

A Comfort or a Threat? How Older Italians View Home Eldercare Assistants

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Acknowledgements

This research was supported by a Fulbright Senior Scholar Research Award to Anne Barrett. It also was supported by the Pepper Institute on Aging and Public Policy at Florida State University in Tallahassee, Florida, and the Department of Sociology and Social Research and the Center for the Interdisciplinary Study of Gender at the University of Trento in Trento, Italy. The authors thank the staff members at the senior center and nursing home where we conducted interviews. They generously assisted with recruiting and scheduling and found space for the interviews. We also thank Dominik Balazka for his transcription assistance and useful project suggestions. Most of all, we thank the participants in our study. Without their enthusiastic involvement, honest responses, and patience with a non-native Italian speaker, this research would not have been possible.

ABSTRACT

Increasing life expectancy has led, in many countries, to new arrangements to meet the growing need for care in later life. In Italy, with the second oldest population in the world, family members, especially women, provide the majority of care. Paid care workers, however, are increasingly filling in where families cannot. Known as “home eldercare assistants” or *badanti*, most are middle-aged women from Eastern Europe, South America, or the Philippines.

Research on this phenomenon is limited by its almost exclusive focus on care workers rather than older adults who receive their care—or may do so in the future. Our study addresses this issue using interviews with 28 older adults living in northern Italy. Participants with friends or family members who had received support from these care workers often held positive views. Most, however, also expressed negative views that resonated with cultural discourses about aging, as well as immigration. These views reflected the high value placed on independence, along with the centrality of the home as a site for decision-making and identity maintenance. Negative views also were shaped by dominant discourses that construct immigrants as threats to security, particularly regarding one's belongings. Another discourse that influenced views of home elder-care assistants centered on the construction of aging as a biomedical phenomenon that is better addressed by medical professionals in health care settings, including nursing homes. Such views influence older adults' willingness to receive help from care workers and its effectiveness—knowledge of which can improve care.

Keywords: care work, formal care, caregiving, *badanti*, Italy

¿Un consuelo o una amenaza? Cómo los italianos mayores ven a los asistentes de cuidado de ancianos en el hogar

RESUMEN

El aumento de la esperanza de vida ha llevado, en muchos países, a nuevos arreglos para satisfacer la creciente necesidad de atención en la vejez. En Italia, con la segunda población más envejecida del mundo, los miembros de la familia, especialmente las mujeres, brindan la mayor parte del cuidado. Sin embargo, los cuidadores remunerados están ocupando cada vez más los lugares donde las familias no pueden hacerlo. Conocidas como “asistentes de cuidado de ancianos en el hogar” o *badanti*, la mayoría son mujeres de mediana edad de Europa del Este, América del Sur o Filipinas. La investigación sobre este fenómeno está limitada por su enfoque casi exclusivo en los trabajadores del cuidado en lugar de los adultos mayores que reciben su atención, o pueden recibir su atención en el futuro. Nuestro estudio aborda este tema mediante entrevistas con 28 adultos mayores que viven en el norte de Italia. Los participantes con amigos o familiares que habían recibido apoyo de estos cuidadores a menudo tenían opiniones positivas. La mayoría, sin

embargo, también expresó puntos de vista negativos que resonaron con los discursos culturales sobre el envejecimiento, así como la inmigración. Estos puntos de vista reflejaban el alto valor otorgado a la independencia, junto con la centralidad del hogar como lugar para la toma de decisiones y el mantenimiento de la identidad. Las opiniones negativas también fueron moldeadas por los discursos dominantes que construyen a los inmigrantes como amenazas a la seguridad, en particular con respecto a las pertenencias de uno. Otro discurso que influyó en las opiniones de los asistentes de cuidado de ancianos en el hogar se centró en la construcción del envejecimiento como un fenómeno biomédico que es mejor abordado por profesionales médicos en entornos de atención de la salud, incluidos los hogares de ancianos. Estos puntos de vista influyen en la disposición de los adultos mayores a recibir ayuda de los cuidadores y en su eficacia, cuyo conocimiento puede mejorar la atención.

Palabras clave: trabajo de cuidados, cuidado formal, cuidado, *badanti*, Italia

舒适还是威胁？意大利老年人如何看待家庭老年护理助手

摘要

在许多国家，预期寿命的延长引起了一系列用于满足日益增长的晚年护理需求的新安排。在拥有世界第二大老年人口的意大利，家庭成员（尤其是女性）提供了绝大部分的护理。不过，有偿护理人员正越来越多地为无法自我护理的家庭提供服务。这类护理人员被称为“家庭老年护理助手”或 *badanti*，她们大多数是来自东欧、南美或菲律宾的中年妇女。关于此现象的研究有限，因为其几乎只关注护理人员，而不是接受护理的老年人或者将在今后接受护理的老年人。我们的研究通过对意大利北部的 28 名老年人进行访谈，以期研究该问题。部分参与者的朋友或家人曾经接受过这些护理人员的支持，这部分参与者通常持有积极看法。不过，大多数人也表达了消极看法，后者与关于老龄化和移民的文化话语产生共鸣。这些看法反映了对独立性的高度重视，以及家庭作为决策和身份维护场所的中心地位。负面看法也受到主流话语的影响，这些话语将移民建构为安全威胁，尤其是关于个人财物的威胁。影响对家庭老年护理助手的看法的另一话语将老龄化建构为一种生物医学现象，而医疗护理机构（包

括疗养院)的医疗专业人员能更好地应对该现象。这类看法会影响老年人在接受护理人员帮助方面的意愿以及护理有效性—了解这些能改善护理。

关键词: 护理工作, 正式护理, 护理, 家庭老年护理助手 (*badanti*), 意大利

A Comfort or a Threat? How Older Italians View Home Eldercare Assistants

Across the globe, families – and especially the women in them – provide the lion’s share of care for older adults. The caregiving challenge may be particularly intense in nations that are characterized by a more family-centered model of care (Esping-Anderson, 1990; Leitner, 2003). Providing examples are the Southern European countries, including Spain, Portugal, Greece, and Italy. They contrast with others, like their northern neighbors of Sweden, Denmark, and Finland, that support older adults through a more balanced combination of family and state support (Esping-Anderson, 1990; Leitner, 2003). Italian families, however, may be stretched especially thin, given the nation’s relatively high life expectancy, averaging 83 years, and its low and declining fertility

rate, averaging 1.35 children per woman (Istat, 2016; Mazzola et al., 2016; World Health Organization, 2016).

Paid immigrant care workers are increasingly filling in where Italian families cannot. They are participants in “global care chains” (Ehrenreich & Hochschild, 2004) driven by developed nations’ care-provider shortage and labor market’s globalization. Known in Italy as “home eldercare assistants,” or *badanti*¹ most of these care workers are middle-aged women with families of their own in Eastern Europe (e.g., Ukraine, Romania), South America (e.g., Ecuador, Peru), or the Philippines (Cvajner, 2018; Degiuli, 2016). These workers provide a variety of services, ranging from providing companionship to self-sufficient older adults to assisting those with physical or mental disabilities with tasks like bathing, dressing, and feeding (Degiuli, 2007). The work also varies by the workers’ living arrangements and time commit-

1 Following Degiuli (2007: 206), we use the term “home eldercare assistant”; as she noted, “The term *badante* was first adopted by the center-right government in Law No. 189 Art. 33 July 2002 to define a ‘migrant person from a non-EEC country, who offers assistance to a person whose self-sufficiency is limited by pathologies or handicaps.’ Since its adoption the term has been contested by many because it was originally used to define, in the 1900s, people who would take care of animals.” As a term that is offensive to care providers and care recipients, various organizations have promoted the use of “home eldercare assistant.” We did, however, use the term *badante* in interviews, as it remains the more commonly used term in public discourse.

ment, with “live-in” eldercare workers residing in the care recipients’ home and providing around the clock care and “live-out” workers living in their own homes and providing care on a more fixed schedule (Degiuli, 2007).

The research examining this phenomenon focuses almost exclusively on care workers’ perspectives (e.g., Degiuli, 2007, 2010, 2011, 2016; Elrick & Lewandowska, 2008; Näre, 2009; Rugolotto, Larotonda, & van der Geest, 2017). Although some studies incorporate care recipients’ perspectives (e.g., Rugolotto et al., 2017), they provide limited insight into the perspectives of another relevant segment of the population – older adults who are not currently receiving their care, but may have considered it in the past or may seek it (or not) in the future. We know little about their perceptions of home eldercare workers, including whether they view them as desirable care providers and why they hold these views. These views are likely to be influenced by friends’ or family members’ experiences and the media’s portrayals of home eldercare providers, although we know little about their relative importance. Similarly, little is known about how they may be shaped by broad cultural narratives about aging, such as the inevitability of physical decline and importance of avoiding dependence – or narratives about immigrants, such as those centering on perceived threats to safety.

Our study addresses this issue by focusing on older Italians’ views of home eldercare assistants. It uses interviews with a sample of 28 adults between the ages of 67 and 93 living in northern

Italy. None of the participants reported having received care from home eldercare assistants; however, nearly all held strong views of these workers that were drawn from close others’ experiences or from media images. By examining these views and the social and cultural factors shaping them, our study provides insight on older adults’ likelihood of considering care from home eldercare workers and the preconceptions with which they would enter such arrangements – knowledge of which would aid in the design of more effective care scenarios.

Care Work in Italy

The Italian family’s social duty – indeed, its legal responsibility – to provide for its older members is reflected in the intergenerational coresidence and support patterns found in Italy (Albertini & Kohli, 2013; Albertini, Kohli, & Vogel, 2007; Meda, 2014; Naldini, 2003). For example, research using the Survey of Health, Ageing and Retirement in Europe found that more than half of Italians 60 and older live in a household with an adult child, a figure two to six times higher than many other European nations (Hank, 2007). It also revealed an Italian pattern of less frequent – but more intense – support (e.g., money, personal care, household help) provided by children outside the household (Albertini et al., 2007). Further indicating family’s centrality were the results of European Commission-funded survey research revealing that adult children were the most frequently mentioned persons on whom

they could rely in the case of illness – support made possible by the fact that two-thirds had children living in the same town (Gagliardi et al., 2012).

Although the family continues to be the primary care providers for older Italians (Haber Kern, Schmid, & Szydlik, 2015), other sources of care, funded through private and public sources, are becoming more important (Naldini, Wall, & Le Bihan, 2013). This trend is propelled by the increasing care work demands resulting from the extension of life expectancy, the decline in family size, and the rise in women's employment – along with the state's response to these pressures (Da Roit, 2007; Naldini et al., 2013). Although more limited in Italy than many other EU nations, the state response focuses on “cash-for-care” programs, the most widely used (*Indennità di accompagnamento*) providing approximately 500 Euros a month in unrestricted funds to those needing continuous assistance (Barbabella et al., 2016; Naldini & Saraceno, 2008). The percentage of those 65 and older receiving the benefit rose over the past two decades from 6 to 13 percent – and 24 percent for those 80 and older (Barbabella et al., 2016; Gagliardi et al., 2012). Most of the funds are used to hire home eldercare assistants. Approximately 8 percent of all Italian households with older adults report hiring a home eldercare assistant, a figure much higher than elsewhere in Europe (Da Roit & Weicht, 2013).

Home eldercare assistants have been the focus of research examining this care work as a phenomenon driven

by macro-level migration processes involving globalization and inequalities, including those based on gender, race or ethnicity, and socioeconomic status (e.g., Cvajner, 2018, 2019; Parreñas, 2015). An example is Cvajner's (2018, 2019) ethnographic research examining women's experience of migration from several former Soviet republics to northern Italy. Her work historically contextualized their migration and explored how the women, most of whom became home eldercare assistants, navigated the labor market and created lives for themselves in their new home.

Another stream of research on home eldercare assistants relates more closely to the current study, as it focuses on the care work itself (e.g., Degiuli, 2007, 2010, 2011, 2016; Elrick & Lewandowska, 2008; Näre, 2009; Rugolotto et al., 2017). For example, Degiuli (2007, 2010, 2011, 2016) used participant observation and interviews with home eldercare assistants and the family caregivers who hired them, along with workers in community organizations that interfaced with these groups, to examine how the women were transformed into “ideal” home eldercare assistants, which involved the acceptance of a physically and emotionally taxing “job with no boundaries” (Degiuli, 2007, p. 193). Another example is Rugolotto and colleagues' (2017) study that used interviews with home eldercare assistants and family caregivers to examine the complex relationships involving not only positive bonds characterized by warmth and gratitude, but also negative ones characterized by subservience and exploitation.

Less is known about older adults' perceptions of home eldercare assistants; however, the literature suggests that their views are mixed. Italy's historic reliance on families for caregiving raises the possibility that non-family care providers, particularly those who are paid, are viewed negatively. This prediction is suggested by the conclusions that Rugolotto and colleagues (2017, p. 185) drew from their interviews with home eldercare assistants and the relatives of older adults who hired them:

Badanti, Italian families and older people find themselves locked in an uneasy contract: badanti because they are exploited and unable to find better, formal employment; Italian families because they are aware that they fail to render their moral duty to their aged parents and grandparents; and older people because they feel neglected and maltreated by their children.

Providing further evidence of negative views of home eldercare assistants, care workers often felt that the care recipients' family members viewed them with suspicion – as “strangers” who might swindle their loved ones. However, the study also reported that some home eldercare assistants felt that the older people for whom they cared were satisfied with the arrangements and preferred them to placement in a nursing home (Rugolotto et al., 2017).

Similarly mixed views of home eldercare workers are revealed by research conducted in other countries

(e.g., Chon, 2015; Doyle & Timonen, 2009; Porat & Iecovich, 2010; Walsh & Shutes, 2013; Yeoh & Huang, 2010). As in Italy, the patterns are gleaned from studies of care providers or (to a lesser extent) care recipients and their family members – rather than from studies of older adults who may seek such care in the future for themselves or their family members. For example, Walsh and Shutes' (2013) focus group interviews conducted in the United Kingdom and Ireland with older nursing home residents and migrant care workers, who worked in home and residential care settings, revealed complex relationships characterized not only by warm and reciprocal attachments but also by discrimination, particularly toward care workers from African countries. Mixed views of care recipient and care worker relationships also were reported in Chon's (2015) interviews conducted in Korea with home eldercare workers and care recipients' family members; however, family members tended to have more positive views than did the home eldercare workers, some of whom reported excessive demands and even sexual harassment.

Studies conducted in other countries also reveal how cultural narratives of aging influence views of home eldercare workers (e.g., Ayalon, 2009; Breitholtz, Snellman, & Fagerberg, 2012; Schröder-Butterfill & Fithry, 2014; Yeoh & Huang, 2010). A central narrative focuses on the view of care receipt, particularly in the home setting, as a threat to independence. For example, Breitholtz and colleagues' (2012) interviews with older adults receiving in-home care

in Sweden highlighted care recipients' strong desire that care workers facilitate their self-determination in the home, as an entity that symbolizes personhood. Other research draws attention to in-home care's threat to privacy, as well as safety – themes more often highlighted in studies of migrant care work. An example is Ayalon's (2009) study of older adults in Israel with live-in home care workers from the Philippines. Involving interviews with older care recipients and their family members, the study found fear of abuse or neglect to be a central concern that stemmed from concerns about having a stranger living in one's home. A similar theme is found in Schröder-Butterfill and Fithry's (2014) ethnographic study that involved interviews with all adults aged 60 and older in two rural Indonesian villages. The interviews revealed a strong reluctance to have intimate personal care provided by "non-blood" relatives.

Our study contributes to the relatively small literature – in Italy or elsewhere – examining older adults' views of home eldercare assistants. In particular, it focuses on the views of those who are not currently receiving assistance from home eldercare assistants but are likely to have perceptions of these care providers that are influenced by their friends' and family members' experiences as care recipients. Moreover, the participants' ages, which averaged 80, made it likely that they had considered the possibility of receiving assistance from home eldercare assistants. This feature of our study provides a different vantage point on Italy's home eldercare assistants.

Data and Methods

The study, which was approved by the institutional review boards at Florida State University and the University of Trento, involved interviews with 28 Italians. They were recruited from a senior center and a nursing home that were typical of such facilities in the region and were conveniently located for the researchers. The senior center was walking distance of the main piazza of a mid-sized city in northern Italy. The nursing home was located in a smaller village near the main city. In both facilities, the activities director assisted with recruitment of participants by sharing the study's details with their clients or residents. The majority of participants (71%) were recruited from the senior center. Ages ranged from 67 to 93 and averaged 80. The average age was higher among nursing home residents (83 compared with 79 years). Eighty-two percent of participants were women, and 89 percent had children. Fifty percent of participant were widowed, 25% were married, 18% were separated or divorced, and 7% were never married.

Interviews were conducted in-person at the senior center or nursing home between December 2018 and February 2019. All were conducted individually, with the exception of one married couple who was interviewed together. Written consent was obtained from all participants, with the exception of one for whom only oral consent was possible. Interviews were conducted in Italian by the authors. While the first author speaks the language at an

intermediate level, the second author is a native speaker. Most interviews were conducted with both authors present; however, the last six were conducted by the first author.

We conducted semi-structured interviews that explored the care arrangements for older adults in three broad stages of the participants' lives. Focusing on their childhood and adolescence, the first questions centered on the care provided to their great-grandparents, grandparents, or other older relatives, including their living arrangements and quality of relationships with the participants. Turning to their young adulthood and middle-age, participants were asked about the support or care provided to their own parents, in-laws, or other older relatives. Respondents were then asked about their own need for and receipt of various types of support or care from different sources, including their adult children, grandchildren, siblings or other relatives, friends, and paid caregivers. Participants, particularly those recruited from the senior center who needed little assistance in their daily lives, were asked about their desired sources of care, should they require any additional assistance in the future. All participants consented to the audio-recording of interviews, which were transcribed verbatim. The excerpts used in this paper were translated into English by the authors.

We used thematic analysis, a qualitative method that reveals overarching patterns by identifying topics and ideas found in the data (Boyatzis, 1998;

Braun & Clarke, 2006; Nowell, Norris, While, & Moules, 2017). The analysis involved several steps. We first read one-third of the transcripts to develop initial coding categories (e.g., home eldercare assistants, nursing homes, parents' later life health, care for grandparents, participants' care preferences). We then coded all transcripts using these codes, in addition to others that emerged during this more in-depth coding (e.g., home eldercare assistants' ethnicity or nationality, positive views of nursing homes, news stories about home eldercare assistants).

For the current paper, we examined all excerpts of the transcripts that included codes related to home eldercare assistants. As we examined these excerpts, we considered them in the context of the full interview to clarify participants' views. For example, contextualization of the excerpts revealed that although participants often conveyed some positive views of home eldercare assistants these sentiments were often revealed by questions that followed respondents' initial descriptions of negative views (e.g., "Do you know anyone who had a positive experience with a *badante*?"). This observation revealed that many participants' most salient view of home eldercare assistants was negative. From the analysis of all interview content related to home eldercare assistants, several key themes emerged, which became the outline for the results section of this paper.

Results

Analyses revealed that a mix of positive and negative views of home eldercare assistants, a pattern consistent with prior studies conducted in Italy and elsewhere (e.g., Chon, 2015; Doyle & Timonen, 2009; Porat & Iecovich, 2010; Rugolotto et al., 2017; Walsh & Shutes, 2013; Yeoh & Huang, 2010). Positive sentiments were especially common among participants with friends or family members who had received care from these providers. Most participants, however, also expressed negative views, especially when asked about their possible receipt of such assistance in the future. Our analyses focus on unpacking explanations for these negative views by drawing on dominant cultural discourses about aging, as well as immigration.

***Una Bravissima Donna* (Excellent Woman): Positive Views of Home Eldercare Assistants**

Some respondents conveyed positive views of home eldercare assistants, often using terms like *una bravissima donna* (an excellent woman) or *una persona meravigliosa* (a marvelous person). For example, Pina, an 87-year old woman, had only positive words to describe a neighbor's home eldercare assistant: "She comes, takes the lady out, but not outside now because it's cold. But at least downstairs for some fresh air. She talks with her and caresses her. But the *badante* looks after her like . . . better! She takes care of her as she was one of her relatives. Really, really good." Oth-

ers with positive descriptions had had personal experiences with home eldercare assistants, particularly as providers of care to their relatives. For example, 80-year-old Ida described her experience with a home eldercare assistant who had cared for her sister: "I had just retired and my brother was still working because you can't assist a person 24 hours a day. So we found this *badante*. She was really a wonderful person. We are still in touch with her despite the fact it has been thirteen years that my sister is no longer with us."

Such views, however, were often revealed only by interview questions that followed participants' initial expression of negative sentiments, an observation suggesting that the most salient views were, in fact, negative. The following excerpt from the interview with Assunta, a 68-year-old divorced woman, provides an illustration:

Interviewer: Would you consider the idea of having a *badante*?

Assunta: No. [Laughs, then laughs a bit more loudly.] No.

Interviewer: Why?

Assunta: No. No, because when you are a certain age, you are very fragile. . . . Me alone with the caregiver? No. . . . I'd almost be afraid.

[Interviewer asked about and Assunta explains the source of this feeling.]

Interviewer: Do you know anyone who has had a positive experience with a *badante*?

Assunta: Yes. Sure. Sure. My neighbors, where I live. She's a lady I still see. A very good lady. They were close, I know she treated them very well. No, no. I mean, it's my fear. It's not like I'm saying that all *badanti* are... are... but, in short... hmm...

Like Assunta, most participants could provide examples of positive experiences that others had had with home eldercare assistants, but they tended to frame them as exceptions. This observation is likely to reflect the salience of negative cultural constructions of these workers.

Una Brutta Parola (An Ugly Word): Negative Views of Home Eldercare Assistants

The interviews revealed ample evidence of negative views of home eldercare assistants, but these views were most stridently expressed when participants were asked about the idea of hiring a home eldercare assistant for themselves, should they require assistance in the future. Most participants saw it as highly undesirable. When asked to whom she would likely turn for assistance, Loretta, a 77-year-old widowed woman, indicated a preference to go to a nursing home rather than hire a home eldercare assistant because "there are only one in a thousand good ones." She expressed her position even more emphatically by adding "I told my children, I go to the bridge of the Adige and throw myself in rather than having a *badante*."

Although this response is likely to reflect dominant cultural construc-

tions of these workers, it also may stem from a more general reaction to the notion of oneself as a potential care recipient. Illustrating this possibility is the following exchange between the interviewer and Maria, a 91-year-old widowed woman:

Interviewer: Would you consider having a *badante*?

Maria: Ah... what a *brutta parola* [ugly word] – *badante* [caretaker]. Ugly.

Interviewer: In what sense "ugly"?

Maria: Yes, I don't like "*badante*," it needs to change. A lady chaperone, see how it changes? Do you need a "chaperone" for help? But "*badante*"? It's bad.

Maria's preference for a term that implies less need for assistance reflects broader discourses about aging, in particular the emphasis on preserving independence and autonomy.

Autosufficienza (self-sufficiency). Participants' attitudes toward home eldercare assistants reflected the high cultural value placed on self-sufficiency, which was perceived as threatened by home eldercare assistants' provision of care. Like Maria, who preferred the word "chaperone" over "*badante*," maintaining self-sufficiency also was important to Annamaria, an 82-year-old separated woman, for whom the amount of time home eldercare assistants spent helping indicated one's dependence. As she explained, "No, look. I wouldn't be happy. I mean, I'd be happy for them to come in the morning and do things. Either in

the morning or the afternoon. But *having it this way forever* [italics added] – no. I’m too used to being on my own. To being a little autonomous on certain things.” Annamaria’s comments revealed two factors that led participants to see their independence as imperiled by home eldercare assistants’ support – receiving it over a greater proportion of the day (and presumably night) and viewing the arrangement as permanent.

Assunta, the 68-year-old woman who indicated that she would be “afraid” to have a home eldercare assistant, also expressed a concern about its implications for her independence. As she explained, “Yes, yes, yes. They do the cleaning. Although I don’t know if I’d stand a situation . . . I don’t know. It’s not that I can say about the future, but I know I’d have a lot of trouble accepting myself in a dependency situation. Dependency.”

She continued, however, explaining that these sentiments were not limited to the idea of help from a home eldercare assistant: “Whether it’s from a *badante*, whether it’s from my daughter . . . It will be a very hard work for me to accept help from someone else.” As these comments illustrate, some of the negative sentiments regarding home eldercare assistants were not specific to paid care providers. They reflected what home eldercare assistants represented to most participants: a loss of independence, and perhaps an irreversible one.

“La casa mia” (my home). Views of home eldercare assistants were influenced by another dominant cultural

discourse about aging, one that centered on the home as a space for autonomous decision-making, thus an entity that symbolizes personhood. For some participants, the symbolic importance of the home manifested in an emphasis on the objects in it – their belongings, over which they wished to maintain control. When asked about home eldercare assistants, Luisella, a 71-year-old widowed woman, replied with the following explanation for her opposition to hiring them: “Absolutely – no, no, no. Absolutely. I am particular about who touches my things. My daughter, too. If she touches my things, she moves them . . . I say, ‘Where’s the thing? Where is it?’ But wasn’t it okay there? It has to stay there. I put it there, it’s there. When I was in the hospital [...] I couldn’t find my things anymore. Where’s the... ? All because they were put somewhere else.” Luisella’s expectation that objects remain where she places them – and not be relocated by others, even family members – illustrates participants’ strong desire to preserve their autonomous decision-making in the home.

Other participants emphasized the psychological adjustment that having an eldercare assistant would require, given their presence in the home. Anna, an 84-year-old widowed woman, described that she would find having an eldercare assistant in her home “a little difficult.” She continued, asking “Do you know why? Because you’re used to being alone and it’s hard.” Anna’s comments suggest that receiving care from a home eldercare assistant is challenging for many people because it represents a significant shift – from being complete-

ly alone in one's home to having another person present.

Anna's further explanation suggests yet another facet of participants' discomfort with the idea of home eldercare workers, and one that was shared by other participants: They are "strangers" in the home. As Anna explains, "I don't know how to say, having *a person you don't know* [italics added] inside the house is . . . I'd be a little uncomfortable, you know. I don't know. I'm going to have to accept it later, of course." Flora, an 89-year-old widowed woman, expressed a similar unease: "Look, honestly. Sincerely. As long as I'm clear-minded, I want to stay in my house. To help me with home cleaning I have my daughter-in-law. I would never want *strangers* [italics added]. I'd rather go to the nursing home. If one day I don't understand anything anymore, then throw me in the nursing home. I don't give a damn. No, no, no, no, no [to the having a home eldercare assistant]." Flora's comments, in particular, illustrate how participants' discomfort with home eldercare assistants as strangers centered on their presence in the home. Flora viewed paid care in the home as less desirable than paid care in a nursing home, although care in both settings would be provided by unfamiliar others. This observation underscores the view of paid care in the home as especially threatening.

Some participants corroborated their reluctance to having a home eldercare assistant by describing friends' or family members' experiences of care, with these descriptions often empha-

sizing a definition of these workers as strangers. An example is provided by Pia, a 75-year-old married woman, who said "I have my friends who have *badanti*. Eh, now they've adapted, let's say. It's been a while . . . A little problematic at first . . . because my son's mother-in-law didn't like her at all. I mean, having a person in the house, *stranger* [italics added], it's a little hard, huh." Nora, a 78-year-old married woman, similarly drew on her sister's experience with home eldercare assistants to explain the risk of receiving care from a stranger. She mentioned that several of the home eldercare assistants before the current one had mistreated her sister. As she explained, "[T]he others sincerely were dishonest. They filled her with medicine and they went outside, more than one. So this is what I mean, the people you take into the house you have to get to know them well, don't you?"

A factor that appeared to shape the labeling of home eldercare assistants as "strangers" was their ethnicity or national origin. Although respondents did not express overtly negative views of home eldercare assistants as immigrants, we observed that many participants mentioned this characteristic without a direct question about it. It was often the only demographic characteristic mentioned, besides gender. None of the participants, for example, referred to the age or marital status of a home eldercare assistant. When asked whether he knew anyone who had hired a home eldercare assistant, Giuseppe, a 73-year-old divorced man who lived in the nursing home, mentioned his in-laws, adding that their care pro-

vider was “a very polite lady. I think she is Ukrainian, if I’m not mistaken.” Pina, an 87-year-old woman who also lived in the nursing home, noted that she knew a home eldercare assistant who is Albanian, adding “but very nice, friendly, sweet.” Such comments alluded to home eldercare assistants as “outsiders” or “others,” contributing to the view of them as strangers in the home.

La sicurezza (security). Participants also conveyed negative views of home eldercare assistants that centered on concerns about safety. These concerns resonated with two cultural discourses – one about aging’s effect on one’s vulnerability and another about immigrants as threats to one’s safety. As Assunta, the 68-year-old divorced woman whose dialogue was presented earlier to illustrate the greater salience of negative than positive views, explained, “...when you are a certain age, you are very fragile. ... Me alone with the caregiver? No. ... I’d almost be afraid.” Another illustration is provided by Ida, an 80-year-old divorced woman who described her efforts to protect her sister from her home eldercare assistant – a role she termed a “badante for the badante.” As she explained:

Well, there are *badanti* who steal money and treat the sick badly, et cetera. So I used to go there [to her sister’s house] every day. So I’d go and see what the caretaker was doing. But I mean, as my mother used to say, “The occasion makes the thief.” If you are a poor wretch, alone, with the caretaker, better go to the

hospital. Because even if she’s good, she might think of putting a hundred euros in her pocket because you’ve got them there.

This description reflects a view of older people, particularly those in need of assistance, as vulnerable to mistreatment and a view of home eldercare assistants as care providers who may succumb to the temptation of exploiting the relationship’s power differential and the home setting’s limited oversight.

While some participants mentioned perceived threats to physical safety, most of the concerns centered instead on the objects in the home, the belongings. Describing her mother’s home eldercare assistant, Fiorenza, a 78-year-old widowed woman, said that “she was one who took away a lot of stuff, too. Because my mom was a woman who knew how to use her hands and was buying fabrics, pieces of stuff, balls of wool, and had made a full closet. That one took it all away in bags. Got it?” A more intricate scheme was described by Loretta, a 77-year-old widowed woman, who recounted a story of attempted jewelry theft by a cake-baking home eldercare assistant. The following excerpt described it:

Interviewer: Do you know the people this happened to?

Loretta: Yes. Yes. That she had gold jewelry, she was the one who had it in the cakes. And [the home eldercare assistant] said, “I make two cakes. One I make for my relatives, I make one for us.” And inside one of those she had

put the rings. So when it was time to take the cakes, she didn't remember which was which. When the older woman's relatives came in the evening, she said, "Come on, let's eat the cake." They cut the cake and things were in it. And it's true, eh.

As these examples illustrate, participants often viewed home eldercare assistants as highly undesirable care providers because they could be thieves.

This perception resulted from participants' collection of various accounts regarding home eldercare assistants, with the media an important source of them. As an illustration, Ida, who had described herself as a "badante for the badante," said, "I do not recommend it [hiring a home eldercare assistant], because every now and then you read in the newspaper, about those who live alone . . . the badante. Better go to the nursing home . . . as my mom used to say 'the opportunity' . . . that is, if she's there on her own . . . [and it's] clear that if she can, something remains in her pocket, in short [laughs]." Nunzia, 69-year-old widowed woman, also shared a story that appeared in the news. She prefaced it by saying she would not consider having a home eldercare assistant "because I have heard lots of bad stories." When asked to provide an example, she recounted the following:

Even around here, huh?! Last year . . . a gentleman down here . . . took his wife to the hospital because he was sick. He came back and never found the furniture. Eh, probably, even you

heard about it . . . Everybody on the street knew about it. And I want a *badante*? I don't think she will steal my furniture, no. But the same, with all the ones I hear. Oh, no.

The salience of these accounts, which provided rationales for participants' negative views of home eldercare assistants, may have been magnified by several factors. Their origin in a variety of sources, including family and community members' experiences and the media, may have amplified their impact. Moreover, the accounts "make sense," as they resonate with dominant cultural narratives of aging, as well as immigration. The emphasis on theft of belongings in the home reflects aging narratives that center this space as a site for self-determination, thus heightening the perceived risk of having those defined as strangers in it. The accounts' salience may have been further strengthened by their resonance with two additional narratives that intertwine to support a negative view of home eldercare assistants – an aging narrative that emphasizes older adults' vulnerability and an immigration narrative that emphasizes the workers' "otherness" and their perceived criminality.

"Preferenza per casa di riposo" (preference for nursing homes). Contrasting with their views of home eldercare assistants, participants tended to view nursing homes in more uniformly positive ways. For example, they often mentioned them as their preferred source of care should it be required

in the future – a preference that a few participants had conveyed to their children. For some, their rationale centered on the greater sense of security that nursing homes were thought to provide. As Anna, an 84-year-old widowed woman, explained, “I’ll go to the nursing home if they take me. I’m safer there [Laughs].” Moreover, she implied it was almost an inevitable, and final, transition. As she observed, “there are lot of ladies who came here [to the senior center] that went to the nursing home . . . I mean, that’s our end.” For other participants, however, nursing homes were less of an inevitability and more of a reassuring option, as a place where all their medical needs could be taken care of. In explaining her preference for a nursing home over a home eldercare assistant, Carlotta, a 67-year-old widow, said the following: “I think in a nursing home you’re much more protected, more looked after. [...] It’s like a hospital.” However, the level of care needed figured into one’s preferences, as Ida, an 80-year-old divorced woman, noted: “[I]t depends on how much you’re staying at home sick with a *badante*. It’s better to go to the nursing home: there they give you everything and more.” The focus on the availability of medical care in nursing homes reflected cultural discourses about aging that construct it as a largely biomedical phenomenon – namely a set of inevitable physiological declines that can be slowed or ameliorated with biomedical approaches (Estes & Binney, 1989). The dominance of these aging discourses contributed to participants’ negative views of home eldercare assistants, who

were seen as lacking credentials from the medical institution.

Discussion

Our study contributes to the literature on an increasingly common care arrangement in Italy and many other countries, the hiring of home eldercare assistants – typically middle-aged migrant women – to provide older adults with care that allows them to continue living at home. The study’s contribution stems from its focus on the views of these workers that are held by a segment of the population receiving relatively limited attention in prior studies – older adults who are not currently receiving their care but may have considered it in the past or may seek it (or not) in the future. Prior studies have focused instead on care providers or (to a lesser extent) current care recipients and their family members (e.g., Ayalon, 2009; Chon, 2015; Degiuli, 2016; Rugolotto et al., 2017; Walsh & Shutes, 2013; Yeoh & Huang, 2010). These studies provide much insight on the experiences of care providers and recipients and the relationships they form; however, they yield more limited insight on the views of these workers that are held by the broader population of older adults for whom the issue of their own or family members’ care needs in the future may be especially salient. Understanding their views and the social and cultural factors shaping them can help to identify and unpack preconceptions of these care providers, an exercise that could improve care and the conditions under which it is provided.

Our study, which focused on older adults in Italy, revealed a mix of positive and negative views of home eldercare assistants. This observation resonates with prior studies, conducted in Italy and elsewhere, that focused on care providers and care recipients and their family members (e.g., Chon, 2015; Doyle & Timonen, 2009; Porat & Iecovich, 2010; Rugolotto et al., 2017; Walsh & Shutes, 2013; Yeoh & Huang, 2010). Also echoing these prior studies were some of the themes that emerged from our analyses of these countervailing views, several of which reflected dominant cultural narratives of aging. This observation points to their wide-ranging influence, as they shape not only care recipient and care provider relationships but also the views of these care providers that are held by the broader population.

Our analyses indicated that participants' positive views largely stemmed from their knowledge of others' positive experiences, particularly family members' and friends' – an observation with implications for long-term care policy that extend beyond that of home eldercare. This observation resonates with prior research indicating that care recipients and their family members tend to have positive assessments of their experiences, while negative views are more common among home eldercare workers (e.g., Chon, 2015; Degiuli, 2016; Rugolotto et al., 2017). Also consistent with these studies, we found that our participants described “excellent” home eldercare assistants as those who treated the care recipients “like family,” implying that care from family is the standard

against which other types are measured. While not surprising, this observation underscores the bedrock expectation that all care recipients, regardless of the source of their care, are treated with dignity and compassion. It also highlights the importance of enhancing home eldercare assistants' ability to provide care that meets this expectation, namely through policies that make these jobs better paid, less precarious, and less physically and emotionally draining. Another policy implication is suggested by our observation that positive views largely derived from knowledge of others' favorable experiences. It suggests the potential value in facilitating this exchange, perhaps through social networks or support groups connected with the health service community – a possibility that may help counter the negative images of home eldercare assistants that are dominant in the culture.

Like the positive views of these care providers, the negative views of them also revealed values that reflect dominant cultural narratives of aging and have implications for long-term care policy, and care policies more generally. Our analyses revealed that some of the negative views stemmed from the loss of independence that care receipt – from any source – was assumed to represent. Care receipt in the home, however, gave relevance to another aging narrative, one that centers the home as a critical site for autonomous decision-making and identity preservation. These findings are consistent with prior research emphasizing the centrality of the home and the importance of preserving in-home care recipients'

self-determination (e.g., Breitholtz et al., 2012; Yeong & Huang, 2009). These findings reflected the cultural framing of “aging well” as a project centered on avoiding any sign of dependence – and continuing to reside in the home (e.g., Dillaway & Byrnes, 2009; Katz & Calasanti, 2015). This observation points to the importance of policies that assist older adults in achieving these goals.

From a more critical perspective, however, the observation suggests that alternative framings of the changes that can precipitate care receipt – from home eldercare assistants or other providers – may provide useful antidotes to the dominant cultural narratives of aging and may create more positive care experiences. One such alternative framing would place the receipt of care in later life in a broader perspective that recognizes and values individuals’ ever-shifting participation across their lives in the giving and receiving of varying levels and types of care. Such a framing could be facilitated by policy changes that minimize age as a factor used to organize the delivery of social care services and to determine eligibility for them. This reconfiguration may loosen the cultural link between care receipt and later life, which contributed in our study to participants’ negative view of care receipt. It would unpack the various elements of “long-term care” and locate them in the broader set of social and health care services, thus shifting the policy focus from age or life stage to care, including its receipt, provision, and unmet need across the life course.

Raising other policy implications are our analyses revealing that negative

perceptions of home eldercare assistants stemmed, in part, from the view of them as “strangers” in the home. This finding is consistent with other studies conducted in Italy and elsewhere (e.g., Ayalon, 2009; Degiuli, 2016; Schröder-Butterfill & Fithry, 2014). Although some of this sentiment reflected the home’s importance as a site for decision-making and identity maintenance, it also appeared to relate to these care providers’ ethnicity or nationality, which marked them as “other” to some participants. This finding underscores the importance of better understanding these views and how policies to challenge them could be designed and implemented. Insight on these views could be gained by research that examines images of home eldercare assistants found in the media and popular culture and how they influence Italians’, of all ages, views of these care providers. Such research also could incorporate an examination of how media depictions of an even more politicized and highly publicized migration process – African migrants’ harrowing journeys across the Mediterranean Sea – may influence Italians’ views of and relationships with people from other migrant groups, including many home eldercare assistants.

Another finding of our study – one that has received limited attention in the literature on home eldercare workers – suggests long-term care policy implications. We found that views of home eldercare assistants were colored by a dominant cultural narrative that constructs aging as a biomedical phenomenon requiring biomedical solutions (Estes & Binney, 1989). This ori-

entation led some participants to report a preference for nursing homes over home eldercare assistants. This finding contrasts with Rugolotto and colleagues' (2017) interviews with home eldercare assistants and family members of those receiving, which suggested that some older Italians preferred home eldercare assistants because they avoided the shame of nursing home placement by one's family. Among those receiving care from home eldercare assistants, who were the focus of their study, the typically more intensive care provided in nursing homes may be constructed as a less desirable option, given the strong cultural emphasis placed on avoiding dependence. In contrast, older adults who are not currently receiving any care – like most of our participants – may be able, through the privilege of their greater independence, to sidestep this issue altogether and focus instead on nursing homes' provision of medical care for their aging-related medical issues. Further research is needed to unpack these possibilities and explore their policy implications, which may include issues related to the training and credentialing of home eldercare assistants, as well as the framing of these care providers by the health and social service agencies with which they interface.

Although the general themes revealed in our interviews echoed those in other care work research, some findings may not extrapolate to other countries or even other regions in Italy. Our interviews were conducted in northern Italy, where family size is the smallest, incomes the highest, and elder services the most extensive (Mazzola et al., 2016).

Northern families' care work pressures, combined with their greater resources to hire help, may generate more positive views of home eldercare workers than might be found in southern Italy, where care provision exclusively by family remains a stronger norm.

Also suggesting a direction for further research is our study's inclusion of two distinct groups – senior center participants and nursing home residents. This design offers the advantage of a wider range of perspectives on home eldercare workers, although it likely influenced some of our findings. For example, nursing home residents are more exposed to a biomedical approach to aging, which may predispose them to this orientation. Moreover, their residence in a nursing home gave them a vantage point on home eldercare workers, from whom they were unlikely to ever receive care, that differed from that of the senior center participants, for whom such care was more likely. A more extensive examination of this topic could explore the views of a wider range of older Italians, including those in different regions and having different living arrangements, family networks, and physical abilities.

In sum, our study revealed that older Italians' views of home eldercare assistants are complex. Some are positive and others negative – but this complexity can be understood as a reflection of tensions between various social and cultural factors shaping these perceptions. While friends' and family members' positive care experiences contributed to positive views of these care

providers, these views were undercut by the negative views of in-home care, particularly by paid workers who may be of a different ethnic group, that pervaded the culture. Other tensions were produced by dominant narratives of aging, as well as immigration. The construction of aging as a biomedical phenomenon made nursing homes more appealing options than in-home care; however, this preference conflicted with the emphasis on the home's centrality to one's well-being, especially in later life. Similarly, the emphasis on the home, and the symbolism of the belongings in it, sat uncomfortably with cultural discourses about immigration that constructed paid care providers in one's home as potential threats. By identifying these contradictions and suggesting policies that could alleviate them, our study can contribute to improving care experiences in Italy and beyond.

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