

The International Handbook on Gender, Migration and Transnationalism

Global and Development Perspectives

Edited by

Laura Oso

Universidade da Coruña, Spain

and

Natalia Ribas-Mateos

Universidade da Coruña, Spain

INTERNATIONAL HANDBOOKS ON GENDER

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PART VI

GLOBAL CARE CHAINS

18 Care and feminized North–South and South–South migration flows: denial of rights and limited citizenship

María Luisa Setién and Elaine Acosta

INTRODUCTION

Migration has become a prevalent topic in debates on the social organization of care and the progress towards fairer care systems. The so-called 'care crisis' is one of the key factors explaining the increasing numbers of immigrant women carrying out this work in both the northern and southern hemispheres. However, while work in this sector affords job opportunities for many immigrant women, it also evinces a great lacuna of social and labour rights regarding work carried out by individuals who are socially marginalized or undervalued.

The analysis presented in this chapter is part of a wider debate on gender, migration and development. There has been a propensity to neglect gender as a relevant analysis variable in studies on international migration. However, today it is widely accepted that gender is a decisive element in the migratory experience, both in shaping and in reaching the decision to migrate. The decision of when, who, how and where to migrate is conditioned by gender, that is, it crucially depends on the immigrant's roles and responsibilities associated with gender. Of course, other factors such as age and social class must also be taken into account. The inclusion of the gender variable has also helped us to understand that migration today is more often an economic survival strategy for whole families than an exclusively personal project undertaken individually.

Thanks to gender analysis, it has been possible to establish that the drivers and development of feminine migratory flows and the appearance of transnational households headed by women respond to a set of structural factors, which in turn are the cause and result of the problems linked to the development of sending and receiving societies. Changes in the job markets in receiving nations have been pointed out as the most significant factor. More specifically, aspects such as the increase in the number of women working outside their home in these countries; the growing demand in developed nations – and more recently, in developing nations – for women to do the most menial work (domestic service, caring

for dependants and sexual services); the transfer of social reproduction tasks resulting from the globalization of production in international business; the impact of structural adjustment policies and programmes on the social situation of women (Oso, 2008), have all been highlighted.

The current care 'crisis' is clearly a determining factor in the boom of feminine migration and also makes evident the connection between this phenomenon and development problems. When we refer to this crisis, we are in fact alluding to a variety of social problems that affect different sectors (education, health, social benefits, employment and so on), taking place at different levels (micro and macro), and involving a heterogeneous group of public and public players (state, markets, family, community and non-profit organizations). Therefore, the crisis refers not only to the conspicuous *deficit* observed in the private care sector due to the shortage of people and support networks that would guarantee that dependent family members are looked after, but also to the public sphere, in which there is a lack of state policy regarding the situation of these groups.

The recent social changes that have caused the increase in demand for care have clearly shown the lack of alternatives to informal care. Families have been compelled to reorganize their strategies in response to this crisis. They have tried out different possibilities and most often decided to externalize care by hiring immigrant women. All things considered, this solution proves partial and insufficient since it means a transnational transfer of paid care from poorer and emerging economies – such as South America, Asia, Africa and Eastern Europe – to the more-developed Western nations.

This contribution is part of a broader research project¹ which aims to explore the rights – and obligations – that working in the care sector implies, with special emphasis on the care provided by immigrant women. A comparative approach will be taken to examine how South–North and South–South migratory flows have recently evolved. The first flow we shall study is immigration to Spain and the second is to Chile. Both countries, Spain and Chile, are notable cases showing a sustained growth in and an increasing participation of women in the labour market, concurrent with an ageing population and significant changes in family structures and dynamics. Notwithstanding the particularities of each case, the higher rates of dependence and of potential demand for care pose similar challenges for Spain and Chile, concerning the social organization of care. This derives from the fact that not only are the numbers of elderly requiring care growing larger but there will also be fewer people able to meet this need. In addition to the incidence of these socio-demographic factors, the segmentation job markets and migration state policies, as well as the insufficient supply of care services provided by institutions, are all contributing

to a higher concentration of immigrant women on domestic and care markets. For all these reasons, the care sector has become an employment niche for this group, especially for Latin American women.

With regard to methodological specifications, this study has used 67 in-depth interviews with different actors who play a role in the domain of care (women immigrant carers, employers and dependants) in Spain and Chile. Assessment and perception of how rights are achieved and exercised in the social relationship of care support the hypothesis of a combined – or concatenated – denial of rights in this context, as shown in earlier studies. This denial results in the exercise of limited citizenship in the case of women immigrant care workers as well as dependants who find themselves in a highly precarious situation.

The first aim of this chapter is to examine some of the main issues in the theoretical discussion of care, especially in relation to the problems of exercising rights and citizenship in the context of the feminization of international migrations. Second, we shall explore the interviewees' discourse – particularly that of immigrant women carers – focusing on the different areas in which their rights are expressed: political and legal citizenship rights, labour rights, and the right to self-care and professionalization in care jobs. Finally, we consider some conditions that would possibly expand the exercise of rights in the transnational context of care work.

CARE WORK, RIGHTS AND CITIZENSHIP IN THE CONTEXT OF FEMINIZED INTERNATIONAL MIGRATIONS

The concept of 'care' is relatively new in social sciences and is still the object of much discussion in the discipline. Its emergence can be traced back to the debates on domestic work in Anglo-Saxon countries after the 1970s, due mainly to the attention it received from the feminist movement in social sciences (Letablier, 2007; Aguirre, 2008). The subject gained visibility in feminist discourse and was finally introduced into academic discussions, despite some initial resistance to accepting it as an area of study (Carrasco et al., 2011).

In spite of this early resistance, the concept of care has been widely adopted by the scientific community and has become the subject of many studies, most of which have been carried out in Europe, particularly in the United Kingdom and Scandinavia. Carrasco et al. explain that its higher degree of acceptance in these countries is due to the attention it has always received in the Anglo-Saxon tradition and the interest it arouses among

welfare policy specialists, who are rarely suspicious of feminist ideas and unlikely to see eye to eye with studies taking a gender perspective.

The so-called 'care crisis' has been one of the key factors in the feminization of today's migratory flows. This crisis has opened up job opportunities in the fields of domestic service and care, which increasingly have been taken up by immigrant women. The dynamics resulting from this process have given rise to what specialized literature calls the 'care-drain' problem. In this context, a female and flexible workforce (mostly composed of immigrant or indigenous women or Third World African women) replaces unpaid domestic and care work formerly done by women in developed nations (Bettio et al., 2006; Parella, 2007; Martínez Buján, 2010).

The concept of global care chains has come to problematize the issue of replacement as one of the strategies used by women to solve the care crisis. Moreover, it has also been identified as a structural cause of gender inequality, thus becoming an urgent topic of social research since it provides insights into the organizing dynamics of globalization and how the gender dimension operates within them (Pérez Orozco, 2007).

In Spain, studies covering the problems of the feminization of today's migratory flows, their characteristics, causes and effects and so on, are relatively recent – beginning in the mid-1990s – although a considerable amount of research has been done since then. The role these women, especially Latin Americans, have played in compensating for the care deficit is crucial. A recent monographic study directed by Oso and Parella (2012) notes that studies on feminine migration and domestic service in recent years have shifted their emphasis to a more specific focus on care work. Cristina Vega's (2009) work departs from the analysis of the crisis and reorganization of care as the starting point to consider the working conditions of women carers in the different types of care contexts and the increasing presence of foreigners in the sector. Raquel Martínez Buján's (2010, 2011) research centres on the increasing demand for immigrant women carers in Spain in recent years, and demonstrates that it is immigrant women who accept the most precarious jobs in the domestic sector, thus becoming the first link in the chain into this secondary labour market segment.

Based on more recent data and still in a much earlier stage of development, social research in Chile is slowly making progress towards identifying the care deficit problem and how it is being partly solved by importing female immigrant workers. One of the pioneer studies that has connected care with feminine migrations also incorporates contributions considering the concept of global care chains. This project includes joint research that analyses Chile as a destination for female Latin American immigrants.²

In their results, the authors, Irma Arriagada and Marcela Moreno (2011), insist on the great difficulties in identifying and visualizing feminine immigration and the care provided by female immigrants in the receiving country. They also underline the point that the immigrant women's participation in work of this type has a great influence on the formation of the so-called 'global care chains', which once again places migration under the forces of globalization. The authors describe the working conditions of domestic workers and how this work is perceived by employers and the workers themselves.

The degree to which research on care and migrations has progressed in Spain and Chile reveals that a comparative approach has rarely been used. This is especially the case in the area of qualitative research. Besides this comparative approach, an intersubjective perspective has also been missing from the studies. This perspective would provide us with the 'sense' and value that each of the players involved in the social relationship of caring grants to this activity. While it is true that knowledge has been gained on migrant women's motivations, projects and migratory experiences, and evidence on their living conditions and work trajectories at their destinations has also been gathered, these issues are not usually studied in relation to other players involved, such as those who receive care or the employers. Likewise, the perspective of rights has been introduced only very recently. This perspective considers not only the migrant women as carers but also the persons requiring care and the family members responsible for managing that care. This chapter aims to offer a comparative approach to care issues from an intersubjective perspective, giving special attention to the issue of rights. We undertake an important line of research that the feminists have studied in depth, that is, women's access to social rights and, also, the notion of social citizenship (Letablier, 2007).

According to Pautassi (2008), the problems posed by caregivers and care issues in general raise issues such as the exercise of rights, reproduction of inequalities and implementation of public policy, in which empirical evidence shows the perpetuation of inequalities related to social responsibility. This is evidenced, in particular, by the difficulties women – mainly immigrants – face when integrating into the labour market and seeking to enjoy equal opportunities, as well as how roles and the responsibility of care work are distributed among the state, the family, and the labour market: who meets the costs and the extent to which these activities are socially valued.

In addition to the problem of social exclusion faced by migrant workers resulting from their limited material resources, their gender responsibilities and racial stereotypes, there is also the gender bias associated with care. This prejudice, based upon the widespread belief that women possess

the natural skills to perform these tasks, is reinforced by the devaluation of care. This, in turn, appears to be closely related to the rights of the actors involved in the social relationship of care and the circumstances and conditions under which they exercise their citizenship.

Social research has revealed significant violations, not only of the right to care but also of labour and reconciliation rights of immigrant caregivers. Such violations are closely linked, on the one hand, to the fragile structures that characterize care work, which are similar to those of domestic work. On the other hand, the increased vulnerability of those providing it is intensified among especially vulnerable groups such as immigrant women. In their case, the physical separation from their families, which sometimes lasts longer than expected because of strict immigration policies and poor working conditions, especially if they are live-in domestic workers, poses great difficulties and even a complete inability to reconcile their work and family life.

In practice, there has been clear evidence of what Pérez Orozco (2006) has called a 'concatenated denial of rights' in the social relationship of care. This process is broad and complex. Its breadth derives from the number of actors whose rights are violated, which in this case includes not only the dependent population. Its complexity is related to the mechanisms and conditions that allow – or prevent – access to and exercise of these rights on an equal footing:

There is no full right to care (e.g., to leave the labour market driven by a desire or need to care) or not to care (e.g., places available in nursery schools). Nor is there a combined right to choose the type of care work, that is, one that combines care work in decent conditions with a certain degree of defamilization. It is, therefore, a concatenated denial of rights. (Ibid., pp. 21–2)

This complexity is also conditioned by the irregular way in which this denial works. Other researchers (Stefoni and Fernández, 2011; Rogero García, 2010) agree that this denial of rights does not apply equally to all social groups or even within the same group. On the contrary, there are different levels of recognition, regulation and exercise that intervene in each individual's specific right of access. Thus the link between the individuals involved in a social relationship of care³ and the social status of the individual subject of rights – as determined by gender, social class, ethnic group, immigrant status, socioeconomic status, place of residence and level of 'dependency', among others – establishes the possibilities of access, recognition and exercise of rights. In practice, there is evidence that the main constraints are experienced by women and, in particular, by immigrant women and women with disabilities (INSTRAW, 2009; Zavala and Rojas, 2005).

Table 18.1 *Rights and duties with regard to care*

	Dependent persons	Caregivers	Other citizens
Rights	To be cared for	To care	To care/to be cared for in the future
	To decide the conditions of their care	To decide the extent of their duty of care To decide how to care	To decide how and to what extent they will care/will be cared for
Duties	To make being cared for easy	To care properly	To care (if applicable) To contribute to protection systems

Source: Rogero García (2010, p. 44).

In addition to this inequality, according to Rogero García (2010), the care of dependent people involves not only a number of *rights* but also obligations, or *duties*,⁴ from those individuals directly engaged in such an activity, including state and institutional actors (see Table 18.1). They are involved in a *dynamic* relationship and that relationship changes constantly, both in political (rules, services, and so on) and social (distribution of responsibilities within households, public awareness, role of volunteering, and so on) terms. At the same time, these rights and obligations are determined by the social structure, deriving from the individuals' position with regard to care work generally – caregivers, dependants or society – thus determining the way in which citizenship is expressed.

'Citizenship' has generally been defined as a set of practices that define a person as a full member within a society, who acquires rights and duties, depending on the socio-historical context. Glenn (2000) examines the scope of the concept of citizenship within care work. In this context, the concept of citizenship must be understood in terms of the 'public/private' dichotomy, which usually views the private aspect as being not only outside the public sphere but also in opposition to it. As a result, care work in the private sphere is considered to be done outside society and citizenship.

Thus, Glenn underlines the low social status of caregivers and care recipients, which results in the devaluation of caregiving as a 'double devaluation'. Seen in this light, both caregivers and care recipients would be excluded from citizenship status due to their greater dependence on other care providers and the particular environment in which these services are offered, which is generally the domestic sphere.

The way in which the relationship between rights and duties is expressed

is the result of social practices that reflect how individuals interpret their relationships and define what is known as 'substantive citizenship':⁵

To analyse substantive citizenship, it is necessary to go beyond the visible, as crystallized by the State . . . It is imperative to resort to inter-individual strategies, to underlying social relations, since it is social practices that define the actual state of citizenship. These vital experiences shape and are a result of both rights and duties to which every citizen is subject, and are expressed in living conditions and in both individual and group discourse. (Roger Garcia, 2010, p. 43)

In line with this premise, this analysis will use 'discourse' and 'practice' to understand the way in which the rights and duties involved in care work have an influence on the exercise of citizenship for immigrant women caregivers. Based on the above, this chapter aims to examine to what extent the individuals involved in the social relationship of care – in our case, dependent people, immigrant women caregivers and employers⁶ – perceive the knowledge and application of the rights of the immigrant women who work in this activity. The aim is to establish whether there are differences between the views held by the actors involved, on the one hand, and the different target contexts, on the other. Spain and Chile⁷ have been chosen as receiving contexts, since they are representative of the processes that occur in two South–North and South–South migration flows, respectively.

In recent years, Spain and Chile have experienced an intense growth in immigration, although the scope is clearly different in each case (Table 18.2). It is important to note that, in spite of a slight decrease in the last few years, 12 per cent of Spain's total population is foreign compared to only 2 per cent of Chile's. These figures mean that the impact of migration on demographic growth is different in each country. In the case of Spain, it is clear that it has been a positive contribution to population replacement, while the opposite could be said of Chile.

When we compare immigrant women's access to labour in Spain and Chile, the group tendency towards heavy concentration and labour segregation in domestic work and care is confirmed. Although female migrants share similar educational levels, their qualifications are usually higher than those of the native women involved in the same activity. Thus, immigrant women arrived in both countries to fill a gap in the job market that had previously been abandoned by local women who found better job opportunities – and more social recognition – in other economic sectors. Latin American women – with some nationalities outnumbering others, in each case – are particularly visible in domestic and care work, while their presence is not perceived as much in other occupations.

Table 18.2 *Most relevant indicators of increased feminine migratory presence in Spain and Chile*

Indicators	Spain	Chile
Size of the foreign population (percentage of foreigners in the total native population)	12%	2.08%
Growth rate of the foreign population	75% of Spain's population increase in the last decade is attributable to immigration With a slight decrease (0.3%) between 2010 and 2011	Absolute growth of the immigrant population (144.4% between 2002 and 2009) By 2009, an increase of nearly 72% in comparison to the 2002 census
Weight of the Latin American immigrant population (percentage of Latin American immigration)	<i>Latin Americanization</i> of flows (an increase of 256%, accounting for 35% of foreign residents in the country between 2001 and 2007) Slight decrease by 2010: 30.6% of total foreigners	<i>Latin Americanization</i> of flows (accounting for 66% of the foreign population; it has risen by 8% since 2002) <i>Peruvianization</i> of immigration (intercensal variation of 394%, 1992–2002 and 245% between 2002 and 2009)
Weight and evolution of the foreign female population	Quantitative feminization: increase of 162% between 1997 and 2003 Significant increase of Latin American female group: it quadruples between 2001 and 2008	Quantitative feminization: prevalence of women in the total foreign population and in seven of the main migratory stocks
Impact of migration on demographic growth	Positive	Negative

Source: Authors' own study.

While growth and feminization changes and new trends are seen in the make-up of the domestic work force in both countries, there are also clear differences regarding the weight of the foreign female presence in the total population involved in this activity. In Chile, they account for only 3.6 per cent of the total population in this sector, while in Spain 18.47 per cent of

women within the social security system are registered under the special provisions for domestic workers. Nevertheless, hiring immigrant women is in both cases an increasingly common strategy that native families use to respond to the booming demand mentioned above and in the absence of care provided by institutions – public and private – which is prominent in both care systems.

This analysis will also explore whether the aforementioned actors' discourse confirms a trend that has been revealed by previous research carried out in Europe and Latin America. On the one hand, this research shows that the denial of rights that is occurring is much broader and more complex than one that could be corrected simply by putting an end to the vulnerability generated by the absence of the right to be cared for, or in cases of dependency. This would have negative consequences for both the development and exercise of substantive citizenship. On the other hand, research also proves that the feminist claim for individualization and universalization of rights has made it possible to make progress in the promotion and respect of rights for those mainly engaged in care work – namely, immigrant women.

POLITICAL AND LEGAL CITIZENSHIP RIGHTS: 'IT IS BETTER TO BE A "LEGAL" IMMIGRANT BECAUSE ONE CAN THEN MAKE A CLAIM'

When assessing their rights, immigrant women caregivers in private households are aware that they start from a doubly disadvantaged situation that prevents both access to and enforcement of their rights. On the one hand, there is their status as immigrants and, on the other, as workers belonging to a sector widely known for its low wages: 'As an immigrant, you need to have some rights' (WIC_SP_PER_018 and 019).⁸ For an immigrant to obtain political and legal citizenship rights, regularization of the migration process is essential, in addition to registration, a procedure required only for immigrants residing in Spanish territory.⁹ Both in Chile and in Spain, the immigrant women we interviewed were aware of the difficulties they faced in trying to gain access to regularization and registration procedures, and the consequences that this entailed in terms of their labour market insertion and subsequent integration into the host society: 'When they refuse to register you here, you don't exist and as a worker, you are not entitled to anything' (WIC_SP_ECU_012); 'When you are illegal, they don't pay you, they take advantage of you because you don't have any legal papers' (WIC_CHI_PER_60). As a result of these restrictions or obstacles, immigrants are denied civil and political

rights. This also fosters the violation of labour and social rights, such as access to health and housing services, education for their children or social security.

On the other hand, employers recognize that the (il)legal status of immigrant caregivers has a decisive effect on immigrant women's possibilities of gaining access to care work and their subsequent working conditions. This has a bearing on their employment rights, too, intertwining paid work and unpaid work, and self-care issues:

Migrants are less able to negotiate the conditions, especially when they are in the country illegally. If she had had a choice she would have probably chosen an employer that did not make her work on Saturdays. Perhaps if she had had her 'residence permit', she would have tried to find better working conditions. (EMP_CHI_062)

However, the 'immigration status' variable does not affect women in each receiving country in the same way. In the case of Peruvian immigrants in Chile, both employers and immigrant women consider that the regularization process of immigrants is easier and faster than in other countries: 'In Chile, getting legal status is easier, compared to other countries' (EMP_CHI_062). The difficulties arise, however, with the 'subject to contract' visa, which requires immigrant women to stay with the same employer for two consecutive years to be able to obtain 'permanent residency' status. This situation affects, at least temporarily, the ability to enjoy labour rights as workers try to avoid conflicts with their employers so as not to be dismissed, which would oblige them to start a new visa process. 'She, the employer, did not want to have illegal workers in her house. I was "legal" when I arrived here, but then I became "illegal" when I changed jobs and then it is very difficult to get out of that circle. You have to start from scratch again' (WIC_CHI_PER_60).

In spite of these initial difficulties, once they can regularize their immigration status, the different actors involved can see a change of attitude in immigrant women. The fact that they can obtain this status is regarded as positive in terms of enforcement of labour rights: 'It is better to be "legal" because one can claim for one's rights' (WIC_SP_ECU_012). As the immigration project is gradually developed and consolidated, immigrant women, both those who arrive in Chile and those settling in Spain, show a personal perception of increasing self-confidence that encourages them to demand their labour rights:

When I first arrived here, I didn't know anything about working conditions, what they are like here. But as time went by, I learnt that you should not work

without an employment contract; there are laws and I found out where I have to go to complain if something happens to me in a job, if I don't get paid. You start learning because you can't keep quiet all the time; the longer you live in a country, the more you learn. (WIC_CHI_PER_60)

However, the problem is that not many immigrant women caregivers understand their rights. Their vulnerability is therefore perpetuated over time and transferred to newly arrived immigrant women. A perverse effect is triggered among immigrant women, since violations of rights are attributed to the limited capacity of certain subgroups performing this work – from other places or newcomers – to enforce their rights rather than to the structural factors preventing it: 'People do not complain about this mainly because they do not have a contract and are not legal' (WIC_SP_PER_018Y019); 'There is always that friction because they state that we are submissive and do everything they, the employers, tell us' (WIC_CHI_PER_056).

LABOUR RIGHTS OF IMMIGRANT CAREGIVERS: THEY 'PUT UP WITH A LITTLE BIT MORE'

Social research brought to light significant violations for immigrant women caregivers, not only of their labour rights but also of those concerning reconciliation of work and family life. Such violations are closely linked, on the one hand, to the structural instability that characterizes care work, which is similar to that found in domestic employment and, on the other, to the increasing vulnerability of those providing it. This perverse situation becomes even worse in the case of certain groups that are particularly vulnerable, such as immigrant women.

The labour scenario in Spain and Chile, featuring transnational conditions in which immigrant women have found themselves since the mid-1990s, is marked by the tension between what has been called a 'servile pole' and another that recognizes labour rights as vital to formalizing employment relations. In Chile, 'the arrival of immigrant women reproduced the servile pole at first, as it introduced women's racialization and nationality as a new axis of discrimination and subordination' (Stefoni and Fernández, 2011, p.68). In Spain, it is also argued that 'there is a boundary between servitude and neo-servitude and this boundary has a gender, ethnicity, social class and place-of-origin character' (Tobio et al., 2010, p.141). As the migratory project progresses, this tension is resolved in favour of the pole of rights, in which the social capital that immigrant women have (mostly their educational level and social networks at their

destination), and the existing rights they manage to obtain, play a significant role.

Some of the variables included in the servile pole include the worker's origin (national or immigrant). This determines whether more abuse and violations affecting immigrant women occur, since the latter would be the group with less power to make claims. This perception is very similar in the two receiving countries under analysis here: 'the people who live here do not have much to lose; for example, sometimes there is something they do not like and they just say: "You know what? I'm not coming to work tomorrow"' (WIC_CHI_PER_064).

The preference for hiring immigrant women in the domestic and care sector is related not only to a shortage of 'national labour', but also to the 'comparative advantage' that this group would have when it comes to making fewer labour-related claims than national workers, as other empirical studies have shown.¹⁰ This state of affairs is explicitly recognized in the employers' discourse:

I think that immigrants are at a disadvantage because they are less able to establish specific conditions when it comes to signing a contract. They are willing to work under conditions that others, national citizens, would normally not accept. They 'put up with a little bit more'. (EMP_CHI_062)

Chilean carers make many more demands. They may want to have their breakfast served in bed, say that they will be going to work from and to a certain time, or if you want me to do that, it's extra. They are much more difficult. (EMP_CHI_080)

The recognition of immigrant women's labour rights by their employers is also affected by the 'cultural traits' variable. The existence of a number of stereotypes attributed to the immigrant women's culture of origin affects the employers' perception regarding the greater or lesser capacity of immigrant caregivers to claim or demand their labour rights. For example, Chilean employers perceive that what they call the 'servile trait' of the Peruvian culture would help immigrant women to accept working conditions without major objections. However, such a feature begins to lose its relevance when they come in contact with the Chilean labour culture, and also to the extent that the rights related to immigration status are consolidated:

They, Peruvian immigrants, come with such a strong mental scheme of servility that, at first, they can hardly look you in the eye. But you know what? They become so 'Chilean' that in the end they take advantage of it. It depends on your relationship with your social networks here and the attitude you have. (EMP_CHI_059)

In spite of these difficulties in accessing and exercising their labour rights, the migrant women involved recognize major advances in their knowledge of the rights that performing care work has provided them with. Positive self-assessment of the work experience acquired can be observed in immigrant women caregivers and they regard it as a contribution to their own professional and personal development, which has a positive impact on their self-esteem. Phrases like 'I can do it', 'I'm sure I can do it', or 'I've learned a lot', are recurrent in their discourse, although they become much more habitual in those who have been immigrants for a longer time.

Their employers, who behave in a very similar way in the two destination contexts studied, showed an ambivalent assessment of these advances regarding labour rights. They recognize their importance, provided that the exercise thereof does not come into conflict with other rights related to persons in a situation of dependency, or the employer's own family:

About ten or 15 years ago, they were rather shy, but now they are much more self-confident, more talkative. But I also see another other side to this, 'I am entitled to it and it belongs to me'. They know what their rights are and what belongs to them down to the very last detail, but they are unaware of what needs to be given in return for it. I see that they are more legally informed but I don't think this attitude is fair. (EMP_SP_040)

They keep on referring to the issue of law here, as if they were threatening you. It is very sad, as if we were faced with two worlds, as if they felt that their employer were an enemy. (EMP_CHI_059)

In other words, from the shared perception of Chilean and Spanish employers, there is not always a correlation between labour rights and duties, in particular the duty to care properly. Employers report that immigrant women caregivers often ask them to change the agreed terms: a pay rise, shorter working hours, and so on, and providing proper care for their families depends on this. The frequent request to change their working conditions has a negative effect on the work environment, thus creating mistrust between employers and caregivers:

They are always changing their conditions or demanding more and more . . . when they start they just say 'yes' to everything and do everything alright; they do not see anything wrong with anything you suggest, and two years or a year and a half later, they start making demands. I think their idea is, I'll go there and I'll just do whatever they tell me without complaining and, a year and a half later, they start making demands. (EMP_SP_047)

And then, one day, they leave without notice, they are not straightforward about things, they do everything behind your back . . . lack of responsibility, demanding their rights in a somewhat aggressive way. (EMP_CHI_059)

The increase in care work contracts, as a result of a greater enforcement of labour rights, is not always highly regarded by employers, considering the specific nature of the type of work and environment – households – where it is done. Immigrant women's labour rights intersect with other rights, for example, those of employers to decide on how and to what extent they will care/be cared for. The problem lies in the fact that the exercise of this right by employers may come into conflict with the rights of other groups that do not have the choice or negotiation skills to establish a labour relationship that respects and protects the rights of immigrant workers and their own families.

In general, there is a widespread negative perception of an increased enforcement of rights in so far as immigrant women consolidate their migration project and regulate their employment status: 'Right now the story goes: I am entitled to it, it belongs to me, how much I will earn, what time I will go to work. I wonder to what extent this is even likely to have adverse effects for them' (EMP_SP_040). Undoubtedly, those most affected by this view are newly arrived immigrants and live-in domestic workers whose employers expect them to have no right to claim.

Employers express some difficulty in meeting their obligations or duties when it comes to providing adequate means to ensure or facilitate care work, once they have decided to employ an immigrant woman caregiver in their home. They are aware of the changes now taking place and some – although certainly a minority – place positive value on the immigrant caregivers' greater knowledge and demand for labour rights. However, the culture of servitude when it comes to agreeing on and ensuring their carers' labour rights, still prevails in most of them:

She seemed a sensible person; you could tell she was a person who had worked before, who had experience here. She did not say 'yes' to everything, she also asked me about the working conditions, how she was expected to work, she even tried to negotiate some terms. She had more experience; she wasn't a newcomer like some of the others I had interviewed, who would say 'yes' to everything, whatever they were offered. They were in such need or they wanted the job so badly that they did not even think they could choose. (EMP_SP_047)

Table 18.3 presents a summary of how the interviewees perceive the main spheres of violation of labour rights for immigrant women who are

Table 18.3 *Spheres of violation of labour rights in care work and their relationship with other rights, as perceived by immigrant caregivers and employers*

	Immigrant women	Employers
Violation of rights: main spheres or aspects	Working hours per day Break time (during working day and weekly) Social security Contract Professional status of work	Proper care Privacy Provision of adequate means to facilitate care work To decide how and to what extent they will care/will be cared for
Spheres or aspects of increasing recognition	Knowledge of rights Positive self-assessment of work experience for professional and personal development	Need for greater professionalization Ambivalent assessment of the recognition of the labour rights of immigrant women caregivers
Interrelationship with other rights	Right to self-care Right to care and combine paid and unpaid care work Right to privacy Political/legal citizenship rights	Right to privacy and inviolability of the home Tension between labour rights and duties ('to care properly')
Variables that influence access and exercise of labour rights	Origin (national or immigrant) Immigration status Number of years on the immigration project Level of association (labour or immigrant) of women caregivers Cultural traits Level of participation or relationship with family or social networks	Prevalence of a servitude culture Low social recognition of care work Low social status of workers of immigrant origin

Source: Authors' own study, based on the analysis of interview responses.

engaged in paid care work. It also shows how they relate to other rights of those involved in the social relationship of care – dependent persons and employers. The table includes a set of variables that may be affecting access to and exercise of those rights.

RIGHT TO SELF-CARE: 'WHEN YOU GIVE FREEDOM TO THE PEOPLE YOU WORK FOR, YOU HAVE LESS FREEDOM YOURSELF'

Research has increasingly recognized the importance of 'self-care' and although it has not been studied as frequently, it is expressed in a wide range of habits ranging from eating and hygiene or finding time for oneself, to risk behaviours. Care work is a job, but it is also a complex activity because it requires both physical and psychological skills. It is often difficult to develop these skills adequately because the way we care for ourselves has a negative impact on our physical and mental health, while at the same time being a condition of caring for others. This often results in what is known as 'caregiver syndrome or stress' (Tobío et al., 2010).

Although there is no socially guaranteed right to quality time, one's own leisure time affects our well-being (Pérez Orozco and López Gil, 2011), and it is important to recognize the way it is used and distributed. This is an important indicator, especially in the case of someone who has experienced migration. It helps to understand the differential use of time by the native and immigrant populations in the host country and the personal and social impacts on both. This negative perception of the lack of leisure time available to caregivers¹¹ is shared by both employers and immigrant women in both receiving countries. This situation has a negative effect on their personal and social life, particularly for live-in domestic workers: 'When you give freedom to those you work for, you enjoy less freedom yourself' (WIC_SP_ECU_012).

Despite this lack of leisure time, Spanish employers in particular recognize and view positively the fact that immigrant women devote time to self-care, to improving their personal appearance, to broadening their education, or simply to enjoying their free time, all of which have a positive impact on their self-esteem:

She pays more attention to her looks, she looks more attractive . . . she now has such eagerness to learn things and gain self-confidence that she believes she is able to do things that she did not dare to do before. Back then, she just cared for the children, did things for her husband and nothing else. (EMP_SP_047)

However, labour rights collide with the right to self-care, which in turn, in the case of care work undertaken in the private home, may clash with the right to privacy and inviolability of the home. With regard to privacy, employers themselves acknowledge the difficulties that immigrant workers face, especially live-in domestic workers, in having not only their own

space in which to rest, eat or fulfil other basic needs, but also the freedom to move around the home or outside:

I still find that home care work is terrible because they have little freedom when working indoors. They have their own room but they don't always move freely in it, or say 'I have finished work and I'm going to a shopping centre for a walk'. Their work is very difficult, unappreciated; we try to make it pleasant but who knows to what extent we succeed? (EMP_CHI_065)

THE RIGHT TO PROFESSIONALIZATION OF CARE WORK AND ITS SOCIAL ACKNOWLEDGEMENT

Professional levels of care work both in Spain and Chile are still low, since there is much diversity with regard to the qualifications and working conditions, as well as the ways to provide care (Martínez Buján, 2010; Arriagada and Moreno, 2011). The growing struggle for recognition of labour rights in the sector is a way to give professional status to the service and to acknowledge and reappraise, at least indirectly, its social function, especially that performed in the family household.

These interviews reveal the need for immigrant caregivers to see their work as enjoying professional status. They demand that their employers recognize many of the skills and knowledge acquired in the performance of care work. However, their discourse reveals a number of variables that affect the professional status of the service. These include the degree of knowledge and access to sources of information on rights. Factors such as lack of time and digital accessibility, lower educational levels or the presence of few immigrant associations, mean that this recognition is taking place slowly and unevenly. Institutionalized care work has so far benefited more from the professional status of the service than work carried out in private homes.

On the other hand, employers are aware of the importance of reappraising care work, changing the existing prejudices about the activity and those who perform it. The discriminatory view on immigrant women and the consequent attribution of a lower social status prevents the recognition of their potential as workers and people:

I think the work of a maid or of those providing care for elderly people is as worthy as any other profession. Employers have to be shown and told to value this type of work. In my opinion, this is urgently needed. I think the feeling of being a slave should disappear from the worker's mind once and for all, and if you have it, then there is something wrong in the relationship. (EMP_SP_38)

FINAL REMARKS: A NEGATIVE BALANCE FOR RECOGNITION AND ENFORCEMENT OF RIGHTS IN THE TRANSNATIONAL CONTEXT OF CARE WORK?

Any analysis of immigrant women carers' rights and their possibilities of enjoying citizenship must be carried out taking into account the specificities and inequalities that are distinctive of domestic work in both of the countries under consideration and the large number of factors that generate and reproduce them. As the results of recent studies show, special systems or labour laws in both destinations have established different conditions for workers in this sector: 'Instead of thinking of the particularities as reasons for additional protection, they are used as an argument to limit their rights' (Pérez Orozco and López Gil, 2011, p. 102).

Social research has given consistent and in-depth evidence of how the *placel/spatial setting* in which domestic work and care are performed – private homes – is in itself a vulnerability factor. The isolation in which carers, especially live-in workers, work in households and the lack of regulations in this space, which is closely linked to another feature that negatively affects women workers' rights – the right to the inviolability of the home – are all factors that increase the vulnerability of the people performing these activities (Stefoni, 2009; Pérez Orozco and López Gil, 2011).

Last, but equally important, is the factor concerning the carer's *social position*. This position fosters an attitude of subordination when exercising labour rights in conditions which, in principle, are similar to those of other workers. This attitude is reinforced not only because the carer is a woman and a worker but also by her national/ethnic origin and her irregular legal status. In short, the wide variety of working conditions to be found and the different assessments they generate are closely related to the specific characteristics of domestic work which 'condenses all the vulnerability factors: the space of invisible activity, an individual work relationship, discriminatory regulations, etc.' (ibid., p. 95).

As this study demonstrates, the assessments and perceptions concerning the access and exercise of rights in the social relationship of care reinforce the idea, established in earlier research in Chile and Spain, of the existence of a concatenated denial of rights and hence, of the exercise of limited citizenship among immigrant women caregivers. Throughout the analysis of the responses on the access and exercise of political and legal citizenship rights, it has been noted that both immigrant women and their employers met serious difficulties in accessing the procedures related to regularization processes. As can be seen, this difficulty is closely related to the double vulnerability of those who require legal immigrant status

and employability in a sector marked by high instability. However, the 'immigration status' variable does not show the same incidence in each of the receiving countries under analysis, since they face fewer difficulties in the case of Chile. This has in fact become an explanatory variable of the increasing intra-regional migration in Latin America.

The work experience of immigrant caregivers, the duration of their immigration project, their immigration status and the role of social networks are factors that have a positive influence on the knowledge and exercise of their rights. However, since this is an economic sector that operates with a large number of deficits in social and labour rights and has socially invisible and underprivileged actors, this breach in the guarantee of rights still continues to have a negative impact on newly arrived immigrants.

The employers' perception of workers' rights – which proves very similar regardless of the direction of migration flows – is quite contradictory. They recognize the importance of these rights, provided that the exercise thereof does not conflict with other rights related to persons in a situation of dependency or the employer's family. On the other hand, employees are aware of the importance of their work and their contribution to the household. Consequently, they find it difficult to understand why their work is not fully regularized with regard to such important aspects as respect for labour rights, the professional status of their work or the right to self-care.

As a result of the tension between a pole of servile tradition and one of incipient development of a human rights culture, it can also be observed that, in practice, some dimensions of the rights we have discussed above come into conflict with each other. For instance, labour rights clash with the right to self-care, which in turn, in the case of care work undertaken in the domestic sphere, may easily be incompatible with the right to privacy and inviolability of the home. In addition, this study also confirms that these tensions are exacerbated by the influence of variables such as race and nationality, which further increase the subordination and discrimination already present in the sector, thus limiting the possible achievement of a substantive citizenship.

As a conclusion, and based on the analysis of the discourse of the three types of actors directly involved in the social relationship of care, it can clearly be said that the traditional perception of domestic and care work as an activity that is socially undervalued still prevails, with no significant differences between the two receiving societies studied here. At the same time, it has become evident that the relationship between rights and duties is not static but, rather, the values and attitudes of employers and immigrant caregivers tend to change according to the work experience gained at

their destination, the duration of the immigration project, the immigrants' possibilities of gaining access to training and social capital, and social networks – among other factors. More attention will need to be paid to these issues to consolidate a rights culture with regard to the social relationship of care and progressing towards the development of a substantive citizenship for immigrant caregivers.

NOTES

1. 'Crisis del cuidado y migración. Análisis comparativo de flujos migratorios feminizados: sur-norte y sur-sur', funded by the Spanish Ministry of Science and Innovation, 2010–2012 (Project FEM2009-09007-SUBPROGRAMME FEME).
2. The title of this project is 'Construyendo Redes: Mujeres latinoamericanas en las cadenas globales de cuidados', and it was coordinated by INSTRAW.
3. This link defines who is entitled to care (or not to care), for whom, and what forms of social coexistence acquire social legitimacy.
4. Pautassi (2008) also highlights the importance of considering care as an obligation arising from the right to care. The right to care, to be cared for, and to take care of oneself correlates with the duty to care.
5. In the analysis of citizenship, literature on the subject has distinguished between what is called 'formal citizenship' and 'substantive citizenship' (Brubaker, 1989; Rogero Garcia, 2010). The first refers to belonging to a nation-state and the second to all civil, social and political rights that ensure participation in government affairs.
6. With regard to the methodology of the qualitative part of this study, we used an in-depth interviewing technique, which was applied to a total of 67 people (39 in Spain and 28 in Chile). For the sample design, interviews were conducted among three types of actors in each case of the migratory flows under study: (a) immigrant women providing paid care to dependent persons in private households (28 interviews); (b) employers of immigrant women who perform paid care work with dependent persons in private households (26 interviews); and (c) dependent persons who are cared for by immigrant women in private households (13 interviews). With regard to the location of the study: for interviews in Spain, two metropolitan areas were chosen (Madrid and Bilbao) – Madrid, for its high levels of immigration and the metropolitan area of Bilbao, where the relative percentage of Latin American people in proportion to the total number of immigrants is very high. In the case of Chile, interviews were conducted entirely in the metropolitan area of Santiago de Chile, where most Ecuadorean and Peruvian immigrants live. In Spain, interviews were conducted from March to June 2010 and in Chile in November 2010.
7. Spain and Chile are countries that have seen a high increase in immigration in recent years and, at the same time, they have received highly feminized migrant groups that are usually absorbed into domestic and care work, among other activities.
8. Codes have been used to protect the identity of the interviewees. These codes indicate the origin of the interviewed individuals as follows: the first letters of the code stand for the type of actor (WIC: Woman immigrant carer, EMP: Employer); the second abbreviation identifies the destination (SP: Spain or CHI: Chile); the third shows the immigrant carer's country of origin (PER: Peru, ECU: Ecuador). The figure closing each entry just indicates the number assigned to each interview.
9. Registering one's personal data officially with the local municipal census office, which keeps a written record of all the residents in a town. Apart from being useful to check how long a person has been living in Spain, registration also enables citizens to apply for the Social Security card, providing schooling for their children or gaining access to

- social services in the municipality. It can be a requirement for many official procedures, social assistance and financial aid.
10. Chilean employers, for example, prefer Peruvian women to work in the domestic and care sector on the grounds that they make fewer demands than Chilean workers and they are 'more devoted, caring or submissive' (Hill-Maher and Staab, 2005). On the other hand, social research in Spain has revealed that employers 'are especially fond of "servants" from Latin America'. In addition to the arguments regarding language, religion and cultural proximity, the analysis has shown the 'existence of a relationship between Latin women and certain personality traits such as "patience" and "affection" that are perfectly related to the care of elderly people' (Martínez Buján, 2010, p. 121). The preference for specific nationalities and an irregular legal situation determine care work in the domestic-family sphere.
 11. In Spain, the 2003 data from the National Statistics Institute show that the foreign population invest more time in paid work and less in all those activities that are not regarded as strictly necessary (social life, hobbies and so on). In general, they devote the same time to their home life and families as the Spanish population. From the above, the studies conclude that the foreign population has less freedom to choose what to do with their free time (INSTRAW, 2009). On the other hand, Fernández Cordón and Tobío (2007) also show that the lack of time to engage in social and leisure activities has very serious effects on care work.

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