



Mid and later life care work migration: Patterns of re-organising informal care obligations in Central and Eastern Europe



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ABSTRACT

Background: Many women in mid or later life from Central and Eastern Europe commute for live-in 24-hour care work to Austria. In addition to paid care work abroad, the majority of women in this age group is confronted with informal (family) care obligations towards children, towards older relatives or towards grandchildren.

Objective: This study aims to explore the patterns of re-organising these informal care obligations (childcare, long-term care and domestic work) in the respective home country and to analyse the factors that determine the re-organisation.

Methods: The study builds on qualitative interviews with 20 migrant care workers aged 40 years and over, 9 Romanian and 11 Slovakian women providing 24-hour care work in Austria.

Results: All interviewees commute in 2- to 4-weekly shifts between the home country and Austria and report multiple informal care obligations towards family members in the respective home country. In most cases, members of the nuclear and extended family, and in many cases husbands or partners of migrant care workers, act as the main substitute caregivers. Institutional care provision plays a more important role for child care as against for older people in need of care for whom care services are hardly available or accessible in the countries observed.

Discussion: While re-organisation depends much on the specific family constellations, strong assumptions towards family care, the limitations in (monetary) resources and the lack of public welfare provisions strongly co-determine the arrangements.

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Introduction

The growing demand for care work in richer Western countries has contributed to the development of large female-dominated migratory streams originating from poorer regions of the world (Kofman, 2000; Lutz & Palenga-Möllnbeck, 2011). In this context, the “global care chains” concept refers to an unequal distribution of paid and unpaid care work across the globe (Hochschild, 2000; Parreñas, 2001). Studies utilising this concept widely research the issue of balancing transnational care obligations, particularly with regard to childcare, in a global context (e.g. Hochschild, 2002; Hondagneu-Sotelo & Avila, 1997;

Parreñas, 2005a). While research about the European context has also grown in the past decade, less is still known about types of care obligations towards the people left behind in the countries of origin, in particular with reference to the needs of older relatives, and the re-organisation of (often multiple) informal care obligations. Hence, this study aims to explore patterns of the re-organisation of migrant care workers' informal care obligations (childcare, long-term care and domestic work) in the respective home country and to analyse the factors that determine the re-organisation.

The results presented in this study are based on insights gained from 20 qualitative interviews. The female interviewees are from Slovakia and Romania, commuting as live-in care workers for older people on the basis of two- or four-week schedules between their home country and Austria. Giving the arrangement of 24-hour availability in the private household of

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the user they are commonly called 24-hour care workers. The focus of this study is on migrant care workers aged 40 years and over. It is particularly women of this “sandwich generation” (Grundy & Henretta, 2006) that are confronted with traditionally assigned multiple informal (unpaid) caring responsibilities towards both older relatives and (adult) children and grandchildren residing in their respective home countries (Wall & Bolzman, 2014). The results show that these women, acting as main caregivers, are confronted with different types and intensities of informal care obligations towards their children and their older relatives at home. Furthermore, the care workers report on different strategies they apply for re-organising informal care obligations. Building on these insights, the study identifies common patterns of the re-organisation and individual, familial, cultural and public welfare conditions as major determinants of the re-organisation.

In the following sections, the article starts with a theoretical overview dealing with transnational care migration and the transnational organisation of care obligations. In addition, a brief overview of the 24-hour care regime in Austria and of childcare and long-term care in Slovakia and Romania is given. Then, the article briefly describes the study design, i.e. the study sample, context, and qualitative approach applied. After introducing migrant care workers' informal care obligations, the analysis of the arrangements made in the transnational reality leads to the establishment of distinctive patterns of the re-organisation of informal care obligations, and, in the next section, to the identification and discussion of the major factors that determine the re-organisation.

Transnational care work migration and care arrangements

The growing demand for domestic care work in western parts of the world has opened up a niche market, particularly for female migrants. While many of these women act as their family's main breadwinner, they simultaneously bear the responsibility as the main caregiver for dependent family members. Often, care obligations towards such children or older relatives, who have been left behind in the respective countries of origin, are re-directed to other members of the family or to migrant women from even poorer countries. Arlie Hochschild (2000) has captured this situation with the term “*global care chains*”, a term intended to reflect the “*international redistribution of reproductive work*” (Parreñas, 2000) at the expense of poorer countries' care resources, and of individuals affected by this development. Global care chains emerge, for example, in situations, where women migrate for care work abroad while their own children left behind in the home country are cared for by unpaid family members or by a paid migrant woman originating from an even poorer country. But many of the migrant care workers are at an advanced age with informal care obligations not only towards children or even grandchildren but also towards older family members. This raises a number of questions more specifically focused around transnational caregiving in mid and later life (see, e.g., Heikkinen & Lumme-Sandt, 2013; Zhou, 2012).

Handling formally paid care work and unpaid family care obligations in a transnational space requires specific strategies for the re-organisation of informal care obligations in migrant workers' home countries. Both in global and in European studies, reproductive labour (e.g. care for older relatives and/or children)

has been found most often to be re-organised within familial networks, and for it to be highly feminised (e.g. Ducu, 2011; Hochschild, 2002; Lutz & Palenga-Möllnbeck, 2012; Parreñas, 2001). For instance, grandmothers in particular, have shown to play a key role as substitute mothers for younger children, but also for teenagers. Even though grandmothers are often seen as adequate substitute caregivers, it is issues such as health problems or intergenerational conflicts which can destabilise such care arrangements (Lutz & Palenga-Möllnbeck, 2012; Pantea, 2012b). Furthermore, female family members, such as sisters (in-law) or aunts, but also female friends and neighbours have shown to function as important main or occasional caregivers. However, these care arrangements can easily become unstable, in particular when confronted with one's own care responsibilities or authority conflicts with children. There is also a concern about the lack of continuity and reliability in care arrangements for children (Gheaus, 2013). In the literature, the involvement of fathers is controversially argued. While some studies attribute only marginal involvement of fathers, others show fathers' high involvement in cases of the mother's migration. So far, the latter has only been detected in global contexts, such as in the Philippines (Asis, Huang, & Yeoh, 2004; Fresnoza-Flot, 2014). Typically, fathers do appear as additional caregivers, but the main childcare responsibilities or household tasks are nonetheless handed over to female family members (Ducu, 2011; Gheaus, 2013; Lutz & Palenga-Möllnbeck, 2012; Parreñas, 2005a; Piperno, 2011). One central argument for neglecting care responsibilities is that men, despite the women's role as breadwinners, seek to maintain their patriarchal order and power within the family. Also, one frequently mentioned reason for low take-up of care responsibilities by fathers is found to be alcoholism which in turn is often linked to unemployment, making fundamental re-organisation difficult and unreliable. Furthermore, children (particularly teenagers) are increasingly acting as caregivers for younger siblings and/or emotional support for their fathers, and are often simultaneously expected to take on household tasks (Pantea, 2012a). Handling several of these care obligations leaves reduced time and space for their own responsibilities (e.g. school, social contacts, and individual development). Furthermore, role conflicts as well as authority problems can arise in such constellations, although children may perceive their increased responsibility as valuable and as a sign of competence and adulthood. Not surprisingly, similar gendered caregiving structures appear when children assume care obligations. Pantea (2012a), for instance, shows a typically gendered division of tasks where girls are more likely than boys to provide hands-on care to their younger siblings, and assume responsibility for domestic tasks.

The use of institutionalised care services for children is highly country-specific. Typically, it depends on the availability and affordability of such services as well as on the country's cultural attitude towards using childcare institutions. In contrast to what Hochschild (2000) has proposed for global contexts, the employment of migrant women from more distant and poorer countries has never been found as a major strategy applied by care work migrants from and in Central and Eastern European countries. Rather it is richer families in these countries that employ migrant care workers from poorer countries (see, for example, Palenga-Möllnbeck, 2013 discussing the case of Poland and Ukraine). Only in very rare cases do women from the wider familial and social network act

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