

Burgeoning migrant labor is changing economic structures worldwide

Recent demographic and societal changes in both developing and developed countries have affected the employment of migrant workers in economies worldwide, and few sectors illustrate the international impact of these changes more than domestic work and home-based care.

An increase in women's employment, rapid population aging, increasing life expectancy, and lower fertility rates have strained traditional care arrangements in the developed and developing world.

But tight fiscal policies have weakened already inadequate public services and protection for these migrant workers, who leave their families and homes for decades at a time to work overseas in hope of earning more money to send back home.

Relatively affluent households worldwide are now more likely to purchase private domestic and home-based care.

At the same time, a human resources crisis is emerging in the health sector. In 2006, the World Health Organization estimated that the world faces a shortage of almost 4.3 million doctors, midwives, nurses, and other healthcare professionals.

The workforce employed in long-term care in many Organisation for Economic Cooperation and Development countries, among others, is expected to double by 2050.

Governments are responding by investing in a care economy to meet the new demand.

The International Trade Union Confederation reports that if 2% of gross domestic product were invested in the care industry of OECD countries, 13 million new jobs would be created in the United States, 3.5 million in Japan, 2 million in Germany, 1.5 million in the United Kingdom, 1 million in Italy, 600,000 in Australia, and nearly 120,000 in Denmark.

Female employment would increase 3.3 to 8.2 percentage points, and male employment 1.4

to 4 percentage points.

Because much of this work is performed by migrant workers, a look at the figures for

domestic labor shows how this can have a big impact on international labor exports.

In 2013, 150.3 million international migrant workers were in the labor market. Of the 67.1

million domestic workers in the world in 2013, 11.5 million were imported.

As such, migrants represented 17.2% of all domestic workers, and domestic workers

represented 7.7% of migrant workers worldwide.

By gender, this share is even higher, representing 12.7%, or 8.45 million, of female migrant

workers worldwide. These are significant proportions, especially as domestic work in

general represents almost 2% of total employment worldwide.

Migration for domestic work is particularly significant in Asia and the Pacific. Of the 67.1

million domestics around the world, 23.7 million, or 35.4%, work in the region.

Within the region, the four main destinations for migrant domestic and care workers are

Hong Kong, China; Malaysia; Singapore; and Taipei, China.

The key countries of origin are Bangladesh, India, Indonesia, Nepal, the Philippines, Sri

Lanka, and, more recently, Viet Nam.

Thailand is increasingly hosting migrant domestic workers from neighboring countries.

At the same time, thousands of women leave the Asia and the Pacific region to work as

domestic and care workers elsewhere, mainly in the Middle East, a region that hosts the

largest number of migrant domestic workers in the world.

Although much migrant labor is irregular, investing in a care economy can professionalize

the sector as it becomes more sophisticated.

Caregivers are now expected to administer medicine and injections to the sick and the

elderly and provide early childhood education and care to children.

The International Labour Organization Regional Model Competency Standards sets levels

for an increasingly large set of domestic migrant labor tasks, from cooking and food

handling to caring for household pets and plants.

On top of making it easy to monitor results, professionalization can enhance worker rights

protection.

Increasing pressure on women to provide for the education, care, and livelihoods of their

family push them to go overseas to work, because there are few jobs at home and they

earn more abroad.

However, the migration of women for domestic and home-based care shifts the burden

from one woman to another without recognizing its value as a public good.

Indeed, the concept of "global care chains" describes the process through which women in

wealthier countries outsource their unpaid domestic and care tasks to women from poorer

countries.

Domestic and migrant workers lack adequate protection from exploitation and abuse, and

newspaper reports of mistreatment are common in the region. In scattered cases, workers

are treated like slaves.

Public sector solutions come in the guise of regulating the burgeoning recruitment

industry, chiefly in the form of eliminating the use of subagents that breed forced labor,

contract substitution, visa trading, and ineffective complaint and grievance procedures.

The ILO Domestic Workers recommendation emphasized the need for equality in

receiving social security and access to entitlements for migrant domestic workers, 90% of

whom are still legally excluded from social security worldwide.

Argentina's efforts to professionalize domestic care are increasingly viewed as an example

of good public practice, with vocational training structured according to three

occupational fields—domestic work, elderly care, and child care—and payments ranked

according to difficulty, with elderly care at the highest level.

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Private sector solutions are also seen in destination countries and areas, where attempts at

self-regulation are emerging.

In Lebanon, the Syndicate of the Owners of Recruitment Agencies was established with

five founding agencies in 2005, now with some 280 members.

Taken together, these solutions show how investments in a care economy that

professionalize the sector can meet the increasing demand for domestic care.

Vocational training can improve outcomes, and creating channels for governments to

regulate labor exports and imports in concert with similar private sector efforts can protect

workers' rights.

This episode was based on research by Maria Gallotti, a migration specialist at the

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