

Gender, Remittances and Development

Global Care Chains

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A Strategic Instantiation of the Migration-Development Link: Global Care Chains

1-Global Care Chains

In the context of globalization and the transformation of welfare states,¹ the formation of global care chains is one of the most paradigmatic phenomena of the current feminization of migration. Moreover, we could say that global care chains are what Saskia Sassen refers to as a *strategic instantiation*; that is, they are a "strategic site where the gender dynamics of the current processes of globalization can be detected, studied and theorized" (Sassen, 2005: 2). They are, therefore, a strategic positioning, from which to debate the interrelation between migration and development.

Global care chains are networks of transnational dimensions that are formed for the purpose of maintaining daily life. These networks are comprised of households which transfer their care giving tasks from one to another on the basis of power axes, such as gender, ethnicity, social class, and place of origin. For example, in its simplest version, a chain could be formed by a Spanish family who has decided to hire a Dominican woman to care for their grandfather who needs constant assistance. At first, they thought that one of the daughters-in-law could take on the task, leaving behind the job which she began once her children had grown up and left home. However, they discovered that she didn't want to go back to being a full-time care giver and that hiring an immigrant wasn't so expensive if the cost was shared between all the children. The woman who was hired, migrated to ensure sufficient income for her family, and left her mother in charge of her children back home. This very simple example allows us to highlight some of the essential components of global care chains.

Men and women have a differential presence in these chains. Men tend to be beneficiaries more than the ones to assume the systematic responsibilities in the provision of care. Such responsibilities tend to fall on women, who usually assume an active role as protagonists. In any case, the extension and structure of the chains depends on the intrafamilial distribution of care. It also depends on other factors

¹The reflections which appear in this paper are limited to labor migrations to Europe and North America. Female migration related to work in domestic service and other similar services in regions such as the Middle East or Asia, display particular traits that are not discussed here.



such as the existence of public care giving services, the influence of the business sector, the regulation of paid domestic service, migration policies etc. The chains bring together multiple modalities of care in a diversity of spaces which include the market, the household and public or private non-profit institutions. Care is also moved by different logics. An individual person who works as a care giver can be motivated by the possibility of earning a wage and/or by feelings of affection, responsibility, coercion, guilt etc. If care is provided through a company, it will always be motivated by self-interest, whereas if care is provided by a public institution, it does so in order to provide social rights.

The formation of these chains responds to the confluence of at least two phenomena. On the one hand, Structural Adjustment Programs (SAPs) and successive neoliberal reforms have had a disproportionate impact on women in peripheral countries. The feminization of *global survival circuits* is one of the economic strategies developed by households in order to survive in contexts of crisis. As social spaces where gendered power relations often make women responsible for domestic well-being, these households change structurally with the migration, becoming what have been called *transnational households*. Therefore, at the base of these chains is the prioritized and/or non-negotiable adscription of women as those responsible for ensuring the sustainability of their households in contexts of social crisis.

Meanwhile, in center (non-peripheral) countries, a 'care crisis' is taking place. The previous model of social organization pertaining to care, which was characterized by the sexual division of labor and the social split between public and private spaces, has come apart. The social responsibility for the provision of care wasn't available in the public spaces and, therefore, this responsibility fell on domestic groups in private spaces. Given the gendered nature of power relations within households, women were those ultimately held responsible for the provision of care. At that time, the socioeconomic systems reflected the structure of an iceberg: Care giving constituted the base of the social structure, and this base remained invisibilized, as their protagonists did not have complete access to citizenship. Diverse processes, such as an aging population and a change in the social roles and aspirations of women, have caused the collapse of this model. One of the responses to this crisis has been to externalize some of the tasks that were previously carried out in households or to hire paid help to do part of the care work in the domestic sphere. Here, female migrants have taken on a central role and their increasing participation in such work is not unrelated to the fact that these jobs tend to be precarious and poorly remunerated. Overall, this so called 'care crisis' has been one of the motors of the



feminization of migratory processes, as it has opened up labor opportunities mainly available to women in the area of care giving. Such opportunities include paid domestic work and other related jobs in both the public and private sectors.

Once triggered, migration implies a restructuring of households. In transnational households, the separation of migrant women from their children inevitably leads to a redistribution of care giving tasks. It is often a female relative who takes care of the children as part of an extensive family. On occasion, however, one resorts to hiring a paid domestic worker. In this case, paid domestic workers are frequently internal migrants, sometimes indigenous, that move for rural to urban areas (as in the case of Colombia) or from a neighboring country (as in the case of Haitian women working in Dominican Republic).

Care for migrants' parents is also of increasing concern in a context of weakened social security systems (Escrivá, 2005). All this reorganization is obviously conditioned by the role of the men. Sometimes men take on a greater responsibility for care giving as a result of women's migration (although they do not tend to be primary care giver), while, other times, they remain uninvolved. Additionally, the fact that these women are no longer physically present in their family of origin does not imply their abandonment of the care giving tasks that they performed before migrating, but rather, a transformation of these (telephone contact, management of the home from a distance, the emotional support, visits and the sending of remittances etc.).

INSTRAW's CASE STUDIES

In the Dominican Republic and the Philippines, women's migration supposes a transfer of their domestic responsibilities within the home to other women in the family. The mothers and/ or sisters of female migrants are usually the ones left in charge of the children, whilst men do not become involved in reproductive tasks. This transfer of reproductive work from one woman to another corresponds to the sexual division of labor in the household and promotes the creation of new links in the chain. For example, Spanish women transfer domestic and care-giving work to a foreign woman from a poor country-in this case the Dominican Republic. This woman in turn will transfer her domestic responsibilities to other female relatives. When no other woman in the family can assume these domestic tasks, the female Dominican migrants will often consider hiring a Haitian woman to compensate for their absence. Hence, the sexual division of labor and the feminization of migration imply the transfer of care and reproductive work from richer countries to poorer countries.

Meanwhile, households reunited in destination countries also face difficulties. The jobs in which migrant women are employed usually involve very precarious conditions, which, in turn, complicate the conciliation of their work and family lives. Multiple solutions are explored and vary from the hiring of another migrant woman (for example, Ecuadorians contracted by Colombians), to the regrouping of another



female relative or the use of public or private day-care centers (where there can also be other migrant women working). Consequently, transnational and internal migratory processes connect and the global care chains expand and diversify. It should be noted, however, that our example is exceptionally simplistic.

2- What are the consequences of these chains for development at a global level?

If we were to understand development in purely *economistic* terms, the answer to this question would be very limited. On the one hand, and in the best case scenario (this is, considering that we have questioned the impact in the destination countries²), we would assert that the flow of manual labor improves the performance of the care giving market,. On the other hand, we would ask ourselves about the volume of remittances that these women send and their effect on the communities of origin. Nevertheless, if we use a broader notion of the economic system, another question arises: What is the impact of the operation of these chains on the provision of care? Care giving is the management and the daily maintenance of life and health and the daily provision of physical and emotional well-being. It therefore is a daily expression of the levels and possibilities for development. This impact must be evaluated not only in those households that comprise the chains (care giving as part of the creation of sustainable livelihoods), but also at a collective level, analyzing the role and impact of these chains in the social organization of care in the countries of origin and destination.

Households that hire migrants in destination countries clearly benefit from this work, which responds to daily concrete necessities. They are those reunified households of migrants that can more seriously experience difficulties in the conciliation of their work and family lives. At a social level, the contribution of migrant women turns out to be crucial for covering, at least partially, the care deficit generated by the care crisis. However, it is uncertain whether or not the formation of chains is part of a social reorganization of care that is viable and equitable in the mid and long terms. Care giving continues to be one of the most invisibilized pillars of development. Although the conditions of the invisibility change, this invisibility remains (for example, part of the care giving work happens to be paid, but, at the same time, it is transferred to an undocumented woman who lacks citizenship rights) and there still isn't a social responsibility for its provision which includes men, the State and the

² In Working Paper num. 3, we argue that the discussion on the migration-development nexus tends only to focus on the impacts on countries of origin, thus missing the link between this (positive or negative?) impact and the clearer positive impact on destination countries.



private sector. Moreover, it would be possible to speak of a process of a reactionary closing of the crisis, as one in which this closing is based on the same conditions of invisibility, lack of social responsibility and distribution of work according to axes of power, giving rise to a new sexual international division of labor in which gender is strongly marked by factors such as ethnicity, class or place of origin.

In the countries of origin, migration has a strong impact on households, which, as we mentioned previously, are forced to reorganize tasks and responsibilities and to invent new forms of care in spite of the physical separation (Parreñas 2001 y 2005). Despite these efforts, it is uncertain whether migration is having adverse effects in terms of family disintegration and a lack of sufficient attention to certain sectors of the population, especially, children and adolescents³.

Beyond the impact on households, at a social level, there is concern about whether migration tends to generate "care drain" in countries of origin. Since these are issues that touch on the essential aspects of social order regarding gender, the effects on the family of female labor migrants, in particular, have not always been handled with an ample perspective and the vigor necessary; in fact, on occasion, these have led to reflections that put the blame on migrant women themselves. The impact on the social form in which population care is covered, or even, the deficiencies and weaknesses in the social organization of care prior to departure, are not usually objects of systematic analysis. Therefore, it is not clear whether there is an exportation of the care crisis -materialized in the daily difficulties of conciliation for those women inserted in the chains and the insufficient or low quality of care in transnational households- nor to what

INSTRAW's CASE STUDIES

The results of INSTRAW's case studies reveal a wide range of perceptions held amongst communities of origin regarding the effects of parental migration on those children who stay behind. There isn't always a negative correlation (parental migration= poor academic performance, adolescent pregnancies or problematic behavior). While in the case of the Dominican Republic the alleged negative effects are greatly emphasized, in the case of Colombia, migration is not held responsible for the problems suffered by young people. This could mean one of two things: 1.) Either this causal relationship doesn't exist and is rather a figment of the social collective's imagination, stemming from 'imagined' consequences such as the 'destruction' of the traditional family which, in some places, have been fuelled by the media and declarations by some government officials 2.) Or that this causal relationship does exist, but that some communities possess factors that protect them from it, including the existence of family and social networks which are highly committed to the care for minors, the recognition and the high value placed on of the contributions and sacrifices of mother migrants or the frequent contact of mothers with their children via periodic visits, telephone calls etc.

³ Along these lines, the workshop-seminar "Family, Childhood and Migration" was organized by PNUD, UNFPA and UNICEF on February 26-27 in Quito, Ecuador (with the participation of UN-INSTRAW). One of the objectives of this seminar was to define and prioritize possible policies in order to face the effects of parents' migration on childhood.



extent or for what reasons this is occurring.

A clear and closed answer cannot be given about the impact of global care chains on development at a global level, and, particularly, on the social organization of care as one of its essential components. It seems unlikely, however, to that we can currently speak of the existence of completely positive synergies.

3- Care and the global development agenda

Whereas the socioeconomic processes that take place in public arenas have been debated openly and have been negotiated within institutional parameters more or less agreed upon, the transfer of care giving work to the private-domestic space has supposed a labor distribution based on moral coordinates that end up naturalizing a deeply unequal distribution between women and men. The absence of this subject from the public development agendas is the end result of the naturalization of this sexual division of labor.

The recent Quito Consensus, signed on August 9, 2007 by the governments of the participant countries in the Tenth Regional Conference on the Women of Latin America and the Caribbean, represents a key advance in this respect. It supposes the inter-governmental recognition of "the social and economic value of the unremunerated domestic work of women; of care as a public affair that is incumbent on States, local governments, organizations, companies and families; and the necessity to promote the shared responsibility of women and men in the family arena". Moreover, it establishes commitments "to adopt the necessary measures- especially those of an economic, social and cultural nature- in order that States establish social reproduction, care and the well-being of the population as an objective of the economy and a non-transferable public responsibility".

It is urgent to follow this line and to deepen this process of public debate regarding the social organization of care as part of local, national and global development models⁴. This debate must allow for a reassessment of care and the assurance that those who take on this responsibility have complete access to citizenship rights. It is especially important to listen to the voices of women- historical protagonists of these spheres- and to recognize the diversity of their experiences, the cross-cutting nature

⁴ In order to do so, a clearer understanding of the concept of global care chains is needed (Yeates, 2005) along with cross-cutting comparable and reliable data. These are central objectives of the project *Political and Social Economy of Care*, undertaken by UNRISD (United Nations Research Institute for Social Development). UN-INSTRAW is opening a new area of work aimed at obtaining a richer and more complex understanding of global care chains and fuelling transnational discussion among the women involved.



of gender with other axes of social organization and the vulnerabilities specific to certain situations, such as that of paid domestic workers.

We stated at the beginning of this text that global care chains are a *strategic instantiation* of gender dynamics in the current global economy and that they provide a privileged platform from which to debate the link between migration and development. It is a strategic location because it allows for public debate about questions that often remain hidden (they comprise, we could say, the hidden development agenda): On the one hand, the position that care occupies in the social structure and the priority that it is granted in the development models at local, national and global levels. And, on the other hand, the role that gender plays as a vertebral axis of the social and economic systems, that is, as the place that is considered suitable for women and men in the economy.

Also, it is a strategic location because it allows for questions of a deeper nature to be raised in global development. Among them are:

- The cross-cutting nature of gender with other axes of the social hierarchy in the migratory processes and the formation of a new and sexualized international division of labor as a consequence of the globalization process.
- The sustainability of the development and liberation models intended for women and in expansion from the countries of the center: The transformation of the social expectations of women in a context characterized by the absence of men's responsibility and of the necessary invisibility of care to maintain the socioeconomic structure, has resulted in a deep crisis, whose containment is based, to a great extent, on migrant labor. Attending to these phenomena, we can ask ourselves to what extent these development and liberation models are sustainable at a global level and to what extent gender continues to be the organizational axis of care- at an increasingly transnational level- thanks to female migratory flows.
- The rights that the development process must be predisposed to guarantee: Rights that, until then, had not been recognized as such, come to the fore front. On one hand, the right to receive suitable care in general and in situations of specialized or intensified need in particular. On the other hand, the right to choose care freely, that is, if care giving is desired or not and to guarantee that care is provided in suitable conditions⁵.

⁵ This is a rewritten version of the right to maternity and includes, without limitation, those rights known as the right to conciliate work and family lives. The right to choose care freely supposes the social guarantee of a sufficient degree of *defamiliarization* that would complement the possibility of



Without doubt, an analysis of the link between migration and development which focuses on global care chains allows us to raise new questions and offers an analytical perspective that prioritizes human life as a fundamental concern of development processes.

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decommodification as the basic dimensions of welfare States. The *decommodification* (concept provided by Gøsta Esping-Andersen, 1990, *The Three Worlds of Welfare Capitalism*) refers to the possibility of breaking the bond with the labor market and of continuing to have a suitable standard of life. We could say that it determines the social protection against risks to which men have historically been vulnerable: the rupture of their bond with the labor market. The *defamiliarization* (concept proposed by Eithne McLaughlin and Caroline Glendinning, 1994, "Paying for care In Europe: Is There a Feminist Approach?", in Hantrais and Mangen (eds.), *Family Policy and the Welfare Women*) establishes the degree to which a person can resign from care giving and, at the same time, knowing that that attention is going to be provided by other social agents. We could say that this refers to the typically female labor realities and the possibility of breaking ties with unremunerated care work.