

CARE OF OLDER PEOPLE IN MIGRATION CONTEXTS: LOCAL AND TRANSNATIONAL ARRANGEMENTS BETWEEN PERU AND SPAIN

RESEARCH OBJECTIVES AND METHODS

This article is based on the research project ‘Growing older in a context of international migration’ conducted during 2006-2008, with the support of the Spanish Ministry of Science and Innovation [i+d SEJ 2005-04815] and the European Social Fund.

The main aim of the project was to analyze the migration of older people to Spain, and determine the principal characteristics and social impact of these migration flows, both in the home and host countries. We focused on three specific migrant groups: Peruvians, Moroccans and Bulgarians. Nevertheless, this research note only presents an analysis of the empirical data on the Peruvian case, focusing on one specific issue: care arrangements for older people inside the family.. The information provided in this research note is based on 20 in-depth interviews conducted with Peruvians aged 50 or older living in Madrid and Barcelona.

The analysis offered here explores how care of older people is organized within family structures in the context of Peruvian migration to Spain. Transnational care arrangements are shaped by micro-social behaviours as much as they are deeply influenced by migration policies and the particular institutional settings in each country. State policies determine to a large extent the different ways in which the cross-border movement of people takes place (facilitating or inhibiting it), as well as the rights of migrants and their families, for instance, through access to citizenship. The concept, and practice, of transnational citizenship is still under construction, and the case study

presented here highlights the challenges arising in the care of older people when this involves more than one national context, as well as the gains and losses that migrating at old age imply.

ANALYSIS OF RESEARCH RESULTS

The in-depth interviews conducted in Madrid and Barcelona focused on those care arrangements that affected older Peruvian migrants living in Spain, both in relation to their own care, as well as to the care of their older relatives, whether they had joined them in Spain or had stayed in Peru. The analytical approach taken includes both a micro- and a macro-social perspective, taking into account the family and state levels. It is the intersection between these two perspectives, at the local and transnational levels, that helps better understand the different ways in which migration and care decisions are interwoven.

In many instances care necessities determine the migration of older people, as these flows are often linked to previous migration processes and transnational family arrangements. Peruvians have been migrating to Spain continuously and in large numbers since the late 1980s. As the community has become more established, many migrants have faced issues related to the need to provide care for their elderly relatives, whether in the home country or by bringing them to the host society. Peruvian women were often the pioneers of migration, due to the high demand for domestic workers in Spain. In earlier waves of Peruvian migration to Spain, women outnumbered men, but today the Peruvian community is composed of equal numbers of men and women.

Of the estimated 200,000 Peruvians living in Spain, approximately half have dual citizenship, since Latin Americans can apply for Spanish nationality after two years of legal residence in the country (most other foreigners have to wait a minimum of ten years) and enjoy preferential treatment in other immigration procedures as well. This is the result of colonial and historical links, including the fact that many Spaniards migrated to Latin America in the past, as well as the current strong economic and trade relations with Spain. An important consequence of this is that Peruvians have to a large extent been able to reunite their extended families in Spain, in many cases this including elderly relatives. A secure residence status also means that even if migrants do not reunite their families in Spain, at least they can benefit from regular visits by relatives. In turn, these relatives, when reunited, have been able to benefit from access to health and social care facilities in the host country, and if they were still relatively young, they might have become engaged in paid or unpaid labour.

In addition, as a result of the growing presence of Peruvians in Spain, as well as the continuous presence of Spaniards in Peru, both countries have been compelled to put in place bilateral agreements regulating access to social security and other social benefits. The most relevant instrument of this type is the 'Social Security Agreement signed between the Kingdom of Spain and the Republic of Peru' in 2003, and put into practice in 2005, with the aim of increasing cooperation in the field of social security (Spain has signed similar agreements with ten other Latin American countries). This agreement partly recognizes the growing importance of transnational lives and working trajectories, and the consequent need to take this dimension into account to be able to guarantee migrants' social rights. Another important instrument for guaranteeing the rights of transnational workers from Latin America is the Ibero-American Multilateral

Convention on Social Security, which was signed in 2007 but is still going through ratification. This Convention aims to preserve the rights of Spanish, Portuguese and Latin American migrant workers, ensuring that they retain their social rights and access to adequate social protection independently of their migrant status (ISSA 2010).

Although these instruments constitute a step forward in the emergence of a transnational realm of social protection, in practice, they suffer from many restrictions and hurdles. National administrations can sometimes create obstacles, due to lack of will, capacity or ability to work beyond their territory, or because officials do not assume responsibility for delays and omissions. On the other hand, potential applicants are often poorly informed about procedures that are generally long and complicated.

Differences between social security systems and coverage policies in the countries studied also make the regulation of the transferability of pensions and other social benefits difficult. In Peru, not all workers and their families are covered by an adequate health and pension scheme, often resulting in their incapacity to sustain themselves in case of illness, accident or death (Cepal 2009). If they are fit enough, most Peruvians continue to work well after they are 65. If this is not possible, they seek to receive some income from rents, in addition to the physical and material support they receive from their children (Gill et al. 2004). In Spain, by contrast, pensions can be contributory or non-contributory (means-tested). Although the latter does not necessarily cover all living costs for old people (in 2010 it amounted to 347.60 euro/month, compared to an average of 908.49 euro/month for contributory pensions - Social Security 2011), at least it might help them stay out of poverty and exclusion. Foreign citizens with legal residence are covered by both schemes.

In Spain a work-related pension is considered a social right that all citizens deserve, based on how many years they have worked (the minimum is 15 years) and their social security contributions. Some Peruvian migrants are already receiving a Spanish pension based on their contributions to the Spanish social security system, and others expect to achieve this when they reach their sixties or seventies. These migrants are generally in a position to maintain themselves. They may even transfer and redistribute part of these social benefits among relatives in Peru, or carry their pension with them if they move back to the home country (Escrivá and Skinner 2006; Warnes et al. 2004). For those migrants who have been resident and/or working in Spain for shorter periods, they can add their social security contributions in Peru to the ones in Spain. This combined sum of contributions opens up new possibilities for elderly migrants to qualify for a pension that they would not have been able to obtain under one national social security system. However, as the following quote shows, this alternative is often curtailed by the fact that employers or social security offices in Peru are unable or unwilling to give proof of the incumbent's working and payment record, thus, invalidating in practice current agreements:

“I remember I worked there [in Peru] until 1985... but when I asked for a certificate, they gave me one that says I had worked only until 1980... it seems the missing information is lost and there is no way to appeal against this...” (Antonio, 62 years old, 6 years in Barcelona -all names used are pseudonyms).

Obtaining a state pension becomes more difficult when migrants have been working in the informal economy, either in Peru or in Spain. In many cases this makes it impossible for migrants to qualify for a contributory pension. Given that women are overwhelmingly involved in the informal economy (for instance, many migrant women in Spain work in the domestic sector), they tend to have fewer rights to a pension than men. Migrant women might end up working in the informal sector because they do not have a legal permit to work in Spain, or because they do not have a contract even if they have a work permit. In addition, women have been traditionally less involved in the labour market, given their greater propensity to be responsible for care arrangements within the family during some periods of their lives. Consequently many Peruvian migrant women are unable to reach the minimum amount of working years to qualify for a contributory pension:

“I worked four years without a contract because I did not have ‘papers’ [a work permit]. I used to work Monday to Friday for the mother of a little girl (...) during that time they would pay me cash-in-hand, but when I got my permit they provided me with a contract” (Nélida, 53 years old, 14 years in Barcelona).

Nationals and non-nationals over 65 who do not qualify for a contributory pension are entitled to a non-contributory pension if they have been living in Spain for at least ten years (with some restrictions based on the income of the family unit). This scheme was created in 1994 with the aim of guaranteeing minimum living standards for old people. However, the small payments involved make it extremely hard for anyone to survive with this source of income without any other alternative financial help, mostly

from the family. In the case of migrants, another drawback is that this type of pension cannot be carried to another country:

“In economic terms it is not enough (...) I live off the non-contributory pension and I receive approximately 10 Euros per month from Peru. I can live with this... but sometimes I have to go to my son’s and ask for ‘a plate of food’. However, my sons cannot help me a lot, they give me some money now and then, but sometimes they say ‘you know we can’t” (Fanny, 74 years old, 17 years in Madrid).

In addition to financial support from public and private sources, individuals and families require physical, emotional and other types of care from significant others with whom they build a network of care relations.

The migration of older people can be linked to care giving as much as to care receiving. An important function of the elderly in migrant families is to provide care for other members of the family, especially dependent children. While research has broadly confirmed the performance of this caretaking function when the children are left behind in countries of origin, migrants also sometimes expect their parents to play this role in the countries of settlement. Many Peruvian families in Spain (like Spanish families) are unable to take care of their children because both parents work full time. Given the scarcity of state-funded care facilities for small children and the high cost of private childcare, as well as specific cultures of care, grandmothers are most valued. Thus, the lack of available resources renders the family as the only solution to respond to care needs, and women as the chosen actor to fulfil this function. Women are considered as

innately orientated towards the necessities of others (Bubeck 1995; Daly 2001) and may therefore feel obliged to take care of the grandchildren (cf. Deneva this issue). There is often not much debate about the distribution of this responsibility or the desires that women might have, as there is an automatic assignment and acceptance of this kind of arrangement:

“I help both [my children], for example, I clean Liz’s house and cook for her in the mornings. And in the afternoons I go to my son’s and stay with his children, because he has to leave for work and my daughter-in-law is doing a course (...) Yes, [I came] because I was alone and to help them both. My son could not work without me because of the children, but really I have not got used to [my life here]” (María, 67 years old, 1 year in Barcelona).

Elderly women migrants might not only feel that they have a care duty towards their children, but also towards other members of the family. Husbands, parents or extended family might feel the need, and think they have the right, to receive care as much as children and grandchildren. Simultaneous care demands from different relatives may provoke feelings of confusion and incapacity. Transnational family structures add pressure to these demands as the geographical distance means that older women cannot respond to all care demands at the same time, therefore, a hierarchy of care receivers has to be settled:

“I came through family reunification to help [my daughter](...) my daughter tells me ‘mum ... you have to stay here’, but I tell her I can’t because I am married and

my husband is [in Peru. It has been so long, more than a year and a half that I am here. I have to go back, my husband tells me 'you don't go anywhere anymore']” (Alicia, 69 years old, 2 years in Barcelona).

Migration at an old age can also be motivated by the need to receive care, rather than provide it. Lack of institutional resources in Peru for elderly care renders the activity mainly a family responsibility, and the absence of relatives in the country of origin causes a shortage of care providers. In some cases migration of elderly family members to Spain appears as the best solution, since it offers access to public health care provisions and as much family care as needed. A number of elderly Peruvians have migrated to Spain through family reunification mainly for this purpose, since the legislation included parents as potential beneficiaries. Those Peruvians who have acquired Spanish nationality have also benefited from quicker and easier procedures for obtaining tourist visas or temporary residence permits for their elder relatives to visit them frequently in those cases where permanent family reunification was not the final aim.

“In Peru I was all alone, and then my eyes became bad and they did not want me to have an operation there for the simple reason that I didn't have anyone to look after me, to take care of me” (Marta, 81 years old, 3 months in Madrid).

In contrast to Peru, Spain offers quasi-universal health care that includes access to medical treatment for most people, including non-nationals and non-contributors to

the social security system. Health care is considered a social right for everyone residing in the country with a valid identification document (a passport from the country of origin for example). The older migrants we talked to deeply appreciated having access to this health system. Interestingly, they did not specifically mention the issue of care resources, such as tele-care or home-care, as important elements to approach the ageing process or as a resource to demand to the Spanish state:

“... I am grateful to the doctors here who gave me this life, in Peru I would have been dead because you have to pay the insurance, medicines...” (Fanny, 74 years old, 17 years in Madrid).

Whatever the advantages, not every older person is able, or wishes, to be reunited with his/her family abroad. Many fragile old people prefer to stay in the country of origin as long as possible. In these cases, older parents or their children try to postpone the trip until they cannot live by their own any longer or a concrete sickness develops. Migrant children might sometimes prefer not to bring their parents with them, instead arranging different care solutions from a distance, the organization of which requires constant transnational supervision:

“Bring my parents [to Spain]? No, it’s difficult to bring very old people here. This is a very strange place for them, and they can’t adapt well because they have other habits. To have them locked up in an apartment all day? What for? There [in Peru] they have their friends, their life...I think it would be a big mistake to bring them. To help

them there is good, but not to bring them here..." (Horacio, 54 years old, 16 years in Madrid).

The difficulties that an older person faces when migrating and having to adapt to a new setting start with the fact that they need to get used to a new daily routine that ignores their previous points of reference. They see their new socio-physical context as something unknown and, sometimes, even threatening. There are no solid social relations, apart from the ones established with the family, neither are there familiar physical spaces, starting from the very own house. For old people, receiving care in the destination country can imply giving up all aspects of their previous lives:

"[I miss] being in my house, alone, doing whatever I want to do. It's not that my son doesn't let me do what I want, but it's not the same (...) I want to go back, and enjoy being in my own place, with my own things. I invested a lot in these things and I should be able to enjoy them now, and my little animals too" (Cristina, 64 years old, 10 years in Barcelona).

Another difficulty that can arise with the migration of older people for care-receiving concerns the new parent-child relationship. Family life in Spain might be very different from what it used to be in Peru before children migrated and, therefore, expectations of care receiving might not always be fully fulfilled. There are transformations related to changes in the social context and the passage of time. There may be a mismatch between the aspirations the elderly have built during their life

course and the actual care their children can provide for them. Older people might feel they are not receiving the attention they deserve, or even consider that they have been abandoned by their own children. Some interviewees blamed what they perceived as their children's lack of interest in looking after the elderly on the migration experience; assuming the values of the new society and time constraints prevented their sons and daughters from behaving as the ideal 'care-giver'. They believed that migration had broken cultural conceptions of care that had been previously transmitted through generations (Díaz Gorfinkiel and Orozco 2010), and that their children were suffering from 'cultural contamination' (Stock 2004, Gardner 2004):

"...since I arrived in Barcelona, none of my children has said, 'mum come to my house' (...) On Saturdays and Sundays, I have no place to go, if I call one of my children, she says, 'I am sleeping, I am resting', and if I call the other, he has gone out with his wife..." (Manuela, 68 years old, 10 years in Barcelona).

Whether they are mainly positive, or sometimes controversial, many families build and maintain durable ties over time and space, crossing national frontiers and creating 'transnational kinship groups' (Zechner 2008). Within these groups, feelings of care obligation towards the older generation arise from some sense of reciprocity, in return for the care the children (or grandchildren) received before. Care, in this case, constitutes a long-term resource that gets exchanged inside the family under different conditions according to the position of every actor at different times.

“My daughter always tells ‘you deserve to receive care because you helped us a lot’ (...) Well, you know that sometimes you bring up your children and they never remember you...” (Marta, 81 years old, 3 months in Madrid).

Care obligations also extend to elderly family members staying behind. As mentioned above, sometimes old people might not join their families abroad, but decide to stay in Peru, creating the necessity to make some arrangements to take care of them from a distance. In these occasions, and as other studies show, migrant children generally acquire the responsibility for monetary support, while those children remaining in the country of origin take charge of the practical tasks (Mazzucato 2008). This distribution, as any other organization of care activities, implies different power relations inside the family, and the acceptance of different rights and duties towards present and future family arrangements and considerations of reciprocity. The right and duty to give and receive care builds up through the life course, depending on the different family arrangements that develop.

“I was living with my son [in Peru], and my grandson, his wife and their two little children. But my son was feeling bad because their sisters [in Spain] were sending all the money and he was giving none. They would tell him not to worry, that the money was to take care of me.” (Marta, 81 years old, 3 months in Madrid).

When elderly people stay in Peru, occasionally family members cannot respond to all care demands by themselves, and need to purchase services in the market as the

Peruvian state does not offer sufficient care resources. Remittances often allow those staying behind to afford private health care, or even contributions to a private pension scheme and access to other types of private help (for instance, employing domestic helpers). Therefore, like pensions, remittances frame care possibilities for the family, both in response to demands from family members because of their scarce resources, and as a redistributive solidarity mechanism between generations:

“Yes, [I send money] to my mother in-law because she lives at home and she is old, so who is going to support her? My mother still lives with my father, they are fine and they can take care of themselves... I always help, sending 300 dollars a month.”
(Horacio, 54 years old, 16 years in Madrid).

In the absence of adequate and effective social welfare policies, monetary transfers, physical mobility and intra-family care arrangements serve as an instrument of social protection (Boccagni 2010). The cases analysed here constitute clear examples of how social welfare can be transferred and provided from abroad, as the connections between social actors and states cross national frontiers. Nonetheless, in this context, migrant families are left with the highest levels of responsibility and vulnerability.

SOME FINAL REMARKS

The aim of this research note is to point out some of the main characteristics of care arrangements for the elderly in the context of Peruvian migration to Spain. This is still a work in progress as there are many aspects of care strategies in this context that

can be analyzed in depth under different theoretical approaches. However, the empirical findings briefly presented here set out some of the main ways in which transnational care processes occur in the context of migration, and some of the consequences of this.

Transnational lives imply the reconfiguration of many social spheres, among the most important are care strategies and the construction of social rights. The development of care strategies and social rights is deeply interconnected, as decisions relating to family arrangements take place inside institutional structures that adapt in response to social and family transformations. Family decisions about care are affected by state policies that regulate access to care facilities, and globalization implies the combination of institutional structures across frontiers.

Care, and elderly care more specifically, should be approached from a broader perspective than in the past, due to increasingly globalized lives that cause ruptures and changes in traditional care strategies. Families are obliged to activate new resources or adapt old ones in order to respond to new demands of care in transnational settings. States, in turn, have to include this global reality in their understanding of social rights if they are willing to maintain certain living standards and social cohesion. Despite movement towards the incorporation of the transnational perspective in state policies, states still partially ignore the reality of transnational citizenship, as the analysis of the difficulties of elderly Peruvians shows.

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