“BEYOND FAMILY RECIPROCITY”
THE PHENOMENON OF THE BADANTI
Immigrant women as non-kin caregivers for frail elderly in Verona.

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SUMMARY
This anthropological study was carried out over a period of 3 months in the city of Verona. Applying participant observation and in-depth open-ended interviews as methodology of research, the main actors “of the badante caring for the elderly” phenomenon were approached. The immigrant caregivers (the so-called badante), elderly people and their relatives and some cultural mediators perceptions and opinions about the phenomenon were collected during spontaneous encounters and through research-informants. Selected interviews were conducted as Case Study (7 badanti, 2 elderly, 5 relatives and 4 mediators). The findings have been analysed through the lens of Critical Medical Anthropology theory, thus taking into consideration the existing local moral/tradition and state laws. During the interviews conducted and transcribed in this paper, comments on recurrent themes raised by the respondents have been provided considering the individual, social and political dimensions. However, for each theme the reader can find room for his/her comments. Ambiguities in the Italian government social welfare and immigration laws are, to some extent, the original roots of the illegality and maintenance of this type of caregiving service transactions. Further, a certain degree of cultural bigotry, still existing within Italian family relationships impedes the elaboration of a new family reciprocity according to the present socio-economic context. These factors, together with financial constraints and urgent need to provide care for their frail elderly, oblige the family to hire and hide the illegal immigrant caregiver (badante) services. In this situation the traditional roles of the family members are put in question. Not only the relatives but, the elders themselves recall their membership rights to the family using the tool of complaints. In this way the immigrant badante services are praiseworthy, but she remains “beyond family reciprocity”. In such an ambiguous context, cultural mediators are needed not only to mediate the two parties involved but also to remind the government of its duty to the frail elderly and to the integration of immigrants. In conclusion the phenomenon illegal immigrant/badante, because it in effect involves human rights abuse, should be a transitory phenomenon. Italian society should make efforts to recognise the value to the enriched notion of familial reciprocity which recognise an outsider as an appropriate caregiver for their frail elderly. In this process critical medical anthropological inputs are sought.
I. INTRODUCTION

Background

The Italian social welfare system is family-based and that value is embedded in the state laws and religion. Among the elderly people, 10% is over 75 years old and the so-called “old elderly” persons (those over 80) represent 6% of the population (Borghi 2004). A national survey reported that there are about 1.200.000 frail elderly in need of individual assistance (Laggia 2004). It seems that the assistance offered by the public system is insufficient both in provision of services and in terms of financial support. There are few elderly homes established by the government and limited resources are allocated to the elderly care system (Polverini et al. 2004).

Caring for the frail elderly is understood as a moral duty based on the tradition of familial reciprocity and this tradition and practice is passed on from one generation to another. However, increased life expectancy in Italy, the emergence of a nuclear family structure, and women’s increased engagement in productive work outside the home make the practice of familial reciprocity difficult, and create a lot of tension among family members. On the other hand, there is an exceptional “availability” of migrant women offering relatively cheap home-caregiving; the Italian family is in need of these services. Still, the illegality and informal status of immigrant caregivers make them vulnerable to exploitation. Cultural mediators have emerged and work in favour of the caregivers by defending their rights (Acli Colf 2005, Caritas 2004).

The phenomenon of the so-called badanti (Acli 2005) or immigrant caregivers¹ is complex; although illegal, the transactions with Italian families to care for their frail elderly are seen as “socially correct”. Further, this social acceptance can be seen as a starting point for integrating the immigrant caregivers into Italian culture. The elderly care receivers² also get emotionally attached to the immigrant caregivers through daily contacts (Barker & Mitteness 1990; Novelli 2005). Beginning as strangers, caregiver and care receivers negotiate the relationship on an on-going basis. Through

¹ Badante/i and immigrant caregivers are terms that in this paper are used to indicate the foreign women caring for frail elderly.
² Elderly/care receivers are terms that in this paper are used to indicate both the elder and his/her relatives benefiting from badante services.
a process of sharing selves both parties “adopt” the other as a fictive kin (Karner 1998:75).

Problem Statement

It is estimated (Borghi 2004) that one out of 10 Italians families is using migrant caregivers to accomplish the moral family reciprocity. Despite that, 75 % of these caregivers are not recognised as “publicly visible” by the client’s family. Therefore, these migrants cannot gain the protection of a legal working contract/visa. Further, the ambiguous Italian policies regarding immigration laws and public care for elderly are factors contributing to the phenomenon. The family’s informal and hidden solutions to fulfil the family reciprocity and the social approval of this new form of elderly care need to be culturally understood for the benefit of both the elderly and immigrants.

II. ARGUMENTS IN LITERATURE REVIEW

It is worth noting that there is a limited amount of literature concerning the Italian phenomenon of badanti. Most of the publications are about specific topics and are produced locally by unions or charitable associations. In general, the Italian literature does not tend to link the terms elderly, illegal migrants and family duty. Because of that, this section is divided into three parts: caring for the frail elderly, moral dilemmas of family reciprocity and (unrecognised) role of immigrant caregivers.

1. Caring for frail elderly

Over the last two decades, Italian life expectancy has increased grown by almost 6 years, now reaching 82.5 years for female and 76.8 for male (WHO 2005). These six more years of life have created a new living period unknown to previous generations and new living arrangements have to be developed (De Jong 2001). Unfortunately few elderly people are culturally trained to enjoy this new period of life. The current generation of elderly (in Italy) has been taught that “to be old is to be sick” and the consequent management of old age is expected to be medical. However a new approach is a suggested; social contact and adaptation to reduced physical functioning seem to be the key to successful ageing (Von Faber 2001). Therefore, there is a shift from diseases to functionalism (although limited) as proposed by Heikkeinen (2002). It is a cultural change also sought by Italian health authorities, by introducing the Instrumental Activities of Daily Living (IADL doc. 2003) assessment tool.
There are three levels of possible care provision for the frail elderly in Italy: National Health Service, elderly home, and family home-care.

1- National Health System
Since the introduction of IADL measurement, the rite of passage from being an independent elder to a dependent elder is regulated by medical acts. The scores of ADL and IADL are the biomedical ‘values” to define (or construct?) the new social position of the frail elderly. These measurements have to be taken by the local public health services. A status of disability is, consequently, supported by the state’s financial dispensing of “disability care allowance”. Care for an elderly person is organised on this basis. When pathology is detected, the National Health System provides a part-time health professional assistant. Only 1 % of the total population in need is reached by this public service (Polverini et al. 2004:41). Most of the time this health time/service is inadequate and the suggestion to employ a private caregiver (badanti) is made by the medical staff (Nava 2004; Priester 2003).

2 – Elderly nursing homes
Placement in an elderly nursing home (when available) is rejected by many elderly as it is still seen as an act of negligence by their families. This opinion is maintained despite evidence that comfort and love would continue (if not improve) when living in an appropriate elderly nursing home (Weber, M. & van der Geest 2001 unpublished paper). The resistance of the Italian elderly accepting the alternative of a nursing home placement can be explained, in part, by the Dutch proverb “one should not transplant old trees” (Van der Geest 2002). Hospices, in elderly Italian perception, are still seen as places for destitute persons, as in the past century. The 20th century elderly, who have experienced economic progress and independence, have difficulty adjusting their position in it, as it is seen as a “final” placement. Because of this cultural aspect elderly homes are few, mainly private, and limited to the elderly in good health (Polverini et al. 2004:41). Further, the cost of a permanent place in an in elderly home is, for the majority of families, economically unaffordable. In this

3 ADL refer to the individual’s ability to accomplish essential tasks such as toileting, dressing and bathing. The score given is from moderate to severely disabled. IADL refer to activities such as
aspect, the Italian situation differs from the trend of other European countries, where elderly nursing homes are seen as a means of independence from the young generation.

2 - Family home-care

In their ethnography on homecare Gubrium & Sankar (1990) point out that policymakers and health professionals have little knowledge about how care is delivered in the household, and how (or if) the family copes with the increased level of responsibility that a frail elderly person brings with him/her in the context. Present social conditions do not always make it possible for family members to provide adequate homecare for their parents. This problem arises, in particular, when the physical and mental autonomy of older parents drastically decrease. In such a case, enormous adaptations in the household have to be made (Albert 1990). Further, the family member designed to be the primary elder caregiver is expected to give up her/his job. Sometimes, but this is rare, married children/daughter have to move back to reside in their parents’ house.

When frail elderly people live at home, consistent help in routine activities throughout the day is needed. In presenting the different levels of elderly care, McKenzie (Mckenzie 2003) emphasises that high-tech home care is an extremely demanding and unbearable responsibility; an enormous amount of stress is put on the caregivers. Observing the situation of traditional family caregivers (the women), interesting studies about wives and daughters as caregivers have revealed that sometime the women felt overwhelmed by this experience and need help to achieve a degree of detachment from it (Abel 1990; Clark & Weber 1997). Therefore, the availability of fulltime caregivers is a critical factor for the elderly to remain at home and for relatives to fulfil family reciprocity.

2. The moral dilemma of family reciprocity

The “moral duty” of so-called familial reciprocity still influences all family members. Dominant religious thought and State law both imply this duty. However, in the present social conditions it is not always possible for the family members to adhere to

shopping, meal preparation and management of money. H:/ulto-web/IADL Assessment and Care plan, 9-22-03.doc.
this traditional reciprocity and simultaneously maintain their jobs. Failure to accomplish this moral duty causes intra-family accusation, elderly distress personal guilt as well as social gossip/comments. Nevertheless, present demographic trends and underestimated institutional needs to care for the frail elderly pose emotional, ethical and technical questions that require a clear interpretation of the reciprocity concept (Foner 1993).

Family reciprocity could be imposed as is the case in India where “to be a burden on others” is felt to be a right, and anxiety is developed among older persons who question if the younger generation will continue to carry out reciprocity (Vatuk 1990). The romantic notion of a non-western society that cares for its elderly is dissolved when the elder has lost her/his social abilities. A case study in Polynesia reports that the frail elderly are considered to be in between the world of life and death, and their family neglects them with “respect” (Barker 1990). In transitional non-industrialised countries, the reciprocity toward the elderly breaks down when economic problems rise. Provision of physical comfort and company to the elderly is a sign of reciprocity among Ghanaians. However, availability of money is necessary for this relationship to endure (Van der Geest 2002).

Thompson (2003) gives a sensitive approach to the problem of non-accomplishment of intergenerational reciprocity. Parents provide care for their children out of love and/or duty. Consequently, it does not imply that parents in their old age have the “right” to receive the same from their offspring. A different interpretation of reciprocity as “moral economy” is described in “The Gift” Kompter (1996), whereas the gift transactions in a changing economy have no longer the meaning of mutual aid but are a symbolic way to manage the emotional aspect of interrelations.

3. Vulnerability and strength of immigrant caregivers
A 2002 Italian national survey estimated that about 600-700,000 people mainly immigrants were engaged in home care (Caritas 2004; CESTIM 2004; Polverini et al. 2004). During the same period only 147,328 caregivers were enrolled in National Insurance INPS (Caritas 2004). The difference between the figures is said to account for irregular immigrants or “lavoro sommerso” (black economy) (See also Booth 1999). With respect to the population object of ethnographic study (Verona), the
migrant caregivers are about 6,300 (Sol.Co. 2004). Out of these 80% originate from Eastern European countries, most are married women in their forties. Nearly 70% have insufficient knowledge of the Italian language (Fabris 2003; Caritas 2005). The flux/request from Eastern countries women in Veneto, has been explained by mediators (Sol.Co. 2005), as a “preference” expressed by the local care receivers. The presence of immigrant caregivers in the region overall has been estimated to be about 40,000 persons and less than 30% have a work contract. This hybrid position of immigrant caregiver is also found in England and Ungerson (2004; 1999; 1997) whose works draw attention to the great vulnerability of being an irregular worker.

A study carried out in Crete (Mul 2002, unpublished) reported that integration of migrant women could be combined with, and understood as, filial reciprocity. Rivas (2002), in her survey among immigrant caregivers in the United States, noted that caregivers play an important role in maintaining the elderly “at home as an independent person”. However, it seems that in order to satisfy the good family image, migrant caregivers are also requested to be “invisible” to the public. This attitude is reported to occur in North America and also in Italy (Tonin 2004). On the other hand, caregiver becoming fictive kin is seen in other studies as positive. When caregiving is experienced as a dynamic process that is accomplished within a cultural context with attendant meanings, symbols, and rituals for the participants, fictive kin can effectively be constructed. Those who provide care like a family and do what the family does are given the label of kin. The negotiation of a fictive kin relationship appears to have a positive impact for both carer/receiver and caregiver (Karner 1998).

4. Social and cultural mediators role
Ethics, equity, inclusion, human security, sustainability and development of immigrant caregivers (IOM doc 2005) should be applied contextually to the provision of work within the vision of immigrant cohesion and diversity in the host country (Council of Europe 2001). Social-cultural mediators are forcefully emerging and this, for good or bad, is needed and to some extent their activities ‘were observed during the research. It is widely known that many illegal migrants are at risk of being exploited by recruitment brokers (Bailey 1970). However, this is constrained by the presence of other mediators struggling for the protection of both migrant caregivers
and care recipients. Among others, unions, human rights, charitable and patronage associations are actively engaged in such processes and should be considered important elements in this complex socio-economic and cultural phenomenon.

III. THE SCOPE AND METHOD OF THE RESEARCH

Research questions
- What are the socio–cultural factors that make immigrant woman appropriate or not to be non-kin caregiver for frail elderly in Verona?
- What makes these so-called “badanti”, invisible and “hidden” despite their social-economic utility?
- What role can medical anthropology play in developing better social understanding of the phenomenon?

Theoretical approach
It is applying a Critical Medical Anthropology (CMA) method that provided this study with the force to pose questions when misrepresentation of culture serves the power (Good 1994). The phenomenon badanti is a result of different intertwined, sometimes hidden, factors that are activated at macro and micro economic level. For example the dependency relation between rich and poor countries is one argument raised by all immigrant caregivers as a reason for their decision to emigrate. Further, the links of political and economic interest with the local (national, regional and local) socio-cultural dynamics are seen in the government monetary interest in the phenomenon of immigrant caregiver (INPS 2004). Finally, in the dynamic of caring for elderly people the undefined, unconscious, feelings of moral duty are dramatically experienced by the family members. In this situation, most of the time the family decisions about how to accomplish this duty are taken hurriedly, with the risk of finding a non-appropriate solution (such as searching a quick-cheap illegal badante). The CMA theoretical approach applied to analyse the phenomenon of immigrant caregivers for frail elderly in Verona, with the links between the three dimensions individual dimension (local socio-cultural dimension and economic-political dimension) was the most appropriate way to explore and understand it (Schepers-Hughes & Lock 1998; Baer 1982, Masse 2001)).
Methodology applied

a. Study Type
This was an Exploratory Study. The fieldwork period permitted to observe and describe the problem and identify the related discrepancies and tensions.

b. Data Collection Techniques
The researcher was the primary instrument of data collection (Patton 1990). To enhance the quality and credibility of the study, different data collection techniques were applied.

1 - During the preparatory phase of the research Content Analysis of Available Information about the phenomenon and setting was carried out. Official Laws and Regulations released by the Italian government was analysed.
2 – Doing fieldwork ‘at home’, a high degree of Participant Observation, as knowing the local language and setting was experienced by the researcher; various informants’ emotional talks occurred and were noted.
3 – Ethnographic interviews were carried out among samples of the persons involved. About 20 immigrant caregivers and a dozen care receivers (elderly and their family members) were interviewed. In addition to that the research attended local meetings held on the subject of badante and care for elderly.
4- Case Studies for a total of 17 interviews were conducted on sensitive topic such as that of family reciprocity (7 caregivers, 6 care receivers and 4 mediators). Thanks to their high representation of the phenomenon they have been a subject of this thesis discussion.

Note: To maintain a comfortable (non-suspicious) level of conversation between researcher and respondents only hand-written notes were taken during the interviews. Researcher and scope of study were overtly presented to the persons involved.

The sampling exercise
The sampling methods applied in this ethnographic research respected, in all the contacts, the set of criteria proposed by Miles and Huberman (Curtis et al. 2000:1003) which were found useful tools to implement the selected data collection methods (participant observation and in-depth interviews).
The six criteria applied in this qualitative research were:
- relevance to the research questions
- probability of generating rich information about the phenomenon
- enhance analytical generalisation
- able to produce believable descriptive explanations
- selection that permits informed consent
- sampling plan feasible (access) and compatible with researcher’s work style.

Convenience and snowball sampling were used during the research (Harden 2001). The three main categories of respondents involved in the study were mediators, immigrant women caregiver and elderly/family members.

Accesses to key informants, as well as the voluntary based modality of participation and modality of informed consent, had already been granted during a period of testing carried out in March–April 2005. Attending some debates held by associations about the phenomenon of immigrant caregivers, access to key informants as well as data about local surveys and government laws were also made available to me. Illegal immigrant caregivers, although difficult to contact, were approached through charitable associations and interviews carried on in association sites with only one exception (private contact). The elderly people were found unapproachable due to social barriers built up by their relatives; however, the relatives have provided rich and deep information about the phenomenon themselves. The language did not represent a problem; all the respondents had at least a basic knowledge which enabled them to do interviews.

**Ethical considerations**

In doing anthropological research “at home”, ethical considerations are not only those related to the correctness of technical approach such as data collection techniques and sampling methods, but also those related to the position of the researcher in dealing with respondents’ expectations (Seppilli 2001). Anonymity of respondents and of that of the referred caregiver was guaranteed. Level of confidentiality applied to the data collected and the extent of their use were agreed at the beginning of the interviews. Participants and local associations were fully informed about the scope of the research and also, if they asked for them, were provided with the findings.

**Doing anthropology at home**

Studying distant communities and being involved in the intricate web of defined culture is a peculiarity of an anthropologist. However, doing anthropology at home
means (Seppilli 2001) that the researcher and the object of research are rooted in one and the same social context. Being at home stands for a more profound reading of interrelations. That was the case of this research that I carried out in my own city (Verona) and observing my own culture and people’s behaviour. Together with some advantages such as being familiar with the language and with the general social framework of the community, the situation of persistent responsibility toward the involved individuals emerged constantly. That was the case when I was asking questions to friends of mine that a part from being sensitive and private issues (the parents care or the use of family money) were something that ‘I should know by myself’ as they, sometimes said to me. So I had to construct that degree of distance between the observer and its subjects which should be constructed (Van Dongen 1998); by looking at what is familiar with the eye of the outsider. Rendering what is familiar foreign to the researcher. However, participant observation excludes per se that total neutrality and a degree of researcher agency could be recognised and appears in the text (Putnina 2001). According to Keesing (1987) cultures are webs of mystification as well as significant. That is, beyond the meanings that orient their world, cultures are constituted political and economic ideologies. Cultures empower some and subordinate others.

Having in the past worked as the social worker serving at the local health-social welfare office I had to detach my participant observation from the physical/routine actions to situate them into the historical, political, economic context. In this way it may happen that you discover something that is disturbing, like finding among Veronese families a certain bigotry related to money, social gossip, immigrants integration. It is an anthropologist challenge to do critical medical anthropology at home and succeed in giving voice to people, in particular, the silenced one (Jaarsma 1998). Further, each of the parties involved, approached during the field work, seeks to realise its own purpose but in the end, even an anthropologist at home take sides and in my case I had to decide between being obsolete rhetorically or hypercritical. That position of course can be seen in the paper conclusions.
IV. THE RESEARCH

The place of research

This Ethnographic study was carried out in Verona during the period mid-May mid-July 2005. Verona with a population of nearly 250,000 is a city located in northern Italy; it is the Verona Provincial capital (Population about 850,000) in the Veneto region. The city is strategically located on the route from Milan to Venice and from Italy to central Europe via the Brenner Pass. It is an important marketing place. Manufactures include textiles, machinery, shoes and processed food. The land is cultivated intensively and the products produced are exported to other provinces and European countries. Architectural treasures such as the Arena, a Roman amphitheatre (1st century AD) and various churches marking the different centuries are reasons for a flourishing and permanent tourism. Speaking in general the Veronese citizens enjoy a quite wealthy life.

The social context

Following the national demographic trend, although the population is stable, the phenomenon of ageing is dramatic: the ratio between the elderly over 65 years old and children under 6 years is 4 to 1, and the people over 65 years old represent 20% of the total Veronese citizens (ISTAT 2001). Among these elderly people 11% are said disabled and in need of care and only 3% live in nursing homes. For 97% of the frail elderly the welfare state relies on the traditional culture of family responsibility (named by politicians the “family welfare”) and as said in the introduction of this paper the government provides a “care allowance” to the families to guarantee home-care. Keeping in mind the present structure of Italian families and society (nuclear family, women working out of home, living conditions among others constraints) families have to rely on external helpers to provide care for their elderly people. In this respect the phenomenon in the Veneto Region has been quantified in more 21,000 immigrant caregivers providing home-care to the frail elderly (Fabris 2003). The phenomenon (social behaviour) of so called “badandato” (to initiate transactions with caregivers) is in this way a result of state political/economic condition (see annex A, Phenomenon Diagram elaborated to support this thesis). Since the most important people involved in the phenomenon of the badanti have been, theoretically, identified in the immigrant caregivers, the elderly and their families and the cultural mediators access to them was the first objective of the fieldwork. The difficulty encountered in
obtaining access to some of them, in particularly the elderly, confirmed the peculiar irregularity of the immigrant/badante phenomenon.

V. THE ETHNOGRAPHIC INTERVIEWS
and RESEARCHER COMMENTS

The access to the immigrant caregivers

Apart from one fortunate case of immigrant badante whose contact was possible through a friend of friends, the most reliable approach occurred at the association’s centres. Individual approaches to these key informants, at public markets or gardens revealed to be very alarming and negative for the immigrant women that I intended to interview. The contact was either misunderstood as a person looking for a badante or they suspected that I was a sort of policewomen checking their identity and legal position. So, I limited my activities in public spaces to observation.

Thus, the resource of charitable immigrant centres was found the “safest” place to meet immigrant women to collect data about their own experiences as badante. Their expectation that I could offer some sort of job had to be faced honestly every time by the researcher. In fact that was the place where usually job applications and “calls for needs” transactions occurred. However, once I had explained my anthropological interest in them, with only one exception (a 30 year old Ukrainian) they all proved to be extremely collaborative and open-minded.

During the research period morning attendance was paid to the association centres. Mixed among immigrants and volunteers, although every day I introduced myself as a student, I was able to approach immigrant women that seemed to be key informants. The initial idea to hold a focus group discussion to break the ice of illegal badante was soon abandoned for two main reasons. First, the question of being illegal workers and experienced to serve as caregivers appeared to them as public knowledge and “normal”. Second, the decision to study only the immigrant caregivers coming from former communist countries, would exclude immigrants from other nationalities, who are facing the same experience, from the discussion.
The selection of the caregivers case study

General talks were carried out among 20 immigrant caregivers; out of these interviews, six have been considered, because satisfying the ethnographic criteria, as case studies with in addendum part of an interview conducted with an Italian badante. Some specific themes were recurrently raised, spontaneously by the informants, so that the researcher could start to build up a “web of significance” and in this paper short notes accompany the transcription of the case studies. But here, a little note about the conversations that I had with the other badanti is necessary. As already explained the only place I could approach the immigrants was at charitable associations’ centres. This already means the badanti applying for a job have to show themselves be nice and patient and dedicated to sick and elderly people. I was aware of this and soon, during my interviews I had to distinguish the “rhetoric” from the genuine opinions. The immigrant that repeatedly told me how nice and good Italians “vecchietti” (sweet diminutive of elderly people) are. Nice women from Sri Lanka that often simply expressed themselves as always doing everything as ordered without discussion. To get relevant information about the research topics I had to focus on the immigrants that looked as of they were “manager of themselves”. For the same reason interviews conducted with the Eastern European countries immigrants were discarded because conditioned by the presence of their husbands and who directed the answers with the result of inconsistency of interview contents.

Case study 1 -The master interview

This should be considered the master Case Study of this research as the respondent was approached privately and the interview was conducted in public space, free from social constraints such as in a codified site such as association or group centre. Moldavian⁴, 27 years old. She left her country 4 years ago in search of work and to have a better future. She had interrupted her university studies in law during the last year. She passed though the, well-known abuses of immigrants trafficking, paying the fees of passage to arrive in Italy. In Verona she had a “contact”, a Moldavian immigrant already working as a badante who introduced her into the hidden job/network:

⁴ Names are omitted to safeguard the anonymity of the informants
“It was my first job after 3 months. I had to care for a couple of elderly people living in their daughter house, in a nearby town. The daughter worked outside the home. She gave me instructions about the care. It was a heavy, fulltime job. I was still in difficulty with the language. I had no contacts with the outside world. Not aware of a working contract… It was like a tomb. I could not breathe. I, that I had come to Italy to express myself! Anyway, I realised that the old lady often argued with the daughter… also I found that the neighbours came to the house not to visit the elderly but to spy on my activities. Probably to refer to her (the daughter). It was a short job, the elderly couple moved to stay with another daughter. There was no more need of my services. We never met again”.

In this part of the interview some themes can be already identified: - the illegal immigrant/illegal job. - The isolation felt by the badante. - The disagreements between the elderly people and their children (daughters in particular) and - the “control” by the relative to check on the behaviour of the badante.

“After I got another job for 8 months. To assist an old lady, 92! Still fulltime… no time to study Italian. But I could watch the television and learn a little. The daughter was the responsible person. She removed all the valuable things from the apartment before my arrival…! (This also happens to other caregivers. We talk to each other about that). But I had a good relationship with the old lady. She pretended to have small secrets with me, such as to go to shops to buy something. At one point they dismissed me as no more necessary”.

Mistrust was the feeling of a badante when she realised that “valuable” things had been removed before her arrival but a beginning of a relationship between the old lady and badante (the secret things). The last sentence of this badante can be read as badante commodity, use and throw away.

“After that I got my present job. Always through the “network” among us (there are many Moldavian caregivers in Verona), I had been asked to present myself to the family (this family), living in the peripheral area of Verona. You
know, now I “reside” officially together with another Moldavian caregiver. It was 2 years ago. The older couple, living alone, needed a maid to do the hard work and shopping or accompany them to the doctor. It was a full time residential job, but with regular days off. They were, say, in good health. Because, you have to know that we badanti, we are asked to do everything, nursing also, as other Moldavian caregivers do injections, dressing etc. etc. However, since the beginning this family wanted to register me with regular contract and insurance. They said in case I need medical care and also to avoid problems with immigration office. But it was after seeing me personally. I think it is important to understand each other (the badante and the elderly) before taking the job. Last December the old lady fell sick and died in the hospital. At the same time the old man broke a leg. Due to that, with the old lady at the hospital and also caring for the immobilised old man at home, the family decided to employ a nurse to carry out the medical care. It was a fair solution. Soon the old lady died. After recovering, the old man wanted to keep me as badante but daytime only. He thought that as a girl I should not stay there (in the apartment with him) during the night. He can call his son, who is living nearby, if something happens. This old man is a good person. I do everything for him. I want to be sure that before leaving, at the end of the day, everything is in order. There is a lot of respect between us. All the families should be like this. I have even time to do a part-time job if there is the opportunity.

Finally she found a good family, people that wanted her to have the “rights of worker”; due distance is created to respect the young caregiver’s image: not to stay there during the night.

“That is respect. Respect is what is lacking in Italian families toward us immigrant caregivers. I told you already: family members that come to check my belongings in my absence…! It is very offensive. We are human beings caring for their elderly and they check our belongings! It is painful. You know it is not just me, also the other caregivers have to pass through the same checks. Again these people consider their money, jewellery, paintings more valuable than their elders!”.
A last comment about the hidden priority of values, in certain Verona families, as the badante said: *paintings are more valuable than their elders* (intending we can kill the elderly people but not steal the valuable things).

**Case study 2**
Moldavian 34 years, she arrived in Italy 3 years ago to join her husband already working in Italy:

"I got a job as badante replacing another that had resigned herself from that job, It was a 24 hours a day job, serving as maid - badante. The house was huge but both son and daughter lived outside and rarely visited the mother. The old lady was to give me the orders about what to do. She was constantly irritated and complained about everybody and with herself. In three months I discovered I was pregnant. They (the old lady and her children) asked me to leave the house immediately. I tried to explain that I needed, for medical and financial reasons, to stay in Italy but they did not help me. They said they did not want such a responsibility in their home. I was an irregular worker. I went back to Moldavia to have my baby (now she stays with my parents). On returning in Verona, to stay with my husband, I got a short-term job (replacing another Moldavian who was on holiday). At the beginning it was only to provide company for the old lady. As there was plenty of time I offered myself to do some domestic work. This was very much appreciated by the family, and I am still doing a part time job (as maid) for them”.

Exploitation in that 24 hours a day job (as is expected by a kin caregiver), complaints of the elderly person and the denied right to maternity care (although in Italy there is a law in favour of that) are the elements of negative experience as badante. In fact this immigrant took another job as a maid (as soon as she got the opportunity).

**Case study 3 and 4**
Romanians, sisters-in-law, both of them are 24 years old, their husbands are employed in a local mechanic firm. The two young women came to the charitable association to apply for any type of job offered to them. They both experienced the job of badante:
“I arrived in Italy as an illegal worker 3 years ago. I left my country soon after obtaining the diploma of nurse. Salaries in my country are not enough to survive. A relative of ours was already in Italy working as badante/maid. I got a job as badante to replace another badante Ukrainian who resigned because the job was too heavy. The old lady, 80 years old, was paralysed but mentally healthy. Her two children son and daughter were married and lived in a separate apartment nearby. I used to sleep in the same room as the old lady, to attend her needs. I had 2 days off per week. What was unbearable, was not the duty, but the constant complaints of the old lady. She wanted the daughter to care for her and not a badante. There was not good communication between them. I resigned after a few months when I got a job as babysitter/maid”.

Again exploitation and complaints of the elderly and disharmony between the elderly and the daughter, led this badante to look for another job.

“Me too, I started my first job assisting an old lady with difficulty of movement because she was obese. I did it for one year. She was complaining about her situation that made me sad. However nearby there was the house of her son and I had a good time with the granddaughter. She was my age. Then, in a few days the health of the old lady deteriorated and she died at home (but with a doctor present). The day she died the family told me to leave because there was no more need for my services. During that year I learned Italian, by myself, now I have a better chance to get a job. Although in my country I got the university degree of Engineer, here I can do only domestic work!”.

And, also for this immigrant the complaints of the elderly person was what most difficult to bear during her experience. And of course once the old lady died the badante was told by the relatives to “leave”. The frustration of a woman with a university degree but being an immigrant, cannot aspire to be employed with that qualification, but only for servile duties,
**Case study 5**

Moldavian, 42 years old, Italian good speaking. She considers herself a real badante. She left her country 3 years ago because she realised that with a disabled husband (war wounded) she had to make money to support the family! Her sister was already in Italy working as a badante. For this reason this woman studied Italian and cooking at home, to be ready when the sister could find a job for her. At the moment she is able to pay for her (war-wounded) husband’s medical care. Further, she started rebuilding her house destroyed by the war. She knows that the job as badante is fulltime but temporary and linked to the survival time of the clients. That suits her, because between one job and another she goes to visit her family in Moldavia. In Verona she has a small flat so her daughter and husband can came and work here. She says: *it was important because she was pregnant and I wanted for her the due maternity and child care; in Italy this care is provided free, also for illegal workers.*

This lady seems to be very much in request among the families in needs. In fact at the end of the interview she was called for a new assignment as badante.

“Maybe everything has gone well with me because when I arrived in Italy I had already had all the horrible experience of the war. So, I am very caring about people and things. I remember the first client was a widower, his wife had died just one week before my arrival. I arrived with tourist visa to take the job immediately. I studied as nurse but did not complete the course; but I feel easy in giving assistance. Anyway the old man was not sick but essentially lost in his solitude. He used to call me with the name of his beloved wife. I let him do so. His children soon began to trust me and gave me responsibility for domestic affairs. I felt comfortable with all of them. Also with the money I was free. At the beginning the son explained to me how to estimate the domestic expenses, after that I did it by myself. Because the family income was below the required parameter of Italian Labour law they could not give me a registered contract, but it was good for me to stay also as an irregular worker. I think I was considered as an older sister. After one year the old man was hospitalised and in one week he died. I attended his funeral. I found the ceremony very nice, important, something good. It was a ceremony, elegant, with flowers and songs. In my country because of lack of money we cannot do that. After that I did other assistance, assigned by this charitable association.
The last job was a temporary assistance to two persons with mental problems; mental problems cannot be cared for at home: too difficult. They had to wait until there was place free in a nursing home. They were placed there last week so, now I am here available for another client. I am already on the waiting list here, I have many references from the previous jobs. The operators here have contacts with the families where we work and it serves as verbal references”.

More than the normality the encounter with this immigrant, whose feelings had been shaped by the sorrow of the war, and the loneliness of that elderly man who had lost his beloved wife is rare, a “fortunate encounter”. A foreign woman could replace the physical absence of a beloved person, in fact the old man continued to call the badante with his wife’s name. It was the beginning of a process of integration of a non-kin caregiver into the family initiated by the intimate, mute and mutual affection elder – immigrant badante. The elder relatives also showed that they wanted the immigrant present at the funeral (something public that we saw in other cases is avoided by elderly people’s relatives).

Case study 6
Romanian 37 years, divorced and in Italy for 6 years beginning in Rome where she has a sister. After she moved from one city to another where short assistance was offered, through the immigrants’ network. Her experience as badante was both in family level and at elderly nursing home:

“My first job was to replace another badante, Polish, during her annual leave period. It was an irregular job. During that time it was a 24 hours a day service, I had to sleep in the same room as the old lady to care for her and to stop her falling out of bed. All the instructions were given by her son, including the type of food to cook. I could never cook my own food (such as involtini of cabbage and rice). I remember that there were arguments between the lady and the son; because, I understood, the apartment belonging to the lady had been sold and the lady was always reminding him of that “offence” (saying they could wait until she was dead at least). After that short service and because I, as an illegal worker, could benefit from the Sanatoria Bossi - Fini law, I got the working visa. In Italy there is a contradiction, because we
have to be illegal/clandestine to gain benefit from a law to become legalised. The system forced us to be illegal to apply for regularisation! That is wrong! Anyway after that I was able to get a job in an elderly nursing home. I found that there, also, the elderly people are complaining that they would like to be “in their own home” or they want the children to come to the elderly home to provide company for them. I understood that if the parents want to stay at home, because of their disabilities they need at least two badanti working for them. I observed that in the Italian system to look after an old parent and to have one or two immigrants/badanti is too big a responsibility for the children. My parents are 68 and 71 years old. My younger son stays with them; I send money to maintain all the family. My other son, 15 years old, now is with me in Verona but illegally. I could not demonstrate to immigration officers that I have a place to stay. Unfortunately, my parents in Romania are dreaming about my salary (ten times their own pension but, they do not know how expensive the life here is. We have arguments about how much money I can save here”.

In this case the immigrant was disconcerted, while reporting her experience to the researcher, about complaints of the elderly people at home against the children and also the complaints of the elderly placed in nursing homes about their bad children. Further this interview told us how some Italian laws are creating, more illegal immigrants than they claim to stop; this mother keeps her younger son with her clandestinely. It is the only way that she can care for him.

**The opinion of an Italian badante**

“I retired from my job early. I started to offer assistance to old persons. I found that the immigrants/badanti are not doing their job well. Especially in terms of keeping the elderly mobile, such as by exercise, they are afraid of accidents. Even for some small activities at home. Always they oblige the elderly not to move, maybe they feel that is their duty. Even in term of mental activities, these ladies have limited knowledge of the local culture and there is no communication among the badante and the elderly. However, it is true that the families prefer these badanti because they are more patient than a
professional (like me) in fact, one family dismissed me to employ one of them, of course they are cheaper than me!”.

Here we recognise a preoccupation about the quality of care for the elderly; she is probably right. In the previous interviews we learned that the badanti are doing nursing care for the elderly with not so much supervision from appropriate medical staff (it should be done by public health staff). Further, she confirms to us that immigrant badante is underpaid in comparison to one that has a regular job contract.

VI. ACCESS TO ELDERLY and THEIR RELATIVES

If the immigrant badanti are visible as groups in public during their day off but approachable only at charitable associations their clients (frail elderly) are no more visible in public (because of their limited physical or mentally abilities) and unapproachable unless the contact is approved by their families. Thus, the idea of interviewing some elderly people about their experiences with the immigrant/badante was discarded for lack of access. But two exceptions have to be reported.

Exception one

A 92-year old lady, living alone and for many years used to have a domestic helper. Her children are living nearby but she decides for herself:

“When I was married (now I have been a widow for 10 years), I had a maid to help me with the children and domestic work. When my children married and went to live nearby, I never thought that they should care for me. They have to live their lives. Two years ago I had to have surgery. I remembered that I prepared everything for my funeral but I survived. Immediately, while hospitalised, I asked for a badante. In hospitals the ward sister has a list of available immigrants (legal or illegal and of different nationalities). Many elders are cared for by their badante also during hospitalisation. When the elderly person dies, the bada nte puts her name on the sister’s list. However, I employed this young and competent girl from contact with another old lady that had a Romanian badante (very good as she said). This badante said that she could call her niece to come and work full time for me. I had been discharged from the hospital on Saturday and this girl arrived in this house on
Sunday straight from Romania. As she was on stand by for a job, she had learned Italian language and culture in Romania she had a university degree in languages (at home). Of course I provided information how thing should be done and how to live together. She accompanies me during my business, administration, bank and recreation /shopping. My children do (did) some remote supervision but every thing is Ok. At my age everything could end at any moment! Of course I tried to legalise this service but the immigration office refused to acknowledge (officially) my application. They keep the application to consider my initiative legal and to build up a new list of illegal workers to force the government to call for a new Sanatoria!”.

Exception two
An 84-year old lady, she remembers the time when her husband fell sick and was in need of full time care:

“It was when my husband was discharged from hospital, the help of my daughter was not enough (they have their family). Through other families with elderly people at home we came in contact with a middle age immigrant from Poland (the person she assisted had died just a few weeks before). She was very good with my husband and with me too. She knew how to do every thing at home. She cared for small domestic economies (such as with food, soap) acting in the real interest of the family. She was interested not in regular contract, every 2 – 3 months she went home full of our donations (second hand clothes but nearly new, seasonal food, and pocket money) for her family. After one year my husband died. She was present at the funeral, after she found another elderly person to assist. She calls me by phone and from time to time she comes to visit me personally. She is an experienced lady that one, also my daughter the one that live here near me, was happy to have this help”.

For both of these old ladies the immigrant badante was experienced positively, and considered appropriate as a caregiver but the immigrant remained in both cases a foreigner and the two interviewed old ladies never thought of the immigrant as one of their own family. To quote the title of this research the badante services are beyond the duty of familial reciprocity.
The experience of the frail elderly relatives

The difficulty of access to the elderly obliged me to change the strategy of research approach to find respondents who could provide reliable information about the badante phenomenon. According to the research themes previously identified in understanding the phenomenon, the relatives of the assisted elderly became another focus of the ethnographic study. Various talks were carried out during the fieldwork. Among these “daughters” one son was willing to relate his experience too for the benefit of the research. Some relatives were at the moment having the services of an immigrant/badante to cope with the needs of their parents. Other had used this service in the past. The rest of them were desperately in need of a solution to an unbearable situation regarding care for their parents. Although all were ready to relate, even emotionally, their dramatic experiences, some barriers to justify the impossibility of introducing the researcher to their parents were perceived and respected. Among the barriers to impede the access to their parents was the fact that the badante was perceived by the old parents under different functions, such as maid for domestic work. A frequent justification for not allowing access was the difficulty the parents had in communicating with visitors. But for all relatives the sensitive cultural processes going on within their families to make the services of a badante acceptable to the old parents, was the main reason for keeping visitors out of the private sphere. In this paper 5 different elderly relatives experiences are reported as examples to compare the private “journeys” that families take in order to have their parents assisted by a badante. It is worthy to note that in none of the cases did the state welfare system play a role in guiding (if not supporting) the families for the best solution of old parent care.

The experience of a son

“Despite being a man because I am single, 55 years old, my mother (since she became a widow) has expected me to care for her as if I were a daughter. In the last 2 - 3 years she has really been in need of assistance both for domestic work and for her personal hygiene. Introducing a badante in that vicious circle of moral blackmail was a tragedy. My mother was theatrically showing how bad a son I was to leave her alone with a foreign badante. Nevertheless, I did introduce a badante in her house. A young immigrant, 30 years old from
Ukraine, has been working there for 6 months. However, my mother still refuse to be helped in her personal hygiene and never leaves the badante at home alone (suspecting that the badante can steal or discover I do not know what). Further, my mother consumes her meals alone because, as she complains to me, she cannot eat so badly, without teeth in front of someone foreign! It is to be noted that my mother considers this young woman as a guest and absolutely refuses to pay a salary. I pay a salary secretly. This worker is illegal, it has been agreed that is convenient for her and for us too. At the moment she also is looking for another job. It is a temporary solution. With a mother that say that to care for her is not a duty for a foreign person but a moral duty for her children I do not know how it will end”.

There is a sense of embarrassment, for his mother, to be seen by a foreign person, in decaying conditions (for example without teeth). It is a common feelings among sick and disabled persons and culturally constructed (Douglas 1970, Curtis et al 1999); in fact the same condition is overcome by the old lady of the following interview by considering the badante as a profession. In this case the resistance against being cared for by a foreign badante is essentially played on the ground of moral duty of familial reciprocity.

The experience of the family daughters

1 – Having a sister

“When 2 years ago my mother was discharged from the hospital with physical progressive disability I panicked. Fortunately a social worker was clear enough to oblige me to think in terms of mid-long term survival. That was that my mother could survive not for a few weeks but for years. What was humiliating for my mother and me was to provide her with personal hygiene care. Her body deterioration, in her nudity, was something that my mother could not accept. For that external assistance was needed from the beginning. I contacted one women’s association and they fixed the plan of assistance and relative duty/salary. One immigrant, from the Ukraine, started the service but soon she was complaining and convincing my family that I should pay more and started to hint that she could stop the service at any moment. I informed the association and they suggested inviting this immigrant to stop the service.
In fact that is what she did. Through a hospital-nurse I contacted a Moldavian badante. She was known to be very skilled in caring and also in domestic management, I employed her and since then I consider her my older sister. I employed another Ukrainian because I wanted both of them to have regular contracts. The last one could not benefit from the Bossi-Fini law and she is an illegal worker, my application for her is at the immigration office. My mother is happy with them; mainly she is happy to know that she is not a burden to me. I know other situations are different but my mother always wanted her children free”.

The respect of rights of the daughter, independent life and the rights of the worker (the immigrant badante) observed in this narrative is a sign of cultural maturity. That is a new concept of familial reciprocity without imposing the moral duty of relatives, obligation to care for the parent but acknowledge that it can be done by outsiders (the badanti).

2 – “The badanti are looking for a settlement!”

“I have indirect experience with immigrant badante. My brother who lives with our old parents employed a 40 years old Romanian about 2 years ago. She was the mother of two children and divorced. She is an illegal worker, she asked for that because in this way she can travel back and forth to Romania just with a tourist visa. I don’t know how it happened but in a few months they (my brother and the badante) were lovers and this badante started to give orders to the others, including my parents. She is in charge of the money of the house and while I was there she used to sleep until 10 in the morning. So, in my opinion they are just women coming to Italy to make money and find some idiot men to marry. I have a friend who, also fell into the same trap. In a few months this man, a teacher, found himself married with the badante and his mother placed in a nursing home because she was disturbing the family menage! These women (from Eastern countries) are very clever in using the emotions of the family members to get themselves comfortably settled”.

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In this case this sister seemed see the badante as stealing the good opportunity (of love, settlement) otherwise designed for Italian women; forgetting that probably lack of love and management were the main problems to be solved in the family.

3 - A dilemma of one daughter

“Since I am the daughter and single, 50 years old, my parents and all the family members have no doubt that to care for my parents is my moral duty. All these years I have been working and back at home doing all the domestic work and serving my parents. Recently their health deteriorated a lot, both of them are eighty years old, so now not only serving but I have to care for them. They never thought that it could be unfair to consider me their maid. I had to remind them of this. When I suggested employing a badante they replied that it was a public shame and a sign of non-love from my side to propose that. We could afford to pay a badante but they said that what should be done by a daughter does not need to be paid for. Now the situation has become to be unbearable, emotionally and physically I cannot cope any more. I do not know how to get out from this difficulty. They think that they will die soon and in good health! God knows!”.

In this case, and leaving aside the rhetoric, this family seems paralysed by certain bigotry. In such a situation of distress (of the daughter), when the death arrives will be a released for all concerned.

4 – The person responsible for the care

“Although I live near my old mother, I am running my own firm, so when my mother had a stroke and was discharged from hospital with physical impairment I had to employ an immigrant badante. This led to a lot of discussions in the family and anyway I always remained the person responsible for my mother’s care. To be honest the few months that we had this help, she was not so useful. It was through the badanti working in the area I contacted a immigrant 35 years old, with 2 children at home (We do not really know their private affairs, we have to believe what they tell us). She was just studying Italian; not able to care for my mother (I mean hygiene, drugs administration or cooking appropriate meals for her). I tried to teach her all
this but in the end it all was too much for me. At the time my mother was recovering and started to refuse to pay this woman for doing nothing but strolling around the garden in a miniskirt (as my mother said). So that when the badante said she needed to go back to Romania we just stopped the agreement with her. She never calls or sends greetings to us”.

The professional incompetence of the immigrant badante created a burden rather than help. Further. The little knowledge of the family background of the immigrant is a reason for insecurity; the daughter felt doubly responsible of her mother’s care.

VII. THE OPINIONS OF THE CULTURAL MEDIATORS

For many years and following their own mission, various charitable organisations have been working to provide assistance and defend the human rights of vulnerable people such as immigrants. In Verona too, old and new associations are actively involved in the phenomenon of badanti. Participant observation of their activities has been carried out spending days at their centres. In order to understand their institutional position and role in the phenomenon some interviews with key mediators were conducted in different times and places during the research period. Some associations have been identified as official entities, and partially financially sponsored by local authorities, to deal with the problems of immigrants either legal or illegal. These are the most up to date institutions with the capacity (and will) to understand the intricate and ambiguous laws made by the government related to immigrants and temporary workers. At the same time they have a deep knowledge of the problems that families with elderly relatives have to cope with alone. Although not structured as human resources offices, they are able to mediate service offers and requests. Unfortunately the clients have found themselves suddenly employers and the majority of families are not administratively and culturally equipped for that. Here are some extracts from the four interviews carried out among key informants/mediators.

A senior social worker

“The distinction must be made between the independent elderly and those who are physically/mentally disabled. In many cases there is a period of survival that is a grey area and the family has to cope with it within the family resources and with that small allowance given by the government. However,
the main problem is that these old parents cannot stay alone at home. It creates a lot of anxiety among the relatives: the risk of accidents, they are afraid that the parents could die alone. The idea of reuniting the children’s families with the old parents is not feasible, because of lack of space but also because new tension will develop. This is due to cultural distance between generations. In general the elderly ‘s relatives that come to me looking for a badante wish mainly to solve the problem of their anxiety derived from their being absent from home. To have someone at home takes away this fear and a daughter or son can work free from anxiety. The immigrant is a solution to this temporary need. The process involved in employing a badante or not is developed within the intimacy of the family, mainly to convince the parents to accept a foreign (non-kin) to care for them. Once internal agreement has been reached the first badante available is employed (before the parent changes his/her mind). Whether the care is appropriate or not is discussed, because anyway one person in that family will remain responsible for it (usually the one that traditionally has to care personally for the elderly: the daughter). There are not so many solutions: the type of care provided in elderly nursing homes (for those who can afford to pay the fees) is not better (in term of caring and company) than that offered by immigrant women. Here in Veneto apart from a few women from Asia, the badante from Eastern European countries are the most requested by the families. In effect they are patient with elderly and follow the instructions of the families. However, since the work contract is mainly verbal, any problems have to be managed in informal ways. For example a badante came back to me complaining that the family refused to pay her salary. At the moment even the mediators cannot do much more as all that happens within the experience badante-elderly/families remain within the hidden phenomenon itself. A phenomenon mainly developed in the private sphere of the families and much of the isolation of badante is combined with the isolation of the elderly”.

A member of a non-profit association

“This association was founded twelve years ago by women, for women in need. Association fees cover running costs. Of course we deal only with immigrant women with work permits. The first wave of badanti from Eastern
countries were a little arrogant, however, after some failures we started to provide cultural training for them. The present wave of women, younger than the previous one, study the Italian language and culture before arriving in Italy. There is a new way of self-replacement among them. A sort of self-run organisation. I have the impression that this has become a business run by their bosses; although the women /badante are different persons from the women/prostitutes (that we have along the streets during the night), the trafficking is regulated by the same bosses. However, politicians are aware of this. The families need to solve in a quick-cheap way the problem of temporary care for parents’ fits into this system. For families that contact us for workers we can guarantee a sort of follow up if problems occur on either side. Anyway, a spirit of temporary solution regulates all this. If the worker is out of contract once the parent die everything is solved in a moment. Since the elderly nursing homes are insufficient and/or unaffordable, that small allowance given by government to the disabled elderly can serve to employ an illegal worker. The major point for relatives is to keep him/her at home as he/she wants and as it is socially correct to do. Not many families are worried about which type of care is provided for their elderly at home”.

One operator from a charitable association

“We have been assisting immigrants legal or illegal, we do not care, we look at the person, for many years. A few years ago we realised that many women offer themselves for domestic work or to provide any assistance needed by the families. In the same way many families were contacting us to see if we had someone available for that. For this reason we now act as sort of mediators, but we are not brokers. We just put people in touch with each other, applying some criteria. We do not do training or supervision during their services. Of course we keep in mind the feedback from their experience but mainly everything is based on “bona fide” of the persons. We are a charitable association devoted to who is in need (basic need such as medical care, food and clothing). We do not receive any government financial support. However despite that, many immigrants of all religions come here when they are in need. We care for them when possible or we direct them to other associations. We consider this activity as counselling, in fact our office is called a
“Listening centre”. Many families come and look for part-time workers or badante. Usually we fix a first meeting with the parties, we remind them of the Labour laws and the human rights, after that we do not follow what really happens unless the parties voluntary provide us with feedback of the experience. Generally this works quite well. These are usually short-term situations, months not years. This illegality is part of the perceived temporary need. Government should invest more in solving the problems of elderly care, we are doing what we can”.

A mediator from one association for immigration

“Publicly I declare, and all our studies report it, what the government and Italian families are offering to these immigrant women is not social integration. On the contrary this forced illegality is a source of exploitation and increases the volume of hidden practices. Speaking about the immigrant badante it is interesting to note that from the applications both for job and training out of 1000 the Italian component is nil. That means we are speaking of a profession that is considered degrading by Italian people. Unbearable, in terms of workload, predictability, inhuman working conditions and lack of contractual power. So that we are recruiting among foreign countries women that are desperately in need of a salary. We Italians expect from them what we would refuse to do ourselves but we do not admit this publicly. The conditions of family care for the disabled or frail elderly is no longer sustainable. It is important to note that as soon as the immigrant badante gets a regular working visa she resign from this 24/hours a day, inhuman service, to take another job that consider first her dignity, such as babysitter or maid. We have to be clear on that. Italian legislation is both ambiguous in its support for elderly /disabled and in its “quota” of working visas for immigrants. Although the spirit of these associations is good the problem of the sustainability of elderly assistance must be solved publicly by government. We wish to denounce the critical situation of care for the elderly and the exploitation of immigrant workers”.

General comments to the themes raised by the different mediators

The first common theme raised is the marginal attention given by the government to the financial and ability conditions of the families to care for their own frail elderly,
delegating the “family welfare” to the family itself, speculating on the tradition of family reciprocity. Second, the suddenly unexpected need for families to care for their parents (for example those discharged from hospitals) and with limited finances (nursing homes too expensive, regular badante costs) have to rely on quick-cheap/temporary illegal caregivers. This carries all the risk of workers, exploitation and non-appropriate home-care for elderly people. Third, as understood, from the interviews, the illegal immigrant badante trafficking is expanding (entering into criminals’ organisations). Another problem is that of cultural competency training necessary for a successful relation caregiver/elderly. A final common theme observed is the frustration of the association in being charged by central and local political authorities (and with little money received) to solve locally problems such as dealing with immigrants and providing support to families to care for their elderly people. And this while facing the ambiguity of its own government’s laws such as the “quota” of working visa for immigrant badanti and investment in new appropriate forms of care for elderly people. Although for some of these associations these are the objectives for their existence their role should be complementary only. As one respondent said ‘ we are mediators not brokers, and she added, we are doing what we can’.

VII. DISCUSSION
In an attempt to interpret the findings in a emic perspective it is evident that the respondents in explaining their position repeatedly raise certain questions. Thus in order to proceed to a reading and understanding of the migrant/badante phenomenon these arguments have been grouped in themes.

**Theme 1: Political-economic situations as cause of the phenomenon.**

*The poverty of the immigrants original countries*

From the small sample of Eastern European immigrants interviewed for this study it is confirmed that, their emigration is due among other reasons to the low wages they earn in their own countries. This even for professions that should be essential for the development of their own countries (for detailed data on flux / restriction of these immigrants see Caritas 2004). Our immigrant respondents’, with for example a nursing diploma or even a university degree, have given the same explanation.
Further, economic problems in their families are presented by our immigrant informants when they report that the pensions of their retired parents are less than a tenth of a monthly salary earned by a badante serving in Italy (that is around 800 Euro). Medical care, besides being insufficient as reported for two maternity cases and in one case for war injuries is, at the same time, available if paid for privately which is unaffordable by the majority (Berzukov & Foigt 2001). The dream of becoming rich, or at least financially secure, is not only a motivation for immigrants to start the adventure of being illegal workers; it also becomes a reason for exaggerated expectations from their families. That is for example the situation Case Study 6, where this pressure leads to arguments with her family. Further, out of the estimated total immigrant caregiver/badante in service in Italy more than 50 % originate from Eastern European countries such as the Ukraine, Moldavia or Romania. The Veneto Region (subject of this ethnographic study) seems to be the preferred destination of such immigrants (Sol.Co 2004). This is, among others, one reason for the unprecedented rapid availability of badanti when required. In this regard the timing in taking up the job described in Case study 5 and care-receiver are examples. This situation has also helped to create the hidden phenomenon of badante for frail elders in Verona.

The poverty of the Italian elderly/family care receivers

On the other hand insufficient public care services for the elderly as political-economic government strategy has its roots in the conception of the Italian family with its strong component of moral intergenerational support (Polverini et al – EUROFACARE 2004: 23-24). Some disabled elderly people benefit from the care allowance (about 400 Euro a month), but this, in the case of the Veneto Region, is only 50% of the population in need (Tonin 2004). For the remaining 50 % the families have to cope (or not) with the burden of care for their parents. Unfortunately it is not true that all the families have financial and personal resources to satisfy the government expectations (Gubrium & Sankar 1990:7). In the Case Study 5 the immigrant said that she could not be regularised as a worker because the family’s income was below the requested parameter, that must be double of the badante salary (Regione Veneto 2004). The son interviewed in this research, responsible for the old mother reported that he personally paid the salary for the badante services. The daughter of our interview 3, has already budgeted the cost of badante from family
resources. The senior social worker, interviewed was clear in saying: the family has to cope with it, within the families’ resources and with the small allowance given to them by government. The member of a non-profit association went further: since the number of elderly nursing homes are insufficient and/or too expensive, that small allowance given by the government to disabled elderly can serve to employ an illegal worker.

**Theme 2: Socio-cultural aspects leading to “hidden” caregiver service.**

If I start to analyse this theme keeping in mind that the invisibility is a necessary condition for both the existence of illegal immigrant caregivers and to bypass the failure of familial reciprocity the task becomes easy. For politicians and the two parties involved in the phenomenon of badanti (including Italians) illegality is instrumental to quick satisfaction of the present needs. For example the badante in Case study 5 prefers to keep her tourist visa to go back and forth to her country every 2 – 3 months. She is officially resident in her country; partially because there are some benefits like pension, or property rights, but mainly she remains because she is a mother in charge of her own family. The Romanian of the Case Study 6, got a working visa but now she has to stay in Italy all the time, penalty the loss of that permit. As she said: In Italy, there is a contradiction because, we have to be clandestine to gain benefit from a Law to be legalised. However, the hidden service of caregivers is linked to the temporary need, of both parties concerned.

*In between paid work and moral duty*

Illegal workers become a commodity whose use carries limited responsibility, as said by a member of a non-profit association: If the worker has no contract once the parent dies everything is solved in a moment. She added: The major point for the relatives is to keep the elderly person at home, as it is socially correct to do. In her work about the hybrid work of caregivers Ungenson (1999:597) explains how the elements of “paid work” and “unpaid care” interfere with the phenomenon of illegal caregivers. In fact, care for the disabled (by extension also frail elderly) involves unpaid tasks and services of intimate care delivered by intimates. In this regard, our respondent (a daughter) reported that her mother said what a daughter should do does not need to be paid for. That unpaid care refers to the moral duty and, unfortunately
seems to be the cultural reason for unrecognised daughter services and also for badante caregivers.

**Theme 3: Women’s conflicts and social changes in the family**

As a result of this research it seems that the changes in women’s roles are mainly related to the outside family image rather than the overall position of women within the family. The daytime absence of women (namely the daughters) from the home for professional reasons is constantly referred to as creating problems for care of the elderly (ACLI Colf 2005). In reality, at least from the findings of our study, women charged with caregiving within the family remained culturally paralysed, if development, in the sense of more detachment from the family, occurs it is paid for with a lot of conflict. As noted in EUROFAMCARE Report (2004:15-17) for more than half of Italian women interviewed task of caring for elderly relatives had a major negative impact on their professional status and also on their health. Among other reasons, the continuity of the care needed and the fully pervasive tasks attached to that are generating situations of stress and overburden even during the time spent out of the family.

*The good reason for having a badante*

Anxiety seems to be a socially appropriate term carrying the emotions of worry, feeling of incompetence and of guilt related to the impossibility of satisfying the moral duty of reciprocity (McKenzie 1998, Clark & Weber 1997). Anxiety is also the reason accepted by the mediators interviewed in this study as a good reason for children to look for a badante. However, daughters with badante caring for their parents reported that they remain, anyway, the responsible person for that (see interviews 1 and 4). In an interesting insight into the situation of daughters caring for elderly parents, Abel (1990) noted that they (throughout their lives) remain preoccupied with the issues of separation from their parents. For the same reason the author suggested that outside help could permit their emotional detachment and better care. That is the condition of our Case Study 1, where the mother’s nudity was a reason for humiliation for both daughter and mother (see also Van der Geest 2004:445).
Women replacing women

Referring to the reality of the Italian Region where this ethnographic study was conducted it is clear that women immigrants are replacing the family’s women (ACLI colf 2005). The requested immigrant caregivers for elderly of the Region are, ideally, from Eastern European, middle aged, patient, preferably Catholic (Sol.Co 2004, INSEREG 2002). Although the preference is explained in terms of cultural proximity, in fact the other nationalities are excluded a priori. It was reported during the fieldwork that a family refused a badante from Nigeria just for being black (Berdes & Eckert 2001). At this point it is interesting to argue that this replacement of similar women in a family can even create mechanism of jealousy and female gossip as we found in the interview with a daughter (Interview Daughter 2). In fact, the affection that her brother developed for a foreign badante aroused in her genuine feelings of jealousy.

Theme 4: Immigrants/Elderly relationships

The missed introduction to each other

The lack of “introduction” between badante and the elderly is the more emic and shadowy aspect of the phenomenon of immigrant badante and frail elderly. Both parties have been forced (for financial-social reasons) to depend on each other for their own survival. Recent studies have paid the due attention to that, carrying out survey among migrant badanti in order to have data to help improve their working/living conditions (see surveys of ACLI Colf 2005, Caritas immigrants 2004, INSEREG 2002). Contrary to what has been described in studies carried out in the U.S.A. (Karner 1998) where the process of introduction of a stranger caregiver is accomplished by construction of a familial relationship the situation in Italy is different. In our cases the badante is, employed (and dismissed) by the relatives without the due process and time necessary for the two parties acculturation. As noted by one of the badante (Case study 1) to see each other before taking an home-care job is important for the future relationship. Although not investigated enough this rapid entry/exit of caregivers is creating frustration in badanti and we guess trauma in the elderly. The few contacts that relatives have with the immigrant badante are to give technical instructions to care for their parent, such as hygiene, feeding and nursing care as reported by all the six badanti interviewed in this study.
The elderly people’s last tool: the complaints

The relation between badante and elderly in many cases does not lead to familial affection. The language barrier is one reason; another is the distance maintained by the elderly, who tolerates the service of a badante but does not trust her. That is understandable, because, as already mentioned the process of admission of immigrant badante into the private sphere of the elder’s life is insufficient to inspire confidence. In this study the aspect that the immigrant badanti found incomprehensible, and sometimes unbearable to the point of resigning from the job, was the elderly people’s constant complaints, reminding the badante that they want their children to care for them rather than a badante. Saying that seems to create a barrier to any possible step towards affiliation between the parties and also a feeling of sadness and inappropriateness among the badanti. Nonetheless the elderly people’s complaints could serve to remind themselves and the surrounding world that there are still alive and thinking. That is they claim for the family membership.

Beyond family reciprocity

Even if some immigrants have been trusted in managing money for domestic expenses, see Case study 6, it was done more for practical reason and a growing responsibility for the badante, more than as a sign of family integration (Tilse et al. 2005). On the other hand, elderly people’s relatives seemed to act in two extreme ways: either denying the existence of a caregiver (for example not letting the badante attend the parent’s funeral) or marrying her. But this later attitude cannot be considered as the adoption of a caregiver as fictive kin in the family. In observing the pragmatic relationships between the parties, the occasional expression of affection with gifts (see the donation of second hand clothes) does not mean to create family links. On the contrary it can serve to create more distance between the parties.

Theme 5: Failures of the process. Human rights abuse

We could expect that such intimacy as is required in the relation of caregiver-carereceiver would result in that immigrant social integration suggested by EC (Council of Europe 2001) but it is not our case. From our informants both badanti and the elderly and their families we understood that the two parties remain as much as possible not-integrated. A small example is offered to us by the preparation of meals;
no immigrant is allowed to prepare her own country’s type of food. Further, when free
time is permitted, immigrant woman sought to stay with other immigrants and not
with local women. During the fieldwork participant observation carried out in
recreational places, such as shopping centres and gardens, we observed that
immigrants and Italian women are completely separate groups. Exploitation of
badante work, for example the infamous fulltime work of 24 hours a day was reported
by our informants but its illegality prevents the Trades Union from interfering about
that. The badante, in our study, who was just made to leave the family for being
pregnant, is one example; it is not only a question of human rights but also a question
of humanity.

Trust and mistrust

Of course there is a fear that a non-kin caregiver (and even more when this person is
an illegal immigrant), could take advantage of the old frail parents physically,
emotionally or criminally. Despite that, the wide spread practice of employing illegal
immigrants, because the cheapest and most easily available at the moment of need
carries some risks that, cannot be completely avoided even if there are references
(recommendation) by another user–family. At the present the increased common
crime carried out by illegal young immigrant from Eastern European countries is
(more than in the past) emphasised by Italian mass media. In a sense it is not
surprising (speaking from the point of view of Italian culture) that, inspections of
badante belongings are carried out by relatives; initiating in this way feelings of being
insulted in the immigrant soul. However, the quality of homecare proved by the
badanti to elder parents is not of so great an interest to the relatives. But, they are
ready to fire a immigrant badante if she asks for more money. The only declaration
about the professional incompetence for care of the elderly we got came from an
Italian badante, although all the associations dealing with badante organise care
training for their applicants. Public denunciations of ill treatment performed by
immigrant badante are not common. As the mediators told us: if the experience
badante-elderly/family is going well or wrong it remains hidden within the
phenomenon itself. Confirmation of this was the fact that in this study the researcher
was denied access to elderly people by, significantly, the relatives, and access was
said not to be possible for reasons of privacy by the associations. We have to agree
with a mediator’s expression: *the isolation of the badante is combined with the isolation of the elderly.*

**Theme 6: The role of cultural mediators**

The associations contacted during this study and involved in this phenomenon behave in a fair way towards all concerned. They are conscious of their limited capacity to tackle the roots of the phenomenon, but competent enough to raise publicly the abuses and negligence perpetrated by government with respect to immigrants and elderly. As explained in Canals work (2001:319) that civil society has become, nowadays, a sacred concept for social policy-makers, in particular when important reforms of the welfare state are necessary. Promoting and sponsoring associations that work in social-health is, in Verona also, a cheap strategy applied by local government to deal with the phenomenon badante - elderly care. That was the case found during the fieldwork such as Sol.Co. *Sportello Badanti* and Caritas *Italia Lavoro* projects. This means that the associations become necessarily (or preferred) interlocutors for local authorities looking for an implementing agency. In general, and in the findings of our study, these associations are able to offer services not provided, or badly provided by the public health system. None the less a high degree of identity and conceptual independence are maintained by most of them. However, the presence of these various associations offers /guarantees a choice of access to people (immigrants or residents). Efforts to guarantee basic humans right to immigrants (either legal or illegal) are clearly exemplified by the, quite outspoken, mediator whose information permitted the researcher, from the very beginning of the study to identify the roots of the illegality and ambiguity of ‘badandato’ (use of badante services). There is no doubt that such associations have a role (and power) in defending the rights of vulnerable people. Further, although not equipped as a real human resources agency because of lack of skills assessment and follow up, these associations have an important function at the point of caregiver – carereceiver encounters.

**Cultural competency training**

Lessons learned, by a non-profit association, were reported to us during our interviews. One mediator said: *after some failures (disastrous experience immigrant badante- elderly), we started to provide cultural training to all badanti.* Cultural competency such as grasping the differences in behaviour (gesture, eye contact,
slang) and non-verbal behaviour (together with the language) is of paramount importance to successful communication among people from different cultures (or subcultures). The notion that cultural differences do not exist (or in our case that Eastern women are similar to Italians) can be at worst harmful (and in health care it could be), at best a reason for misunderstandings (Priester & Reinardy 2003:13).

Recently the government-sponsored associations dealing with immigrants have been invited to organise such cultural training as a condition of integration activities. To provide women with caregiver skills prior to their departure from the original country is also a new strategy (sponsored by the Italian government) applied in a pilot project conducted in Romania. These selected women are going to fill the “quota” of visa established by the government for legal entry to Italy (Veneto Globale 2003).

IX. CONCLUSIONS

The “hidden” phenomenon of illegal immigrants working as caregivers/badanti for the Italian elderly has, together with the increasing ageing of the Italian population, its roots in the failure of the institutions delegated to provide this type of care the State and the family. Most of the state welfare system for the frail elderly assume and rely on the conception of Italian family reciprocity. On the other hand the underdeveloped economy and poverty of the immigrant’s original countries force economic emigration of those members that are the traditional invisible caregivers: the women.

This anthropological study wishes to emphasise the cultural mechanisms developed by the actors (individuals and communities and politicians) to initiate and maintain this phenomenon. A phenomenon that inevitably implies, as learned during the study, some abuses of human rights and perpetration of non-recognised rights amongst the parties involved. In fact a level of individual suffering understood, as a social and psychological burden occurring within the families, is most of the time dangerously disguised behind the moral obligations implicit in traditional Italian society.

Political – economic strategies adopted by governments have not taken into due consideration the dimension and context of and where and how the phenomenon illegal immigrant/badante – frail elderly/families care receivers take place. The insufficient provision of public welfare support for the increasing number of frail elderly in Italy it is not only the result of politicians’ negligence but a deliberate policy to get the families to care for their own elderly. In that abuse of the principle of
moral family reciprocity, and however it is managed, governments save a huge amount of money, which would otherwise have to be invested in care for the elderly. Immigration Laws passed by Italian governments are temporary and ambiguous. They do not respond to integration principles. An illegal badante is cheaper than one under contract.

Within the families all the involved persons drastically experience the phenomenon. Elderly people in their need to maintain a continuum with the tradition invoke domestic work and unpaid care as duties derived within the family sphere and not entitled to be recognised whether performed by daughters/sons or immigrant /badante. We see the replacement of women by women but traditional roles within the family must be socially maintained; so that the immigrant caregiver as “non-kin” temporary solution and “beyond familial reciprocity”, is culturally accepted as long as she does not alter the processes of filial moral duty.

The phenomenon of badante must be understood as a sign of urgent need of family reciprocity change and necessary commitment of state institutions to the care for the frail elderly. Cultural changes need mediators, provided they are complementary to the institutions and do not replace them. These processes need to be accompanied also by the anthropological component.

In conclusion, this study show that, the phenomenon of illegal immigrant/badante for the frail elderly incorporates many human rights abuses’, much government negligence and also a degree of moral bigotry. For that it must be understood as a transitory phase, which can only continue until a fairer socio-political solution emerges. This must include a more advanced notion of care for the elderly people and family reciprocity, with its component of an outsider but institutional caregiver.

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parent’s care. I am conscious of the human and cultural values of what was told to me by the elderly and their relatives. I sincerely thank them. I remain in debt to the persons in charge of all the associations where I have been able to share opinions about the topic of the research and through them to gain access to the most recent laws and surveys produced by the phenomenon. Some of them have really opened my eyes to hidden problems, I would like to name some: CESTIM, ACLI Colf, Caritas, Sol.Co and Casa della Carita’. For all the persons that I came in touch with during my data collection I assure their anonymity. In case, as is possible, some of them recognise themselves in this paper, it is just because her/his problem is common to others that it has permitted me a degree of generalisation. I remain in debt to my supervisor Prof. Sjaak Van Der Geest, for having patiently provided me with the keys of anthropological understanding of the human experience.
ANNEX A

Beyond family Reciprocity

Immigrant women as non-kin caregivers for frail elderly in Verona.

Diagram

**the effects:**

- Integration
- Regular job/contract
- Caregiver profession: training/recruitment
- Mediators for: Works/Gender/Unions
- Public Health Service
- Over - workload
- Human’s rights abuse
- Migrant frustration

**the phenomenon:**

- Home-care for frail elderly
- Elderly Family has adopted the fictive reciprocity
- "Private" relationships Elderly - Immigrants
- Elderly Receivers
- Migrants Caregiver
- Integration
- Regular job/contract
- Caregiver profession: training/recruitment
- Mediators for: Works/Gender/Unions
- Public Health Service
- Over - workload
- Human’s rights abuse
- Migrant frustration

**the causes:**

- Improved life expectancy
- Changed women role
- Unaccomplished reciprocity
- Families moral conflicts: look low-cost /temporary immigrant caregiver
- Italian policy: Elderly care up to family
- Emigration: Economic problems
- Looking x better life
- Immigrant women looking for job as elderly caregiver
- Quota Visa for caregivers
- Elderly care allowance to the families
Albert, M.S.

Abel, E.K.

ACLIcolf (Pubs)

Baer, H.A.

Bailey, F.G.

Barker, J. C.

Barker, J.C. & L.S. Mitteness

Berders, C. & JM. Eckert

Bezrukov, V.V. & A. Foigt

Booth, S. and J.E. Cole

Borghi, G.

Canals, J.

Caritas (Pubs)

CESTIM (Pubs)

Clark, J.A. et al

Council of Europe, (Eds)

Curtis, S. et al

De Jong Gierveld, J. et al

Douglas, M.

Fabris, A.

Foner, N.
Good, J. P.

Gubrium, J.F. & A. Sankar

Hardon, A. et al.

Heikkinen, E.

Jaarsma, S. R.

Keesing, R.M.

Karner, T.X.

Kompter, A.

INSEREG (Pubs)

INPS (Pubs)

IOM, (Eds)

Laggia, A.

Massè, R.

Ministero del Lavoro (Pubs)

McKenzie, M.

Mul, A.

Nava, L.

Novelli, M.C. and M. Totis

Patton, M.Q.

Polverini, F. et al.

Priester R., J.R. Reinardy

Putnima, A.

Rivas, L. M.

Scheper-Hughes, N. & M. Lock

Sepilli, T.

Sol.Co. (eds)

Spradley, J.P.

Thompson, J.

Tilse, C. et al.

Tonin, G.

Ungerson, C.

Ungerson, C.

Ungerson, C.

Van der Geest, S. et al.

Van der Geest, S.


Van Dongen, E.


Van Dongen, E. and S. Fainzang (Eds)


Vatuk, S.


Veneto Globale,


Von Faber, M. et al.


Weber, M. and S. Van der Geest & G. Van der Geest


WHO