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Migration, Intersectionality and the Sustainable Development Goals: Unrealised potentials?

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Abstract

The significance of intersectionality is widely acknowledged both in migration studies and for the realisation of the SDGs. The latter's commitment to inclusivity - to 'leave no-one behind' - is interpreted by scholars as necessitating an intersectional approach. In this chapter, we draw on feminist, anti-racist and postcolonial scholarship to argue for the need to bring debates on intersectionality, migration and the SDGs into conversation with each other. In so doing we assess the potential benefits of adopting intersectional perspectives on migration and the SDGs, drawing particularly on examples from health and care. We also consider the limitations imposed by the 'embedded liberalism' evidenced in the formulation of the SDGs especially with reference to migration related targets as well as tangential reference to intersectionality.

Keywords: migration, intersectionality, sustainable development goals, health, care

Introduction

Intersectionality, as a concept and an approach, has gained widespread salience across multiple social science disciplines and domains from academia to policy to advocacy. Its uptake within migration studies is evidenced by a wealth of scholarship that illustrates its relevance to better understand mobility (Bastia et. al., 2022). While the potential for adopting intersectional approaches and analysis is promised in the framing and expression of Agenda 2030 and the Sustainable Development Goals (SDGs) as evidenced by its commitment to inclusivity and to ‘leave no-one behind’, in this chapter we argue that this is, as yet an unrealised potential. In part, this can be attributed to the limitations imposed by the embedded liberalism which underpins the SDGs especially with reference to migration related targets as well as tangential reference to intersectionality.

Drawing upon multidisciplinary feminist, anti-racist and postcolonial scholarship, we begin with a discussion on intersectionality, detailing myriad definitions, its (contested) geography and history as well as limitations as a concept. Building on this, we explore how intersectionality has been deployed in migration research arguing that not only is the migrant, and migration, quintessentially intersectional but also how migration scholars have brought new insights to intersectional research. We then turn our attention to the (dis)connections between intersectionality, migration and the SDGs. Here we focus our attention on two domains – namely health and care - to illustrate the urgent need, and potential benefits of adopting intersectional approaches. Our discussion highlights the (problematic) extent to which health and migration are considered as separate domains in the SDGs *and* the lack of attention to intersectionality despite growing consensus of the transformative power of such an approach (Kapilashrami and Hankvinsky, 2018). In turn, we detail the limited recognition of the extent to which the care work needed to reproduce societies has shifted to migrant workers – and migrant women in particular – as economies develop. While valuing care work is important for gender equality and is an important step forward, migrant women often need to forgo their own care needs and responsibilities to others in order to take up paid care work elsewhere.

Defining intersectionality

Intersectionality was coined by the feminist and anti-racist legal scholar Kimberlé Crenshaw in 1989 to draw attention to the unfair treatment of black women workers within the legal

justice system in the USA. Using the term to highlight how black women were being discriminated on the basis of race *and* gender, Crenshaw (1989, 1991) observed that legal cases of discrimination often rested on one set of inequalities which disadvantaged black women workers as their unfair treatment resulted from interacting racial and gendered discrimination. She used the metaphor of an ‘intersection’ to highlight how these inequalities reinforced each other and how victims of oppression experienced simultaneous discrimination on both accounts.

Once named, the concept of intersectionality became more widely adopted, particularly in academia, first in the USA and since the turn of the millennium, in Europe. More recently, international organisations have also begun to engage with the concept. However, as we have argued elsewhere, the origins of intersectionality go much further back in history while at the same time also having a much more varied geography (Bastia et al., 2022). Predating its identification as a concept and a field of study, scholars investigated interacting social and structural dynamics across a variety of disciplines and timescales. This happened as early as during 19th century American civil rights movement (Cooper 1886 cited in Eaves and Al-Hindi 2020) and in various disciplines, including feminist geography (Kobayashi and Peake, 1994; Radcliffe and Westwood, 1996; Ruddick, 1996), cultural studies (Anzaldúa, 1987) and development studies and practice (Mohanty, 1988; Sen and Gown, 1987; Laurie, 1999). Importantly, many of these interventions predated Crenshaw’s seminal work.

Moreover, despite its now widespread use, it is important to acknowledge intersectionality as a concept has been particularly adopted in English-speaking countries. As evidenced in a collaborative project, the UKRI funded MIDEQ project, which the authors and editors are involved in and where the majority of partners are located in the Global South, while there has always been an interest in working with this concept, in practice, there is little evidence that the term has travelled to, and in, non-English speaking countries. This might be more closely related to the different interpretations of gender, and sex relations, than with intersectionality itself. In France, and French speaking countries, for example, there has always been a reticence to take on board the concepts of gender and gender roles, with many feminist writers preferring to talk about sex and ‘social sexual relations’, because they deem the concept of ‘gender’ depoliticised (Blindon 2018: 592). Given how important the concept of gender is for intersectionality (see below), it is clear, then, that there would be resistance in accepting this new concept as well.

Notwithstanding this, while there might be linguistic and political barriers to the ways in which intersectionality can travel, this does not mean that ‘intersectional-like claims’ must follow the same trajectory. In fact, in our review of the history of intersectionality, we found that claims that were in spirit and ambition one and the same as intersectional claims, were present in Spanish-speaking Latin America, for example, during the 1960s and 1970s (see Bastia et al. 2022). Grassroots women’s social movements that were active against the political tyranny of dictatorships and the economic disciplining of structural adjustment programmes often rejected what they deemed ‘elite feminist’ claims for gender equality, in favour of class-based and ethnicity-based understandings of gender equality. In their political view, the feminist positioning of gender at the apex of importance was problematic as gender equality was unachievable without class- and ethnic-based equality as well. In this, they agreed with Black Feminist writers who rejected the idea that a neutral, global sisterhood could exist, without recognising racial and class inequalities.

Scholarship on intersectionality aims to analyse how these different categories of oppression (gender, class, race, religion and so on) interact and compound to produce disadvantage and oppression although, importantly, some research does also use intersectionality to explore privilege (Kynsilehto 2011; Riaño, 2011). Importantly, these categories of oppression (and privilege) are understood as intersecting and interconnecting, not separate categories of oppression (and power). Intersectional analysis encourages us to ask ‘the other question’: “When I see something that looks racist, I ask ‘Where is the patriarchy in this?’ When I see something that looks sexist, I ask ‘Where is the heterosexism in this?’” (Matsuda, 1991:1189 – cited in Prins, 2006:279).

However, despite its popularity, intersectionality as a concept and approach has a number of limitations. First, its emergence coincided with the ‘cultural turn’ in the social sciences and feminist theory, which meant that social struggles took a back seat while cultural struggles became more prominent (Fraser 2007). While this might have broadened the feminist agenda, it also weakened claims for egalitarian distribution and a recognition of the centrality of the material in people’s lives. Second, intersectional research has, with some important exceptions, always been quite vague regarding its methodology. Is it a concept? A framework? An approach? Or simply an invitation to question the hierarchies inherent in some feminist analyses? McCall (2005) highlights the problems inherent with intersectionality not having a clear methodology which has resulted in studies using intersectionality adopting an additive approach, in which authors add ‘disadvantages’ to those

that were already embedded in the concept to the point that analyses become too diluted (see also Nash, 2008). At the same time, at least in qualitative research (which predominates in intersectionality), the life story method dominates. While this adds depth to the analysis, it often has limitations in terms of being deemed important by policy makers. Finally, as we have argued elsewhere, there is a real danger that as intersectionality becomes more popular, it moves further away from its original objectives and becomes depoliticised (Bastia et al. 2022). Within migration research, there is evidence of some research continuing to at least aspire to be faithful to intersectionality's original aims, while others do not even acknowledge its roots in anti-racist and anti-feminist politics. In turn, there is a clear tendency for policy makers to adopt intersectionality in a depoliticised way.

Whether the concept of intersectionality in its emancipatory sense will gain greater traction in global policy cycles and the operations of international organisations and development or humanitarian actors depends on the fulfilment of several conditions. These include: technical conditions related to the collection of disaggregated data as well as training, awareness raising and capacity building on intersectionality. Political conditionalities relate to the inclusion of concerned individuals, groups and CSOs in decision-making and planning, intersectional budgeting (feminists have long advocated for gender budgeting, but intersectional budgeting would simultaneously consider other disadvantages beyond the gender category for resource allocation [Xhemali 2020]) and programming, and intersectional dialogues at multiple levels. The integration of intersectional approaches into broader efforts to promote human rights and egalitarian policies is also important.

Intersectionality, migration and development

As a mobile concept and framing device, intersectionality has become increasingly popular in migration studies (Lutz et al. 2011). In fact, it could be argued that migration as a field of study popularised the use of intersectionality in certain European contexts and that key scholars advancing this approach were of migrant backgrounds or grew up in immigrant households (Bastia, 2014; Stasiulis, Jinnah and Rutherford, 2020).

There is some consensus that the adoption of intersectionality within migration research has made significant contributions to advancing understanding of the concept (Buitelaar 2006; Gao and Hopkins 2022; Ludvig 2006; Kosnik 2011; Prins 2006). With the geographic shift to

Europe, the classical intersections of disadvantage shifted from focusing on gender, class and race to address gender, ethnicity and religion (Ludvig 2006, Prins 2006, Burman 2003, Buitelaar 2006, Kosnik 2011). This has been attributed to different histories of race relations as well as a discomfort in discussing race and racism in European contexts (Davis 2020). Anthias's (2012) work is instructional here whereby she observes that people are constituted as gendered, classed, racialised subjects prior to migration, and are 'othered' as they travel, with intersectional social locations enabling mobility for some while restricting it for others. Pointing to the "layering of injustices facing migrants," Stasiulis, Jinnah and Rutherford (2020: 11) argue that migrants are not monolithic and various social axes of difference are mobilised in the enactment (or not) of punitive migration controls. This has reinvigorated debates on the structural and systemic processes which underpin and shape migration. Stasiulis and colleagues (2020: 6) highlight the 'categorical fetishism' evident in migration studies whereby asylum seekers, refugees and migrants are separated out such that rights are afforded to some but stripped off others leading to a situation whereby some groups are desired while "others are problematic, deportable and even disposable."

In turn, researchers have eschewed essentialist interpretations of femininities and masculinities in favour of intersectional analysis illustrating that the conditions in which migrants travel, live, and work are shaped by diverse disadvantages and social structures such as gender, age, class, nationality, and ethnicity, with identities, ideologies, and practices formulated, challenged, and negotiated in manifold ways as people move within, and across, borders as part of both voluntary and forced migrations (Bastia, 2019). The patriarchal and heteronormative underpinning of international refugee regimes is especially recognised (Fiddian-Qasmiyeh, 2014). Ehrkamp (2017) argues that humanitarian agencies, donors, screening and admission agents of potential host governments require particular gendered identity performances. While the positioning of women as victims, carers and peacemakers, and as docile, passive and dependent bodies, renders them both legible to, and 'deserving' of, state support, perceptions of men as violent aggressors has had the opposite effect.

This has, in turn, helped refine the use of intersectionality by shifting from an exclusive focus on 'double jeopardy' towards a recognition of how 'power and social categories are culturally constituted' such that fixed hierarchies cannot be ascribed to particular identities.

Intersectionality is not, therefore, about a 'race to the bottom' and intersectional analysis remains relevant at 'the top of social hierarchies' (Carbado 2013, 813). Accordingly,

migration scholars have deployed an intersectional lens to analyse privilege (Kynsilehto 2011) and intra-group differences (McIlwaine and Bermudez 2011).

Echoing broader concerns highlighted above, there are also concerns about how intersectionality can be operationalised methodologically within migration research (Nash 2005, McCall 2005). This is not only about methods (see above) but also about the fact that intersectionality itself tends to frame specific groups as being particularly vulnerable to disadvantage, promoting homogenous views that obscure intra-group difference (Nash 2008, Squires 2008). More broadly, and as identified above, there is agreement that intersectionality has been depoliticised - perhaps because of its disciplinary and geographical mobility. Particular concerns have been raised about the ‘whitening’ of the field as evidenced by its usage in research, policy and claim-making spaces of advocacy which do not honour its historical roots in civil, feminist and anti-racist movements (Bilge 2013, n.d.; Abutbul-Selinger, 2017; Knapp 2005). Such erasures amount to what Mollett and Faria describe as ‘epistemic violence’ (2018, 572), and as we have argued elsewhere, it is debatable whether a study that is not feminist (understood here as the politics that originates from plural, post- and de-colonial feminisms) or anti-racist in its intention can be called intersectional (Bastia et al., 2022). Within migration studies, as in feminist geography, we can find research that is feminist in its scope and integrates in its analysis the intersection of various forms of inequalities but without using intersectionality as a framework (Pratt 1999). We would argue such an approach is truer to the original aims of intersectionality than research that explicitly uses its framework but is stripped of its politics.

Intersectionality, migration and the SDGs

Connecting the work on intersectionality and migration to development, scholars argue that the more holistic 2030 Agenda for Sustainable Development opens up the potential for integrating intersectional approaches and analysis (Bastia et al., 2022; Hankivsky and Hunting, 2022; Kapilasharami and Hankivsky, 2018). Thus, the SDGs focus on *global* development and *all* segments of society suggests a shift from siloed sectoral approaches to more integrated development cooperation and policymaking (Hankivsky and Hunting, 2022). This said, there is ample evidence of the challenges in operationalising intersectionality in

development and translating it into meaningful and empowering interventions (Bastia et al., 2022).

Three challenges stand out. The first is the extent to which intersectionality emerges from, and in the footsteps of, a longer established interest in gender in both development studies and policy. Hankivsky and Hunting (2022) draw on broader research to argue for an urgent need to be critically attentive of ‘what is being mainstreamed when we mainstream gender.’ They draw particular attention to the tendency to continue to prioritise gender and place it at the apex of social difference. In so doing, there is a danger of additive approaches to intersectionality as well as an assumption that gender always matters. Thus, an appreciation of intersectionality as a potential intersection of *any* social category in which gender and/or race might not even feature is not widely evident. Highlighting this, Hankivsky and Hunting (2022: 13) argue that premising intersectionality on previous gender interventions is problematic as “according to intersectional perspective, there is no such thing as a pre-determined most significant factor in determining inequity.”

Second, and situated within this context, when intersectionality is taken up by development actors, it runs the risk of repeating some early mistakes associated with gender mainstreaming or poverty reduction approaches (Bastia et al., 2022). In a related but subtle difference from the argument on the ‘whitening’ of intersectionality discussed above, there is a demonstrated tendency within gender mainstreaming to strip analysis and interventions of transformational ambitions which seek to address underlying structural inequalities and power asymmetries. Instead, as Cornwall and Brock (2005, 1043) argue “...words that once spoke of politics and power have come to be reconfigured in the service of today’s one-size-fits-all development recipes, spun into an apoliticized form that everyone can agree with.”

Third, it can be operationalised as a ‘race to the bottom’ as exemplified by the SDG aim to target ‘those who are left the furthest behind first’. While this is not problematic in an by itself, the notion of cumulative disadvantage could become an approach in which the ‘most vulnerable’ are identified by adding up marginalising identity features to select those individuals who tick the most boxes (Bastia et al, 2022). Such an approach would ignore social relations, fluid identities, or combinations of personal identities that do not readily fit into the ‘furthest behind’ group (for example, migrant men losing their privileged masculine status when crossing a border and becoming a foreigner or undocumented worker). Using

intersectionality as a targeting instrument in this manner would reinforce the detrimental effects of this fashionable approach among donors, thus further undermining solidarity structures and setting back the universalisation of rights (Mkandawire 2005; UNRISD 2016). It also puts a blind eye on cumulative privilege and ignores the fact that intersectional analysis remains relevant at the top of social hierarchies as was mentioned above.

Health and Care Work: The potential for intersectional SDG approaches

In this section we draw on examples from the fields of health and care to discuss how migration has been taken up in the SDGs, and do so from an intersectional perspective. The examples included in this section support our argument that while the SDGs can be considered an improvement from the MDGs, they have failed to integrate an intersectional perspective.

The relationship between health and migration is complex (see Govere et al., this volume; Hossin, 2020; Kapilashrami and Hankivsky, 2018). Health can be a driver for migration while increasingly unsafe migratory journeys – associated with ‘stalled’ or ‘halting mobilities’ - have significant consequences on physical and mental health (Stasiulis, Jinnah and Rutherford, 2020). Marked by fear, anxiety, insecurity, a lack of food and shelter, sexual abuse, violence, injury and even death, protracted journeys can have a debilitating impact on health (Hossin, 2020). Research evidences that displaced people have higher rates of physical and mental health problems than host-communities (including PTSD and other infectious disease outbreaks due to poor living conditions such as, for example, cholera and other outbreaks in camps in South Sudan). Yet, many of these health issues are unattended by available health services (Bogic, Njoku, & Priebe, 2015; Kane et al., 2014; Reed et al., 2012) such that the barriers to, and opportunities for, health service provision for, and their uptake by, refugees remain poorly understood.

Furthermore, hostile reception environments where access to health, welfare and social services is increasingly circumscribed can result in a (further) deterioration in post migration health as evidenced in the case of the UK where the imposition of an immigration health surcharge to gain access to the National Health Service is resulting in the enforced separation of families. Other countries experience similar problems. Stasiulis, Jinnah and Rutherford (2020) point out that while the South African constitution guarantees health care as a right for all, this is not evident in either the National Health or Immigration Act resulting in migrants

facing significant challenges in accessing health care and health care workers not having guidelines on how to deal with non-South African patients. There is a “layering of injustices facing different migrants.” (p11). A lack of access to affordable health care in urban settings can result in return rural migrations as evidenced in research on internal migrant workers in India (Sharma et al., 2021). In turn, extensive research on global care chains highlights the intricate connections between mobility and health and care sector work.

Yet, until relatively recently, an intersectional approach attentive to diverse social identities and structures as well as migration processes, trajectories and laws to understand these experiences has been limited (Kapilashrami and Hankivsky, 2018). As such, as Kapilashrami and her colleague argue health interventions targeted at migrant populations have tended to focus on specific events – such as the outbreak of infectious diseases – or categories of migrants who are particularly marginalized, such as undocumented migrants (Ibid.). Consideration of health circumstances prior to, and during migration, are often neglected given a predominant focus on post-migration health (Hossini, 2020). It is in this context that scholars argue that an approach that considers “relationships and interactions between such factors and across multiple levels of society to determine how health is shaped across population groups and geographical contexts” is critical to achieve the SDG (health) ambition to ‘leave no-one behind’ (Kapilashrami and Hankivsky, 2018: 2590).

In part, these omissions can be attributed to cultural, social and gendered approaches to understand health, which pay attention to migration to differing extents. Early cultural approaches ascribe health outcomes to individual behaviours thus disregarding the importance of structural forces including access to health care as well as employment and living conditions. Attentive to only cultural difference, the ‘acculturation’ thesis proposes that while migrant populations are healthier than both local and longer settled migrant communities¹ on arrival, they experience declining health as they absorb native cultural health habits. Echoing our argument above, intersectional approaches to migration and health are embedded in gender scholarship which has, until relatively recently, set the parameters for enquiry. Hankivsky (2012) documents how gender shapes the ways in which health data

¹ This is attributed to immigration required health screening; the fact that international migrants tend to be healthier and wealthier than those who do not migrate and demonstrate ‘good food behaviour’. However, dietary acculturation over a period of time leads to declines in health status explored in work on research exploring the link between health, ethnicity and diet (see for example, Keval, 2016).

is collected, analysed and presented in distinct bodies of work on ‘women’s health’, ‘men’s health’ and ‘gender and health’. While important in accentuating different health pathways, access and outcomes, there is a tendency to conflate women and women’s health with gender and gender and health and deploy normative assumptions on class, sexuality, ablebodiedness and race. The gendered health approach is also criticised for emphasising differences between women and men, failing to recognise the heterogeneity of the social categories of ‘women’ and ‘men’, thus exhibiting an unwillingness to move beyond two definable genders and marginalisation of intersex and transgendered persons and practices (Hanvansky, 2012; Springer et al., 2012). Such an approach is inattentive to the dynamic nature of privilege and oppression which permeates health systems and affects health outcomes.

While initial research has tended (again) to privilege gender as the most significant variable – and within the confines of the gender-class-race triad illustrating how ongoing experiences of racism and poverty shape health - Samra and Hankivsky (2021: 858) argue for the urgent need to decolonise the global health movement given that “western medicine [which] is embedded within power structure that favour those as racialised as White and cisgender and heterosexual men.” For example, while interventions which address linguistic barriers, which prevent access to health information or services is crucial, a lack of attention to xenophobia and racism, discriminatory attitudes, exclusion or marginalisation in national health systems as well as restrictive laws and fear of deportation is problematic (Ibid.). A decolonial intersectional perspective which is critical of knowledge creation can challenge the biological and racial essentialisms embedded within medical research and education, promoting, for example, the use of more diverse case studies and more accurate diagnosis. Connecting structural and social structures with different stages of mobility and settlement, Kapilashrami and Hankivsky (2018) illustrate the varied experiences of young men from Afghanistan, Pakistan, and North Africa in comparison to those from Syria at EU borders. While the former are subject to greater resistance, entry restrictions, violence and exploitation, Syrian refugees, while also subject to racist institutional barriers in accessing crucial services, receive relatively more open reception and health system reforms that are responsive to their needs. Over a period of time, concerns about how intersectionality can be operationalised methodologically in qualitative, and especially quantitative, research have been addressed.

An intersectional perspective sheds further light on health and care industry, which is heavily dominated by migrant workers, especially in its lower echelons (Datta et al., 2007). While the boundaries between migrant and Black and Ethnic Minority groups are blurred, intersectional

research interrogating the interaction of ethnic identity with social location and clinical position has found that there was an “excess burden of [Covid-19] infection rates, mortality and need for intensive care among ethnic minorities” in the UK. Accounting for 22 per cent of the total health and care workforce, ethnic minority staff accounted for 67 per cent of all deaths. This disproportionate exposure to the risk of death is attributable to overrepresentation in patient/care facing roles, which are lower paid and less secure as well as inadequate access to protective equipment.

Bringing this discussion back to the SDGs, and development, Kapilashrami and Hankvinsky (2018) argue that the transformative power of intersectional approaches to health research more broadly, as well as migration and health have yet to be realised. Attention to its radical roots, and the interplay between privilege and oppression, has the potential to not only identify who is left behind but to understand why and how they have been left behind. Arguing for the mainstreaming of intersectionality in health policy and systems research, they point to the fact that “an intersectional lens demands turning away from siloed to more coordinated, multisectoral strategies across health, immigration, humanitarian aid, security, and labour, as well as attention to its structural roots (such as unemployment, poverty, and conflict) and sources of protection or advantage in contexts of transit and destination.” (p. 2591).

In line with the arguments made above, it is also clear that while it is commendable that care is now included in the SDGs, the way it is framed and its associated targets do not fully capture the intersectional inequalities inherent in how care is both practiced and organised in many societies. Care is a contested term. With significant overlaps with the concept of social reproduction (Kofman 2012; Kofman and Raghuram 2015), care as a term is used for activities that are marketised as well as those that are carried out unpaid within the family (Twigg 2006). Joan Tronto (2015) argues that “care is a species activity that includes everything we do to maintain, continue, and repair our world so that we may live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web”. In a previous work, developed with Berenice Fisher (1990) the authors suggested that care is made up of four main elements: (i) caring about; (ii) caring for; (iii) caregiving; and (iv) care-receiving.

In contrast with the Millennium Development Goals, which did not include references to the care work of women, the SDGs do include a target on care (Dhar, 2018). This is target number 5.4, part of the SDG5 whose aim is to “Achieve gender equality and empower all women and girls”. Target 5.4 aims to:

“Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.”

This target is supported by indicator 5.4.1: “Proportion of time spent on unpaid domestic and care work, by sex, age and location.”

Although not self-evident from the title of the target, or the indicator used, an intersectional perspective would allow us to shed light on the fact that some women already have a much lighter care load, compared to others. While women, overall, are being targeted here with the aim of alleviating their burden – particularly of unpaid care work carried out within the family – black, indigenous and ethnic-minority women are most likely to be carrying a much heavier load of unpaid care work. In many contexts, these are also very likely to be migrant women, whether internal or international migrants.

We already know that higher income countries in the Global North, as well as migration destination countries in the Global South often rely on international migrants to fulfil their care needs. For examples, European countries as well as the US have been attracting large numbers of migrants, particularly women migrants, to carry out paid care work. This includes childcare and elderly care, including domestic work. These countries have a ‘care deficit’ due to native women’s joining the labour market in larger numbers, the shrinking of the welfare state, with the concomitant reduction of spending on elderly care and childcare provision, as well as the unwillingness of male partners to take up a fair share of unpaid care work duties (Anderson 2000; Glenn, 2010; Hochschild 2000; Lutz, 2011; Parreñas 2012). In many countries of the Global South, particularly migration destination countries, such as Argentina or South Africa, a similar process emerges. With higher native women’s labour market participation comes an increase in the employment of migrant women who come from other countries for the unmet care needs. In these as well as others, internal migrants have historically met the domestic and care needs of women of higher socio-economic status, who

were then able to use their additional time for paid work or leisure. As Parreñas (2000) and Hochschild (2000) argue, this migration results in Global Care Chains, which directly transfer care from lower-income to higher-income countries, along not only gendered but also racialized hierarchies, resulting in the net benefit of whiter and higher income families, including women, who can enjoy greater freedom and less time-poverty.

For this SDG to be achieved, there should be a recognition of the way in which care is structured and organised in society and the fact that it is not women in general, but often women from racialized background and from lower socio-economic groups, who bear the brunt of the care responsibilities, both paid and unpaid, and suffer the most from time-poverty.

Conclusion

In this chapter, we have laid out the background to the emergence of intersectionality as a concept. We indicated the emergence of intersectionality in the US but also traced the much longer history and more complex geography of intersectional-like claims. We highlighted the important role that migration research has played in helping intersectionality expand its use, from the US to Europe. However, we have also argued that its reach has thus far been limited. While intersectionality as a concept and a concern has been taken up in policy making, its impact has been quite limited.

The SDGs do include an intention that can be said to be intersectional in its objective – to ‘leave no one behind’. Migration as a concern has been included in the SDGs, which was not the case with the MDGs, and this is a great achievement. However, there is still considerable work to do before migration – or gender – are acknowledged from an intersectional perspective. In relation to the two examples that we discussed in more depth, we have argued that with health, while there is a recognition of the importance of health, this is not done from an intersectional perspective. Similarly, in relation to care, while it is an improvement that care is now included in the SDGs, there is little recognition of the important role that migrants – whether internal or international – play in supporting and fulfilling the care needs of dominant groups and families of higher socio-economic status. We have shown that migrant women, and those from lower socio-economic groups, are likely to be the ones that carry the highest load of unpaid care work and the ones that have the highest levels of time-poverty.

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