

THE INVISIBLE LABOUR OF FEMALE MIGRANTS IN THE CARE SECTOR

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FEMALE AGENCY, MOBILITY AND SOCIO-CULTURAL CHANGE

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This research programme focuses on the feminization of migration as one of the most significant social patterns to have emerged in the course of the last century. Too often, female migrants occupy vulnerable positions in their host societies, engaging in domestic work, sex work and other unregulated sectors. Despite being so vulnerable and despite established patterns of exploitation, the numbers of women who choose to migrate is rising. This research programme focuses on this phenomenon, in order to better understand why and how migration may offer routes to empowerment to women. A specific area of focus will be the extent to which migration allows women from the global south new sociocultural horizons as they cross over and settle in the global north.

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Megha Amrith

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Summary

This extended policy report will consider the economy of care and intimacy within which many female migrants are employed in the global labour market, ensuring the well being of individuals and families worldwide while also pursuing their own goals for economic and social empowerment. The report will feature three parts on migrant women employed in nursing, caregiving in private homes, and intimate labour, primarily sex work. It will demonstrate the different understandings that women have of their labour in each area of work and will examine how labour in this sector continues to be stigmatised, poorly valued and exploited. It also examines positive examples of empowerment and agency. While each type of labour within the care sector has distinct policy challenges, there are also overlaps and ambiguities between them. The report will indicate how policy-makers can better address the needs of female migrant workers within the often-invisible economies of care and intimacy.

Introduction

This report will examine three of the principal forms of migrant women's labour in the economy of care and intimacy, as they work to ensure the wellbeing of individuals and families worldwide while also pursuing their own goals for economic and social empowerment. Their care labour takes place within a global political-economic context of structural inequalities and the globalisation of care. It will feature three sections on migrant women employed in both formal and informal labour roles in the care sector: (1) nursing (2) child and elderly care in private homes and (3) intimate labour, primarily sex work. This report will demonstrate the different understandings that women have of their labour in each area of work and consider the different social statuses associated with each type of labour. It will be concerned with how certain types of labour are valorised, whilst others are stigmatised, poorly valued and where abuse and exploitation at work occur frequently.

The report outlines the distinctions and overlaps between seemingly distinct types of labour that migration women might engage in simultaneously. The role of female migrants in spheres of labour that relate to care and intimacy has been a prominent feature of gendered labour markets around the world and critical to the social reproduction of households and societies. However, little attention has been given to the diverse sector of caregiving considered as whole, or what scholar Linda McDowell calls 'body work' (2009), in policy circles. This report will indicate what can be done to ensure that policy-makers at different levels better address the needs and vulnerabilities of female migrant workers within the principal areas of the care services sector, in public and private institutions and spaces. This will include the need to recognise and reduce the prevalence of precarious unpaid work and poor working conditions, to improve migrant women's rights, tackle structural gender inequalities and ensure equitable human development.

The provision of care is increasingly commodified and dependent on a global system of female migrant labour. Societies across the world are experiencing new social and intercultural encounters and interdependencies in intimate and physically proximate spaces. Though critical to sustaining human life and wellbeing, the labour performed by migrant women in care economies is often not recognised by labour legislation and is not included within social security schemes. Labour in the care sector is situated along a spectrum that is labelled professional and 'highly-skilled' on one end, and 'unskilled' on the other end. This system of labour reflects national,

racial, socio-economic and gendered inequalities, at the same time as it might provide opportunities to migrant women for empowerment, exercising agency and redefining gender-based power relations (Constable, 2009). However, the positive transformations can only be realised if policy measures do more to protect and value migrant women's labour rights in these spheres.

Labels of 'skilled' and 'unskilled' that are often used in the implementation of differentiated migration policies do not necessarily match the realities of doing care labour and the ambiguities that exist in practice. For instance, those trained as skilled professionals with specialised expertise and degrees, might end up working either in large hospitals, or in domestic jobs that are typically labelled 'unskilled' as a result of the workings of transnational labour markets. Meanwhile, those without professional qualifications also bring with them crucial skills, knowledge and experience in areas such as caregiving but are not recognised as doing so. Such labels thus need to be re-evaluated in order to recognise and give value to the wide range of skills and knowledge that societies across the world depend upon for everyday life and care.



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Part 1: Nursing

While international mobility in nursing is not new, the increasing demand for nurses around the world and the new aspirations of trained nurses for international experience, are dynamics that are accompanying the globalisation of medical care in the twenty-first century. The World Health Organization (WHO, 2010) indicates that rising incomes, new medical technology, increased specialisation of health services, and population ageing are pushing up the demand for healthcare workers in a number of higher-income countries, and there is an active recruitment industry involved in this process. Nurses across the world now see international migration as offering opportunities for better salaries, professional development and more favourable working conditions.

Policy and research attention has focussed on the inequalities in health systems within and between countries and regions, with discussions concentrating on ensuring ethical recruitment and concerns about brain drain.¹ Less attention has been directed at the individuals performing this labour transnationally, and particularly, the social and cultural meanings of this labour, how it is experienced by migrant women and the implications for their wellbeing. Nursing has historically been perceived as 'women's work'. In many parts of the world, it has taken on religious inflections and is regarded as a 'respectable vocation' (Choy, 2003; Marks, 1994); in other cases, it is regarded as low-status 'dirty work' (Damodaran, 2013). In some cultural contexts, these understandings of nursing labour have shifted through professionalisation. While women are still strongly represented in nursing, its professionalisation and internationalisation reflect a move towards greater gender equality. In other contexts, perceptions of nursing as low-status female labour persist. An awareness of these different cultural constructions of nursing shapes migrant women's experiences of this labour in diverse institutions and cultural contexts within which they work as migrants.

Case-Study: Professionalising Nursing in the Philippines²

The Philippines is a useful case study with regard to international nurse migration as it is a country with a significant presence of nurses working overseas, particularly over the past decade (Lorenzo et. al, 2007; Matsuno, 2011). Since the 1970s, Filipina women

1. While there are almost 60 million health workers globally, they are unevenly distributed around the world and within particular regions. Moreover, they are most needed, and least present, in the poorest regions of low-income countries (WHO, 2010). The World Health Organization has endorsed an ethical code for countries to follow in the recruitment of migrant health workers (see <http://www.who.int/hrh/migration/code/practice/en/>).

2. This case-study is based upon research findings from an in-depth anthropological research project conducted by the author with Filipina migrant nurses in Singapore and in Manila from 2009-2010 (see Amrith 2010).

3. See UNU-GCM Policy Report 03/01 (Amrith, 2015) for a more in-depth discussion on this, in addition to reading about counter-examples of agency and activism among domestic workers.

have been going abroad primarily as domestic workers; this history of labour migration and the undervaluation of domestic work has meant that in their journeys abroad, Filipina women are negatively stereotyped as coming from a 'nation of servants', which has made the image of the overseas Filipino worker a female image associated with exploitation, abuse and low-status labour.³ However, a new generation of young Filipinos, with aspirations for new experiences and opportunities have been enrolling in nursing colleges across the country. Nursing is increasingly seen as a professional and lucrative career intertwined with the possibilities for overseas employment in higher-paying and higher-status jobs. It can be seen as one way of dissociating overseas female migration with the negative gendered and racialised perceptions of care work, to a more professionalised view of care labour that requires specialised and technical medical expertise and training. The white uniforms that are seen across Manila among young nursing students are intended to gloss over differences based on gender, socio-economic and class backgrounds, to make nursing more 'gender neutral' and decoupling it with poorly valued 'women's work'. Instead, it is being redefined as a medical profession open to women and men, even though women still form a majority. There are hopes that this can offer individuals and families the possibilities for empowerment and social mobility in a different manner than other sectors that depend on female migrant labour. The nursing phenomenon, however, has also drawn critics for the increasing commodification of nursing and the way nursing schools and recruitment agencies are making profits as a fast-growing industry. There are also fears of brain drain from poorer areas of the Philippines which face nursing shortages, yet which do not offer desirable conditions to trained nurses who seek higher-paying overseas opportunities.

However, even if migrant nurses are well respected in families and communities at home, the reality is that the overseas work that they find does not always meet their professionalised expectations. Many find themselves mistaken for 'just caregivers' or 'domestic workers', recalling once again the gendered and racialised stereotypes that nursing had promised to override. This draws attention to different cultural understandings and practices of particular types of labour within the care and medical sector and the persistent forms of discrimination and prejudice based on class, gender and nationality for nurses who cross borders. Nurses also find themselves working as carers in charitable nursing homes for the elderly, for example, rather than in prestigious public and private hospitals, doing a lot more hands-on bedside care work than they might have expected in their medical training. This is work that is often performed in some countries by female family members, rather than paid nurses (Wills et. al, 2009)

The nursing profession in the Philippines is one example of positively redefining care labour. However, it could also have the effect of reinforcing divisions between labels such as 'professional' and 'unskilled', continuing the stigmatisation of migrant women who go abroad as domestic workers or caregivers, who also contribute importantly to the care sector (yet who may be trained in other areas, or not able to afford a nursing education).

Shifting Understandings of Nursing in other Contexts

Other cultural contexts present a different picture. In Bangladesh, for example, a study conducted by Aminuzamman (2007) found that that socially and culturally, nursing is considered a low-esteem job. Most of the respondents of this study said that they would not consider taking up nursing in a Bangladeshi hospital, but might be willing to accept a nursing career in Europe and North America as international migration is thought to offer 'social honour, prestige and dignity'. Similarly, according to Damodaran (2013: 186), nursing employment in India also reflects the gendered division of labour in the South Asian social context and 'carries with it typical stigmatizing notions of "dirty work" due to its association with contact with human bodies, particularly those of unfamiliar men, making it potentially taboo or "morally degrading" for women'. It is also stigmatised for the close proximity to the 'sick' and the 'poor' (see also George, 2000). The study, however, adds the caveat that the experience of stigma also depends on the specific religious backgrounds of nurses, and that having a Christian background 'helps in de-stigmatising nursing', given the historical construction of nursing as a vocation or calling in Christianity (Damodaran, 2013: 187). More recently, the association of nursing as an international profession is also slowly transforming the perceptions of this labour and seeing families invest in nursing educations for their children. International migration in the South Asian context may offer women working as nurses avenues for greater independence and freedom, supporting their families financially and challenging existing gendered hierarchies. International migration for nurses can therefore enable transformations in labour identities, as nursing is more highly regarded abroad, and also transformations in gender roles at home as a result of holding multiple identities of migrants, workers and women.

These examples demonstrate different cultural and gendered understandings of nursing labour that are relevant to understand in increasingly multicultural workforces. Within the category of nursing are a whole range of institutions and roles, many of which are still heavily gendered and invisible. Nurses work in different labour conditions: some work in public and private hospitals within which they are in institutions governed by professional bodies and that adhere to labour legislation. Others work in less visible charitable or priva-

tised nursing homes with poor pay and alienating working conditions. This is an area that requires greater policy attention. In some cases, women are still stigmatised as doing 'dirty' work, others are seen as more professional and their labour more highly valued; efforts should thus focus on changing perceptions of nursing labour, in all of its roles, and to pay attention to the different kinds of institutions within which migrant women work. It would also be useful to raise awareness in origin countries of variable working conditions abroad and different visa categories that have specific conditions under which nurses might migrate. Nurse migrants are becoming 'agents of economic change' in the international labour market and 'may be pioneers in an informal social movement towards gender emancipation' (Kingma, n/a); only if perceptions and conditions of their work also reflect these possibilities internationally. The case of nursing also demonstrates the range of skills that migrant women contribute within the broad field of care. However, oftentimes these qualifications are not internationally transferable or recognised which means they also take on jobs and roles that they do not associate with their qualifications.

Part 2: Home-Based Care Labour

While the international migration of nurses demonstrates the participation of migrant women in the institutional provision of care, there is still a lot of care work performed by migrant women in private households; this includes the care for young children and the elderly. Home-based care labour is a sector within which both migrant domestic workers and migrant women with nursing qualifications might be employed. Even though they may have different backgrounds and skill sets, they may be recruited or find work within the same employment and visa category. This reflects a certain degree of ambiguity within the transnational economy of care that depends upon female migrant labour.

Increasingly, as England and Henry (2013: 560) explain, 'carers are practicing paid care work in numerous sorts of private and public spaces. The expansion, redistribution and in many instances, marketization of care work – particularly for the young, elderly, and sick, involves private households too'. There has been a lot of scholarship on migrant women working in domestic settings and the exploitative working conditions to which they are often subjected (Hondagneu-Sotelo, 2007; Anderson and Shutes, 2014; England and Henry, 2013; Ehrenreich and Hochschild, 2003). Migrant women are hired in private households not only as domestic workers to perform household labour, but also to care for children and the elderly, thus meeting the needs of multi-generational households. However, they are often undercompensated for their multiple roles as nannies to young children, caregivers for the elderly and domestic workers, which are tasks that an individual migrant woman might be expected to perform. Moreover, the care for children and the elderly also requires a significant amount of affective or emotional labour that is demanding, challenging and not adequately valued or accounted for through the wages of migrant women employed in households.

Some of these shortcomings in the recognition of affective labour begins at the recruitment stage. For example, when women are hired to perform certain tasks in households abroad, they may not be given accurate or full information on their job tasks e.g. they may be contracted as domestic workers, but may find upon their arrival in

4. Migrant Workers Alliance:
<http://www.migrantworkersalliance.org>

their new homes that they also have to care for young and elderly family members in the household. Similarly, those hired as caregivers may also find themselves having to do household cleaning. The conflation of different labour roles leads to longer working hours, fatigue and higher possibilities for exploitation.

In many countries, women working within private households arrive under restrictive immigration categories and are oftentimes not covered by social protection and labour legislation. Moreover, narratives of being 'one of the family' persist in situations where migrant women care for young children, which makes it easier for exploitation to take place under the guise of helping within the family and making it more difficult to draw the boundaries between labour, rest and time off. Taking the example of Singapore, migrant caregivers working in private households have 'work permits' which are the most restrictive of visas. They limit the mobility of female migrants who are mostly required to 'live-in' and whose working conditions are determined by employers. Hidden behind closed doors, the labour these women perform is often invisible and is not adequately protected. Tight immigration rules combined with poorly valued labour make migrant women vulnerable to exploitation. As Anderson and Shutes (2014: 16) argue, 'combined with the historical devaluation of care labour (where much care work is defined as "unskilled"), this means that employers recruit those with least bargaining power...increasingly, international migrant women workers fill this gap'. The Domestic Workers Convention 2011 (C189), which entered into force in 2013, constitutes an important step in the international arena for the guarantee of decent working conditions for domestic workers, yet more countries need to ratify the Convention in order for it to have an impact on the wellbeing of migrant women. The role of civil society activism and advocacy is also important in improving working conditions within households. In Canada, for example, the *Live-in Caregiver* programme is one that brings in household-based migrant care workers and attracts migrant women with different backgrounds. Civil society groups, such as the *Migrant Workers Alliance*⁴ (composed of various advocacy and community groups, unions, workers and community members) are active in highlighting the rights and social protections that 'Live-in Caregivers' are entitled to and to advocate for equal rights.

Rethinking Care Chains

The changing global configurations of care have influenced a great deal of the large-scale movements of female migrant care labour. This has been discussed in much of the sociological literature as 'global care chains', a term coined by Arlie Hochschild (see also: Yeates, 2009a; 2009b; Ehrenreich and Hochschild, 2003). A global care chain according to Hochschild (2000) is:

a series of personal links between people across the globe based on the paid or unpaid work of caring. A typical global care chain might work something like this: an older daughter from a poor family in a third world country cares for her siblings (the first link in the chain) while her mother works as a nanny caring for the children of a nanny migrating to a first world country (the second link) who, in turn, cares for the child of a family in a rich country (the final link). Each kind of chain expresses an invisible human ecology of care, one care worker depending on another.

Care chains highlight the structural inequalities implicit in the global political economy of care and has seen care taking on greater transnational dimensions. They have been important in feminist analyses of socially reproductive labour in the world: analyses that investigate the political, economic and social inequalities which configure migrant care labour flows and the accompanying forms of exploitation that are often a part of this mobility. Bringing together both migration and social policy into a single paradigm, care chains emphasise the centrality of care labour to livelihood strategies of households across the world and are relevant at individual, household, community and national levels (Yeates, 2009a and 2009b)

Nicola Yeates (2009a: 4) has written about how these 'relations and practices of care' need to be situated 'in the context of the formation and reproduction of global social hierarchies'. Care is governed by economic, political and social structures and institutions and it concerns mobile labour, paid or unpaid, in a variety of contexts – voluntary, corporate, state and domestic (Yeates, 2009a: 4-6; 2009b: 176). 'Care-chains' emerge as a result of the commodification of care and can be a useful policy tool for understanding these different forms it takes in households and beyond (Misra, Woodring and Merz, 2006). However, there remain limitations with care chain analyses, one being their linear focus. Examining how care moves from one place to another in a unidirectional manner overlooks movements that do not take this form; not all movements, for example, are from developing to developed countries. Some migrant journeys involve circular movements back and forth between countries or within countries; they also, as mentioned earlier, involve different types of care work along a spectrum of skills. Ambreena Manji (n/a) argues in the context of Nairobi, for example, that 'the contribution of women who are paid to care for children in the private homes of their employers at all socio-economic levels will be an enduring feature of life in African cities for some time to come'. Moreover, through the mobility of domestic workers, 'care chains link different urban sectors, as well as urban and rural regions'. As she highlights, 'less attention has focused on the movements of care workers within a single developing coun-

try through internal migration and the everyday practices of intimate and emotional labour', in this case 'against the backdrop of Nairobi's severe, social, material and racial inequalities'. Care therefore also reflects the inequalities that accompany processes of contemporary urbanization within countries in the Global South.

The focus on the exploitation of women in care chains, however, might overlook some of the opportunities this work provides to migrant women. Embedded as they are in a context of global inequality, these labour roles have the potential to provide opportunities for new forms of agency. As Nicole Constable (2009) argues, the commodification of care and discussions of care deficits do not always fit in with the aspirations and realities of female migrants who may find empowerment and transformation in and through the commodification of care. She writes that rather than 'bemoaning... the demise of authentic relations outside the realm of capital' and alongside studies of power and risk involved in the commodification of intimacy, research agendas could also more productively engage with the 'potentially liberating and transformative aspects of intimate subjectivities' (Constable, 2009: 58-59). Scholar Martin Manalansan (2008) similarly critiques the concept of care chains for their reinforcement of normative ideals of care and love as female, 'authentic' and heterosexual. He calls for alternative ways to analyse the mobility of care workers who might not see their absence from their home countries and families as a 'global heart transplant' and the displacement of 'authentic' caring emotions.

Indeed, the absence of women to earn money for their families abroad is very often spoken about in negative terms through morally laden public discourses that blame 'absent mothers' and construct them as uncaring. However, such discourses overlook the ways in which migration may be empowering for migrant women, and how it might enable them to realise their personal aspirations to care for their own futures and families' futures. Such discourses also overlook how transnational families are in fact adapting to current realities in creative ways. For example, the spread of digital media has offered a diverse range of avenues through which migrant women keep in regular contact with families at home and maintain some form of presence in their children's or families' lives, even if this presence is ambivalent (Madianou and Miller, 2012). Moreover, the feminisation of migration is also allowing new gender roles to become normalised, which include fathers and extended families caring for children while mothers are away at work. Family care arrangements are changing and the role of the extended family is often under-examined in analyses of female migration. Recognition of these crucial transformations that are taking place can nuance discourses that speak one-dimensionally of broken families as a consequence of female migration. While this report is focussed on migrant women, there is moreover

a wide range of migrant carers who may be single, married, male, female, gay, transgendered, a fact that further challenges normative discourses on care migration.

Directions for Social Policy

Migrant women need decent wages and decent conditions of work in order for them to sustain their transnational family lives, emotionally and financially. Policy initiatives that focus on the negative impacts of global care chains propose alternative models of care that are less dependent on migrant women, such as care credits which are intended to reflect the participation of women in the labour market and the burden of their care responsibilities; or increased expenditure in public care infrastructure (Addis et al., 2011; Anderson and Shutes, 2014; FES, 2014). However, these are increasingly challenging policy measures to implement in contexts of neoliberal restructuring, austerity and reduced social expenditure, where care services are more commonly outsourced to private providers. In the contemporary global context, it is indeed migrant women who fill these gaps in care. Wider policy recommendations to improve the structures of care provision must also work to improve the conditions of work for migrant carers to guarantee the wellbeing of all (both migrants and those being cared for).

It is also important for social policies to recognise the different meanings of care across the world. Parvati Raghuram (2012: 136) writes that 'care is adopted somewhat unquestioningly as the lens through which to make sense of the social reproduction of households, communities and economics in different, even dissimilar, parts of the world without reflecting adequately on what might be locationally specific about care in diverse geographical contexts'. She argues that care may be 'differentially embedded in cultural, political and economic formations such as the family, the market, the state and the community sector in different countries'. In this way, it is important to pay attention to migrants' own understandings of what care means and how it is practiced and valued in a range of social and cultural contexts (Amrith, 2010). As Raghuram (2012: 140) further argues, 'these issues also affect how the care of those left behind is distributed and who looks after migrant carers when they are abroad. Local understandings and infrastructures of care deeply influence the claims that migrants can make in both these contexts'.

Policy that is sensitive to culturally embedded understandings of care and to the increasing importance of mobile care workers in this time of demographic and socio-economic change, must foreground the protection of migrant women's rights so as to reduce the exploitation of migrant women working in private spaces such as family households. This requires above all, valuing the transnational care economy and understanding its gendered dimensions.



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Part 3: Intimate Labour

This part of the report examines migrant women in the sector of intimate labour, broadly defined. It includes a discussion of sex work (that does not involve coercion and trafficking)⁵, as well as other forms of commodified intimacy such as entertainment and escort or hostess work. These forms of intimate labour are often performed by migrant women and under different conditions (for example, full-time or part-time, underground or undocumented), revealing this sphere of intimate labour to be layered. This sector is not so well understood given the gendered stigma associated with a lot of intimate labour and the lack of acknowledgement that intimacy is increasingly purchased in different forms in the global capitalist labour market (Zelizer, 2005).

While seemingly a distinct category of labour to those considered earlier in this report, sex work also reflects similar patterns in terms of labour conditions and is perhaps even more precarious. It is a sector in which migrant women are employed and it is largely invisible and unprotected by legislation and social welfare schemes. There are interdependencies with the earlier forms of care labour discussed. My fieldwork-based research with Filipina women in Singapore indicated that women working as nurses or domestic workers, as a result of low-pay and the need to support their families in their home countries, for example, might take on side jobs on weekends or during their time off in order to supplement their income.⁶ Their everyday formalised labour roles, as explained, are often undervalued and there are thus interdependencies between formal and informal economies of care and intimacy that enable migrant women better chances to sustain their livelihoods. At times, this might involve work as escorts in bars or sex work. While each form of labour has its distinct policy challenges, there are interconnections between them within the wider sphere of care and intimacy. Migrant women taking on jobs in sex work lack protection, making them vulnerable to abuse, exploitation and health risks, with few avenues to seek support. A report by UN Women (n/a) points out that in the Asian context, 'female migrants often work as domestic workers and entertainers, a euphemism for sex workers in unregulated informal sectors that do not fall under national labour laws. Migrant

5. Debates that relate to sex trafficking and sex work conducted under coercive conditions are vast and complex. Trafficking in sex involves coercion, forced labour, sexual exploitation and abuse, all of which constitute serious human rights violations. This report focuses more on women who choose to migrate for sex work, or who choose to do sex work while abroad alongside other types of labour, though this report also recognises the complexities in determining the boundaries between consent and coercion. Many migrant women in sex work are vulnerable to traffickers, both at the recruitment stage and once abroad. The debates relating to sex trafficking are crucial, however, remain beyond the scope of this particular report.

6. This is not exclusively the case, and some women might choose to do sex work for other reasons that go beyond supplementing their income.

women routinely lack access to social services and legal protection and are subjected to abuses such as harsh working and living conditions’.

Other women might migrate specifically with the intention to do sex work in destination countries. The documentary film *Becky’s Journey* directed by Sine Plambech (2014) tells the story of a young Nigerian woman who twice attempts to migrate to Europe to sell sex in Italy. The documentary highlights that this is a choice that women make and is not considered to involve trafficking or coercive pressures that go against their will (even if these migration decisions are often driven by other pressures such as poverty and/or the search for a better life abroad). Migrants’ social networks of family and friends also feedback stories that being a sex worker in Italy can offer high pay and a sense of status and glamour abroad. The sex work industry is now bound up with transnational female migrant labour. According to a study on migrant sex workers in the UK (Mai, 2011), ‘migrants have come to form the majority of those who sell sex’, in a context of global capitalism that ‘favours “flexible” and low paid workers’. The study also found that the large majority of interviewed migrant workers in the UK sex industry are not forced nor trafficked, and that rather, this work enables them to improve the conditions of life of their families back home. There are a ‘great variety of life and work trajectories within the sex industry, which were influenced by key factors such as: social-economic background; educational aspirations and achievements; immigration status; professional and language skills; gender and sexuality; family history; and individual emotional history’. The study found that immigrant status is the most important factor restricting the ability of migrant sex workers to exercise their rights in their professional and private lives. The stigmatisation of sex work and being undocumented negatively influences their experiences and makes them more vulnerable to violence and abuse. The findings of this study were intended to guide more effective social interventions through a focus on migrant sex workers’ own voices and experiences.

In line with these findings, the advocacy of international organisations in recent years has sought to decriminalise sex work as a means to better protect the women who do this work and to recognise it as work. According to a campaign run by the Open Society Foundations (2015) ‘many people who sell sexual services find the term “prostitute” demeaning and stigmatizing. As a result, the term can also contribute to their exclusion from health, legal, and social services’, and deny them the right to a safe working environment. It argues that the criminalisation of sex work and the stigma attached to it has the effect of driving sex work underground, marginalising these women from society even further. It exposes women to greater risks in terms of accessing healthcare and makes reporting abuses or violence to relevant authorities more difficult. These arguments are a part of a ‘global movement’

that 'votes to adopt policy to protect human rights of sex workers' (Amnesty, 2015). These campaigns are well aware of the power dynamics in the sex industry and are clear that such campaigns intend to protect the rights of sex workers (and to criminalise those who abuse or exploit sex workers). They aim to give sex workers voice and subjectivity so that they do not remain 'objects' of power and of repressive and criminalising policies that target undocumented migrants and sex workers (Peano, 2012).

Other initiatives also exist to enable sex workers the ability to exercise their agency, and to make decisions that may positively influence their lives and wellbeing. This includes partnerships with financial institutions so that they can open bank accounts without documents, support in the form of counselling and the formation of workers' co-operatives that collectively advocate for rights to improve working conditions (AWID, 2015). This furthermore enables a 'greater oversight of commercial sex and potential trafficking within it' (Amnesty, 2015). There are also other forms of intimate labour that are not labelled sex work, and that might or might not involve elements of sex work. These include the work of escorts, hostesses or entertainers in bars as well as those (often migrant women) who are paid for the emotional labour of providing companionship (often to local men); these sectors are thus also based on highly gendered roles. These jobs demonstrate how love might also play a role in these commodified forms of intimate labour. They are ambiguous spaces that make the boundaries between work and love difficult to ascertain. This is illustrated clearly in an in-depth anthropological study conducted by scholar Leiba Faier of Filipina women in Japan. Since the late 1970s, many Filipina migrant women went to Japan under entertainment visas, often through circular forms of migration (Parreñas, 2010). Some were part of music, dance and cultural groups, but many women were also working in hotel bars, cabarets and hostess bars; however, the selling of sex was considered illegal for those holding these visas. Faier (2009: 52) explains that 'while increasing numbers of Filipina women began to go to Japan on entertainer visas, growing numbers also began to go through underground channels to work in other parts of the sex industry, often as prostitutes and in sex shows...on account of these converging trends, Filipina entertainers in Japan came to be popularly associated with sex work'. Their work was at once stigmatised but also glamorised for its associations with show business and cultural performance. Faier follows the stories of some of the women who previously worked in the entertainment industry in Japan and who were encouraged not to sell sex, but to develop intimate and affectionate relationships with male clients. Many of the women she interviewed have since married the Japanese men they met and provide companionship and care to them in rural parts of Japan and to perform the role of 'ideal brides' in the Japanese context; they

too claim to find their new relationships empowering and fulfilling. In some cases, women continued to work in local bars by night after getting married, as they were offered higher salaries than factory work for example.

Faier's work demonstrates the ambiguous spaces of entertainment, sex work, emotional companionship, care and marriage. Migrant women shift from one identity and role to another, oftentimes simultaneously. They also move between paid and unpaid forms of care labour, and to roles such as 'good wives', which they might not regard as labour even if their presence and the caring work they do is central to the social reproduction of Japanese households. Their labour roles are therefore not static, nor are they defining elements of migrant women's trajectories or forms of personhood. Nicole Constable (2009: 56) is right to argue that 'as scholarship on transnational intimacies illustrates, relationships assumed to be based primarily on paid work for money are often understood to involve complex forms of intimacy, love, or emotion, and those assumed to be based on love are linked in new and evolving ways to commercial practices and material desires'.

There is furthermore a literature on international marriage migration (see e.g. Constable, 2003; Lu and Yang, 2010). This is no doubt an important phenomenon, though this is often not examined through the lens of labour. While this particular report will not address this phenomenon of international marriage migration in-depth, it does nonetheless raise similar kinds of issues with regard to the invisible forms of care and intimate labour that take place within such marriages and that involve migrant women. Beyond international marriages organised through agencies, there are the similarly invisible forms of affective labour that are performed by women who move as dependents of their husbands and who might work informally, if not employed in the formal labour market. Their labour is important not only in terms of maintaining households as per 'traditional' gender roles within more patriarchal family frameworks, but they also perform the labour of caring for family enterprises, adopting particular roles and tasks that sustain these businesses and families in their day to day functioning. These women may also be important cultural intermediaries between families and the wider neighbourhoods and societies within which they live. Examples of this can be found for example in the stories of women in the Sindhi diaspora (see e.g. Falzon, 2004). Making skills courses available to migrant women and allowing them safe spaces that give them the freedom to move comfortably across public and private spheres, are important policy considerations in this area.

These on-the-ground stories demonstrate that policies that relate to migrant women need to be aware of the complexities of migrant

women's multiple roles and their vulnerabilities to exploitation and abuse in these roles, particularly in cases where undocumented migrant women are working underground. While important to recognise female migrant agency in the new relationships that they cultivate through or beyond intimate labour, it is equally crucial to be aware of new forms of coercion or power dynamics that could take place in domestic environments (beyond the labour market realm). Greater support for civil society groups and collectives, as well as safe spaces or shelters that might offer vulnerable women a place to go, are important policy measures to adopt.

Joint Conclusions and Recommendations

As more women across the world migrate for paid employment in the care labour sector, the more policy has to be attuned to the specific experiences of these different, yet at times overlapping forms of labour in a sector that is under regulated and poorly valued. Everyday care work is critical to the sustenance and reproduction of households and to the development of societies across the world. A gendered analysis of this sector is crucial to examining the specific vulnerabilities that migrant women face and the persistent stereotypes and stigmas that continue to shape perceptions of these forms of labour (Kofman and Raghuram, 2006). At the same time, it is important to recognise the new empowering opportunities that transnational migration may offer women.

On the basis of the different forms of migrant labour that occur in transnational economies of care and intimacy, the following policy recommendations are made:

- To foreground migrant women's labour rights in the care sector, with a particular focus on ensuring that migrant women employed in these sectors are protected by labour legislation, social welfare schemes and are not criminalised.
- To value care work and advocate for its professionalisation through redefining what skilled labour means in the global economy, for migrants and those in the home countries of migrants.
- To recognise of different spheres within which labour takes place and to give greater policy attention to the less visible spaces in

which labour takes place, such as private homes, or among undocumented migrants in informal economies.

- To recognise that migrant women's identities are not static or simplistically defined, and to offer opportunities for them to transform their situations and realise their aspirations.
- To adopt distinctive approaches to specific types of labour but to also ensure policy coherence between different labour sectors given the shifting vulnerabilities that migrant women face in the broadly defined economy of care and intimacy.
- To encourage educational awareness on valuing different types of labour in the global economy so that young persons and media outlets do not stigmatise or stereotype particular types of gendered labour or labour arrangements.
- To encourage educational awareness on changing gender roles and meanings of family that adapt to transnational realities and changing care arrangements in home and host countries.
- To develop pre-departure orientations that prepare migrants for different cultural understandings of labour and to offer migrants support for seeking help if they experience abuse and discrimination.
- To encourage flexibility in migrant visa categories so that they have the right to change employers, to move between jobs and to ensure their basic rights and decent working conditions are met.
- Adherence to international conventions that seek to guarantee decent working conditions and equal rights to migrant women. This includes the ratification of the Domestic Workers Convention 2011 (C189) and commitment to longer-standing international conventions such as The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979), alongside other measures that address structural and systemic gender inequalities in the care sector.

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