



WHO CARES WHOM? GENDERED CARE CIRCUITS AND TRANSNATIONAL MIGRATION OF UKRAINIANS IN TURKEY

KİM KİME BAKIYOR? TÜRKİYE'DEKİ UKRAYNALILARIN TOPLUMSAL CİNSİYETLİ BAKIM DÖNGÜLERİ VE ULUSAŞIRI GÖÇLERİ

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Abstract

In this article, the relationship between gender, care and mobility is discussed on the case of Ukrainian migrants in Turkey. The main question of the article is how the gendered construction of care influences the direction of the elderly's transnational mobility. In-depth interviews were carried out with 20 Ukrainian women from 3 different generations who live in Antalya, İstanbul and Ankara for the answer to this question; narratives of their life stories were listened to and participant observations were made. It was found out as a result of the study that elderly Ukrainian women come to Turkey to be looked after by their daughters married to Turks. In return for this care, they look after their grandchildren. In this way, a care circuit constructed between the mother-daughter-grandchildren where the role of the state and men diminishes has emerged. This care circuit has created a transnational mobility where the elderly women go towards places where their daughters live and, in time, the migration routes of young and elderly women start to merge.

Öz

Bu çalışmada toplumsal cinsiyet, bakım ve hareketlilik ilişkisi, Türkiye'deki Ukraynalı göçmenler örneği üzerinden tartışılmaktadır. Çalışmanın ana sorusu, bakımın toplumsal cinsiyetli inşasının, yaşlıların ulusaşırı hareketliliğinin yönünü nasıl etkilediğidir. Bu sorunun cevabı için Antalya, İstanbul ve Ankara'da yaşayan 3 farklı nesilden toplam 18 Ukraynalı kadınla derinlemesine görüşmeler yapıldı; onların hayat hikâyeleri dinlendi ve katılımlı gözlemler gerçekleştirildi. Çalışma sonunda anlaşıldı ki yaşlı Ukraynalı kadınlar, Türklerle evli olan kızları tarafından bakılmak için Türkiye'ye geliyorlar. Türkiye'ye gelen Ukraynalı kadınlar, bu bakım karşılığında torunlarına bakıyorlar. Böylece devletin ve erkeklerin rolünün azaldığı ve anne-kız evlat-torun arasında kurulan bir bakım döngüsü ortaya çıkıyor. Bu bakım döngüsü, yaşlı kadınların, kız evlatlarının bulunduğu coğrafyalara yöneldiği bir ulusaşırı hareketlilik paterni yaratmakta ve zamanla, genç kadınların göçüyle yaşlı kadınların göçünün rotaları birleşmeye başlamaktadır.

Introduction

In order to have an interview with Alina and her mother, I went to their house in Konyaaltı, where Ukrainian migrant population is dense. Aline was going to the souvenir shop she runs with her Turkish husband. Before leaving, she asked her mother to help her grandchild do her homework Yuliya, a former teacher, nodded her head in approval of the request with pleasure. Alina, who went to the kitchen, came back to the living room with a pillbox. She put the pills her mother needs to take at certain hours on the table. She asked her daughter, Melis, who stayed at home, to check whether her grandmother took the pills. Upon uttering this, she said to me: "As you see, everybody cares for each other." Much as she said that everybody cared

for each other, what I saw was a care circuit built among women. This circuit is even a product of social norms so strong as to bring 3 generations together in a house in a country far away from their homeland. In this circuit, Alina is the representative of 'sandwich generation' (Ward and Spitze), a term used for the person held responsible for the care of both the elderly and the young. Well then, how is this transnational care circuit sustained? What kind of a mobility pattern does the gendered construction of care cause to be created?

Such developments as rapid ageing of world population, an increase in female participation in labour force, shrinking families, transnational migration, urbanization and reduction of the state's role in care services through neoliberal policies have caused global care relationships to change. With the change in global care relationships, especially care demand in developed countries has caused migration of women from less developed regions to developed ones and a new migration pattern dominated by women has emerged (Kofman et. al; Lutz and Palenga-Möllnbeck). Rhacel Salazar Parreñas argues that this emerging structure is 'international redistribution of reproductive work' referring to its market dimension. However, Arlie Hochschild conceptualizes this situation as 'global care chains' as the care of the family members of the migrant women is carried out by other female members of the family. In cases where there is no such member, another woman is demanded to provide this care.

In 'global care chains', there are both paid and unpaid care providers since even if care has become marketable at a certain level, the majority of the world population lacks the resources to pay for care service. Besides, even the ones who own these resources cannot reach care service whenever they want and at the level they desire. This situation calls for a questioning of the role of the state and its policies about care. However, it is the socio-cultural aspect of it that affects the course of care debate most. In this context, there is an expectation in many regions of the world that people in need of caring should be taken care of by their own family members. This not only decreases care cost but also reinforces the belief that a quality care is provided due to affinity bond. Again, with the same reasons, female members of families are held responsible for the care of especially children and the elderly as it is unpaid and labour intensive (Spitze and Logan). Nevertheless, increasing transnational migration lead to the emergence of new practices in the care of family members.

In the studies carried out, it was found out that adult members of families continue looking after their own parents even if they migrate (Baldassar, “Transnational Families and Aged...”; Baldock; Treas; Treas and Mazumdar; Wilding; Zechner). Especially migrant women provide continuous care for the remaining family members and they sustain their bond through this (Bauer and Österle). As a matter of fact, transnational life itself is constructed via continuing intensive transnational social relationships with the members of family or communities (Heikkinen and Lumme-Sandt). Protection of transnational networks through this way affects the increase in health-related quality of life in a positive way (Buchcik et. al.). On the other hand, it is not only the remaining ones or the elderly who demand care. Also, migrants need someone to provide care for their own children and the first people to ask for help are family members. In fact, in the studies conducted, it was revealed that sometimes migrants’ children stay in the country of origin to be looked after by their grandparents (Hondagenou-Sotelo and Avila; Schmalzbauer; Warnes et. al.) and that sometimes, however, grandparents migrate to look after them (Zhou).

As can be seen, although development of technology and the increase in access to this technology enable families to sustain their bond and provide care without staying together (Baldassar, “Transnational Families and the Provision...”), geographical proximity is still preferred due to its nature which strengthens interaction and allows instant intervention. As a result, demand for care might cause family members to participate in migration. Nonetheless, Baldock’s study on Dutch migrants in Australia indicates that care in the family is reciprocal. Therefore, care relationships of family members are not one sided although the kind of care changes. According to Baldassar, the exchange of care is formed based on ‘a dialectic of capacity (ability), obligations (cultural expectation), and negotiated commitments (family relations and migration histories), which change over the family and individual life course’. These dynamics both form the structure of care and lead to the emergence of new mobility patterns related to it. Nevertheless, there are families, some of whose members are migrants and it is not known what kind of a mobility pattern the need of care of elderly parents living away from their families brings out in time. Therefore, in this study, spatiality of gendered care circuit and the movement of the elderly towards the countries where young family members live to be looked after by them are discussed on the basis of Ukrainian migrants in Turkey.

This study is unique in a multitude of ways. The first one is that it reveals a new dimension of transnational migration as the study, different from the previous ones, displays the relationship between the elderly migration and marriage migration. While doing this, the power of influence of gender on the direction of the migration is emphasized. Secondly, much as the ageing issue affects the whole world, the studies on the topic are generally about developed countries. However, the focus is on a developing country in this study. As a matter of fact, the study is between two countries similar to each other in the care of the elderly as it is shown in Global Age Watch Index, published by Help Age International Organization. According to this, policies related to the elderly (retirement, health, education, employment and social environment the elderly live in) are analyzed and welfare levels of them are determined. According to the 2015 results of the index, Ukraine ranks 73rd and Turkey, 75th (Karakuş). Thirdly, although it is known that migration to Turkey has become diversified over the years, there is not adequate research on sub-categories of migration types. Thanks to this study, the mechanism of this will be understood clearly. Finally, the elderly migration is not mentioned in studies on migration from Ukraine to other countries, which demonstrates that quality of the migration to Turkey has varied and it is the first step of a new migration flow.

This study consists of three parts. In the *first* part, lives of elderly migrants before migration and their relationships with their families were explained. In the *second* one, the emergence of care demand and the period in which this demand causes the decision of migration were put forward. In the *third* part, the development of care relationship after the migration and its effect on transnational mobility were explained.

Health-Care System, Ageing and the Elderly-Care in Ukraine

After the collapse of the Union of Soviet Socialist republic (SSSR), health-care system in Ukraine underwent a transformation (Lekhan, Rudi and Nolte). Under the influence of socialist policies implemented during the Soviet Union period, infrastructure necessary for health care was formed and support for equipment and personal was provided all over the country. However, due to financial difficulties after the collapse of the Union, some problems related to both social and health-care systems were experienced. First of all, the renewal process of old hospitals and equipment is quite slow. Besides, social service and health-care staff is at an insufficient level in some regions. Regular provision of services all over the country is hampered and people move to more developed cities to have access to quality health-

care. In order to eliminate these problems, family medicine system was presented as an alternative preventive medicine model and in 1996 compulsory medical insurance scheme was initiated (Akarcalı 127).

In Ukraine, most of the social services and health-care service costs are financed by public resources. Nevertheless, due to inadequate financing, people need to pay additional costs. As a matter of fact, public health spending of Ukraine from the budget has declined. Instead, they try to transfer public health-care duty to private sector. However, this makes it difficult for poor citizens to have access to these services. Due to this, Ukrainian health-care system is an example of inadequate inclusive health care system (Akarcalı 80).

Various reforms are being planned to remove the problems in health-care system, which shows that the state, too, is aware of these issues. One of the areas needing reforms is about the social protection of the elderly as Ukrainian population is aging rapidly. Whereas in 1939, the elderly -above 60- share of the population was only 6.2%, in 2000, this figure went up to 20.5%. In 2025, this proportion is estimated to reach 25%. According to 2000 figures, the number of people who live alone, don't work and need home care services was 266.000. Some of them are taken care of by their neighbors (55.000 people) and some, by volunteers (Akarcalı 128). As public elderly-care system is not satisfactory, a majority of NGOs are involved in the provision of home care for the elderly. They generally make home care available and provide additional financing (Akarcalı 127-128).

As can be seen, general problems in Ukrainian health-care system lead to problems in care of the elderly as well. No matter how much the state develop various programs for the elderly, it is not considered adequate. This inadequacy is kept under control to a certain extent by voluntary carers. Nonetheless, a regular and inclusive elderly-care system is non-existent. This causes the elderly to seek solutions for the problem based on their economic and social capital, which is the reflection of migration, topic of this article.

Research Process

The data were collected through individual, face-to-face and online, semi-structured interviews with 20 Ukrainian migrants who live in Antalya, İstanbul and Ankara. The interviews were conducted between September, 1st, 2019 and November, 15th, 2019. Participants were reached through multiple social networks (e.g. Ukrainian websites and associations) and personal references. Data obtained from

the interviews were analyzed using MAXQDA qualitative data analysis program. Before data analysis, all interview notes were deciphered. After a thematic analysis was performed, a content analysis was done.

9 of the participants were young women married to Turks. In other words, they were marriage migrants. The ages vary between 22 and 50. 5 of these women have been living in Turkey longer than 15 years and 4 of them shorter than 10 years. All of them are university graduates and have a job. They met their spouses when they moved for such purposes as vacation, education and work. 5 of them met their spouses in Turkey, 3 in Ukraine, and 1 in Poland. All of them have at least 1 child. Their children's ages vary between 1 and 24. However, most of the children are under 10 years old. Among the last cities these women lived before coming to Turkey, Kiev, Lviv and Odesa are at the top of the list.

2 of the participants are daughters of Ukrainian women married to Turkish men. One is 17 years old and was born in Turkey. The other one is 13 and Ukrainian born. After living there until the age of 2, she came to Turkey. Both of them said that they go to Ukraine once a year.

The other 9 participants are the mothers of Ukrainian marriage migrants and they migrated to this country to live with their daughters. Their ages are between 55 and 85. 3 of them are legally divorced from their spouses, 4 of them live separately and the spouses of 2 women stayed in Ukraine being engaged in agriculture¹. All of these women are university graduates; however, only two of them can speak basic Turkish. 3 of these elderly women have a house of their own, 3 of them are tenants and 3 women live with their daughters in the same house. The houses of the ones having their own and living in a rented one are in the same neighborhood as their daughters' and 3 of them are even in the same building complexes. All of these women went to different cities in Ukraine to work in the past. 6 of them went abroad to work after internal migration and worked in countries like Italy and Poland. Therefore, the last cities the 6 of them lived in before coming to Turkey are out of Ukraine. The other 3 women, however, came from Kharkiv, Donetsk and Kiev. 6 of them have long-term residence permit whereas 3 of them extend their residence by exiting and re-entering.

¹ In this study, all of the elderly migrants are either divorced or are living apart from their husbands. Based on this, it could be argued that women migration gets easier in broken families. On the other hand, it is not known how transnational care practice for elderly couples is. Nevertheless, in Ukraine, on average, women live 10 years longer than men (77 years of age). Therefore, even if families are together, men die 10 years before women and elderly women live alone for a long time anyway. This situation might cause them to dominate this migration.

Although 3 of them have a chronic disease, they are healthy enough to perform their daily needs. 6 of them have general health insurance while 3 have private health insurance. Within the scope of this insurance, they can visit contracted hospitals when there is a need. All of the participants are of the opinion that health-care service is good in Turkey. News about Ukrainians treated in Turkey has a role in this.²

Gendered Care Circuits and Transnational Migration of Ukrainians in Turkey

Life Before Migration: ‘My mothering was long-distance’

In this study, in order to analyze the relationship between intergenerational care and related mobility, past interfamily care relationships of the ones who participate in mobility now were taken as a starting point. In the scope of the study, it was seen that Ukrainians who migrated to Turkey went to both different cities in Ukraine and other European countries to work when they were young. In fact, it is not a new phenomenon for Ukrainians in general and Ukrainian women in particular to migrate to other places to work or to live as they have been migrating to different geographies of the world both in masses and individually for a long time (Fedyuk and Kindler; Leifsen and Tymezuk; Nedashkivska). Nevertheless, geographical proximity to their countries and cities has caused them to differ from other migrants who went farther away from their homelands and they have sustained bonds by going to places where their families live (Leifsen and Tymezuk). Yekaterina (65) explained this situation as follows: *“There are certainly migrants in every Ukrainian’s extended family. Every migrant has a remaining family. The ones who migrate on their own are generally women. I was one of them. I could not break away from Ukraine... Well... I mean... I was drinking Italian wine with Ukrainian meals. It was as if I was living in Ukraine because my family was there.”*

As can be seen, their migration is an example of transnational migration where the bond with the homeland does not break off but different relationships are developed with the destination. In the development of the relationship with the origin, a family member who has care demand has a role and it is known that elderly members of families generally remain in the origin (Coles). Ulyana (67), one of the participants, sustained a close relationship with her country for the same reasons: *“My mum was old. Although he lived in Ukraine, my brother still expected me to look after my mum... I had to look after another elderly woman in Italy to make money. I*

²Related news: <https://www.hurriyet.com.tr/ukraynada-yasamaz-dediler-turkiyede-hayata-40300578> last access: 27.04.2020

sent money to my brother to take care of my mum. I used to go to Ukraine on holidays. Eventually... I found a woman to take care of my mum well. She cooked for my mum and did the cleaning. I paid her weekly for her service.”

Like Ulyana, the majority of the women who looked after the remaining elderly in the family could not take their children with them when they went to other cities or countries to work because they worked in low-paying care services in the places they went to (Vianello, Finotelli and Brey) and it was not possible for them to carry their children into their working area. That’s why, they left their children in Ukraine. They expected other female family members (mother, sister or grandma) to look after their children first. Yana (70) is one of the women who left her children in Ukraine and went to work in Spain. After separating from her spouse, Yana realized that the money she earned on her own was not enough for the needs of her child. She went to Spain by a friend’s advice and through a friend. While going there, she left her child to her mom, the person she trusted the most in her life: *“We needed money. I had to work hard to provide a good life for my daughter. It was not possible for me to look after her. I left because of this. My mum had a good education in Russia. She was an engineer. She looked after my child very well. My child called her ‘mum’ before me. That was very difficult... Even so, I tried to be close to them, always wanted to reach them.”*

As can be understood from Yana’s words, Ukrainian women preferred countries they could reach in case of emergencies since distance has a great influence on discussions related to affinity and help relationships as can be seen in care-related studies (Baldassar, Baldock and Wilding; Zechner). It is known that the effort to cover this distance has become very successful thanks to cheap travel, information technologies, and developing infrastructure (Baldassar, “Transnational Families and the Provision...”; Treas; Treas and Mazumdar). Thanks to these facilitators, Ukrainian women, too, were able to hear more from the rest, intervene in daily life there more, and, through this, tried to develop their relationships.

Despite this, all of the participants emphasized that they thought they were not good mothers because they could not sustain a close relationship with their children. Anna (65), one of these women, explained the effect of being away from the family on relationships with the following words: *“My mothering was long-distance. I first went to Lviv, and then Finland. Whenever I went home, I tried to help my child to get used to me with presents. There were times when I did not want to go home as I felt sorry due to my child’s staying away from me. However, my mum encouraged me to get over*

this... I used to go to Ukraine on holiday and every time I tried to find a way to make them happy in a short time.”

Some participants who did not want to experience the situations Anna did called their family members to the countries they lived in. Yulia (75), one of these people, got pregnant from her spouse while working in Poland and gave birth to her child. She called her mother over because she wanted the child to be close to her in the first years. When the child was 10 years old, she made a decision that her mother and the child could go back to Ukraine because she found a better job in Norway. In this respect, the experience of women like Yuliya bears a resemblance to transnational care practices of Chinese migrants in Australia since they either invite the grandparents to Australia to look after their children or send their children to China as they lack the resources for their children’s care (Da).

As can be seen, Ukrainian women migrating to Turkey have experiences of living in other countries in previous years, which affected the relationship they built with other family members. Care practice provided by women in the family and sometimes by other women in return for money emerged as a result of the inefficiency of migrant state in transforming gender roles. The reason for this is that though participants did not normalize the formation of care relationships in the family being centered on women, they did not question the situation adequately. This situation was also related to the gender policies in the USSR as while the state encouraged women participation in labour-force in that period, it did not conduct an intensive gender equality programme to eliminate the responsibilities related to care they were saddled with. The policies after the collapse of the union did not do more than deepening this inequality. Aleksandra’s (61) words seem to support this: *“We used to work in factories in the past. When we finished our job, we came home and became housewives. Now women do office work, and then, come home and become housewives again. Wherever we went, there were people we needed to take care of. Neither men at home nor the state cared. We learnt how to take care of ourselves.”*

Deciding on Migration: ‘Only my daughter looks after me’

Migration of Ukrainian women have caused them to continue the responsibilities related to care they are saddled with in different ways. When they themselves need care, the first place to go towards is their homeland. It is already known that the ones who go to other countries to work from Ukraine have the desire to go back to their country to lead the rest of their lives (Marchetti and Venturini). Lyubov (43) explained this with the following words: *“My mum had a nostalgia for the*

country and family. She was so afraid to die in another country. She wanted to lead a life in a place where she spoke the same language. Therefore, after years of working abroad, she went back to Ukraine.”

However, the ones returning to Ukraine could not live in comfort they desired. The majority of these women worked without insurance and preferred to send the money they earned home. Therefore, they do not have the right to receive a pension. Although these money transfers increased their family welfare, they caused these women to be in a more vulnerable state when they got old. Darya (63) explained this situation as follows: *“One assumes that she will not age. I could not find time to take care of myself because I was so busy doing so for my family. You know... At the age of 50, I understood that I made a mistake but then, there was nothing to do.”*

Although there are women like Darya who are deprived of social security provided by pension, some others paid money to retire in Ukraine while working in another country. Despite this, their retirement pension was not adequate for them to lead a life of their own. In a way, the issues related to retirement and the elderly care system have caused Ukraine to get included in the expression *‘there is no place for the elderly in Eastern Europe’* (Lulle and King).

Some participants pointed out that the ones who worked and got retired in Europe have deepened the elderly care crisis. According to them, earnings of the ones who got retired out of Ukraine were high, so they could buy a house easily and returned to their country and started living here as Ukraine turned into an area which should be protected by the elderly especially after Russian invasion of Crimea. Women who returned to their country in this period with a romantic motivation caused price movements in real estate markets, which increased the prices rapidly. This was followed by an increase in other consumption products as a result of financial issues in the country. This situation weakened Ukrainian elderly women’s sense of spatial belonging -which is accepted as a factor affecting healthy ageing favorably (Peace, Holland and Kellaher). Lana (39) explained this situation as follows: *“My mum could live in Ukraine if the conditions we lived under as a child sustained... However, now it is very difficult. My mum has spent all her life working because the state did not provide care for us. She is experiencing disappointment. She says ‘How cannot my country take care of me? I worked for it, it means it is not my country.’”*

Some of them, having foreseen the crisis, travelled periodically between the country they lived in and Ukraine for a while. There are examples, despite diverse difficulties they pose, that show that such kind of circular mobilities are strategically

important for elderly migrants (Tezcan). Their desire to age in their country underlies this motivation. However, they're not being able to find the care they were looking for in their own country due to financial and psychosocial reasons caused them to face spatial mobility like other migrants (Lulle and King). The reason for this is that some of the children of these Ukrainian women migrate from the country. In this respect, general family structure is transnational pattern of family who are physically dispersed and spend time separately in different countries (Herrera). In a way, the migration starting with the departure of the mother proceeded with the departure of the children and migration has become ordinary. Alina (36) explained this through her experience as follows: *"I came to Turkey 5 years ago. My sibling went to Canada to join our relatives there and work... When my mum returned from Germany, we were no longer in Ukraine."*

Care search in the family due to structural factors leading to lack of institutional care services has led to an obligation to find a way to overcome spatial distance with family members as when looked at from intergenerational family perspective, it can be observed that geographical distance and proximity have affected interaction and the extent of intergenerational help and support (Fors and Lennartsson; Hjälml 296; Lawton, Silverstein and Bengtson). This proximity is considered crucial to support family function (Hillcoat-Nallétamby and Dharmalingam). So, mobility need emerging under above-mentioned reasons has brought about a discussion on who will move and where. Initially, as far as the issue of who will move is concerned, children's living in other countries, their getting married and having people whose care responsibility they undertake limit their mobility. Therefore, elderly person is expected to go to her children's home. This situation is formed sometimes by the preferences of other family members (Zhou) and at other times those of the elderly themselves (Heikkinen and Lumme-Sandt). In this respect, old age has become a time of change and the elderly's physical environments and the integrity of their daily lives have been changing considerably (Heikkinen and Lumme-Sandt). Tatyana (33) explained what the decision on who will move affects as follows: *"I have a family now. I need to take care of them they need me. What I mean is I can't change my life. I mean because of this... I can look after my mum here. That's why she has come here."*

Then comes the question of who the elderly person will go to; in other words, where she will migrate to. In fact, in a care practice where physical proximity is required, the child convenient in terms of demography and geography is considered suitable for the care (Aldous and Klein; Lin and Rogerson). However, most of the time

gender has exceeded this convenience since some Ukrainian women have come to Turkey over their daughters even if they have a son living in Ukraine and having the means to look after their mothers.

In a way, when it is possible for them to look after the mothers technically, they did not make the offer or refused from the very first. As a result, elderly women thought that their daughters can take care of them under every condition. As one participant put it *“Only my daughter looks after me.”* Nevertheless, these women have taken care of their children regardless of gender. In return for this, their children’s not showing a similar effort to do the same for them is related to the asymmetrical structuring of the issue of exchange of care within the family (Baldassar and Merla; Finch and Mason). Besides, it can be seen that central bond between a parent and a child (Mancini and Blieszner) is not equally significant for each child when it comes to provision of care.

Another situation that affects the women’s coming over their daughter in Turkey is that the care of elderly parents is a widespread practice in Turkey. As a matter of fact, the prevalence of this situation has caused Turkish men married to Ukrainian women to invite their mothers-in-law in Ukraine to Turkey. In Elena’s (50) expression: *“My husband invited my mum. He said ‘What kind of a daughter are you? How can a person leave her elderly mother? Why is your mum staying there alone?’ Then, he said ‘She will come here. We will look after her.’”*

The existence of the opinion that young people in Turkey should look after their elderly parents in the culture has a role in mothers-in-law coming from Ukraine. In such a situation, Ukrainian women are expected to care for the mothers of their Turkish spouses. If the spouses support Ukrainian women morally and financially while they care for their own mothers, these women express that they might look after their mothers-in-law in return. Therefore, the view related to the provision of elderly care at home as an extension of gender regime in Turkey has enabled the arrival of Ukrainian women to be approved rapidly at least by Turkish son-in-law, which has increased the courage of women to get involved in mobility. At the same time, these women’s being able to look after their grandchildren in Turkey when necessary has boosted the benefit of mobility for everyone.

Finally, it is necessary to emphasize that the spatial mobility of Ukrainian women is quite significant since if their daughters were in another country, the direction of the mobility would change. Nevertheless, it is for certain that only children’s being in a place does not enable the elderly to go to this place easily as the

way a migrant is admitted to a country and the facilities it provides are determinant, too. It could be dealt with in two aspects. The *first* one is the legal aspect of the mobility. Turkey is a country which does not require a visa for short term mobility, and it grants residence permit for long-term settlement to foreigners who meet the criteria like possession of property and provision of financial guarantee. This situation makes it easy for a Ukrainian woman who have daughters in the US and Turkey to turn to Turkey rather than the US having a strict visa policy. *Another factor* is the location of Turkey and its convenience for the elderly to live. Turkey is close to Ukraine geographically and there are direct and frequent flights to different cities in two countries, which makes it easier to go to the country when necessary. In addition, the convenience of climate and plant variety, familiarity towards foreign population, and even the existence of diasporas to help remove issues related to the loneliness of the migrant are factors to increase the elderly migrants' mobility motivation. On this, Vita (26) said the following: *"Turkey is like a dream country. There is the sun, the air is clean... There are different vegetables and fruit... There is no country more beautiful and closer to Ukraine. Norway, Germany and Russia... Everybody wants to get old here. Take a walk on the beach in the morning in our neighborhood. You always see foreigners."*

Life After Migration: 'I pay my mothering debt by looking after my grandchild'

Upon the arrival of Ukrainian women in Turkey, a problem related to their accommodation emerged. Some of them sold their properties in Ukraine. To the money they obtained, they added other savings and the money they took from their children and bought a house for themselves. Some others started to share the same house with their children. The ones whose children did not have a extra room for them or who did not prefer to live in the same house rented a house with the support of their children and sons-in-law and started living there. The houses of the ones who do not live in the same house with their children are all in walking distance to their children's houses. Therefore, their daily lives frequently intersect.

There are different reasons for these women's houses being close to their children's or their staying with them. The *first* one is the need of care of these women themselves. As a matter of fact, all participants said that they were quite healthy. Even so, being close makes it easy to meet some daily needs and to deal with emergency health problems. Alina (36) explained this as follows: *"Meal is already prepared here. There is no need to cook again. My mum comes and eats here. As for*

cleaning... I go and do it... After all, I walk out this door and enter through that door... As if we were in the same house... If she does these things on her own, she might fall over and break a bone. This happens a lot among old people, they are not like us."

The *second* and significant reason is that Ukrainian brides need someone reliable to look after their child while they go outside. As a result, the elderly women invited to be looked after, in fact, are viewed as babysitters. They have come knowing this because as Ukrainian grandparents, they have migration in their past, so they couldn't spend enough time with their children during their upbringing. That's why; they try to make up for this by looking after their grandchildren. As one participant put it: *'I pay my mothering debt by looking after my grandchild.'*

It is quite common for grandparents to get closer with their grandchildren in terms of care relationship. Especially in migrant families, sometimes to support children's ethical development and sometimes to receive a better care, children are encouraged to spend time with their grandparents. Orellana et. al. put forward that Yemenite young people in the US are sent to Yemen for such reasons; Inglis and Manderson pointed out that Turkish families in Australia send their children to Turkey to cope with child care; Suarez-Orozco and Suarez-Orozco explained that similar mobility is also observed in Caribbean and South American migrant communities in the US; Da argued that this practice is widespread among transnational Chinese families; Smith put forward that Mexican families in New York send their children to Mexico. As can be seen, bringing grandchildren and grandparents together for a better care is a quite common situation among migrants world-wide.

Whose conditions are more convenient for mobility is the determinant in this situation. These conditions cause either the grandchild or the grandparents to migrate. What is convenient for Ukrainian women is to migrate to Turkey. Not only limited opportunities Ukraine offers to children but also Turkish fathers' not approving such a migration due to children born out of mixed marriages is determinant in this migration. Irina (30) explains this as follows: *"There is despair in Ukraine after the war. Children do not know what to do. They are like a chicken with its head cut off... Conditions in Turkey are better. After all, my husband would never consent to this. If I were married to a Ukrainian, it might be different, but as my husband is a Turk, he attaches great importance to family togetherness. He says: 'If I do this, they will say that a man who cannot take care of his child is not a good man.'"*

In this relationship, both the provision of care to the elderly by children and the other way around are influential, which makes *'the importance of co-presence'* definition by Baldassar appropriate for the situation. Besides, that grandparent-grandchild relationship is affected favorably when they spend time together is related to this as well (Sigad and Eisikovits). Because of this reason, too, covering the distance between these two groups is attached importance to since it is inevitable that distance affects this relationship. For example, as a result of a study conducted in Mexico, it was found out that grandparents away geographically from their grandchildren run the risk of drifting away overtime and a decrease in relationship due to a decrease in common interest (Banks). In addition, in Britain, the changing role of grandmothers in transnational African-Caribbean migrant families is put forward. Traditionally, these grandmothers used to live close to their grandchildren and play great role in upbringing including financial support and socialization. However, when there is distance with their grandchildren, their role in the children's lives has diminished and they have lost their central position they once had (Plaza). The migrants who want to maintain this position, however, receive help from technology. For instance, it has been put forward that grandparents' developing new kinds of relationships through new means of communication is quite wide-spread among Americans in Israel (Sigad and Eisikovits). Ukrainian women, too, tried to build close relationship with the use of technology for a while but their relationship became stronger after they migrated. Mariya (58) explained this as follows: *"We used to talk on the phone every day. I knew what she did every day but being side by side is very different. I see her hair growing and her gaining weight with my own eyes... Spending time together has made us feel connected."*

This connection Mariya mentioned has affected the relationship of grandchildren with Ukraine since these women give information about Ukraine, teach the language and take them to Ukraine on holidays as they want these children born out of mixed marriages to have Ukrainian identity as well. This situation causes grandchildren to include a variety of transnational practices in their daily lives. It also leads to the creation of a transnational mobility pattern peculiar to new generation and the formation of a relationship in a new manner. Valentina (32) and Alina (36) expressed this as follows:

My child and my mum are like friends. They plan together, go on a holiday... My mum helps my child gain an identity. I could not do it on my own in Turkey. My husband is a nationalistic man.

Nevertheless, he thinks that a grandmother has the right to teach something to her grandchild.

In Turkey, Turkish and Islam are taught everywhere. I tell my mother-in-law that my child will choose his own religion, but she thought Koran to my child. He would not eat my meals at home. He is a mixed-race child. I wanted to teach him my culture as well but I could not. I cannot educate him at home because I work. Therefore, my mom teaches our culture to my child. They read books in Ukrainian and watch films together.

This is not the only mobility that develops through the influence of Ukrainian elderly women. Since they came to Turkey, other family members have started to come to Turkey for both holiday and family visits. In one participant's expression: *'First, one person comes, then the whole family.'* Besides, other Ukrainian brides have started to invite their mothers to Turkey when they saw Ukrainian elderly women on the streets. This situation demonstrates that there will be a constant increase and variety in this migration.

Conclusion

In this study, spatiality of gendered care circuit and the mobility of the elderly towards the countries where young family members live to be looked after by them were discussed on the basis of Ukrainian migrants in Turkey. The results of the study reveal that migration and care lead to a two-staged pattern. As demonstrated in the model below (Figure-1) first stage is Ukrainian women's going to European countries and other cities in Ukraine to work. Ukrainian women's circular movements between Ukrainian cities and other European countries have been going on for years. When these women eventually return to their own cities, they need to be looked after by someone. However, they cannot reach the care they look for. In the second stage, Ukrainian women needing care in Ukraine come to Turkey to their daughters. These women are cared for by their daughters, and in return, they look after their grandchildren³.

³ Status obtained in marriage, increasing resources and the attitude of the spouses of the migrants towards elderly-care differentiate these migrants from many others. Therefore, it could be argued that this situation is not valid for all marriage migrants based on the studies revealing precarity and vulnerability of especially the marriage migrants in Asia (Daisy; Piper and Lee).

An important point of the study is that families start experiencing migration and transnational care in early periods. This discussion involves reciprocity where some kinds of care are sometimes more acceptable (Hjalm). Finch and Mason point out that support types in care relationships within families are economic support, accommodation, practical support (including child-care) and personal care. Care practices of Ukrainian women cover all of them and the one who provides care is the one in need of care. Therefore, since expectation of care from male members of the family and the state is not met, in a family, a care circuit including women has developed. In a way, the care defined by Lewis and Giullari (86) as ‘embedded in personal relationships of love and obligation and in the process of identity formation’ has created a transnational and transgenerational circuit.

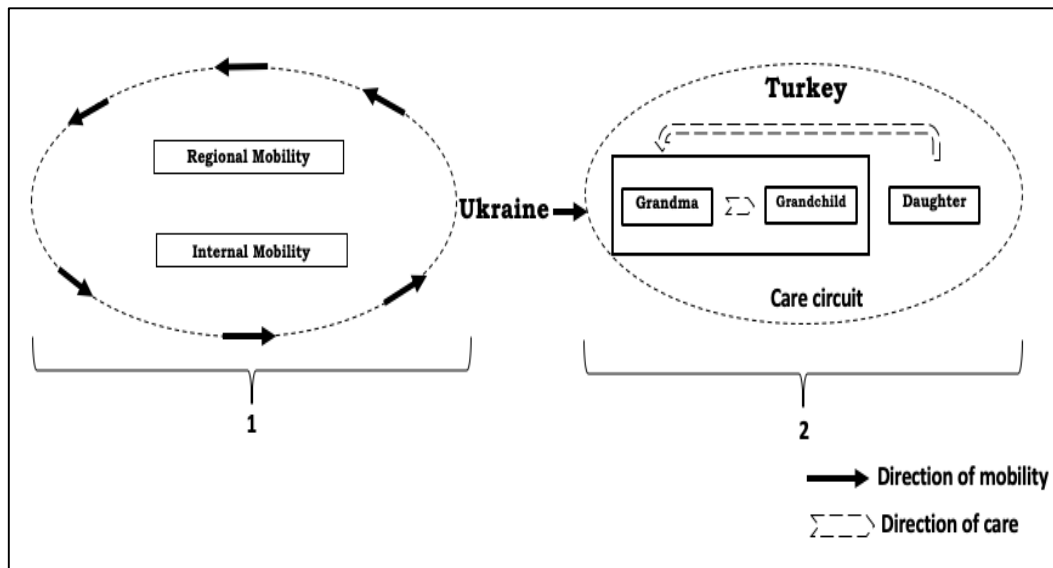


Figure 1. Mobility and Care Patterns of Ukrainians

In this circuit, Turkey has started to host a different group from West European migrants (Balkır and Kırkulak; Kaiser; Südaş and Mutluer) who migrate for the provision of their care in another country and are defined as ‘retired migration, life-style migration or elderly migration’. The difference of Ukrainians from them is their decision to migrate due to the presence of their family members here, their not having financial resources as strong as others, and their providing care in return for their care. Therefore, it would be appropriate to call their migration as family-member dependent migration. Similarly, Turks living abroad sometimes take their elderly parents in Turkey to Europe and care for them. It is clear that care circuit and the mobility it creates will continue to change socio-spatial morphology rapidly.

In conclusion, it could be seen that the elderly-care services are becoming inadequate under the influence of neoliberal policies. The care, a part of which is paid for at the market, mostly depends on unpaid labour of female members of the family. However, considering the ageing speed of population, it is clear that this care will not be adequate. Turkey, the place where the elderly migration in question in the study is directed towards, has an ageing population, too. As a result, the need for structural changes and developed service models about care is increasing. How ageing population will be cared for, by whom this service will be provided, what the scope of the care will be, and how it will be organized spatially have only become a topic of discussion recently. Under these conditions, foreign elderly people's situation should be involved in this discussion.

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