



# Geographies and strategies of caregiving among skilled Ghanaian migrant women

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## SYNOPSIS

Research on migrant women tends to address the experiences of women located in low skilled, low-paid work like domestic care work in receiving countries. Less attention has been directed towards the mobility and experiences of skilled and elite professional women who, while pursuing their professional careers and livelihood strategies, must also attend to social reproductive roles. Drawing on research with two groups of skilled Ghanaian women – nurses in England and professionals who have returned to Ghana – this paper analyzes how they navigate multiple caregiving responsibilities. The women's movements produced family separations that engendered a myriad of multiscale strategies to negotiate and reconfigure care relationships and obligations. Among nurses who are not from elite backgrounds, their formal care work and competing caring roles are shaped beyond, but in constant reference to, demands placed on them in multiple local and transnational settings. Among highly skilled migrants, their class status, access to resources and mobility mitigate the challenges of caregiving and the impacts of familial separation. In conclusion, the paper contributes to the literature on skilled migration and care by presenting the gender and class tensions that the combination of professional and personal caregiving create for skilled and mobile African women.

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## Introduction

The recent transformations associated with economic globalization and neoliberal capitalist development have precipitated unprecedented movements of women seeking livelihood opportunities. While the diversity of individual and collective experiences of migrant women has been the subject of a plethora of research, the overwhelming focus on lower-skilled and less-privileged women who engage in paid work in highly feminized sectors like home care and domestic work has remained the cornerstone of current analyses (Gamburd, 2008; Hochschild, 2000; Hondagneu-Sotelo, 2001; Parreñas, 2001; Zimmerman, Litt, & Bose, 2006). Less attention has been directed towards the implications of economic restructuring for the mobility and experiences of other classes of women – skilled and elite – who, while pursuing their professional careers and livelihood strategies, have become increasingly crucial income-earners for households (Kofman,

2000). As Parreñas (2005: 29) argues: “Women do not uniformly experience the gender inequities of globalization.” As with lower skilled women, mobility has implications for the reorganization and renegotiation of social reproduction for professional women as livelihood practices are extended across multiple geographic sites and spaces, engendering diverse family reconfigurations (Iredale, 2005; Kofman, 2000). These livelihood pursuits are often simultaneously empowering and constraining; the material rewards associated with migration are tempered by exclusionary practices and structural limits to the women's progress, and by family pressures and obligations.

This article contributes to the emerging literature on skilled women migrants by examining the manifold caregiving implications of economic restructuring for two groups of professional Ghanaian women who, while differentiated by “skill” levels, occupy privileged social locations that allow for a more nuanced examination of the sociospatial articulation of class behaviors in varied spheres of migrants' lives (McDowell,

2008): nurses in England whose pursuits of professional care-work opportunities entail the management of myriad caring work; and mobile highly-skilled women whose livelihood options and choices that entail returning to Ghana engender shifting family reconfigurations and caregiving strategies. By “skilled”, I mean educated women who are defined by their personal and professional skills that enable them to pursue a career trajectory. As I discuss below, important differences characterize the experiences of both groups of women – materially and culturally – in ways that reflect the complex intersections of gender, class and culture with migration and care regimes, highlight the multiplicity of women's social locations, and reveal the implications of the interplay of constraints and agency for caregiving. I analyze how both groups of women are differently socially situated and differentially empowered to manage their individual interests and goals, and navigate multiple caregiving responsibilities to multiply-situated families.

I employ the broad term “caregiving” to encompass parental caring of children, caring responsibilities to other family members or friends, and paid caregiving work, as navigating one kind is often inextricably linked to others. Kofman (2012) asserts that caregiving constitutes a complex activity that entails multiple dimensions of time, effort, techniques, and social skills in addition to obligations, trusts and commitments to the wellbeing of others. I argue that the decisions and actions of Ghanaian professional women not only represent individual and collective compromises, but also encompass renegotiations and reworking of gender politics of social reproduction. I posit that an engagement with the ‘everyday’ serves to uncover the local and global processes that delimit the women's navigation of multiple caring responsibilities, and the ways in which caregiving strategies are being constituted. Such an engagement permits new insights into how relations of gender, power and difference not only shape, and are shaped by, social reproductive practices, but also are temporally and spatially structured in strategic ways.

Ghanaian skilled women present an interesting empirical case study for a better understanding of caregiving and social reproductive activities of skilled women. First, Ghana has experienced significant emigration and return migration of professional women. Second, integrating analyses of cultural norms illuminate the complex constructions of caregiving by illustrating how multiscalar and intersecting sociocultural contexts, within which they are embedded, circumscribe women's decision-making, negotiations and strategies. Specifically, stressing the salience of matrilineal kinship for women's autonomy and empowerment in decision-making and caregiving strategies (Clark, 2010) challenges widespread homogenized constructions of African women as uneducated, low skilled, and disempowered. Finally, comparing two different groups of women and phases of migration affords a closer scrutiny of the shifting temporality, spatiality and sociality of caregiving. Both groups demonstrate similar patterns that justify comparing them: a) both groups draw on class and mobility, and employ diverse networks as a strategy of care to traverse some of the constraints of migration; b) they are both products of education systems that prepares them for the global labor market; c) they combine professional work and care work – often simultaneously engaging in local and transnational caring activities and,

finally, d) the diverse circuits of migration lead to family separation where policy and legal constraints often extend the length of separation and impede family reunification, even if the women can move to visit family and children.

Yet, the multiple intersecting dimensions of gender, class, culture, migration status and global and local forces impinge on the experiences of both groups of women in disparate ways. While they are considered skilled professionals, nurses do not often come from elite background and are located on the continuum and hierarchy of feminized occupations (with domestic workers on the lower end). Conversely, highly skilled women are engaged in gender-neutral or male-dominated professions. Second, though their employment status in England is relatively stable – given the demand for care workers – nurses' caregiving options and choices are often curtailed by constraints associated with their migration status and remuneration. Considering the stringent conditions imposed on their migration status that restricts their access to welfare, nurses often navigate high childcare costs and constraints by pursuing caregiving strategies comparable to what those less skilled care workers employ. In contrast, the highly skilled women come from elite backgrounds and enjoy a more privileged migration status. The ways this group of women experience caregiving are inflected by class privilege that nurses do not enjoy, as they are less constrained by state benefits and can mobilize diverse material and social resources to perform and fulfill their caregiving responsibilities. This article, therefore, widens the optic for expanding our understanding of different modalities and trajectories of caregiving practices (Kofman, 2012).

I first outline the analytical framework circumscribing the study, and the study context. I then turn to summarizing my research methods and participants' characteristics. In subsequent sections I present the women's experiences and assess how the various strategies of caregiving they marshaled constitute a response to, and a product of, structural and material transformations associated with changing immigration and labor market policies. In conclusion, I address the contribution of this paper to the migration and caregiving scholarship.

### Situating caregiving in sociospatial context

This paper employs a conceptual framework that brings together feminist research on social reproductive labor markets, and theorizing of local and transnational networks and practices that migrants create and sustain. The main theoretical argument I advance in this paper is that caregiving decisions, negotiations and strategies must be understood within the context of the ways that children, parenthood, family, and kinship are inextricably intertwined with how Ghanaian migrant women navigate not only a political economy organized around neoliberal restructuring, but also the social and cultural forces shaping their obligations and responsibilities. I employ Fisher and Tronto's (1990) notion of ‘caregiving’ as constituting the concrete, hands-on care work that requires knowledge and skill, and enjoins time and resources. However, I extend this notion to incorporate the salience of variegated structures (social location, family, institutions, the state) and of *place* and *space* in shaping and reconfiguring caregiving. The geographic literature provides important insights into how care extends across public and private spaces, and how places are not only shaped by social

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