

Anna Katharina Skornia

■ **Entangled Inequalities in
Transnational Care Chains**

**Practices Across the Borders
of Peru and Italy**

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Anna Katharina Skornia completed her doctorate in Sociology from the Freie Universität Berlin. She is a member of the Research Network on Interdependent Inequalities in Latin America (desiguALdades.net). Her research interests include migration, care, and social inequality from a transnational perspective.

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[transcript]

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1. INTRODUCTION

“We Peruvians always want to leave this place. I would love to go to Europe.”

CELIA, FROM LIMA, 41 YEARS, SANTIAGO DE CHILE, 2007

Several years ago, my encounters with Peruvian migrant domestic workers in Chile like Celia called my attention to what many of them presented as a dream: migration to Europe. A great number of them had family members and friends in European countries, mostly Italy or Spain, and they hoped to be able to join their families and friends one day in the future. As a German living in Chile, I embodied not only a longed-for destination, but also a freedom of movement and access to resources that were unavailable to many of these migrants. Listening to their hopes, I wondered about the experiences of those who had left for Europe. Back in Germany, I was surprised to hear the remarks of a Peruvian friend, who had returned from a tourist visit. “If you want to study Peruvian migration go to the Piazza Duomo of Milan and you will feel as if you found yourself in the Plaza de Armas of Lima.” I took his advice seriously and left for a spontaneous visit to Milan. The most striking thing I realized when talking to Peruvians in Milan was the parallel I encountered between the lives and daily experiences of these migrants in their birthplaces and their adopted homes abroad: on one hand, they had been introduced to domestic work, which involved relating to new people in new places and households, but this went along with a simultaneous care and concern about those who had been left behind in Peru. There was an important difference between these migrants’ experiences at home and abroad: the homes into which Peruvians in Italy were introduced demanded a particular type of care labor, which consisted not only of domestic work and childcare but primarily of taking care of the elderly. The experiences of these migrants raised questions about the meanings of care at a distance and in a

new place for both migrants and their family members. Questions also emerged about those who employed Peruvian migrants in Italy. Who were the families that delegated the care of the elderly to migrant workers? What kinds of new relationships and inequalities emerged when Peruvian women and men left their own country and families to introduce themselves into new households?

The issues and questions raised here are central to contemporary studies of migration, care, and family relations considered from a transnational perspective. They reflect a current global trend, which some authors have analyzed by using the term “global care chains” (Hochschild 2000: 131), referring to “a series of personal links between people across the globe based on the paid and unpaid work of caring.” Exploring these interdependencies and their implications for families and individuals involved is the main objective of this study. Drawing on the notion of *transnational care chains*, it explores the cross-border connections between individuals and households that emerge with the introduction of transnational migrants to domestic work and the inequalities upon which these relationships are constructed.

By the end of the 20th century, scholars began to observe the revival of private employment of migrant domestic and care workers in different parts of the globe as a process that is sustained by the growth and feminization of international and transcontinental migration (Anderson 1997; Momsen 1999; Koser/Lutz 1998). This process has involved a globalization and new global division of care and domestic work, which connects women and families spread across different countries and regions (Ehrenreich/Hochschild 2003). In fact, this current globalization is not a completely new phenomenon, but part of varying long-term trends and therefore needs to be considered from a historical perspective (Sarti 2008).¹ In this process, the care work that is commonly performed by women in the domestic sphere is be-

1 Historical studies reveal that servant migration has also existed in past centuries on both national and transnational levels. Sarti (2008) distinguishes several clusters of international domestics prevalent in different historical and cultural contexts that range from “imperialistic servants” and “colonialist servants” to “contemporary” international domestic workers. Until about the mid-nineteenth century, the more common pattern of international servant migration was that from richer to poorer countries and from more to less powerful ones. Servant migration, in this period, represented an aspect of colonial and imperialistic policies, while from the late nineteenth century onward, international and intercontinental migration of servants from poorer to richer countries became more common. It was only in the late 20th century that scholars observed a “resurgence” of paid domestic work. In addition to the international migration of domestic servants, the internal migration of rural women and their insertion into urban, upper-class households was and is a common pattern across the Latin American region, which also existed in the history of many European countries, as I indicate in Chapter 2.

ing redistributed on a global level. To explore these interdependencies, my research takes a perspective focused on “entangled inequalities” (Costa 2013), referring to asymmetries between different regions and social categorizations. This perspective is suited for exploring the hierarchical nature of care relationships and the ways they are reshaped across borders. Care work is largely unpaid or poorly paid and stratified by gender and generation within families and by class and race/ethnicity within the labor market (Orozco 2009c). With the formation of transnational care chains, these asymmetries are reshaped across households, countries, and regions.

Hochschild, who coined the global care chains concept in 2000, considers care as a resource that, similar to goods, can be transferred and imported from one country to another. Other authors also interpret the global transfer of care labor as a “withdrawal” or “extraction” of care from poorer to wealthier countries and households (see also Ehrenreich/Hochschild 2003: 4; Parreñas 2003: 4; 2005a: 13-14). My study offers a critical reading of this interpretation. Drawing on an ethnographic study of transnational care chains between Peru and Italy, it examines the care practices and relationships between and within the families of migrant care workers and their employers and their distributional and emotional implications. Studying these processes requires a perspective that goes beyond the intimate sphere of the family and considers the broader social context into which care relationships and families are introduced. In this research, I therefore understand care work and its transnationalization as a constitutive part of care regimes, which involve not only families but also state, market, and community networks (Razavi 2007). The state acts as an important decision maker in such regimes. As families and care relationships extend national borders, the regulative frameworks of states acquire an important role in shaping the provision of care not only through social and gender policies, but also through migration and labor market policies (Drotbohm 2009). Hence, my research looks at the ways transnational care chains and inequalities are shaped by states in the context of intersecting care, gender, migration, and labor regimes.

Migration and Care Chains between Peru and Italy: a Contextualization

As demonstrated in the introduction, the present work is focused on a specific case: the transnational care chains that emerge after migration from Peru to Milan, Italy. In Italy, the demand for migrant care workers has increased considerably due to an aging population, a massive change in family structures (involving a reduction in family size and thus a decrease in the number of daughters and extended kin available to care for elder relatives), rising female employment and limited social services, which have been further weakened by cutbacks in social expenditure and the privatization of care provision (Degiuli 2007). In this context of socio-demographic change, Bettio/Simonazzi/Villa (2006: 274) point to the maintenance of a familistic care regime and its simultaneous transformation through hiring migrants as home-

based caregivers for the elderly. Peruvian migrants are among the principal groups that have filled the care gaps left by the Italian care regime.

Peruvian migration to Italy and other countries can also be seen as a care strategy that extends national borders. In recent decades, increasing numbers of people in Peru and other Andean countries have opted for emigration. As in Italy, Peruvian families, and above all women, are the central agents of care. These women compensate for inadequate social and public services, but they also struggle with persisting social inequalities. Peru has one of the highest levels of inequality in Latin America, and this inequality has deepened as a result of structural adjustment policies as well as political and economic crisis (Gonzales de Olarte 2005). In this context, the emigration of Peruvian women and men has been an important strategy for securing individual and family livelihoods and improved access to resources such as health, education, and housing.

In 2007, 1,635,207 Peruvians—more than 10% of the national population—were residing permanently outside the country (OIM/INEI 2009). Italy, along with Spain, has one of the highest concentrations of Peruvian migrants in Europe. At the beginning of 2012, 108,000 Peruvians were residing in Italy with regular residence status (ISMU 2013). The majority of these migrants live in the Northern Italian region of Lombardy, in particular the city and province of Milan. Most of these migrants work in the service sector, first and foremost in elderly care and other types of domestic work.

The migration of Peruvians to Italy started to increase in the late 1980s and has continued to rise since then. The migration is composed of individuals of both middle- and lower-class backgrounds from the Andean highlands and the coastal areas (Tamagno 2003). While this migration mainly consists of labor migrants (60% of them women), it is also characterized by family reunification and the formation of new family ties among Peruvians in Italy. Hence, a great number of Peruvian migrants have children, partners, siblings, and other family members not only in Peru but also in Italy—an important fact to consider when studying the multiple care practices of these migrants and the dynamics of transnational care chains as a whole.

Why a Study on Transnational Care Chains between Peru and Italy?

My interest in studying transnational care practices between Peru and Italy emerged not only from a review of the research literature but also from the qualitative and ethnographic methodological approach chosen for this research, which studies the meanings of transnational practices and experiences on the basis of fieldwork observations and personal encounters. The first ethnographic research project, which I conducted in 2007, looked at the migration and introduction of Peruvian migrant women into the domestic service sectors of Santiago de Chile and Milan, two cities that have received important numbers of Peruvian migrants, not least because of the

growing demand for migrant care and domestic workers. In conducting this research, I noticed that the particularities of Peruvian migration to Italy warranted highlighting several issues that until the present have received only little scholarly attention.

The most central aspect, as signaled by the introductory statements, is the role that Peruvian migrants play as home-based caregivers for the elderly. The first conversations I had with Peruvian migrants in Milan in 2007 called my attention to the fact that independent of gender and their previous occupations in Peru, almost all of them had worked as caregivers for the elderly in Italian families at some point during their stay in the country. While Peruvian domestic workers in Chile were mainly women employed to assist with housework and childcare, Peruvians in Italy, including men, were hired to care for the dependent elderly. Talking to these migrants, I noticed that women in particular established intimate relationships with their care receivers that were often described with the likeness of a family relation.

The important role played by Peruvian migrants as home-based caregivers for the elderly raises questions about the relationship between global care migrations and the process of aging, which has not been sufficiently explored. Recent studies show that the employment of migrants as caregivers for the elderly has become increasingly common, not only in Italy (Degiuli 2010; Di Rosa et al. 2012) but also in other countries (e.g., Agrela 2012; Hooren 2012). Compared to relatively abundant literature on global housekeepers (e.g., Momsen 1999; Lutz 2002; Ehrenreich/Hochschild 2003), however, there is still a lack of data and empirical studies about migrant home-based elderly care. Exploring this issue may offer insight into the specificity of elderly care as compared to other types of care and domestic labor and of employment relationships in this sector of domestic work. As this research will show, elderly care is a difficult task, often accompanied by intergenerational conflicts and hard physical work. Within the private sector of elderly care, the low social recognition of this work also leads to frequent abuse and exploitation. My study asks for the consequences of such practices, not only for those who assume this work, but also for their families and the aging receivers of their care.

My first talks with Peruvian migrants in Italy also drew my attention to the transnational family practices of these migrants. For those who had left children or parents behind, the simultaneous tasks of caring at a distance and caring for employers in Italy posed a particular challenge. Hence, I understood that these paid and unpaid practices were intimately connected and could not be studied independently from one other. The frequency with which migrants talked about distant children or parents made me curious to find out more about how these non-migrants lived the consequences of migration. Within existing research on Peruvian emigration, most attention is given to the experiences and practices of those who are abroad while the consequences for non-migrant family members as well as their perspectives, often go unconsidered. Overall, studies on migration flows from the

Andean region to Europe have tended to focus on Spain (e.g., Escrivá 2005; Solé/Parella 2005; Pedone 2006; Parella 2007; Guaygua 2009) rather than on Italy (exception: Tamagno 2003; Caselli 2008). In addition, few in-depth studies address the experiences of transnational families in locations of origin. Especially in Peru, the issue has not received sufficient academic and public attention (Panfichi 2007; Durand 2010).

Considering the complexity of Peruvian migration to Italy, I found a great variety of transnational care arrangements, which requires further consideration in academic research. So far, the majority of studies on global domestic workers and care chains have focused on migrant women in their shifting roles as paid nannies and transnational mothers (e.g., Hondagneu-Sotelo/Avila 1997; Parreñas 2001b; 2005b; Isaksen/Devi/Hochschild 2008). In contrast, less research has covered the caregiving practices of single women and migrant men in the roles of either paid care workers or transnational family members (for a similar critique see Pribilsky 2004; Sarti/Scrinzi 2010). Shedding light on these practices may offer insight into the renegotiation of gender and generational roles in the context of migration. Additional research is also needed regarding all elderly people involved in transnational care chains, various aspects of which which require further attention, including the effects of circumstances and conflicts faced by aging migrants, elderly co-caregivers and parents left behind and in need of care themselves, and the elderly people placed in the care of migrant caregivers (Escrivá 2005).

A final noteworthy aspect is related to the role of states and immigration policies in shaping transnational migration and care practices. While talking to Peruvian migrants in Milan, I soon noticed that employment relationships and relationships between Peruvian migrants themselves, including members of the same family network, are shaped by emerging inequalities. These inequalities are based on class as well as citizenship and migration status. Most striking was the lack of solidarity and support frequently felt among the group of Peruvian migrants and members of the same family network in Italy. This issue is reflected by the statement of an undocumented Peruvian woman, interviewed in Milan in 2007: “There are Peruvians who already have their stay permit, everything, who are improving and who look down on you. They feel superior.” In short, both the workplace and the interactions between Peruvian migrants were described as sources of budding social hierarchy, which seem to be closely tied to the social exclusion and ranking to which these migrants are subjected in the context of migration and citizenship regimes. These new asymmetries and the role of states in contributing to inequalities in the context of global care chains have received little attention. The case of Peruvian migration to Italy is interesting in this regard because it allows observing the influence of state policies in the context of both care at a distance and upon the formation of new migrant households, which, as outlined above, constitute an important characteristic of this migration flow.