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Women, Migration, and Care: Explorations of Diversity and Dynamism in the Global South

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Abstract

The conceptualization and models of migration, gendered labor, and care have been developed with the primacy of South to North migrations in mind and have only incorporated Southern countries' experiences selectively. Using the examples of selected countries in the South, especially middle-income countries, this article aims to unsettle some of the assumptions that underlie this analysis and to lay out some questions that might need to be addressed to make questions of care reflect the diversity and dynamic of migratory systems, gender regimes, and welfare arrangements in the South. In particular, the middle-income countries, such as Argentina and South Africa, pose interesting questions as they are tied into global circuits of care in distinctive ways and have different kinds of care provisioning and histories of gendered migrations.

Introduction

Women, who are almost universally predominant in care-giving, have been significantly affected by recent reductions in

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funding and provision of care—they have become incorporated into both the formal and the informal labor markets as caregivers in new ways. At the same time, the rising labor market participation of women has also resulted in substantial labor shortages in unpaid care provision that women had often provided, intensifying demand for paid caregivers. This demand is increasingly being met by migrant female labor. As a result, the nexus between migration, gender, and care provision has become a key issue of concern in public and social policy (Razavi 2007a). It has also led to a rich vein of theorizing of the linkages between North and South which draw on detailed and valuable empirical studies of care relationships in some Northern and Southern countries and the role of migration therein.

International migration is deservedly a significant driver for the analysis of care regimes. The number of female migrants globally was estimated at 94.5 million (or 49.6 percent of total) in 2005. The share of women among migrants in Southern countries was about 38.9 million (or 51 percent) in 2005, compared with 46.2 million (or 51 percent) in the high-income countries belonging to the Organisation for Economic Co-operation and Development (OECD) and 8.7 million (or 40 percent) in the high-income, non-OECD countries (Ratha and Shaw 2007). The provision of care in its myriad forms underlies much female mobility. Large-scale migration for care purposes characterizes South to North (OECD and non-OECD countries such as Hong Kong Special Administrative Region [SAR], Saudi Arabia, Singapore, and the United Arab Emirates/UAE). Female migrants move to provide care in a range of contexts and sites. They find employment as domestic workers and as care professionals, such as senior carers, nurses, and social workers, and facilitate the care of children, adults, disabled, and elderly within households, in residential homes, and hospitals. Women also move for other reasons—as family migrants, petty traders, agricultural or manufacturing workers, sex workers[1] and entertainers, and in a range of other professionalized occupations. However, the mobility of these women also leaves care gaps to be filled in the areas they leave behind. Hence, care demands are both being created and met through women's employment, highlighting the complex causal relations that tie together migration, gendered labor, and care regimes.

The relationship between gender and care has provoked interest from many different fields such as feminist economics (Benería 2008; Folbre 2002, 2006; Himmelweit 2005), the sociology of work (Glucksmann 2005), and social policy (Razavi and Staab 2010, 2007b). More recently, the transfer of labor from the South to the

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North has captured the attention of migration researchers who explore the nexus between the three, especially through the concept of global chains of care (Hochschild 2000). Conceptualization and models have been developed with a primacy of this form of South–North migration in mind and have, therefore, incorporated Southern countries' experiences as senders of labor, particularly in terms of less skilled domestic and care workers, although some (Yeates 2009, 2009) have extended the analysis to include a global chain of nurse migration. Moreover, much of the analysis has focused on the impact of transfers of care services on wealthy countries in East Asia, Europe, and North America, i.e., countries which are incorporated into global circuits of care.

Whilst recent research has also sought to highlight the heterogeneity of care chains in the North,[2] both from its peripheral areas and the more distant South, less attention has been paid to care chains in the global South and towards understanding the diversity and dynamicity of the South. Levels of growth, migratory systems, gender regimes, and welfare arrangements all vary across countries. The middle-income countries[3] pose particularly interesting questions as they are tied into global circuits of care in distinctive ways and have different kinds of care arrangements.

Relative economic growth has led several countries to become poles of migration attracting migrants from surrounding areas. The source areas for these patterns of migration from which migrants are drawn are often less spatially extensive than in South–North migration, and are restricted to the region rather than being global. There are also historical variations in how migrants are inserted into care arrangements. Some countries, such as Argentina or South Africa, have a history of recruitment of migrant labor in the domestic sector, others, such as Malaysia, have only recently become labor importers in this sector. Some middle-income countries have also begun to implement active social policies and/or intervened in the provision of care. Furthermore, there is not necessarily a stark differentiation between the upper-middle-income countries of the South, as in the southern cone of Latin America, which had developed familial welfare regimes, and some of the countries of the North, such as those in Southern Europe (Wood and Gough 2006, 1705).

As Ochiai (2009) shows in her comparative study of the care diamond[4] and welfare regimes in East and South-East Asian societies, although the family, both nuclear and extended, provides much of the care, the state and the market may also play a large role whilst in other societies provision may be strong. She notes a tendency towards growing differentiation between childcare and education, which is undertaken by family members, and domestic

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duties, such as cleaning, cooking, and shopping which are done by migrant labor. Some countries demonstrate dual sectors of care employment, embracing sectors with good employment conditions such as early education teachers in Argentina and nurses in South Africa, together with unregulated and poorly remunerated sectors of domestic labor (Razavi and Staab 2010).

The main aim of this article is to analyze the implications of the diversity and dynamic of Southern countries, alluded to above, for analyzing migration, gender relations, and care provisioning in the countries of the global South. In developing these implications, it should be noted that there are inadequate empirical data to achieve any kind of comprehensive understanding and that we can only hope, in the context of this article, to suggest some partial insights (Zimmerman, Litt, and Bose 2006). Second, the global South is very heterogeneous in terms of its welfare regimes, wealth, and migratory patterns and not all the implications of this diversity can be considered in this article.

The article begins with an overview of Southern migration patterns, especially those of women. The second section looks at the theoretical frameworks through which migration and care have been analyzed, in particular global chains of care, and outlines some of the conceptual gaps that exist. The article then explores what acknowledging the diversity and dynamism of Southern countries and the resultant variations in care mean for theorizing care.

Women and Migration in a Diverse "South"

Although most research focuses on South–North migratory flows,[5] migrants from the South are as likely to migrate to other countries of the Global South as to the countries of the global North (Ratha and Shaw 2007). Only about two in five migrants from the South reside in the high-income OECD countries. Some twenty million (or 13 percent) are estimated to reside in high-income countries outside the OECD—among them Hong Kong (China), Saudi Arabia, Singapore, and the United Arab Emirates.

South–South migration, on the other hand, is large accounting for about half of all international migration from the South (Development Research Centre on Migration, Globalisation and Poverty 2010, 5). In Africa, the proportion of emigrants (relative to population) moving to low-income countries is higher than that to middle-income countries. While emigrants from low-income countries are more likely to migrate to neighboring countries, those from middle-income countries are more likely to move to high-income ones. However, even migration between areas of similar income

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levels can help families diversify income sources and thus reduce risk (Ratha and Shaw 2007, 19).

South–South migration is also overwhelmingly intraregional. Regional wage differentials have led some countries such as Mexico and Turkey to become both origin and destination countries, while others have become "migration poles," i.e., places that attract migrants. The major middle-income migration poles are Argentina and Venezuela in South America, Jordan in the Middle East, Malaysia and Thailand in Asia, the Russian Federation, and parts of Eastern Europe, such as Poland. These migration poles constitute a diverse group of countries with very varied histories and types of migration. For example, in former colonial countries, such as Argentina and South Africa, large-scale migrations from Europe, regional systems of migration with neighboring countries, and internal rural–urban migrations coexisted in the twentieth century (Dodson 2007). At the same time, migration poles may also be important sending areas. For instance, political transitions, such as in apartheid and postapartheid South Africa and political repression, dictatorship, and severe economic crisis, as in Argentina, have led to emigration, especially of skilled migrants.

Furthermore, in many countries of the South, there are high levels of both internal and international migration (King and Skeldon 2010). Globally, internal migration is far more significant than international migration, much of it accounted by urbanization. In many countries of Africa, Asia, and Latin America, rural–urban migration accounts for 40 percent of urban growth (Skeldon 2006). In some cases, migrants move internally before emigrating; in other cases, they move to fill the vacuum left by international migrants.

As stated in the Introduction section, the proportion of women in migration flows globally has increased in the last few years (UNFPA 2006; UN Population Division 2005). By 2005, women formed 53.4 percent of migrants in Europe, 50.4 percent in North America, and 45.5 percent in the global South (Martin 2007). However, the international migration of women is not new. Latin America was the first region where the number of women migrants equaled men (Staab 2004). On the other hand, one of the most feminized flows of migrant labor is that from the Philippines (Asis 2006a, 2006b; Parreñas 2001a, 2001b; Santo Tomas 2005). The country has sent approximately 1.5 million overseas foreign workers throughout the Asian region—many of whom find employment as domestic workers.

Spatial patterns of female migration are influenced by a range of factors, particularly labor demands. For example, the entry of women into the workforce in some middle-income countries has

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created a growing need for domestic workers. Countries such as South Africa have also experienced severe shortages of nurses due to poor wages and working conditions, long shifts, and high prevalence of HIV/AIDS (Akintola 2008; Vearey et al. 2011). To fill the gap, there has been considerable recruitment of nurses from India who can expect to earn the equivalent of sixty thousand rupees instead of thirteen thousand (http://allafrica.com/stories/201001260273.html; Wildschut and Mqolozana 2008). However, it was proposed in March 2011 to reopen 105 nursing colleges that had been closed fifteen years ago and which would train a greater number of new nurses (*Business Weekly*, March 9, 2011). There is also an increasing nurse shortage within Asia amongst both high (Japan, Singapore) and middle-income countries (Malaysia, Thailand). This had led to the recruitment of foreign nurses in Singapore and Malaysia and in 2007, Japan signed Economic Partnership Agreements with Indonesia and Philippines for caregivers and nurses (Matsuno n.d.). In other regions, such as Latin America, there appears to be less information on the circulation of nurses within the region compared with the exit of nurses to the North (Australia, Europe, and North America; Malvarez and Castrillon 2005).

Environmental disasters (Ratha and Shaw 2007) and difficult economic conditions following economic structuring have also led to outflows of migrants (Sassen 2000). Seasonal migrations to meet agricultural labor demands (Agunias and Newland 2007) and cross-border (or in the case of the Caribbean islands, inter-island) trading occur across many parts of the South. Political conflicts, as in Latin America, too have generated outflows (CELADE 2007).

Finally, regulations, and regional agreements that operate to facilitate inter-regional mobility have also shaped migration, although different agreements vary in the extent to which freedom of movement, residence, and settlement are given to citizens of participating countries. For instance, the Economic Community of West African States (ECOWAS) has provided freedom of movement but so far the right to set up and establish businesses has not been extended (Adepoju 2002). There is increasing movement between the countries that are part of the Mercado Común del Sur, or Mercosur (Brazil, Argentina, Paraguay, Uruguay). In 2002, an agreement on residency for nationals of the member countries was signed. It allows temporary and permanent migrants to receive the same treatment as the nationals of the country in which they are resident. Argentina was the first country to implement the agreement (Cerrutti 2009, 18–19). In 2006, it also regularized half a million migrants.

However, most agreements are operating through a mode of labor circulation without offering settlement. Even where regional flows

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have been opened up, they can be selective. For example, within the North American Free Trade Association (NAFTA), free movement between Canada and the United States is limited to those with college degrees, but there are quotas for migration from Mexico (Rojas Weisner, Luz, and Cruz 2007). Similarly, the free movement of people within the Caribbean Community and Common Market (CARICOM) (Fuchs and Straubhaar 2003) was initially restricted to those with university degrees, and then extended to artists, media persons, sports persons, and musicians. Since 2005, the South African Development Community has also been edging toward a free movement of people protocol (Crush and Williams 2010).

Concerns over the vulnerability of female migrant women centre on their possible exploitation as workers, migrants, and as women. Unorganized sectors such as domestic work are, in some cases, being brought into the remit of bilateral agreements and memorandum of understanding in order to improve the conditions of migrant workers. Since 2007, the Philippines had been at the forefront of pushing for the adoption of the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers, thereby establishing that treatment of migrant workers is a preeminent human rights challenge (Chalamwong 2012). However, some sectors, such as sex work, remain unrecognized, although they offer job opportunities for migrants (Agustin 2007). Limited efforts to address these sectors have come from the specificity of women's experiences. Thus, in an attempt to control the spread of HIV and other infections, migrant women, who are at greater risk of such diseases (Haour-Knipe 2005), may, ironically, gain recognition.

The available data and literature indicate that migrants, who travel to other Southern countries enjoy much lower increases in income, are more likely to be irregular, are subject to greater risks of exploitation, and are more likely to be expelled than are those who migrate from Southern countries to the North (Ratha and Shaw 2007). Nevertheless, if the benefits from South–South migration are limited, it is also likely that many South–South migrants are poor, or are forced to migrate because of war or ecological disaster. Even small increases in income can have very substantial welfare implications for people in such circumstances. Differences in country incomes are likely to be much greater, on average, for migrants traveling outside their home region than for intraregional migration, partly because larger income differentials are required to overcome higher costs associated with traveling over greater distances (geographic and cultural).

In sum, Southern migration has been marked by the overwhelming importance of regional and internal migration, and diversity of

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destinations, outcomes, and experiences of migration. Yet, despite this empirical evidence, as we shall see the analytical frame for analyzing migration has largely privileged particular forms of South–North migration and has left a conceptual legacy that needs questioning.

Theorizing Care, Gender, and Migration

The empirical basis for most theorization of care, gender, and migration has rested on the experiences of selected Northern and Southern countries. Drawing on Rhacel Parreñas's groundbreaking work on the experiences of migrant Filipina women moving to the United States and Italy and the internal or even regional international migration (van der Geest, Mul, and Vermeulen 2004) that it sparked to fill the care deficit in the migrant's own homes, Arlie Hochschild (2000, 131) suggested that migrants were tied together in a global chain. Hochschild sought to pull together Marx's notion of surplus labor and its exploitation and Freud's concept of displacement or redirection of feeling to capture the emotional, in addition to the physical, transfer of care from the global South to the North (134–35). Defined "as a series of personal links between people across the globe based on the paid or unpaid work of caring" (Hochschild 2000, 131), the chain thus acts to abstract labor (physical and emotional) upwards (Yeates 2004, 2009) in a process that leaves the South as a global commons (Isaksen, Hochschild, and Umadevi 2008). These chains are said to cascade downwards and incorporate labor that at each stage is remunerated to a lesser extent. Women's migration, reconstitutes, the division of labor among women such that extended female kin absorb some of the caring activities.[6] Thus, "other mothering," defined by acts of nurturing and care giving rather than biological relationships between mother and children, becomes significant in assisting in the raising of children and looking after other family members who require care (Graham et al. 2010; Schmalzbauer 2004).[7]

The concept of global care chains has rapidly become influential in theorizing care globally. Its global reach was dependent on the theoretical base offered by Sassen's analysis of global flows of labor. Drawing on dependency theorists, Sassen suggested that such domestic workers were part of the (counter)flows of globalization. The transfer of affect and labor along the chain was also enhanced by Yeates' (2005) adoption and adaptation of Gereffi's analysis of value chains into the transfer of care.

However, while the care chain analysis has usefully provided a global framework for understanding different migratory movements,

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current analyses tend to be premised on a narrow range of relationships, institutional arrangements, and care regimes (Kofman 2010; Yeates 2009) although recent studies have begun to explore a wider range of relationships (Escrivà 2005). However, insufficient attention had been directed toward other familial relations and the cascade of effects generated by migratory movements or the implications of gender and care regimes in different regions of the South (Kofman and Raghuram 2009).

Finally, although empirical studies on care differences are mounting, for example, the UNRISD program on the Political and Social Economy of Care (2005–9),[8] their differential incorporation into global chains has not been adequately investigated. However, such an analysis is pressing, given that the global South encompasses a diversity of migratory systems, varying levels of wealth, impact of colonialism, and different welfare arrangements, historically and today. The following section suggests a number of ways of responding to this challenge by broadening and deepening the analysis of global chains of care in the South.

Southern Countries: Migration Patterns and the Shaping of Care

Care chains have become important conceptual tools because, unlike in the late eighteenth century, today's migrant workers perform domestic work not as a stage in the life course prior to marriage (McBride 1974), but as a full-time and life-long occupation which may involve their movement from one country to another. Mature-age migrants who have their own caring responsibilities are increasingly engaged in this work full time. Moreover, domestic work has become more clearly defined and associated with the private space of the household (Hansen 1989; Mehta 1960; Moya 2007), so that more of the workers, including migrants, entering such fields are women (Ray 2000).

Shifts in the nature of the care relationship and of the organizational structures that enable the performance of care are not restricted to domestic work. For instance, in India, there are distinct differences between state-paid child carers who run care centers and domestic workers who provide the same functions (Palriwala and Neetha 2010). Similarly, there have been readjustments between home-based carers, auxiliary nurses, and nurses in the South African case (Lund 2010). Each sector, therefore, has its own histories of care arrangements which are being differentially reconfigured as they become globalized (Raghuram 2012).

Existing literature identifies differences in the empirical patterns of globalizing care chains. First, female-led migration, though growing rapidly, is still numerically smaller than male-led migration.

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Thus, while in countries such as Thailand, it is primarily fathers who leave children behind, in the Philippines and in Sri Lanka, it is mostly women who do so (Nguyen et al. 2006; Save the Children in Sri Lanka 2006; Yeoh and Lam 2007). Secondly, there appear to be class differences in how families respond to migration: in working class families, other women usually took over the work; in middle-class families, fathers usually relied on paid domestic labor, other kin, and family members such as older daughters. Thirdly, there are variations in the extent to which women completely withdraw from caring after migration or indeed who picks up this labor afterwards. Migrant women frequently maintain their emotional concerns and advice from afar, sustaining an active, though distant, transnational mothering. As a result, mothers contest the myth of the male bread-winner but retain the myth of the female homemaker. Men also pick up caring responsibilities in many instances. Based on a detailed study (Episcopal Commission et al. 2005), Asis (2006b) suggests that in about half of the cases where the mothers have migrated, children identified men as the primary caregivers, a finding at odds with that of Parreñas (2005). However, in South Asia, there appears to be much less redistribution of child care. Thus, a range of studies (Gamburd 2000; Keezhangatte 2007; Ramji and Uma Devi 2003) suggest that men rarely take up the responsibility for care-giving but rather, appear to need care when women migrate.

However, the implications of these (and other) empirical variations on the analysis of care have yet to be fully undertaken. For instance, much of the research on global care chains has focused on the experiences of international migrants. Yet, internal migration is very important in shaping care arrangements. Moreover, in many Southern countries, internal migration far outweighs international migration in influencing care regimes and may be independent of international migration. This pattern of internal migration is particularly notable in larger countries such as India and China (Fan et al. 2002; Fang et al. 2009). In the latter, the extensive rural areas 'play the role of a foreign country' (Ochiai 2009, 64). It raises important analytical question: given the large numbers of internal migrants compared with international migrants are the two necessarily causally connected as suggested by the global care chain. Or rather, how and when are these causal connections established and when are they merely incidental. How do we theorize the significant internal migration that is not linked to international chains?

Even internal migration may not be the primary source of care workers in highly differentiated societies. For countries like India, migration is given little importance and international migration simply does not appear to be nationally significant. For instance,

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Palriwala and Neetha (2011) suggest that internal variations within a place based on caste and class are far more important than differences between places. The global care chain analysis, is on the other hand, premised on a hierarchy of places wherein rural–urban difference are a lower order difference than internal–international ones. Enlarging the empirical scope beyond the countries on which the traditional care chain analysis was based leads us to suggest the need to interrogate the wider significance of differences within a place as opposed to those between places in understanding care.

Class, the lynchpin for understanding emigration in care chain analysis, needs to be contextualized and understood intersectionally with other axes of difference such as race, caste, and ethnicity. Interestingly, ecological factors too can steer migration. Thus, Chelpa (1988) found that in her study of domestic worker migration in Andhra Pradesh, lower caste women from dry farming regions engage in seasonal migration to wet villages, while women from lower castes in the wet region migrate to the Gulf countries as domestic workers. The effect of climate change, so well analyzed in some of the migration and development literature, may also provide unexpected insights into the analysis of global care.

Finally, the "South" is a geopolitical category with inheritances from colonialism, postcolonial economics, and political affiliations. All these shape care regimes and migration patterns. For instance, the meaning and delivery of care in India is influenced by its histories in social work, in missionary activity, and the role of the church in shaping philanthropy, care provision, and the care of carers (Raghuram 2012). On the other hand, migration into India is overwhelmingly influenced by India's historic colonial boundaries, its role in the war of independence in Bangladesh, and the nature of the boundaries that therefore exist between the two countries. Together this has meant that 3.74 of the 6.16 million migrants into India are from Bangladesh (Khadria 2009) and significant proportions of women from this group are employed as domestic workers.

Historical analysis shows that these South–South relations were themselves conditioned by colonialism, i.e., previous rounds of North–South relations. In terms of scale, the contemporary influence of those relations (impact of colonial borders, migration systems as in Africa and of decolonization) may indeed be even more important than the circuits and new connections theorized in global care chain analysis. Thus, the North–South relations analyzed in care chain analysis may not be the most significant form of migration in the South.

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Dynamic Migrations in the South: Middle-Income Migration Poles

The theorizations of care chain by Sassen (2000) and Yeates (2009) draw on structuralist accounts of global inequalities and implicitly on the core-periphery theory offered by dependency theorists. However, in a critique of dependency theory, Wallerstein (1979) offered an analysis of world systems which gave a more dynamic and contradictory role to the semiperiphery or the middle-income countries. The shift to a discourse of global North and global South has tended to occlude the more complex stratifying effects of contemporary globalization. Although writers like Stephen Castles (2003) recognize this complexity in their hierarchical ordering of nation-states into five levels based on economic resources, citizenship, and level of protection,[9] insights from this ordering have not been incorporated into global care chain analysis. Thus, the differences among the Northern countries that he recognizes and the many countries in the middle position, e.g., the European Union accession countries (but see Keryk 2010) and especially certain countries in Asia and Latin America have received relatively little attention in care chain analysis. Similarly Ronald Skeldon's (1997) classification—old core, new core, core extensions and potential cores, labor frontier, and resource niche—which brought together insights from his long-standing work on internal migration with wider debates on international migration, has not really been considered in global care chain analysis. Instead, the hierarchy of places implied in the global care chain analysis has had a polarizing effect on thinking about care.[10] In this section, we therefore, briefly examine the position of middle-income countries as migration poles in which care in the domestic sector relies to varying degrees on female migrant labor.

In contrast, there has been wider scholarly interest in the shifting world geopolitics arising from the emergence of the rising economies (Kaplinsky and Messner 2008). For instance, Pieterse (2011) argues that there are three sets of relationships that need assessment in the context of a diversifying South. First, he suggests that internal differences within countries (rural–urban, rich–poor) etc. are likely to become recalibrated. Secondly, the relationship between the Southern countries themselves is likely to be redrawn. Finally, he suggests that the relationship between these countries and those of the global North too are likely to be recalibrated.

These relationships also offer particular challenges for migration theorists as each of these relationships acts as a vector of migration. For instance, as economic growth spirals, it leads to a huge numbers

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of internal migrants in countries like China overshadowing all international migration. Internal migration has always been a significant factor in large countries and was the primary source of migrants in earlier times. Moreover, large numbers were involved in care work in some form—in 1970, 53 percent of the recent internal migrants in Argentina worked as domestic workers (Gogna 1989) and women have dominated labor migration since the 1960s (Escobar Lapati 2010). Internal migrants in Argentina still constitute a larger percentage of domestic workers (37 percent) than cross-border migrants from neighboring countries (20 percent) (Esquivel 2010, 489). Turnover is high with 36 percent having been in the job for no more than a year and 26 percent between one and five years (490). At the same time, the proportions from specific countries may well be changing with economic growth as there appears to be a negative relationship between the proportion of own country nationals working as domestic workers and the country's economic performance. This trajectory can be seen in the relatively low percentage of Bolivian women (just over one-quarter) who work in the domestic sector compared with almost 70 percent of Peruvian and 60 percent of Paraguayan women (Cerrutti 2009, 37).

The relationship between middle-income countries and other Southern countries is also worthy of attention. In-migration is generally high in some middle-income countries. This includes inflows of migrant care workers. Examples of movement from low- to middle-income Southern countries within a region include those to Argentina, Chile, Costa Rica, Jordan, Malaysia, the Russian Federation, South Africa, Venezuela, and parts of Eastern Europe. The analysis of variations in experiences of migration, gender and care in these middle-income countries has been limited but has much to tell us. Compared with the low-income countries, their labor markets are more formalized, there is an increasing, though uneven, level of social protection, and care-related measures have been implemented in an attempt to reduce class and regional inequalities. And where democratic systems have emerged, as in Argentina and South Africa, new immigration policies have been introduced. In both these instances, the effect has been to expand and entrench regional systems of migration (Cerrutti 2009). In part, as a result, care work is undertaken by a mixture of migrants (internal and international) and nonmigrants.

Middle-income countries have become placed as migration poles in these circuits raising interesting questions about regional, in contrast to global, care chains. The shortening of the chain to a region may influence care arrangements. For instance, in South Africa, it appears that women return to their homes both to care for the sick

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and to receive care when they are sick (Nunez, Vearey, and Drimie 2010). In other contexts, women have taken their dependants with them and reconstituted families in destination countries. Latin American research (Cerrutti 2009) suggests that many women have taken their children with them so that only 7.6 percent of Bolivians and 21.7 percent of Paraguayans in Buenos Aires have left their children behind. Hence, both the spatial circuits of care chains and the role of care in the lifecycle can be very different than in the classic description of chains of care based on the Filipino experience. Proximity may be one of the factors in the reconstitution of families in the countries of immigration but perhaps more significant are immigration policies that enable family members to join migrants.

What is also interesting is that in Latin America, through the 1980s, young women were coming to the cities to do domestic work but once they got married, they would move into small businesses (Bunster and Chaney 1985). Hence, the sectors now encompassed within care were sites of sectoral mobility and often also provided a springboard for class mobility. Today much research is limited to examining a particular sector at a given point in time rather than tracing the movements of individual workers into and out of other occupational sectors or, indeed, into and out of countries. Hence, the opportunities afforded by the care sector in providing scope for social mobility are not discussed—rather all carers are seen as bearing a "care penalty" (Budig and Misra 2010). We may want to ask whether there are any "educational" and patronage advantages of care over other forms of labor and, if so, how they act to smooth migrant transitions (Kuznesof 1989). To what extent do regional migration poles broker social mobility?

Not all middle-income countries raise the same conceptual questions. For instance, the South African case has a different set of gender, migration, and care configurations, at least in part underwritten by apartheid and postapartheid changes. During the apartheid period race influenced, if not determined, who cared for whom (Cock 1989). Moreover, many Zambian and Zulu men were employed in South Africa as male domestic workers, but they were accommodated into the gendered care divisions by infantilizing them. Irrespective of age, they were called "boys," fossilized in a state of youth, and thus accommodated within the dominant ideology (van Onselen 1982). The incongruence between the ideology and the practice of sex-stereotyping of tasks was thus overcome.

The dismantling of apartheid has not overcome the legacy of polarized racial divisions, and of the legacy of treaty labor systems with high male out-migration to the mining sector and resultant household structures with high proportions of fathers living apart

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from the family and women providing care (Crush and Williams 2010). However, with changes in its restrictive migration policies, migration has become more Africanized and feminized (Dodson 2007). This is despite the skill selectivity adopted by the 2002 New Immigration Act (amended in 2004) which limits entry routes for low skilled work and privileges male occupations. The cross-border pass for citizens of countries with borders with South Africa for tourism, education, business, medical treatment, and visiting relatives does not permit work (Dodson 2007). It means that migrant domestic workers from neighboring countries are largely undocumented. International migrant domestic workers are also in competition for domestic work with South African women (migrant and nonmigrant) who still undertake such work (Griffin 2011). Their illegality, despite the extension of some rights to migrant domestic workers, encourages them to display deference to their employers, making them more desirable than South African workers. Thus, migrants and nonmigrants jostle in the labor market but, as Ally (2009) insightfully shows us, the shift to the regime of rights and public protection has not enabled domestic workers, who are subject to intimate informal power relations, to improve their status.

As previously noted, South Africa receives nurses from countries like Swaziland and Zimbabwe (Chikanda 2005) and more recently India. It is not clear how these forms of migration relate (if at all) to the longer distance migration of South Africans to Europe and the United States. We also see return migration of care workers to South Africa (IOM 2007), at least in part enabled by the fluidity of movement offered by the UK to South Africans with a grandparent who was born in the UK through the ancestry entry visa system (Andrucki 2010).

Emerging economies such as China and India, although not categorized as middle-income countries, are marked by rapid growth rates and have distinctive patterns that need a different form of analysis. Some of these countries are marked by a rapid rise in income inequalities and where this is accompanied by extant dependence on informal care, the personal services sector, particularly occupations such as domestic work, can show sharp rises. This may spur migration into these countries where little existed before. The economic changes to individual countries and regions within a country can be a barometer for care demands. The significant point here is that the countries that are low or middle income may actually alter in their economic status and this dynamic can fundamentally influence how they interact with global and regional chains of care. They may become both sending and receiving countries including for skilled care workers such as nurses.

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Although the above section only provides a schematic account of some of the challenges that middle-income countries pose for thinking about care chains what is clear is that the global is more varied than is currently accounted for in global care chain analysis. Middle-income countries may replicate the global chain, may short-circuit it, or may interrupt longer distance mobility.

Conclusion

In this article, we have examined the significance of gender, migration, and care in the global South and highlighted the different dimensions of care rearrangements which ensue as a result of gendered migrations. Most of the burgeoning literature on global chains of care has focused on the transfer of physical and emotional labor from the South, normally low-income countries, to households in the North. The theoretical framework and empirical studies have also primarily been based on selected countries of emigration and immigration. We argue that the heterogeneity of the global South warrants far more recognition and inclusion in discussions of global chains of care. Migration patterns in the global South are diverse reflecting the legacy of past migrations, recent socioeconomic changes and political transition. Moreover, the global South is seeing dynamic changes with a number of countries in the global South showing marked economic growth at a time when the metropolitan core, especially Europe, has seen an economic slowdown. Dynamicity in some countries of the South is captured in analyses of "emerging countries", "rising powers," and in terminology like BRICs. The countries included in these terms vary, but they suggest a vibrant and variegated global South whose dynamicity is yet to be taken into account in analyses of global care chains.

This article, therefore, asks how exactly the analytical model of chains of global care, which rests upon the idea of cascading chains, plays out in a diverse and dynamic South. At the moment, we have little evidence of the consequences of care redistribution for care rearrangements of migrants moving within the South or to the North. Most of the focus is on the way in which migrants from a poorer area, often assumed to be rural, migrate to replace the care needs generated by a migrant moving to the North. However, the rise of income in many countries of the global South has meant that these countries act as catalysts for regional chains and both send and attract care labor, including skilled workers. The nature of internal circulation within middle-income countries is also likely to be distinctive. As we have noted, in this article, internal migration may operate quite separately to international migration as well as

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complementing flows of care labor. These different kinds of migration potentially entangle with, and complicate the South–North care chains which have been the focus of most analyses of global care.

The Global South is not just heterogeneous but also encompasses considerable complexity in care arrangements. For instance, care requirements may be filled by nonfamily labor that is remunerated but is sourced from the neighborhood or elsewhere within an urban area. Caring labor may also be performed by family members, especially other mothers, and remunerated to varying degrees, whether through the equivalent of a salary or the payment of expenses, for example, the school fees of their own children. Grandparents too have a role to play in many societies.

However, it would be erroneous to think about the South's configurations of care as solely involving the household as the only site of paid and unpaid care. Applying the framework of the care diamond (household, community, the market, and the state) reveals the range of sites across which care may be provided. Whilst the state may not be as significant a provider as in some countries of the Global North, in middle-incomes countries, a substantial formal sector with good levels of social protection may coexist with an informal sector. Elsewhere, particularly in urban areas, institutional sites for care beyond the household, such as community groups, have emerged for child and elderly care. From some countries such as China and India, those who migrate may be skilled and working in skilled sectors and consequently may contribute to the marketization of care for the elderly in the home country, especially where all the children have left.

This set of related issues would benefit from a great deal more empirical research in a diversity of places with different institutional configurations of care. Ultimately, research on a diversifying South demands that we revisit the concept of global care chains as well as the geographical referents through which much of this literature has been understood. Thus, in line with Pieterse (2011), we suggest that the terminology of South–North and of South–South may itself need revisiting. However, this requires greater empirical and theoretical engagement with the multidimensional nature of gender, migration, and care in a diverse and dynamic global South.

NOTES

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1. In this article, we adopt a labour perspective on sex work and do not address the issue of forced nature and status of the work that are implicated in discussions of the sex work as trafficking and prostitution (Anderson and O'Connell-Davidson 2003).

2. Recent publications and research have focused on the diverse modes of circulation and transnationalism in different European states and their intersection with gender and welfare regimes (Kilkey, Lutz, and Palenga Mollenbeck 2010; Williams 2011).

3. There are several categorizations of the South (Bakewell 2009). A dominant one is that of The World Bank's latest classification which divides countries according to income levels from low with less than $995 per capita, lower middle $996–3945, and upper middle $3,946–12,195. Thus, the range in the middle bracket is quite large. Though not categorized as upper-middle-income countries, China (lower middle) and India (low income) are two immensely dynamic countries with high rates of growth.

4. The care diamond refers to the patterning of welfare arrangements between the state, the market, the community, and the family, the latter encompassing a range of family members. It was used by Razavi (2007b) in the UNRISD project on the Political and Social Economy of Care but did not include the role of international migrant workers. Our article (Kofman and Raghuram 2009) sought to incorporate migrants and sketched out an approach which did include them.

5. This is reflected in the systematic annual study of immigration (broken down by gender, age, educational qualifications, duration of stay, and labour market outcomes) in OECD countries (OECD 2008).

6. Both in sending and receiving countries, a wide range of relatives perform caring functions (Ochiai 2009, 63).

7. Leah Schmalzbauer's study of 157 people in poor transnational Honduran families used multiple methods, including weekly care diaries for 34 of her respondents in the United States.

8. The Programme investigated multiple institutions of care (households and families, states; markets, and the not-for-profit sector), their gender composition and dynamics, and their implications for poverty and social rights of citizenship, across eight countries with different welfare infrastructures and was drawn from four different regions. These are Argentina and Nicaragua; South Africa and Tanzania; South Korea and India; Switzerland and Japan.

9. Castles (2003) divided the world into five levels in terms of economic resources, citizenship, and level of protection. The United States stands at the apex, followed in second position by other developed countries such as the wealthier countries in the EU, Japan, and Australia. In third position are the new accession countries of the EU and NICs in Asia and Latin America, in fourth position, the least-developed countries, and at the

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bottom, countries devastated by long-term conflicts, declining economies and disintegrating states.

10. It is important to note here that these are not the effects of the original care chain analysis but rather on how they have been taken up and used by researchers in many parts of the world.

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