

Rethinking the Economics of Care: Migrant Women's Work and the Global Care Chain

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Introduction

I enter into the debate on new economics as a development policy analyst, as an editor of a longstanding journal *Development* and as a writer in the field of gender and development. Work and care are core issues which I am interested in as a gender and development advocate for economic and social justice. I also welcome the idea, though I remain somewhat skeptical, that the new thinking in economics, particular feminist analysis of gender, work and care is becoming mainstream in economics.

My talk focuses on the changing nature of global care economies and how feminist analysis of global care is helping to revalue the economics of care as an essential policy priority for the well-being of individuals, communities and society. I look in particular at migrant women's work and the concept of the 'global care chain'.

Such an analysis feeds into attempts revalue and to change gender inequalities in the global care regime. It is important to be revaluing care work in these times of crises. Some warn that there is 'care crisis' along with a financial, environmental and food crisis, as women who do the bulk of the care work globally are not proving infinitely elastic in responding to shifts in economic and family care needs ¹.

Even that most non-feminist of magazines *The Economist* in its first edition for 2010 (Jan 2-8, Volume 294 no 8663) asks on the front page 'What happens when women are over half the workforce? The lead article sees women's economic empowerment as the biggest social change of our times but worries away at the problem of childcare, where women have to juggle work and child care and where mothers earn considerably less than those who are not mothers. (*The Economist* 2010: 7) 'If the empowerment of women was one of the great changes of the past 50 years, dealing with its social consequences will be one of the great challenges of the next 50 years.' For *The Economist* the major change which has to be addressed is that 'women are forced to choose between motherhood and careers'. (*The Economist* 2010: 51) What is required are changes to business practices, new provisions of child care and changes to educational institutions. It seems the time is ripe, indeed, if *The Economist* is concerned to bring the thorny issues of gender equality, care and work squarely onto the economic mainstream agenda.

Care through a gender lens

Care is a universal need, and the way care is organized is decisive for gender relations, equality and for collective well-being. Most care work is unpaid. The housework and care of persons that occurs in homes and communities of all societies is an area that has been looked at by economists but largely carried out under the assumption of rational

¹ See Gender and Economic Crisis Network at www.genderanddevelopment.ning.com

individual choices which ignores the reality that care work is deeply gendered and based on profound gendered inequalities which place multiple work and care burdens specifically on women. Mainstream analysis of care and welfare is mostly based on local studies and focuses on physical work of care though as feminist economists such as Nancy Folbre point out it is difficult to separate out the emotional bond from domestic duties. (Folbre 1994, 2001)

There have been efforts among feminist economics such as Folbre to construct analytical frameworks for understanding the “other economy” of reproduction where the direct production and maintenance of human beings takes place. Social research on welfare has taken up gender issues by bringing in issues of care. There is also an ongoing philosophical conversation about the “ethics of care”, which challenges the ethic of paid work that drives policy agendas of welfare states.²

In the context of gender and development there is now an emerging literature³ on the phenomenon of women migrating to do care work with studies on the impact of both receiving and sending countries. These studies are set in an ethical social justice framework underlying the gender and development approach to work which rejects the rational choice theory. This begins with the recognition that divisions of care work are deeply uneven between women and men, rich and poor families and communities. How the provision of care is organized whether in the household, market, state or charity institutions determines who can access care and who bears the burden of providing care. The studies show that it is mostly women and girls, especially those in poor households who bear the cost of care work. (Razavi 2007) The concern of these scholars is that women and girls who take on the burden of unpaid care work have less time for education, paid work, leisure and civic engagement. Gita Sen’s observation (1995) that women are at the crossroads between production and reproduction, between economic activity and the care of human beings, underlines that in order to understand care we need to consider and correctly value women’s contribution in both these areas.

Changing care regimes

The parameters of care giving have changed hugely in the last decades, as women’s entry into the workforce has intensified across diverse regional contexts. Family structures have been transformed with a growing number of households in some regions of women headed households. These demographic, epidemiological and socio-cultural changes have created new demands for care as well as a new understanding of what is ‘good care’. (Razavi 2009)

The increasing numbers of women entering paid labour markets are forcing a long-term change in the domestic sphere. ‘Markets today not only operate on a scale that is unprecedented in history they also penetrate spheres of life that were once considered the

² See in particular the work of Christine Foggel and her project at <http://www.ethicsofempowerment.org/>

³ See specifically the UNRISD project, also described below, which combines a variety of qualitative and quantitative methods of examining how care is provided in different countries. See <http://www.unrisd.org/unrisd/website/projects.nsf/%28httpProjectsForProgrammeArea-en%29/37BD128E275F1F8BC1257296003210EC?OpenDocument>

antithesis of the market principles the spheres of the family reproduction and the domestic economy.’ (Kabeer 2007: 11) Kabeer speaks of the ‘invisible feminization of responsibility.’ (Kabeer 2007: 26-27) She argues that women’s labour both outside and in the home has been stretched to the breaking point and that there are severe economic and social costs for not taking women’s care work and responsibilities seriously.

Care gain, care drain: migrant women and care

In recent years the social organization of care has radically changed globally as poor women have migrated to care for children in richer countries, leaving their own children behind to be cared for by others in what has been labeled the global care chain. (UNFPA 2006; Yeates 2004 and 2008) Women in richer countries who are working outside the home are unable to change the balance between care needs and paid work in their households and are increasingly relying on poor migrant women to take up the burden of care work. Globally, there is an increase in intra-regional trade between higher and lower wage economies; including Eastern and Western Europe. A lot of care work is performed by migrating women in the unregulated informal economy. Much of this work is in personal services, such as care and cleaning work in both homes and public offices, as well as work in the entertainment, leisure and sex industries. (Basa 2006)

The numbers of women migrating to under take care work have created new networks of relationships and responsibilities that exist within and outside the home and that expand across countries. Such networks of care are vital for the survival of societies and economies but in seeing the choice to migrate as an individual one or at best a family decision, mainstream economic and development policy have failed to take into account the complexity of the choices and situations that create the need and sustain migration flows.

Despite the amount of transnational care the implications of these new networks of care are not yet being taken up by official accounts and policy and international development policies misconceive its importance and relevance. Care remains an outlying ‘other’ of economic policy which do not yet see it as it is, a world wide business with many interconnecting social and economic networks that are changing realities of millions of people in complex ways. (Bigo 2004; Yeates 2008) Despite major social and economic contribution to the family and communities where they work and the families and communities back home, the working lives and conditions of women migrants and those who depend on them do not fit the current categories of mainstream economic thinking. This is partly because they straddle different worlds and partly because often the care work they do is informal or hidden.

Care work is not a simple equation of either regulated public or unregulated private, paid or unpaid work. We need to unravel the complexities of care work and what it implies for intimate relations and for the well-being of women and men performing and needing to pay for care work. This is especially true in relation to the changing roles of women in globalization of work and care.

What have been called global care chains (Keale 2004) have been forged as women migrate for work in the homes of others. In these sets of complex transnational relations

there is the transfer of physical and emotional care work from the poor to affluent households. This permits the employers to participate in the paid economy of rich countries, but it in turn means that migrating women have left their families behind creating a 'care drain'. It is largely educated and wealthy women and men who benefit from the care 'gain' in a global context.

Migrant women's work at the crossroads between global production and reproduction forms an integral feature of globalization.⁴ The numbers involved in the flows of people migrating transnationally are huge. It is estimated that 200 million people leave home annually to look for a new life (Summerfield 2007) and at least 50 percent are women. Many of them move to provide various forms of care work. Paid domestic service, which had nearly disappeared in many European (as well as Australian, Canadian and US) middle class homes, has returned in a significant way as educated working women utilize paid labour of working class women. Migrant women from the Global South move to take up those opportunities in the US, West Europe, Taiwan, Japan, Singapore and other high growth countries in Asia and Latin America (Summerfield 2007).

The supply of a gendered migrant labour force to do the work that citizens of wealthy countries are not willing to do reflects the existence of wide and widening global disparities in wages and living standards. Educated Filipinas who earn the equivalent of US\$ 176 a month as nurses, teachers or clerical workers in the Philippines, earn US\$ 450 in Hong Kong or US\$ 1,000 in Italy or US\$ 1,200 in the US in the less skilled jobs of nannies, maids and service workers (Summerfield 2007). Such migration to provide care, frequently in vulnerable and exploited circumstances, cannot be described in cut and dried economic terms. Care work is not easily compartmentalized into neat divides between emotional engagement and professional work. The experience of transnational work changes the lives of both the families where the paid work is carried out and the families who rely on the remittances. They enable more affluent women to work outside the home. There are obvious emotional costs for both sets of families. Too often such arrangements fail to challenge the gender contract within marriage as paying for one woman to take over the care work of another's can lead to men in the household avoiding their fair share of household responsibilities.

UNRISD Studies on politics and economics of care

UNRISD is now putting together a series of studies that look at large scale migration of women to undertake care work from non OECD countries to OECD countries of Global South to Global North (including North America, western Europe, Hong Kong Special Administrative Region (SAR), Saudi Arabia, Singapore and the United Arab Emirates/UAE) flows. There are also migration flows from low- to middle-income Southern countries within Latin America and South East Asia and within Eastern Europe. (Kofman and Raghuram 2009)

The studies show that migration for care work is increasing as women move into paid work and hand over the care work within the home and family to migrants. It is

⁴ The feminization of migration is recent earlier it was men who migrated to perform tasks such as gardening, repairs as well as caring for the elderly and disabled.

increasing particularly in countries where welfare is provided by the family rather than the state such as southern Europe, Hong Kong, Taiwan and other higher income countries in the Global South. Much of this private and informal provision of care work: child care, nursing and domestic work which supplements inadequate public provision of health care and pre school education. (Razavi 2007b:17).

The issue of care of those left behind has become more visible in recent years. In many countries there is a long history of women migrating for work and leaving care work of their families to be done by other women, such as sisters, daughters, grandmothers or co-wives. Though migrating for work is not new for many women in the Global South, what is new today is the extent to which care relationships extend across international borders and the sheer numbers of people dependent on such global care regimes.

Studies show that it is increasingly women, particularly in Asian countries, who leave to work in other countries, rather than men. They also reveal that unlike the situation where men migrate to work, when migrant women leave it is not fathers who pick up caring responsibilities but other women who take over the work, or if families are wealthy enough they pay for care and domestic labour. 'Other mothers' are found among grandmothers, sisters, aunts, older daughters, friends and neighbours. These extended responsibilities may lead to resentment and strain relationships among extended kin. And migrating women themselves find it hard to provide long distance transnational mothering. (Harcourt 2009)

Features of global care chains

Care giving and receiving in these global care chains involves the interplay of households, communities, markets and states and is changing global social relations in the giving and receiving of care. Kofman and Raghuram (2009) underscore that whereas earlier migrant workers performed domestic work when young returning home to marry it is now becoming a full-time and life-long occupation that includes living in two countries as they move from one country to another. The role of the state in producing supply and demand for caring labour has a significant role in how the care chains are configured. For example during the late 1970s, Sri Lanka was among the first countries in Asia to allow women to migrate to work in the Middle East and the only country to do so without any restriction. Women now account for nearly 65 per cent of its migrant population.

The focus of the literature has been on migrating for domestic care work within homes but global care chains are also found in health and community services that employ migrant labour in private, voluntary and public sectors in the nursing sector where there is huge demand for nurses to migrate. These forms of care chain (Yeates 2004, 2005) have been to the detriment of sending countries. For example sub-Saharan African countries, with some of the highest rate of infectious disease in the world, retain only 1.3 per cent of the world's health-care practitioners. Studies have also found that male and female doctors in the Global South such as The Philippines are retraining as nurses to find employment in Europe and the United States. (Kofman and Raghuram 2009)

Migrant remittances play a major role in maintaining the family and local communities. Migrant women send home hundreds of millions of dollars in remittances to pay for education, health care and improved living standards of family and community. For example Bangladeshi women working in the Middle East sent home 72 per cent of their earnings on average and that 56 per cent of female remittances were used to cover daily needs, health care or education. The evidence is that female remittances tend to go for personal provision of care whereas male remittances are used more for larger scale projects or purchases (Kofman and Raghuram 2009)

In terms of the emotional impact migration studies offer mixed findings about how families cope (Yeates 2008) and in particular how definitions of good care are changing with the growing number of migrant women undertaking care work. Migrant women and those women employing them present a challenge to public perceptions of ideal mothers and daughters. They are blamed for the bad behaviour of children left with nannies or elderly parents with live in nurses. And migrants are seen as deserting those left behind. It is still the case that many cultures see it as unnatural if a mother leaves home and her family to work, but not when a father migrates for work. Both migrants and their female employers have to negotiate such reactions and often feelings of guilt and distress and the burden of balancing reproductive and productive work.

The Ethics of Care

Acknowledging the emotional provision of care takes the issue of care beyond economics to social and ethical considerations. Given the importance of work and care and its changing nature a much clearer ethics of care is needed to balance the ethic of work and care in contemporary citizenship and go to the heart of individual and family life.

Kofman and Raghuram point to ‘four competencies of care’:

- Attentiveness—caring about people, that is, noticing the needs of others;
- Responsibility—taking care of, and through that, assuming responsibility to care;
- Competence—caregiving, and the activity of caring involved in this (one of the more common meanings of the word); and
- Responsiveness—care receiving, which involves an awareness of one’s own vulnerabilities as well as an appreciation of the different positionings of the care giver and care receiver.’ (Kofman and Raghuram 2009)

These ethics are played out in relation to global care chains through the many personal, familial and work relations in which people engage both in countries of origin and in sending countries. Such an analysis and revaluing the ethics of care needs to feed into public economic and social policy as women migrate across the world to take up care tasks. The concept of the global chains of care is one way of theorizing the links between the global South and the North simultaneously. However, more work is needed on the implications for gender and care regimes in the South particularly how it encompasses different qualities and social relations in the giving and receiving of care, which are inherent to an ethics of care.

Revaluing care

Valuing care work is a critical feminist strategy including building strategies among those who do the care work and those who pay for it. There is a tension around attempts to monetarize care work. It may be a highly useful exercise in terms of the 'reproductive bargain' when it is important to show to policymakers how much care work counts to the 'efficient' working of economies. But it is also important to not undermine the rewards of giving and sharing lives in families and communities. Loving and giving care is a socially and culturally rewarding task, as well as hard work. It is also a traditional source of feminine power, though it is hard to reclaim it as an empowering one in many traditional settings.

One of the thorny problems for feminists has been how to remove the female bias in care work. It is interesting to consider why, as a rule, it is hard to involve many men in caring work, in sharing the burden but also the pleasure of care work. It depends on the social and economic context, culture and age group. Part of the answer is that the caring work women perform is assumed to be not only an extension of motherhood but also primarily a 'biological' female task. It therefore takes on in the hierarchies of patriarchal knowledge the stigma of the 'lesser sex' and lower value. Female bodies, psyche and identity are assumed in patriarchal societies to be inferior socially and physically. Such norms are hard to break. For men to take on what is perceived as women's work, caring and running the family home, networking within the community together, changing the work place to take into account women's bodily needs would challenge concepts of masculinity, male privilege power and ownership.

Development policy on migration and care

There is some rethinking in policy work around work/life balance or the reconciliation of work and home in the European Union and among international organizations like the ILO (2004) and the OECD (2004–2005) (Unifem 2008). Such policy moves towards better work life/balance are impacting on development policy through the Paris Declaration, and Accra Aid Agreements (Harcourt 2008). What emerges when trying to bring in issues of care into the policy arena is that the complexities of caring cannot be captured within the broad categories of education and health policy.

The rights of migrant workers is becoming a strong human right issue. Globally, conditions of employment and the regulation of domestic labour vary but overall the rights of domestic and care workers are precarious. Migrants who are working full time for many years in countries still do not enjoy citizenship or residency rights even when properly documented and legally employed. Even in countries with official recruitment policies as in Southern Europe, many women work without a regular status and employment contract and are unable to access civil and social rights. In most countries in the South little regulation exists to protect migrant workers, especially if they work in the lesser paid, less recognized caring sectors. Their fragmented work histories as migrants often means that if migrants return home they cannot access pensions upon their return. Illegal or undocumented workers are not protected by any laws. Given the nature of care work labour legislation needs to be extended to those working within a household. The current policy of return and circular migration is leading to major restrictions in the access to civil and social rights.

Placing gender equality, care and well-being as core social and economic goals imply major structural shifts for government policy and economic and social institutions in order to ensure that care provision is valued and rewarded appropriately. How the changing nature of the provision of care is addressed by social and economic policy has important implications for the achievement of development either broadening the capabilities and choices of women and men. The answer is not to provide some kind of wage for women's housework or mothers' pensions, instead society should recognize and value the importance of different forms of care. What needs to be understood in policy terms are the general trends and the economic, social and political conditions under which care is provided in developing countries and the implication of migration flows of carers away from them to other richer countries. The issue of care needs to be addressed through a multi-sectoral approach dealing with migration, labour, social security, youth, education and health. Policy in receiving countries needs to ensure equal access to civil and social rights for men and women, migrants and non migrants.

One would expect given the feminization of work and numbers of women migrating that there is a subsequent feminization of the policy approach and link issues of migration with other sectors: labour, health and social security. Unfortunately this is slow to happen.

References

- Basa, C. 2006. 'Me, Us and Them: Migrant women defining change' *Development* 49 (3) , 120-123.
- Bigo, V. 2004 'Gender and Care: an overview of the "hidden" economy', unpublished paper, University of Cambridge.
- Budlender, D. 2008 'The Statistical Evidence on Care and Non-Care Work across Six Countries', *Gender and Development Programme Paper* Number 4 December, Geneva: UNRISD
- The Economist* 2010 'We Did It! What Happens when women are over half the workforce', Volume 294 no 8663, Jan 2-8
- Folbre, N. 1994. *Who Pays for the Kids? Gender and the Structures of Constraint*. New York: Routledge..
- Folbre, N. 2001. *The Invisible Heart Economics and Family Values*. New York: The New Press.
- Kabeer, N. 2007. Marriage, Motherhood and Masculinity in the Global Economy: Reconfiguration of Personal and Economic Life *IDS Working Paper* 209, Brighton: IDS
- Kofman, E. and P. Raghuram 2009 'The Implications of Migration for Gender and Care Regimes in the South' *Social Policy and Development Paper* No.: 41 July Geneva: UNRISD
- Harcourt, W. 2009. *Body Politics in Development*. London: Zed Books.
- Harcourt, W. 2008 Background Paper for the *Regional Report on governance and women's leadership in the Eastern Europe and the Commonwealth of Independent States* (EE & CIS) Bratislava: UNDP
<http://europeandcis.undp.org/gender/regionalprogramming>
- Razavi, S. 2009. 'The Care Crisis' *Development* . Vol 52 (3). 323-328.

- Razavi, S. 2007, 'The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options' , *Gender and Development Programme Paper* Number 3, Geneva: UNRISD June
- Sen, G. 1995. 'Alternative Economics from a Gender Perspective' *Development* 1995 (1).10 – 14.
- Summerfield, G. 2007 'Transnational Migration, Gender and Human Security', *Development 'Migration and Development'*, Vol.50(4). 13-18.
- UNFPA. 2006. *State of the World Population : A Passage to Hope Women and International Migration*. New York: UNFPA [UNIFEM. 2008.*Progress of the World's Women*. New York: UNIFEM.
- Yeates, N. 2004. 'A dialogue with global care chain analysis: nurse migration in the Irish context,' *Feminist Review* 77. 79–95.
- Yeates, N. 2008. *Globalizing Care Economies and Migrant Workers: Explorations in Global Care Chains*. London: Palgrave Macmillan