Global Health & Gender Policy Brief No. 4 | December 2022

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Migrant Care Workers and Their Families

OVERVIEW

The COVID-19 pandemic has brought into the open two things that much of the world has always assumed but not fully acknowledged: women do the vast majority of caregiving, and caregiving is grossly undervalued. Caregiving is also the fastest-growing economic sector in the world—projected to add 150 million jobs by 2030.[1] Global societal changes, like low birth rates, demographic aging, and an increase in female labor force participation, are basic drivers of the continued growth of this sector. But because in many cultures care work is considered "instinctive" for women—a type of work not requiring skill—it has remained virtually invisible, unpaid or underpaid and unregulated. It is also often stigmatized, especially when relegated to already marginalized and underrepresented populations.

Migrant care work is a key component of this ongoing global care crisis. In recent decades, migrants from poorer regions have performed much of the caregiving in wealthy regions of the world, forming "global care chains." Many caregivers have been compelled to migrate and work without documentation,

This brief was prepared by Sarah B. Barnes, Sonya Michel, Alyssa Kumler, and Deekshita Ramanarayanan through the generous support of EMD Serono, the healthcare business of Merck KGaA, Darmstadt, Germany. This brief was informed by a larger white paper that was developed through careful consultation with an expert advisory council and private roundtable with care work, migration, and gender experts. (Expert advisory council is listed on the final page.)

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but the pandemic has increased their risks, as it has prompted national governments to tighten border restrictions. While the spread of COVID-19 has greatly increased the need for care work everywhere, it has also diminished the number of migrants available to perform it. Additionally, while migrant care workers are being applauded and elevated in stature as part of the "essential workforce" necessary for the overall health of a nation during the pandemic, they actually face greater dangers from the disease than citizen populations. Despite working closely with persons who may themselves be ill, migrant care workers are often denied access to preventive measures such as vaccinations and personal protective equipment (PPE), or medical care if they contract COVID-19.[2] At the same time, they must worry about how members of the families who did not migrate with them are coping with the pandemic, since they, too, are vulnerable and may lack adequate care due to the absence of the migrant care worker.[3] Migrant care workers are competing in a world that has historically undervalued both care work as a sector and care workers as people providing an essential service, and more recently a world that has become increasingly nationalistic and xenophobic. Thus COVID-19, caregiving, and migration are intricately connected. This brief serves as an overview of the effects of the pandemic on migrant care work, particularly female caregivers and their own families. We also propose ways for policymakers and practitioners to utilize the current spotlight on care work to garner support to make lasting change in the status and working conditions of migrant care workers. The information provided in this brief was informed by a larger white paper that includes a section on activism among and in support of migrant care workers and provides regional highlights on the response to COVID-19 in the Asia-Pacific and the experiences of families of migrant workers in Sub-Saharan Africa.

THE GLOBAL CARE ECONOMY, MIGRANT DOMESTIC WORK, AND GLOBAL CARE CHAINS

The global care economy is critical to overall economic growth, and also affects gender, racial, and class and caste equity and empowerment. While much care work is provided in institutional congregate settings, in-home care is a key component of the care economy. Even though there are some 75.6 million domestic workers,[4] including in-home care workers, worldwide, they are less visible in research, as well as less protected and given fewer rights than high-level care providers like doctors, nurses, and midwives. Women make up more than three-quarters of the world's domestic workers,[5] and persistent gender, race, and class inequality adds to and reinforces the sector's invisibility. Migrant domestic workers, an even less protected and researched population, make up one-sixth (11.5 million) of all domestic workers in the world, and roughly three-quarters (73.4 percent) of them are women.[6]

In rural and semi-industrialized economies, women perform paid market work along with unpaid care work for their own family members at home, but when economies industrialize fully, this combination becomes less possible. As more families have become dual-income and women have embraced paid employment opportunities outside the home, the demand for non-familial, paid caregivers either in their homes or through outside services has increased sharply. Given the stigmas historically attached to caregiving, this market has been dominated by members of lower-status populations with limited work options. More recently, these populations have demanded recognition, fair pay, and benefits—or have sought to abandon caregiving occupations altogether, leaving a gap for non-nationals—that is, migrants—who often have grievously limited job options and choice either at home or abroad.

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Global migration patterns are vast, and many factors propel people to migrate for paid work. For some, migration allows for better job prospects, higher pay, opportunities for job training and advancement, and safer work conditions.[7] But for others, it is a reluctant choice, perhaps driven by gender restrictions, civil war or ethnic conflict, political instability, food insecurity, or a lack of the kind of educational and job opportunities potentially available in receiving countries.[8]

But migration does not resolve all of these problems. Female migrants may be prompted to leave because of gender oppression at home, but they do not necessarily escape discrimination once they reach their destinations. The majority of those with low socio-economic status become care or domestic workers because stereotypes based on sex, ethnicity, race, and nationality bar them from other occupations.[9]

The overriding need to support their own families often supersedes women's desire for personal fulfillment. Nevertheless, their departure—however well-intended—may cause further hardship at home. In women's absence, responsibility for the care they once provided may devolve onto other relatives, especially elders, or onto communities that are already stretched thin.[10] In this sense, care chains create a "care drain" in the sending countries. These gaps in the care available to children and elders who remain in the sending country are substantial, and connection through new technologies can only begin to compensate for them. This means that while migrants provide support and care to families at the receiving end of the global care chain, this may come at the expense of their own children and extended families at the sending end of the chain.

At the same time, the receiving countries (often wealthier than sending nations) experience a "care gain." Families seeking care for children, elders or those with disabilities may now hire flexible workers at low cost.[11] This imbalance is further intensified by a trend toward the commercialization of care services in wealthy countries. By

offering lower wages and less favorable working conditions, these nations discourage citizens from taking jobs in this sector, thereby increasing the demand for migrants. While care work agencies facilitate the recruiting and screening of potential employees, in this way, they perpetuate social inequality on a global scale.

Woman migrants are particularly invisible in destination countries because they have restricted access to society and public spaces while employed in private homes.[12] Often they experience social and cultural isolation due to language and cultural differences and, if undocumented, feel compelled to maintain a low profile. In many countries, all domestic workers are excluded from labor protection laws, and in such places care workers who are migrants are especially susceptible to labor exploitation that leads to violations of their human and labor rights. These may include passport and contract substitution—taking or replacing a personal passport or overriding a contract once a migrant has arrived and replacing it with a less favorable one. Excessive fees charged by agencies or traffickers, the absence of adaptive and protective mechanisms needed in certain types of work, lack of accurate information on terms and conditions of employment, and restrictions on freedom of movement and association are also common examples of exploitation faced by migrant workers.[13]

CONTINUUM OF GLOBAL RESPONSES TO MIGRANT DOMESTIC CARE WORK DURING THE PANDEMIC: FROM JOB LOSS TO OVERWORK

Even before the pandemic, the demand for care workers, in both homes and institutions, was growing in high-income regions/countries. Since its onset, however, disease outbreaks and closures in child care centers, schools and long-term health facilities have made families desperate for affordable alternative care for young children and the elderly, thereby heightening the demand for in-home care workers. But potential employers have found their efforts stymied by immigration regulations that, while always inhospitable to "unskilled" workers, have been further tightened by travel restrictions and international policies limiting migration in order to minimize the spread of COVID-19. All of this has only exacerbated the instability of care work and the vulnerabilities of those who provide it, particularly migrants.

For those care workers who had managed to migrate or were already living and working abroad, the pandemic has brought additional stressors.[14] Migrant care workers have been particularly affected by border closures and travel bans. In addition to closing down entry from outside, many countries have also limited movement within their borders through lockdowns and curfews, forcing some migrant care workers to work on rest days and beyond normal workday hours.[15] These restrictions have also left migrant workers unable to access already limited health care services as well as the money-transfer services needed to send remittances to their families. In some places, care workers have been compelled to procure their own PPE, such as masks and gloves. Many migrant care workers, concerned about the wellbeing of families back in their country of origin, have sought to return to their countries of origin, but the pandemic has impeded such efforts due to threats and fears of job loss, the risk of contracting COVID-19, and expired work visas.[16]

Some countries have responded affirmatively to the new challenges COVID-19 presented to migrant care workers. Europe offers several examples of policies that helped support this group during the pandemic. European countries have some of the highest percentages of foreign-born home-based caregivers in the world; on average, 13 percent of all essential workers responding

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to the pandemic in Europe are migrants.[17] Those from member countries move freely through the European Union (EU), but a large proportion come from outside that system. And while non-EU migrants are clearly a prominent component of the care cadre, they have historically been less supported by immigration policies and host-country citizens.[18] During the pandemic, however, the value of migrant care workers gained recognition in several European countries, prompting the creation of policies to support them. The Italian government granted temporary legal status to migrants in the care sector in spring 2020,[19] and Austria, Germany, and Switzerland exempted migrants providing in-home care from international travel bans.[20]

At the same time, in countries both in Europe and elsewhere, migrant domestic workers who already lacked support experienced a continuation of the same policy environment—and sometimes even an escalation of hostility during the pandemic. In the Netherlands, undocumented migrant domestic workers (including care providers) faced food, job, and housing insecurity as well as barriers to accessing health care.[21] Spain's strict lockdowns made it almost impossible for their informal economy, including care work, to function. In response to the situation, the government extended temporary permits to migrants with temporary residence status enabling them to access their social rights, but discarded calls for policies and protections for those who lacked proper work and residency status, leaving many without access to health care and social service programs specifically intended to support those who had lost employment due to the pandemic.[22]

In the Caribbean, lockdowns strained already precarious conditions for migrant domestic workers. Some were dismissed without pay, received inadequate or no PPE, were given increased levels of work and reduced wages, faced housing instability, and had limited access to medical services.[23] Similarly, migrant care workers throughout Latin America often face

additional barriers in accessing health services due to lack of legal protections and inclusion in health care policies, limited accurate information, and insufficient culturally appropriate care.[24] Migrants in this region also experienced reduced access to asylum and resettlement schemes, leaving them particularly vulnerable to job, housing, and food insecurity, as well as violence and trafficking.[25]

In Canada, some provinces that experienced a large number of COVID-related deaths in long-term care institutions, such as Quebec, introduced paid training programs for care workers with assured employment upon obtaining a certificate and invited students, immigrants, and refugees and asylum seekers to take the training.[26] This was matched by the federal government's new "health-care workers permanent residence pathway" initiative to recruit and retain potential care workers in the health-care sector, including nurses, nurse aides, orderlies, and home-support workers. Under this new policy, refugee claimants who had worked 120 hours or more between March 13 and August 14, 2020 (during the height of the COVID-19 pandemic deaths in Canada) could apply for a special pathway to permanent residency. Unfortunately, this special pathway was closed at the end of August 2021, when the pandemic crisis appeared to be over.[27]

Several Middle Eastern countries, including Bahrain, Saudi Arabia, Qatar, and Lebanon, have in place the kafala system which, by tying the legal residency of migrant workers (including care providers) to their employers, has led to significant abuse.[28] The Lebanese government, for example, has not taken any actions to protect workers, despite proof of increased violence and abuse.[29] While Israel does not deploy the kafala system, it has imposed lockdown during the pandemic.

A study of the psychosocial status of migrant workers in the country during this period found that a large minority suffered from high levels of mental distress, primarily due to lack of confidence or resources (like PPE and adequate nutrition) to care properly for themselves or those they were looking after.[30] In general, research on the mental health of migrant care workers is hard to come by, but what exists has shown that migrant workers have a higher incidence of common mental issues, particularly depression, than local workers due to stressors such as finances, lack of access to healthcare,[31] job instability, and social isolation.[32] In the best of times, care workers are susceptible to burnout due to the high physical and emotional demands of the work; currently, this sector has become more pressured and strained, leading to an increase in burnout and stress among care workers.[33]

RAMIFICATIONS OF THE PANDEMIC FOR THE FAMILIES OF MIGRANT CARE WORKERS

How have these transnational families been affected by COVID-19? To understand this, we must look at both halves—at the migrant caregivers abroad and their children and other relatives remaining in the sending country. Separation from family, lack of social and legal supports in the host country, and gender differences greatly affect the mental health of parents who are also migrant workers.[34]

Under the conditions of care drain, the pre-pandemic status of transnational families was precarious at best. Many lived in low- or middle-income economies where jobs were scarce and business opportunities virtually non-existent. Social safety nets were inadequate, and access to education and health care limited. For some families, migrants' remittances were supplementary but essential for helping members, especially children, achieve upward mobility, while for others, they constituted the sole source of income.[35]

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Accompanying the flow of cash were the emotional and psychological side effects of long-term separation. Prevented from returning home with any regularity, female migrants, in particular, sought to close the distance between themselves and their children via "Skype mothering"[36] and other uses of modern technology.[37] However this option was not always available to family members at both ends of the global care chain. Whether or not households are fortunate enough to have internet, mothers, whether present or working abroad, become involved with assisting with lessons.[38] One Filipina mother employed as a caregiver in Taiwan told an interviewer that she spent her evening hours on the telephone with her daughter back home, helping her especially with her English homework.[39]

In families where this type of engagement was not possible, and long distances and restrictions prevented return visits, mother-child relationships could become attenuated. Studies of left-behind children (LBC) find varied results, a strong reminder that migrants and their families are not homogeneous. Some studies of LBC found that they have more emotional and behavioral problems than non-LBC, particularly mental health disorders, hyperactivity, and peer relationship issues,[40,41] while others have found that remittances from abroad improve the education and well-being of family members remaining at home.[42]

Further, the complexity of family dynamics, level and quality of care received by LBC, economic variance between receiving and sending countries, and prevalence of emigration in a sending country can also be associated with the overall well-being of those remaining in the sending country.[43] At the same time, migrant care workers who want to bring family members with them are prevented from doing so because they would lack needed child or elder care services in receiving countries.

RECOMMENDATIONS TO UNDERSTAND MIGRANT CARE WORK AND IMPROVE CONDITIONS FOR WORKERS

Reform immigration laws and regulations:

- Reform immigration policy and selection to include workers who are in high demand but not considered "high-skilled" workers
- Increase labor-market-specific skill-based immigration policies
- Utilize existing evidence on the value of migrant care work to establish new structures for work visas

Implement tailor-made policies for migrant care workers: [44]

- Address particular challenges experienced by women due to their intersectional identities
- Develop programs to highlight the value of migrant caregivers' services to citizen families
- Create health care supports, including mental health, and education programs for migrant care workers

Develop health workforce governance to connect health system needs, health labor markets, and individual migrant caregivers: [45]

- Ensure that migrant workers have access to health care services, including vaccinations, sexual and reproductive health, and mental health services
- Ensure that migrant workers have access to unemployment benefits, housing subsidies, and other emergency funding resources
- Suspend employment-based visa programs and deportation for migrant workers dismissed due to pandemic

Include migrant care workers in public health and health workforce research to help inform immigration policy and reform: [46]

- Invest in further research on migrant care workers, their families, and their experiences returning to their home country
- Collect disaggregated data that clearly defines migrant care workers separately from domestic workers, and clearly distinguishes women migrant care workers
- Create a systematic review of restrictions that legally prevent migrant workers from reaping benefits designed for domestic workers
- Increase focus on under-studied regions and patterns of migration, like Sub-Saharan Africa, Latin America, and Global South to Global South migration, as well as studies focused on women and vulnerable populations

ENDNOTES

1 Addati, L., Cattaneo, U., Esquivel, V., & Valarino, I. (2018). *Care Work and Care Jobs: For the Future of Decent Work*. International Labour Organization. https://www.ilo.org/global/publications/books/WCMS_633135/lang–en/index.htm

2 Pandey, K., Parreñas, R. S., & Sabio, G. S. (2021). Essential and Expendable: Migrant Domestic Workers and the COVID-19 Pandemic. *The American Behavioral Scientist*, *65*(10), 1287–1301. https://doi.org/10.1177/00027642211000396

3 Giordano, C. (2021). Freedom or money? The dilemma of migrant live-in elderly carers in times of COVID-19. *Gender, Work & Organization*, *28*(S1), 137–150. https://doi.org/10.1111/gwao.12509

4 10 years on, domestic workers still fight for equality and decent work (2021, June 15). *International Labour Organization*. http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_802516/lang--en/index.htm

5 10 years on, domestic workers still fight for equality and decent work (2021, June 15). *International Labour Organization*. http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_802516/lang--en/index.htm

6 10 years on, domestic workers still fight for equality and decent work (2021, June 15). *International Labour Organization*. http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_802516/lang--en/index.htm

7 King-Dejardin, A. (2019). *The Social Construction of Migrant Care Work: At the intersection of care, migration and gender* (p. 171). International Labour Office. https://www.ilo.org/global/topics/labour-migration/publications/WCMS_674622/lang--en/index.htm=

8 King-Dejardin, A. (2019). *The Social Construction of Migrant Care Work: At the intersection of care, migration and gender* (p. 171). International Labour Office. https://www.ilo.org/global/topics/labour-migration/publications/WCMS_674622/lang--en/index.htm

9 Palenga-Möllenbeck, E. (2013). Care Chains in Eastern and Central Europe: Male and Female Domestic Work at the Intersections of Gender, Class, and Ethnicity. *Journal of Immigrant & Refugee Studies, 11*(4), 364–383. https://doi.org/10.1080/15562948.2013.822955

10 UN Women ILO & ECLAC. (2020). *Domestic workers in Latin America and the Caribbean during the COVID-19 crisis* (Publication 1.1). http://www.ilo.org/americas/publicaciones/WCMS_751773/lang--en/index.htm

11 Lutz, H. (2018). Care migration: The connectivity between care chains, care circulation and transnational social inequality. *Current Sociology*, *66*(4), 577–589. https://doi.org/10.1177/0011392118765213

12 Peng, I. (2021). *Systemic Resilience and Carework: An Asia-Pacific Perspective* (Think Piece No. 7). Migration Policy Centre, RSCAS, European University Institute. https://migrationpolicycentre.eu/docs/migreshub/MigResHub-think-piece-No7.pdf

13 *Migrant domestic workers*. (n.d.). International Labour Organization. Retrieved September 21, 2022, from https://www.ilo.org/global/topics/labour-migration/policy-areas/migrant-domestic-workers/lang--en/index.htm

14 Martin, S., & Bergmann, J. (2021). (Im)mobility in the Age of COVID-19. *International Migration Review*, *55*(3), 660–687. https://doi.org/10.1177/0197918320984104

15 Sato, A., Dempster, H., Leab, D., Nguyen, H., & Hoang, L. (2022, May 9). Migrant Care Workers in Asia: How Has COVID-19 Affected Them, and What's Next? *Center for Global Development*. https://www.cgdev.org/blog/migrant-care-workers-asia-how-has-covid-19-affected-them-and-whats-next

16 Asian Development Bank Institute, Organisation for Economic Co-operation and Development, and. (2021). *Labor migration in Asia: Impacts of the COVID-19 crisis and the post-pandemic future*. Asian Development Bank Institute, Organisation for Economic Co-operation and Development, and International Labour Organization. http://www.ilo.org/asia/publications/WCMS_784823/lang--en/index.htm

17 Fasani, F., & Mazza, J. (2020). *Immigrant Key Workers: Their Contribution to Europe's COVID-19 Response* (IZA Policy Paper No. 155). IZA Institute of Labor Economics. https://www.iza.org/publications/pp/155/immigrant-key-workers-their-contribution-to-europes-covid-19-response

18 *Inclusion of non-EU migrants*. (n.d.). European Commission. Retrieved September 21, 2022, from https://ec.europa.eu/social/main.jsp?catId=1274&langId=en

19 Anderson, B., Poeschel, F., & Ruhs, M. (2021). Rethinking labour migration: Covid-19, essential work, and systemic resilience. *Comparative Migration Studies*, *9*(1), 45. https://doi.org/10.1186/s40878-021-00252-2

20 Leiblfinger, M., Prieler, V., Schwiter, K., Steiner, J., Benazha, A., & Lutz, H. (2020, May 14). Impact of the COVID-19 pandemic on live-in care workers in Germany, Austria, and Switzerland. *LTC Responses to COVID-19: International Long-Term Care Policy Network*. https://ltccovid.org/2020/05/14/impact-of-the-covid-19-pandemic-on-live-in-care-workers-in-germany-austria-and-switzerland/

21 van den Muijsenbergh, M., Torensma, M., Skowronek, N., de Lange, T., & Stronks, K. (2022). Undocumented Domestic Workers and Coronavirus Disease 2019: A Qualitative Study on the Impact of Preventive Measures. *Frontiers in Communication*, *7*. https://www.frontiersin.org/articles/10.3389/fcomm.2022.736148

22 Martín-Díaz, E., & Castellani, S. (2020). Struggling in pandemic times: Migrant women's virtual political organization during the COVID-19 crisis in Spain. *International Migration*, 1–14. https://doi.org/10.1111/imig.13034

23 Branagan, M. (2020, August 12). How does COVID-19 Impact Migrant Domestic Workers? [Caribbean Migration Consultations]. *Méabh Branagan's Blog*. https://caribbeanmigration.org/blog/how-does-covid-19-impact-migrant-domestic-workers

24 Bojorquez, I., Cabieses, B., Arósquipa, C., Arroyo, J., Novella, A. C., Knipper, M., Orcutt, M., Sedas, A. C., & Rojas, K. (2021). Migration and health in Latin America during the COVID-19 pandemic and beyond. *The Lancet*, *397*(10281), 1243–1245. https://doi.org/10.1016/S0140-6736(21)00629-2

25 Bojorquez, I., Cabieses, B., Arósquipa, C., Arroyo, J., Novella, A. C., Knipper, M., Orcutt, M., Sedas, A. C., & Rojas, K. (2021). Migration and health in Latin America during the COVID-19 pandemic and beyond. *The Lancet*, *397*(10281), 1243–1245. https://doi.org/10.1016/S0140-6736(21)00629-2

26 Peng, I. (2021). *Systemic Resilience and Carework: An Asia-Pacific Perspective* (Think Piece No. 7). Migration Policy Centre, RSCAS, European University Institute. https://migrationpolicycentre.eu/docs/migreshub/MigResHub-think-piece-No7.pdf

27 *Health-care workers permanent residence pathway: Who can apply*. (2020, December 14). Government of Canada. https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/healthcare-workers-permanent-residence/eligibility.html

28 Ayoub, M. (n.d.). Lebanon: Domestic Workers in the Shadow of Kafala System and COVID-19. *SlaveFree Today*. Retrieved September 22, 2022, from https://slavefreetoday.org/lebanon-domestic-workers-in-the-shadow-of-kafala-system-and-covid-19/

29 Ayoub, M. (n.d.). Lebanon: Domestic Workers in the Shadow of Kafala System and COVID-19. *SlaveFree Today*. Retrieved September 22, 2022, from https://slavefreetoday.org/lebanon-domestic-workers-in-the-shadow-of-kafala-system-and-covid-19/

30 Attal, J. H., Lurie, I., & Neumark, Y. (2020). A rapid assessment of migrant careworkers' psychosocial status during Israel's COVID-19 lockdown. *Israel Journal of Health Policy Research*, *9*(1). https://doi.org/10.1186/s13584-020-00422-0

31 Hasan, S. I., Yee, A., Rinaldi, A., Azham, A. A., Hairi, F. M., & Nordin, A. S. A. (2021). Prevalence of common mental health issues among migrant workers: A systematic review and meta-analysis. *PLOS ONE*, *16*(12), e0260221. https://doi.org/10.1371/journal.pone.0260221

32 International Labour Organization. (2020). *Experiences of ASEAN migrant workers during COVID-19:* [ILO Brief]. International Labour Organization. https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/briefingnote/wcms_746881.pdf

33 Carers Canada. (2021, April 6). Global Carer Well-being Index Canada Overview. https://www.carerscanada.ca/wp-content/uploads/2021/04/Carer-Well-Being-Index-Canada-Infographic-Eng-April-6-2021-final.pdf

34 White, A., Dito, B. B., Veale, A., & Mazzucato, V. (2019). Transnational migration, health and well-being: Nigerian parents in Ireland and the Netherlands. *Comparative Migration Studies*, *7*(1), 44. https://doi.org/10.1186/s40878-019-0147-1

35 Held, M. L., & Padilla, Y. C. (2015). Enduring immigrant ties: Supporting families left behind. *International Social Work, 59*(4), 523–532. https://doi.org/10.1177/0020872815618736

36 Lutz, H., & Palenga-Möllenbeck, E. (2012). Care Workers, Care Drain, and Care Chains: Reflections on Care, Migration, and Citizenship. *Social Politics: International Studies in Gender, State & Society, 19*(1), 15–37. https://doi.org/10.1093/sp/jxr026

37 Francisco-Menchavez, V. (2018). *The Labor of Care: Filipina Migrants and Transnational Families in the Digital Age*. University of Illinois Press.

38 Irudaya Rajan, S., Batra, P., Sai Shiva Jayanth, R., & Sivadasan, T. M. (2022). Understanding the multifaceted impact of COVID-19 on migrants in Kerala, India. *Development Policy Review,* e12636. https://doi.org/10.1111/dpr.12636

39 Cleofas, J. V., Eusebio, Ma. C. SC., & Pacudan, E. J. P. (2021). Anxious, Apart, and Attentive: A Qualitative Case Study of Overseas Filipino Workers' Families in the time of COVID-19. *The Family Journal: Counseling and Therapy for Couples and Families*. https://doi.org/10.1177/10664807211006339

40 Umami, R., & Turnip, S. S. (2019). Emotional and Behavioral Problems among Left-Behind Children in Indonesia. *Indian Journal of Psychological Medicine*, *41*(3), 240–245. https://doi.org/10.4103/IJPSYM.IJPSYM_370_18

41 Zhou, C., Lv, Q., Yang, N., & Wang, F. (2021). Left-Behind Children, Parent-Child Communication and Psychological Resilience: A Structural Equation Modeling Analysis. *International Journal of Environmental Research and Public Health*, *18*(10), 5123. https://doi.org/10.3390/ijerph18105123

42 Amega, K. (2018). Remittances, education and health in Sub-Saharan Africa. *Cogent Economics & Finance*, *6*(1), 1516488. https://doi.org/10.1080/23322039.2018.1516488

43 Ivlevs, A., Nikolova, M., & Graham, C. (2019). Emigration, remittances, and the subjective well-being of those staying behind. *Journal of Population Economics*, *32*(1), 113–151. https://doi.org/10.1007/s00148-018-0718-8

44 Cleofas, J. V., Eusebio, Ma. C. SC., & Pacudan, E. J. P. (2021). Anxious, Apart, and Attentive: A Qualitative Case Study of Overseas Filipino Workers' Families in the time of COVID-19. *The Family Journal: Counseling and Therapy for Couples and Families*. https://doi.org/10.1177/10664807211006339

45 Kuhlmann, E., Falkenbach, M., Klasa, K., Pavolini, E., & Ungureanu, M.-I. (2020). Migrant carers in Europe in times of COVID-19: A call to action for European health workforce governance and a public health approach. *European Journal of Public Health*, *30*, iv22–iv27. https://doi.org/10.1093/eurpub/ckaa126

46 Kuhlmann, E., Falkenbach, M., Klasa, K., Pavolini, E., & Ungureanu, M.-I. (2020). Migrant carers in Europe in times of COVID-19: A call to action for European health workforce governance and a public health approach. *European Journal of Public Health*, *30*, iv22–iv27. https://doi.org/10.1093/eurpub/ckaa126

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