DISCUSSION PAPER

RECONFIGURING CARE RELATIONSHIPS:

Ethiopian Migrants in Australia and Lebanon

No. 17, October 2017

BINA FERNANDEZ

PROGRESS OF THE WORLD'S WOMEN 2018

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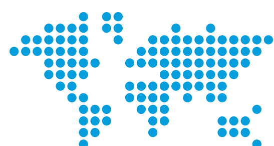

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SUMMARY

Migration reconfigures care relationships as people adapt to employment, entitlements and care practices in a new context. While a rich genre of analysis of 'global care chains' draws attention to how disadvantaged female migrant care workers from the global South fill the 'care deficit' in high-income countries (Ehrenreich and Hochschild 2003; Hochschild 2001; Parreñas 2001; Yeates 2005), these analyses tend to privilege care services and arrangements in the global North and the migrant as the provider of care. In contrast, there is little research on how migrants from developing countries meet their own and their families' care needs, irrespective of whether they are paid care workers in the destination. In particular, we know little about the care needs of unskilled or semi-skilled migrant workers and refugees who occupy the less privileged circuits of contemporary global mobility and who are often marginalized from state social policies that address care needs. This paper offers an analysis of the effects of migration on the care needs and relationships of Ethiopian migrant mothers and their families and their access to childcare in destination countries. Specifically, it will draw on empirical research on the experiences of Ethiopian migrant domestic workers who have children while in Lebanon and the experiences of Ethiopian women refugees with children who have resettled in Australia. The key questions I examine are: how does migrant status shape the experience of caring for children? In what ways do state policies support or obstruct the care of migrants' children? What is the support of care regimes for the social reproduction of migrants' families at the destinations? How does migration reshape the meaning of 'family'? And how does it reconstitute gender relationships? I situate these questions within the literatures on gendered migration and social reproduction (Kofman and Raghuram 2015) and migrant social protection (Sabates-Wheeler and Feldman 2011), and draw particularly on the concept of depleted social reproduction (Rai et al. 2014) to make an argument for the replenishment of migrant mothers' capacities to care for their children.

RÉSUMÉ

Les migrations modifient en profondeur les relations dans le domaine des soins au fur et à mesure que les migrants s'adaptent au marché de l'emploi, à leurs nouveaux droits et aux nouvelles pratiques en matière de soins. Alors que de nombreuses analyses des « chaînes mondiales de soins » mettent en lumière la manière dont les travailleuses migrantes défavorisées du secteur de la santé venant des pays du Sud comblent le « déficit des soins de santé » dans les pays à revenu élevés (Ehrenrecih et Hochschild 2003 ; Hochschild 2001 ; Parreñas 2001 ; Yeats 2005), ces analyses tendent à mettre en lumière les services et les dispositifs de soins dans les pays du Nord et les migrants en tant que pourvoyeurs de soins. Par opposition, peu d'études ont été menées sur la manière dont les migrants en provenance des pays en développement parviennent à répondre à leurs propres besoins en matière de soins de santé et à ceux de leurs familles, qu'ils soient ou non des travailleurs de la santé dans leur pays d'accueil. Nous savons notamment peu de choses sur les besoins en matière de soins des travailleurs et migrants et réfugiés non qualifiés ou peu qualifiés qui occupent les positions les moins avantageuses dans les contextes actuels internationaux qui se caractérisent par une grande mobilité et sont souvent les grands oubliés des politiques sociales publiques en la matière. Ce document se propose d'analyser les effets des

migrations sur les besoins en matière de santé et les relations des mères migrantes éthiopiennes et de leur famille et leur accès aux services de soins pour leur enfant dans les pays d'accueil. Il s'appuiera sur des recherches empiriques menées sur les expériences des travailleurs migrants éthiopiens qui ont des enfants pendant leur séjour au Liban et les expériences des réfugiées éthiopiennes qui se sont réinstallées en Australie. Les questions clefs que j'examine ici sont les suivantes : comment le statut de migrant influe-t-il sur les soins prodigués aux enfants ? Comment les politiques publiques promeuvent ou obstruent-elles les soins prodigués aux enfants des migrants ? En quoi les politiques liées aux soins promeuvent-elles la reproduction sociale des familles des migrants dans leur pays d'accueil ? Comment les migrations modifient-elles en profondeur la signification du mot « famille » ? Et comment reproduisent-elles les rapports de genre ? Pour répondre à ces questions, je m'appuie sur des ouvrages portant sur les migrations et la reproduction sociale (Kofman et Raghuram 2015) et la protection sociale des migrants (Sabates-Wheeler et Feldman 2011) et m'inspire tout particulièrement du concept de la reproduction sociale épuisée (Rai et al. 2014) pour arguer en faveur du renouvellement des capacités permettant aux mères de prendre soin de leurs enfants.

RESUMEN

La migración reconfigura las relaciones de cuidado a medida que las personas se van adaptando al empleo, los derechos y las prácticas de cuidado en un contexto nuevo. Si bien un amplio campo de análisis de las “cadenas globales de cuidados” llama la atención sobre el modo en que las trabajadoras de cuidados migrantes del Sur Global colman el “déficit de cuidados” en los países de ingresos altos (Ehrenreich y Hochschild, 2003; Hochschild, 2001; Parreñas, 2001; Yeates, 2005), dichos análisis tienden a priorizar los servicios y mecanismos de cuidados en el Norte Global y a situar a las personas migrantes como proveedoras de cuidados. Sin embargo, por el momento existen pocas investigaciones que hayan estudiado la forma en que las/os migrantes procedentes de países en desarrollo satisfacen sus propias necesidades de cuidado y las de sus familias, con independencia de si se trata de trabajadoras/es de cuidados remunerados en el país de destino. En particular, todavía sabemos muy poco acerca de las necesidades de cuidado de las/os trabajadoras/es migrantes sin cualificación o con cualificación intermedia, y de las/os refugiadas/os que ocupan los circuitos menos favorecidos de la movilidad mundial contemporánea y que, a menudo, son marginados por las políticas sociales estatales que abordan las necesidades de cuidado. En este artículo se ofrece un análisis de los efectos de la migración sobre las necesidades y relaciones de cuidado de las madres migrantes etíopes y sus familias, y de su acceso a los servicios de cuidado infantil en los países de destino. En concreto, se basará en investigaciones empíricas disponibles sobre las experiencias de las trabajadoras de hogar migrantes etíopes con hijas/os mientras se encuentran en el Líbano, y de las refugiadas etíopes con hijas/os que se han reasentado en Australia. Las preguntas clave que se examinan en el artículo son: ¿cómo determina la condición de migrante la experiencia del cuidado de niñas/os? ¿De qué maneras apoyan u obstaculizan las políticas estatales el cuidado de las/os hijas/os de personas migrantes? ¿Qué apoyo ofrecen los sistemas de cuidado a la reproducción social de las familias de personas migrantes en los países de destino? ¿Cómo redefine la migración el significado del concepto de “familia”? ¿Y cómo reconstituye las relaciones de género? Estas preguntas se sitúan en el contexto de la literatura sobre el sesgo de género en la migración y la reproducción social (Kofman y Raghuram, 2015) y la protección social de las personas migrantes (Sabates-Wheeler y Feldman, 2011), y se apoyan de un modo especial en el concepto de agotamiento de la reproducción social (Rai et al., 2014) para defender la necesidad de fortalecer las capacidades de las madres migrantes para cuidar de sus hijas/os.

1.
INTRODUCTION

Over the last five decades, Ethiopia has witnessed large-scale movement of its population in response to both human-induced causes – such as recurring conflicts, famine, villagization and resettlement programmes – and in response to demographic, economic and social transformations, all of which have increasingly propelled people to migrate in search of employment opportunities and/or better lives.

The exodus of refugees from Ethiopia began in the 1970s, as people fled the military dictatorship of the Derg regime, but even after the transition in 1991 to the Ethiopian Peoples' Revolutionary Democratic Front (EPRDF) government, there have been ongoing waves of people fleeing the country. Refugees from Ethiopia usually travel first to a neighbouring country such as Egypt, Kenya, Sudan or Yemen, where some may register with the office of the United Nations High Commissioner for Refugees (UNHCR), while others attempt to make lives for themselves in the country or to move on to other destinations such as South Africa or Europe. Since 1991, Ethiopians have also been free to legally emigrate abroad in search of work, and a large migration corridor opened up as young Ethiopian women began working on contracts as migrant domestic workers (MDWs) in the Middle East. Dubai, Kuwait, Lebanon, Saudi Arabia and Yemen are the primary destinations, though women also find employment in other countries of the Middle East. Mixed migration flows from Ethiopia are therefore common (RMMS 2013). The majority of Ethiopian migrants – both refugees and migrant workers – move along the less privileged circuits of global mobility, where their status is marginalized and often irregular and their living and working conditions are precarious.

As an emergent literature on the rights of migrants to social protection observes, such migrants with precarious or marginalized status are often unable to access formal care services through either the state or the market at destinations (Timonen and Doyle 2009; Sabates-Wheeler and Feldman 2011; Hujo and Piper 2010). These difficulties may be due to entitlement failures contingent on their migrant status (temporary contract or irregular migrants) or due to access barriers of gender, class, race and ethnicity, or language.

This paper offers an analysis of the effects of migration on the care needs and relationships of Ethiopian migrant mothers and their families and their access to childcare in destination countries. Specifically, it focuses on the experiences of Ethiopian migrant domestic workers who have children while in Lebanon and the experiences of Ethiopian women refugees with children who have resettled in Australia. The key questions I examine are: how does migrant status shape the experience of caring for children? In what ways do state policies support or obstruct the care of migrants' children? What is the support of care regimes for the social reproduction of migrants' families at the destinations? How does migration reshape the meaning of 'family'? And how does it reconstitute gender relationships? I situate these questions within the literatures on gendered migration and social reproduction (Kofman and Raghuram 2015) and migrant social protection (Sabates-Wheeler and Feldman 2011), and draw particularly on the concept of depleted social reproduction (Rai et al. 2014) to make an argument for the replenishment of migrant mothers' capacities to care for their children.

The paper proceeds as follows: in the next two sections, I outline the contours of the conceptual framework within which this project is situated, followed by the research design and methods. The fourth section summarizes the key features of Ethiopian migrant regimes and childcare regimes in Australia and Lebanon. The fifth section presents narrative vignettes of migrant mothers in the two countries. Two concluding sections then analyse the implications for the reconfiguration of care relationships within families and the reconfiguration of 'care diamonds' and social reproduction.

2. CARE AND SOCIAL REPRODUCTION OF MIGRANTS

Care is central to human life and is a multi-layered concept that has been defined in this project to include three dimensions: psychological or emotional well-being (the exchange of love and affection); material well-being (both the physical labour of household maintenance – cleaning, cooking and laundry – and the material resources required for the same); and social well-being (involving the socialization of children, or the nurturing of children, the elderly and the sick). These three dimensions are not mutually exclusive; indeed, their overlap is what makes care a complex phenomenon. The complexity deepens when we consider that care work may be paid or unpaid, be performed by women or men, and can take place within the household or in institutions such as hospitals, residential care homes, nurseries, day-care centres, social and community work settings, schools, offices and hotels.

Beyond its immediate significance to recipients, care is important as a public good with benefits not only to the economy but also to the social reproduction of current and future generations of society (Folbre 1994). Feminist claims for the recognition of care have framed an 'ethic of care' as the basis of citizenship, the social contract, gender equality and justice (Tronto 1993; Clement 1996; Friedman 1993; Sevenhuijsen 1998) and pushed the discourse of care from the private out into the public sphere and firmly onto social policy agendas. Care has become a central concern of social policy because of its crucial relationship to production, welfare regimes and social reproduction, as well as its implications for gender equality (Razavi and Hassim 2006). A sophisticated body of work focused on high-income countries analyses the diverse, country- and region-specific permutations of policies for care services (Lewis 1998; Orloff 2002; Sainsbury 1999). These varied care policies have emerged in response to historical legacies, institutional contexts, pressures to cut social expenditure, demographic changes (declining fertility and ageing societies), the increased participation of women in the labour market and the political claims of care providers and users, as well as the cultural practices and social hierarchies surrounding care (Williams and Brennan 2012).

Over the past two decades, a rich genre of analysis on migration and care has drawn attention to the construction of 'global care chains' and how disadvantaged female migrant care workers from the global South fill the 'care deficit' in high-income countries (Hondagneu-Sotelo 2007; Ehrenreich and Hochschild 2003; Hochschild 2001; Parreñas 2001; Yeates 2005). These analyses tend to privilege care services and arrangements in the global North and the migrant as the provider of care. However, migration also produces significant reconfigurations of care relationships for migrants and their families as they adapt to employment, entitlements and care practices in a new context. We know less about how migrants from developing countries meet their own and their families' care needs, irrespective of whether they are paid care workers in the destination. Research is still emerging on the care needs of unskilled or semi-skilled migrant workers and refugees who occupy the less privileged circuits of contemporary global mobility, and who try to care for their

families despite often being excluded or marginalized from citizenship-based entitlements to social policies for care needs. Existing research in this space can be broadly categorized into three streams. One stream focuses on 'transnational care' practices, particularly of migrants who meet the care needs of their families across geographical distances (Parreñas 2001) and the reciprocal processes that are implied in organizing care across borders, or what Baldassar and Merla (2013) term "care circulation". In the second stream, scholars have focused on the transnational social protection of migrants in the global North (Faist et al. 2015; Sabates-Wheeler and Feldman 2011). This literature focuses particularly on the intra-European Union dimensions of variations in migrant welfare regimes. A third emergent stream, to which this paper aims to contribute, focuses on MDWs who negotiate the care of their children in migrant destination countries (Constable 2014; Mahdavi 2016; Pratt 2012).

Informed by the above literature, this study draws on two key concepts: the 'care diamond' and the 'depletion of social reproduction', each of which I will briefly discuss. The 'care diamond' is a useful heuristic for conceptualizing the inter-relationships between the state, market, family and community/non-profit in the provision of care through both formal institutional and informal arrangements (Razavi 2007: 21). The role of each institution differs depending on national and cultural contexts: for instance, in Europe, North America, Australia and New Zealand, the state is assumed to be dominant if not as a provider of care services then as a regulator that shapes the responsibilities of the market, family and community/non-profit sector. In contrast, in developing countries such as Ethiopia, families and communities may be the institutions primarily responsible for care.

Looking beyond 'care' though, as Kofman and Raghuram (2015) persuasively argue, it is important to widen our analytical lens to include consideration of how social reproduction is affected by migration. Broadly conceived, social reproduction is the labour and set of social processes and relationships that supports production, exchange and the maintenance of individuals, households and communities. An early categorization of social reproduction as comprised of the three dimensions of biological reproduction, reproduction of labour power and reproduction of labour as a social class (Edholm et al. 1978: 104) is now widely accepted within feminist literature, but this categorization has since been considerably nuanced. Feminists point to the significance of geographical, cultural and temporal variations in the social reproduction of households (Molyneux 1985), focusing on paid and unpaid work at other sites of social reproduction such as schools and nursing homes (Kofman 2010), identifying the psychological and ideological dimensions of social reproduction and analysing the role of the state and market forces in contributing to social reproduction through welfare provisioning (Bakker and Gill 2003). Diane Elson's (1998) compelling conceptual framework captured the multiple dimensions of social reproduction, examining the flows of resources (goods, services, labour and money) between the domestic (household), private (commercial) and public (state) sectors. These resource flows are mediated by gendered norms and values that regulate the sectors' functions and their inter-relationships with other sectors.

Based on Elson's insights, Rai et al. develop the concept of depletion, which they define as "the level at which the resource outflows exceed resource inflows in carrying out social reproductive work over a threshold of sustainability, making it harmful for those engaged in this unvalued work" (2014: 88–89). Resource outflows could include unpaid domestic, subsistence, caring and voluntary community labour, while replenishing resource inflows could include health care, childcare, welfare provisioning and family and community support networks. A negative balance between outflow and inflow is damaging for the health and well-being of individuals, households and communities (at varied rates and levels in different contexts). My approach in this paper is to use the concepts of 'care diamonds' and 'depletion' to analyse the reconfigurations of care relationships post-migration in the experiences of Ethiopian MDWs in Lebanon and Ethiopian refugees in Australia.

3.
RESEARCH DESIGN

This paper draws on empirical material from a research project that investigates the care needs and practices of Ethiopian migrants. Designed as a multi-sited ethnographic (Marcus 1995) study in Australia, Lebanon and Ethiopia, the field research was completed in 2016–2017. In Australia, I conducted 40 semi-structured interviews with Ethiopians resettled in Melbourne, and in Lebanon, I interviewed 35 MDWs. In both locations, I also conducted key informant interviews with representatives of non-governmental organizations (NGOs) and other care service providers. I sought the support of local community-based organizations to gain access to Ethiopian interviewees: in Melbourne, the Horn of Africa Community Association and the Oromo Community Association assisted with the recruitment of potential interviewees, while in Lebanon, I was assisted by the leaders of Messawet, an unregistered Ethiopian organization of MDWs. The selection of interviewees was purposive, to ensure that different types of care needs (childcare, aged care, disability care, mental illness and health care), gender, age, ethnicity and religion were covered. While there was a high degree of variation in these criteria for the Australian interviewees, there was much less variation for MDWs in Lebanon, as they are typically females aged 20–40. Interviews were conducted with the assistance of interpreters in both locations (though I speak and understand basic Amharic). The average duration of interviews was 1-1.5 hours, though a few were longer or shorter.

The paper presents narratives from six in-depth interviews with Ethiopian migrant mothers in Australia and Lebanon. Although the narratives selected are not intended to be representative, the care practices and dynamics of care relationships observed are analysed in triangulation with ethnographic observations, data from key informant interviews and the existing literature. Interviews inquired into the women's migration trajectories, employment, family histories and care arrangements (formal and informal support services, including the role of husbands and other family members).

Reflecting on my own positionality as a researcher and how I was viewed by potential research participants, I observed a marked difference in the two locations. In Australia, I found Ethiopian participants were initially more reluctant to be interviewed. In part this hesitation stemmed from their wariness about who I was, how the research would be used and whether, as former refugees, they or their families (in Australia and Ethiopia) would be endangered in any way. Here, the vouchsafing of my research by the facilitating community organization was invaluable in reassuring their concerns. In Lebanon, in contrast, I experienced a strong immediate rapport and personal connection with MDWs, which may have been because there are many Sri Lankan and Bangladeshi MDWs in Lebanon, and I was perceived to be 'like one of them' and an ally.

4.
ETHIOPIAN MIGRATION REGIMES AND CHILDCARE REGIMES

This section considers the intersection of Ethiopian migration regimes with childcare regimes in Australia and Lebanon. I use the terms 'migration regimes' and 'childcare regimes' as defined by Williams and Gavanas (2007). Migration regimes are the set of immigration policies and administrative rules surrounding the entry, exit and residence of non-citizens in a country, as well as the legislation, norms and practices that govern relationships between citizens and migrants. Childcare regimes are constructed through provisioning by the state (publicly funded childcare services) and/or the market (private or commercial childcare services), as well as through employment policies (such as parental leave benefits) and the prevalent 'care culture'. The shift to a post-neoliberal 'social investment' paradigm has produced a degree of convergence on the marketization of care regimes across high-income States, including Australia, notwithstanding their diverse historical and institutional legacies (Mahon et al. 2012). State policies for cash benefits, privatization and commodification of care now stimulate a market for childcare services, including those provided by migrant care workers. However, the normative assumption is that citizens, rather than migrants, are the subjects of these care regimes. The key question the next two sub-sections seek to answer for Lebanon and Australia is: what are the childcare regimes available to migrants?

4.1
Lebanon

Lebanon has been a destination for MDWs since the 1980s, and while initially Sri Lankan women were numerically dominant (to the extent that the word 'Srilanki' became almost synonymous with 'domestic worker'), by 2015, there were 73,098 Ethiopian women who constituted 47 per cent of the 154,757 documented MDWs in the country. Estimates suggest that there are 350,000 undocumented MDWs in Lebanon (Shoufi 2015), of whom a large number are Ethiopian. Most undocumented MDWs have become irregular because they did not renew their *iqama* (residence) permits under the prevalent *Kafala* (sponsorship) system. Some 'freelance' migrant workers make arrangements to 'buy' their *iqama* from the *kafil* (sponsor, a Lebanese citizen who should also be the employer, but usually is not in the case of freelancers) so as to maintain a regular status in the country. Freelancers pay highly inflated prices for their documents and are technically still considered to be violating the terms of their sponsorship, as they are supposed to work for their sponsor (Beyene 2005). MDWs who do not manage (or are unaware of how) to maintain a link to a sponsor become 'irregular' or undocumented from the moment they leave the employment of their original sponsor and are immediately at risk of being detained by the General Directorate of the General Security (GDGS), the administrative body that controls immigration in Lebanon.

According to the terms of the standard unified contract signed by contract MDWs, they are not allowed to become pregnant or have children while in Lebanon, yet there is a sizeable population of children of MDWs resident in the country who often have ambiguous legal

status. According to a representative of Insan Association,[1] an estimated 5 per cent of the MDW population have children in Lebanon; the number of migrant children could therefore be around 15,000. The majority of mothers with children have irregular migrant status, which may have pre-dated their pregnancy or, in some cases, been propelled by it. Although MDWs are not allowed to register a civil marriage, a religious marriage (usually officiated by an Islamic Sheikh) is entered into by some couples. In cases where the father was a documented migrant worker and the couple had marriage documents, their children could until 2014 be registered for residency permits with GDGS. The renewal of residency permits of children below 4 years old was permitted without cost, with the subsequent extension of the residency permit dependent on school enrolment (Insan 2015). Migrants in Lebanon are at a disadvantage in registering the birth of their children with authorities; a survey by Insan Association found that while 0 per cent of Lebanese children are not registered, 10 per cent of children of documented migrants and 63 per cent of children of undocumented migrants are not registered (Ibid).

In 2014, in a covert attempt to control a burgeoning problem, the GDGS began obstructing the renewal of residence permits of children of migrant workers. Although GDGS did not make public any policy directive regarding non-renewal, civil society organizations noticed that this was systematically happening even when both parents were regular migrants and had not had previous problems registering their children. Further, in October 2014, GDGS also attempted to disallow any relationships engaged in by MDWS by adding the responsibility for employers to ensure that no migrant worker under their sponsorship married any person whether foreign or Lebanese while in the country (GDGS 2014). However, the Ministry of Justice overturned this latter directive in July 2015 due to lobbying pressure from civil society stakeholders and the media (Obeid 2015).

Migrant workers who have children born in Lebanon and manage to keep them in the country (particularly those who are undocumented) have very few alternatives in terms of childcare since they have no family networks and limited financial resources to arrange for their care (Insan 2014). Migrant mothers in Lebanon usually cannot afford better quality childcare services given their low salaries. Further, as the Insan survey showed, 56.7 per cent of children of documented migrants and 55.2 per cent of children of undocumented migrants do not attend school; in contrast all Lebanese children (100 per cent) reported attending school (ibid.).

1 An NGO that works to protect and promote the rights of the most marginalized individuals, families and children living in Lebanon, including refugees and migrant workers.

4.2 Australia

The majority of Ethiopian migrants in Australia entered through the Refugee Resettlement programme. Two distinct phases and trajectories of Ethiopian refugee arrivals are discernible: in the first phase, many ethnic Tigray and some Amhara who fled the Derg regime to Sudan were resettled in the 1990s. The second, more recent phase post-2000 has witnessed the resettlement of many ethnic Oromo and some Amhara who fled the current EPRDF regime. According to official figures, there were 7,133 humanitarian entrants from Ethiopia in 1991–2015 (Government of Australia undated). Several thousand more Ethiopians have been sponsored under categories of spouse or family reunification visas, and the 2011 census records 8,452 Ethiopian-born people in the population.

Australia has an advanced social policy architecture and an internationally renowned refugee resettlement service. Like other humanitarian entrants who have been granted Permanent Protection Visas, Ethiopian refugees receive resettlement assistance through the Humanitarian Settlement Strategy (HSS), which was introduced in 2000 to provide a range of specialized services for humanitarian entrants. These services include arrival reception and assistance (providing an initial food package and start-up pack of household goods), accommodation support, torture and trauma counselling, and individual assistance to gain access to government and community services (to register with Centrelink, Medicare, health services, banks and schools and link with community and recreational programmes). Community organizations have played an important role in the resettlement process through Migrant Resource Centres and the Community Settlement Services Scheme (CSSS), which were later combined as the Settlement Grants Program.

As permanent residents with a defined pathway to citizenship, Ethiopians are eligible for the welfare services (including childcare) to which all Australians are entitled, as well as to some specific programmes designed for culturally and linguistically diverse (CALD) communities and resettled refugees. However, research on Ethiopian and other African migrants in Australia is beginning to show wide gaps between their formally equal entitlements and their experience of significant barriers in accessing welfare provisioning and employment, which are attributed in part to what has been labelled as 'cultural and linguistic differences' (Colic-Peisker and Tilbury 2007; Pittaway et al. 2009).

The Australian Government first became financially involved with childcare after the Child Care Act 1972, which on the supply-side mandated funding for non-profit organizations (including local government bodies) to operate centre-based day care. Research by Harrison et al. (2012) shows that such early learning programmes contribute significantly to children's development, particularly in the cases of children growing up in situations of socioeconomic disadvantage or special need (which typically includes CALD, refugee and Aboriginal children and children with disabilities). "However, many of these children miss out due to problems of access and uptake or cost and quality" (ibid.: 3).

To address the needs of such children, the Special Needs Subsidy Scheme pays attention to "culturally appropriate responses" in regards to children from Aboriginal, CALD and refugee backgrounds and children with disabilities. This subsidy was abolished in 2006 and replaced by the Inclusion Support Subsidy. These programmes recognize that differences in child-rearing practices and pre-migration experiences, coupled with settlement challenges, can significantly affect family well-being and parenting capacity and require sensitive consideration while not compromising the child's safety and well-being. They also recognize that children and families with refugee backgrounds commonly share experiences of trauma, dislocation and loss.

On the demand-side, to facilitate uptake of childcare, the Government has moved towards a productivist, social investment framing of childcare in recent years. It provides families with two types of financial assistance to help cover the costs of approved childcare – the Child Care Benefit (CCB) and the Child Care Rebate (CCR). The CCB is an income-tested benefit targeted towards low- and middle-income families that covers up to 50 hours of approved childcare use per child per week. The rate is contingent on income levels and the number of hours parents participate in work-related activities, i.e., if they are working at least 15 hours a week, are looking for work, are involved with volunteer work, are studying or training, have a disability or are caring for a child with a disability. Families are able to claim up to 24 hours per week of CCB without having to pass the work/study/training test. Further, the Jobs, Education and Training Child Care Fee Assistance (JETCCFA) provides assistance to eligible parents who qualify for the maximum rate of CCB. It pays most of the gap in out-of-pocket costs not covered by CCB while a parent is working, studying or training.

The CCR is not income tested and allows families with children in approved care to claim 50 per cent of out-of-pocket childcare expenses up to a maximum of US$7,500 per child per year. A planned 'simplification' of the scheme slated for implementation from 2017 will introduce an eligibility criterion to be determined by an activity test that closely aligns the hours of subsidized care with the amount of work, training, study or recognized volunteer activity. According to the Benevolent Society,[2] introducing a test that is "likely to result in reduced access to quality early learning by disadvantaged and vulnerable children would be a backward step, right at a time when we should be investing in our children to secure long term social and economic growth" (Benevolent Society 2015).

Supplementing formal childcare services is a host of informal childcare arrangements provided by relatives (particularly grandparents, who provide care for 26 per cent of children aged 12 years or under), neighbours, playgroups and nannies. Such informal childcare is relied on when suitable formal childcare is unavailable or too costly, and the Government estimates that as much as 40 per cent of children aged 12 years or under use some type of informal non-parental care on a regular basis (Productivity Commission 2014).

2 A not-for-profit and non-religious organization that works to improve the well-being of children, young people, families and older Australians, especially in disadvantaged communities.

5.
VIGNETTES OF MIGRANT MOTHERHOOD

5.1
“Where is the paper to prove that you’re the mother?” – Rubka

I first met Rubka at a focus group discussion with Ethiopian mothers with children in Lebanon, which was organized through the Messawet group in Byblos. Rubka has been in Lebanon for eight years, having first come on a contract when she was 22. Her status became irregular because the old man she was caring for died after 3.5 years, and his children did not want to continue her contract. She then worked in two other homes before coming to her current employer’s house, which was where I interviewed her. Her employer, Tete Mona, is an elderly Lebanese woman who lives in a small, three-room apartment in Byblos. Rubka is a live-in domestic worker and also manages a ‘gardorie’ – an unregistered day-care centre – for Tete Mona. Around seven Ethiopian MDWs pay Tete Mona US$100 a month for day care for their children aged between 1 and 6 years old. The mothers all live and work locally, and they drop their children off in the morning and pick them up as soon as they have finished work. The children are given lunch and spend most of the day watching children’s TV and/or playing with each other in the small space. It is primarily Rubka who looks after all the children as well as doing domestic work, but this arrangement works for her as it allows her to also look after her three-year-old son Yafit (which she would not have been able to do in a ‘regular’ job as a domestic worker).

Yafit’s father is a Syrian man with whom Rubka had a relationship. Although this man is named as the father on the birth certificate, he was already married with children, and soon after Yafit’s birth he left the country. Yafit is a lively boy who is light-skinned and looks Arab rather than Ethiopian, which resulted in a harrowing encounter Rubka had with the police:

> “*Once when I was with him on the street, when he was very young, the police stopped me and asked ‘Whose baby is this?’. ‘He’s mine.’ ‘No, he’s not.’ We started to argue. ‘Where is the paper to prove that you’re the mother?’ ‘What is this paper that you want me to bring?’ ‘So you’re roaming around without papers with someone else’s child? How would we know that you’ve not stolen him?’*”

It was only when the police phoned Rubka’s employer, who vouched for her, that she and Yafit were released. After that, she struggled for two years to get a copy of his birth certificate from the hospital and to register his birth. While she was able to obtain the birth certificate, she had difficulties registering his birth because she was asked for a marriage certificate, which she did not have. Without this registration, and given her irregular status, she realized that she would not be able to get Yafit into school, even with Tete Mona’s support.

Rubka therefore decided to try return to Ethiopia with Yafit, and that the only course of action open to her was to pay the police a bribe of US$250 to be taken into detention. She wanted to take Yafit with her to prison, as she feared being separated from him and being deported without him. However, she was unsure whether she would be allowed to and whether he would be able to survive the gruelling conditions of the detention centre. Tete Mona, who was sitting in on the interview, was clearly genuinely

fond of both Rubka and Yafit and deeply disturbed that the only option for them to exit the country was via the detention centre. Two weeks later, I heard from members of the Messawet group that Rubka was in the detention centre. Yafit was staying with Tete Mona, who now had another Ethiopian MDW working for her and looking after the day care. Rubka could be in detention for a while before she can return to Ethiopia with Yafit, as the time it will take to process her case is entirely unpredictable and contingent on the support of the Ethiopian Embassy in Lebanon. She is hoping that the Ethiopian Embassy will accept her claim that Yafit's father has left the country and support 'laissez passez' papers for Yafit, so that he can leave with her once her deportation orders come through.

5.2

"We stay together like family" – Aida and Emebet

Aida and Embet are two young Ethiopian mothers who live with three daughters (aged 4, 6 and 9) in a one-room basement apartment in Verdun, a central area of Beirut, where I interviewed them. Aida, the more vivacious and assertive of the two women, was 32 and had been in Lebanon for 12 years. She came on a contract but ran away after two years because she was being forced to work for three homes for US$100 per month. She met and later married Rahim, a Sudanese man who was working as a driver for the Embassy of Saudi Arabia. They lived together for several years, and Rahim started working as an unlicensed broker bringing women as domestic workers from Ethiopia via Sudan (since the Ethiopian Government's ban on migration to Lebanon was in force at the time). However, four years ago, Rahim was arrested and imprisoned for six months and finally deported to Sudan, because only Lebanese citizens can legally operate as employment agents. As Aida said:

> *"After he left, many things were confusing. For a while I was confused about everything... Later on, praise be to God, this friend of mine, the one I live with [Emebet]... I know her from before, because her husband and my husband were friends... we live together and help each other... After my husband left, I came to her, and I've been living with her."*

Emebet is the quieter of the two women. Her husband, who was also Sudanese, died five years ago and she had to support their two daughters alone. Emebet is alienated from her Orthodox Christian family in Ethiopia because they disapproved of her decision to marry a Muslim man.

Although both Aida and Emebet started out on regular contracts, after they married they became freelancers. Then, once their husbands were out of the picture, their status lapsed into irregularity. They both work at part-time jobs as domestic workers and take turns looking after the girls, as Aida describes:

> *"We help each other, pay the rent and look after our children – in the morning I take them to school, she brings them back in the afternoon. We have a programme. Helping each other, we live together."*

They live a precarious life, with incomes that are barely enough to meet the costs of rent, school fees and keeping themselves and the girls fed and clothed. They face the constant risks of being arrested, held in detention and deported. They are also extremely vigilant about the safety of their daughters: the girls are only allowed to play in the apartment or in the small compound in front of the building.

The two older girls go to a private school run by Muslims, where they were able register because the children's fathers were Muslim and had *iqamas* (at the time). Emebet's younger daughter is not yet in school, and they are concerned about whether they will be able to get her registered. Although the teachers in the school treat the older girls well, according to Aida, the Lebanese children in the school often bully and taunt their children, calling them 'Srilanki' (a racist epithet used for MDWs in Lebanon). Comforting the children when they return home upset, Aida tells them: *"No matter what don't say anything back to them – just know that we are human like them".*

The bond between the two women is strong. Speaking of Emebet, Aida said *"She is very good. We stay together like family, she's like my sister. She also, she loves me too much"*. The two women are determined to stay and work in Lebanon for as long as they can without sacrificing the education of their children, and then they plan to go back to Ethiopia, where they want to continue to live together as a family.

5.3

"What kind of a life will this child have?" – Sharifa

Sharifa came to Beirut as an 18-year-old and has now been living and working there for 16 years. She first worked on a contract in a household for seven years. Nine years ago, she met and married Saeed, a Sudanese man who was working in a supermarket near where she worked. However, Sharifa's Orthodox Christian family was opposed to her marriage to a Muslim man and are no longer talking to her. Sharifa and Saeed have two children, a 6-year-old boy Altaf and a 4-year-old girl Saba. The family lives in a two-room apartment in Mukkaiem, the Palestinian refugee camp area in Beirut. Many irregular migrant workers live in rental accommodation in Mukkaiem to avoid raids by the police; since it is a refugee camp, the police are not allowed to enter the area without permission from the UNHCR. Although their apartment has no direct light and has a shared toilet and kitchen with other residents in the building, it is comfortably furnished, with a lot of toys for the children in evidence.

After they married, Sharifa and Saeed tried to buy their *iqama* or sponsorship papers and become freelance workers, but before they could he was caught and taken into detention for four months. Saeed was released once Sharifa found a sponsor for him and regularized his papers by paying US$1,000 (the actual cost of the *iqama* is approximately US$600). Unfortunately, the woman to whom she had paid US$1,000 for her own sponsorship papers refused to complete it unless she was paid another US$1,000, which Sharifa did not have, so her status has now lapsed into irregularity. Since both children were delivered in a private hospital, and their father had his *iqama* at the time, they have birth certificates.

According to Sharifa, although Saeed had been in Lebanon for over a decade, he had initially not made an application to UNHCR as an asylum seeker because he did not want to be sent abroad. Two years ago, however, he put in an application because he felt the need to do so now that he had children. His application was accepted, and four months ago the family became registered as refugees awaiting resettlement.

Sharifa's life is focused on the care of her son Altaf, who was diagnosed with autism spectrum disorder when he was 3 years old. The doctor told Sharifa that Altaf needed to attend a special school for children with disabilities, but this was very expensive at US$1,000 per month. The doctor then told her about a school for children with disabilities in Mukkaiem that was much more affordable at US$1,300 per anum. Sharifa paid the first quarterly instalment, but she withdrew Altaf within the first week because he started imitating the behaviour of the children with physical disabilities:

> *"When he saw those who crawl, and those who use crutches – when they put them on the ground to play – he imitates them, and when he sees those who speak loud and use sign language [deaf children], he imitates them. For two days you can observe [the children in school] as a parent. Those two days my head grew big. Oh my, wanting my child to do better, I'm making it worse!"*

A year ago, Sharifa found out that UNHCR would support therapeutic sessions for Altaf through an NGO that provided psycho-social support and counselling to refugees who were trauma survivors. Sharifa took Altaf twice a week for therapy sessions at this organization. Here, she was also given training on how to stimulate his learning, language and social interaction skills. She would return home and practice these lessons with him, and after eight months she could see a marked improvement in his behaviour and his ability to communicate. However, the organization ended the sessions as they could not help him further and recommended she enrol him in a special school. Though

Altaf was happy to play with his sister while we talked with his mother, he generally requires Sharifa's full-time attention. Since he has only a few words, no one understands him except her. Although Saba should be in kindergarten, Sharifa keeps her at home to keep Altaf company and to help him converse. She said:

> *"I am happy, especially when I see her with her brother like this – it is God who wanted her to be with him. God created her for him. That is what I think... But for him at this age, at 6 years old, if he is not put in school, what kind of a life will this child have? Do you understand? It is hard for my mind to see him stay at home while she goes to school."*

However, Sharifa's decision comes at a cost to Saba's own growth and development as a child.

5.4

"Study and stop, give birth, study and stop" – Rabiya

Rabiya is a 29-year-old Oromo woman who fled Ethiopia with her mother and six siblings in 2000. Her parents were active in the Oromo Liberation Front (OLF) and were imprisoned in 1998. She does not know if her father is still alive. Her mother was in prison for 2.5 years and was severely tortured. Rabiya was 10 years old when her parents were imprisoned, and she said:

> *"My uncle chose me to look after the youngest two children. Actually I really feel bad – because you know you are like a maid. I just left school at class 3 because somebody needed to stay home.... In our culture you cannot say no. If they say do this, you can't have a voice. You have to respect what they say."*

When her mother was let out of prison on a bond for two weeks to visit her children, they all escaped to Kenya, where they were assisted by OLF to find accommodation in Nairobi and to register as asylum seekers with UNHCR. Although she and her siblings started going to a free Catholic school, life in Nairobi was very hard because, as she said, "*We don't know the country, we don't know the language, we don't know the people. And then we used to live in a ghetto*". They had very little money, and the stipend, food and clothes from UNHCR were not enough for their needs. As a young teenager in Nairobi, she was also vulnerable to sexual harassment and violence. In retrospect, this was the main reason she agreed to marry a Kenyan Muslim man who was a shopkeeper in their neighbourhood.

Soon after her marriage, in 2005, Rabiya, her mother and siblings were resettled in Darwin, where they stayed for three months before relocating to Melbourne. Rabiya was pregnant at the time, and her first son was subsequently born in Australia. She returned to Kenya to process her husband's papers under the family reunification visa category, and he joined her in Australia in 2008. They had three more children – the oldest son is now 10 years old, while the youngest is 9 months. She described her life as a cycle of '*Study and stop, give birth, study and stop*'. At the time of the interview, she was in study mode, taking a course that would qualify her to work in childcare while her older children were in school and the youngest in family day care.

Rabiya and her husband have been separated since 2011 and he now lives with friends, but he is still 'a good father', involved in daily pick-up and drop-off of the children at school or day care. In addition to studying and caring for her children, a major responsibility for Rabiya is the care of her mother, who is mentally ill:

> *"My mum went through a lot. And then on top of that she had an accident in front of a tram. So now we cook for her, my sister cooks for her, we do the cleaning. My sister is single and raising two kids. So we need to take half-half... Before mum had the accident, she was better – she used to cook for herself, clean for herself. Sometimes we used to take the kids there on the weekends and she used to play with them. Now everything's changed. Sometimes she calls us in the middle of the night. She is very sick... Every two hours I'm calling her – if she doesn't pick up the phone, I'm running. If she doesn't pick up the phone, there is something wrong. It's a big responsibility, especially because we have our own kids."*

Rabiya agrees that her mother needs PTSD trauma counselling, but says *"Our people, they don't understand all these things. It's hard to explain to my mum"*. Further, when her mother did try counselling, her experience with the interpreter was negative because not only did he speak a different dialect of Oromignya but also, more importantly, he did not maintain confidentiality.

5.5

"If you go and use it, there are lots of supports" – Noura

Noura is a 58-year-old mother of four who resettled in Australia in 2007. She left Ethiopia during the military dictatorship of the Derg regime. As she said: *"The youth were being killed at that time, so our families wanted us to go far away... So when we were told to leave using any means possible, for me, I got married and left."* Her migration trajectory was somewhat atypical compared to other Ethiopian refugees who fled the country during the Derg regime in that the first country she migrated to was Saudi Arabia, as the wife of a Saudi man.

Noura lived in Saudi Arabia for 27 years, until her husband's death from complications due to diabetes. After his death, life became very difficult for her and her children. His pension (which was half his salary) stopped and she had no relatives of her own in the country. As she said: *"We did not know what to do. For one thing, it is very hard in Saudi Arabia. For women it is not easy... [there is] no transport. You can't be independent."* She recounted how the restrictions on women's mobility meant that she had been totally dependent on her husband for all activities outside the home (shopping, dropping children at school, going to the doctor, etc.). Furthermore, the conservative religious members of her husband's family made life unbearable for her after his death. Her eldest son also came under their influence; in her words, he was "*brainwashed with religion ... [and] would say 'don't wear this, don't go there', it was the worst kind of prison*".

Noura therefore decided to accept her brother's invitation to visit him. He had left Ethiopia at the same time she had, as a refugee, and had been resettled in Australia. As Saudi citizens, she and her three younger children were able to enter the country on tourist visas. Within four months of arrival, with the support of the Red Cross and the Salvation Army, she applied for and obtained resettlement under the family reunification visa category. Her eldest son stayed in Saudi Arabia, married, had children and is settled there.

The central focus of Noura's attention has been the care of her son Salim, who has Down syndrome. He was not diagnosed until a year after he was born in Saudi Arabia, and even after that, there were very limited services for children like him at that time.

When he came to Australia at age 17, Salim was immediately put into a special school for children with disabilities. The school referred Noura to Carers Connect, an agency that provides support to those who need care, and to Carers Victoria, an agency that provides support to caregivers. Through these and other organizations, she proactively accessed many services and activities for her son (including entering him for the swimming Paralympics competition), as well as for herself as his caregiver:

> *"So that is the difference between our worlds. Here [in Australia] there are lots of opportunities. If you go and use it, there are lots of supports."*

Speaking of the respect that people with disabilities as well as their carers receive, she said: *"The place and value that is given to us here [Australia] and the understanding we get, is not the same as there [Ethiopia]"*.

Yet, it was apparent that Noura's attitude towards the care of a child with disabilities such as Salim was quite exceptional compared to other Ethiopian or African families, as hers is one of only two African families linked up to Carers Victoria. Noura recounts an interaction with another Ethiopian mother:

> *"We met, I told her that I'm an Ethiopian, she was very happy. She lives close to our house. Even if people don't see Salim, when I'm asked how many children I have, I tell them I have four and one has Down syndrome. She said, 'Why do you say that? Why do people need to know that?' Why? I am*

proud of him. You know? She has a daughter with Down syndrome and autism... What she thinks is that her daughter will be healed through Holy Water [a traditional Ethiopian Orthodox Christian belief]. Last time when I heard that she took her daughter to the Holy Water church, I said it is the mother who needs to be taken there!"

The culturally normative shame and stigma surrounding disability prevented this woman from acknowledging her daughter publicly or from accessing support services for her.

5.6

"You need to help someone who's making an effort to fix their life" – Berhane

I first met Berhane in the North Melbourne Community Centre at an Ethiopian community theatre event. She was with her two young sons and her brother, and she agreed to meet for an interview in her home in Werribee one morning while her sons were at school. She lives in a small two-bedroom unit, which she owns.

Berhane is a young Amhara woman who came to Australia in 2004 at the age of 17 on a spouse visa, after she married her husband who had been resettled in Australia with his family as refugees. Over the years after her migration, she was able to sponsor her parents, two sisters and a brother to come too. Her ability to do this was facilitated by the fact that she secured a job at the Australian Migration and Employment Services (AMES), which she had originally joined for the English language training programme. Although at first she was a student, she later became a volunteer and then gradually started working part-time as an interpreter. At one point, she was also working in a housekeeping company, but she had to leave the job because she was physically too weak. Her husband was then working full-time as a shop assistant. In those early years, her husband would not only do his job but also contribute to housework and childcare. Yet their marriage did not last, and they had been divorced for two and a half years at the time of the interview. Berhane now gets support from Centre Link for her two children, but she said that her husband *"stopped working because he doesn't want to pay child support... that's the African men's problem"*. Berhane went on to describe an incident where he used the children to get their Centre Link payments:

"I was on holiday three months ago. I went to Ethiopia and my Mum was going to look after them... but four hours before my flight, he texts me and he says he wants to take the kids. And I said, 'I asked you if you can take them, but you said no. So, why are you nagging me now?' .... Yeah, so he got the money from them [Centre Link]. I didn't get paid when I was in there [in Ethiopia]."

Berhane's parents and sisters play a role in childcare; even though they live far from her, she can drop her children off if she needs to work. But she recalls that it has been very difficult, particularly when her second son was born, as she was at University taking a degree in film-making and had to balance childcare with study. Her mother was back in Ethiopia and both her sisters were also studying, so she needed to send the children to childcare five days a week. Paying for this was a struggle, and during her last year at University she could not afford more than three days a week and had to reduce her study time and keep them at home for the other two.

Her ex-husband refused to look after the children in the day, even though he had night-shift work at the time and could have helped out. Her father would help her look after them, especially when she needed to study or when she got film production work. But she points out that:

"The problem is when you stay like a single Mum and you stay at home, that's alright. But ... if they see that I'm getting extra money [from part-time employment], they stop my childcare payment and things like that. It's not helping. Especially for the young, single mother. You need to help someone who's making an effort to fix their life."

6. RECONFIGURATIONS IN FAMILIES

Drawing on the preceding vignettes, as well as other interviews in this study, I now discuss three important reconfigurations in migrants' family relationships: first, the shift towards single motherhood observable in both Australia and Lebanon; second, the continued responsibility of migrant women for their natal families left behind in Ethiopia; and third, the transformation in gender and generational relationships, particularly in Australia.

Whether the women left as economic migrants or as refugees, moving abroad inevitably transformed their relationships with their families. Perhaps the most significant transformation is the disruption of the ideal of motherhood. As in most societies, deep cultural value is accorded in Ethiopia to motherhood, which is always assumed to be situated within the heteronormative family unit of husband, wife and children. Yet what is striking in both Australia and Lebanon is that migrant women were propelled into the responsibilities of single motherhood, sometimes without even the support of extended family and kin. In making this observation, I certainly do not imply that all migrant women inevitably become single mothers; rather, I suggest there is a discernible pattern noticeable in both countries, but with distinctly different causes.

In Lebanon, the majority of Ethiopian MDWs are young, unmarried women in the sexually active and reproductive age group of 18–30 (unlike MDWs from Asia, who often tend to be already married with children before they migrate). There is therefore a greater likelihood of Ethiopian women forming relationships and having children. The Lebanese Government's restrictions on MDWs' rights to legally marry and have children has the unintended counter-effect of propelling these women and their children into irregular status and precarious single motherhood. The likelihood of single motherhood and the degree of precarity they faced depended to a great extent on the nationality and marital and migrant status of the men with whom the women had relationships, with four observable trends. First, a very small number of Ethiopian women married Lebanese men, became Lebanese citizens and were consequently the most secure. Second, more commonly, Ethiopian women (like Sharifa) married and had children with Sudanese men living and working in Lebanon. Some of these Sudanese men were successful in their applications to register as asylum seekers with UNHCR, in which case his Ethiopian wife and their children would be considered his dependents and eligible as a family for eventual resettlement in a third country. Third, some couples managed to 'buy' their sponsorship papers and regularize their residence status (although they are technically breaking the law) – as the husbands of Aida and Emebet had done, at least initially. Fourth, and most precarious, there were women like Rubka who entered into relationships with men of different nationalities (Syrian, Egyptian or Sudanese) who were irregular migrants themselves and/or were unwilling to marry the women. The children of such relationships often have liminal status if their father does not acknowledge them, as the Ethiopian Government requires documentation of paternity to register the child as Ethiopian.

In contrast, in Australia, several Ethiopian women I interviewed were single mothers divorced from their husbands. As Rabiya observed: *"Most African women [in Australia], 99 per cent they raise their kids by themselves. You know why? Now we're driving, we take the kids to school, we do our shopping, we do our thing".* Here, while the decision to separate was always fraught, ultimately the choice to become independent

was made possible by the support available to the women through the Australian welfare system.

Another commonality between Australia and Lebanon was Ethiopian migrant women's support of and care for their natal families, which was strongly evident not only amongst these six profiled women, but also in the larger data set. For instance, Noura sent regular remittances to her aged mother in Wolaiyta and also went to Ethiopia for several months to look after her when she was hospitalized. Rabiya and her sister combine resources to send US$100 monthly to their sister and her family in Kenya, and they are also jointly responsible for the daily care of their mentally ill mother in Melbourne. Berhane sends monthly remittances to her mother's relatives, who are currently in Sudan awaiting resettlement. Similarly, the women in Lebanon were all supporting their natal families, at least until they had their own children. Sharifa recounts that she would send her entire salary to help her family:

> *"The reason I left was for my family... I sent everything to my family. I did not do anything for myself, because the people [employers] were good, they gave me clothes and everything."*

Yet, for many of the women, negotiating relationships with their natal family often became fraught over their choice of husband, particularly if he was of a different religion or nationality. For Rabiya and Noura, it was the nationality of their husband (Kenyan and Saudi, respectively) that caused difficulties, while Sharifa and Emebet's families did not accept their marriages to Muslim men. Religious difference was considered more problematic, and Ethiopian Orthodox women in marriages with Muslim men were usually forced to completely sever ties with their natal families.

Significant shifts within Ethiopian families resettled in Australia occur along gender and generational axes. Traditionally, within Ethiopian families, men – particularly older men – are authoritarian patriarchs, and gender roles are strictly divided such that women are responsible for all household work and care. Migration to Australia often changes these dynamics. Berhane observed that:

> *"There are two kind of men that come from wherever in Ethiopia. Direct from Ethiopia, they don't know how to cook, or clean or anything... [so] most of them, they don't help [with housework] at all. But, men who come from a different country like not straight from Ethiopia, [but via] Kenya, Sudan or somewhere else, when they come here, because they had experience of living by themselves, and then cooking for themselves, cleaning and things like that, they understand how it can be hard for the woman doing the housework, going to work. So they help them."*

Similarly, in a trenchant comment on changing gender relations in her community post-migration, Rabiya observed:

> *"[In Ethiopia] even if your husband hits you, he beats you, you cook, you do everything, your husband is king of the house, you're just nothing, you're like a slave. So when we come here, we figure it out – women can live like this? We start learning to understand more. And then African men, they lose their power! What they had before is gone. That's why most women are single mothers... In Africa, if your husband says don't go to the toilet, you don't go. They have this power. Many people say 'Oh Africans, they don't stay in their marriages' but they don't understand. We just see a life, we breathe in this country. I bless God for bringing me here."*

7.

RECONFIGURATIONS OF 'CARE DIAMONDS' AND SOCIAL REPRODUCTION

An important implication of the reconfigurations within families discussed above is a squeeze on the 'familial' model of the care diamond prevalent in Ethiopia, where care provisioning is primarily through the family, with little or no childcare support from the other three institutions of the state, market and community. The shift towards single motherhood at the migrant destinations of Australia and Lebanon increases the pressures on women as caregivers, but often reduces their access to the extended family-based informal sources of care support.

Yet, as we have seen, women's entitlements and access to other sources of care through the state, market and community are determined by variations in their migrant status and location. This study has established an identifiable continuum of entitlements contingent on status and location: at one end, migrants with irregular status who are in the most liminal and precarious position, followed by documented, regular migrant workers, refugees awaiting resettlement and, in the most secure position, refugees who have been resettled. The narratives above show that these statuses are not 'fixed', and women move in and out of them at different points in their histories and geographies of migration, with corresponding changes in their entitlements and access to care. While other types of migrant status and location were not observed in the current study (such as irregular migrants in a welfare regime in the global North or refugees resettled in the global South), it is likely that these migrant statuses and locations would also have implications for the kinds of care regimes accessed. Further research would be needed to validate and expand on the typology identified in this continuum.

The care diamond for migrant women in Lebanon was severely obstructed by the Government's prohibition of pregnancy and marriage for MDWs, which permits employers to dismiss an MDW who becomes pregnant and makes 'maternity leave' impossible. Pregnancy usually forced a woman to exit her contract employment and become an irregular migrant. After the birth of the child, MDWs often tried to switch from live-in to hourly paid employment.[3] However, migrant mothers find it difficult to balance work and childcare and are often forced to rely on poor quality, market-based childcare even for very young children. Typically, most MDWs leave their children in a 'gardorie' or unregulated, home-based day-care centre such as the one run by Tete Mona. These gardories are often run by another migrant woman, and many even provide 'day and night' childcare. For instance, I visited a gardorie run by Mama Sara, a Madagascan woman, in Naba, Beirut, where around half the migrant children would be dropped off by their mothers on a Sunday evening and collected at the end of the work week on Friday evening. Such gardories charge US$100–150 per month, which is cheaper than the better quality childcare that

3 While many employers require 'live-in' MDWs, 'live-out' work is common particularly among freelance and irregular MDWs, who can often earn higher incomes than contract 'live-in' MDWs.

costs US$250–350 per month and primarily caters to Lebanese citizens.

'Community'-based childcare is extremely limited: a few fortunate migrant mothers were able to find a place for their children in the much-sought-after childcare centres run by NGOs such as the Beth Aleph centre at Caritas or the Rainbow Day Care centre run by a German church-based organization. For a low subsidized fee of US$150, these centres provide quality services by staff professionally trained in early childhood education and care.

The acute constriction of childcare support available to MDWs resulted in some cases in a generational transfer of responsibilities for childcare, as older children – particularly girls – were made responsible for the care of younger siblings. Co-migrant Ethiopian friends also became an important source of support for migrant mothers, not only for help with childcare but also for shared accommodation or loans. However, such support was unreliable and could not be pressed on too hard. We also see the emergence of informal, mutually dependent, non-normative family units such as that of Aida and Emebet, or even the arrangement that Rubka and her Lebanese employer Tete Mona had constructed.

The care diamond for refugee women awaiting resettlement was slightly better in terms of support, as illustrated by the narratives of Rabiya (when she was in Kenya) and Sharifa (in Lebanon), both of whom received support from the UNHCR. As Rabiya observed, this stipend was not enough to meet their needs but it did help. In Sharifa's case, though, she was concerned that the support she received for her autistic son Altaf was informally being considered to have 'used up' her entitlements to the monthly stipend from the UNHCR that refugees usually get. There were also other Ethiopian single mothers in Lebanon who had applied for asylum with UNHCR, hoping to obtain some support and solution for their desperate situations; however, in most cases, it was unlikely that they would be accepted as refugees, since they did not meet the criteria of political persecution.

Finally, the care diamonds of refugees resettled in Australia had the strongest configuration of support for care needs, given state support for unemployed mothers through welfare benefits and the existing infrastructure of day-care and childcare provision. However, state support was not without its problems for Ethiopian migrant mothers: first, given the high cost of good quality childcare, they were often forced to opt for lower quality 'family day care'. Second, young mothers like Berhane and Rabiya who aspired to be employed encountered the withdrawal of state support as soon as they obtained work. Moreover, state-supported economic independence from their husbands did not mean complete 'de-familialization', as the women were often reliant on their immediate family members (particularly mothers and sisters) for informal childcare arrangements. Finally, while high quality, specialized professional care was available for children with medical or mental health problems, or for the care of children with disabilities, women's ability to access such care was mediated not only by their language skills and level of comfort with navigating the institutional systems but also – as we saw in the case of Noura – the ability to overcome cultural shame and stigma around disability.

To conclude, I wish to draw out the implications of these reconfigurations in care diamonds for the broader question of the consequences of migration for social reproduction. Viewed through the lens of depletion, we see that the consequence of migration along the less privileged circuits of global mobility can often be the depletion of families' capacities for social reproduction at individual and household levels, i.e., where resource outflows exceed the inflows. The consequent increased reliance of migrants on overstretched family, kinship and community networks to meet their care needs raises serious questions about the long-term viability and equity of such arrangements. To correct this negative balance, as Rai et al. (2014) observe, it would be necessary to analyse the potential for mitigation, replenishment or transformation available to migrant women and their families. Mitigation involves lessening of the harms due to depletion by redistributing labour, the introduction of labour-saving technology or buying in services (ibid: 98-99). We observed instances of

mitigation redistributed generationally to daughters or parents, through the informal care arrangements with networks of friends and through the payment for childcare provided through 'gardories'. Clearly though, while mitigation may benefit these women as individuals, it does not reduce depletion at the household level.

A more profound reversal (rather than simply transfer) of depletion necessitates either replenishment or transformation. Replenishment could occur through state, community and/or private contributions to sustain social reproduction. The Australian Government's provision of housing, electricity, water, health, education and other basic welfare services to resettled refugees is an important replenishment of their capacities for social reproduction. The UNHCR's support of refugees awaiting resettlement is also a (limited) replenishment. Similarly, in Lebanon, the subsidized childcare services provided by some NGOs replenished the resources of at least the few migrant families who were able to access them. The expansion of the scope and availability of such community-based childcare is a form of replenishment critical for the well-being of migrants' children, particularly in a context such as Lebanon where there is no state or public funding for childcare.

The third method of reversal of depletion is transformation. This involves, first, the restructuring of gender relations so that both men and women are more equally involved in social reproduction, and second, the recognition and valuation of social reproduction (Rai et al. 2014: 99). While refugee resettlement in Australia has produced some positive shifts in Ethiopian gender relations, with evidence of men taking on greater responsibility for childcare and domestic work, these changes are as yet unstable and liable to be withdrawn in the event of marital breakdown. However, the larger agenda of recognition of the care needs of migrants and valuation of social reproduction as a central axis of the analysis of migration would require the tough political challenge of transformative, universalized access to childcare services in both Australia and Lebanon that is delinked from parents' income levels, from productivist assumptions (as in Australia) and from parents' migrant status (as in Lebanon).

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