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Social Reproduction in Precarious Times: A Youth Perspective from Trinidad and Tobago

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> "Initially, I didn't care to be home. Maybe a part of me was [thinking], 'they need me to come home because they need me to look after them in the medical aspect, and I'm the only one who's capable of doing it.' At that time, I was just very upset and angry. I didn't feel very supported by them…it just took an adjustment period for me to realize it was not a bad thing, and it wasn't like I was sacrificing my entire future."
> --- Christina (a pseudonym)

'They' refers to Christina's parents and grandparents for whom she cares daily in the two-island Caribbean state of Trinidad and Tobago. As a medical intern in her mid-20s, Christina's remarks highlight the tensions between obligations to oneself and the family. These tensions are central to understanding why professional women classified within international labor jargon as highly skilled (ILO 2014) from Trinidad, in particular, return to their countries of birth from living or studying abroad to provide proximate care for aging relatives.[1] If middle-class families can afford to hire workers to care for parents and relatives at home, why do women move back to Trinidad to undertake this caregiving in person? This question guided our microlevel research project into care work.

Christina is the youngest participant in our ongoing project. Regarding the methodology, the project team advertised and held a public roundtable discussion in Trinidad, with a subsequent workshop under an overall theme of caregiving for aging relatives. We recruited voluntary participants from these two events and used a purposeful snowball technique to source additional interviewees for a case study regarding care-motivated, voluntary return migration. We have interviewed nine 'professional' women who work in sectors inclusive of insurance, banking, administration, academia, medicine, interior design, and event planning. This article draws on six interviews that blended conversational and semi-structured techniques with voluntary women return migrants to Trinidad and Tobago. Participants range in age from 24-64, just short of the typical private sector retirement age of 65. Regarding our own positionalities, we are trained in various disciplines and of different ages and life stages, but we all identify as Caribbean women

who confront the same cultural expectations around caregiving. This position impacted our empathy and how we conducted the interviews, which we view as the project's methodological and analytical strength.

After completing her medical training in Europe, Christina chose to return to her natal country of Trinidad primarily to provide proximate care for her aging relatives. Growing up in an affluent suburb in south Trinidad, where she attended a prestigious high school, Christina explained that she went to university abroad like many of her contemporaries. These were the social and educational advantages of her class position. But quite unusually among her peer group, Christina decided to return to Trinidad to practice medicine. Although Christina's return was voluntary, matters of political economy, the retreat of state social protections, gendered norms within Caribbean kinship systems, and demographic changes are relevant considering Christina's decisions.

How economic precarity, cultural expectations, and population changes shape and constrain the lives of 21st-century youth is a matter of interest for anthropologists and multidisciplinary youth studies scholars, as also demonstrated by recent studies (Baldassar and Merla 2014; Devany et al. 2020; Heidbrink 2014). Some of these matters are specific to Trinidad. Some are shared among populations globally.

To provide relevant background, Trinidad and Tobago had centuries-long pre-colonial and colonial history of (forced and free) labor immigration in the development of capitalist "plantation economies" (Beckford 1972). Within the systemic brutality of the plantation economy, the family and community provided economic support and labor that literally sustained life. With indigenous Amerindian, European, African, and Asian (Indian and Chinese) populations forming the majority of the past labor force, especially Africans and Indians today, migration to and from the Caribbean is well established.

While migration from the Caribbean is also normative and valorized for individual and familial betterment, it raises the question of who cares for aging populations. For many, this care work is undertaken by unwaged relatives, community members, neighbours, and waged care workers. Paid care and geriatric employees work in private homes and care facilities — public or private — with generally poorly resourced public facilities compared to private ones, given the cost of care and the contraction of social protections within neoliberalism.

These questions are more acute given that the population of Trinidad and Tobago, categorized as a high-income developing country, is an aging one. In 2000, persons aged 65+ were approximately 9% of the population (Trinidad and Tobago National Census 2011, 13). By 2020, the number of persons in this age group was 11.1% of the total population, according to the Pan American Health Organization's Country Profile (n.d).[2]

Within Caribbean value systems shaped by colonialism and a modern gendered division of labor, the conditions and expectations of social life are also shaped by the present-day hierarchies of public versus private medical care within shrinking state-provided social security in Trinidad and Tobago.[3] We refer to this phenomenon as social reproduction in precarious times. Women's unwaged or undervalued labor continues to be pivotal in the reproduction of social life. This is evident in caring for the elderly, for instance, along with the increasing difficulty of providing proximate care for the elderly among both the poor and the middle class — labors that are expected of kin given the legacies of colonial plantation life.

Ongoing debates about increasing taxes in Trinidad and Tobago to cover the state's pension fund for an aging population and the private sector's encouragement for working people to "save more" rather than "burdening" the state demonstrate the entrenchment of neoliberal reasoning. While economic advantages and educated relatives can buffer diminishing social services, as in the experiences of Christina's family, most people are not as privileged.

Returning to Christina's life story, as she explained in the interview, Christina thinks of caring for her grandparents as a "privilege." They are sufficiently mobile and do not require constant attention, but with chronic heart conditions, Christina visits them every day, depending on her work schedule. She is the only immediate family member with this sort of medical training. Christina's routine revolves around work and her family, with little leisure time for herself or for friendships and intimate relationships. And while Christina does not live with her grandparents, she does reside with aging parents who, while ordinarily self-sufficient, also require occasional care.

Christina's experiences provide an entrée for us to discuss the persistent invisibility of labors. Some of these are labors under the 'care industry' that keep economies functioning across both the 'Global North' and the 'Global South' and are typically done by women across cultures and geographies. For example, migrant care employees who work in wealthy and middle-class families often leave their families in the care of relatives at home (see Baldassar and Merla 2014; Bhattacharya 2017; Frederici 2012).

As Christina explains, she feels obligated to fulfil these responsibilities. Christina acknowledges that her gender shapes these expectations to a large degree, in addition to her medical training. Ethnicity also plays a role as Christina is from a Hindu, Indian-Trinidadian family. She explains:

> I have more of a caretaker role for them [the grandparents] …If they were going to a doctor's appointment, I would take care of them. My brother has a better relationship with my grandfather, so he would be the one to help him. One of my brother's roles is

> to look after my grandfather in whatever he wants to do, whether it is drive him around or help him with paperwork…
>
> Being a son in an Indian family…has a lot more merit than being a daughter, especially for the older generations…I think it kind of goes back to generally what we would do in gender roles. I would be the one to make dinner for them. And rub their feet, sit there, and talk nonsense...or watch t.v. My grandma watches soap operas. My brother would be the one to sit with my grandfather, watch cricket and talk about sports.

While the roles of Christina's relatives depend on their skills and personalities, her family's expectations are conditioned by norms. As a woman, Christina is already expected to do more of the care work. With her medical training, Christina's caretaking has an added component of accompanying her grandparents to their appointments to decipher the prescribed conditions and treatments. Although Christina is now pleased about returning to Trinidad, she explained feeling "constantly tired." These kinship norms with gendered and ethnic care patterns help explain the impetus for professional women to return to Trinidad to do the in-person care work for the aged. While care work, historically performed by women, continues to be framed as a duty or, in Christina's words, a "sacrifice" for the "privilege" of caring rather than as work, it demonstrates the necessity of this socially reproductive labor and how it is intertwined with kinship norms. Within this context, the work is not accounted for, reminding us how work for society becomes framed as love for the family, highlighting the contradictions between values and value.

The family continues to be a significant social institution. But if, in her 20s, Christina is already chronically tired, what does the future hold? What are the implications for her own prospects of career advancement, reproductive labor, and general well-being while undertaking this sort of care work? Additionally, given the projected demographic changes and state contraction of services, if privileged young people like Christina are strained, vulnerable groups will be more acutely exposed, given multiple inequalities.

Notes

[1]Additionally, approximately 8.4% of the population holds "tertiary university-level education," a very small percentage (National Census of Trinidad and Tobago 2011:18).

[2] Internationally, "the global population of older persons is expected to rise from 901 million in 2015 or 12% of the global population, to 2.1 billion by 2050," when "for the first time there will be more older persons in the world than children under the age of 15" (UNDESA 2015).

[3] There are complexities to the man as worker in the 'public' sphere and woman as caregiver in the 'private' sphere that was transgressed and complicated within the plantation societies of the

Americas, inclusive of Trinidad and Tobago, as enslaved and indentured women did productive as well as reproductive work. See Barriteau 2002; Hodge 2002 for additional discussion.

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