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HOW ARE STATES AND WOMEN INSECURED AS PART OF GLOBAL CARE CHAINS?

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HOW ARE STATES AND WOMEN
INSECURED AS PART OF GLOBAL CARE CHAINS?
THE CASE OF GERMANY, POLAND, UKRAINE

A Master's Thesis

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To Nadira Kadirova

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I certify that I have read this thesis and have found that it is fully adequate, in scope and in quality, as a thesis for the degree of Master of International Relations

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ABSTRACT

HOW ARE STATES AND WOMEN INSECURED AS PART OF GLOBAL CARE CHAINS?

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July 2023

This research explores the insecurities of states and women connected to global care chains. It analyzes the economic, social, and demographic context in which these insecurities exist and reproduced. Using Critical Security Studies and Feminist Security Studies as the theoretical framework together with an International Political Economy approach, it takes Germany, Poland, and Ukraine as the case study. It also aims to put state-women's security into a perspective in which the meaning of security is deepened. The problematization is how the commodification of care brings insecurities for states and women, while done in search for security.

Keywords: care, critical security studies, global care chains, migration

ÖZET

KÜRESEL BAKIM ZİNCİRLERİ KAPSAMINDA KADINLAR VE DEVLETLER NASIL GÜVENSİZLEŞTİRİLMEKTEDİR?

Bıldırcın, Tuana

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Tez Danışmanı: Prof. Dr. Pınar Bilgin

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Bu çalışma, küresel bakım zincirlerine bağlı olan devler ve kadınların güvensizliklerini araştırmaktadır. Araştırma bu güvensizliklerin var olduğu ve yeniden üretildiği ekonomik, sosyal ve demografik bağlamı uluslararası ve bireysel düzeyde analiz eder. Eleştirel Güvenlik Çalışmaları ve Feminist Güvenlik Çalışmaları'nı teorik çerçeve olarak kullanarak ve Uluslararası Siyasal İktisat perspektifinden, Almanya, Polonya ve Ukrayna örneklerini kullanır. Aynı zamanda da devlet-kadın güvenliğini, güvenlik anlamının derinleştiği bir perspektife oturtmayı amaçlamaktadır. Bakımın maddeleştirilmesini problematize ederken, bunun güvenlik arayışıyla birlikte daha da güvensizlik getirmesine bakar.

Anahtar Kelimeler: bakım, eleştirel güvenlik çalışmaları, göç, küresel bakım zincirleri,

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CHAPTER I

INTRODUCTION

States face insecurities other than what is thought to be outside threats. It is connected to their citizens' insecurities in their daily lives. Poverty, unemployment, and societal injustice create deeply rooted insecurities for states and people, and the least privileged groups, such as women, are the most affected by these insecurities. In this chapter, I will look at how countries deal with one of the biggest crises they face, the care crisis, and how it creates insecurities for them, and the women involved in this process. This will reveal how more search for security can create further insecurities and how the relationship between security-citizenship dismantles, with an added migration dynamic.

Care is essential for human life to continue. Mainly for the children and elderly, it is the care work that provides for their needs which would be otherwise very hard or impossible for them to continue their lives. Care is, in that sense, very much related to the survival, well-being, and security of individuals in need, and that's why humans depend on each other. Care work is the physical, emotional, and social work that allows the existence of life. Although its centrality to life does not take a major place in social sciences, as care is often studied as part of "family and professional care studies" (Hanlon, 2012, p. 3) it is essential to look at how it organizes the individual, societal and international levels.

Care work and domestic work are seen as if it naturally belongs to women's duties in society rather than seeing it as a form of actual work. Care and domestic work, by definition, corresponds to "the activities and attitudes, behaviors and emotions, responsibilities and relationships directly involved in the maintenance of life on a daily basis, and intergenerationally" (Laslett & Brenner, 1989, p. 383). Moreover, it also includes "how food, clothing, and shelter are made available for immediate consumption, the ways in which the care and socialization of children are provided, the care of the infirm and elderly, and the social organization of sexuality" (Laslett & Brenner, 1989, p. 383). In other words, the work associated with the women who cook, sew, and look after a child mostly without getting paid, helps generations to continue their being. It requires both physical and emotional labor and is also necessary for the existence of life, historically, socially, and of course, biologically (Laslett & Brenner, 1989, p. 383).

This type of work is mainly associated with and undertaken by women in terms of unpaid work. In the pre-industrial world, women's duties were production, consumption, and care, whereas, with the Industrial Revolution, women had to stay home when production moved to big factories primarily, and it was not possible to continue production anymore. This period is called "housewifization" (Swaminathan, 2000, p. 157), where the women only remain in the "private sphere" – at home and do not participate in the public sphere. Home management and care become their new sphere of work as a sole duty. Although the responsibilities were not new for women, the new conditions made it impossible for women with children to work in the public sphere.

While married middle-class women could afford to stay at home, this was not possible for lower-income women. Enloe (2014, p. 311) gives the example of

unmarried British women who traveled to Britain's colonies to take care of the children of other British women. Since it was particularly difficult for unmarried middle- and lower-class women to sustain themselves financially, this has been seen as a source of "economic security." It was still women's responsibility to do the care and domestic work, and they also had to seek income opportunities inside and outside the private sphere. This period also coincides with the increasing demand for help at home for the middle-class housewife and her increasing responsibilities (Glenn, 1992).

Although less privileged women always struggled to balance work and housework historically, middle-class women could work and pass on the care to less privileged women (Nadasen, 2017, p. 124). In that sense, "most white middle class women could hire another woman-a recent immigrant, a working class woman, a woman of color, or all three-to perform much of the hard labor of household tasks" (Palmer, 1987, pp. 182-83, as cited in Glenn 1992, p. 7). Therefore, the period between the mid-nineteenth century and the Second World War is marked by increasing demand for servants, growing numbers of women entering paid domestic work, and rising housewifization (Abel, 2004). Until then, the so-called nuclear family model secured men to be independent in the public sphere, while women had to take care of the rest (Robinson, 2011, p. 34).

This division between women and men in terms of care and domestic work is put by Lister (2003) as women being the "citizen-the carer" and men as "citizen-the wage earner." Therefore, inequality in the sharing of care work and the amount of participation in the public sphere creates unequal citizenship standards for women, as they remain in the private sphere and have to face the risks of economic dependency, poverty, and lack of social security rights (Lister, 2003, pp. 176-177). The care work

has to be done by someone. However, the problem is who will do it and what the terms are for replacing the person (Lewis, 2001).

While the welfare state was based on this citizenship model, internal and external challenges, such as the aging population, declining birth rates, increasing welfare dependency, and globalization, required a change (Lewis, 2002). At the same time, the increasing women's participation in the labor market, growing single households and changing intimate and family structures contributed to the decline of the male-breadwinner model (Lewis, 2001, p. 153). There was a call from international economic institutions to cut social expenditures to increase competitiveness, and the welfare programs were seen as part of the problem rather than the solution. With the Washington Consensus, decentralization, privatization, and marketization of needs (rather than needs-based allocation by the state) were adopted by states on different levels (Lewis, 2002, p. 335). While the former welfare state was a gender regime on its own, seeing women and kids as dependents of men, the changing economic and social policies treated men and women as 'equal citizens,' neglecting the gendered division of labor when it comes to care work (Lewis, 2002, p. 340).

Although this new "worker-citizen" model increased women's involvement in paid work, it had consequences on care. While women could enjoy the granted rights to citizens, care workers had to be employed outside, especially by those who did not have the same rights, i.e., the migrants. These migrant women, instead of citizen women, stay in the private sphere being invisible and unprotected by the same rights that citizen women enjoy (Lister, 2003). With the restructuring of the world economy and the introduction of neoliberal policies, these less privileged citizen-women involved in paid care work (nannies and domestic workers) were started to be replaced with even less privileged women, who were migrant women.

This process of employing migrant care workers includes many actors. As Parreñas (2005) puts it, it is a three-tiered event. It happens as “class-privileged women pass down the care of their families to migrant domestic workers as migrant domestic workers simultaneously pass down the care of their own families - most of whom are left behind in the country of origin - to their relatives or sometimes to even poorer women whom they hire as their own domestic workers.” (Parreñas, 2005, p. 238). There is an increasing demand from rich countries for women's cheap labor to fill their care gap, which creates a care drain for the sending countries. This reinforces the gendered division of labor and creates further inequalities and barriers for lower-income women, as these private care services are only available for more privileged women (Lister, 2003, p. 134). At the same time, the international division of labor and inequalities between women are intensified chiefly in relation to the citizenship perspective of migrant domestic work. Therefore, although it may seem like a domestic phenomenon at first glance, care work and domestic work have an international dimension with complex global connections.

Although outsourcing countries' labor needs from migrants are not specific or new to care and domestic workers, women's involvement changes the character of this migration, adding different perspectives. Regarding migrant care workers, various phenomena trigger this migration flow, both for the demand and supply. In general, women's participation in the labor force is increasing, whether due to decreasing social support for care in some countries or increasing opportunities for women to participate in the labor force, and the outcome is that there is a need for outsourcing the care for cheaper alternatives than private kindergartens and nursing homes. There is also the increasing poverty of women, which makes it harder to stay at home, and in most cases, is the main incentive for women to migrate.

Looking at the increasing trend of women's migration, it could be said that globalization brought about the feminization of migration at a rapid level—however, the explanations for why women migrate change. As Phizacklea (1998, p. 24) puts it, the first explanation in the literature is the rational-choice theory that says migration occurs with the so-called “push and pull” factors. For this literature, care work is not different than any other type of migration. It is simply the demand-supply relations between countries that generate migratory flows. Here, the individual is responsible for their destination and work choice. Phizacklea (1998, p. 25) argues that the “choice” of migrating to a wanted destination is usually an illusion because the laws and regulations define one's status of being illegal or legal, regardless of what the person wants or does.

At the same time, this is widely accepted by many countries as the main reason for migration and used for designing their social policies (Phizacklea, 1998, p. 25). For instance, the remittances that migrants send to their homes are seen by the World Bank as a source for development for the countries (Lutz & Palenga-Möllenbeck, 2012, p. 17). It is also stated in the ILO (2018) report that it might be an excellent benefit for developing countries to receive remittances from their citizens who are working abroad. However, Phizacklea (1998) argues that it's been a backlash from the countries that used this migration strategy to cope with unemployment and economic crisis by sending their citizens. Most of the time, migrants did not come back with “new skills” either for being worked in “unskilled jobs” or settling permanently in the destination country, causing the home countries to face with “brain drain.” Phizacklea (1998) also continues by saying that rational choice literature ignores the “hierarchically structured social relations and institutionalized constraints on the exercise of individual choice” (p. 26).

Secondly, the structural explanation comes from the Marxist political economy, which sees the migration rooted in the uneven development between countries under capitalism (Phizacklea, 1998). Although this perspective does not overlook the power dynamics as the rational choice theory, there are more aspects of gender, class, and race to this. Therefore, the reasons for migration are not purely economic. To understand why and under what conditions women migrate, there is a need to look at societal relations defined by gender, class, and race. Furthermore, it is strongly related to how we study International Relations. To understand these complex connections better, it is essential to tear down the unnecessary divisions between IPE and other fields, such as Security Studies (Enloe, 2014, p. 353).

The ILO report (2018b, p. 12) estimates that women constitute 41.6 percent of the total migrant worker population in the world. Although this number does not increase drastically year by year, what is changing is that women are increasingly migrating for work purposes, which challenges the widely accepted phenomenon in the literature that assumes women mostly migrate as dependents (Zlotnik, 1995). This is called the feminization of migration, and according to the UNINSTRAW report, women are increasingly becoming the primary remittance senders all around the world (Paiewonsky, 2009).

The increasing migration of women is also connected to the feminization of poverty, as women are the most affected group by cuts in social programs and increasing labor flexibility. The precarious conditions lead women to search for safer options, and the domestic sphere seems the more secure area for them to work (Enloe, 2014, p. 305). Therefore, the conditions that prepared middle-class women to enter wage labor increased the demand for global care and domestic work. The growing inequalities created an international division of labor where some states are caring for other

states, as women do, under exploitative relations. Therefore, it is not a coincidence that migrant women undertaking these jobs increased and used as a reserve army of labor that is disposable by countries and families receiving care (Farris, 2012).

The historical background on how care work is regarded as women's work and not actual work and how it became the work of even less privileged women over time is essential to understand the emerging insecurities. At the same time, the global dynamics and complexities are necessary to see. Although the reasons might differ on why and how women migrate, countries and individuals require care work to be outsourced to continue their existence. Therefore, it becomes necessary for life, society, and the system to survive. This brings the question of whether the need for more security for some might create further insecurities for others or whether the meaning of security might differ for people under different conditions.

1.1 Global Care Chains

There are 75.6 million domestic workers worldwide, and $\frac{3}{4}$ of them are women. The global care workforce is estimated to be around 380 million workers, which still does not meet the demand, as there are 2.1 billion people in need of care, and the estimated increase is 200 million by 2030 (International Labour Organization, 2018b). This makes domestic work and care work one of the most important economic sectors (International Labour Organization, 2021, p. 4). The countries' estimates of domestic workers differ based on the adequacy of their health care services and migration

policies, which in most cases contains a large amount of the total workers.

(International Labour Organization, 2018b)

In terms of migrant workers, the data collection has limitations due to the different methods countries use and different definitions of who is called a migrant worker and who is not. At the same time, the unregulated nature of care work makes data collection harder since it takes place in the private sphere. There is no country data on migrant care workers' previous jobs in their country of origin (King-Dejardin, 2019). Another grey area is that the workers are sometimes unintentionally driven into domestic work, as this might be the only option for the “undocumented workers” to work outside the law’s sight (Enloe, 2014). Despite these obstacles, there is no doubt that a significant number of women leave their countries of origin to clean houses or take care of someone else’s children in another country (Enloe, 2014).

According to the 2013 ILO estimates, domestic/care workers make up 2 percent of the whole working population in the world, while migrant domestic/care workers constitute 7.7 percent of all migrant workers. Migrant domestic/care workers also constitute 17.2 percent of all domestic workers, while migrant workers only constitute 2.2 percent of the whole worker population (International Labour Organization, 2015). These estimates show that the total number of migrant domestic workers includes a significant amount in both the migrant worker and the general working population.

The need for care by the countries is generally considered by the aging population and increasing living standards, which is parallel with increasing social and economic costs of care. This pushes countries towards privatization and outsourcing care by migrant workers (Simonazzi, 2009, p. 211). However, from a broader perspective,

care work is necessary for states to continue their production, demographic growth, and societal existence:

Care work, both paid and unpaid, is at the heart of humanity and our societies. Economies depend on care work to survive and thrive. Across the world, women and girls are performing more than three-quarters of the total amount of unpaid care work and two thirds of care workers are women. Demographic, socio-economic, and environmental transformations are increasing the demand for care workers, who are often trapped in low quality jobs. If not addressed properly, current deficits in care work and its quality will create a severe and unsustainable global care crisis and further increase gender inequalities in the world of work. (International Labour Organization, 2018a, p. v)

The word “domestic” should be taken both as in the private sphere where women work doing the daily home tasks and taking care of the child, but also in the sense that it concerns the domestic sphere of the countries with the structure of the labor market and gendered division of labor (Anderson, 2007, p. 28). At the same time, when thought together with the increasing migration of women for work purposes worldwide, care work cannot be left to area of public policy or domestic politics, but should be, as Enloe (2014, pp. 2-6) argues, relevant to our understanding of international politics. What is thought to be in the “private sphere” informs us about the political and international. Although “globalized domestic work” looks contradictory in the first instance, we see that it is not (Enloe, 2014, p. 306):

“International politics is shaped by Theresa and Rosa [*domestic workers*] and by the labor contractors, border patrol agents, immigration officials, and legislators who seek to control them, as well as by the women and men who employ them.” (Enloe, 2014, p. 309)

In light of these, one of the most vivid examples of “private is international” and “international is private” (Enloe, 2014) is “global care chains,” a concept developed by Arlie Russel Hochschild (2016, p. 250) to describe “a series of personal links between people across the globe based on the paid or unpaid work of caring.” The care chains are increasingly becoming a globalized phenomenon, not just because of

the increasing numbers of migrant care workers but also the politics, insecurities, and power dynamics it involves between different states. Therefore, it is essential to see their significance in the IR discipline and examine how the issue is treated in the literature.

To explain it more clearly, global care chains result from globalization, where people, especially women, want more and more to migrate to areas in search of more security (Hochschild, 2016, p. 252). As a result of failing development policies starting from the 1980s and the devastating effects of neoliberal structural reforms, which were introduced to worse-off countries, created unemployment and decreased the already insufficient social policies (Paiewonsky, 2009). Although this process occurred differently in industrialized countries, women were the most-affected group by the increasing poverty and were forced to either stay at home or work in precarious conditions. Migration has become a new strategy for survival for women to support their families and themselves (Paiewonsky, 2009).

At the same time, the demand for cheap labor is also increasing as countries need to fill their “care gap.” These patterns of care migration, as Hochschild (2016, p.250) describes, “start in a poor country and end in a rich one.” Fraser (2016) calls the same process “displacement” rather than “filling the care gap,” referring to the care drain that women migrant women create back home. In other words, the women in developing countries pass on their “duties” to other women who are worse off, making the chain in the global care chains. And those who cannot afford care work have to pass on the care needs of their children to older sisters, the elderly, or some relatives, generally in the form of unpaid work. Here, various actors are involved, from the state level to the individual level.

Care migration is not just any other type of migration because of its essentiality to life and its ties to gender, class, and race structures. Parreñas (2005) uses the example of domestic workers from Sri Lanka and the Philippines, where women constitute more than 60 percent of the migrating population. She shows how some countries use sending their citizens, in this case, women, as a development strategy for the quick flow of foreign money with remittances. While this brings more development in the receiving country by using cheap labor and filling the care gap, it creates dependency for the sending countries and strengthens gendered relations.

At the same time, countries become highly dependent on the remittances sent by the migrants to the point where they do not care about the security of their citizens working abroad (Enloe, 2014, p. 320). Robinson (2011, p. 9) further elaborates on the issue “as a continuum that includes domestic violence in the household and political violence within and among states.” Filipina domestic workers are also one of the most used examples, as The Philippine government has a known reputation for encouraging its citizens to send back remittances (Yeates, 2004). However, while doing that, they offer no protection for their citizens, who are exposed to harassment, violence, and death (Ling, 2002).

Another prominent example from receiving countries is the Gulf States, where female care workers constitute 90 percent of all women's employment. The overall labor participation of women is 20 percent, and ILO estimates that almost all of those care workers that work in households are migrants (International Labour Organization, 2018a, p. 216). The system of employing care workers in the region, called the kafala system, where the legal status of the care worker is tied to the employer and the worker cannot voluntarily leave the job, which bears great insecurities for women workers (International Labour Organization, 2018a, p. 217).

According to ILO estimates, Europe is the primary receiver of migrants (King-Dejardin, 2019, p. 9, Figure 2.2). In the world, Germany comes second after the USA and also has a rapid increase within years (King-Dejardin, 2019, p. 9, Figure 2.3). Europe is the leading destination for women migration, followed by North America (King-Dejardin, 2019, p. 9, Figure 2.4). In terms of care work, the workers usually fall into the temporary/seasonal worker category. In that case, the border policies of the EU make it especially hard for receiving countries, like Germany, to keep track of the number of workers, as the care workers are not listed in a different category (King-Dejardin, 2019).

The data on migrant care workers shows that there are many examples of global care chains that create dependency among countries. Although there are differences in sending and receiving countries, common insecurities exist for both states and women. All examples demonstrate the international division of reproductive labor, where the gender, class, and race dynamics, as well as a flow of migrants from poor to rich countries, appear (Parreñas, 2005, p. 237). Care work is always transferred to someone less-privileged, which creates a hierarchy among women internationally (Parreñas, 2005, p. 245). Seeing it as part of the ‘international’ help us to see the dynamics of global capitalism and international security, which will be studied more deeply in the following sections.

Where the South-to-North care migration and the kafala system in the Gulf states are more apparent in terms of the insecurities both for states and women, in the European case, the connection of care work to citizenship and welfare state is puzzling to see how the search for more security on each side brings different insecurities. Therefore, in this research, I will look at the global care chains with the example of Germany, Poland, and Ukraine and investigate the insecurities of women and states due to care

migration. Although this phenomenon is mainly studied by its economic side, creating value by labor in the receiving countries and by remittances in the sending countries (see Fraser, 2016; Hochschild, 2016; Lutz, 2011), the security side of this migration, including a variety of levels; individual, state, international are also essential to study. While the whole process of this migration can be seen as “seeking security,” both for states and women, they are also insecured by the same process.

In other words, states, which receive care workers seek to fill their care gap and find more affordable privatized solutions for their citizens to continue being involved in production, seek security. The countries who send off their citizens abroad also seek security, as they may become a coping mechanism for unemployment, and the states also economically benefit from the remittances. Women also seek security by migrating or employing migrant workers. In this case, it is worth looking at whether the desire for more security always brings security. The countries fall into three categories: Germany is a receiving country, Poland is both receiving and sending country, and Ukraine is a sending country. Together with the implications of these differences, I will also look at women’s insecurities by considering gender, race, and class dynamics.

1.2 Security & Insecurity

To look at states' and women’s insecurities under global care chains, I must first put what I mean by security. In mainstream realist International Relations, Security Studies only take the “state” as the referent object of insecurity, and it is mainly about “high politics” discussed in terms of military capabilities (Booth, 2007, p. 34).

They do not consider the daily events and feelings of insecurity as part of “serious things” that need to be studied (Bigo & Tsoukala, 2008, p. 1). Therefore, according to this perspective, the migration of care workers would not be the subject of mainstream security studies.

In this framework, what I mean by state security is not the same as what is meant by the mainstream IR theory. In the following chapters, the state will not be taken as an entity by itself threatened by outside sources but as a political and geographical unity where people live under class and patriarchal structures. Therefore, looking at state security, the level of analysis will be these structures and the empirical components of those structures, such as international developments affecting the economic security of the people, migration policies of the state, and demographic changes resulting in the insecurities of “the state.”

Booth (2007, p.101) argues that the conceptualization of security in a way that state is the referent object, and the threats are against it is only one way of conceptualizing and operationalizing security. In that sense, structural threats, such as poverty, are not less of a threat than direct violence. There could also be individuals or groups that are affected by it, so the state is not the only referent. “It is in the condition of insecurity where the politics of the meaning of security begin. Insecurity involves living in fear, with dangers arising from one or more types of threat.” (Booth, 2007, p. 101)

This deepening of security, together with taking feminist approaches to security, also includes class and race dynamics to the analysis. Problematizing the state-centered meanings and analysis of security is also done through dismantling the fruitless divisions of public/private and domestic/international (Peoples & Vaughan-Williams, 2021, p. 64). In addition, centering the women’s experiences to the analysis of

international security transforms the meaning of security as well as the referent object. It is possible to see the “insecurities” of women, which are inseparable from what considered state insecurities, through the lenses of feminist approaches (Tickner, 1992).

In terms of the meaning of security, “survival” also cannot be taken as an equivalent of it, as it is only a condition of existence, whereas, under the conditions of security, there needs to be freedom from threats, as well as the freedom to make choices, which is defined as ‘survival-plus’ (Booth, 2007, p. 102). While mainstream security studies take the state's survival as their central premise, Booth (2007, p. 103) argues that if the threat of war regulates state action, conditions such as poverty also regulate individuals' actions. Their daily, ordinary insecurities make the question of survival for them.

Bigo & Tsoukala (2008, p.2) argue that security is mainly about sacrifice rather than being a survival issue. The sacrifice is in the sense of who needs to be sacrificed at what cost. Therefore, actors compete to determine “whose security” is essential (Bigo & Tsoukala, 2008, p. 5). Concerning that, security is neither the preventive measures taken against “insecurity” nor strictly international (meaning threats coming from outside) in its traditional sense (Bigo & Tsoukala, 2008, p. 6). In other words, “more” security for some people can bring insecurity for other people (Bigo, 2011). Aradau (2008, p. 72) calls this the “exclusionary logic of security.” There needs to be a sacrifice of someone’s security in order to have security for others (Aradau, 2008, p.74).

“...security practices reproduce exclusion and abjection against ‘other others’, feminist security studies and CSS would need to formulate a concept of politics in relation to which security is defined. Democratic politics as an all-

encompassing universality is incompatible with the politics of security as we cannot all be equal sharers of security.” (Aradau, 2008, p. 73)

It is also essential to acknowledge the problem of universality since the “interface of gender with class, ethnicity, race, nationality and sexuality leads to an intricate network of inequalities that change over time and differ depending on the context” (Hudson, 2005, p. 161). Hudson (2005, p. 161) argues that difference and universality are like twins, and they should be “engaged with theoretically and practically.” This means neither “absolutizing the differences” nor completely overlooking them but using the differences as a tool of the emancipatory process by contextualizing security (Hudson, 2005, pp. 168-169). In other words, “the search for security through emancipatory politics— lifting people as individuals and groups out of structural and contingent oppressions such as war and poverty – is part of the project of inventing humanity” (Booth, 2007, p.110).

Dunne and Wheeler (2004, p. 10) also argue that there is a need to shift the referent object from the state to individuals to have a holistic perspective on global politics. As the name of their article also suggests, “We, the people” individuals represent the whole of humanity. The holistic view means that security is beyond the limits of national citizenship. There must be an acceptance that “a violation of security in one part of the world ought to be a violation of security everywhere. And a violation at one level is a violation at all levels” (Dunne & Wheeler, 2004, p .20).

There is also a need to take specific conditions created especially for women into the analysis as “to talk about security without thinking about gender is simply to account for the surface reflections without examining what is happening deep down below the surface” (Booth, 1994, p. 12). Here, taking “gender” as a category allows us to look

at different experiences between men and women, not just in terms of individuals but also as a matter of power relations (Hudson, 2005). What I mean by taking gender into account is to see the different insecurities global care chains create for women than men. At the same time, care and domestic work is mainly seen as women's job, strengthening the gendered division of labor in the household. Structural forces, patriarchy and capitalism, create insecurities for both women and states on different terms, which will be looked at under the global care chains.

McKay (2004, pp. 155-157) argues human security approach is still male-dominated and cannot see the privileges of men, and overlooks gender-specific insecurities. However, for Critical Security Studies and Feminist Security Studies, the main problem is not the meaning of what security is but who is deprived of it and its underlying reasons (Aradau, 2004, p. 398). What is needed to be done is to take the particularities of human insecurity using an intersectional approach. This means being committed to understanding "the everyday experience of gendered (and classed, raced, sexualized, etc.) subjects" (Wibben, 2011, p. 593). There needs to be an understanding covering state security and the security of individuals (McKay, 2004, p. 156).

Feminist perspectives on security start with the individual or community, rather than the state or the international system. Rejecting universal explanations that, they believe, contain hidden gender biases, since they are so often based on the experiences of men, feminists frequently draw on local interpretation to explain women's relatively deprived position and their insecurity...feminists seek to uncover how gender hierarchies and their intersection with race and class exacerbate women's insecurities. (Tickner, 1999, as cited in McKay, 2004)

Overall, a state-centric analysis cannot fully picture the interrelation between state and individual security and has a false promise that the state is the primary security provider. Feminist scholars are critical of state-centric views, although they diverge from each other epistemologically and ontologically. Feminist analysis requires analyzing the insecurities across all levels and not just focusing on the state as a black box, especially when the same state can be the main reason for insecurity (Tickner, 1997, pp. 624-625).



1.3 Care and Security

Care is related to the individual's survival and the *survival-plus* in the sense that it provides physical and emotional security and well-being. Despite its similarities with domestic work in relation to the 'private sphere,' the survival aspect of care work puts it in a specific position in terms of security. "Care is a part of our basic needs. It should be seen as an abiding part of life for all of us, not something akin to unpredictable risk" (Daly & Standing, 2001, p. 1). This sentence is the central premise of the book by Daly and Standing with International Labor Organization called "The Quest for Security." Care's essentiality to the existence of life is deeply tied to human security.

The lack of adequate care creates social exclusion, poverty and inequality, and gender inequality since it is mainly seen as women's work. Daly and Standing (2011) also show that there is an increasingly aging population, while healthcare is becoming increasingly privatized worldwide. Another demographic change is caused by the HIV/AIDS pandemic, leaving orphans in need of care. It is estimated that there are 12 million orphans in Sub-Saharan Africa due to HIV/AIDS, which need immediate care on a daily basis (Daly & Standing, 2011, p. 5). Therefore, mainly children and the elderly, but all individuals need and might need care at some point in their lives to survive.

In addition to care work being essential for human life and thus related to the security and survival of individuals, the nature of the work requires attention for the security of care workers. International Labour Organization is seeking to set an agenda for

care workers and calling for countries to adopt “decent work” conditions. However, the conditions cannot be better for workers without recognizing care work as real work and a human right. Daly and Standing (2001, p. 1) argue that the right to receive and give care, as well as the right not to “*be obliged to give care*” [emphasis added], should be recognized globally.

Structurally, Fraser (2016, p.101) argues that care is essential for the continuation of capitalism, as the system depends on the maintenance of social relations with “affective and material labor” within care work. Therefore, the lack of care and care workers, i.e., the care gap, creates security problems for states related to the continuation of economic production or social reproduction. However, production and reproduction always seem to contradict in the private sphere. This contradiction appears because women’s reproductive work is an obstacle for women to enter the labor force. This requires outsourcing the care workers, which offers “emancipation” for women in neoliberal terms, solving the contradicting forces of reproduction and production for countries (Fraser, 2016, pp. 113-114).

While care is essential for both the security of humans and states, care work and care work migration have also insecurities specific to their nature to be analyzed. Care work requires physical and emotional labor conducted in the private sphere, which brings insecurities for the workers and the people receiving care. At the same time, migration, gender, and class dimensions add other layers to the problem, making the issue not only of individuals seeking security but of security in international relations in the way that there are “complex webs of relations of responsibility” among states and individuals that renders them interdependent and vulnerable (Robinson, 2011). The dependency, insecurities, and constant need for outsourcing is relevant for women and states in terms of global care chains.

Countries try to outsource the care work to counter the care crisis and fill their care gap, which will be discussed in detail in the following chapters, by either allowing or turning a blind eye to migrant care workers that are often without a work permit. This creates insecurity for women crossing borders and women that employ migrant workers, as well as for states that send and receive migrant care workers. Although it may seem like a win-win situation with the remittances in terms of economic security, the domestic, state, and international level need to be considered to analyze the issue from a holistic point of view. For the financial insecurities that countries face, remittances can be a quick solution to economic problems as well as migrant workers can help to cope with the care gap.

However, in the long term, it causes feminization of domestic work, which is also related to male domination and violent and hegemonic masculinities, which has a broader effect on societies and nations (Robinson, 2008, p. 177). Therefore, from a human security perspective and intersectional feminist security, women's insecurities, both as a collective group and as individuals, will be considered. At the same time, taking the state as the referent object, the care gap and care drain will be analyzed in terms of the insecurities of states. Another perspective is the existing insecurities of states that require them to be involved in global care chains, such as demographic change, unemployment, and poverty.

1.4 Methodology

The analogy of “chain” in global care chains is as follows, while Ukrainian women are working in Poland, Polish women are working in Germany. In that sense, Ukraine is a sending country, Poland is both a sending and a receiving country, and Germany is the receiving country. The sending country, Ukraine, is sending women abroad, which creates a care drain and is mainly filled through the unpaid labor of the most disadvantageous women in the country. These countries have differences according to their status in the global care chains, and their insecurities will be analyzed accordingly.

The cases of Ukraine, Poland, and Germany will be studied as an interpretive case study, using the theorization of Critical Security Studies to look at the insecurities of women and states through this period. Interpretive case studies use “theoretical frameworks to provide an explanation of particular cases” (Venesson, 2008).

Therefore, the collected data will be interpreted from the theoretical framework of Critical Security Studies. By using an interpretive approach, I will look at the meanings, and how do they occur by also “taking into account the historical, socio-cultural and political contexts in which they occur” (Wilkinson, 2013, p. 132).

This is library-based research, meaning that only secondary sources will be used to collect the empirical evidence and interpret with theory. The data for analyzing states’ insecurities will be collected from the reports of international organizations such as the International Labour Organization, as well as the data provided by local NGOs and research organizations. What is meant by state insecurity is of course, not related to military insecurity and outside threats but the unemployment rates,

demographic change, care-brain drain, and the insecurities created by the global care chains.

For instance, the ILO report on care relations between Poland and Ukraine, migration from Poland creates a care drain within the country, together with economic polarization and unemployment causing further emigration. While at the same time, Ukraine's political and labor market situation is shaping emigration to Poland (Kindler, Kordasiewicz, & Szulecka, 2016). The context of the increasing need for care work will also be examined in the following chapters to understand this. The data for analyzing women's insecurities will be collected from interviews with women as found in secondary sources. In addition to the interviews, archival research and document analysis will be conducted.

Moreover, “feeling safe” and “being safe” are different things, as Booth (2007, as cited in Bilgin, 2020, p. 183) argues. Bilgin (2020) further elaborates on the issue by looking at different examples of being and feeling safe. While people living in other countries with different resources may have a different concept of security/insecurity, some may feel safe without actually being safe, and sometimes the same event might be experienced differently by diverse groups of people (Bilgin, 2020, pp. 183-184). In the case of global care migration, both the migrant women and the women who employ other women and states who send and receive migrants may seem like they are benefitting from the transaction, whereas this may not be the case in terms of “being safe,” as this research will examine.

Taking the subjectivity and relativity of security (see Booth, 2007, p. 105), Feminist approaches will be used to analyze women's insecurities. As Sjoberg (2016a, p. 4) argues:

Looking for women, feminized spaces, and gendered insecurities in global politics suggests different ways to define security and to think about distribution of insecurity. Particularly, it suggests asking who is made insecure in global politics, what the conditions of possibility of those people being made insecure are, and how insecurity is experienced. It also helps identify who is allocated security, as well as insecurities within allocated security.

The interviews will also be complemented with a corporeal approach (see Salter & Mutlu, 2013) to analyze bodily practices and experiences of migrant care workers, which are tied to their insecurities, for the non-subjective security (see Booth, 2007, p. 105). The empirical data for affection, emotional labor, and bodily practices will be collected from the interviews in secondary sources and documents. These insecurities of women are caused by the daily activities of care work, undocumented work, crossing borders, state policies on migration and employment, and regulating policies regarding care work looked at.

In terms of maternal bodies and care, women have been often subjects of IR during the war-time, as the mothers of the nation, revealing the foreign-policy decisions' relations with domestic power structures (Managhan, 2013). In the case of global care chains, women are subjects in the sense that some receive care work from migrants to be able to work in the public sphere, which is reproducing the gendered system of care by offering a temporary solution to the care deficit the country is facing. On the other hand, some migrant women themselves are mothers and are often accused of being bad ones since they have to leave their children behind and work in other countries. Taking this a step further, young women who migrate are accused of putting the country in danger with the "demographic crisis" since they leave and do not reproduce, as in the Ukrainian case (Zimmer, 2007).

Looking at these cases, the hypermasculinity literature can be examined to see the gendered relations between countries and the insecurities it creates for the states due

to global care chains. Hypermasculinity is defined as “justified barbaric acts of aggression, competition, power, and production as manly and masculine, while denigrating similar caricatures of welfare, nurturing, kindness, and consumption as womanly and feminine” (Ling, 2002, p. 117). K. A. Chang and Ling (2010, p. 11) define two processes where power relations operate in international relations.

Firstly, there is the “Western capitalist masculinity” defined by “privatization, deregulation and strategic alliances,” which they define as technomuscular capitalism (TMC). The second process is the regime of labor intimacy (RLI), described as a service-based, sexualized, racialized, classist structure mainly undertaken by female migrant workers (K. A. Chang & Ling, 2010, pp. 29-30). However, due to language barriers and the time limit for the thesis, a systemic analysis, including gendered relations and the insecurities it brings, will be consciously left out of this thesis.

Unfortunately, in the context of global care chains, although the claim for an intersectional approach, LGBTQI+ care workers, sex workers, migrant healthcare workers (mainly nurses), and surrogate mothers with different ethnic backgrounds are not part of this thesis. Due to time and space limitations, a complete gender, race, and class analysis cannot be conducted, including the groups mentioned above in full detail. The different insecurities of women according to their country of origin will be included in the analysis. However, the class and education status of women from the same country cannot be looked at due to data limitations.

As part of the methodology and the interpretation of results, reflexivity cannot be left unmentioned. According to Crapanzano, it is “the need to be critically conscious of what one is doing as one does it” (cited in Wilkinson, 2013, p. 132). In other words, it is being aware of the co-existent relationship between the researcher and the

research results. However, there is also more to it, in terms of how it can produce a research program and “*inform* a ‘theory’ of the social/international, and therefore lead to the production of a significantly different type of *empirical knowledge*” and also “*result from* an empirical assessment of *whether/how* knowledge is subtended by ‘politico-normative’ or ‘ideological’ principles” (Hamati-Ataya, 2013, p. 681).

It is also an essential issue in Feminist Research Ethics. In their article “Reflexivity in Practice,” Ackerly and True (2008, p. 700) point out that feminist research ethics requires the researcher to think about four crucial things: 1) power of epistemology, 2) boundaries, 3) relationships, 4) researchers’ own situatedness. The reason why feminist research needs to be attentive to these is that the research question and research process are a way of uncovering silences and power dynamics coming from observations rather than state-centered theories of International Relations. Considering these, reflexivity is not just the researcher’s reflection of their own position but “noticing and thinking through silences in epistemology, boundaries, and power dynamics (of the research process itself)” (Ackerly & True, 2008, p. 695).

Following their logic on the power of epistemology, in the case of global care chains, women are not just care workers or employers but also “informants with politically and theoretically interesting insights” (Ackerly & True, 2008, p. 701), which could not be seen through state-centric analysis. Secondly, to being attentive to boundaries, both in terms of boundaries among different disciplines and the boundaries that create exclusion-inclusion mechanisms (Ackerly & True, 2008, p. 697), this research will contain a literature review from different fields, and will focus on the boundaries that separate women as mothers, workers, caregivers.

Thirdly, being attentive to relationships means being “concerned with the ways in which social, political, and economic actions are interrelated with others’ actions and lives, including the actions and lives of our research subjects” (Ackerly & True, 2008, p. 697) and not overlooking the power dynamics during the research process. And lastly, the researcher should attend to these former three power dynamics and also be committed to reconsidering her choices throughout the research process, when faced with ethical challenges (Ackerly & True, 2008, p. 699).



CHAPTER II

STATE INSECURITY: CARE IN GERMANY, POLAND, UKRAINE

2.1 Introduction

This chapter will look at the insecurities of states related to global care chains. Firstly, the concept of state insecurity and how it diverges from the traditional understanding of military security will be discussed. The state insecurities mentioned here are tied to the care gap, care drain, migration, unemployment, and gendered relations within and between the states. What is puzzling here is that state insecurities result from a search for more security, that is trying to be achieved through more commodification of the care work. These insecurities are also the result of globalization and the neoliberal economic paradigm, which greatly affected care policies and created the conditions for outsourcing care.

Insecurities of Germany, Poland, and Ukraine will be analyzed according to their care crisis, care gap, and care drain. State as the referent object is not taken as a black box. Care is essential for an entity called the “state” to survive, as well as for the continuation of capitalism as a mode of production (see Fraser, 2016). The organization of care in the form of global care chains is deeply rooted in the insecurities of the state from an economic and demographic perspective while creating further insecurities as part of the solution. Unemployment, poverty,

structural adjustment plans, the aging population, the spread of HIV/AIDS, and the gendered division of labor in society are all considered a factor of “state insecurity.”

The changes in how care is organized impact individual, societal, state, and international levels. Increasing life expectancy, a growing number of women joining the workforce, and changes in the welfare state in Europe in care and social policies, created a care gap in countries that requires outsourcing care. On the other hand, rapid privatizations in post-Soviet countries also required cuts in public spending.

Although there was a lack of support for care in all the cases before, the new developments created a more significant gap. The care migration, i.e., the global care chains, serves as a temporary solution to the care crisis countries are facing.

Although increasing their care gap and resulting in a care drain, sending countries are using global care chains as a solution for their economic problems. Remittances sent home by the migrants are one of the most significant incentives for sending countries. They can be a source of income through the wage differences between the sending and the receiving countries. In fact, it is one of the biggest contributors to the gross national product (GNP) for some countries. Since the 1980s, global remittances have been growing rapidly. Compared to the early 2000s, the amount of remittances is five times more than 1980s, and without any restrictions, migration can double the global GDP (King-Dejardin, 2019, p. 139).

The care crisis is defined as countries’ incapacity to replace women, traditionally the primary caregiver, as mothers, daughters, and wives (King-Dejardin, 2019, p. 143).

The sending countries, Poland and Ukraine, face the care drain, where women leave their own families behind to take care of other’s children in another country, which usually appears in the form of the unpaid labor of someone from the family or lack of

adequate care in the country as a source of a more structural problem creating insecurities for the state. How sending off mostly women affects those who stay behind and how their places are filled in terms of care work will be analyzed with its societal impacts.

At the same time, for receiving countries, outsourcing care is only a temporary solution. According to the ILO estimates, the social and private spending on care does not meet the needs, although it constitutes 8.7 percent of the total GDP of the 45 countries. This number is expected to increase to 14.9 percent by 2030, which means if there are not adequate investments in care work globally, there will be greater deficits, and the working conditions of the care workers will be worsened (International Labour Organization, 2018a). To see the insecurities of Germany, Poland, and Ukraine due to global care chains, official policy changes and reports by international organizations will be analyzed. The critical security perspective will be used to analyze the consequences. Especially the changes after the 1990s will be looked at within their historical context.

The historical period is essential for the changes in the traditional security understanding and the effects of globalization on states. Globalization is commonly defined as growing inter-connectedness and the interaction of local, national, and global at a deeper level regarding political events, goods, and people (Heywood, 2013, p. 142). Globalization here is taken in the sense of neoliberal globalization, where there was a shift in the economic paradigm towards privatization, cuts in social spending, and structural adjustment plans dictating an economic agenda for worse-off countries forced by the IMF. Poland and Ukraine have been greatly affected by this shift since they had a drastic change with the collapse of the USSR, referred to as “shock therapy.”

For Security Studies, the process of globalization meant drifting away from a state-centric and military-based understanding of security. After the end of the bipolar world, a new school of thought emerged within Security Studies, although the ideas and experiences that have generated it existed previously. In traditional security studies, the state is responsible for protecting its citizens against outside threats, and security is understood as 'military security' (Bilgin, 2008). However, the developments of the 1980s and 1990s changed the traditional understanding. This required deepening our understanding of security, not by changing the level of analysis from state to individuals but by uncovering the political theory behind what is meant by security (Booth, 2007, p. 157).

Thomas (2001, p. 159) exemplifies this shift through the changing discourses of international organizations. There is an increasing emphasis on violent conflict as a result of underdevelopment and HIV/AIDS as a security concern rather than just a health issue. In fact, it was the main agenda for UN Security Council in 2000, one of the most prominent bodies mainly focused on military issues. In her article, Thomas (2001) aims to discover the reasons behind this shift from traditional understanding even within the mainstream international governance institutions by uncovering the power dynamics at the global level.

For the ordinary people, quoting Nelson Mandela, having shelter, food, adequate care for their children and their own health, and working is their primary concern for human security (Thomas, 2001, p. 160). Therefore, the meaning of security is now beyond 'physical security,' and it also includes unjust economic and political structures that affect people's well-being (Tickner, 1995) and dictates who can enjoy security and who cannot (Thomas, 2001, p. 160). Thomas (2001) looks at these structures at a global level. Human security cannot be achieved at the expense of

other people, and for everyone to have security, global structures and state-society relations should be carefully analyzed (Thomas, 2001, p. 164).

While analyzing the state-society relations and global structures that create inequality and insecurity, it should be noted that states might be the primary source of insecurity for their citizens and the people. In addition to deepening the meaning of security, the barriers between the 'citizenship' and the 'people' should be removed to achieve a comprehensive understanding (Tickner, 1995). In that sense, to achieve human security and emancipation for all, the exclusionary logic of security and particularism of citizenship should be left, and the discussion of security should be brought to the democratic scene (Aradau, 2004).

In light of these discussions, how care is organized in society and internationally becomes relevant as an object of inquiry to our understanding of security. As mentioned in the previous chapter, care work is essential for human life to continue. At the same time, care is a multilayered and complex concept that refers to the emotional, economic, personal, and social aspects of care (Pfau-Effinger & Rostgaard, 2011). Thus, how the state handles relations of care work is very much related to health and poverty, hence the security of the people. The migration aspect of global care chains adds further challenges to the question of human security and state-society relations in terms of citizenship.

Due to the lack of adequate care policies and the care crisis that countries are facing, the demand for female labor is increasing all around the world, according to the UNINSTRAW working paper. This also meets the precarious situation in the developing world after neoliberal reforms and increasing poverty (Paiewonsky, 2009, p. 4). The neoliberal economic theory sees 'care' as a market problem, meaning that

it can be solved through private demand-supply relations and should not be undertaken by the state. The roots of the Keynesian welfare state were deeply challenged and criticized for its support for individuals by the first founders of neoliberalism and seen as part of the problem (Tronto, 2017).

Especially the period after the 1990s, when the number of women migrants was increasing as well as the participation of women in the formal economy, together with more precarious conditions even for the countries in the Global North with the changes in the economic paradigm and with the collapse of the USSR. Neoliberal policies of the 1980s caused the state's retreat from the social sphere in many parts of the world. The result was increasing demand for outsourcing care work and the continuation of social reproduction with migrant labor (Lutz & Palenga-Möllenebeck, 2012). Already by the 1960s, women were already constituting half of the migrant population (Paiewonsky, 2009). What changed in the composition of the migrants was the increase in the number of women becoming remittance senders rather than being dependents of men.

In the selected cases, there have been drastic changes in care policies. The unification of East and West Germany and the shock therapy that Ukraine and Poland faced due to the collapse of the USSR had their effects on how care and migration are organized. Later, the accession of Poland to the EU changed the migration patterns between Germany and Poland, as well as between Poland and Ukraine, which can be seen from the special agreements on the care & domestic work migration. Within the European Union, there is an increasing divergence between West European countries and post-socialist countries of Central and Eastern Europe, which affects the migration patterns and care gap.

While the number of women working in paid work increases in Western Europe, namely Germany in this case, the former dual-earner model of the former socialist countries has declined (Plomien, 2009, p. 138). The privatization of care work occurred through the neo-liberal transition. While there was a sudden change in Poland and Ukraine's care policies with the collapse of the USSR (Tolstokorova, 2011), it was also around the same time in Germany that "long-term care insurance" was introduced (Lutz & Palenga-Möllenberg, 2010). Although care was not adequate and highly dependent on women's unpaid labor during the previous period, the neoliberal transition and the insecurities it brought through changes in care work policies will be looked at for states.

In addition to the historical processes of care policies of the countries separately, and their connections to each other through migration will be looked at through the analytical frameworks of care gap and care drain. Although Germany, Poland, and Ukraine have different experiences historically and politically and different development levels, their relationship forms an example of "global care chains." Women's insecurities are connected to state insecurity, and what seems to be a domestic issue informs us about international security and politics.

Under the Critical Security theoretical framework, it is relevant economic, military, and societal insecurities are related to state policies affecting how care is organized in society. Poverty, unemployment, structural adjustment programs, demographic change, violent conflicts, HIV/AIDS pandemic, and in-and-out migration are all sources of insecurity for states and have strong connections with care. After looking at how the outsourcing of care by migrant care workers is a search for more security within the state, I will analyze the context of global care chains and the insecurities it brings for specific states one by one and how the search for more security by one can

get insecurity for others. According to their receiver and sender status, the states differ in their insecurities, although the need for care remains constant.

2.2 Global Care Chains & Insecurity in Ukraine, Poland, and Germany

2.2.1 UKRAINE

As a former socialist country, Ukraine had a state-sponsored childcare system to increase women's participation in the labor force. It was also a coping mechanism for the declining fertility rates during the 1970s. Although Ukraine continued to have its social protection programs after it gained its independence, the budget remained low, and the bureaucratic barriers discouraged women from proceeding to get paid leave. Moreover, the number of schools, kindergartens, and nurseries decreased drastically, and only one-fifth of the children attended daycare facilities after the collapse of the USSR (Wright, 2003, p. 60).

At the same time, among the post-Soviet countries, Ukraine has one of the most rapid declines in terms of its population, whereas the aging population is also increasing (Chawla, Betcherman, & Banerji, 2007). This demographic change is considered dangerous, defined in the World Bank report as a "unique conjunction of rapidly aging and relatively poor populations" (Chawla et al., p. 2). The demographic crisis is related to low birth rates and the migrating population due to unemployment, low living standards, and low real wages (Mansoor & Quillin, 2007).

The opening of borders with the collapse of the former USSR enabled Ukrainians to migrate outside the country rapidly due to the effects of economic transformation.

The demolition of the care system, including healthcare and education, created a need for people to undertake the burden individually, which increased labor migration.

Already at the end of the 1990s, remittances were a mass phenomenon for families as a source of income (Mansoor & Quillin, 2007). Increasing uncertainty, falling standards of living, and unemployment are all sources of insecurity for people to seek other options elsewhere. However, the decision to leave is not only related to economic insecurities but also physical insecurity. According to the World Bank report:

Significant portions of any country's workforce may, all else being equal, prefer to remain at home rather than take on the risks of moving abroad and leave family and friends. Yet, many households agree to leave their familiar surroundings when their home countries do not provide for their physical protection from attack or abuse, or have poor public-service delivery and governance at the local and national level, an uncertain business investment environment, or high unemployment. (Mansoor & Quillin, 2007, p. 76)

The migration pattern is also changing in terms of location and gender composition.

There is increasing mobility from Ukraine to European Union (Malynovska, 2016).

Especially after the annexation of Crimea, the number of migrants traveling to

Poland from Ukraine exceeded those who were going to Russia, which was the

primary destination previously (Malynovska, 2016). These figures show that the

growing insecurities outside and inside, such as military conflict or unemployment,

trigger migration. At the same time, with the enlargement of the EU in 2004, Ukraine

lost its highly skilled workers searching for more security (Mansoor & Quillin, 2007, p. 189).

The Ukrainian Foreign Ministry revealed in 2002 that around 300,000 Ukrainians work in Poland. The total of migrant workers' remittances is above five billion dollars per year. Although migration seems like a solution for the Ukrainian economy, together with the remittances, there is a demographic crisis, and the reasons that cause mass migration is not tackled substantially (Kindler, 2011). Poland has geographic proximity to Ukrainian workers, also cultural and historical ties (Lutz & Palenga-Möllenneck, 2012, p. 19). International Organization for Migration (IOM) report shows that the number of visa applications increases while the visa declines decrease, and multiple entry visas are issued more and more (Malynovska, 2016).

Adding women into this picture changes the dynamics and requires more in-depth research since the reports show that migration to the West is becoming more and more represented by women than men (Zimmer, 2007, pp. 2-3). The literature calls the Ukrainian migration patterns "feminization of migration," which does mean not only the increasing number of women in migration but also the gendered effects of the migration due to the increase (Paiewonsky, 2009). To start with, "the market" solution to care work meant going back to "traditional values" and mothers being primary caregivers (Lutz & Palenga-Möllenneck, 2012). Sassen (2000) argues that it is not a coincidence that women in countries that are in debt and face high unemployment participate in the global circuit increasingly. She conceptualizes this phenomenon as the "feminization of survival."

Unemployment, both of women and of the men in their households, has added to the pressure on women to find ways to ensure household survival. Subsistence food production, informal work, emigration and prostitution have all gained prominence as survival options for women. (Sassen, 2000, p. 511)

In the Ukrainian case, the cuts in the welfare system due to the IMF debt, structural adjustment programs, and austerity measures fall on the shoulders of women to carry out paid and unpaid labor so that the elite can preserve their economic privileges (Mathers, 2020). In addition to that, Mathers (2020, p.1237) argues that:

the gendered processes of austerity budgets are compounded by the equally gendered process of militarization, which justifies prioritizing the military and the defense sector above social spending, especially during wartime. As a result of militarization, households are persuaded to place the needs of the military and the war ahead of their own and to take actions in the name of national security that contribute to their own economic insecurity. This involves not only accepting the state's prioritization of defense over social spending but also contributing their own labor and other resources to meet the material and emotional needs of soldiers during conflict and of veterans struggling to recover from the injuries of war, even as limited state-funded social supports are cut back further.

State insecurity is not just overwhelmingly affecting women but also creating conditions that bring further insecurity. Here, we see that military spending in the name of state security is cut from social spending. At the same time, austerity measures are creating economic insecurities for states, which pushes the state to more marketization, especially with the involvement of IMF and the structural adjustment plans. This shows that what is called state insecurity is very much related to women's insecurities and how care is organized. The notion of state security in its mainstream meaning, limited to military conflict, is challenged by the lack of adequate care for soldiers in times of need.

These 'state' insecurities, which entail military conflict and economic austerity, are a great push for further migration of women as a survival strategy. This shows that state insecurities are not independent of women's insecurities. However, the difference is the state's response to those insecurities, which, most of the time,

creates further insecurities for women. Women, in a way, “choose” to migrate, leaving a care drain and a brain waste behind, which creates other insecurities for states economically, socially, and demographically.

The conditions it creates bring the question of security of not just the women who migrate but also the future generations of children and women who stay. The emphasis on women is crucial for “the fact that gender relations are at the heart of these care arrangements because the core question in care arrangement is concerned with the gender-specific distribution of care responsibilities” (Lutz & Palenga-Möllenbeck, 2012, p. 18). Most of the time, if the father migrates, children continue living with their mothers. Still, when it is the other way around, this number almost drops by half, and children are usually sent to live with their female relatives, such as older sisters, grandmothers, and aunts (Gheaus, 2013).

When the migrant woman is a mother in her own country and leaves the children behind, it is called transnational mothering (Lutz & Palenga-Möllenbeck, 2012). Lutz and Palenga-Möllenbeck (2012, p. 18) argue that women’s migration is not only a matter of transnational ties of families but also about the sending country’s problem of arranging the care relationship in the absence of these women and mothers. This creates a security issue for the children left behind. Although there are many different studies on how children are affected, Gheaus (2013) argue that the children might be thought of as benefitting from material benefits and remittances, but their non-material needs are not met.

Although there are no exact numbers on the Ukrainian case and how many children are left behind, the estimates are around 8 million children, or 94% of the Ukrainian migrants, are thought to have children (Lutz & Palenga-Möllenbeck, 2012, p. 27).

Whether these numbers are correct or not, what is essential to look at is the inadequate care services by the government and the economic conditions that do not allow parents to stay at home to undertake care work (Lutz & Palenga-Möllenberg, 2012, p. 28). It is possible to see how the state's inability to provide care creates insecurity for women and children, which in turn creates generations that are traumatized (due to lack of a parent, societal prejudices against migrant mothers, etc.) (Lutz & Palenga-Möllenberg, 2012, p. 23) or has not been cared well enough compared to receiving countries, which strengthens international inequalities

Ukraine also has the highest number of cases of deaths in Europe due to HIV/AIDS Europe (Zimmer, 2007, p. 4) which can also be tied to a lack of care services. HIV/AIDS is increasingly being discussed as a national and international security issue. Although the efforts tackling the problem by the global governance institutions, such as the UN Security Council, stay limited chiefly to Africa (see Resolution 1308), Ukraine requires an immediate response. This is, of course, not to securitize HIV/AIDS as it also creates exclusion dynamics, with the discourses tied to migrant women bringing the virus back to the country. At the same time, migrant women are held responsible for the declining birth rates in the country and claim that there is a moral decline, implying that they are involved in sex work (Zimmer, 2007).

Ukraine is a sending country in terms of global care chains and can be considered as the worse off compared to the other cases, which will be analyzed subsequently. To start with, the conditions of economic insecurity, the HIV/AIDS pandemic, and military conflict already create insecurities for the state and the women. The need for security by remittances to tackle some of the insecurities makes a "displacement of care," in Fraser's (2016) words. Therefore, sending off women to fill the care gap in another country creates further care drain in Ukraine. The care drain can be related to

the degradation of care services and increasing migration of women, which is filled by the unpaid labor of other women.

The chain continues as Ukrainian women migrate to Poland, another country suffering from a declining and aging population that has a care gap (Sokołowicz & Lishchynskyy, 2018). The birth rates are declined from 497.689 to 271.983 in the last ten years (Eurostat, 2022a). At the same time, women who cannot find their career aspirations migrate regardless of their education. According to an ILO report, this causes brain waste, where highly skilled women are discouraged in the Ukrainian labor market and migrate to undertake care work in another country. The education level among Ukrainian domestic workers is that one-quarter of them have a university degree, while 18 percent have higher education (Tayah, 2016). Due to its increasingly aging population, loss of highly skilled workers, declining birth rates, and a migrating young population, Ukraine is becoming the source of cheap labor for the European Union.

There are also societal effects diverging from inadequate care for children and elderly in the long term as well as HIV/AIDS patients to strengthening gender roles. The current situation after the COVID-19 pandemic and the ongoing war shows the essentiality of care to Ukrainian security. The link between military conflict and human security is clear, and the aftereffect of the pandemic also creates further insecurity by preventing individuals from reaching their full potential and creating generational distress (UNDP, 2022, p. 78).

2.2.2 POLAND

As a post-socialist country like Ukraine, Poland also experienced a drastic change in economic planning. The restructuring of the state changed the social policies, whereas the privatizations increased unemployment and economic insecurity. Similar to the Ukrainian case, there were the demands of the International Monetary Fund, which controlled the state budget and increased the cuts for social security spending provided by the state (Saxonberg, 2014, p. 10). The data also shows that the countries which wanted to become a member of the EU were more accepting of austerity policies. In that sense, Poland was one of the most eager countries to undertake laissez-faire policies (Saxonberg, 2014, p. 10). These policies also required cuts in health care expenditure, which primarily damaged the elderly care institutions (Kindler, 2011).

Poland is both a receiving and a sending country in terms of migrant care workers. It has similarities in its insecurities with Germany and Ukraine. Sharing a similar historical context with Ukraine in socialist policies and the collapse of the USSR, Poland also sees itself as part of Central Europe rather than Eastern Europe and part of the industrialized countries, such as Germany (Saxonberg, 2014, pp. 25-26). The effects “shock therapy” on care policies will be looked at from a critical security perspective along with the care drain, unemployment, economic insecurities, and the global care chains.

In Poland, the nationalist image of Matka Polka (Mother Poland) was rebuilt through socialist propaganda as a caring figure for the whole nation. This was also used in the creation of the ideal “socialist” woman, who is both active in work and social life and also a mother (Saxonberg, 2014, p. 44). Although the socialist policies improved childcare policies, the gendered nature of these policies remained constant. During

the socialist period number of kindergartens increased from 80,000 to nearly 400,000 in less than 20 years (Heinen & Wator, 2006, p. 193). However, the period after 1955 was stagnant in terms of the improvement of these services (Heinen & Wator, 2006, p. 192). This showed that these policies only served the economic interest of the state rather than ideological ones as the socialist ideal was not realized and economic cuts were made from care related services when the economic conditions were harshened.

Under these conditions, migration is becoming increasingly popular among middle-aged women, as they have been particularly affected by unemployment (Lutz & Palenga-Möllenneck, 2011, p. 358). Women were mobilized according to the needs of the state and were even seen as a “reserve army” (Heinen & Wator, 2006, pp. 192-193).

One could add that, given the greater economic problems that Poland faced, the country had fewer resources to use for family benefits. So, even if the government saved money by not supporting daycare as much as governments in neighboring countries did, policymakers did not feel they could use the money saved on daycare to finance more generous maternity-leave benefits. Moreover, given the fact that fertility rates were higher in Poland than elsewhere in Central Europe, they did not feel the same demographic pressure to support families (Saxonberg, 2014, p. 95)

Although care policies were not sufficient during socialism either, it could be said that there was an apparent decline after the collapse of the USSR (Plomien, 2009, p. 139). Now, Poland has the lowest quality of care work services among other Eastern European countries (Szelewa & Polakowski, 2008). To this day, Poland has by far the lowest percentage of children attending kindergartens (Saxonberg, 2014, p. 19). In addition to the lack of adequate care services by the state, families cannot afford to take parental leave, which was the primary solution to the care gap for a long time (Kindler, 2011). This demonstrates the need for outsourcing care for Poland.

As a result, the economic insecurity of the country was burdening women, and women paid the highest price for this economic and social restructuring. The Catholic Church is actively taking a role in childcare, and women face risks of unemployment due to pregnancy. There is a return to “traditional values” where women face more and more restrictive policies on their employment, abortion, and so on (Heinen & Wator, 2006, p. 196). This carries the risks of what Daly and Standing (2001) call “compassionate conservatism,” where faith-based organizations carry out the duties of the state. In the long term, this poses more tremendous insecurities for women and their emancipation.

In terms of an aging population, Poland has also Europe’s fastest, and the fastest decrease in birth rates. The people aged over 65 consisted of 13 percent of the total population in 2004 (Kindler, 2008). In 2010, this number was raised to 13.6, and currently, the estimated amount is 18.7 percent (Eurostat, 2022b). On the other hand, birth rates are drastically declining. In the last ten years, Poland’s live birth numbers dropped from 413,300 to 331,511 (Eurostat, 2022a). Together with the outflow of migration, these statistics strengthen the care crisis country is facing as it constitutes a great burden to the social security system.

With the EU enlargement in 2004, Poland experienced one of the most significant migration outflows in its history (Goździak, 2016). During the first three years following the accession, the number of Polish staying abroad for more than two months tripled, reaching 540,000. (Kaczmarczyk & Okólski, 2008, p. 8). According to the data, loss of labor in the Polish market due to emigration constitutes greater insecurity than the declining birth rates and aging population (Kaczmarczyk & Okólski, 2008, p. 24). Both have serious impact on the social security system as well

as the labor market of the country, and the situation is predicted to get worse even in the best-case scenario.

In terms of migration outflow from Poland, remittances constitute one of the most significant benefits. Among the other countries that joined the EU in 2004, Poland has the biggest share of remittances, increasing by 164 percent in the first three years of the accession, mostly coming from Germany (Kaczmarczyk & Okólski, 2008, p. 29). However, as a share of the GDP and total exports, the remittances are not that significant at a macro level. On an individual level, remittances are used as a survival strategy for mostly low-skilled workers and their families (Kaczmarczyk & Okólski, 2008, pp. 34-39).

According to the OECD data, among all the Polish migrants, 80% of them migrate to Germany. Each year, there are around 75,000 Polish migrants migrate to Germany (Misra, Woodring, & Merz, 2006). At the same time, Poland is a receiving country. Regarding care work, 20 percent of all migrant workers are estimated to be care/domestic workers, mainly from Ukraine. There are around 100,000 migrant care workers total (WHO, 2019). The rate of children aged 0-3 in nurseries was only 4% in 2011, which shows that there is an increasing care gap currently trying to be filled by mainly Ukrainian workers (Kindler, Kordasiewicz, & Szulecka, 2016, p. 32).

Although the care crisis does not appear as an immediate threat, as a military threat would, in the long term, the solution is not sustainable for Poland. The system in Poland exists due to the precarious conditions for Ukrainian women within the country. While the women migrating create a care drain in Ukraine, they create a care gain in Poland, which is conceptualized as care circulation (Palenga-Möllenbeck,

2013). This simply means that Poland is benefitting from the cheap labor of the Ukrainians while also enjoying the remittances by sending migrants.

The continuous outflow of migration of Polish care workers to Germany and the inflow of Ukrainian care workers did not eliminate the vast care gap that the country is facing. The demographic and economic situation continues to be concerning for the future of the care crisis in Poland. The number of elderly who are in public nursing homes is below 2 percent in Poland due to a lack of availability and high costs (Palenga-Möllnbeck, 2013). The notion of “intergenerational solidarity” – a term coined by Krzyżowski (2011) – seems to cover that gap, meaning grandparents take care of the children, where in exchange, children would take care of the grandparents when they grow up. This is highly dependent on the unpaid labor of mainly women in the family.

Although Poland is encouraging return migration through various campaigns to cover labor shortages and tackle the aging population problem (Goździak, 2016), dependence on global care chains creates more insecurities for the future of care in Poland. The reliance on migrant women’s cheap labor, intergenerational care, or care provided by religious organizations renders women from reaching their full potential and traps them as “citizen the carer.” On the other hand, citizen-women have to migrate and take care of other’s children due to a lack of sufficient employment and decent living conditions in their country of origin.

2.2.3 GERMANY

When it comes to the case of Germany, there were many differences between East and West Germany. However, the welfare state model in the West and the socialist planning in the East still put citizen women in a better position compared to Poland and Ukraine. In the welfare model, the economy was still based on the male breadwinner model, where only married women could enjoy certain rights, such as social policies, health insurance, and retirement (Lewis, 1994, pp. 14-17). Although the number of women participating in the labor force increased, men still had the legal right to prevent their wives from working until 1977 or force them to work (Ostner, 1994).

Family and childcare policies were controlling women's lives, requiring them to be the primary caregiver in the family. They were arranged for the benefit of middle-class men by providing mobility outside and stability inside (Ostner, 1994). This structure of the family resembles the state's inside-outside dynamics in terms of security. The inside of the state is thought to be secure, and the threats come mainly from the outside. However, in both cases, in terms of insecurities, the inside can be more insecure for people living inside. The policies were giving restricted independence for women by heavily depending on their husbands for their survival.

Although the changes in the world economy and neoliberal policies were not as destructive as in the cases of Poland and Ukraine, the German unification of 1990 introduced changes in terms of social policies. The unification had many consequences in terms of changing women's lives. While the integration into Western Germany brought some opportunities for some women, it also meant rising unemployment, and loss of social and economic rights, especially for mothers

(Ferree, 1993, p. 90). Although the policies in the former GDR were also harmful because the primary caregiver was still women, and the ‘benefits’ women received were seen as an obstacle to their employment, it was still easier to balance work and motherhood. At the same time, the feminist movement in the GDR successfully set the agenda and demanded reforming the policies by lobbying the government (Ferree, 1993, p. 96).

In the early 1990s, long-term care insurance, in which care is financed through an insurance system, rather than tax-financed, was introduced (Lutz & Palenga-Möllnbeck, 2010, p. 422). The restructuring of the welfare policies was more inclusive towards women’s employment. Yet, the conditions for childcare and the availability of jobs force women to work part-time, which is a coping mechanism for both unemployment and the care gap for Germany (Misra et al., 2006). Mostly, the care gap was solved through flexible working hours for women, which devalued their market value and created an insecure working environment for women as well as a dependence on men. In that sense, women were seen as a source of skilled labor in addition to men to achieve a more flexible labor market (Ostner, 1994). In addition to the effects of labor flexibility and changing family policies for women, unification also brought privatization, which affected women on a different level. In the traditionally female jobs, such as textile, there was a 60% cutback.

Although there have been improvements to the care system with the restructuring of the welfare state, the results were not as expected. They neither changed the division of labor nor completely changed the reliance of women on their husbands. There is still a care gap created by the “changes in their labor force participation, alterations in resources available for childcare and family maintenance, and changing national and international laws” (Zimmer, 2007, p. 15). This shows that the care crisis was not

new. It was only controlled better by suppressing women. Therefore, the new solution for Germany is to increasingly outsource care by migrant workers.

Lutz and Palenga-Möllenberg (2010) describe the current German care policies as “compliance and complicity” in the sense that the policymakers turn a blind eye to the non-regulated care regime and the problems of migrant care workers. The care gap is large, meaning that the people in need of care work and the people who work in care work do not match in numbers (Lutz & Palenga-Möllenberg, 2010, pp. 420-421). Therefore, the strategy is to take migrant care workers without granting them rights that citizens enjoy and leaving them in a grey area so that they could be secure enough to fill the care gap but not too secure in demanding rights.

The care work that is regulated and institutionalized is a lot more expensive than non-regulated/illegal solutions provided by Polish migrant women (Misra et al., 2006). The estimate is that around 200,000 informal migrant care workers work in Germany. This is not an official number since the government lacks broad research on the issue. Lutz & Palenga’s (2010, p. 421) own investigation is that what officially is declared as “kin care” is undertaken by migrants. According to the government data, 40% percent of the families who claimed kin care were full-time employees at the same time, making it impossible to undertake the necessary care work. There is also a rapid increase in care agencies operating between Eastern Europe and Germany.

Although transnational motherhood is not the case for German women, as there is no phenomenon of German women emigrating for care work, most care work is still undertaken by women in intergenerational houses (grandmothers). However, this has also been changing due to the growing number of atomic families, which leaves childcare and elderly care at more stake. At the same time, cash-for-care is

introduced in Germany, where families receive an amount of cash from hiring someone privately (International Labour Organization, 2018a). The cash benefits system only allows either employing migrant care workers (WHO, 2019) or sending the elderly to a nursing home outside the country (Goździak, 2016). The new phenomenon is a reversed forced migration of the elderly to Poland simply because it costs less (Kresge, 2013).

The care gap is one of the primary sources of insecurity in Germany. Different than Ukraine and Poland, the women here do not face extreme conditions of poverty or the risks of unemployment. However, precarious situations, such as pressure to work part-time and the gendered tax system in marriage, still exist as a barrier for women in the labor force. While the system favors women who get married to single women in terms of taxation, there is hindrances for the second income holders (usually being women) for entering the labor market because of the joint taxation (Spahn, Kaiser, & Kassella, 1992, p. 51). For the migrants, although there are rather strict labor market rules in Germany, domestic work is one of the available options to do undocumented (Palenga-Möllenbeck, 2013, p. 372). For women who live in Germany and try to maintain their life standards, they need disadvantaged Polish migrants in care work (Misra et al., 2006).

At the same time, Germany needs to continue its economic growth, which would not be possible without the participation of women in the labor force or migrant women's cheap labor together. The contribution of the migrant care workers to Germany's GNP was thought to be around €2.7 billion, where these workers are deprived of chances of social security and retirement (Lutz, 2008, p. 44). Although Germany is well-off compared to Poland and Ukraine, social costs in terms of the gendered

division of labor and an insecure and unreliable work environment for migrant women create insecurity for the future of the country's organization of care.

2.3 Analysis

The three countries differ in their historical backgrounds, economic levels, and, most importantly, their position in the global care chains. However, all three have an experience with a socialist regime, and the fallbacks after that are similar in terms of changes in how care is organized in society. At the same time, the introduction of neoliberal policies, although not on the same level, affected care-related insecurities. Regardless of their position in the global care chain, they all experienced care crises. Therefore, as a standard feature in all three countries, there was a change in care policies and dependent on outside resources, meaning migrants or remittances.

In Poland and Ukraine, remittances are a source of security for those left behind. There are also other motivations for women to migrate, such as lack of career opportunities in their home countries, dependency on men, lack of security for especially women, increasing traditional values, and lack of adequate care provided by public institutions. This puts women into a paradox, where they have to work to take care of their families but at the same time cannot afford to be working because of the lack of care for children and the elderly. There is a system dependent on women's unpaid and low-paid labor to tackle the care crisis.

Both Ukraine and Poland have declining trends in terms of their population which is concerning considering the demographic and economic situation (Mansoor & Quillin,

2007). This decline in population and lower birth rates, combined with the aging population, causes more and more degradation in care services, as it becomes costlier and fewer people can do it (Chawla et al., 2007). Both cases raise concerns for education and the future labor force. There is also a discussion on brain waste, where educated women migrate to take low-skilled jobs in other parts of the world (Mansoor & Quillin, 2007).

Ukraine is the most insecure during the process. While Poland and Germany could outsource the care for a cheaper alternative, migrant workers, Ukraine mainly depends on women's unpaid labor. It is also the most fragile, as the latest research on the ongoing war shows. According to the UNHCR (2022), after the Russian attack, 8 million people, primarily women, fled the country. The care needed during the conflict and the long-term effects of the war on care does not provide a good picture of the future care crisis in Ukraine.

For instance, it was mentioned how the care crisis is very dangerous for HIV/AIDS patients. The current HIV/AIDS situation, combined with the ongoing war, deepens the care crisis at an unprecedented level. Both for those who are fleeing and those who have to stay, the necessary treatments are becoming harder to reach. At the same time, research shows that after the war in 2014, there was a drastic increase in HIV/AIDS infections with less care available (Vasylyev et al., 2022). At the same time, it shows how the most vulnerable are more insecure by the insecurities of the state.

The insecurities of Ukraine are filling the care gap in Poland. At the same time, Poland continues to be the carer of the EU. In the case of Germany, in the first instance, the insecurities regarding the care crisis seem to be solved, although the

care gap persists. As long as the cheap labor, meaning as long as the insecurities of other countries continue, the German care system can continue without collapsing. However, this does not imply adequate care or that the current care is well done. Under precarious conditions, where there is no guarantee nor security for workers, Germany continues to be affected in return, as it creates insecurities for those who receive care.

The system is very fragile to significant changes, as the COVID pandemic showed. When the care could not be outsourced and was not provided by the state, the help of the elderly could not be used during the pandemic. The studies show that it was primarily women who took the care work in the household, even when both men and women were working from home (see Jessen, Spiess, Waights, & Wrohlich, 2021; Zoch, Bächmann, & Vicari, 2021). Therefore, the pandemic reproduced the gender inequalities in the household and the job market, as women were more affected and insecured by the pandemic than men.

The declining mobility due to the pandemic also insecured migrant care workers. Although there were some special arrangements in Europe, Germany chose to lean on the unpaid labor of women by providing flexibility by increasing the paid leave and remote working conditions to family members who take care of the elderly. Therefore, live-in care work in terms of policymaking was disregarded. During the lockdown, Germany had an ignorance policy, where the Polish border was unchecked. They were also not asked to quarantine since the people who needed care work, primarily elderly, urgently needed the care. These were all undeclared and allowed around 500,000 families to receive care (Leiblfinger et al., 2020).

In a comparison between the insecurities of Germany, Poland, and Ukraine, although the care gain and outsourcing care put Germany as less insecured, the pandemic case shows that it is very fragile to unexpected changes and does not guarantee the care that is vital and immediate to its citizens, as a result of the insecurities and precarity of care work. Although this seems like an individual-level problem at first glance, the implications of it for the further generations of children and women who has to take care of them, usually in the form of unpaid work, is on the societal level. On the one hand, it strengthens the idea that women have a role due to their gendered role in society to provide care; on the other hand, it takes the issue to the private sphere, where the care work is not provided by public institutions (Robinson, 2011). As Zimmerman, Litt, and Bose (2006) argue, “an overly commodified arrangement for carework threatens the social bonds and cohesion that are necessary for human well-being. This deepens rather than alleviates social divisions.”

Overall, this chapter shows the wide gap between the families’ needs and states’ decision-making while also looking at the insecurities of states.

The crisis of family welfare that afflicts poorer nations of the world has become a crisis of the nation-state both in sending and receiving countries. Global inequalities underpin the world's political fault lines and conflict zones. The surge in transnational families’ remittances, care and welfare distributive efforts across state borders are flexibly and pervasively mediating welfare gaps between nation-states. (Bryceson, 2019, p. 3060)

Main sources for state insecurities, such as growing unemployment, declining young labor force due to emigration, neoliberal economic policies, and changing social policies, have impacts on how care is organized in society. Although the care crisis is tried to be solved through global care chains, it creates further problems and insecurities for the people involved. It creates a care drain for the sending countries,

Poland and Ukraine, which affects women who have to do unpaid work and those who need care, causing societal problems. At the same time, women have to migrate more and more to seek security.

This creates a vicious cycle of insecurities. The solution to the care crisis of the countries is dependent on the current insecurities of the countries involved in the chains. Especially at times of economic recession and war, receiving countries benefit from the insecurities of sending countries. Therefore, bad living standards and lack of employment opportunities for low-income women in Ukraine seem beneficial for Poland. The worsening conditions for women in the Polish labor market fill the care gap in Germany. However, this does not work to better the situations in either sending or receiving parties, in which care remains a low-skilled underpaid job. This shows the international dimension of the insecurities, as Falk calls “global apartheid,” where the security of the rich is increased by insecurity of the poor (Tickner, 1995). From a human security perspective, women’s security cannot be achieved if global inequalities continue between states.

CHAPTER III

WOMEN'S INSECURITIES

The previous chapter examined the relationship between state insecurities and how they can create more insecurity for women. The changing politics and policies of care and how it is used to regulate women's behavior, both migrant and citizen women, were analyzed within globalization and neoliberalism. The state insecurities and women's insecurities are not mutually exclusive. In addition, the state might be the source of insecurity for women. International relations, everyday politics, and societal relations were seen from the perspective of human security and structural inequalities creating insecurity for the state and the people.

In this chapter, women's insecurities will be analyzed at an individual level.

Women's insecurities are apparent on both sides of the global care chains, as the receiver and the giver of care. Similar to the insecurities of states, which send and receive migrants, insecurities of women are formed according to financial, physical, and structural constraints. There will be an intersectional approach, which considers the race, class, and gender perspectives as the insecurities are related to it. The similarities between caregivers and receivers in terms of their insecurities will also be examined to understand the broader perspective of global care chains, creating insecurities for women.

The focus on women is based on two reasons. Firstly, there is the feminization of migration in relation to globalization and the feminization of poverty which are not

independent of global care chains. These phenomena affect one another, as also discussed in the previous chapter. Secondly, although men are also involved as the recipients or givers of care, the gendered division of labor persists in households. Therefore, when a migrant care worker is hired, it is to replace the woman in the house and her duties, as well as when an elderly needs care; it is traditionally the women's duty that the migrants take over. In that sense, there is an outsourcing of their care to migrant women, especially with the increasing involvement of women in the workplace and a need to balance their work and life (Lutz & Palenga-Möllnbeck, 2011, p. 353)

Analyzing the insecurities of the individuals, the framework from "security as emancipation" of Welsh School will be used. In the "condition of insecurity" (Booth, 2007, p. 101), there is a need to analyze and identify the insecurities affecting individuals and groups instead of the 'state' as an abstract concept. Therefore, critical security looks at the understanding of security coming from a human perspective rather than national sovereignty and also takes emancipation into consideration to achieve security rather than power (Booth, 2007, p. 109). Basu and Nunes (2013, p. 64) comment on this:

An account is deemed emancipatory insofar as it seeks to contribute to the achievement of security by garnering existing potential for transformation and informing the practical transformative strategies of specific political actors. Importantly, the achievement of security in an emancipatory sense is intrinsically connected with broader political transformation that opens up space in people's lives, so that they can make decisions and pursue courses of action beyond mere survival.

The division between "survival" and "security" is also mentioned in previous chapters. Therefore, what some women might do for their survival may seem like they are securing themselves and their surroundings, for instance, in the case of remittances, yet this could mean the emergence of many other insecurities. Moreover,

there are still inequalities in how people enjoy security. The women who employ care workers also seek security which is different than their survival.

Feminist Security Studies and the Welsh School have many similarities. Firstly, they both acknowledge that private and political are not easily distinguishable, and the second is their recognition of normative research and the researcher's situatedness while doing research (Basu & Nunes, 2013, p. 72). Taking structures into accounts, such as patriarchy and capitalism, what matters is the "corporeal, material existence and experiences of individual human beings' (Wyn Jones, 2005, p. 227 (cited in Basu & Nunes, 2013, p. 66)). Therefore, to understand the effect, emotional labor, and bodily labor attached to the care work and its relevance to security, Feminist Security Studies will also be used.

3.1 Insecurities of Care Work

Specifically looking at care work, it is crucial to differentiate it from other types of work. There is heavy human physical contact between the caregiver and the receiver, as well as physically challenging tasks the care worker must complete tied to domestic labor. There is also emotional labor, as an intimate connection is formed between the caregiver and the receiver (Lutz, 2008). In fact, this is what is expected from the caregiver, to get along with children, to love children, and to love and respect the elderly. This level of closeness, physically and emotionally, brings new insecurities for both sides, being more vulnerable to abuse and outside threats.

Before going into global care chains, it is important to understand the insecurities related to care work and those who undertake care work. Care work must be done for

life to continue. However, it is one of the most invisible forms of work, often done by women in the form of unpaid labor. In that sense, the insecurities, especially for migrant women, can be looked at as “ordinary insecurities”:

Ordinary insecurities determine lives. This is the case for those mostly invisible people who do ‘menial’ but essential tasks on which society depends. Their work for the most part does not give satisfaction, a sense of dignity, or self-worth. It is work that allows their survival, and in this sense their menial jobs are the moral equivalent of war work, a daily fight for victory in self-defence against a hostile world. There is little security in such work; it is working to survive. Though many who do jobs of the utmost drudgery may be ill-educated, they are not thereby without intelligence, or clear understanding of the meaning of status, security, and health. Ordinary insecurity is often what society (the powerful) makes it. (Booth, 2007, pp. 103-104)

At this point, these insecurities are independent of the worker’s migrant status. These exist both for unpaid and paid care labor. The paid labor and migration add new dynamics to the intimate relationship between the caregiver and receiver. In the case of migrants and global care chains, the new dynamics include crossing borders, a lot of uncertainties for both sides, insecurities for children and elderly left behind, and being vulnerable to abuse. The physical, economic, structural, and emotional insecurities will be analyzed, considering the particularities of each case.

Only looking at it as a physical concept, care work is very demanding, although often underpaid or even unpaid, and underestimated. The value created in terms of social reproduction and societal well-being is not met with its value in monetary terms and living conditions (Anttonen & Zechner, 2011, p. 17). At the same time, “all bodies are vulnerable to decay, and disease and *no* body can exist without the aid of other bodies, the vulnerable body belongs to each and every one of us. This is, indeed, an existential fact of human life” (Hoppania & Vaitinen, 2015, p. 74). These altogether define care work as a corporeal relation.

In terms of physical security, the most important thing is health insurance. On paper, the migrant domestic workers in Germany seem to have many rights ranging from the maximum amount of working hours to access to accident insurance even without an official contract. The law is binding for undocumented workers without a work permit or a spoken employment arrangement (Heimeshoff & Schwenken, 2016, p. 77). Undocumented workers in Germany can use emergency services free of charge and with confidentiality (FRA, 2011, p. 16).

However, when it comes to non-emergency situations, physical insecurities differ in nature for regular domestic workers and immigrants. Although all domestic workers are exposed to the risks of domestic work and of care in general, giving out one's immigration status ends up with deportation by the state. Heimeshoff and Schwenken (2016, p. 77) define this as "trading rights for employment." Moreover, the officials are responsible for returning the immigrants to the police (FRA, 2011, p. 16). These create insecurities for the migrant workers as they cannot enjoy the same rights as the citizen workers in terms of their health.

In Poland, Ukrainian migrant care workers are mostly issued tourist visas, which do not allow them to work. This visa requires mandatory health insurance, yet it does not cover non-mandatory medical services and is very limited (Kindler et al., 2016, p. 33). There have been attempts to change the illegal status of migrant domestic workers by easing the employment procedures, which were not very successful. Poland gave the employers tax benefits and freed them from payments of health insurance and social contributions if they had a contract with their employees, on the condition that they pay less than the minimum wage. Therefore, the government is aware of the undocumented migrants but also cannot afford them to work for regular wages, which would be charged by a citizen care worker (Kindler et al., 2016, p. 32).

Working as a live-in domestic worker is one of the most demanding jobs in terms of expectations from employers and one of the most dangerous ones regarding possible accidents. The reason for this is that there are usually no precautions taken due to a lack of knowledge or regulations that cover housework (FRA, 2011, p. 42), and it is often overlooked as part of “women’s” unpaid work. These include a variety of cases, from cutting one’s hand while cooking to having a concussion after slipping and hitting one’s head while cleaning the house (FRA, 2011, p. 42). In terms of working hours, it was reported that 37% work more than 10 hours per day, and night shifts were typical (22%), especially for care workers who are looking after old and sick people (Chauvin, Parizot, & Simonnot, 2009)

She has had some very difficult experiences with work. She has often worked 12 to 14 hours a day and, in the end she had to fight to get the money promised (for example, 150 euros per month). This happened to her several times: people put pressure on her by threatening to report her to the authorities if she didn’t agree. At the moment, she is working for several individuals—cleaning, window cleaning, gardening etc. L. Ukrainian woman, 58, living in Germany for eight years. (Chauvin, Parizot, & Simonnot, 2009, p. 66)

Considering the conditions of care work, with the very little payment and the risks that only the work itself entails, the conditions that migrants seek security brings new kind of insecurities to them. They are expected to do high-quality work in cleaning, taking care of the elderly or children, etc., that the employers could only ever meet themselves (Anderson, 2001, p. 27). Combined with living in hiding due to the undocumented status of one, the effects of injuries and health problems are intensified. At the same time, the workers are denied “calling in sick” either because the employers do not believe them or due to the urgency of required care (babysitting or taking care of sick/old people). And when they do take sick leave, it is mostly unpaid (Heimeshoff & Schwenken, 2016, p. 84).

Although there are no strictly defined boundaries of care and domestic work, and it is a little bit of everything, all activities have an emotional side. “Household work is linked to negative emotions such as disgust, shame, and pain as well as to positive ones like pride, sensuality (e.g., the smell of a clean apartment or ironed laundry), delight and satisfaction” (Lutz, 2008, p. 49). These actions create a kind of order for the household, physically (tidiness, etc.) and mentally. Therefore, it is defined by Lutz (2008) as civilizing work. It requires very highly competent skills such as “talent for management, accuracy, diligence, psychological knowledge, empathy, intuition and patience, endurance, the ability to endure frustrations, discipline, the capacity to put oneself in perspective, self-reflexivity, emotional intelligence, and a good memory” (Lutz, 2008, p. 50).

Just the existence of a “stranger” in the household might challenge both sides. The migrant domestic and care workers report that they are usually made “invisible” in the household as if they do not witness intimate relationships and conversations. At the same time, they are expected to treat the household as a “member of the family,” although there are many constraints. They are partly integrated into the family, yet they are also expected to be invisible from time to time, such as leaving the keys to cleaners while not at home (Kindler, 2008, pp. 155-156).

In most cases, care workers faced comments such as “treat my mother as if it is your own mother,” “how could you not do this for me?” and occupation of their free time as they have the right to do so, using these emotional connections for extra work (Kindler, 2008, pp. 155-156). This side of care and domestic work distinguishes it from other types of work. While the care workers are providing a sense of security and also filling the emotional gap that the household members left in the care receiver, they are vulnerable to emotional abuse.

Another dimension added to the emotional labor is that, in most cases, migrant care workers also have to take care of someone back home. The “chain” in that sense, does not end with them traveling to the last destination. For instance, a relatively new term in the literature is “skype mothering,” where migrant women regularly contact their family back home. However, this is also bound with many spatial constraints, as the migrant worker is expected to be present when requested (Lutz & Palenga-Möllenbeck, 2012, p. 23). At the same time, “German and Polish employers may feel disturbed by hearing their carers speaking in a language they cannot understand, and ban their carers from calling at all or at certain times” (Lutz & Palenga-Möllenbeck, 2012, p. 24).

While it is a widespread way for Polish workers in Germany to connect with their families and friends, it might also be the case that employers are not aware of cheap options for international calls and limit workers' calls, or in some cases, people back home may not have phones at all, which makes receiving and giving emotional support difficult for workers (Lutz & Palenga-Möllenbeck, 2012, p. 24). Of course, it is not equal to physical presence. This might bring the question of the well-being and security of the children and families who are left behind, turning into a more societal and structural problem where there is a lack of care for the children of the poorer countries.

Although emotional labor is used in all the services sector or can be part of every job, here, it is used to provide security for children and the elderly, whereas also seen as a requirement of the work. Emotional security, from a corporeal approach, means that the feeling of being cared for and affection are not just important because of their supportive role in humans' lives but also crucial in their social security and ability to deal with insecurities. Therefore, feelings of trust, love, and being cared for, together

with the value it creates in terms of security, are as significant as physical labor. “It also entails more ‘ontological’ or ‘existential’ aspects to do with a person's sense of having an understandable place in the world and that there is a logical relationship between past, present and future” (Kay, 2012, p. 64).

Precarious work is a key part of the “insecurity and uncertainty about tomorrow that testifies to the return of mass vulnerability.” Arguably it is the precarious work that helps creates vulnerability. It limits opportunities for planning: any chance to work must be grabbed for it may not come round again. It is this that risks “hyperactivity” (the imperative to accommodate constant availability), “unsettledness” (continuous experience of mobility) and “affective exhaustion” (emotion as element of control of employability and multiple dependencies). Chaotic and unpredictable working times can undermine other social identities. Here we have the flipside of the celebration of the “Work-Life Balance” where one’s economic productivity becomes the overwhelming, the only priority. (Anderson, 2007, p. 8)

Hochschild calls the global care chains a “global heart transplant,” where love is also transferred from less developed to more developed countries. This transfer cannot be thought of as a zero-sum game, where the children left behind are completely deprived of attention and love. However, it is a source of guilt for migrant care workers, making them show even more attention to the people they care for and work harder for (Zimmerman et al., 2006). In general, the emotional aspect of the care work creates further interpersonal links with the employers and makes care workers more vulnerable to exploitation (G. Chang, 2006) which is a big part of their insecurity.

3.2 Economic insecurities

People migrate in search of economic security. On the one side, global migration provides low-paid care work to the countries involved and employment opportunities for lower-class women to seek financial security. However, these jobs are undertaken by individuals who are not enjoying the same social and political rights as the citizens and do the jobs that no citizen is willing to take under the same conditions (Zimmerman et al., 2006, p. 20). Therefore, “rather than economic security and independence, these jobs often bring low wages, unregulated work conditions, and even vulnerability and sexual abuse” (Zimmerman et al., 2006, p. 21). It can be said that the search for economic security brings other insecurities under these precarious conditions.

Considering women’s insecurities, without the global care chains and effects of migration, unpaid care work is mainly related to poverty, financial dependency on men, and lack of autonomy for women (Anttonen & Zechner, 2011, p. 17). Women try to change this and create new opportunities by migrating and doing paid care/domestic work. Therefore, these insecurities are specific to women. Also analyzed in the previous chapter, policy changes in social spending, pressures from international organizations, and foreign debt has all their effect primarily on care and women. At the same time, the blurry line between paid/unpaid care work creates further insecurities for women even without migration (Romero, 2006, p. 242)

Although the racialized division of labor seems beneficial for Polish and Ukrainian migrants in the labor market, in the sense that it becomes a reason for their employment, the structural inequalities grow. Usually seen as “angels” and “saviors” (Lutz & Palenga-Möllnbeck, 2010) Eastern European women become the maids of

Western Europe (Palenga-Möllenbeck, 2013). This is also analyzed as “peripheral whiteness,” in which the ethnicity both privileges and traps migrants into a certain framework, that is, domestic/care work. Migrants are not “too different from them” to trust within the private sphere, but also not “too similar,” which can maintain the hierarchical differences (Safuta, 2018, p. 223). Safuta (2018) calls this the racialization of class differences.

In terms of the class background of migrant women, it is essential to look at country-specific examples. Unfortunately, the lack of data on migrant women prevents a fully detailed analysis of the different insecurities of women from the same country based on their class position. Rather than that, women’s economic situation in Ukraine and Poland, according to the financial insecurities of the country, will be analyzed. While migrating women are lower-class, employers can be thought being as middle and upper-middle-class women and families who can afford to have personalized paid care. However, in the case of Poland, there might be cases where the Polish migrant herself is employing a Ukrainian migrant back home (Anderson, 2006, p. 230)

Ukrainian women experienced extreme conditions of insecurity after the collapse of the USSR, as the effects of unemployment were not the same for men and women. Since their debt grew, women fell into poverty and social exclusion day by day due to long-term unemployment. This affects a variety of other things, as some are unable to pay their rents and buy groceries (Kindler, 2011, pp. 69-72).

I wanted to cry! You know! When I was going to Poland, you know, I had worked at home for eighteen years in a bakery. And it so happened that there was not enough to pay for electricity, for gas, everything was shut down. And so it was that my daughter was supposed to give birth in one month. And me, you know, I live next to a church, not far, and from time to time [...] I was washing all of this, those table-cloths and you know, and so I took the job and it was very heavy, and I didn’t have [the money] with which to get the passport [...] And so I borrowed [...] (Kindler, 2011, p. 73)

In the Ukrainian case, economic insecurity came to the point of survival, which triggered a wave of migration. Of course, money is not the only reason why people migrate. Especially for the younger generations, it could be said that women with no children, no husbands, or no family contact due to conflicts had high expectations from migration beyond their financial independence. However, this could also make them more insecure about the failures as they might not have a support mechanism back home, or it can mean that they are risking more than just financial stability (Kindler, 2011, p. 76).

A similar situation to the collapse of the USSR exists for women in Poland. Yet, their conditions are better than Ukrainians, both in terms of economic insecurities they face back home and after migrating. The reason is the accession to the EU, which brought more security for Polish migrants. Undocumented migrants usually have to take the first jobs upon their arrival and are more vulnerable regarding their resignations (Heimeshoff & Schwenken, 2016). Another similarity between Polish and Ukrainian women is their age. Older women face discrimination in the labor market, yet in the case of care/domestic work, their age puts them in an advantageous position over younger inexperienced migrants (Lutz & Palenga-Möllenbeck, 2011).

On the other hand, for Germany, women employ migrant care/domestic workers to be able to work instead of taking care of children or the elderly or avoiding the double shift after coming from work. In the previous chapter, it was mentioned how the care policies which incentivized women to stay at home or to work part-time were also making them dependent on men. Therefore, economic security in the German case can also be argued to play a role for women who are employing migrant care/domestic workers. At the same time, it is a lot cheaper than the market solutions, which creates more value for them.

Although economic security is partly achieved after migrating, compared to the standards of one's origin, migrant care and domestic workers are in a very vulnerable position, as the employer might deny them their salary or make cuts according to their own wishes. Since they are not protected by union, contract, or labor laws, it is extremely hard to find a way to take what they deserve without fearing deportation. At the same time, they are extremely underpaid compared to their actual market value in the country. Their irregular/undocumented position also puts them in a place where they do not "dare to ask" about their salaries and have to take all the risks (Kindler, 2011, p. 80).

The economic insecurities were looked at according to class, gender, and race perspective. There is also a difference between women who leave their children and husband behind and women who do not have any dependents on them. While care migration can be more unrestrained in economic terms for the latter, it may become more of a burden for the first group. At the same time, societal implications for women who leave their families behind are that they are "good wives," "good daughters," or "good mothers" by sending money to their families (Hochschild, 2016). Yet, at the same time, bad mothers and greedy because their physical absence comes with social costs.

3.3 Insecurities of Migration

Migrant care/domestic workers should be considered in a different category in terms of their insecurities compared to other migrant laborers. The primary reason is that they work for an individual or a family rather than a public entity with a contract, and they are hired. At the same time, working in a private household also means isolation from other workers and people who are in the same situation (Chen, 2011, p. 169):

to perform a range of caretaking functions, domestic workers tend to have a personal and intimate knowledge of their employers, but the relationship is highly unequal, leaving many domestic workers vulnerable to verbal, physical, or sexual abuse by their employers. Often differences in race, class, and citizenship between the employer and the domestic worker exacerbate this inequality and vulnerability. (Chen, 2011, p. 169)

While migrating and crossing borders itself is a source of insecurity, these uncertainties of where to work, what to do, and for whom to work create further insecurity for migrant women. What is more is that the employer, who is supposed to grant some security (economic and physical) to the worker, can be itself the main source of insecurity (Kindler, 2008). In case the migrant has the status of undocumentedness, the system does not leave a choice for migrants to accept any job after their arrival (Heimeshoff & Schwenken, 2016, p. 77). The more vulnerable they are, the worse conditions they have to settle for, which the citizens would not do under the same conditions.

Along with what type of work they can be given, finding a good household also depends on “luck.” In some cases, employers isolate them even more by not allowing them to go outside or to make phone calls, physically, emotionally, and sexually abusing them. Similar to the lack of access to healthcare, migrant domestic workers are vulnerable to these risks, as the police and immigration authorities can be even a greater source of insecurity for them (Chen, 2011). While women are migrating, the “private sphere” might be appealing, as it is far from police raids and harder to be caught whilst doing undocumented, yet risks of abuse and exploitation, thus insecurities persist (Heimeshoff & Schwenken, 2016).

In both cases, geographical proximity creates a sense of security for both Polish workers in Germany and Ukrainian workers in Poland, as traveling is much more

accessible across countries. However, in the Ukrainian case, the introduction of visas with Poland's entrance to the EU made them more vulnerable to abuse.

Ludmila, like the majority of the Ukrainian domestic workers interviewed, did not perceive migration to Poland as a high risk activity. Geographic proximity guarantees that only minimal financial investment is needed for entry to and an easy exit from the country. As Ludmila mentioned, when a person cannot cope with the migrant reality, she can just take her torby w ruki [bags in hands] and leave. However, the introduction of visa regulations has shaken the already established 'routine' of circulating between the Ukraine and Poland. The uncertain prospect of receiving a visa has become one of the main risks for Ukrainian migrants. (Kindler, 2008, p. 150)

Although compared to other examples of global care chains, where women have to travel to a different continent and with a thin line between human trafficking and undocumented migration, Ukrainians are in a better condition in terms of their insecurities. However, compared to Polish women in Germany, the visa regulations create more hierarchical relations in the labor market (Marchetti & Salih, 2015).

Shortly after the introduction of visa for Ukrainians for Poland in 2003, many women continued working on tourist visas. Later on, in 2008, the visa regime was eased for Ukrainians to come search for a job. However, the problem is, domestic work is generally in the grey zone, meaning that there is no contract and social security (Keryk, 2010, p. 436). The official data from Poland shows that there were 142,960 Ukrainians that received this permit, in which only 7,614 was for domestic work. This means although there was improvement in the conditions, compared to the domestic and care workers' numbers, it was still not sufficient (Keryk, 2010, p. 437).

In addition to these, their employment condition is uncertain. Lutz (2008) calls this elasticity of demand. Since domestic work is usually undertaken by women in the family, unpaid and paid domestic work is one of the first things to give up when the household's economic situation goes bad. In addition to it, they can be easily

replaced with other migrants without any prior notice or compensation. They can be let go within a day without ensuring their initial job and accommodation, creating constant fear.

One phenomenon among Ukrainians in Poland is to have “a self-organized rotation system” where the prior connections leave their job temporarily to go back to their countries while their friends can settle down. This, however, does not solve their problems as the household might prefer the newcomer over them (Kindler, 2008, p. 152). Another option is to use the local newspapers to specifically say “Ukrainian care/domestic workers,” which gives them an advantage. However, in general, not all Ukrainians are lucky to find accommodation and a job before they arrive, and this becomes a question of not remittances but of their survival in Poland with their basic needs (Kindler, 2008, p. 152).

In the case of Polish women, although accession to the EU provided them with visas to live and work, there were not many changes to their working conditions. Of course, the fear of being deported is gone, which provides a great sense of security and independence. Yet, they are still cleaners and carers of Europe under very precarious conditions (Coyle, 2007). Therefore, without substantial change in the condition of women living in Poland, migrant Polish women’s situation will not be better (Coyle, 2007, p. 39). At the same time, Coyle (2007) argues that the increasing migration of Polish women to undertake low-paid and low-skilled jobs is related to the erosion of their rights after the collapse of the USSR and the insecurities they face in the country.

Although relatively easier opportunities for crossing borders at ordinary times, an unexpected pandemic created fear and insecurity for migrant care workers. Especially

at the beginning of the pandemic, migrant care workers were the most insecure due to their lack of access to necessary prevention mechanisms, such as isolation, and the use of health-related services and materials. For Polish workers in Germany, their usual routes to visit their families were closed, and risk factors, such as easily being exposed to the virus, increased (Safuta & Noack, 2020). Therefore, getting infected by the virus, uncertainties of travel routes, lack of health insurance, and the uncertainties of the pandemic brought great insecurity for migrant care workers (Habel & Tschenker, 2020).

The insecurities exist for those who receive care work as well. The conditions that create insecurities for care workers also affect the quality of care. According to the ILO, the lack of opportunities for professionalization and upward mobility in terms of care work brings the poor quality of care, which is “detrimental to the well-being of those who receive care, those who provide care, and also those unpaid carers who have fewer options available” (International Labour Organization, 2018a). At the same time, conditions of care are deteriorating due to the care drain. In case of Ukraine, care drain due to the decreasing support for care and migration is affecting the HIV/AIDS patients and the elderly mostly (Kindler et al., 2016). At the same time, there is an ongoing war in Ukraine, which means the care drain is creating more insecurity while also ensuring more and more migrants for Poland fill its care drain.

3.4 Analysis

The insecurities migrant women face are at a structural level, resulting from global inequalities. Although working and gaining financial independence is essential for individual women's lives and cannot be overlooked, the bigger picture reinforces gender norms, discrimination based on ethnicity, class age, and inequalities which create further insecurities for women (Anderson, 2001, p. 30). The informality of the work is a control mechanism to keep wages low and to prevent migrant women from accessing social benefits. For this reason, migrant women stay "unqualified" regardless of their skills and education (Paiewonsky, 2009). There is only limited upward mobility for them, although some improvement in their working conditions might come in the years (Heimeshoff & Schwenken, 2016).

There are many similarities between Polish and Ukrainian women in terms of inequalities they face in the workplace and back home. Although the Schengen visa provides advantages for Polish women, and they have higher pay in Germany, economic insecurities and gender-based discrimination they face back home put them in an insecure position as well. Therefore, from an intersectional perspective, their insecurities are closely tied to their race, gender, and class background. The more vulnerable they are to the challenges of the visa regime, the more the employer can abuse their situation physically, emotionally, and sexually.

Their insecurities also create insecurities for the people who receive care. The importance and the immediacy of the work, combined with uncertainties faced on both sides, increases their insecurities. While migrant women can be let go without any compensation or prior notice, they can also be forced to go or choose to go, which leaves the receiver in bad condition. In that sense, this creates insecurities for

the women in the families who hire care work since they are mainly the ones who have to undertake the caring job despite their other responsibilities and aspirations.

In the long run, global care chains do not promote equality, more opportunities, or security for migrant women. They reinforce the idea that “other races and social groups as servers and doers of dirty work that they themselves are too important to do. When the worker is charged with looking after children, these power relations are quite literally reproduced” (Anderson, 2001, p. 28). Migrant women become care workers *de facto* by their nationality and call “my Polish” or “my Ukrainian.” Their insecurities are connected to their racial background and reproduced by the global care chains.

At the same time, the majority of migrant care workers are women, which also reinforces gendered relations of care and domestic work, which could be a source of insecurity for women. In other words, it is still women, who do not enjoy the same rights as citizens, that do the work instead of men being involved in the process. This is also valid for the children who are left behind since it is usually another migrant woman or a family member who does the job. Therefore, global care chains reproduce these gender-based insecurities in society. From a class perspective, women who can afford private care are more secure compared to those who undertake care jobs. Even in some cases where migrant care worker hires a migrant care worker back home, their conditions are much worse (Parreñas, 2005).

It almost becomes paradoxical to think of the importance of care and the value it is given to, as it is necessary for many to continue their lives and others to continue their lives under good standards. In general, the commodification of care and global care chains comprise many insecurities for women and the states involved. The

sources of these insecurities are intermingled and not mutually exclusive. In terms of women's security, global care chains introduce complex relations affecting the private sphere, which is globalized by care migration. The state's lack of providing security for its own citizens creates insecurities across borders, mostly for women. Furthermore, it is sometimes the state itself that creates insecurities.



CHAPTER IV

CONCLUSION

Care is essential for human life to continue. In that sense, care is very much related to the survival, well-being, and security of individuals in need. Humans depend on each other for care. Mainly for the children and elderly, it is the care work that provides for their needs which would be otherwise very hard or impossible for them to continue their lives. This is the individual perspective of care, that everyone should be able to receive care. The essentiality of care to the existence of life makes it a necessary component of the state and international systems. The inequalities among countries play a significant role in regulating care relations among people. It was mentioned in the previous chapters that countries are facing a care crisis, and they are trying to outsource care by migrant labor rather than bettering the standards for care workers. Without adequate care or accessible care for all, a care crisis creates insecurities for states and individuals, as they remain vulnerable to risks.

Although it does not pose an immediate risk, care work is related to state security. In the mainstream literature, state security is thought to be primarily military-related, which also presupposes that it is an immediate danger and comes from outside. However, with elements such as care work (or also discussed in the literature with the case of climate change being part of low politics and not being seen as a threat), there is a different perspective. Countries facing care crises suffer from long-term effects, and the lack of care or the attempt to outsource care creates further

insecurities. These insecurities become more apparent when faced with unexpected change, such as an economic crisis, or even more extreme cases, such as global pandemics or war (in the case of Ukraine). In that sense, this crisis has an effect beyond individual security; it is a structural problem. Dowling (2021, p. 191) points out the unequal impacts of the care crisis locally and globally and claims that “...societies that systematically erode their care infrastructures cannot thrive in the long term.”

In the first chapter, this thesis showed the pervasive perception of care work as women's work. Historically, caregiving responsibilities have been predominantly assigned to women, often due to societal expectations and gender roles. The implications of this gendered division of labor and its impact on women's economic opportunities and social status were explored. Next, the care crisis that many countries are struggling with was analyzed together with the results of care migration. As populations age and family structures change, the demand for care services, such as childcare, eldercare, and healthcare, has increased significantly. However, the supply of formal care providers has not kept pace with this demand, resulting in a care deficit. This has consequences, including the strain on families, the prevalence of informal caregiving, and the need for policy interventions.

Furthermore, the concept of global care chains was looked at, together with its examples in the world. The literature showed that care work has become increasingly transnational, with care providers migrating from low-income countries to wealthier nations in search of better employment opportunities. The relationship between care and security was also put here as a theoretical framework to help analyze the case. The interconnections between care and various dimensions of security, including economic security, social stability, and gender equality, were discussed in

comparison to the traditional understanding of state security. By examining the care crisis faced by countries, the emergence of global care chains, and the relationship between care and security, the complex and multifaceted nature of care work was revealed.

The second chapter, which dealt extensively with the care crisis and its effects on states, had various directions for analyzing state insecurities. The impacts of the global care chains phenomenon were discussed on both the sending and receiving countries, including economic security in the sense of economic policy changes, remittances, and brain drain/waste; demographic change with an aging population and decreasing birth rates, HIV/AIDS, and migration; societal security in terms of the gendered division of labor and the future of children; and military security in terms of the ongoing war in Ukraine were analyzed.

The shifts in care policies of these countries also overlap with the change in Security Studies around the same time in the 1990s. The process of globalization meant drifting away from a state-centric and military-based understanding of security. After the end of the bipolar world, a new school of thought emerged within Security Studies, although the ideas and experiences that have generated it existed previously. In traditional security studies, the state is responsible for protecting its citizens against outside threats, and security is understood as 'military security' (Bilgin, 2008). However, the developments of the 1980s and 1990s changed the traditional understanding. This required deepening our understanding of security, not by changing the level of analysis from state to individuals but by uncovering the political theory behind what is meant by security (Booth, 2007, p. 157). Therefore, the second chapter aims to understand the deepening of the meaning of security, specifically in these countries.

Firstly, economic insecurities countries face were looked at concerning care work. To begin with, all countries went through a financial restructuring that impacted how care is organized in the society, which occurred on all levels; individual, state, and international. On the one hand, there was an increasing care gap due to increasing life expectancy and the growing number of women joining the workforce. On the other hand, the reunification of Germany and the collapse of the USSR required a lot of changes in public spending, which had consequences for care and social policies. In Poland and Ukraine, rapid privatizations required cuts in public expenditure.

Although there was a lack of support for care in all the cases before, the new developments created a more significant gap. The care migration, i.e., the global care chains, serves as a temporary solution to the care crisis countries are facing.

In the context of structural adjustment plans and the introduction of neoliberal policies in Poland and Ukraine, a disproportionate burden has fallen on women's unpaid labor, and care work has been among the first areas where the state has withdrawn its support. With their post-socialist heritage, both countries experienced a drastic change in economic planning. The restructuring of the state changed the social policies, whereas the privatizations increased unemployment and economic insecurity. There were the demands of the International Monetary Fund, which controlled the state budget and increased the cuts for social security spending provided by the state (Saxonberg, 2014, p. 10).

The data also showed that the countries which wanted to become a member of the EU were more accepting of austerity policies. In that sense, Poland was one of the most eager countries to undertake laissez-faire policies (Saxonberg, 2014, p. 10) as it sees itself as part of Central Europe rather than Eastern Europe and part of the industrialized countries, such as Germany (Saxonberg, 2014, pp. 25-26). These

policies also required cuts in health care expenditure, primarily damaging elderly care institutions (Kindler, 2011). Unlike Poland and Ukraine, Germany did not face the effects of “shock therapy,” although deterring conditions on care after the fall of the Berlin Wall. In Germany, the economic changes led to the commodification of care and a reliance on precarious migrant workers, resulting in low wages and standards for care workers and contributing to the persistent care deficit.

Despite exacerbating the care gap and resulting in a drain of care resources, sending countries have increasingly turned to global care chains to address their economic challenges. Remittances sent by migrants back to their home countries serve as a significant incentive for these sending countries. The wage disparities between the sending and receiving countries allow remittances to become a vital source of income, contributing significantly to the gross national product (GNP) of certain countries. The growth of global remittances since the 1980s has been remarkable, with the current amount being five times greater than that of the 1980s. Additionally, without any restrictions, migration has the potential to double the global GDP (King-Dejardin, 2019, p. 139).

On the other hand, as a receiving country, the care gap is one of the primary sources of insecurity in Germany. Different than Ukraine and Poland, the women here do not face extreme conditions of poverty or the risks of unemployment. However, precarious situations, such as pressure to work part-time and the gendered tax system in marriage, still exist as a barrier for women in the labor force. For the migrants, although there are rather strict labor market rules in Germany, domestic work is one of the available options to do undocumented (Palenga-Möllenbeck, 2013, p. 372). Women who live in Germany and try to maintain their living standards need disadvantaged Polish migrants in care work (Misra et al., 2006).

At the same time, Germany needs to continue its economic growth, which would not be possible without the participation of women in the labor force or migrant women's cheap labor together. The contribution of the migrant care workers to Germany's GNP was thought to be around €2.7 billion, where these workers are deprived of chances of social security and retirement (Lutz, 2008, p. 44). Although Germany is well-off compared to Poland and Ukraine, social costs in terms of the gendered division of labor and an insecure and unreliable work environment for migrant women create insecurity for the future of the country's care organization.

In sending countries, an increasing number of individuals, particularly women, seek better opportunities abroad, often resulting in precarious conditions and a loss of skilled human resources in their home countries. Meanwhile, the care deficit deepens because of unemployment and poverty. In Germany, economic insecurities are linked to the commodification of care, which becomes a market-driven product provided by vulnerable migrant workers. While migrants may serve as a temporary solution, the degradation of care services poses significant risks, as people struggle to access adequate care and the system remains vulnerable to shocks such as the pandemic. Consequently, even as a receiving country, Germany faces insecurities stemming from the care deficit, as payment and quality standards for care workers remain low.

Secondly, the second chapter examined the care-related state insecurities arising from demographic changes, including an aging population, migrating population, and the spread of HIV/AIDS. These shifts give rise to concerns about the care deficit, particularly in sending countries, and raise questions about the reliance on women's unpaid labor to fill this gap. In addition to the abovementioned concerns, the care crisis has significant implications for the next generation of children. The lack of adequate care provisions, particularly in sending countries, poses challenges to the

well-being and development of children. The burden of care falls disproportionately on women who stay without any payment. This dynamic can deepen gender roles and lead to conservative organizations assuming the role of the state, ultimately posing other insecurities for women in the long term. These altogether show the urgency of addressing care-related insecurities.

These conditions bring the question of security of not just the women who migrate but also the future generations of children and women who stay. The emphasis on women is crucial for “the fact that gender relations are at the heart of these care arrangements because the core question in care arrangement is concerned with the gender-specific distribution of care responsibilities” (Lutz & Palenga-Möllenberg, 2012, p. 18). Most of the time, if the father migrates, children continue living with their mothers. Still, when it is the other way around, this number almost drops by half, and children are usually sent to live with their female relatives, such as older sisters, grandmothers, and aunts (Gheaus, 2013).

When the migrant woman is a mother in her own country and leaves the children behind, it is called transnational mothering (Lutz & Palenga-Möllenberg, 2012). Lutz and Palenga-Möllenberg (2012, p. 18) argue that women’s migration is not only a matter of transnational ties of families but also about the sending country’s problem of arranging the care relationship in the absence of these women and mothers. This creates a security issue for the children left behind. Although there are many different studies on how children are affected, Gheaus (2013) argue that the children might be thought of as benefitting from material benefits and remittances, but their non-material needs are not met. Especially in the case of sending countries, the term used was the “displacement of care” (Fraser, 2016) since young women migrated to other countries to take care of others, which left a void behind them.

Although Poland is encouraging return migration through various campaigns to cover labor shortages and tackle the aging population problem (Goździak, 2016), the heavy dependence on global care chains creates more insecurities for the future of care in Poland. The reliance on migrant women's cheap labor, intergenerational care, or care provided by religious organizations renders women from reaching their full potential. On the other hand, Polish women have to migrate and take care of other's children due to a lack of sufficient employment and decent living conditions in their country of origin. The system in Poland can survive due to the precarious conditions for Ukrainian women within the country. While the women migrating create a care drain in Ukraine, they create a care gain in Poland, which is conceptualized as care circulation (Palenga-Möllenbeck, 2013). This simply means that Poland is benefitting from the cheap labor of the Ukrainians while also enjoying the remittances by sending migrants.

Furthermore, the examination extends to Ukraine and Poland, where the state's retreat from the care sector has contributed to the deepening gendered division of labor. Conservative entities, including religious institutions, have stepped in to fill the void left by the state, thereby perpetuating traditional gender roles. This shift raises concerns not only about gender equality but also about the security of children and the elderly. The escalating migration and displacement of care providers have resulted in a lack of adequate care for children and the elderly, depriving them of a decent quality of life. These circumstances highlight the urgent need to address the intersecting issues of gender inequality, care provision, and the well-being of vulnerable populations.

The ongoing war is an example of how care remains relevant even in the traditional understanding of security. In Ukraine, the existing care crisis has been further

deepened by the current military conflict. The devastating effects of the war have significantly disrupted the provision of essential care services, exacerbating an already fragile care infrastructure. The destruction of healthcare facilities and the displacement of populations have left many individuals without access to vital medical assistance, heightening their vulnerabilities. Additionally, the prolonged conflict has placed additional burdens on families, straining resources for childcare and leaving children in need of proper care and support.

The inherent connection between military conflicts and the need for care is evident as the very nature of war intensifies the demand for medical and psychological care for both civilians and combatants alike. Addressing the care crisis in the context of the Ukrainian war is crucial for meeting the immediate needs of affected individuals and communities and ensuring the long-term security and well-being of the population ravaged by the conflict. By prioritizing investment in healthcare infrastructure, trauma support, and social services, Ukraine can work towards rebuilding a more resilient society, healing the wounds of war, and promoting the stability and security of its people (IOM, 2023).

Another shock to the care system in all countries was experienced during the COVID-19 pandemic. This has not only brought to light the shortcomings of the health system, but also damaged it very much and exposed the importance of care work. Global care chains were disrupted due to decreased mobility. In contrast, the number of people in need of care increased, showing the vulnerability of global care chains and the insecurities of this precarious system. The aftereffect of the pandemic also creates further insecurity by preventing individuals from reaching their full potential and creating generational distress (UNDP, 2022, p. 78).

People migrate in search of economic security. On the one side, global migration provides low-paid care work to the countries involved and employment opportunities for lower-class women to seek financial security. However, these jobs are undertaken by individuals who are not enjoying the same social and political rights as the citizens and do the jobs that no citizen is willing to take under the same conditions (Zimmerman et al., 2006, p. 20). Therefore, “rather than economic security and independence, these jobs often bring low wages, unregulated work conditions, and even vulnerability and sexual abuse” (Zimmerman et al., 2006, p. 21). It can be said that the search for economic security brings other insecurities under these precarious conditions:

Precarious work is a key part of the “insecurity and uncertainty about tomorrow that testifies to the return of mass vulnerability.” Arguably it is the precarious work that helps create vulnerability. It limits opportunities for planning: any chance to work must be grabbed for it may not come round again. It is this that risks “hyperactivity” (the imperative to accommodate constant availability), “unsettledness” (continuous experience of mobility) and “affective exhaustion” (emotion as element of control of employability and multiple dependencies). Chaotic and unpredictable working times can undermine other social identities. Here we have the flipside of the celebration of the “Work-Life Balance” where one’s economic productivity becomes the overwhelming, the only priority. (Anderson, 2007, p. 8)

In addition to the precarity of the work and insecurities related to physical and emotional labor, there is also the gendered nature of the work, which brings further insecurities for women and is strongly tied to how the state organizes care. The care work undertaken mainly by women as unpaid work, encompassing tasks such as cooking, sewing, and childcare, plays a crucial role in ensuring the continuity of generations. The division between women and men in terms of care and domestic work, as described by Lister (2003) establishes women as the “citizen-the carer” and

men as the "citizen-the-wage earner." Consequently, unequal sharing of care work and limited participation in the public sphere results in disparate citizenship standards for women, confining them to the private sphere and exposing them to economic dependency, poverty, and a lack of social security rights (Lister, 2003, pp. 176-177). The challenge lies in determining who will assume the responsibility for care work and the conditions under which this replacement occurs (Lewis, 2001). The traditional welfare state, built upon this citizenship model, faced internal and external pressures, such as an aging population, declining birth rates, welfare dependency, and globalization, necessitating a shift (Lewis, 2002).

Although this new "worker-citizen" model increased women's involvement in paid work, it had consequences on care. While women could enjoy the granted rights to citizens, care workers had to be employed outside, especially by those who did not have the same rights, i.e., the migrants. These migrant women, instead of citizen women, stay in the private sphere being invisible and unprotected by the same rights that citizen women enjoy (Lister, 2003). With the restructuring of the world economy and the introduction of neoliberal policies, these less privileged citizen-women involved in paid care work (nannies and domestic workers) were started to be replaced with even less privileged women, who were migrant women.

There is an increasing demand from rich countries for women's cheap labor to fill their care gap, which creates a care drain for the sending countries. This reinforces the gendered division of labor and creates further inequalities and barriers for lower-income women, as these private care services are only available for more privileged women (Lister, 2003, p. 134). At the same time, the international division of labor and inequalities between women are intensified chiefly about the citizenship perspective of migrant domestic work. Therefore, although it may seem like a

domestic phenomenon at first glance, care work, and domestic work have an international dimension with complex global connections.

The responsibility for care and domestic work has traditionally fallen on women, who have had to balance these duties while also seeking income opportunities both within and outside the private sphere. The employment of less-privileged women to perform household tasks is not a recent phenomenon but is increasingly prevalent due to growing demand and the dismantling of social institutions. Additionally, the rising participation of women in the labor force, driven by factors such as reduced social support for care in certain countries or increased opportunities for women, has further contributed to the need for outsourcing care to more affordable alternatives, such as private kindergartens and nursing homes. The escalating poverty among women also serves as a significant incentive for migration, as it becomes increasingly challenging for them to remain at home.

On the other hand, migrant labor has a racialized dynamic. Although it might seem beneficial for Polish and Ukrainian migrants in the labor market, in the sense that it becomes a reason for their employment, the structural inequalities grow. Usually seen as “angels” and “saviors” (Lutz & Palenga-Möllnbeck, 2010) Eastern European women become the maids of Western Europe (Palenga-Möllnbeck, 2013). This is also analyzed as “peripheral whiteness,” in which the ethnicity both privileges and traps migrants into a particular framework, that is, domestic/care work. Migrants are not “too different from them” to trust within the private sphere, but also not “too similar,” which can maintain the hierarchical differences (Safuta, 2018, p. 223). Safuta (2018) calls this the racialization of class differences.

Altogether, as analyzed in the third chapter, the insecurities migrant women face are at a structural level, resulting from global inequalities. Although working and gaining financial independence is essential for individual women's lives and cannot be overlooked, the bigger picture reinforces gender norms, discrimination based on ethnicity, class age, and inequalities which create further insecurities for women (Anderson, 2001, p. 30). The informality of the work is a control mechanism to keep wages low and to prevent migrant women from accessing social benefits. For this reason, migrant women stay "unqualified" regardless of their skills and education (Paiewonsky, 2009). There is only limited upward mobility for them, although some improvement in their working conditions might come in the years (Heimeshoff & Schwenken, 2016).

In a comparison between the insecurities of Germany, Poland, and Ukraine, although the care gain and outsourcing care put Germany as less insecure, the pandemic case shows that it is very fragile to unexpected changes and does not guarantee the care that is vital and immediate to its citizens, as a result of the insecurities and precarity of care work. Although this seems like an individual-level problem at first glance, the implications of it for the further generations of children and women who has to take care of them, usually in the form of unpaid work, is on the societal level. On the one hand, it strengthens the idea that women have a role due to their gendered role in society to provide care; on the other hand, it takes the issue to the private sphere, where the care work is not provided by public institutions (Robinson, 2011). As Zimmerman et al. (2006) argue, "an overly commodified arrangement for care work threatens the social bonds and cohesion that are necessary for human well-being. This deepens rather than alleviates social divisions."

This creates a vicious cycle of insecurities. The solution to the countries' care crisis depends on the current insecurities of the countries involved in the chains. Especially during economic recession and war, receiving countries benefit from the insecurity of sending countries. Therefore, poor living standards and lack of employment opportunities for low-income women in Ukraine benefit Poland. The worsening conditions for women in the Polish labor market fill the care gap in Germany. However, this does not improve the situations in sending or receiving parties, in which care remains a low-skilled, underpaid job. This shows the international dimension of the insecurities, as Falk calls “global apartheid,” where the security of the rich is increased by insecurity of the poor (Tickner, 1995). From a human security perspective, women’s security cannot be achieved if global inequalities continue between states.

This care crisis, in turn, has consequences for security. When care is unavailable or insufficient, it affects not only individuals' physical and emotional well-being but also broader societal stability. Inadequate care provision can lead to increased vulnerability, social unrest, and a weakened sense of community. Moreover, the lack of access to quality care services can perpetuate cycles of poverty, inequality, and social exclusion, further compromising overall security. In this case, women and states are two sides of the coin, as what we consider “insecurity” can be framed to encapsulate both levels of analysis.

These ‘state’ insecurities, which entail military conflict and economic austerity, are a strong push for further migration of women as a survival strategy. This shows that state insecurities are not independent of women’s insecurities. However, the difference is the state’s response to those insecurities, which often creates further insecurities for women. Women, in a way, “choose” to migrate, leaving a care drain

and a brain waste behind, which creates other insecurities for states economically, socially, and demographically.

Considering the historical context of these economic changes, there is a disproportionate impact of economic insecurities on women and care work. Care work and domestic work have long been regarded as natural responsibilities assigned to women, rather than being recognized as an actual form of labor. In addition to showing how countries address the care crisis, which represents one of the most significant challenges they face, this also sets the groundwork for investigating the insecurities it creates for both states and the women involved, furthermore, how the pursuit of security through global care chains can paradoxically lead to other insecurities for countries and women.

This research combined insights from Critical Security Studies and Feminist Security Studies together with the International Political Economy approach to understand the roots of the problem of commodification of care, and why there is not a perfect solution, or security for everyone involved in this dynamic. CSS and FSS helped to bring what is considered state insecurities and women's insecurities together in these cases. Especially in the context of care work, it was seen that it is essential for humans as well as state.

As (Sjoberg, 2016b) argues, feminist scholarship on security predates FSS, as the issues feminists deal with are inherently about security. In line with these arguments, this thesis aimed to show the “links between the center of global politics and the margins, links between political economy, personal security, and international security, and links between gender, race, and class in security” (Sjoberg, 2016b, p. 45). Everyday insecurities of women as well as the insecurities caused by global care

chains in search for more security are relevant to how we study security in international relations.



REFERENCES

- Abel, E. K. (2004). A Historical Perspective on Care. In M. H. Meyer (Ed.), *Care Work: Gender, Class, and the Welfare State* (pp. 8-14). New York: Routledge.
- Anderson, B. (2001). Just another job? Paying for domestic work. *Gender & Development*, 9(1), 25-33.
- Anderson, B. (2006). Doing the Dirty Work? The Global Politics of Domestic Labour. In M. K. Zimmerman, J. S. Litt, & C. E. Bose (Eds.), *Global dimensions of gender and carework*: Stanford University Press.
- Anderson, B. (2007). Battles in time: the relation between global and labour mobilities. *New Migration Dynamics*, 5-24.
- Anttonen, A., & Zechner, M. (2011). Theorizing care and care work. In *Care between work and welfare in European societies* (pp. 15-34): Springer.
- Aradau, C. (2004). Security and the democratic scene: Desecuritization and emancipation. *Journal of International Relations and Development*, 7(4), 388-413.
- Aradau, C. (2008). *Rethinking Trafficking in Women: Politics out of Security*. New York: Palgrave Macmillan.
- Basu, S., & Nunes, J. (2013). Security as emancipation. In L. Shepherd (Ed.), *Critical Approaches to Security: An introduction to theories and methods* (pp. 63-76). Abingdon, Oxon ; New York: Routledge.
- Bigo, D. (2011). Delivering Liberty and Security? The Reframing of Freedom when Associated with Security. In D. Bigo, R. B. J. Walker, & S. Carrera (Eds.), *Europe's 21st Century Challenge* (pp. 263-287). London: Routledge.
- Bigo, D., & Tsoukala, A. (2008). Understanding (in) security. In D. Bigo & A. Tsoukala (Eds.), *Terror, Insecurity and Liberty: Illiberal Practices of Liberal Regimes after 9/11* (pp. 11-19). London: Routledge.
- Bilgin, P. (2008). Critical Theory. In P. D. Williams (Ed.), *Security studies: An introduction* (pp. 89-102). New York: Routledge.
- Bilgin, P. (2020). Security. In A. B. Tickner, & Smith, K. (Ed.), *International Relations from the Global South: Worlds of Difference* (Vol. 1, pp. 181-196): Routledge.
- Booth, K. (1994). *Security and Self Reflections of a Fallen Realist*. Paper presented at the Strategies in Conflict: Critical Approaches to Security Studies, York University, Toronto.
- Booth, K. (2007). *Theory of world security* (Vol. 105). Cambridge: Cambridge University Press.
- Bryceson, D. F. (2019). Transnational families negotiating migration and care life cycles across nation-state borders. *Journal of Ethnic and Migration Studies*, 45(16), 3042-3064. doi:10.1080/1369183X.2018.1547017
- Chang, G. (2006). Disposable Domestics: Immigrant Women Workers in the Global Economy. In M. K. Zimmerman, J. S. Litt, & C. E. Bose (Eds.), *Global dimensions of gender and carework*: Stanford University Press.

- Chang, K. A., & Ling, L. H. (2010). Globalization and its intimate other: Filipina domestic workers in Hong Kong. In *Gender and global restructuring* (pp. 60-77): Routledge.
- Chauvin, P., Parizot, I., & Simonnot, N. (2009). *Access to healthcare for undocumented migrants in 11 European countries*: Médecins du monde.
- Chawla, M., Betcherman, G., & Banerji, A. (2007). *From Red to Gray: the "Third Transition" of Aging Populations in Eastern Europe and the Former Soviet Union*: World Bank Publications.
- Chen, M. A. (2011). Recognizing domestic workers, regulating domestic work: Conceptual, measurement, and regulatory challenges. *Canadian Journal of Women and the Law*, 23(1), 167-184.
- Coyle, A. (2007). Resistance, regulation and rights: The changing status of Polish women's migration and work in the 'new' Europe. *European Journal of Women's Studies*, 14(1), 37-50.
- Daly, M. E., & Standing, G. (2001). *Care Work: The Quest For Security*: International Labour Organization.
- Dowling, E. (2021). *The care crisis : what caused it and how can we end it?* / Emma Dowling. London: Verso Books.
- Dunne, T., & Wheeler, N. J. (2004). 'We the peoples': contending discourses of security in human rights theory and practice. *International Relations*, 18(1), 9-23.
- Enloe, C. (2014). *Bananas, beaches and bases: Making feminist sense of international politics*: University of California Press.
- Eurostat. (2022a). Live births and crude birth rate. Retrieved from https://ec.europa.eu/eurostat/databrowser/product/view/DEMO_PJANIND. Retrieved 20th September 2022
- Eurostat. (2022b). Population by age group. Retrieved from https://ec.europa.eu/eurostat/databrowser/product/view/DEMO_PJANIND. Retrieved 20th September 2022
- Farris, S. R. (2012). Femonationalism and the "regular" army of labor called migrant women. *History of the Present*, 2(2), 184-199.
- Ferree, M. M. (1993). The Rise and Fall of "Mommy Politics": Feminism and Unification in (East) Germany. *Feminist Studies*, 19(1), 89-115.
- FRA—European Union Agency for Fundamental Rights. (2011). Migrants in an Irregular Situation: Access to Healthcare in 10 European Union Member States. In: Publications Office of the European Union Luxembourg.
- Fraser, N. (2016). Contradictions of capital and care. *New left review*, 100(99), 117.
- Gheaus, A. (2013). Care drain: who should provide for the children left behind? *Critical Review of International Social and Political Philosophy*, 16(1), 1-23. doi:10.1080/13698230.2011.572425
- Glenn, E. N. (1992). From servitude to service work: Historical continuities in the racial division of paid reproductive labor. *Signs: Journal of Women in Culture and Society*, 18(1), 1-43.
- Goździak, E. (2016). Biała emigracja: variegated mobility of Polish care workers. *Social Identities*, 22(1), 26-43. doi:10.1080/13504630.2015.1110354

- Habel, S., & Tschenker, T. (2020). Stay at Work. Zur Situation der Live-In-Pflege in der Corona-Krise. *Soziale Sicherheit*, 69(6), 215-219.
- Hamati-Ataya, I. (2013). Reflectivity, reflexivity, reflexivism: IR's 'reflexive turn' — and beyond. *European Journal of International Relations*, 19(4), 669-694. doi:10.1177/1354066112437770
- Hanlon, N. (2012). Care in Masculinities Studies. In *Masculinities, Care and Equality: Identity and Nurture in Men's Lives* (pp. 1-28). London: Palgrave Macmillan UK.
- Heimeshoff, L.-M., & Schwenken, H. (2016). Three Different Things: Having, Knowing, and Claiming Rights: Undocumented Immigrant Domestic Workers in Germany. In *Irregular Migrant Domestic Workers in Europe* (pp. 71-94): Routledge.
- Heinen, J., & Wator, M. (2006). Child Care in Poland before, during, and after the Transition: Still a Women's Business. *Social Politics*, 13(2), 189-216.
- Heywood, A. (2013). *Politics* (4 ed.). London: Palgrave Macmillan.
- Hochschild, A. R. (2016). Global care chains and emotional surplus value. In D. Engster & T. Metz (Eds.), *Justice, Politics, and the Family* (pp. 249-261). New York: Routledge.
- Hoppania, H.-K., & Vaittinen, T. (2015). A household full of bodies: Neoliberalism, care and "the political". *Global Society*, 29(1), 70-88.
- Hudson, H. (2005). 'Doing' security as though humans matter: A feminist perspective on gender and the politics of human security. *Security Dialogue*, 36(2), 155-174.
- International Labour Organization. (2015). *ILO Global estimates on migrant workers: Results and Methodology - Special focus on migrant domestic workers*. Retrieved from <https://www.refworld.org/docid/5672bc6f4.html>
- International Labour Organization. (2018a). *Care work and care jobs for the future of decent work*. Retrieved from Geneva: www.ilo.org/wcmsp5/groups/public/-dgreports/-dcomm/-publ/documents/publication/wcms_633135.pdf
- International Labour Organization. (2018b). *ILO global estimates on international migrant workers: results and methodology* (9221326721). Retrieved from https://www.ilo.org/wcmsp5/groups/public/-dgreports/-dcomm/-publ/documents/publication/wcms_652001.pdf
- International Labour Organization. (2021). *Making decent work a reality for domestic workers: progress and prospects ten years after the adoption of the Domestic Workers Convention, 2011 (No. 189)* (9220319551). Retrieved from https://www.ilo.org/wcmsp5/groups/public/-dgreports/-dcomm/-publ/documents/publication/wcms_802551.pdf
- IOM. (2023). *Ukraine Crisis 2022-2023: 1 Year of Response*. Retrieved from https://www.iom.int/sites/g/files/tmzbd1486/files/documents/2023-02/IOM_Ukraine_Regional_Response-1_Year_Special_Report.pdf
- Jessen, J., Spiess, C. K., Waights, S., & Wrohlich, K. (2021). Sharing the caring? The gender division of care work during the Covid-19 pandemic in Germany.
- Kaczmarczyk, P., & Okólski, M. (2008). *Economic impacts of migration on Poland and the Baltic states*. Retrieved from <http://pdc.ceu.hu/archive/00003754/>

- Kay, R. (2012). Managing everyday (in) securities: Normative values, emotional security and symbolic recognition in the lives of Russian rural elders. *Journal of Rural Studies*, 28(2), 63-71.
- Keryk, M. (2010). 'Caregivers with a heart needed': The domestic care regime in Poland after 1989 and Ukrainian migrants. *Social Policy and Society*, 9(3), 431-441.
- Kindler, M. (2008). Risk and Risk Strategies in Migration: Ukrainian Domestic Workers in Poland. In H. Lutz (Ed.), *Migration and Domestic Work*: Routledge.
- Kindler, M. (2011). *A Risky Business?: Ukrainian Migrant Women in Warsaw's Domestic Work Sector*: Amsterdam University Press.
- Kindler, M., Kordasiewicz, A., & Szulecka, M. (2016). Care needs and migration for domestic work: Ukraine-Poland. *International Labour Organization. Geneva*.
- King-Dejardin, A. (2019). The social construction of migrant care work. At the intersection of care, migration and gender. *International Labour Organization: Geneva, Switzerland*, 5-6.
- Kresge, N. (2013). Germans Export Grandma to Poland as Costs, Care Converge. Retrieved from <https://www.bloomberg.com/news/articles/2013-09-16/germans-export-grandma-to-poland-as-costs-care-converge>
- Krzyżowski, Ł. (2011). In the Trap of Intergenerational Solidarity: Family Care in Poland's Ageing Society. *Polish Sociological Review*(173), 55-78. Retrieved from <http://www.jstor.org/stable/41275186>
- Laslett, B., & Brenner, J. (1989). Gender and social reproduction: Historical perspectives. *Annual review of sociology*, 15(1), 381-404.
- Leiblfinger, M., Prieler, V., Schwiter, K., Steiner, J., Benazha, A., & Lutz, H. (2020). Impact of COVID-19 policy responses on live-in care workers in Austria, Germany, and Switzerland. *Journal of Long-Term Care*, 144-150.
- Lewis, J. (1994). *Women and Social Policies in Europe: Work, Family and the State*. Aldershot: Edward Elgar Pub.
- Lewis, J. (2001). The Decline of the Male Breadwinner Model: Implications for Work and Care. *Social Politics: International Studies in Gender, State & Society*, 8(2), 152-169. doi:10.1093/sp/8.2.152
- Lewis, J. (2002). Gender and welfare state change. *European Societies*, 4(4), 331-357. doi:10.1080/1461669022000022324
- Ling, L. (2002). Cultural Chauvinism and the Liberal International Order. *West vs. Rest" In Asia's Financial Crisis."* In *Power in a Postcolonial World: Race, Gender and Class in International Relations*, edited by Geeta Chowdhry and Sheila Nair, 115-140.
- Lister, R. (2003). *Citizenship: feminist perspectives* (J. Campling Ed. 2 ed.). New York: Palgrave Macmillan.
- Lutz, H. (2008). When home becomes a workplace: domestic work as an ordinary job in Germany? In *Migration and domestic work* (pp. 55-72): Routledge.
- Lutz, H., & Palenga-Möllenberg, E. (2010). Care Work Migration in Germany: Semi-Compliance and Complicity. *Social Policy and Society*, 9(3), 419-430. doi:10.1017/S1474746410000138
- Lutz, H., & Palenga-Möllenberg, E. (2011). Care, Gender and Migration: Towards a Theory of Transnational Domestic Work Migration in Europe. *Journal of*

- Contemporary European Studies*, 19(3), 349-364.
doi:10.1080/14782804.2011.610605
- Lutz, H., & Palenga-Möllenbeck, E. (2012). Care workers, care drain, and care chains: Reflections on care, migration, and citizenship. *Social Politics*, 19(1), 15-37.
- Malynovska, O. (2016). *Migration in Ukraine: facts and figures*. Retrieved from https://ukraine.iom.int/sites/g/files/tmzbd1861/files/documents/ff_eng_10_10_press-1.pdf
- Mansoor, A. M., & Quillin, B. (2007). *Migration and remittances: Eastern Europe and the former Soviet Union* (0821362348). Retrieved from Washington DC: <https://openknowledge.worldbank.org/bitstream/handle/10986/6920/384260Migratio101OFFICIAL0USE0ONLY1.pdf?sequence=1&isAllowed=y>
- Marchetti, S., & Salih, R. (2015). *Gender and Mobility across Southern and Eastern European Borders: "Double Standards" and the Ambiguities of European Neighbourhood Policy* Retrieved from <http://www.jstor.com/stable/resrep09850.12>
- Mathers, J. G. (2020). Women, war and austerity: IFIs and the construction of gendered economic insecurities in Ukraine. *Review of International Political Economy*, 27(6), 1235-1256. doi:10.1080/09692290.2020.1725903
- McKay, S. (2004). Women, human security, and peace-building: A feminist analysis. *Conflict and human security: A search for new approaches of peace-building*, 19, 152-170.
- Misra, J., Woodring, J., & Merz, S. N. (2006). The globalization of care work: Neoliberal economic restructuring and migration policy. *Globalizations*, 3(3), 317-332. doi:10.1080/14747730600870035
- Nadasen, P. (2017). Rethinking Care
- Arlie Hochschild and the Global Care Chain. *Women's Studies Quarterly*, 45(3/4), 124-128. Retrieved from <https://www.jstor.org/stable/26421126>
- Ostner, I. (1994). Slow motion: Women, work, and the family in Germany. In J. Lewis (Ed.), *Women and Social Policies in Europe: Work, Family and the State*. Aldershot: Edward Elgar Pub.
- Paiewonsky, D. (2009). *The feminization of international labour migration*. Retrieved from Santo Domingo: <https://trainingcentre.unwomen.org/instraw-library/2009-R-MIG-GLO-FEM-EN.pdf>
- 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.
- Palenga-Möllenbeck, E. (2013). New maids—new butlers? Polish domestic workers in Germany and commodification of social reproductive work. *Equality, Diversity and Inclusion: An International Journal*.
- Palmer, P. (1987). Housewife and household worker: Employer-employee relations in the home, 1928-41. *To toil the livelong day: America's women at work, 1780–1890*.
- Parreñas, R. S. (2005). The International Division of Reproductive Labor: Paid Domestic Work and Globalization. In R. P. Appelbaum & W. I. Robinson (Eds.), *Critical globalization studies* (pp. 237-247). New York: Routledge.
- Peoples, C., & Vaughan-Williams, N. (2021). Feminist and gender approaches. In *Critical security studies: An introduction* (3 ed.). New York: Routledge.

- Pfau-Effinger, B. P., & Rostgaard, T. D. (2011). *Care between work and welfare in European societies*: Springer.
- Phizacklea, A. (1998). Migration and Globalization: A Feminist Perspective. In K. Koser & H. Lutz (Eds.), *The New Migration in Europe: Social Constructions and Social Realities* (pp. 21-38). London: Palgrave Macmillan UK.
- Plomien, A. (2009). Welfare state, gender, and reconciliation of work and family in Poland: policy developments and practice in a new EU member. *Social policy & administration*, 43(2), 136-151.
- Robinson, F. (2011). *The ethics of care: A feminist approach to human security*: Temple University Press.
- Romero, M. (2006). Unraveling Privilege: Workers' Children and the Hidden Costs of Paid Childcare. In M. K. Zimmerman, J. S. Litt, & C. E. Bose (Eds.), *Global dimensions of gender and carework*: Stanford University Press.
- Safuta, A. (2018). Fifty shades of white: Eastern Europeans' 'peripheral whiteness' in the context of domestic services provided by migrant women. *Tijdschrift voor Genderstudies*, 21(3), 217-231.
- Safuta, A., & Noack, K. (2020). A pandemic, and then what? The effects of the coronavirus pandemic on migrant care workers in Germany. *COMPAS*. Retrieved from <https://www.compas.ox.ac.uk/2020/a-pandemic-and-then-what-the-effects-of-the-coronavirus-pandemic-on-migrant-care-workers-in-germany/>
- Sassen, S. (2000). Women's Burden: Counter-geographies of Globalization and the Feminization of Survival. *Journal of International Affairs*, 53(2), 503-524. Retrieved from <http://www.jstor.org/stable/24357763>
- Saxonberg, S. (2014). *Gendering family policies in post-communist Europe: A historical-institutional analysis* (1st ed.). London: Springer.
- Simonazzi, A. (2009). Care regimes and national employment models. *Cambridge journal of economics*, 33(2), 211-232.
- Sjoberg, L. (2016a). Centering security studies around felt, gendered insecurities. *Journal of Global Security Studies*, 1(1), 51-63.
- Sjoberg, L. (2016b). What, and where, is feminist security studies? *Journal of Regional Security*, 11(2), 143-160.
- Spahn, P. B., Kaiser, H., & Kassella, T. (1992). The tax dilemma of married women in Germany. *Fiscal Studies*, 13(2), 22-47.
- Swaminathan, M. (2000). Child Care. In D. K. Spender, Cheris (Ed.), *Routledge international encyclopedia of women: Global women's issues and knowledge* (1st ed.). New York: Routledge.
- Szelewa, D., & Polakowski, M. P. (2008). Who cares? Changing patterns of childcare in Central and Eastern Europe. *Journal of European Social Policy*, 18(2), 115-131.
- Tayah, M.-J. (2016). Skills development and recognition for domestic workers across borders. *Research Series*, ILO Geneva.
- Thomas, C. (2001). Global Governance, Development and Human Security: Exploring the Links. *Third World Quarterly*, 22(2), 159-175. Retrieved from <http://www.jstor.org/stable/3993404>

- Tickner, J. A. (1992). Feminist Perspectives of Security in a Global Economy. In C. Thomas & P. Wilkin (Eds.), *Globalization, Human Security, and the African Experience*. London: Lynne Rienner Publishers.
- Tickner, J. A. (1995). Re-visioning Security. In K. Booth & S. Smith (Eds.), *International Relations Theory Today* (pp. 175-197). Cambridge: The Pennsylvania State University Press.
- Tickner, J. A. (1997). You Just Don't Understand: Troubled Engagements between Feminists and IR Theorists. *International Studies Quarterly*, 41(4), 611-632. Retrieved from <http://www.jstor.org/stable/2600855>
- Tolstokorova, A. V. (2011). *The Ukrainian Migratory Corridor*. Retrieved from Italy: https://cadmus.eui.eu/bitstream/handle/1814/17842/EU-US%20Immigration%20Systems%202011_12.pdf?sequence=1&isAllowed=y
- Tronto, J. (2017). There is an alternative: homines curans and the limits of neoliberalism. *International Journal of Care and Caring*, 1(1), 27-43.
- UNDP. (2022). *The 2021/2022 Human Development Report: Uncertain times, unsettled lives*. Retrieved from New York:
- Vasylyev, M., Skrzat-Klapaczyńska, A., Bernardino, J. I., Săndulescu, O., Gilles, C., Libois, A., . . . Rokx, C. (2022). Unified European support framework to sustain the HIV cascade of care for people living with HIV including in displaced populations of war-struck Ukraine. *The Lancet HIV*, 9(6), e438-e448. doi:[https://doi.org/10.1016/S2352-3018\(22\)00125-4](https://doi.org/10.1016/S2352-3018(22)00125-4)
- Vennesson, P. (2008). Case studies and process tracing: theories and practices. In D. D. Porta; & M. Keating (Eds.), *Approaches and Methodologies in the Social Sciences* (pp. 223-239). New York: Cambridge University Press.
- WHO. (2019). Long-term care and migrant care work: addressing workforce shortages while raising questions for European countries. *European Observatory on Health Systems and Policies*, 25(4), 15-18. Retrieved from <https://apps.who.int/iris/handle/10665/332496>
- Wibben, A. T. (2011). Feminist politics in feminist security studies. *Politics & Gender*, 7(4), 590-595.
- Wilkinson, C. (2013). Ethnographic methods. In L. Shepherd (Ed.), *Critical Approaches to Security* (pp. 129-145). New York: Routledge.
- Wright, G. (2003). *The Power of Decentralization: Ukraine Human Development Report by United Nations Development Programme*. Retrieved from Kyiv: https://hdr.undp.org/sites/default/files/ukraine_2003_en.pdf
- Wyn Jones, R. (2005). On emancipation: necessity, capacity and concrete utopias.
- Yeates, N. (2004). Global care chains. *International Feminist Journal of Politics*, 6(3), 369-391.
- Zimmer, K. (2007). *Ukraine-Analysen: Arbeitsmigration und demographische Krise*. Retrieved from Bremen: <https://www.laender-analysen.de/ukraine-analysen/20/arbeitsmigration-und-demographische-krise/>
- Zimmerman, M. K., Litt, J. S., & Bose, C. E. (2006). *Global dimensions of gender and carework*: Stanford University Press.
- Zlotnik, H. (1995). The South-to-North Migration of Women. *International Migration Review*, 29(1), 229-254. doi:10.1177/019791839502900110

Zoch, G., Bächmann, A.-C., & Vicari, B. (2021). Who cares when care closes? Care-arrangements and parental working conditions during the COVID-19 pandemic in Germany. *European Societies*, 23(sup1), S576-S588.

