

Call for Papers

Transnational Mobilities for Care: State, Market and Family Dynamics in Asia (9 - 11 September 2009, Singapore)

This conference is focused on issues surrounding the transnational mobilities for care, specifically eldercare and healthcare, in Asia. Three observable trends in recent decades provide the context for our inquiry. First, the demographic trend points to rapidly aging populations in many Asian countries. As larger proportions of people live longer after retirement, this has given rise to the classic problem of a relatively smaller working population having to support an enlarging group of retirees.

Second, the curtailment of public spending in some developed countries in the 1980s and 1990s negatively affected the supply of health care personnel in the 1990s and beyond, which in turn created a strong demand-led migration of care workers from poorer countries to richer ones. Furthermore, state policies which encouraged privatisation and corporate healthcare growth eventually led to an increasingly dominant role for the private sector in health care provision and financing.

A third trend, observed in changing social mores, conventions, and family and gender roles, has had discernible effects on care-giving in the family. Not only has delayed marriage, non-marriage, and the rise of singlehood meant that those who grow old in the new millennium are increasingly less likely to have family members who can provide care, but changing attitudes have also contributed to this effect.

The convergence of these three trends in the region has resulted in a crisis of care and social security in some countries--increasingly inadequate pensions and more pressing need for elder care, a concomitant shortage of care workers and healthcare personnel and rising healthcare costs. In some other countries, depleting healthcare resources and expertise has led to a crisis of no smaller proportions in the healthcare systems, and where state-provided care is non-existent, families are stretched to care for both the sick and the infirm.

As these trends play out in the Asian region, where countries differ in their levels of economic development, transnational options appear to present themselves. In order to stretch their pensions, for example, Japanese pensioners (as well as pensioners from other countries) have moved to Southeast Asian countries where domestic care, nursing care, and healthcare are more cheaply and easily accessible. On the other side of the equation, the lack of opportunities in economies such as the Philippines and Indonesia have led many to seek employment as caregivers and healthcare professionals in countries where the demand is strong but the supply weak.

In addition to the geopolitical social hierarchy of nations, the social class dimension within each country provides more layers of complexities. Even as personnel and expertise are drained from a poorer country's healthcare services, its wealthier residents travel abroad to seek medical care in a phenomenon that has come to be termed "medical tourism". In many countries, governments and private corporations have turned their attention to cultivating and expanding the transnational markets for care and healthcare. States, at both the receiving

and sending ends, are tailoring policies to encourage one type of movement or discourage another. The regional integration of healthcare markets on the one hand and the depletion of public services on the other, is in many cases leading to a polarisation between those who can pay for private healthcare and those who have to rely on the depleting public healthcare services.

This conference is convened to examine the nexus of the family, the market, and the state in relation to the transnational mobilities of care in the geo-political context of an aging Asian region. We invite scholars to reflect on the following questions:

- In the social hierarchies of nations and the geo-politics of care, who moves where and why?
- What are the processes of power and decision-making in the family relating to eldercare and healthcare in the context?
- What are the complex political processes and ideological discourses that have led to particular state policies in relation to care, the family, and transnational movements?
- What are the motivations and patterns of movement for care-givers and the consequences for the sending countries?
- What are the motivations and patterns of movement of care-seekers and the impact on the host societies?
- How has the market responded to these transnational movements, and what is the nature of state-market relations in the politics of care?
- What is the impact of these transnational movements on (re)shaping gender regimes and cultural notions of care?
- How can we conceptualize the transnationalisation of care and carework that is currently occurring within the shifting dynamics of family, state and market?

Issues investigated may fall within, but need not be limited to, the following themes:

Changing Family and Care Provision

Government rhetoric of care provision in much of Asia is that the family looks after its own and should continue to do so. Yet it is recognized that this will be increasingly difficult in the face of rapidly rising proportions of elderly, rising singlehood, and changing cultural and social norms, including changing gender roles in family and society. Strategies adopted by families to deal with this often involve internationalization of care, which may include recruiting foreign domestic workers for eldercare, obtaining a foreign wife through a matchmaking agency to provide care for elderly parents, and in the case of families operating transnationally as a result of overseas postings or education of children, frequent visits back by family members to deal with needs of elderly parents. Families of foreign domestic workers in the source countries have their own eldercare needs. To what extent are the decisions that result in internationalization of families individual or family decisions, and to what extent do care needs feature in them? To what extent has government policy caught up with reality in these regards? How can these trends and challenges be conceptualized?

Transnational Healthcare Work

This panel looks at the structural conditions and social dynamics of transnational eldercare work in the context of Asia. It focuses on the growing phenomenon of transnational healthcare workers from Asia who provide services to the elderly in private and public institutions, as well as in private homes, and asks questions such as: What are the structural positions of care workers (along gender, ethnic, nationality and skills lines) within the broader hierarchy of (re)productive labour in the context of the global labour market as well as local markets? How do gendered and other ideologies socially construct the roles and identities of (local vs foreign) careworkers? How does the transnational migration of healthcare workers impact sending and receiving societies? What roles do sending and receiving states, and other institutional stakeholders (such as labour agents, care institutions, etc.) play in regulating the flow of healthcare workers? What are the implications of these flows for state policies on eldercare, social welfare and (im)migration? In seeking to provide answers to these questions, the papers in this panel should aim to contribute to broader theoretical debates on the commodification and transnationalisation of carework, as well as the negotiation of gender relations in labour markets.

Transnational Retirement Migration

While established migration theories have long asserted international migration to be a venture of the young and healthy, persons of retirement ages are now increasingly on the move. Increasing numbers of elderly are moving from the West and Japan to live in Southeast Asia on a long term basis. Their migration behaviours and the social consequences often differ from what are known to migration scholars in significant ways, for example their mobility is characterized by a pendulum pattern of moving back and forth, which is neither tourism nor migration, but has elements of both. Seeking somewhere abroad with lower living costs has become an imperative residential strategy for retirees. This may not be surprising given the accelerating process of population aging. But what is peculiar to Asia, particularly in comparison to Europe, is that countries on the receiving side have actively developed various programs to attract affluent foreign retirees as part of their new "development" strategy. The term "retirement industry" is now officially adopted by such public institutes as the Philippines Retirement Authorities. How does retirement migration relate to the broader migration and development regime in Asia? What are the implications of this transnational mobility on the elderly migrants' sense of home and family? By investigating in-depth cases of international migration of retirees in Asia, the panel aims to contribute to broader theoretical debates on how citizenship, welfare (and care) provision, nation-state, and family relations are being reconfigured on a transnational scale.

Medical Tourism / Travel

This panel aims to interrogate the complex interrelationship between healthcare systems, the market in healthcare, and transnational movements of healthcare consumers; as well as the consequences of these processes on healthcare access and equity in sending and receiving countries, and on the practice and utilization of healthcare. Writings on the international travel for medical services have generally treated it as niche tourism, or trade in health services, with either positive effects for economic development or negative effects on the equitable distribution of healthcare. Concentrating on the phenomenon as it

has unravelled in Asia since the late 1990s, this panel will focus on how this trend and its accoutrements--such as standardisation, packaging, and marketing - can be conceptualised or theorised. Papers may be based on empirical research and in-depth case studies, while addressing questions relating to the role of the state vis-à-vis the medical tourist industry, the changes in the medical profession and the way in which medicine is practised, and the ways in which healthcare is used or consumed. The panel will also aim to address larger issues of the geopolitics of (transnational) healthcare consumption and financing, the political economy of transnational healthcare, and healthcare policy in a transnational era.

SUBMISSION DETAILS

Those wishing to present a paper at the conference are invited to submit a Paper Proposal which includes a title, a 250-word abstract, and a short paragraph of personal self-description by **10 February 2009**.

Please submit and address all applications to Miss Alyson Rozells (alysonrozells@...) of the Asia Research Institute. Successful applicants will be notified by 31 March 2009.

Full Papers are due on 31 July 2009.

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