A YORK UNIVERSITY PUBLICATION

Journal of the Motherhood Initiative

Mothers and Mothering throughout the Life Course

Spring / Fall 2025
Vol. 16

JoAnna Boudreaux, Kate Golding, Jennifer M. Heisler, Crystal Machado, Sheila Martel, Ariel Moy, Usoa García Sagüés, Emily Wolfinger, Diana Aramburu, Rachael Boulton, Marcella Gemelli, Katherine Herrán-Magee, Mariana Trujillo Marquez, Elisabeth Hanscombe, and more

VERÓNICA ROBLES-GARCÍA, RENÉE DEPALMA, ANTÍA PÉREZ-CARAMÉS, AND VERÓNICA VERDÍA VARELA

Transnational Mothering of Children with Disabilities: The Experience of Nicaraguan Caregivers and Professionals

Children with disabilities in developing countries live in complex situations; they face difficulties accessing basic resources, and their fundamental rights are rarely considered. Our study aims to describe the social, educational, and healthcare context of children with disabilities in Nicaragua and to determine factors conditioning their wellbeing by exploring families' and professionals' perspectives. Twenty-two representatives from the health, educational, and community service sectors and twenty caregivers of children with disabilities living in the Las Segovias region of Nicaragua participated in semistructured interviews. These comprised open-ended questions about the services provided for children with disabilities and particular experiences related to their care. The interviews were audio-recorded and transcribed. Two independent coders conducted framework analysis on the transcripts. Representatives from the service sectors identified challenges facing caregivers of children with disabilities, highlighting how economic and social vulnerability in rural areas contributes to their specific needs. Public services do not cover the multidimensional needs of these children. Mothers provide economic support and rely on informal networks of care. However, mothers' situations of migration and poverty, combined with service deficits in rural environments, aggravated the social exclusion experienced by these families. Caregivers were women who had few supports for caring for children with complex conditions throughout their lifespan.

Introduction

In this article, we address practices and resources available for caring for Nicaraguan children with disabilities in the absence of their mothers. It presents some of the results of the research project "Child Diversity, Society, and Maternal Migration in Nicaragua: Articulating Networks" (DISEMINAR). The research was carried out between 2017 and 2018 by a multidisciplinary team led by the principal investigator, Verónica Robles García. The overall project set out to explore transnational mothering of children with disabilities. To understand this phenomenon from a variety of perspectives, we interviewed migrant mothers, family members entrusted with the care of migrant women's children (usually mothers or sisters of the migrants themselves), and key actors in education and community social support settings in the country of origin. In this article, we explore the local context in the country of origin, focussing on interviews with Nicaraguan caregivers and actors representing the social service network designed to support the needs of these children.

The article is situated within the literature on transnational families, more specifically transnational motherhood, which has developed over the last two decades, mainly in the field of migration studies. One of the gaps in the literature is the approach to transnational care in the case of children with special needs, an issue that we analyze in detail in this contribution. It is also rare to analyze both ends of the global care chain: the transnational mother and the left-behind relatives who take care of the children in the country of origin, which is a valuable contribution to the study of transnational care for children with special needs.

Research Context

The feminization of international migration, particularly salient since the beginning of the twenty-first century, has led to the emergence of a line of research on transnational families and, in general, on how care is organized in the context of migration (i.e., how the social reproduction of migrants is articulated) (Kilkey et al.). In this context, analyses around transnational motherhood have addressed issues, including (among many others) the experience of migrant mothers, the transformation of roles and expectations around motherhood, and the wellbeing of children (Boccagni; Fresnoza-Flot; Hondagneu-Sotelo and Avila; Vives and Vazquez Silva). Nevertheless, the abundant corpus of existing research on the subject has failed to adequately take into consideration the diversity of children of migrant mothers, either in terms of age or, as in the case of this article, disability (Carling et al.).

Thus, few studies have addressed how motherhood in migration is carried out with respect to the care of children with disabilities. Within this literature, many studies have focussed on migrant women who have their children with them in the destination country (see, for example, Rizvi; Sim et al.), rendering even scarcer studies involving children with disabilities who are left behind. Research on migrant mothers with children with disabilities in South Korea (Kim and Hwang), for example, highlights the double stigma to which they are subjected, both because of their children's disability and because they have migrated and failed to fulfil the duty of a good mother to stay by their child's side. These results seem to point to the need for an intersectional analytical approach to the study of migrant mothers of children with disabilities.

This tension between being reunited with their children with disabilities in the country of origin and having to provide for their livelihood and survival is also experienced by undocumented Latina mothers in the United States (US) (Cioè-Peña). As for the repercussions of maternal migration on the quality of life experienced by these children, some data have associated remaining in the country of origin with poorer mental health and even neglect (Yeoh and Lam). Some evidence suggests that the children of migrants who remain in the country have better health compared to the children of nonmigrants; however, in the specific case of children with disability, there is less.

Research on this topic has been conducted in diverse geographical contexts. For the case at hand, Nicaragua, it is a country with a medium human development index (0.669 in the year 2022) and with a care regime of low public investment and high dependence on the community work done by women (Franzoni and Voorend). Access to medical care and rehabilitation services for children with disabilities is limited (Matt). In this context, there has been an intense process of emigration with high female participation in recent decades.

Thus, according to the latest data available on the Migration Data Portal (International Organization for Migration) for the year 2020, Nicaragua has a stock of international migrants of more than seven hundred thousand people, representing more than 10 per cent of the country's total population. Women predominate in the Nicaraguan diaspora, representing 53 per cent of the total number of emigrants abroad. Although the most recent population census was conducted in 2024, detailed information is not yet available. According to the 2005 census, more than 10 per cent of Nicaraguan households had at least one member living abroad. The proportion of female-headed households is almost 25 per cent, and the share of households with a person with a disability is 7 per cent (Instituto Nacional de Información de Desarrollo). It is within this context that we explore the specific experiences and needs of children with disabilities, including those whose mothers have emigrated. We examine the situation from the intimate family domain, based on the caregivers' accounts, and the professional domain, based on the perspectives of community and social service workers.

Methodology

For this article, we draw upon two of the three datasets created as part of the overall project: interviews with Nicaraguan families who were caring for children with disabilities and interviews with people working in social service sectors especially relevant to the wellbeing of these children: healthcare, education, and community-based social assistance. This last sector consists of civic associations and even individual volunteers who help to cover economic and other needs of families who would have received public assistance in the presence of a stronger network of public services. All interviews were semistructured, drawing upon a predetermined template of topics to address for each group of informants but with the intention of allowing flexibility for people to expand on areas that they felt were relevant and interesting. Families were asked questions regarding their experiences of caring for a child with a disability, while social service workers were asked questions relating to their specific area of expertise and geographic area (e.g., regarding procedures followed, available resources, difficulties faced by families, and limitations to services provided).

All interviews were audio-recorded, transcribed, and then coded and analyzed using the software package Atlas-ti. A framework analysis approach (Gale et al.) was used to combine both deductive and inductive processes. In this sense, codes were initially structured to follow the themes addressed in the interview protocol designed to elicit personal experiences and anecdotes relating to our research questions. At the same time, emerging tendencies across interviews and unanticipated details were captured through emergent coding and memo creation. These were organized into the three main categories of needs, strategies, and resources, which are analyzed in this article from the differentiated but complementary positioning of families and service providers. All data were coded independently by two members of the research team, and intercoder reliability was established by identifying, discussing, and resolving any discrepancies and continually adjusting the codebook according to developing understandings.

Interviews were conducted in the Las Segovias region of northern Nicaragua in 2018. They were meant to be conducted by a research team consisting of a member of the university-based research team (at the University of A Coruña, in Spain) and a member of the Nicaraguan NGO ILLS (Leadership Institute of *Las Segovias*). This procedure was carried out for interviews with representatives of the public service sector, but we were forced to change our tactic for the family interviews as a result of the government crackdown on protesters in April of 2018, which eventually extended to attacks on independent media and NGOs (Human Rights Watch). These retaliatory measures included the shutdown of our partner NGO and active persecution of the institute's founder (Haydee Castillo) and anyone else associated with the organization. Under these conditions, volunteers managed to discreetly complete interviews with families in the absence of the designated research team.

As for representatives of social service sectors, we interviewed twenty-two people, eighteen women and four men, representing health (five), educational (eight), and community service (nine) sectors. Using the technique of snowball sampling to identify persons most strongly affected by the factors we were investigating, these informants helped to identify the people interviewed for the second dataset, which consisted of a total of twenty people who were caring for a child with a disability. Children had been diagnosed with a range of physical and intellectual disabilities, including Down syndrome, cerebral palsy, hydrocephalus, autistic spectrum disorder, epilepsy, and a range of problems which the family member interviewed could not specifically name but did describe in terms of difficulties in hearing, vision, speech, mobility, and cognition. Many of these children had multiple diagnoses and difficulties.

Six of the caregivers interviewed were mothers caring for their own children, while fourteen of them were caring for someone else's child. In these cases, the mother had migrated and sent remittances to help offset the educational, health, and other costs of care. Six of these migrant mothers were in Spain, three of them were in Panama, one each was in Costa Rica and the US. The three remaining absent mothers were in a situation of internal migration, as they were employed in a distant region of Nicaragua, making it impossible to live at home. Only one of these caregivers was a man, the father of a child whose mother had migrated to the US. Of the thirteen remaining caregivers of children whose mothers were absent, it is relevant to note that all of them are either relatives or friends on the mother's side: the vast majority were grandmothers (eight), while three were aunts, and the remaining three were a cousin and a friend of the respective migrant woman. The social service representatives interviewed confirmed that the composition of our sample coincided with overall characteristics of these caring networks. While the migratory experience is not a focus of this article, and has been analyzed elsewhere (DePalma et al.), it is important to understand migration as an important factor in the lives of these families, providing one of the few viable economic strategies available for meeting the high costs of disability in a country with a weak public socioeconomic safety net.

Because of concerns expressed by participants that being interviewed as part of a project led by ILLS might lead to reprisals, we have taken precautions to avoid providing information that might lead to the identification of individuals or, where applicable, their affiliated organization. For this reason, direct citations of social service representatives are indicated only by their sector, and family members are represented by their familial relationship to the child.

Results

The Voices of Professionals

While the professionals we interviewed worked in different sectors (i.e., health, education, and community-based social assistance), we discovered a great deal of convergence in the issues they identified as challenges to the people caring for children with disabilities. Keeping in mind that these informants speak generally about the families using their services, we found that these characterizations coincided with the direct experiences described by the caregivers we interviewed, which we will describe in the following subsection.

Many professionals referred to the economic difficulties experienced by families living in the Central American "Dry Corridor"—a tropical dry forest region whose seasonal droughts have been exacerbated by climate change. Living conditions in this geographic area, characterized by high levels of food insecurity, have produced vulnerability for mothers raising children:

> Most single-headed households in the Dry Corridor are headed by mothers, who are economically vulnerable and food insecure. Due to high levels of migration in the Dry Corridor, women experience an additional burden, as they have to undertake the agricultural activities of departed men on top of their traditional domestic responsibilities. (World Food Program USA)

Our data suggest that these difficulties are exacerbated when fathers fail to participate in the maintenance of the family, so that mothers are forced to take on a dual role of (absent) economic provider and carer. In these cases, they must rely on the goodwill and generosity of family members and friends to manage care.

Professionals described the Las Segovias region as a particularly impoverished area of Nicaragua, "The poorest places in all of Nicaragua are in the region of Las Segovias and the Caribbean coast. Of all the municipalities, I believe that more than 90 per cent are in a situation of extreme poverty" (Health 4). They attested to the extreme economic vulnerability of these families, especially those living in rural areas:

> Community 7: There are two [main geographic areas]: the more rural area, which is where there is more poverty, and the … urban [area]. In the rural area, there are limitations because it is a poor municipality with extreme poverty.
>
> Interviewer: What do the people do? What do they do for a living? How do they subsist?

> Community 7: We are a dry corridor. There is no water here. It is very dry, so it is difficult for them to plant something, and it can take all year, but there are stages. They plant, and they have enough for certain months, but poverty is... It has these limitations.

Professionals described specific needs of these children, including proper nutrition and basic living conditions:

> It is better for these children to eat better. So these are some of the difficulties for these parents who have limited economic, material, educational and food resources. (Community 3)
>
> When I went to visit them, well, [the children] were in a little cot … without a mattress. (Community 7)

Many commented that women are generally unprepared for safe and healthy pregnancy and motherhood, which can lead to malnourishment and accidents attributed to unsafe conditions or inadequate supervision:

> One of the problems that also exists in terms of the threat of a child with a disability is the lack of food because the mother is malnourished, vitamins, [and] minerals. (Community 2)
>
> Maybe because some children fall early due to a lack of care, right? Children at an early age. Because it happens a lot. I have seen cases of children who have been fine as babies, and because of a fall, they have [problems]. (Community 3)

Some professionals specify risk factors related to disability that could be prevented with more information during pregnancy. For instance, one professional described a specific case where the mother had not been advised on the importance of folic acid to healthy fetal development, and her child was born with spina bifida and cognitive difficulties (Education 1).

These professionals also spoke of the stigma associated with having a disabled child, which in some cases may be an additional factor in limiting the quality of care or socialization the child receives:

> Some people feel ashamed to take these children out. I knew of a case here where the child had a disability, and the mother never took him out. The child died, and she never took him out. They feel shame, or that [the child] is going to be rejected by the rest of the normal children, as we call them, or as people call them, right? Or that one is not going to take good care of them, or that they are going to be beaten. Fear, then, many times—fear, fear. (Education 5)
>
> [One mother] walks around with one girl but doesn't take the other child out; there are even people who don't know that she has a child with a disability. (Community 1)

This guilt may exacerbate the already persistent problem of single-mother families, as it may place an additional strain on the potential paternal relationship: "When a child is born with a disability, the father blames the mother; generally, this is what characterizes children with disabilities, and in the end, it is the mother who is left working and supporting the child and sometimes alone she cannot take care of the child (Community 1). There was a great deal of consensus that the responsibility for caring for disabled children is largely that of the mother and her (usually female) informal support network, with all the economic vulnerability and lack of support associated with feminized practice:

> [The responsibility falls] on the mother. And on the grandmothers. Another factor is that here most of the mothers, not only mothers with children with disabilities, but mothers… they are the ones raising their children because they are abandoned by their husbands. In other words, most of the households here are made up of only the woman. She is the mother and the father. There is no father figure. So, she is the one who has to go out to work. And this child is left in the care of the grandmother, if, thank God, the grandmother is present. (Health 3)
>
> The mother [is responsible]. The mother. For example, when we have meetings, meetings with fathers and mothers, which are held monthly, it is the mothers who go. (AC Education 4)

In terms of solutions, professionals highlighted the need for education in many areas, including social awareness raising about disability and inclusion:

> One of the main challenges for me is to achieve... inclusion, really, to achieve that children are... achieving their independence, their acceptance. But not so much from society as a whole but starting with the family itself. Because yes, sometimes I have seen, in my experience, sometimes I have seen some limitations in terms of... children with disabilities in the acceptance of their own family. (Health 3)
>
> There are children, for example, that I have had with developmental delays, and I have seen that if we give them stimulation, the child advances and does not develop a disability. But if the mother does not stimulate the child, the child may become disabled. (Community 6)

Several professionals highlighted the need to provide parents (i.e., mothers) with specific guidelines in promoting the development of their children to minimize the impact of their disability:

> [They should provide] stimulation so that the child learns to recognize, that the child learns to follow objects, to control the body, to recognize

> sounds, to … move.… [We] teach the mother how to position the child, how to feed the child, to offer the breast. We work with the mother and the child, and the therapy has to be followed at home so that the child can advance. (Community 1)

Some expressed concern that teachers did not receive specific preparation for working with children with disabilities: "In the school, [teachers] are not very trained; they don't learn anything, that the teacher needs to give more time to [the disabled] child... and so [they don't] do it. (Community 6)

However, some informants from the educational sector spoke of the possibility of receiving specific instruction, even though the examples offered suggested this was optional in-service training in response to specific professional needs that arise in the schools:

> I took an online course; they urged us to take an online course. Sign language, they also prepared us for that. In other words, the students themselves make us prepare ourselves more. (Education 2)

> So we have given [teachers] tele-classes; there is a program that we work on with tele-classes, on strategies, different strategies, how to attend to the students. (Education 4)

Community service workers in particular pointed to the importance of increasing funding that would enable them to provide adequate services to support the care of disabled children. These entities rely on fundraising via public telethons and specific grants from local government:

> Scholarship recipients of educational assistance programs and the mayor's office.… There is funding from the mayor's office because this year they... how should I say, they gave a quota of fifteen thousand cordobas,[1] and in the community, ten thousand cordobas were collected. (Community 3)

> I don't have resources. I don't have a salary to support me. When we do the work we do it voluntarily … there is no budget. (Community 1)

The Voices of Families

The caregivers we interviewed, as mentioned above, were almost exclusively women. Whether the mothers cared directly for their children or whether they migrated and left the child in the care of a friend or relative, the father's involvement in his child's wellbeing was described from sporadic to complete abandonment. Relatives who cared for the children of the women who had migrated (either externally or internally) cited this lack of paternal support as yet another factor that instigated the maternal absence:

> [The mother] left in December, not long ago, and because of the need to raise these children. Because the father abandoned them, he did not leave them with anything, not even a house, as another husband might have. (Grandmother of a child with a disability 5)

> She works in Estelí taking care of a lady. She lives with her there. She decided to leave because of the need to go to work to support her children because they don't have their father's support. (Grandmother of a child with a disability 7)

Some interviewees also referred to paternal reticence (especially in terms of intimate care, such as bathing) or ignorance when it comes to caring for a person with a disability: "He treats her as if she were a newborn. Sometimes I get angry. Sometimes I find him feeding her, blowing on her food for her, mashing food. She can eat; she can hold things" (Mother of a child with a disability 1).

The only father we interviewed was helping to care for his own disabled child (with spastic palsy) while his ex-wife worked in the US. He described the maternal grandmother as the principal carer until she died about a year and a half before the interview took place. He told us that he travelled a lot for work, taking over the night-time care responsibilities when he was in town and helping on the weekends when he was away during the week. According to him, his wife wished to bring her son to the US to live with her, but has asserted his authority with respect to this prospect, arguing that she must first convince him that his son will be well-cared-for despite her irregular administrative status:

> I told her once, "Once you prove to me that the child will be fine there, I will sign all the papers and leave [you] in charge of taking care of him, but first prove to me that the child will be fine, because first of all you are illegal and life is complicated for an illegal alien there, even to be moving around looking for help for a special child." (Father of a child with a disability)

Female relatives, particularly the children's grandmothers, were often cited as important support figures, even when the mother was the primary caregiver. At the same time, many pointed out that these aging women were sometimes limited by their own physical capacities:

> It is true that when she comes, and I go to run an errand or go to class, my mom feeds her, but she doesn't move her because she can't hold her; it's because of [the child's] weight; she can't hold her. (Mother of a child with a disability 1)

> [Laughing] We're going to be left alone [the child and me], just the ones who can no longer walk. (Grandmother of a child with a disability 7)

At the same time, especially among the mothers living in Nicaragua, we detected a tendency to criticize the mothers who did migrate, as this called into question a maternity defined in terms of physical care and affection:

> They can't leave them alone because it's pitiful for children who are like that [with a disability] because as a mother, you have to take care of them. It is not good for Nicaragua … I suggest that they are rude mothers who leave their children alone, and they cannot leave them alone. (Mother of a child with a disability 4)

> I say it is rude because I have my child, and I am not going to leave her to go somewhere else, to have other ambitions and leave her alone. A child is not to blame. That's no good for the country. (Mother of a child with a disability 5)

Such sentiments create a social stigma for mothers who, on top of having to endure the separation from their children, are subject to blame and guilt for failing to assume the expected maternal role (DePalma et al.).

While most of the people caring for migrant women's children identified clear economic advantages—for example, "She [the child] would have died if she [the mother] hadn't left" (Grandmother of a child with disability 7)—there were exceptions to this perception, such as "[The money we receive] is barely enough for the child to eat" (Grandmother of a child with disability 3). Many people cited large debts (and interest) incurred before migrating and unexpectedly difficult travel and working conditions as factors that offset the benefit of migration.

When we asked caregivers about the broader system of social support, one mother expressed a reluctance to draw upon community resources: "No, but look, I am not that kind of person who takes refuge in [community organizations], because there are mothers who have children with disabilities and use them … I have never used them" (Mother of a child with a disability 1). However, another comment by this same woman helps to contextualize this reticence, suggesting that the refusal to seek assistance from community organizations has more to do with the stigma linked to asking for charity. She went on to speak highly of less material assistance, such as information and education related to disability:

> The talks they gave us helped. For a person to accept and know what they are doing, we have to first manage our emotions…. They worked with me on acceptance and the stages of grief…. Because, look, before I blamed the doctors [for the disability], and in this case, nobody is

> guilty, because you know that things happen because they have to happen, and that nobody is guilty. (Mother of a child with a disability 1)

Other caregivers spoke of the negative consequences of the lack of education and information: “When they took him to the health centre, they said that this child was sic’, that’s all they said” (Grandmother of a child with a disability 6). Others spoke of the difficulty in recognizing and accepting the problem, which delayed the initial diagnosis and potential for early intervention: “When he was one month old, the child already had a problem, but she did not accept it” (Friend of the migrant mother of a child with a disability). Lack of financial resources and faith in the healthcare system was identified as an additional factor preventing families from seeking professional help: “We leave it to God’s will because financially we don’t have enough money to visit a doctor, and if we go to the health centres, they only give us acetaminophen…. We haven’t taken him to a doctor” (Grandmother of a child with a disability 5).

Others referred to the high cost of medicines and medical consultations. The lucky families could draw upon informal resources to defray or avoid these costs: “I take him to a friend here who has a clinic … this doctor … doesn’t charge for the consultations for these special children, [and] he does give me discounts on the medications” (Aunt of a child with a disability 2).

While the school may play a supporting role in detecting difficulties that have gone unnoticed by the family, there is also the risk of social and educational exclusion from the school system: “She was in a regular school, and they saw that she was not paying attention: the children were in class, and she was walking around. The teachers said that she could not be there because she was not doing anything, so they took her to the special school” (Grandmother of a child with a disability 1). For some children, lack of access to special education meant that they were excluded from schooling, as the ordinary schools lacked sufficient resources to promote the inclusion of children with disabilities:

> She’s already ten years old and doesn’t go to school because if she goes to school, there has to be a special teacher for them. Here, there are many children who do not go to school because they have disabilities, so they do not go because the teachers are not specialists. (Mother of a child with a disability 2)

> The director told us that if he continued with that [disruptive] behaviour, he would either not pass the grade or he would have to be … expelled. (Aunt of a child with a disability)

> Because he was crying, I took him out of class because there was no one to be with him. Someone had to be with him because the teacher

> cannot be dedicated only to him. (Mother of a child with a disability 6)

Another carer spoke of insufficient resources for homeschooling, which was required by her child with a serious medical condition:

> I asked the Ministry of Education … to see if they could follow up with my son at home because of a recent operation he had. The child could not move since the last surgery left him with many side effects. So far, six months have passed, and I have not received any answer, so the child doesn't receive any help. (Mother of a child with a disability 3)

Many caregivers spoke of the important role of community-based organizations in providing families with education, guidance, and advocacy, for example, making sure their children receive proper medical care. Some caregivers also saw them as an important site for social networking, providing a venue for families to share information and resources among themselves:

> We used to meet together, up to fifty parents, for example. We all cooperated. We made meals for all of us. We did family exchanges and provided feedback on experiences. If we had to cry, we cried, and we were getting everything out, because more than anything, one has to get everything out. (Mother of a child with a disability 1)
>
> One would tell the experience, and then the other would say, "And how did you get out of it?" For example, mothers whose children were seriously ill…. Like alcoholics anonymous, these are experiences that enrich a person, so that's what [the specific community organization] is about, sharing among all parents, even with the children. (Mother of a child with a disability 1)

In addition, these organizations were often cited as promoters of broader social awareness that, in the long run, facilitated social inclusion of people with disabilities and the people who cared for them:

> Initially, there were many people who, due to ignorance of my son's case, let's say that they were astonished, but that has changed over the years because [specific community organizations] have done a lot of work to raise awareness…. Let's say that the veil has fallen from the eyes of the population, and they are more aware of the situation of these special children. (Father of a child with a disability)

Conclusions

The respondents' life testimonies describe the needs of caregivers of children with disabilities in the Las Segovias region of Nicaragua, which are confirmed by the experiences of service sector professionals tasked with supporting this care. The perspectives of the two categories of people interviewed, families and professionals, offer different but complementary readings of the factors contributing to the difficulties faced by these families. The families' needs are multidimensional, and their main concerns are related to the home and family, healthcare, educational approaches to disability, and social and community services. The healthcare system does not cover basic needs, and public services do not provide support to entities working with children with disabilities. Resources usually come from informal social networks consisting of people who do not necessarily have appropriate specialization and training, a situation that may negatively affect children's health, rehabilitation, education, and social inclusion.

The main results show that having children with disabilities can be a social stigma. In rural environments, the mother's migration and poverty are mutually reinforcing factors that promote social exclusion. In addition, women lack basic information about the care needed for children with disabilities. Informal nets are strong, but scarce resources diminish their capacity to make a positive impact on children's quality of life. Most of the caregivers who shared their experiences with us are grandmothers who care for children during their mothers' absence, necessitated by migration. However, the physical condition of these aging women can hinder wellbeing, since children with disabilities often have severe special needs of mobility and comprehensive care needs, which sometimes can be difficult to fulfill. It is important to keep in mind that disabilities originating during childhood can be chronic and have complex conditions, which may extend throughout the lifespan, placing a heavy, long-term burden on caregivers.

The testimonies gathered from families and professionals reveal how a triple stigmatization operates in the organization of care for children with disabilities. On the one hand, mothers are blamed and stigmatized as primarily responsible for or even the cause of their children's disabilities. On the other hand, the dual role of migrant mothers as economic providers and long-distance caregivers is questioned. Families feel ashamed to turn to social and community organizations for support in situations of disability. This combination makes it extremely difficult to meet the needs of these children.

In Nicaragua, a country with a relatively weak publicly funded support network, the main sources of assistance and guidance come from NGOs and isolated actions of informal social leaders and volunteers. Migration reinforces the role of the mother as an economic resource provider and creates an economic and social burden for mothers, children, and caregivers. Within this complex network of special needs, economic hardship, and transnational families, one of the main objectives of this project was to create a series of informative guides to help potential migrants, families, and professionals make informed decisions and find the support available, all of which are freely available.2 The challenge, particularly given the changing political context in Nicaragua, which forced our partner organization (ILLS) to close down, is to disseminate this information in a comprehensible format to those who can benefit from it.

Endnotes

1. In 2018, one US dollar was equivalent to between thirty-one and thirty-two Nicaraguan cordobas.
2. Three separate guides (for migrant mothers, caregivers, and professionals) are available at https://ruc.udc.es/dspace/handle/2183/31035

Works Cited

Boccagni, Paolo. "Practising Motherhood at a Distance: Retention and Loss in Ecuadorian Transnational Families." *Journal of Ethnic and Migration Studies*, vol. 38, no. 2, Feb. 2012, pp. 261–77. *Taylor and Francis+NEJM*, https://doi.org/10.1080/1369183X.2012.646421.

Carling, Jørgen, et al. "Central Themes in the Study of Transnational Parenthood." *Journal of Ethnic and Migration Studies*, vol. 38, no. 2, Feb. 2012, pp. 191–217. *Taylor and Francis+NEJM*, https://doi.org/10.1080/1369183X.2012.646417.

Cioè-Peña, María. "Wanting to Leave; Needing to Stay: Issues for Undocumented Mothers of Children with Disabilities." *Multiple Voices for Ethnically Diverse Exceptional Learners*, vol. 20, no. 2, Jan. 2021, pp. 6–23. *Silverchair*, https://doi.org/10.56829/2158-396X-20.2.6.

DePalma, Renée, et al. "Doing Family: Nicaraguan Transnational Families' Narratives on Motherhood." *Global Networks*, vol. 22, no. 2, 2022, pp. 308–24. *Wiley Online Library*, https://doi.org/10.1111/glob.12346.

Franzoni, Juliana Martínez, and Koen Voorend. "Who Cares in Nicaragua? A Care Regime in an Exclusionary Social Policy Context." *Development and Change*, vol. 42, no. 4, 2011, pp. 995–1022. *Wiley Online Library*, https://doi.org/10.1111/j.1467-7660.2011.01719.x.

Fresnoza-Flot, Asuncion. "Migration Status and Transnational Mothering: The Case of Filipino Migrants in France." *Global Networks*, vol. 9, no. 2, 2009, pp. 252–70. *Wiley Online Library*, https://doi.org/10.1111/j.1471-0374.2009.00253.x.

Gale Nicola, et al. “Using the Framework Method for the Analysis of Qualitative Data in Multi-Disciplinary Health Research.” *BMC Medical Research Methodology,* vol.13, no. 1, 2013, pp. 117–24. https://doi.org/10.1186/1471-2288-13-117.

Hondagneu-Sotelo, Pierrette, and Ernestine Avila. “‘I’m Here, but I’m There’: The Meanings of Latina Transnational Motherhood.” *Gender & Society*, vol. 11, no. 5, Oct. 1997, pp. 548–71, https://doi.org/10.1177/089124397011005003.

Human Rights Watch. “Crackdown in Nicaragua.” *Human Rights Watch*, June 2019. *Human Rights Watch*, https://www.hrw.org/report/2019/06/19/crackdown-nicaragua/torture-ill-treatment-and-prosecutions-protesters-and. Accessed 6 Sept. 2025.

Instituto Nacional de Información de Desarrollo. *VIII Censo de Población y IV de Vivienda. Hogar. Características Generales*. 2005, https://www.inide.gob.ni/docu/censos2005/VolHogar/Vol.Hogar%20Caracteristicas%20Generales.pdf. Accessed 6 Sept. 2025.

International Organization for Migration. “Global Migration Data Portal.” *Migration Data Portal*, 2024, https://migrationdataportal.org/.

Kilkey, Majella, et al. “The Social Reproductive Worlds of Migrants.” *Journal of Family Studies*, vol. 24, no. 1, Jan. 2018, pp. 1–4. *Taylor and Francis+NEJM*, https://doi.org/10.1080/13229400.2018.1422319.

Kim, Kyung Mee, and Se Kwang Hwang. “Being a ‘Good’ Mother: Immigrant Mothers of Disabled Children.” *International Social Work*, vol. 62, no. 4, July 2019, pp. 1198–212. *SAGE Journals*, https://doi.org/10.1177/0020872818769707.

Matt, Susan B. “Perceptions of Disability among Parents of Children with Disabilities in Nicaragua: Implications for Future Opportunities and Health Care Access.” *Disability Studies Quarterly*, vol. 34, no. 4, 4, Dec. 2014. *dsq-sds.org*, https://doi.org/10.18061/dsq.v34i4.3863.

Rizvi, Sana. “Mothering from the Periphery.” *Undoing Whiteness in Disability Studies: The Special Education System and British South Asian Mothers*. Edited by Sana Rizvi. Springer International Publishing, 2021, pp. 33–90. *Springer Link*, https://doi.org/10.1007/978-3-030-79573-3_2.

Sim, So Sin, et al. “Being More than a Mother: A Qualitative Study of Asian Immigrant Mothers in Australia Who Have Children with Disabilities.” *Research in Developmental Disabilities*, vol. 117, Oct. 2021, p. 104060. *ScienceDirect*, https://doi.org/10.1016/j.ridd.2021.104060.

Vives, Luna, and Iria Vazquez Silva. “Senegalese Migration to Spain: Transnational Mothering Practices.” *Journal of Ethnic and Migration Studies*, vol. 43, no. 3, Feb. 2017, pp. 495–512. *Taylor and Francis+NEJM*, https://doi.org/10.1080/1369183X.2016.1186531.

World Food Program USA. “The Dry Corridor.” *World Food Program USA*, 2024, https://www.wfpusa.org/countries/dry-corridor/. Accessed 6 Sept. 2025.

Yeoh, Brenda S. A., and Theodora Lam. “The Costs of (Im) Mobility: Children Left behind and Children Who Migrate with a Parent.” *Perspectives on Gender & Migration*. Edited by United Nations, 2006. *Baidu Scholar*, http://www.researchgate.net/publication/237499325_The_costs_of_im_mobility_Children_left_behind_and_children_who_migrate_with_a_parent. Accessed 6 Sept. 2025.

Journal of the Motherhood Initiative