychological distress and loneliness due to the absence of close family members.


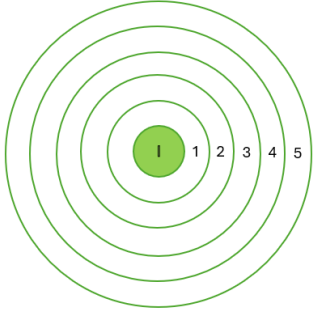
To give an example for influence of national regulations: Finland defines a maximum time of absence from the country for immigrants in order not to lose their residence permits. This may interfere with e.g. care duties for ill family members, and people may have lasting sense of guilt and mental health vulnerabilities for not being able to be with their frail parents before their death.



First steps to build up an empirical knowledge base on cases describing transnational family dynamics, health and migration

Guided by the conceptual approach to look at the interplay of migration, health, family, and the context that shapes this interplay, a first collection of cases has been started. The collection of cases also serves as a narrative that can be discussed with a broader audience and with a community of people with lived experience.

Two tools to build a basic starting point for describing and discussing migration, health, and family have been developed by CHM in 2024 and introduced within the transnational CHM team and a working group meeting of the COST Action. They serve to visualize the geographical distribution of transnational families, and to quantify the emotional closeness of family members

Geographic distribution	Emotional closeness
<p>Where do you live? Where do your family members live? Please indicate.</p> 	<p>How close to your family members do you feel? Please indicate from 1 (very close) to 5 (not close at all)</p> 

Case Study¹: The Story of Selin, a woman from Anatolia

Selin² was born in Turkey in 1979 and grew up in Anatolia, Turkey, in an extended family with her parents, siblings, grandparents, and aunts and uncles. In 1991, Selin's father migrated to Austria for work. In 1993, at the age of 14, Selin followed him, along with her mother and two siblings, to a small town in Lower Austria in the framework of a family reunification scheme. She describes her family's feelings and expectations in connection with the migration from Anatolia to Austria as follows:

"Living in Anatolia was beautiful because we had our friends, neighbors, and the whole family around us. That's precisely why it wasn't easy to leave and leave so much behind. At the same time, the journey to Austria also meant hope for us – hope for a new life with many opportunities and perhaps even a cure for my deaf brother. So, it was a painful farewell for us, but at the same time, a step full of expectations and confidence."

Selin attended the Caritas vocational school for social professions and completed the external Matura (examination certificate) – in Austria, an option for obtaining the

¹ Interview conducted in the framework of the CHM Research Initiative "Health, Migration, Family", 2025

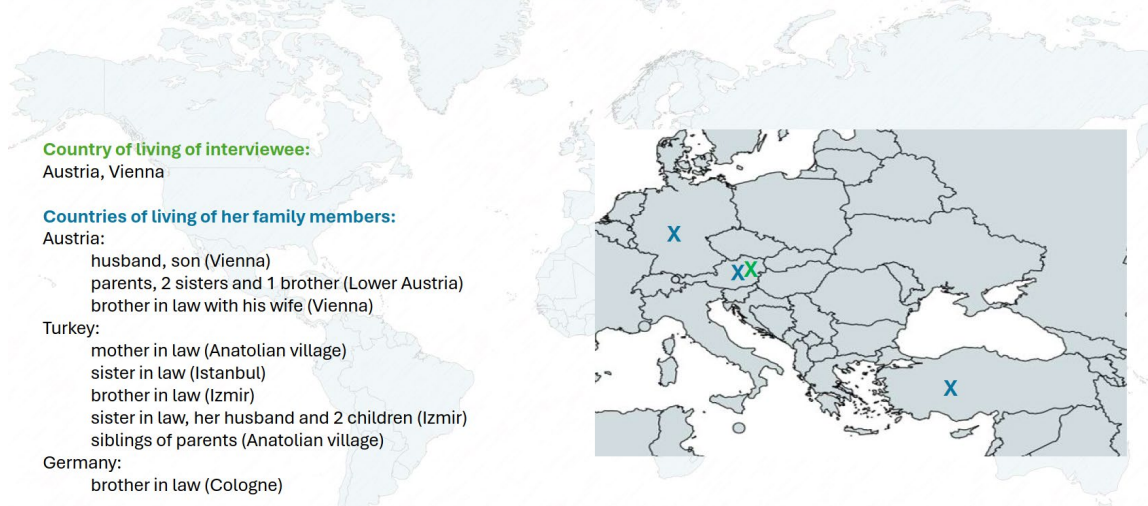
² name changed by the authors



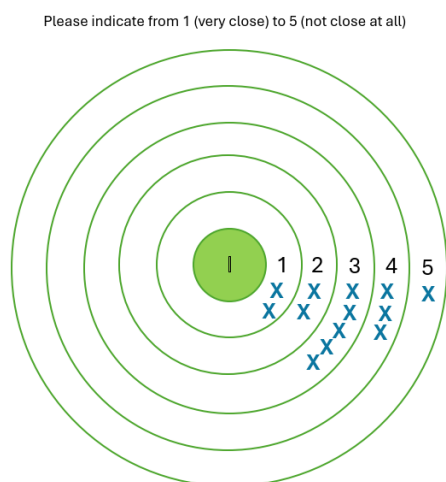
Matura (equivalent to the Abitur in Germany) through self-study, accompanied by preparatory courses and exams at an examination board, without having to attend a regular school. She then studied Sociology in Vienna, where she met her future husband who had come to Austria for further training after studying media studies in Turkey. Their son was born in 2011, approximately one year after their wedding. Selin obtained Austrian citizenship 2011. She lives in Vienna with her husband and son; her now-retired parents and three siblings live in Lower Austria. After several years of working in adult education, teaching courses for (migrant) long-term unemployed women and women returning to work after maternity leave, Selin has been working as a conflict mediator since 2023, supporting neighborhood conflicts and promoting social cohesion in municipal housing³, a form of social housing with a more than 100-year tradition in Vienna and the principle of ensuring affordable, high-quality housing for a broad section of the population.

Selin's entries regarding geographical distribution of her family members and regarding emotional closeness

Where do you live? Where do your family members live?



How close to your family members do you feel?



Rating	family member	country of living
1	Husband Son	Austria Austria
2	Father Brother	Austria Austria
3	Mother Sister Sister Siblings of Parents Brother in law	Austria Austria Austria Turkey Turkey
4	Brother in law Brother in law Sister in law	Austria Germany Turkey
5	Mother in law	Turkey

What does closeness mean for you?

Love, partnership, joint household, spending time together, feeling responsible for someone, laughing together, positive impact on wellbeing

³ <https://socialhousing.wien/tools/municipal-housing-in-vienna>



Selin's experiences with transnational family obligations

The initial time in Austria for Selin was marked by the effort to find her place and integrate into the new environment, while simultaneously being required, even as a teenager, to take on responsibility for the family and the wider Turkish community in the neighborhood.

Selin is learning German faster than her family members. Because of her linguistic advantage and as the eldest child in the family, after a year in Austria, her father assigned her responsibility for the family's contacts with authorities, the school, and doctors.

"When I arrived in Austria, after a year, my father gave me a folder and said: 'Well, this is your job, you have to do it.'"

An important task she has to take on for the family, as well as for other members of the local Turkish community, is accompanying them to the doctor's appointment to interpret there. She describes her feeling of being lost and stressed when interpreting in doctor-patient consultations, even though her own language skills are not yet good, and the situation is made even more difficult by time constraints and cultural differences:

"The women explained their pain somehow, and then I had to translate. I made a lot of mistakes; I didn't translate exactly what they meant, and it was so stressful. And the doctor was also under a lot of stress and wanted to know everything exactly, and he got upset because the women didn't speak German. It was very unpleasant. And the women described their suffering, their pain, in a very strange way. For example, 'It hurts like a hammer hitting my head.' So how can you translate that?"

The responsibility and the excessive demands are having an impact on Selin's health. She reports chronic headaches and chronic stomach pain, which she attributes to the stress she felt and which severely impacted her life, and a later diagnosis of irritable bowel syndrome.

Since moving to Vienna and getting married, Selin no longer accompanies her parents and other community members to government offices or doctor's appointments. She describes her current role in providing support as follows:

"I'm the coordinator from Vienna who plans administrative procedures and doctor's appointments and assigns the tasks to my younger sister, who lives near my parents."

After having spent more than thirty years in Austria, Selin describes current challenges that arise in connection with caring for elderly, dependent relatives in transnational family structures. Specifically, this concerns Selin's elderly, widowed mother-in-law, who lives alone in an Anatolian village and requires support in her daily life and care.

Selin's mother-in-law expects her children, and especially her daughter-in-law, to care for her in her old age. However, all six of her children live elsewhere—in major Turkish cities, in Austria, and in Germany. The mother-in-law feels abandoned and also ashamed of the perceived loss of face within her local community.



According to traditional gender and family norms in Anatolia, the daughter-in-law assumes primary responsibility for the health, care, and emotional support of her parents-in-law, especially in old age.

From afar, Selin and her husband make every effort to support her mother-in-law. They provide ongoing financial support, including for medical expenses and caregiving neighbors, and regularly travel to the village to accompany her mother-in-law to doctor's appointments. However, given her living and working conditions in Vienna, as well as her personal "Western" values and norms, Selin is neither able nor willing to take on the traditional role of providing direct, daily care. The constant discussion about expectations and what can or should be fulfilled puts pressure on her and also her husband.

Selin describes the ongoing struggle with traditional expectations in the context of the different realities of life in Anatolia and Austria as a source of considerable emotional stress with implications for her physical and mental health. Physical effects manifested themselves in severe migraine attacks over a period of twenty years, as well as stress-related irritable bowel syndrome. Psychological effects manifested themselves in the form of depression.

Reflecting on the health impact of conflicting expectations offers an opportunity for personal development. Selin uses her body's reactions as a starting point to actively shape her life situation and improve her well-being.

"I take my body's symptoms as a signal to make changes, through conversations, therapy, and small-scale research. Through reflection, I have the opportunity to look at myself from the outside and learn from them."

Preliminary conclusions and recommendations

The work on the conceptual model, the tools to describe geographical and emotional features, and the case collected on this basis, proves to be able to capture and combine relevant elements of migration, family dynamics, and health.

Family as a unit of analysis in its relation to health and migration opens up innovative ways of knowledge generation and also can encourage participatory approaches. Especially the elaboration of the case as described above showed ways on how to generate knowledge together with people affected.

Next steps

The concept development and the case collection are work in progress.

The integration of lived experience through the case collection showed to be an important element for further conceptualization and creation of a relevant knowledge base. Increased use of participatory methods and co-creation are an explicit aim of further activities.

Feedback and input from researchers, policy makers, practice experts and members of transnational families is very welcome.



BACKGROUND OF THIS WORKING PAPER

TraFaDy is a network based on COST Action 21143 that aims to deepen knowledge of the growing and rapidly changing phenomenon of transnational families and the dynamics within them. It brings together researchers and stakeholders from different disciplines and countries to develop transnational insights and to formulate policy- and practice-oriented recommendations that will have an impact at international, national, sub-local and local levels. TraFaDy closely monitors current trends in migration, technology and politics and engages in intensive dialogue with policy makers and practitioners, thereby helping to deepen and broaden understanding of transnational families.

This working paper is based on the exchange of knowledge, discussion, and integration by an interdisciplinary group of researchers (sociology, geography, economics, education sciences) from eight countries (Albania, Austria, Finland, Switzerland, Turkey, UK, Italy, South Africa), regional practice stakeholders, and international policy stakeholders from Europe and Africa in the framework of the COST Action 21143 Transnational Family Dynamics in Europe (TraFaDy) and on the work within the CHM Research Initiative “Health, Migration, Family”, 2025

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