Returning Home to Care: Social Reproduction at Work

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ABSTRACT: Caribbean women have historically done productive and reproductive work that has been rendered less than visible and undervalued economically and socially for the state, family, and community. Emigration from the Caribbean to economically wealthier states across the Global North and South remains an important route to individual and familial improvement. Migrant women continue to fulfil "family responsibilities" transnationally, even throughout the COVID-19 pandemic. Concurrently, there are women who return to countries of birth to care for aging parents. With an aging population in Trinidad and Tobago, elder care becomes important not only to the state and how it allocates resources for this population, but also for children and families. But why do "highly skilled" women return to do this proximate care work? With Marxian feminist analyses in mind, I detail the shared pressures and expectations on women that cross-cut class and income. From unstructured and semi-structured interviews with eight voluntary women returnees in Trinidad, I describe the reciprocal obligations at work to undervalue this reproductive labor. If privileged women are strained within present day conditions of austerity, even more socially and economically vulnerable women are further strained. The capitalist logics of work globally and Caribbean cultural particularities provide cover for this persistent undervaluing of reproductive labor, continuing systemic inequalities.

KEYWORDS: Caribbean, class, care economy, feminism, migration

The Sandwich Generation in Trinidad and Tobago

When explaining why she returned home to the small island of Trinidad in the southern Caribbean, Flora starts by saying that her mother was "getting on" in age and needed her. As Flora explains,

from 2012 I started to come home regularly. Every visit I would try to stay longer ... [My mother] was herself but she started to go down [become weaker] and need[ed] more companionship [after my father died]. It started off with loneliness. Her siblings started dying. She's from a big family, you see? And her friends were less able to come [visit] and interact. (Flora, interviewed by Maria Gomes, September 12, 2019.)

ing parents, relatives, and friends. Typically, these visits occurred every two years. But following her father's death, Flora returned annually for her mother. "I was uncomfortable that she would pass and I wouldn't be there," Flora relates, "I was also coming back for the sake of my grandchildren, you know? So I would have a relationship with them. If not, they will grow up without me being around." For these reasons she explored local work opportunities to enable returning to live in Trinidad full time. Eventually Flora secured work in the insurance sector and returned to do the

care work duties.

Sixty-year-old Flora had lived in Florida and Georgia

in the USA for twenty years, working in occupational

therapy. Flora visited Trinidad regularly to see her ag-

¹ To protect the privacy of interlocutors/project participants, all names in this paper are pseudonyms. Antonia Mungal and Maria Gomes are research team members.

Flora's return to Trinidad involved a desire to be a formative influence in her grandchildren's lives, participating in the joy of family life. But it also points to the labour necessary for the reproduction of life as family members age. Dorothy Miller's 1981 discussion of the "sandwich generation" captures Flora' position wherein there is an intertwining of material and affective support for aging parents, children and other relatives. Forty years on, the sandwich generation conceptualization remains relevant because it points to the reciprocal obligations between older and younger kin as well as women's less-than-visible-labours required to keep societies and economies functioning (see Gomes, Mungal & Gomes, forth-coming).

In discussing Flora's experiences, my aim is not to disregard or conflate structural differences such as culture, class, geography, nationality, or the implications these factors have on caregivers' experiences. Rather, I intend to examine the persistent undervaluing of women's labour and the financial, professional, and emotional costs associated with undertaking such work. I am mindful of the context of Caribbean kinship and the cross-cultural shared organization of labour, particularly considering the implementation and continuation of austerity measures that reduce social protections (for my treatment of structural issues of Caribbean kinship see chapter six in Gomes 2021). These are matters upon which I will expand in this concise paper.

A Microlevel Study of Caribbean Gendered Care Work

Between 2019–2021, my research collaborators and I undertook semi- and un-structured interviews with eight women who had returned to Trinidad: Ashley, Flora, Janet, Kristina, Lisa, Maya, Severine, and Zoe.² These voluntary participants had common

characteristics and interests, like having completed tertiary programs or post-secondary certifications.³ Most were over the age of 55 at the time of our interviews. They earned higher than average incomes when working, whether in the USA, UK, or Jamaica, as well as in Trinidad on their return. And they lived in urban or peri-urban locations in north and south Trinidad. They worked in event planning, interior design, insurance sales, medicine, and health care - one doctor, one hospital administrator, and Flora was trained in occupational therapy. In International Labor Organization classifications (2014) they were "highly skilled" workers or "professionals." Following the pandemic-related lockdowns and the downgrading of coronavirus from a pandemic to an epidemic, we have since completed additional interviews. In this short paper I refer primarily to Flora's experience.

Although these women could be regarded as relatively economically privileged and successful, they faced considerable gendered expectations about duties of care work – a gendered bind that modern women face (see Ehrenreich and Hochschild 2003; Engels 2010 [1884]; Hondagneu-Sotelo 2001; Mies 1982; Mies and Bennholdt-Thomsen 1999; Parreñas 2021). A significant concern is the shared pressures on and expectations of women that transcend class and income levels. If women of privilege, such as our interlocutors, are strained under contemporary conditions of austerity, women in even more socially and economically vulnerable positions are likely to experience further strain.

There is a capitalist political economic context to gendered labour in Trinidad and Tobago. To briefly expand, surpluses from oil revenues following the 1970s oil boom led to public spending and social welfare measures (Hosein 2007). Following the most recent commodity downturn, the state has increasingly withdrawn social protections in favor of prioritizing market solutions and austerity (see Timcke, forth-

and elderly relatives, primarily children and parents. To aid with data collection, we convened closed workshops with informal caregivers as well as health care workers (doctors, nurses, technicians, waged care workers) and colleagues in adjacent academic disciplines of social work and sociology. 3 Less than 10% of the Trinidad and Tobago population (Central Statistical Office Trinidad & Tobago 2011).

² To a degree, the members of the team shared similar experiences and/or expectations around informal caregiving. We were Caribbean women who had lived, studied, and worked in locales in the "Global North" and "Global South," voluntarily returning to Trinidad and Tobago for a myriad of personal reasons. We occupied similar class and gender classifications as our interlocutors. We likewise were categorized as highly skilled workers who experienced similar expectations of migrating for socioeconomic betterment as well as providing proximate care for younger

coming). The reduction of the cost-of-living allowance, decreased state funding for public healthcare, and concurrent trade liberalization favoring multinational corporations, coupled with the emigration of educated medical personnel like nurses and doctors, resulted in a diminished quality of healthcare in Trinidad and Tobago (Phillips 1996). Currently, there are debates about the government's proposition to extend the retirement age of public sector workers from 60 to 65 (Trinidad Guardian, 2023). Given their relative class privilege, the participants' families could afford better quality private healthcare, opting to go to public hospitals selectively for treatments such as radiation therapy for their parents. Nonetheless, their experiences suggest that the privatization of care means more less-than-visible work for women. While I do not elaborate on this idea in a short paper such as this one, I conceptualize this wider process as women providing subsidies to the state and market.

In the following sections I analyze Flora's experience through questions involving social reproduction. Referring to the "valorization of housework" (Federici 2012, 1) and the "valorization of reproductive work" (Federici 2012, 123), I aim to demonstrate the violence of capitalism at work while pointing to kinship and cultural norms that deserve attention in the idea of reciprocal obligation. There is a related reason to continue writing about the dismantling of labour hierarchies (à la Federici 2012) in institutions. If one group of people are subordinated to capital, the gains of feminism do not signal full emancipation or the dismantling of patriarchy.

Reciprocal Obligation and "Labour Hierarchies"

Using different words but conveying a similar sentiment, Ashley, Flora, Janet, Kristina, Lisa, Maya, Severine, and Zoe expressed a feeling that their parents "needed" them. In almost each woman's life, there was an accident or a medical diagnosis that precipitated their return to Trinidad, such as the parent falling and injuring themselves or an illness that resulted in a hospital stay. For Severine and Ashley, whose aging parents were in good health, it was primarily their parents' post-retirement return to Trinidad from London, England, and New York, USA, that influ-

enced their move to Trinidad. Severine was concerned her sister and extended family would not have the time and energy to devote to caring for her parents as they had children, spouses, and full-time jobs. As neither Severine nor Ashley had children or a spouse at the time, they decided to move to Trinidad when their parents returned.

Continuing to describe the tolls of these labours, Flora's remarks reflect a collective effort of caregiving for her mother between herself and her siblings, especially her sister, and less so with her brother. They regularly speak about their mother's well-being including medical diagnoses, mental and emotional state, and general well-being. All project participants remarked on these frequent conversations and messages. It was common to discuss the comparative costs of medicine between Trinidad, the USA and Canada with a sibling or to ask relatives and family friends to bring medicine when traveling.

A closer look at Flora's activities reveals she does much of the routine care work. This care entails cooking, buying ingredients for meals, alternating between the upscale and less expensive supermarkets, helping her mother to church or medical appointments or to walk in the garden. Up to 2021, Flora's mother was able to do the routine self-care, of bathing and eating for instance. Unexpectedly for Flora, a couple years after returning to live full time in Trinidad, the family hired an informal care worker to stay with Flora's mother three days each week. (By informal care worker I mean someone who was not trained in elderly care, but who was familiar with the family, whom Flora's mother trusted to a degree and was waged).

This worker enabled Flora to have a bit more flexibility and time for herself: "We're able to leave her [my mother] and go but we have to come back before 5 [o'clock in the evening]. So if nobody's going to be here, if somebody has to go beyond that time, we'll talk with each other [and make the arrangements] to make sure that someone is always with my mother," Flora explains. Hiring an informal care worker for Flora means that she also has time to spend with her grandchildren and to care for them, returning to the idea of the sandwich generation.

When Flora considered moving back to Trinidad full time after her father's death, she sought to work

in occupational therapy. But there were limited opportunities. Without sizeable savings, Flora had to continue working in Georgia, USA, until she could return to Trinidad without the security of a consistent income and health insurance to treat her sciatica condition. This situation exemplifies the point about the relative privilege of this group of highly skilled women. Almost all the women in this project returned to Trinidad without a job and negotiated their health insurance coverage - especially important as they were also aging - until they were able to find suitable employment. The relative cushioning of their class position, which meant families had houses with space into which they initially moved, facilities like wi-fi, vehicles they borrowed to drive, as well as their own professional training and education eased their re-entry into the community and society.

While not intending to negate these feelings, minimize these perspectives, or critique these personal decisions, it is crucial to recognize that socially reproductive labour is essential for sustaining life itself. This often invisible or undervalued labour – preparing meals, maintaining a clean household, tending to children's needs, and ensuring families are ready to engage in daily activities – enables workers to sell their labour for productive purposes. Economies continue to rely heavily on this undervalued and frequently low-waged labour, if it is even compensated at all.

As liberal and Marxist feminists have emphasized over decades, the political economy of care underscores how industrialization and evolving forms of capitalism have rendered these less-than-visible labours integral to the functioning of societies and economies across cultures and geographies. While the professionalization of women, a gain of feminism, has led to significant positive developments toward gender parity, parity does not equate to equality. I therefore turn to the concept of social reproduction "as the complex of activities and relations by which our life and labor are daily reconstituted" (Federici 2012, 5).

Our interlocutors described caregiving as a "labor of love." In response to questions of whether Flora thinks of "caring for her family as work" she was adamant that it was not work. This response echoed that of other interlocutors. Quite pointedly, Flora related

her response when a close friend in the USA asked: "when they going to pay you for all you doing?" (caring for her mother), to which Flora replied, "I don't think of looking after mummy as work; I don't expect that kind of money." This was a common thread in women's responses and narratives, pointing to the difficulty of thinking of and speaking about these labours as work and the physical and emotional tolls of doing this voluntary caregiving. What was nonetheless striking in these women's descriptions of their caregiving was a silence on the physical and emotional toll of this unwaged work. The difficulties and hardships of caregiving for aging relatives emerged largely obliquely, and rarely directly (see Gomes et al., forthcoming).

Ashley, Flora, Janet, Kristina, Lisa, Maya, Severine, and Zoe spoke of caring for parents and aging relatives as "duty," "obligation" and "responsibility" – their parents cared for them, and it is now their turn to undertake this care. This responsibility extended to aunts, uncles, and close family friends. When Flora returned to Trinidad, she also "looked in" on her mother's family: "And I've done it beyond my mom, I have done it for my mother's family." From Flora's point of view:

My cousins were away – are living away – and their father got very sick. They knew I was here and they called me and asked me if I would check on their father. And I stuck with their father until this day. I say [to my siblings] "look, so and so is not well and they're living alone. Their children are away and they need help." In a case like that, if my sister or brother are displeased at my sharing myself, once I tell them they will have to deal with that. You know, I feel that we have a responsibility to our other family, who are aging (Flora, interviewed by Maria Gomes, September 12, 2019).⁴

The reciprocal obligation for adult children to care for aging parents is also situated within histories of labour exploitation within the plantation economies of the West Indies, as I discuss in the following section.

⁴ In these middle-income families, the caregiving is done by "blood" relatives who live in nuclear families but there are also communities of "fictive kin" inclusive of religious community members and neighbors who contribute to the labour of care.

The Historical Development of Kinship

Historical conditions remain relevant to understanding the features, organization, and obligations at present. Affect theory is insufficient to theorize this phenomenon of professional women's return to care for elderly parents and relatives. While the history of the West Indies does not begin with European conquest of multicultural indigenous populations and colonization, a history of colonial immigration of enslaved and indentured Africans and Asians for labour in the sixteenth to nineteenth centuries especially, and postcolonial emigration from the Caribbean in search of work and opportunities for improvement, have had enduring effects on social reproduction and values (for more on this history see Mintz 1974; Smith 1961, Solien Gonzalez 1969).

Within Trinidad's plantation system, family and kinship patterns transcended racial boundaries among the poor and subordinated. Both enslaved and indentured women worked in the fields alongside men, performing productive and reproductive labour in contrast to wealthy women. However, a closer examination of the gendered division of labour on the plantation reveals that during slavery and after the abolition of the British slave trade and emancipation/indentureship in 1807 and 1834 respectively, men typically occupied skilled roles, for instance in the boiler houses for processing sugarcane. The devaluation of women's labour and the idealization of their roles as mothers and wives meant that few women could fulfil these roles, although they remained idealized.

Additionally, in the post-emancipation Caribbean economic landscape, household production emerged to cushion against seasonal work, inadequate wages, and starvation. This multiplicity of household production combined waged employment, subsistence agriculture, and small-scale animal husbandry. Children's contributions to domestic chores and farming provided a crucial supplementation within the broader context of underpaid plantation wage labour. Daughters were valued, as they replenished the labour force and also offered reliable assistance in households where male presence was limited with labour emigration.

Reproducing the family unit became a strategic endeavor to secure livelihoods in the colonial-capi-

talist as well as postcolonial-capitalist society. The historical forces that shaped labour dynamics, identities, and roles continue to underscore the relationship between Caribbean women and labour, in this case intertwined with an ethic of care for elderly relatives (see Gomes et al., 2024 for further development of this point). The participants in our study share these obligations out of a complex history.

The Social Costs of Care under Capitalism

Although there are meaningful differences between colonial and contemporary Trinidad, unpaid gendered caregiving remains integral to social reproduction. From the perspectives and experiences of a small group of professional women returnee caregivers who speak of love, duty, obligation, and responsibility, I draw upon Silvia Federici's idea of the valorization of housework (2012) inclusive of care work, to demonstrate how the naturalization of this labour exploitation is fundamental to the functioning of transnational families and states. The institutionalization of "gender labor hierarchies" (Federici 2012, 109) from the industrial era has meant that women willingly take on this work as natural roles but the discursive and symbolic valorization of this role does not extend to material valuing. Formalized care work too is undervalued and underpaid.

As Federici writes, "unpaid labor is not extracted by the capitalist class only from the waged workday, but ... it is also extracted from the workday of millions of unwaged house-workers as well as many other unpaid and un-free laborers" (2019, 55). In referring to the importance of the 1970s Wages for Housework Campaign in many locales of the Global North, Federici continues (2019, 55):

It was redefining the capitalist function of the wage as a creator of labor hierarchies, and an instrument serving to naturalise exploitative social relations and to delegate to wage-workers power over the unwaged. It was unmasking the socio-economic function of the creation of a fictional private sphere, and thereby repoliticising family life, sexuality, procreation.

"I have brought a kind of business approach to caregiving. I'm very organized," Flora explains. But

that statement belies the costs of these labours. There are immediate physical tolls such as lack of sleep and hypervigilance. In addition to Flora, some interlocutors – especially Janet, Lisa, Severine, Maya and Zoe – all spoke of waking at night when they lived with their aging parents, to help their parent to the commode for example. And they spoke of sleeping lightly, constantly listening for a parent's voice or the ringing bell to signal that their parent needed help in the very late or early hours.

"Unshared stresses" (Miller 1981, 419) in the lives of people caring for the elderly and the young signaled a social silence that I suggest is also cultural, making informal caregiving difficult or unusual subject matter to raise with bosses at work, especially for professional women given the gains of liberal feminism. The economic costs of care are at times also shared among the elderly and their informal caregivers. "We don't depend on each other financially. Okay. Everybody have their sources of income, but we merge," Flora clarifies. But the cost of returning for these highly skilled women meant de-prioritizing careers by changing jobs, declining promotions, reducing hours at work, and drawing upon savings or retirement funds. Ultimately, there are considerable personal and professional opportunity costs to this kind of care work that arise in part because the state is withdrawing social protections.

Concluding Remarks

To return to the question which animated this enquiry, "why do professional women return to countries of origin to provide the proximate care for aging relatives?," all our interlocutors spoke of feeling a responsibility to care for aging parents and relatives at the end-of-life stage. Most, including Flora, also spoke of a desire to "be there" in person with grandchildren and parents, demonstrating the "labors of love" that they were prepared to take on for both the young and elderly. In doing so, women de-prioritized careers and jobs as well as their own healthcare.

With demographic changes and the reduction of social protections that accompany austerity measures, the state transfers elderly care to individuals, families, and communities. As one case within a global context of the feminization of care work and increasing economic inequalities, this concern is not new but one that has occupied liberal and Marxist feminists alike since the "second wave" of feminist activism. This case demonstrates the cross-cultural and relatable value of returning to Marxist-feminist inspired analyses of social reproduction to understand how capitalism and accumulation continue to pivot on the exploitation of labour, and in this instance women's labour.

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