

THE CHALLENGES OF TRANSNATIONAL CARE: A VIEW ACROSS FIVE BOLIVIAN REGIONS

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WHY AGEING AND MIGRATION? WHY BOLIVIA?

Transnational care is possible (Baldassar et al. 2007). But is it available to everyone?

Limited work on ageing in developing countries (Skinner et al. 2015)

Most work on ageing and migration also focuses on Western countries

We still need to fully understand the relationship between ageing, migration and development (King and Lulle 2020)

Bolivia is a very diverse country, with a long history of migration that varies quite significantly across its 9 regions

Despite recent improvements, it is also one of the poorest countries in the region

PROJECT BACKGROUND

101 interviews across 5 regions

Men and women over 60 who have some children abroad

South-South and South-North migrations

Interviewees sampled across rural, urban and peri-urban areas

We included some of the main indigenous groups: Quechua, Aymara, Guarani and Guarayo speakers

Collaborative project

OVERVIEW

Each region is different

Migration might be widespread, but some children generally stay behind or close by

Temporality is a significant factors in explaining how the parents related emotionally to their children's migration at the time of the interview

The prevalence of migration is a significant factor in explaining how the parents related to their children's migration at the time it happened

Social networks are generally strong

MATERIAL RESOURCES

Only a small minority of interviewees had access to a pension

Most interviewees owned their homes

Almost everyone was in receipt of the Renta Dignidad, the state cash transfer for over 60s (\$42-50 US dollars per month)

About half of all interviewees continued working, including working on the land, regardless of their age

Only a minority received remittances from their children abroad

Remittances were usually used for everyday needs by the poorest interviewees and for 'personal expenses' (treats) by better-off interviewees, only sometimes for investment

HANDS ON CARE

Interviewees are both care receivers and care givers

Very few interviewees needed everyday hands-on care

Importance of traditional herbal remedies and indigenous healers

Access to Western health care particularly dire in rural areas

‘Left-behind’ parents often have caring responsibilities towards grandchildren

- But not necessarily of their children abroad

In some cases children’s migration increased the vulnerability of the parents

- However, most vulnerability is due to the lack of social and economic infrastructure to support older people

Remittances often used to buy medicine or pay for check-ups *across different socio-economic groups*

EMOTIONAL CARE

Emotional responses to children's migration depended on:

- History of migration in the region and community
- Temporality
- Gender

Most interviewees had strong, solid social networks

Access to communication improved since we started this research in 2013

Very active engagement with civil society

- Many interviewees were active in organisations representing older people, trade associations, church and religious organisations

Importance of connection with nature and land for mental wellbeing

CHALLENGES

Fluidity of rural-urban connections

Violence against women

Undocumentedness

Communication: being aware that children abroad are not telling it like it is

Different visions of medicine

Gender and care: women's contributions to reproductive work

CONCLUSIONS

Transnational care is indeed possible, but the 'classical' understanding of transnational care as 'caring across transnational social fields' is generally only available to the better off migrants' parents

- Legal and more skilled forms of migration
- Access to technology, medical services, some financial security

This does not mean though that the remaining parents lack care or experience vulnerabilities

Parents in rural areas were generally worse off as a result of their children's migration

- They drew very few if any benefits from their children's migration
- Poor communication and very poor medical services

The picture was more varied in urban and peri-urban areas

We have come across some extreme cases of vulnerability, but these were the exception rather than the norm

Imperative to also start looking at internal migration