

Linkages between migration and the care of frail older people: observations from Greece, Ghana and The Netherlands

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ABSTRACT

There are at least four ways in which old age and migration cross each other's paths. First of all, there are people who migrated for economic reasons, usually at a relatively young age, and who have grown old in a foreign country. Secondly, there are older people who migrate when (or because) they are old: in Europe, they are mostly from the affluent northern countries and travel southward. Thirdly, there is increasing employment of, and demand for, immigrant workers in old-age institutions in the northern countries. Finally, there is the out-migration of young people, mainly from rural areas, that results in older people being left behind without children to look after them. In all these cases, migration has a profound effect on the wellbeing and care of older people. The authors of this article explore a fifth linkage between migration and old age, by focusing on the (mainly illegal) immigrants who take on roles as private carers and, in effect, replace the children who have emigrated. Two cases, from Greece and Ghana, are presented and viewed in the two countries' political, cultural and economic contexts, and are then compared to conditions in The Netherlands. In both cases, involving a 'stranger' in the care of an older parent is regarded as a good and respectable solution to the problem of absent children and grandchildren: it follows rules of reciprocity and normally provides a good quality of care. Ironically, hiring full-time private care for older people is feasible in low-income countries but a rare luxury in high-income societies.

KEY WORDS – inter-generational relations, migration, dependency, care, Greece, Crete, Ghana, The Netherlands.

Among the many characteristics of the modern world are two developments that feature in this article: the ageing of populations and international migration. Both socio-demographic phenomena have been the object of numerous studies from an anthropological point of view. Surprisingly, however, the two processes have been little studied in relation to

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one another (*cf.* Blakemore 1997: 36). This article focuses on one particular aspect of the relationship between migration and growing old: the provision of care by immigrants. Fragmentary evidence suggests that during the last decade, the care of frail and sick older people by immigrants has become widespread, particularly in southern Europe. There is still very little research on this phenomenon. This article explores the topic through two cases, one in Greece, the other in Ghana. Before doing so, we examine the different ways in which ageing and migration are related.

Migration and older people

International migration as an aspect of globalisation is one of the major issues of our times. Some have for that reason labelled the era in which we live ‘the age of migration’ (Castles and Miller 1993). Not that migration is new, for it has been part of human history all along. During the last two decades, however, throughout the world, migration has reached unprecedented levels. Only the trans-Atlantic migration a century and more ago came close to what is happening now. At that time, however, the phenomenon was less global, in that it mainly involved a movement from Europe to North America, with less substantial flows to Australia and South America. Even the United States and Canada have seen record levels of immigration during the last 20 years, and current expectations are that immigration will remain high for the next two decades.

It is even argued that it should remain as such to counter the ageing of the population. The United Nations Population Division (UNPD) published a report on ‘replacement migration’, that is ‘the international migration that would be needed to offset declines in the size of the population, the declines in the population of working age, as well as to offset the overall ageing of a population’ (UNPD 2000: 1). The main conclusion was that if retirement ages remain essentially as today, in the countries with a fertility rate below the replacement level, supplementing the working-age population through international migration is the only short- to medium-term option to prevent a decline in the labour force. To what degree immigration can and should be used to offset the ageing of a national population remains highly contested.¹ We will not discuss this question in more detail here, but will devote some attention to three ways in which older people relate to the migration process.²

Growing old in a foreign country

There are various ways in which old age and migration interface. First, there are those who migrated for economic or other reasons, usually at a

relatively young age, and who then grew old in a foreign country. It is these aged immigrants who first come to mind when considering migration and ageing. In The Netherlands, the 'allochthonous elderly', as they are referred to, have now become a focal point of research, public debate and policy concerns. Anthropological studies have shown that many older migrants are ambivalent about their future. They may have dreamed of returning 'home' in their old age but now realise that this is no longer an option. Their children have settled permanently in the new country, and understandably the parents do not want to leave them (Van Niekerk 1991; Abraham 1996; Lamme 1998). Moreover, they have developed new social relations in the receiving society and realise that they no longer have *close* relatives and friends in their country of birth. During visits to the areas from which they came, they discover that they are not as much at home as they once felt, and that the locals, who once considered the migrants as 'their own' now see them as different (see Yerden 2000: 124). A second reason for preferring to spend the last years of one's life in The Netherlands is that most immigrants know well that the Dutch medical insurance and services are better than in their 'own' country (Yerden 2000). Financial considerations may also play a role in deciding not to return permanently.

Conflicts and traumas may develop if older couples disagree on what to do. Many men are eager to return to their county of origin, whereas women tend to prefer to stay with their children and grandchildren; and some refuse to return (Meurs 1997, 1998). A Turkish woman in The Netherlands poignantly expressed the dilemma:

Our only problem is that nearly all our children are here. I would like to go and live in Turkey but that is not possible. If I go to Turkey I will miss my children, and if I stay in The Netherlands I will miss my country. That's why we do not know what to do (Van Niekerk 1991: 76). Authors' translation.

Several authors have discussed the pain of the older migrant who misses his or her home country (Abraham 1996; Pang 2000; Yerden 2000), and the disappointments of those who do return 'home'. Cutchin (2001) adopted the American philosopher Dewey's concept 'place attachment' to capture the full experience of growing old without a sense of belonging to a geographical area. Some older migrants in The Netherlands try to solve the dilemma by spending time in both the country of emigration and in their native or home country: they shuttle between the two (Van Niekerk 1991; Von Meyenfeldt and Moerbeek 2000; Yerden 2000). The practice reveals seasonal preferences: during the winter they stay in Surinam, Turkey or Morocco; and in the summer they are in The Netherlands (Van Niekerk 1991: 76) – or the other way round (Yerden

2000: 18).³ In spite of the financial inducements provided by the Dutch government to help older migrants return home, few take up the opportunity for there are many drawbacks.

Another problem for older migrants is that their children grow alienated from them. A study by Abraham (1996) of older Moroccans in The Netherlands found that they were dismayed at the way the Dutch treated elderly parents. One 80-year-old woman, told her:

For 17 years now I have been living with my daughter without any problems. Ten people live here: my daughter, her husband, seven of her nine children and myself. I keep an eye on the youngest children while my daughter works or goes shopping. ... My grandchildren love me very much.

The woman then contrasted her situation with that of Dutch older people:

Old people in this country may spend several months in a hospital without getting any visitors. They have been deserted by their children and look lonely and miserable ... In the end they have to go to a [care] home where all older people sit together. I am lucky, I do not need any help. I can still do everything by myself. But when I need help I can count on my family (Abraham 1996: 73–74). Authors' translation.

This description may however be over-optimistic about the situation of Moroccan migrants. It is doubtful that such a close relationship between parents and children is common among migrant families. There are indications that the gap between first- and second-generation migrants is sometimes large. The second generation, who speak the Dutch language and have grown up in The Netherlands, may hold very different views from their parents about essentials. These migrant parents may praise their children for respecting them (in contrast to Dutch children who, according to them, do not show respect), but their praise can be a façade behind which less respectful behaviour takes place. During conversations with older people from Turkey (Van Niekerk 1991: 51; Yerden 2000: 110–119), Morocco (Abraham 1996: 73–76) and Surinam (Prakken 1993: 79–80), it became clear that the children of migrants were less respectful to them and spent less time with them than the parents wished. Robinson *et al.* (1992: 9) also reported difficult relationships between parents and children in migrant families.

Meyboom's (1998) research among older Turkish men in The Netherlands found that they already felt old, weak and near death at 50 years of age. They used the Turkish word *ıpratmak* (worn-out, finished) to describe themselves. Meyboom argued that three factors accounted for their negative experience of old age: language problems, the lack of appreciation of their contribution to the Dutch economy, and significant disappointment about their children's attitudes towards them. Although the

researcher interviewed only men, some women aired their frustrations and added a fourth grievance, the way that their husbands had treated them throughout their stay in The Netherlands (Meyboom and Van Eekelen 1999).

This paper presents some anthropological perspectives on the lives of older migrants in The Netherlands. These will also apply *grosso modo* to other immigration countries in Europe and elsewhere.⁴ Policy makers in these countries are struggling with the question of how to support older migrants who, contrary to their expectations, are not able to lodge with their children or do not want to stay with them. It has become clear that old-age institutions, once deeply detested by the migrant population, are now seen differently by their children and by some older immigrants. The principal question among policy makers is whether it is more suitable or acceptable to integrate older migrants with Dutch-born people, or to set up homes specifically for ethnic groups? The latter seems most likely.

Retirement migration

A second way in which migration interacts with late-life is through the migration of people when (or because) they are old. Older people in high-income countries have become more and more mobile. Retirement migration has become large scale, both in Europe (King, Warnes and Williams 1998, 2000) and the United States (Longino 1995). Comparisons between the two have also been made (Rogers, Watkins and Woodward 1990; Rogers 1992). In most cases, this migratory behaviour is the privilege of a generation which is both healthy and relatively wealthy. They may either migrate permanently to a place where it is more attractive to live, both for economic and climate reasons, or only 'hibernate' in warmer places during part of the year (Fournier, Rasmussen and Scrow 1988).

Ekelenkamp (1998*a*, 1998*b*) carried out anthropological research among retired Dutch citizens who spent about four months of the cold season in a coastal resort in southern Spain. They told her that they went every year to Spain because they felt bored and lonely at home during the winter and preferred the sunnier, warmer and drier climate. Their main motive, however, was the company of their age-peers and compatriots in Spain. Salvà-Tomàs (2002) has described the large-scale immigration of older foreigners to the Balearic Islands of Spain. As we have seen, some older migrants from Turkey, Morocco and the Caribbean also practise seasonal shuttling. They have an additional motive: to meet relatives and keep in touch with their 'roots'.

Another category of migrant older people consists of those who move to join their children abroad. This probably occurs among most groups of

the population but the processes and outcomes have hardly been studied. Pang (2000), an American-Korean anthropologist, described the lives of older Koreans in the United States of America. Most went to America to be with their children who had migrated before them. An old Korean tradition, that children take care of their parents, prompted the younger generation to invite their parents to join them. Pang's study shows, however, that most of the older people eventually moved out and went to live on their own. Their stories express a deep ambivalence about both the decision to go to America and their present lives, and recount their attempts to adapt to their new country and to hold on to Korean traditions. Their lives are fraught with countless problems and anxieties, such as an uneasy relationship with their children, health complaints and depression.

Leaving and joining older relatives

The third link between old age and migration is the out-migration of young people that results in older people being left behind without children to look after them.⁵ Entire regions of many countries, especially in rural areas not suited for modern agriculture and distant from large cities have been depopulated by out-migration. Some villages in such regions have become almost exclusively older people's settlements.⁶ The choice of staying in a familiar surrounding or joining the children who had migrated to cities nearby or far away is often difficult. One solution is that either the older people themselves or their children find somebody who, in exchange for money, is willing to provide the needed care. This topic is the focus of our paper, but first it is useful to examine the patterns of immigration and particularly the distinctive forms in northern and southern Europe.

Most northwest European countries were regions of emigration before they became countries of immigration during the 1960s. In Southern Europe this change occurred during the 1970s (King *et al.* 1997). Immigration remained at a fairly low level until the fall of the Berlin Wall in 1989. From the early 1990s, the level of immigration strongly increased, but for our purposes other differences between north and south are more important. In southern Europe, many more immigrants are illegal and work in the extensive 'black' or informal economy (Baldwin-Edwards 1998). Their distribution by occupational sector also differs from north-west Europe.

In southern Europe there is a strong demand for domestic help, the complement of the increasing participation of south European married women in the labour market and the difficulty of finding nationals to do this work. Moreover, there is a tradition of resident domestic servants who, in most countries and until fairly recently were compatriots. In Italy,

others came from Sardinia; and in Greece, many came from the Aegean Islands. A resident housekeeper was and remains a status symbol for middle-class families (King *et al.* 1997: 15–16). These resident domestic helpers not only perform household tasks but also look after the children and provide care for any vulnerable, sick or disabled family member, from infants to centenarians. This is partly explained by the variable quality and scarcity of care homes and institutions in southern European countries. The demand for people who can take on domestic and caring tasks has contributed to a feminisation of immigration. Some migrant groups have become associated with this employment, as notably *Filipinas*, female Philippine migrants who account for about 70 per cent of female immigration to Spain, Italy and Greece. Other nations that generate a high ratio of women among their emigrants to western Europe are Brasil, Bulgaria and Romania.⁷

The south of Europe differs from the north in the way that caring is provided for the frail and sick who cannot turn to their relatives and friends for support and care. In the north, most caring institutions are provided by the state and use trained, professional labour. These institutions take a much larger share of the responsibility than in the south ‘where free markets reign’ (Baldwin-Edwards 1998). In the south, such caring tasks are privately organised. One shared characteristic in the north and south, however, is the demand for foreign labour to undertake personal care tasks: in the north, the demand is for well-trained (though not well-paid) staff, while in the south it is mainly for cheap, illegal-migrant servants. The difference between the north and south may be illustrated by the situation of the *Filipinas* (Van den Muijzenberg 2004). Most of the first female immigrants to Europe from The Philippines were recruited during the early 1960s to work as hospital nurses in Germany, The Netherlands and Britain. Others worked as seamstresses, in the entertainment industry and hotels. Though some worked as domestic workers, as *Filipinas* do in southern Europe, most worked in institutional settings, as their successors today continue to do. From the 1980s, there have been fewer *Filipinas* in the north than in the south.

Hiring care in Crete

One anthropological study by Anke Mul (2002) focused on the question of the ways in which older people whose children could not care for them managed to secure adequate care when they became dependent. The field research was in a coastal village where she lived in the southeast of the Greek island of Crete. She undertook casual visits, conversations and

observations, but also carried out tape-recorded formal interviews. Mul heard that an older woman had an Albanian woman living-in and taking care of her, and further inquiries established that the arrangement was common in the area, for to find work many young people had gone to the island's commercial centres or to Athens. She produced four extended case histories (Mul 2002), and one is summarised below.

At the time of the research, Madame Elefteria was 92 years old.⁸ She was the widow of the local priest who had died two years before. When Mul first visited, she found a person who was totally dependent on help from others. Most of the time she was in bed or a wheelchair. Madame Elefteria has two daughters who lived in towns on the north coast. One, Maria, lived in Heraklion, the island's capital that is two hours away by car. The other lived in a town four hours away. Madame Elefteria said that the two daughters could not stay with her because they worked, but that they telephoned often – as she emphasised ‘almost everyday’. She wanted to die, but death would not come, and she remarked, ‘You cannot arrange those things yourself’.

Maria explained in an interview that some years before when her father was still alive and both her parents were sick, she had raised the topic of care. Her father was in the hospital, and her mother had a broken leg. She suggested that they employ a woman to live with and take care of them. The father first resisted the idea but gave in. When he returned from the hospital, there was a Russian woman in the house who Maria had found through an Athens employment agency. The woman had no residence or work permit. After one year, a Bulgarian woman took over. Maria knew her because she had previously worked for other people. Then the father died, but Maria was unable to take care of her mother herself. Even if she had taken her mother to Heraklion, she could not have done the daily care and would have hired a woman ‘from eight in the morning to eight in the evening’. As she explained:

I would not stop working. I don't know how long my mother will live, but my work ... that is my life ... How could I live without my work? I have a child and a husband. I have an obligation. I have my mother's expenses as well ... I don't think that any child would stop working to take care of his or her mother. Now I take care of both (my mother and my family).

Maria employed Marcia who was from Bulgaria, about 50 years of age, and had come to Greece to earn money. Her family had run into financial problems after the sickness and death of a son-in-law. In the hospital where she worked as a nurse, she saw an advertisement for care-assistants in Greece. She could earn ‘a lot of money’ there. She needed a certificate of good behaviour (from both the local administration and her employer),

a passport, and a fee of 450 American dollars – a huge amount in Bulgaria. A passport, a ticket for the journey and three employment offers were included in the price. She travelled to Athens with 54 other women, and there the agent offered her employment in Crete. Marcia accepted and migrated without knowing one word of Greek. She remembered her first reactions:

I went with a girl, about five years younger than me, also from Bulgaria. Holy Mary! We did not know anything. We went on the ship, we were afraid, you don't know where you are, you don't know anything, only Bulgarian.

Her employer on Crete paid 200,000 drachmas (about US\$ 500) to the agent and Marcia took care of his mother, but after one month the mother died. Marcia did not want to return to Athens. She stayed for a month in the employer's house until she was offered a post by Maria's parents. Marcia said that what she found was another shock:

We were sitting together and my [first] employer said, 'This is a woman from Bulgaria. She is a good woman'. Maria and her husband said, 'Okay, let's go, we go right away'. So I arrived here and saw two old people. Holy Mary! The old man was aged 85 years: the old mother, what shall I say? She could not do anything.

During the interview Maria gave another reason why she would find it impossible to look after her mother:

My mother is worse than a child. When you clean a little child ... that is different. A child does not smell like an old person. In the case of a child, you expect that changing diapers [nappies] will decrease, because the child grows up. It will tell you that it wants to go to the toilet. You can rest a bit. But here I don't see any improvement. Things only become worse.

Maria told Marcia that the most important thing was for her to stay in the house. She should keep her mother company and give her what she asked. She had to prepare her food, wash her, do the laundry, and keep the house clean 'just as any housewife'. Marcia also had a 'medical' task, to give the old woman her medicines and take her outside in a chair for fresh air, even if the mother did not want this. She had to help the mother with drinking, eating and changing her diapers. When Maria's father was still alive, Marcia's work was more difficult. She remembered when he was admitted to the hospital and she had to keep him company. Marcia spent many days (and nights) on a chair next to his hospital bed. Marcia's salary was paid from Madame Elefteria's pension and by Maria. According to Maria, her sister refuses to help. When Marcia looked after both parents, she earned 200,000 *drs* (about US\$ 500) each month. After the old man's death, the salary went down to 160,000 *drs*. She received an extra 10,000 *drs* because she changed the old woman's diapers. Marcia sent almost her

entire salary to her family in Bulgaria, where it had about four times its Greek value. She observed:

Greek people are very good people. Slowly I learn their language. I live very economically. I have bought an apartment with two rooms for my daughter ... I have sent a carpet and many other things and this summer I bought a Mazda [car] for my son.

The high appreciation for her work was not only expressed in money. Marcia showed the researcher a gold cross and gold earrings, which the priest had given to her. He even offered her a piece of land, she says, which she declined because she was afraid it would cause trouble in the family. Maria would have preferred to take her mother to a nursing home for older people because it would have been more convenient: 'they have a doctor, nurses, everything'. But she respected her mother's wish to stay in her house. Moreover, people in Crete look disapprovingly at those who put their parents in an institution. They believe it marks a lack of respect and care on the part of the children. Hiring Marcia has solved her problem: all parties seemed happy with the arrangement.

Caring in Kwahu-Tafo, Ghana⁹

Between 1994 and 2002, the first author held several interviews with *Ōpanyin* Kwabena Boadu, an old and highly respected man in the rural town of Kwahu-Tafo in Ghana.¹⁰ The town has around 5,000 inhabitants and is 150 km north of the capital, Accra. Mr Boadu had been successful. As a boy he had been to school, and later he was a secretary to the Paramount Chief of the Kwahu Traditional Area. Throughout his adult life he had been married to one and the same woman, which is exceptional in the area. He and his wife had 11 children, and they had all attended school, several different ones, and achieved good positions in life. The wife summed up what their children were doing: one worked for a bank, one was an engineer, and several were teachers and nurses. Three were abroad. Two were in South Africa and one in the United States: he was collecting money to build a community centre in Kwahu-Tafo with the help of other Ghanaians in the United States. The success of their children reflects well on Mr and Mrs Boadu. Another sign of Mr Boadu's successful life was the beautiful house that he had built at the edge of the town. To assemble wealth during one's life earns a person respect, but even more important is what one does with the money. Two ways of spending money produce the highest respect: educating one's children and building a house (see Van der Geest 1998). Mr Boadu did both.

Conversations were also held with many other elders, and they usually revolved round one theme, examples being the meaning of being old, the care they received, the respect they enjoyed, their wisdom, and their views on money, witchcraft, love, friendship, sexuality, death and funerals (Van der Geest 2002 *a*). Visiting the older people and conversing with them was enjoyable. At their age conversing is a 'way of life', even a *raison d'être*. They are no longer occupied by the hard work of farming or trading: they can rest and philosophise. They are there to dispense their knowledge and wisdom to others, especially the young. The interviews were therefore consistent with and confirmed their social status. It soon became clear, moreover, that the researcher's visits were highly appreciated, since the older people were far less frequently visited and approached for advice and traditional knowledge than they claimed. Many complained that the present generation was not interested in their advice. Some were bored and lonely for long periods of the day. They were happy to have a visitor who was more than willing to 'tap' their wisdom. Small gifts of money 'to buy salt' ended most conversations and contributed to the cordial atmosphere.

When the research began in 1994, Mr Boadu was still a vital man. The researcher had several meetings with him. He was a staunch member of the local Presbyterian Church, had a very personal view on many aspects of life, and always tried to reconcile traditional Akan and Christian values. One day Mr Boadu told the researcher that he and his wife had helped to take care of his brother who had died a short time before. The brother had been incontinent and his wife had left him when the disorder began. Mr Boadu emphasised that the divorce was understandable, as the two had married at a late age and had had no children together. Otherwise, he said, a wife should stay with the husband when he becomes old and dependent. A few years later that statement applied to his own situation, as will shortly be seen.

It is not always clear who should take care of an older person. Van der Geest (2002 *b*) has sketched the somewhat confusing picture of elderly care in Kwahu. Among 27 older people for whom there was reliable information about their care, six were men with wives who looked after them, four said they could manage by themselves (two were men), eight received most help from a daughter, one lady was looked after by her son and his wife, and eight people were helped by a more distant relative. This quantitative overview is however a simplification, for usually several people provided the needed care. Who does what is very much a matter of who happens to be around. Care is often managed with considerable improvisation.

Nonetheless, when an older couple is still together and the wife is healthy, she is the first to look after a sick husband. If the man is alone, or if

the wife is dependent herself, one of the children is likely to take care of him (and her). If there are no children around, another relative may take on the task: it could be almost anybody. The decisive factor is not the exact relationship but who is staying in the house. Furthermore, it seems that permission to stay in the house, which is usually made by the old person or one of the children, is part of the deal that is struck when arranging for the older person's meals to be cooked and for general surveillance. The resulting arrangement of care-giving may look haphazard or capricious, but the underlying *principle of reciprocity* is clear. Both the elder and the young relative agree on this principle (although they may disagree on whether the parents did indeed do enough for their children). Older people who worked hard for their partner and their children, they said, can be sure that they will receive respect and practical care from them. As one older man put it:

Now I am old but very happy because I looked after my children and they are now feeding me. They provide me with what I need to wear. In fact they give me whatever will make me happy. When you are old and you get what you eat and what you wear and somewhere to lay down your head, nothing worries you. ... Older people who are miserable are getting their 'deserts'. They are the ones who failed to work hard in their youthful days.

That principle does not change with the departure of children from Kwahu-Tafo. On the contrary, working in the capital city or abroad is consistent with the reciprocity principle. Travelling to make a better living is expected to benefit the relatives who helped the migrant to reach his or her present position. Migration is often a family investment: the relatives pool their money to send one of their number abroad who then earns money for the others and prepares for another relative to follow (*cf.* Konadu-Agyemang 1999; Miescher and Ashbaugh 1999; Manuh 1999; Arhinful 2000). Brothers and sisters who live elsewhere, particularly those abroad, are therefore expected to contribute to the care of frail or vulnerable old parents by sending money to the one who actually does the caring. This is not to say that the system always works. Many of the care-givers complained that they did not get enough help from their relatives, and they criticised the absent brothers and sisters for not fulfilling their promises. But the principle of reciprocity itself was never doubted.

The absent relatives fulfilled their obligations most convincingly during funerals. Both young and old people regarded a proper funeral as extremely important, and children in Europe and abroad elsewhere contributed large amounts of money to provide their parents with a worthy farewell (Van der Geest 2000; Arhinful 2001; De Witte 2001). There were, however, older people who had no children around. Such cases, moreover, are likely to increase with the current socio-demographic changes

(particularly increased emigration and smaller families). The absence of *all* children brought about situations in which the carer was a member of the extended family (*abusua*), even a distant relative or a biological or ascribed grandchild,¹¹ or even someone who happened to share the house with the older person. The researcher noted one case of a granddaughter taking care of her grandmother, and another of a young woman providing light care for a distant cousin (addressed as sister, *onua*): she kept an eye on the old man and provided him with food. One son even asked his mother to look after his old father even though they had divorced more than 20 years before. The father had 20 children but not one lived in Kwahu-Tafo.

In Mr Boadu's case the researcher observed another solution. During 1997, Mr Boadu suffered a stroke and became very impaired. He could hardly walk and became forgetful, confused and incontinent. His wife took care of him but their children, all of whom were absent, decided she could not manage alone. One daughter found someone from Burkina Faso to help her mother. The man, aged about 30 years, whom they called their 'boy', earned 60,000 *cedis* each month in June 2000 (then about US\$ 20). He helped Mr Boadu get out of bed and get into a wheelchair, and carried him to the bathroom and the toilet (about 30 metres from the house). He also did odd jobs around the house, such as gardening and tidying the compound. The wife, however, provided the intimate body care. She bathed her husband and washed him after he used the toilet. The children's decision to hire someone from outside to help the mother care for her husband was widely praised. Some informants made clear, however, that the children would have been criticised if they had trusted body care to 'the boy'.

Hiring a migrant helper is not yet a characteristic response to the care problem in Kwahu-Tafo. Nobody could tell the researcher of another example. Comparable cases do, however, occur and may presage new developments in the organisation of care for frail and impaired older people. In one case, the children of an older woman invited a couple from northern Ghana (who happened to be in town) to stay with their mother and keep an eye on her. The mother did not need bodily care at that time. Two years later the couple left for the North and a daughter of the old lady took their place. The daughter had felt badly about her mother being taken care of by a stranger. In another case, a woman-friend and neighbour, not a relative, was helping with the intimate bodily care of a woman who had suffered a stroke some years before.

The main difference between the situations of Mr Boadu in Ghana and Madame Eleferia in Greece was that Mr Boadu still had his wife to take care of him. The old woman in Crete had no relative around to help her, so Marcia was employed permanently and full-time to do all the caring.

The Burkinese immigrant in Ghana assisted Mr Boadu's wife with only the more strenuous activities and with odd jobs in and around the house. Both cases show, however, that hiring private assistance compensates for the lack of a relative to care.

Conjectures as conclusions

The observations reported in this paper do not of course prove anything but they do draw attention to possibly new developments that have hardly been noticed in research. Migrations of young adults cause multiple problems for the care of older people in many parts of the world. The absence of children and grandchildren is painful for older people even in affluent welfare states, where they may be materially well off but are believed to suffer loneliness and boredom, partly through the lack of involvement with younger relatives. The absence of the young is even more problematic and acute in societies without state-provided 'social protection' and institutions for older people and in which the care of frail and sick older people is almost entirely family based.

This paper has briefly sketched the ways in which relatives develop strategies to cope with the lack of a carer in diverse situations. Migration, as we have seen, can both create and solve a problem of providing care for dependent older people. The solution described in Crete was culturally acceptable because it was consistent with the prevailing norms of reciprocity and respect. Hiring a private carer was regarded as a fitting and devoted way of solving the problem. The arrangement allowed the older person to stay in her own house and to get all the attention she needed. Money, which pulled the children away from home, at the same time enabled them to organise a replacement. Spending money to hire a capable and responsible carer is a metonym for the absent children's personal care.

In the Ghanaian case, some observers said that it would *not* have been appropriate if a non-relative had been hired to care for the ailing old person. Intimate care is the task of the wife, a child or another relative. Transferring that task to someone else was generally regarded as shameful. In Mr Boadu's case, however, the wife, who was old herself, performed most of her husband's personal care and left only the strenuous activities to the servant. People praised her for this solution.

In the Greek case, a resident domestic servant was considered a better solution than an old people's home because these institutions signify a lack of care and respect by the children. This opinion is influenced by the fact that old people's homes in Greece are of low quality, and mainly used by those whose relatives neither can nor want to take care of them. In Ghana

such institutions do not exist, but the mere idea has been frequently decried by opinion leaders (*e.g.* Sarpong 1983). They are seen as a symptom of an inhumane society to which Ghanaians never should succumb. The Greek case revealed another advantage of hiring a care-assistant. The daughter admitted that she felt uneasy about providing intimate body care to her parents. Norms of respect and distance between parents and children may indeed turn the body care of old parents into a difficult and ambiguous act. Hiring an outsider who becomes an insider is a way of preventing the embarrassment which would otherwise occur between parent and child (or daughter-in-law). It should be remembered that this situation is common in other rural and urban regions of Greece and in other southern European countries – as the next paragraphs show. Systematic evidence is however scarce.

Older people in Italian cities with a large influx of migrants (including many ‘illegals’) follow a similar strategy to secure care for themselves. The city of Genoa, for example, has an exceptionally large proportion of older people without children or other young relatives to care for them. The old age-structure of the city population has resulted from, among other things, the collapse of industrial employment and the decline of the port. Many older Genoans offer accommodation and financial rewards to migrants in exchange for care. The transaction is entirely informal and takes place outside the surveillance of civil authorities. Little is known, therefore, about the exact nature and scope of the phenomenon, but according to local informants such arrangements are ‘very common’.¹² It seems the best of all possible solutions. Admission to an old people’s home would be ‘shameful’ and is therefore unattractive. Here too migration is both a cause of and a solution to the shortage of carers.

Ungerson (2004) found that ‘grey market’ contracts were made with immigrants who would often become permanently available to the frail older person and live in the same house. They received around €700 to €1000 a month. In Milan, one informant said, there is a ‘culture of taking a foreigner’ for care. The immigrants were from countries as diverse as Peru, Romania, The Philippines, Mauritius and Sri Lanka. Ungerson reported similar informal arrangements between illegal immigrants and older people in Austria. Austrian older people secured their carers mainly from the neighbouring countries of Hungary and Slovakia. Interestingly, the local system was to have two carers who would alternate every two weeks (to reduce the workload). The care-givers earned about €450 for each two week duty (Ungerson 2004). These rather impressionistic accounts suggest that in Europe, particularly in the South, the employment of illegal immigrants to care for frail and sick older people is becoming common.

It is enlightening to compare the societies considered in this paper. Dutch society has many public-sector arrangements for the care of dependent older people: a state pension, professional home-care for a few hours of the day (or week), and supported admissions to residential institutions. Although most Dutch people, both old and young, feel uneasy about institutional care for older people, it has been widely accepted as the only realistic solution for an older person who has become totally dependent and does not have a partner to look after them. Older people do not want to become 'a burden' on their relatives and prefer to stay 'independent' as long as they can. Institutions offer that independence from their children. In such cases, privately-paid care at home has attractions but is expensive, since all such formal working arrangements are regulated and the staff must be qualified. It is a solution only for the very rich. Ironically, this 'luxury' is still attainable in a low-income (and low-wage) country such as Ghana and in societies where migrants from low-income countries offer their services outside the formal rules of regulated 'personal social services'. Looking at this practice more dynamically, one may expect that the private hire of carers will be a transitional phenomenon, one that becomes more difficult and 'exclusive' when socio-economic standards rise, informal and illegal practices are checked, and formal public services become more common and more acceptable to the population.

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NOTES

- 1 For The Netherlands debate, see Van Imhoff and Van Nimwegen 2000; Van Nimwegen 2000; and Schoenmaeckers 2000.
- 2 A fourth link is the contribution by immigrant workers in old-age care institutions which face increasing shortages of personnel in northwest European countries. Much of the work in old-age homes is heavy and tedious, and often considered unattractive by the autochthonous population (also for salary reasons). For several decades, there has been a gradual growth of immigrant care-workers in these institutions.

- Policy-makers may explicitly recruit old-age care workers (and nurses) from abroad. In Great Britain in particular, the number of migrant care-assistants in old-age homes is high. Little systematic research is, however, available on this issue.
- 3 Some Turkish migrants want to spend the winter in The Netherlands because they have central heating in the house.
 - 4 A study of older Bangladeshi in Great Britain paints a similar picture: unfulfilled dreams of returning home, early loss of physical strength, experiences of racism, ambivalence and nostalgia (Gardner 2002). See also Norman 1985 (for the UK); Angel and Angel 1992 and Pang 2000 (USA); Meurs 1996 (Belgium); and Bertens 1998 (Australia).
 - 5 A shortage of care-givers can also occur if children prefer to work outside the home rather than to care for their frail aged parents, and the state does not provide adequate services to compensate for their absence.
 - 6 See also Sando (1986) who studied the out-migration of young people from a South Taiwanese village and its effect on life and economic activity in the village. Miltiades (2002) sketches the social and psychological effects of emigration by Indians on their parents in Calcutta, India: loneliness, depression and insecurity.
 - 7 See Chell 1997; Fakiolas 2000; Iosifides 1997; Markova and Sarris 1997; Van den Muijzenberg 2004.
 - 8 Pseudonyms are used for reasons of confidentiality.
 - 9 For general discussions of the care of older people in Ghana, see Apt 1996; and Van der Geest 2002 *b*.
 - 10 *Ópanyin* is an honorific term for people beyond the age of about 50 years. It conveys a positive appreciation of the person: his or her wisdom, kindness, refined manners and political importance (see also Apt 1996). Boadu is a pseudonym. The principal author carried out fieldwork in Kwahu-Tafo between 1994 and 2002.
 - 11 All children of the third generation belonging to the same matrilineage (*abusua*) are called 'grandchild' (*nana*).
 - 12 Personal communication from Andrea Chiappori in Genoa. Booth and Cole (1999) described the contribution of African and Asian migrants to domestic work in Palermo, Sicily, but emphasised that their integration is precarious and that the migrants express frustration about their marginality. Ungerson (2004) also quotes immigrants in Italy who complain about the stresses of their work.

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