GLOBAL CARE CHAINS: TRANSNATIONAL MIGRANT CARE WORKERS

Judy Fudge*
University of Victoria
Canada

It is perhaps in the global care chain that we can see most clearly the ways and institutions through which unequal resources are distributed globally.¹

I. The Feminization of Migration

Feminist scholars have argued that gender inequalities are constitutive of contemporary patterns of intensified globalization, and that gender differences in migration flows often reflect the way in which gender divisions of labour are incorporated into uneven economic development processes.² The connection between migrant care work, globalization, and the privatization of social reproduction has been variously designated the new domestic world order,³ the new international division of reproductive labour,⁴ or the transnational economy of domestic labour.⁵

On the demand side, the feminization of migration is fueled by the increase in women’s labour force participation, falling fertility rates, increasing life expectancy, changes in family structure, shortages of public care, and the increasing marketization of care in the North. On the supply side, economic trends such as growing inequalities between high- and low-income countries, and insecurity, vulnerability, and instability due to economic crises combine with gender-related factors such as abuse, family conflict, and discrimination to increase the numbers of women who migrate in order to obtain paid work.⁶ Remittances are key for the survival of household, community, and country in a number of developing countries as exporting workers is one means by which governments cope with unemployment and foreign debt. Migrant women have become crucial agents in “global survival circuits”.⁷

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¹ Shireen Hassim, “Global Constraints on Gender Equality in Care Work,” (2008) 36(3) Politics & Society 388-402 at 397
Historically across a diverse range of countries, both developed and developing, women from disadvantaged racial and ethnic groups have tended to provide care and household services to meet the needs of more powerful social groups, while their own care needs have been downplayed and neglected.\(^8\) Nowhere is this process of racialization and subordination more evident than when it comes to the globalization of care and social reproduction.\(^9\) Many of the women who leave the South to work in the North are temporary migrant workers who do not enjoy either the right to become permanent residents in their host country or the right to circulate freely in the labour market. Given the basic gender division of labor in destination countries, women migrants are often restricted to traditionally “female” occupations – such as domestic work, care work, nursing, work in the domestic services, and sex work – that are frequently unstable jobs marked by low wages, the absence of social services, and poor working conditions.\(^10\)

II. Global Care Chains

The term “global care chain” was first used by Arlie Hochschild to refer to a series of personal links between people across the globe based on the paid and unpaid work of caring.\(^11\) Global care chains are networks of transnational dimension that are formed for the purpose of maintaining daily life; these networks are comprised of households that transfer their caregiving tasks from one to another on the basis of power axes.\(^12\) The concept of global care chain helps to illuminate the broader social processes that create the transnational transfer of domestic labour and assists in the conceptualization of the distributive features of this transfer. These processes embody major social divisions and inequalities such as race, class, and gender. The concept also captures household internationalization strategies and it can integrate non-material factors, such as identity formation. Moreover, the concept can be used to go beyond simple push (poverty and unemployment) and pull (employment opportunities and improved wages) explanations of migration since the literature on global care chains emphasizes the macro context of trade and uneven development.\(^13\) These global care chains, which not only link countries of the North and South but also contiguous countries in the South, are created in the confluence of two related phenomena – structural adjustment policies and neo-liberal reforms.

Elaborating on the concept of global care chains, Nicola Yeates emphasizes the complexity of care services, “encompassing as they do services as diverse as domestic cleaning, family care, health care, sexual care, educational care and religious/spiritual care, provided in a wide range of settings such as the home, hospitals, hospices, churches, schools and brothels and in a wider range of contexts such as individualized private settings and institutionalized state


\(^12\) Amaia Pérez Orozco, “Global Care Chains” Gender, Migration and Development Series, Working Paper 2, (Santo Domingo, Dominican Republic: United nations International Research and Training Institute for the Advancement of Women (UN-INSTRAW, 2009).

Research on global care chains has focused on the “nanny trade”, which involves international transfers of care labour produced in individualized, household contexts. However, Yeates argues for the need to broaden the focus of global care chains to include migrant care workers of different skill and occupational levels. Such a broadening is important because it helps to capture how rich countries drain skilled care workers from developing countries. Moreover, since the skill and occupational level of migrant workers is highly correlated with a range of employment- and settlement-related rights to which they are entitled and can effectively exercise in receiving countries, a broader approach to global care chains helps to illustrate the variegated nature, and unequal operation of, citizenship regimes.

III. Public Policy and Law

Female migration not only has implications for policies designed to reconcile paid employment and care responsibilities in both host and home countries, it has contradictory impacts. The employment of migrant women to perform care work in the receiving countries of the North is an individual and privatized solution to the broader problem of combining paid work with unpaid care work. Since this solution is only an option for families who can afford it, lower-income families are left in the lurch. In fact, as Lourdes Benería points out “the employment of migrant women from the South might contribute to a vicious circle in the host country, in which private solutions delay collective efforts to search for appropriate public policies.” Moreover, “in home countries, the need to balance family and [labour] market work shifts from the women who migrate to the individuals who assume their roles in the family.” Rhacel Salazar Parreñas has demonstrated, in the case of the Philippines, how the export of women’s labour results in a “depletion of care resources” that detrimentally affects their ability to provide care for the families that they have left behind. Since it is mostly women who assume the family roles of migrant women, there is a growing need for reconciliation policies in the South. While women’s decisions to migrate can increase their financial autonomy and increase their financial contribution to their household through remittances, their absorption into the care markets of the North reinforces the gendered nature of care. Thus, not only do global care chains illustrate the ways in which unequal resources are distributed globally, they also reveal the gendered nature of this inequality.

Individualized and marketized solutions to the care crisis in the global North reinforce inequalities between states in the North and South, amongst women, and between men and women. There is there a need for public policies that provide for public and collective, and not private and individual, solutions for reconciling the competing demands of paid and unpaid work in the North and South. There is also a need for policies that provide decent work for both domestic and migrant workers around the globe. In 2009, the ILO released

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14 Ibid. at 8.
15 Ibid. at 11.
16 Hassim, supra note 1 at 397.
18 Beneria, supra note 6 at 11
19 Ibid. at 11.
20 Parrenas, supra note 9 at 15.
21 Beneria, supra note 6 at 11.
22 Hassim, supra note 1 at 397.
Decent Work For Domestic Workers, which will be discussed at the 2010 International Labour Conference with the goal of adopting an international instrument that would regulate domestic work. The Report advocates for the adoption of specific international standards that promote decent work, including social protection and collective organization, for domestic workers. It is also attentive to the transnational dimension of domestic work in which the labour of one group of women in the home empowers another group of women to enter paid employment outside of the home.

“The problem of work family balance is,” as Shireen Hassim notes, “at least to some extent negotiated between states rather than only between individuals within a household or between households and the state.” Nation states use immigration law to police their boundaries and restrict the rights of non-citizens. While developed nations are eager to attract highly skilled care workers, the vast majority of care work, associated as it is with women’s work, is regarded as low or unskilled. Thus, many care workers are temporary migrants, who will be expelled from the host country once their work is done.

As international care markets rapidly commercialize and integrate, transnational service providers and agencies seek to take advantage of the liberalization in service provision. While Mode IV of the General Agreement on Trade and Services, which relates to the temporary migration of individual service providers, potentially facilitates these processes, developed countries resist Mode IV, and limit it to business-related services or highly skilled service providers. Richer countries of the North prefer bilateral agreements to multilateral agreements to govern the migration of care workers. In a world in which women’s caring labour is devalued, the ILO’s approach of providing equal rights for migrant workers does little to recognize, legitimate, and value care work. Moreover, since a migrant worker’s entitlement to remain in the receiving country depends upon maintaining an employment relationship with a specific employer, too often employment-related rights are more symbolic than real. Thus, Ann Stewart concludes that “the interaction between restrictive immigration and labour laws can make unskilled women carers, in particular, highly vulnerable and create complex power relationships, not only in more formal employment contexts but also with employers who may be recipients of care services in domestic environments.”

IV. Conclusion

It is not possible to consider gender equality in a comprehensive manner without considering global redistribution. Commodifying care work may solve the care crisis in the North at the expense of creating a care crisis in the South. Moreover, gender equality also requires
consideration of the politics of choice. Policies that enhance individual choice need to attend to the broader structures of employment and social provisioning. Women in the North and the South should be free to choose the balance between employment and domestic life that is good for them. But policy discourse has barely begun to register ideas about men’s greater involvement in domestic life. The problem is that so long as men can choose not to care women will have no choice but to do so. The choices of individual women are shaped by the opportunities open to them and the cultural norms that prevail. Thus, it is important to increase the incentives for men to take on a greater share of unpaid labour and to challenge cultural norms that associate women with certain kinds of domestic labour if women are to be given a real choice about how they spend their time. Men and women must be encouraged “to identify with each other across gender boundaries by pursuing greater equality of experience, through developing norms that require both men and women to contribute financially to their children and to care for them.” The benefit of widening the numbers of people who contribute time to caring is that it would not only reduce the individual costs of those who care, by extending the experience of caring throughout the members of a society, it may be that society would be more willing to contribute institutionally and financially to the costs of care.

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33 Susan Himmelweit, “Economic theory, norms and the care gap, or Why do economists become parent?” in A. Carling, S. Duncan and R. Edwards, eds., Analysing Families: Morality and Rationality in Policy and Practice London: Routledge 2002) 231at 247; Referring to the South, Benería (supra note 6 at 16) claims, “the new agenda of gender equity needs to emphasize men’s equal share in the reproductive activities taking place within households.”

34 Himmelweit, supra note 32 at 247.