

# Domestic workers and migration

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## Domestic work – old and new

In many parts of the world domestic work was never and still is not considered “real work.” As Hannah Arendt (1958) demonstrates, in ancient times activities performed in the private (domestic) sphere of the household were carried out unpaid by women or slaves. During long periods in history domestic work was a (poorly) paid form of gainful employment. However, modern times have brought about drastic changes in its evaluation: economists such as Adam Smith and Karl Marx introduced the asymmetric distinction between “productive” and “unproductive” labor, branding work in the household as unproductive. In modern societies, work in this sphere is defined as unskilled and menial; moreover, it is mostly considered as feminine-gendered family work, either freely performed by female spouses or as gainful employment by non-members of the household, in particular by women, performed for a wage that is always lower than that paid for “productive” labor.

The question of what exactly distinguishes domestic from other work has led to various answers. While economists distinguish the production of goods from the production of manpower (“reproductive work”), contributions from women’s studies and gender studies have contested this view and have emphasized the fact that work performed in the private sphere cannot be considered “unskilled,” nor can it be characterized as a leisure activity. Rather, it is hard work, calling for various skills acquired through training on the job. One way to define domestic work is by using Bridget Anderson’s (2000) three Cs – cleaning, cooking, caring.

The benefit of this is that it demonstrates how broad this subject is; however, most studies show that these activities cannot be neatly detached from one another, as “caring” often includes cooking and overlaps with cleaning. Therefore, many scholars now prefer the term “care work” to domestic work. Care work can be defined as “multifaceted labor that produces the daily living conditions that make basic human health and well-being possible” (Zimmermann et al. 2006: 3–4); it is work mainly performed for dependent others (children, the sick and elderly/frail people).

Care work involves emotional work (support, the expression of affection, kindness, enthusiasm, love, and so on) and like no other activity is a personalized relationship characterized by intimacy, trust, and responsibility. Its distinctiveness also includes the fact that it is usually intrinsically motivated (Folbre 1995). Caregivers and the receivers of care are involved in a special relationship, in particular when the work is performed in a private household. In the case of remunerated “cash for care” work, this means that in this setting care-receivers are also employers and caregivers are employees. I will show later that this specific employment relationship is an important characteristic of the current situation of migrant domestic workers.

Any analysis of domestic workers in the age of globalization needs to contextualize the current phenomenon by looking back to previous centuries. During colonial rule servants – unpaid as slaves, poorly paid after the abolition of slavery – were not only cheap laborers carrying out menial work but also had a significant role in the colonial configuration. The colonizers’ social domination as a ruling class was made visible by their exercise of power over the colonized subject; as a legacy of that time, in many countries of the postcolonial world exerting power over servants is still a

sign of (racial, class-specific, gendered, caste-specific) superiority.

During the 19th century, in Europe and other parts of the world, servants' work became feminized; hundreds of thousands of young women from poor families or orphanages moved from the countryside to the city, where they found live-in positions in bourgeois households which provided them with work, income, food, and shelter. The features of these working relations, however, were often a lack of legal security, poor working conditions, arbitrary despotism, violence, and a risk of sexual harassment.

By the end of the century, in many European countries trade unions for "maids, washerwomen, and cleaners" were established and legal improvement of their working situation (control of working hours, food and better payment, health insurance, etc.) was achieved. Around the start of the 20th century, maids were recruited for overseas employment; as part of colonial "race" policies these white European women were regarded as potential brides for male settlers, serving as guarantors for racial purity.

The servant migration to the "New World" (the United States, Canada, Australia, and New Zealand) enabled many young women to emigrate. The dominant pattern at that time was migration from poor to rich, less powerful to more powerful countries, from the center of the empires to less developed countries; this became known as a "civilizing mission." Both the colonial *and* the modernization project were linked closely with the ideology of civilization and promotion of an enlightened bourgeois lifestyle, and as part of this the improvement of the servants' level of "cultivation" was a key element for the legitimization of their exploitation. Employers saw themselves as "educators."

### New features

According to International Labour Organization (ILO) estimates, there are currently 100 million women and girls working as domestic and care workers worldwide; in nearly half the countries in the world they are unprotected by national labor laws. Although on the whole

data in this sector are inaccurate, it is clear that at the beginning of the 21st century, most of these women are either internal migrants – from the countryside to the urban centers, as in China – or external (transnational) migrants moving within regions (e.g., from the Philippines and Indonesia to Taiwan, or from Eastern to Western Europe, or even moving on a transatlantic scale). The phenomenon of the "global woman" (Ehrenreich & Hochschild 2002) has become one of the main features of the *feminization of migration*. Several continuities with the situation a hundred years ago can be identified: the feminization of this occupation began in the mid-19th century, and continues to the present day. Although there are a small percentage of male migrants working in the domestic sector, most of them perform chores distinct from women's, such as gardening and handyman work. Also, women migrating into private households thousands of miles away from their country of origin are still motivated by the search for better salaries and also the hope that their prospects will improve in the destination country. They come from economically poor countries, affected by natural disasters, economic crises, and long-term economic weakness, corruption and dictatorship, civil wars, and political and social transitions. Like their predecessors, they are badly paid by the employment standards of the countries within which they work and they lack social security and citizenship rights, especially if they are illegal workers.

As well as factors in common, there are also important differences between now and then. Today's migrant domestic and careworkers:

1. are better educated than their predecessors; many have advanced schooling and some of them have a university degree; their professional training may be in the health or carework professions, but often it is in a very different field; the result of this can be characterized as brain waste;
2. are often members of the (lower) middle class in their country of origin; this indicates that their migration, although characterized as "unqualified," is not undertaken by unqualified migrants;

3. are well equipped by their social and cultural capital to be quick learners of foreign languages, a good command of which is required in the destination countries;
4. in addition to live-ins (as in former times), many domestic workers now (strive to) take live-out domestic employment in order to increase their autonomy as laborers;
5. are older than former maidservants, covering a range between young adults (aged 18–19 upward) to older (pensioner) women (aged up to 65–70);
6. are often irregular or “illegal” workers, because the receiving countries do not consider and acknowledge their labor as “qualified” and as an economic necessity;
7. include many mothers who have had (no choice but) to leave behind children, partners, and/or elderly parents in their homeland, generating the situation of “care drain” in the sending countries;
8. in some regions commute back and forth to see their families at regular intervals (such as every three months) ;
9. do not necessarily intend to settle in the country of destination, but wish to maintain their families and living standards in the country of origin; they work on (self-organized) rotation or circular migration schemes and often develop transnational ways of life.

In sum, at the beginning of the third millennium, migrant domestic workers are, as in earlier times, among the large numbers of male and female migrants seeking better working and living conditions elsewhere. As an occupational group they face many of the same problems as other migrants. However, there are also special problems, including the isolation of the workplace (especially for live-in workers) which is an obstacle to workplace monitoring and unionization, and the intimate character of the work sphere, which engenders a highly personalized working relationship and vulnerability to abuse (including sexual harassment).

### Key concepts

Migrant domestic/care work in the 21st century presents new challenges for researchers. What

are the working conditions for migrant workers in the receiving countries? To what extent are they considered “workers” and to what extent “family helpers”? The latter do not usually fall under the protection of employment law. What are the effects for the sending and receiving societies? Can gender equality policies in the receiving societies profit from the outsourcing of care responsibilities to migrant workers? What are the advantages of female labor migration for the sending societies, and in particular for the families left behind? Do these migrant workers have exit options from their work sector? Are migration policies aimed at the social and legal inclusion of these migrants?

For a more detailed analysis, the following concepts can be helpful: care deficit, care drain, and care chains. As will be demonstrated, these concepts should be recognized on three levels (macro, micro, and meso), and a proper policy analysis cannot omit the intersection of three regimes: the care, the gender, and the migration regime of national states and within transnational spaces (see Lutz 2010).

### *Care deficit*

In the 19th and early 20th centuries, the employment of domestic workers in bourgeois households was considered a display of social status. Today, the reason for the migration of women from economically weak to strong countries in the industrialized and urbanized centers of the world is the existence of a care deficit, due to the fact that more and more women are entering the paid labor force and are no longer available as providers of (full-time) care for their family members. Moreover, the demographic increase of an aging population in these societies goes hand in hand with demands for more care activities.

The care deficit is exploding in places, for example in the OECD countries, where the entry of women into paid employment is considered an economic requirement and a step towards gender equality. Moreover, the absence of public discussion on the question of who will take charge of the care work that was previously performed on an unpaid basis, and the unfulfilled redistribution of care/domestic work between the genders, have contributed to

two ways of dealing with the demand for care: care is provided by the state (public institutions) or by the market (careworkers). In the latter case, caregivers work in private households as au pairs or live-in caregivers for elderly persons (the “migrant in the family” model) or in nursing homes.

### **Care drain**

While the care deficit in industrialized countries is met by migrant women and thus leads to care gain, these women leave behind care gap for their own children and elderly, possibly sick parents or family members. This deduction of care capital from sending to importing countries is known as *care drain*, a phenomenon which remained invisible as long as the social costs of feminized migration were not discussed by the sending or receiving societies. On the contrary, for a long time economists from the World Bank and other international institutions considered (care) migration a win–win situation, beneficial for both parties, as migrant women are able to earn higher salaries and send home remittances to their families. Currently, in some sending areas of the world, such as Eastern Europe, there are heated public discussions about the damage caused by the care gap for nonmigrating children; in these discussions the mothers are often blamed for neglecting their care responsibilities (Lutz 2010). Sending countries react by establishing new rules for their emigration regimes, aiming at preventing mothers from emigrating.

### **Care chain**

According to Hochschild (2000), caregiving gaps in the sending countries are either filled by members of the extended family network or by a replica model, the hiring of migrant domestic workers from a poorer country. The result of these processes is perceived as a continuous commodification of care work on world scale, a *care chain* (see also Parreñas 2005). Empirical studies on the replica model are still few, and so far it has been shown that the majority of families employing care/domestic workers are not the same as those who work as domestic workers elsewhere (Lutz 2010). For

the most part, the substitute caregivers are recruited from among the female members of the wider family or friendship network (grandmothers, sisters, aunts, nieces, teenage daughters, neighbors, friends). However, the care chain is a useful concept which helps to identify the persons involved in the replacement of the primary caregiver.

### **Macro, meso, and micro levels of analysis**

As has already been pointed out, the question of the care deficit and migrant care/domestic workers needs to be analyzed on various levels. On the *macro* level, it is national policies that create or ignore the care deficit and either encourage or prevent the formation of a private market for careworkers. Contrary to other migrant labor markets, such as construction work (a completely masculinized sector), where full-time workers are required, in some geographical regions this market can be arranged in a *frame of rotation* (i.e. alternating work abroad and family care at home on a three-month cycle, being replaced by a friend or a family member), lightening the burden of transnational motherhood. On the *meso* level, the organization of this work is closely linked to opportunity structures, networks of caregivers, transnational placement agencies, community resources, and support structures. On the *micro* level individual practices, identities, and positions come into view. Working mothers – and often in a different way fathers – have to reconcile work abroad and family life back home, which means that they need to deal with gendered models of care responsibilities in a transnational social space. The latter is marked by intersections of life cycle, class, and ethnicity/race (caste) which can turn out to be more or less resourceful.

### **Gender, care, and migration regimes**

The intersection of three regimes, understood as a combination of laws, regulations, cultural and social norms and practices, is at the heart of migrant domestic/care work. First *gender regimes*, in which the household and care work organization can be seen as the expression of a

specific cultural script which tacitly defines certain tasks as “natural” responsibilities of one gender (e.g. male breadwinner, female housewife). Second, *care regimes*, as part of the welfare regime concerning a multitude of welfare state regulations according to which the responsibility for the well-being of national citizens is distributed between state, family, and market. Third, *migration regimes*, either promoting or discouraging the employment of domestic workers (see Lutz 2008).

In most industrialized countries, migration regimes have always been closely linked to labor market policies; currently, this means that the employment of migrant women as domestic/careworkers is a significant strategy in work–care reconciliation policies (Williams 2007). The question whether or not a country actively recruits migrant workers for this sector creates the possibility of legal access to migration, or engenders illegality by officially turning a blind eye to care deficits, resulting in a situation where large numbers of migrants perform this work undeclared.

To summarize: migrant domestic/care work in the 21st century is a global market, linked to the transnational flow of capital and caregivers, and it is embedded in a transnational political economy of care in which the commodification of care responsibilities is connected to “cash for care” policies. In many cases, receiving countries profit from the unequal geopolitical situation by importing cheap laborers from economically weak countries. A long-term perspective, however, needs to discuss the gendered dimension of “work” and the asymmetry between productive and unproductive labor in the context of global justice.

SEE ALSO: European Union: expansion and migration; Gender, globalization, and eldercare work; Gender, labor, and migration

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