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**Understanding the convergent experiences of home-based  
eldercare workers in different welfare regimes**

A multiple case study of Sweden and Türkiye

Master's Thesis

By Sedagul Yavuz

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Department of Political Science

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Supervisor: Annika Björkdahl

## ***Abstract***

Since the 1970s, neoliberal policies worldwide have been affecting the organization of care in welfare regimes and the working conditions of care workers. Although it takes different forms in different welfare regimes, studies show that it is a global phenomenon in which care workers endure poor working conditions such as low wages, heavy workload, and sexual harassment. Using the Social Reproduction Theory with an intersectional approach, this thesis examines the working conditions of home-based eldercare workers in line with the organization of care in welfare regimes and the neoliberal transformation of welfare regimes within the cases of Sweden and Türkiye. This thesis is designed as a multiple case study, and these two countries were chosen since they have entirely different welfare regimes. Adopting the feminist methodology, the data is collected with 22 semi-structured interviews (11 each) in Stockholm, Sweden, and Istanbul, Türkiye. The data is analyzed through thematic analysis, which relies on the theoretical concepts and themes derived from the interviews. This research illustrates that eldercare workers' experiences are closely interlinked with the marketization and commodification of care and shaped by the intersection of dehumanization, racialization, and sexualization in both cases. By stating that the neoliberal transformation of organization of care in welfare regimes create poor working conditions for eldercare workers, the thesis concludes that the complex and intersecting power relations, including race, gender, class, and migration status, reinforce the vulnerability of eldercare workers.

***Keywords:*** Organization of Care, Home-based Eldercare Workers, Neoliberal Transformation, Sweden, Türkiye, Social Reproduction Theory, Intersectionality, Multiple Case Study

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## ***List of Abbreviations***

<b>ASPS</b>	Ministry of Family and Social Services <sup>1</sup>
<b>EU</b>	European Union
<b>FRA</b>	EU Agency for Fundamental Rights
<b>ILO</b>	International Labour Organization
<b>NPM</b>	New Public Management
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>PPPs</b>	Public/Private Partnerships
<b>SRT</b>	Social Reproduction Theory
<b>UN WOMEN</b>	The United Nations Entity for Gender Equality and the Empowerment of Women

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<sup>1</sup> Aile ve Sosyal Hizmetler Bakanlığı in Turkish.

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## ***Prologue: The Story of My Life***

As a woman living in Türkiye, where gender inequality and sexual division of labor permeate every aspect of society, I have personally -indeed politically- experienced and witnessed the attribution of care labor to women through the association of care with ‘love,’ a phenomenon that is evident both in the private and public spheres (Yavuz, 2022). During my childhood, as a young girl trying to make sense of the world, I found myself questioning why my mother was solely responsible for meeting all the caregiving needs of me, my three siblings, and my father, without pursuing any other job outside our home. Despite her physically and emotionally demanding efforts, she was not earning any wage for her labor. This pattern was not unique to my mother alone; it extended to my friends’ mothers as well. Even if some of them worked in paid jobs outside the home, they still bore the entire burden of life-sustaining care responsibilities upon returning home. Meanwhile, men were rarely involved in caregiving processes. This clear imbalance in household labor division highlighted a serious injustice. To alleviate this injustice, it was necessary to abandon care being romanticized, and thus feminized, as confined to the private sphere as unpaid labor (Tronto, 2013).

However, it didn't take me long to realize that making care work paid was not enough to eliminate inequalities at the intersection of domination areas such as gender, class, ethnicity, and race. After participating in feminist activism in Türkiye, I witnessed the problems of women working in paid care services: precarious working conditions, sexual harassment, racism etc. Two years ago, I came to Sweden to study for my master's degree. I must be honest; before I moved to Sweden, I had a perception that the Swedish welfare regime was totally woman-friendly and fair. About two months after I arrived, I met a union member, a migrant home-based eldercare worker, which made me realize that care workers in Sweden face convergent problems as their counterparts in Türkiye. Then, I decided to contribute to making the voices of care workers heard by researching this topic in my master's thesis.



## **1. Introduction**

*“Home-based eldercare is a very problematic, undervalued area. Most importantly, salaries are very low, well below the Swedish average. Working conditions are difficult and stressful. Workers are exposed to discrimination, exploitation, and sexual harassment. The sector is dominated by women’s labor.”*

(Sinem, 2023, Union Representative in Stockholm)<sup>2</sup>

*“Care labor is traditionally a form of work that has been feminized and devalued. Eldercare workers in Türkiye work under very difficult conditions: cheap labor, precarious working conditions, exploitation, sexual abuse, etc.”*

(Elif, 2023, Union Representative in Istanbul)<sup>3</sup>

These are the statements of Sinem, a 44-year-old woman, who works on the rights of care workers in Stockholm and Elif, a 33-year-old woman who is a care workers’ union representative in Istanbul, in response to questions about the characteristics that describe the experiences of home-based eldercare workers. According to Sinem and Elif, home-based eldercare in both Sweden and Türkiye is devalued labor and predominantly performed by women. While highlighting the experiences of home-based eldercare workers, they highlighted the following common problems: low wages, heavy workload, exploitation, and sexual harassment. Moreover, Sinem’s and Elif’s observations are supported by various studies on the working conditions of elderly care workers both in Sweden and Türkiye. Eldercare workers in Sweden suffer from long hours, difficult working conditions, low wages, and the undervaluation of their labor (Strandell, 2020). In addition, exploitation, discrimination and sexual harassment are common problems (Storm & Lowndes, 2021; Strandell & Stranz, 2022). A similar situation is valid in Türkiye, where eldercare is mostly performed by (migrant) women, presents workers with difficult

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<sup>2</sup> The quotation is excerpted from the data collected with semi-structured interviews for this thesis.

<sup>3</sup> The quotation is excerpted from the data collected with semi-structured interviews for this thesis.

working conditions, discrimination, exploitation, and sexual harassment (Erdođdu & Toksöz, 2013, p. v)

At this point, it is not surprising that the following question comes to mind: How is it possible that in Sweden, which is a pioneer for gender equality, high female employment and strong public provisions, and in Türkiye, which is known for low female employment, limited welfare expenditures and high level of the informal sector, home-based eldercare workers can have similar experiences?

Indeed, it is a global phenomenon that care workers endure poor working conditions. According to the OECD report (2020), care work is recognized as one of the most mentally and physically challenging jobs, with 60% reporting exposure to physical risk factors due to the difficult working conditions, and 46% are exposed to mental health risk factors, including sexual harassment by caretakers. Studies on the working conditions of care workers in the literature explain this global phenomenon by pointing to the impact of the neoliberal transformation of welfare regimes (Abramovitz & Zelnick, 2010; Andersson & Kvist, 2015; Fraser, 2016).

In line with the path drawn by the literature, the aim of this research is to understand the working conditions of home-based eldercare workers and the difficulties they experience within the framework of the neoliberal transformation of welfare regimes and the organization of care. This study specifically focused on home-based eldercare because it is “one of the most gender-segregated sectors in the labor market” (Behtoui et al., 2020, p. 158). Moreover, this thesis is designed as a multiple case study and Sweden and Türkiye are chosen purposefully since they have completely different welfare regimes.<sup>4</sup> Accordingly, this study is guided by the following research question:

*How can we understand the working conditions of home-based eldercare workers in line with the organization of care in welfare regimes and the neoliberal transformation of welfare regimes with the cases of Sweden and Türkiye?*

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<sup>4</sup> For more details and justification, see Chapter 4 and Chapter 6.

The sub-questions are as follows:

- 1. What kind of transformations have affected the way (elder)care is organized in welfare regimes?*
- 2. How can we explain the convergence of the problems of eldercare workers in Sweden and Türkiye?*
- 3. In what ways are the sexual harassment experiences of eldercare workers shaped with regards to the power dynamics of gender, class, race<sup>5</sup> and migration status?*

The objectives are accomplished by gathering data through interviews for this research. The interviews were conducted in Stockholm, Sweden and Istanbul, Türkiye, respectively in March and April 2023. The qualitative data on the experiences of home-based eldercare workers are analyzed through the thematic analysis. The themes for the analysis are guided by the Social Reproduction Theory an Intersectional Approach, and the neoliberal transformation of welfare regimes and its impacts on the organization of care are further elucidated through the experiences of eldercare workers in Sweden and Türkiye.

### ***1.1. Thesis Outline***

This thesis consists of seven chapters. Following Chapter 1, Chapter 2 presents an overview of the literature regarding care, the relationship between care and welfare regimes, and empirical studies on eldercare workers both in Sweden and Türkiye. To aid the readers' understanding, Chapter 3 explains the contextual framework of the research regarding the eldercare system and the neoliberal transformation of welfare regimes both in Sweden and Türkiye. Chapter 4 discusses this thesis' theoretical roots, Social Reproduction Theory with the Intersectionality Theory, and outlines a specific framework to explore the working conditions of eldercare workers and address the inequalities they are exposed to. Chapter 5 introduces the

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<sup>5</sup> This thesis approaches "race" as a social construct that differentiates social groups of people on the basis of perceived physical differences and that varies across different societies and cultures.

methodology. Following, the data is analyzed in Chapter 6. Finally, Chapter 7 presents the conclusion with recommendations for further research.

## ***2. Literature Overview and Justification of the Research***

Embedded in the fields of gender studies and political science, this thesis seeks to understand the working conditions of home-based eldercare workers. Welfare regimes and the neoliberal transformation of organization of care are crucial to understanding the problems that home-based eldercare workers face under their existing working conditions because these regimes shape the context within which care work takes place and affect the experiences of the care workers. In this chapter, I explain the justification for this thesis and show how relevant literature on care, welfare regimes and empirical studies on care workers contributed to and inspired this research. I first review the discussions in the literature on the concept of care. Next, I discuss the welfare regime classifications. Further, I present the critique of empirical studies on eldercare workers in the context of Türkiye and Sweden in terms of the contributions of my research.

### ***2.1. Discussions on Care Work in Feminist Literature***

Feminist scholars have been problematizing care labor, which has traditionally been assigned to women by being confined to the private sphere resulting from the traditional gendered roles (Daly & Lewis, 2000; Lewis, 1997; Tronto, 1993). Care has been a significant topic of discussion in feminist literature and the debates on care work are vast and multidisciplinary, encompassing various perspectives and approaches. Therefore, care has been defined, problematized and explored in various ways. It can be claimed that the definitions and problematization forms developed on care vary according to which feminist perspective is taken and on which dimensions of the concept of care work one is focused.<sup>6</sup>

Care as an analytical concept is important in social policy because how care is organized in a certain context reveals much about social organizations and the

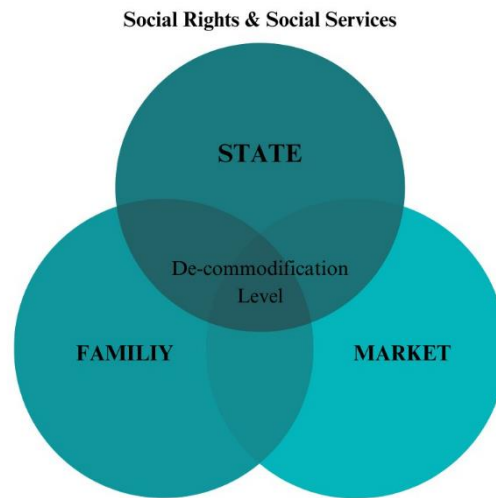
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<sup>6</sup> The most focused aspects of care in the literature can be classified as follows: Ethical dimensions of care, emotional dimension, and policy and social welfare dimensions. Certainly, all these dimensions are related to each other, but I found it necessary to make this categorization to understand the concept of care, which refers to and includes complex structures.

structure of welfare states (Daly & Lewis, 2000, p. 286). Scholars (Anttonen & Sipilä, 1996; Bettio & Plantenga, 2004; Orloff, 1993) analyze the impact of social policies, labor regulations, and welfare systems on the conditions and recognition of care work and address broader social and political power dynamics and the underlying economic and political structures that shape and perpetuate care relations. Having a critical perspective, these scholars argue for the need to rethink and redesign social welfare systems to address social, economic and gender inequalities.

### *2.1.1. Welfare State and Care*

The welfare state is not uniform and does not have a clear form in terms of its definition and scope (Briggs, 1961, p. 221). The common emphasis in the definitions of the concept is that it involves “state responsibility for securing some basic modicum of welfare for its citizens” (Esping-Andersen, 1990, p. 19). The welfare state literature that has emerged since the 1970s has generally focused on explaining and classifying different welfare regimes and some welfare state typologies have been used to identify welfare regimes. Esping-Andersen’s work “The Three Worlds of Welfare Capitalism” (1990) arouses great interest in the literature. Esping-Andersen's welfare regime typology based on the distribution of the provision of social rights and social services between the state-market-family (Figure 2.1). Furthermore, his welfare regime typology draws attention to “de-commodification.” The concept of de-commodification means that the welfare state provides the individual's social rights such as social security, care services, and education, independently of the market, and reduces the property of labor power as a commodity (Esping-Andersen, 1990, p. 37).



*Figure 2.1 The underlying basis of Esping-Andersen's welfare regime typology: Arrangement of the social rights and social services between the state-market-family (Authors' illustration based on Esping-Andersen, 1990)*

Welfare regimes expressing the production of welfare divided between “the state, the market and the family” are subject to a triple classification by Esping-Andersen (1990): (1) *Liberal*, (2) *Nordic*, (3) *Conservative welfare regimes*.

*Liberal Welfare Regimes* are shaped by the logic of the market and commodification and therefore the benefits provided by the state to the citizens are minimal. Citizens are essentially individual market actors and market relations are preferred to social rights. People are incentivized to pursue their own well-being in the market and the state acts as an authority of last resort. The USA, Canada and Australia are among the countries that belong to this typology (Esping-Andersen, 1990, p. 27).

*Conservative Welfare Regimes* give importance to the preservation of the traditional hierarchical social order instead of market efficiency. The low level of commodification and the high level of social expenditure are prioritized (Hicks & Kenworthy, 2003, p. 27). A family-based social policy is carried out either explicitly or implicitly to preserve the traditional family structure. (Powell and Barrientos, 2004, p. 86). These regime typologies are exemplified by Germany and Austria, France (Esping-Andersen, 1990, p. 27).

The main principles of *Nordic Welfare Regimes* are defined as social solidarity, universality, and equality between social classes. The benefits and services offered to the citizens are provided by the state. They differ significantly from other welfare state regimes to limit commodification and reduce market dependency. These regimes aim at making individuals more independent, and attempts are made to de-commodify citizens' welfare needs from the market as much as possible. Public employment and high levels of female labor force participation are common. Social services are independent of the market and the state assumes major responsibilities for service delivery. Sweden, Norway, the Netherlands, Denmark, and Finland represent this regime.

Esping-Andersen's classification has been criticized for examining only Western countries with developed economies, categorizing Mediterranean countries incorrectly and incompletely on the grounds that this classification does not give enough attention to the role that family and other informal market also play in the provision of well-being (Moreno, 2002, p. 1). Therefore, the "Southern European Welfare Regimes" has come to the fore as a new typology consisting of Mediterranean countries in the welfare state literature (Ferrera, 1996; Lewis, 1997; Moreno, 2002).

The main features of the *Southern European Welfare Regimes* are the inadequacy of the welfare programs of the countries and the traditional role of the family in the regulation of welfare services. In these regimes, where the welfare state phenomenon is not sufficiently developed, public and non-public social policy institutions work together, and social welfare and care responsibilities impose social solidarity on the family; therefore, the family plays a central role and the main institution that provides welfare in many respects is the family (Moreno, 2002, p. 2). Since care -of children, the elderly, the sick, and the disabled- is attributed to women, female employment is low. Spain, Greece, Portugal and Italy are defined as the leading examples of this model (Ferrera, 1996, p. 19). Türkiye was later included in this model (Abu Sharkh & Gough, 2010).



Apart from Western-centricity, Andersen's model was criticized by feminist theorists for being "gender-blind" (Lewis, 1997; Moreno, 2002; Orloff, 1993). Accordingly, the concept of de-commodification is made on a gender-blind basis, the impact of women and the family in ensuring well-being is not known, and the necessary importance is not given to gender as a basic form of social division (Daly & Lewis, 2000, p. 162).

To sum up, it is obvious that Türkiye and Sweden are among the welfare state regimes with completely different features, especially in terms of care systems. The Swedish welfare system, which is the leading sample of the Nordic welfare regimes, has been characterized by state commitment to public care for the elderly, the sick, children and the disabled (Williams & Gavanas, 2008, p. 16) as well as has been considered as women-friendly because it does not force women to make a difficult choice between work and family (Andersson & Kvist, 2015, p. 274). On the other hand, the Turkish welfare system, which is included in the Southern European welfare regimes, has been characterized as being family-based. This means that due to the inadequacy of institutional service provision, the lack of trust in institutional care services and cultural values, care has been mostly undertaken by family members (Atasü-Topcuoğlu, 2021, p. 12).

### ***2.1.2. Existing Empirical Studies on Home-based Eldercare Workers in Sweden and Türkiye***

As mentioned earlier, eldercare is a rising topic worldwide and has been gaining more importance in literature because of aging populations, changing family structures and gender dynamics and labor market participation. As seen in the Figure 2.2, the working-age population (20-64) in Europe will decrease substantially, "from 265 million in 2019 to 217 million in 2070", reflecting the dynamics of "fertility, life expectancy and migration," the projected population for 65 years old and above in 2070 is larger than in 2019 (European Commission, 2021, pp. 3-4).

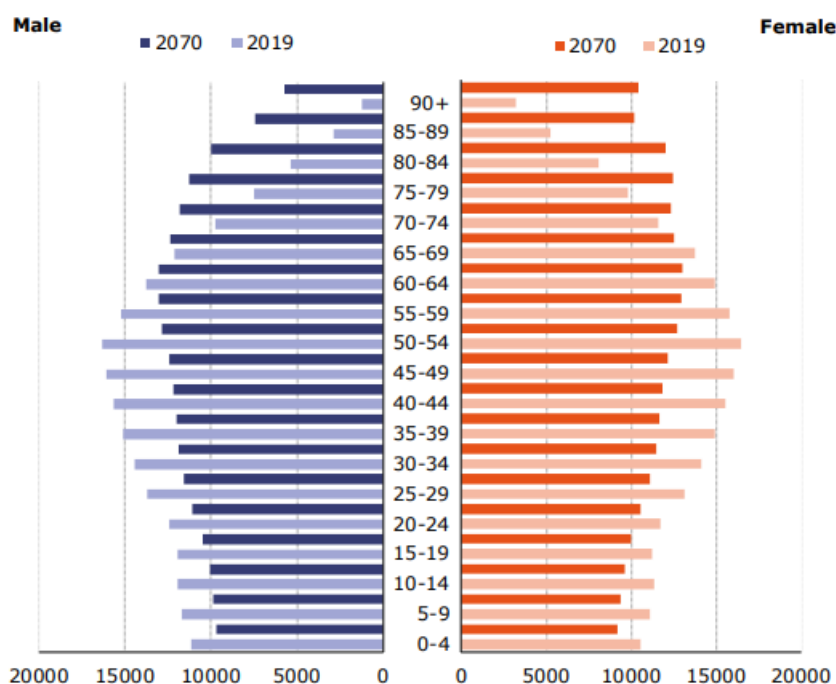


Figure 2.2 “EU – Population by age groups and gender, 2019 and 2070 (thousands)”  
 (Source: European Commission, 2021: p. 3)

As the elderly population grows, there will be a care gap in the future and the issue of who will be responsible for the care of the elderly within the welfare regime will come to the fore even more (Gavanas, 2013, p. 64). Therefore, eldercare has become an important social policy issue. Both in Sweden and in Türkiye, this issue has been addressed by different scholars. There are studies that elaborate on the Swedish eldercare regime and experiences of eldercare workers together with Canada, Britain, Austria, Germany, Japan or other Scandinavian countries (Ruggie, 1984; Simmons et al., 2022; Storm & Lowndes, 2021; Theobald et al., 2018; Trydegård, 2012). However, studies examining Sweden and Türkiye together are either non-existent or few in number.

### *Sweden*

There are several empirical studies in the literature centred on Swedish eldercare based on the data from the NORDCARE-project, a comprehensive survey to analyze and compare the working conditions in home-based eldercare in Denmark, Finland, Norway, and Sweden in 2005 and 2015 (Andersson & Kvist, 2015;

Strandell, 2020; Strandell & Stranz, 2022; Stranz & Szebehely, 2018; Trydegård, 2012).

Stranz and Szebehely (2018) focus on how organizational and social policy changes in Sweden's welfare regime affect not only eldercare workers, but also care users and their families. Their study determines that the organizational and social policy changes made the daily working conditions of the eldercare workers difficult, and as a result, the physical and mental well-being of the workers are at risk (Stranz and Szebehely (2018, p. 48). Strandell (2020, p. 143), in her study analyzes and compares the working situation in Swedish eldercare services in 2005 and 2015. She emphasizes that New Public Management (NPM) and the aging-in-place<sup>7</sup> policies complicate the experiences of eldercare workers. Strandell and Stranz (2022) focus on the precarious working status of Swedish home care workers. They highlight that “physical and mental strain, poor work-life balance, time pressure and lack of job control” are the main causes of various indicators of job insecurity (Strandell & Stranz, 2022, p. 15). The common emphasis of these studies is the deterioration in the working conditions of care workers due to the transformations created by the NPM in the provision of welfare services. The authors’ arguments related to the effects of organizational and policy changes on eldercare workers were particularly relevant to the arguments of this thesis. However, I should point out that these studies miss the intersectional approach in that they do not detail the consequences of the neoliberal transformation of the organization of care at the intersection of different forms of domination such as gender, class, ethnicity, and race.

Several studies in the literature further move the discussion to another level and explore the interlinkage between the marketization of care, care crisis and intersectional approach (Behtoui et al., 2020; Dodson & Zinbarg, 2007; Gavanas,

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<sup>7</sup> "Ageing in place" means that the elderly in need of care receive care services adapted to their individual needs in their own homes rather than in institutions. This principle has spread internationally in the organization of eldercare, with neoliberal policies favoring individual choice. As a result, home-based eldercare services have gained prominence (Strandell, 2020).

2013; Storm & Lowndes, 2021). Gavanas (2013) focuses on the increasing demand for migrant women's labor as a solution for the care deficit caused by the rapid aging of the population across Europe and the privatization of care services in the context of NPM reforms in Stockholm. She focuses on the purchase of informal services among the elderly as a part of the concept of “elderly care puzzle” refers to how elderly care and the actors providing care change and become more complex over time according to the needs of the elderly person receiving care (Szebehely, 2004, as cited in Gavanas, 2013, p. 63). Emphasizing that some elderly customers especially want to hire migrant workers, she argues that this preference of customers may be due to the extra cheap labor group of migrant workers in the informal labor market. Storm and Lowndes (2021) focus on the increasing migrant labor in nursing home services and the racism employees encounter in their daily work lives by addressing the case of Sweden and Canada. According to this research, migrant care workers are particularly vulnerable in Canada and Sweden, and many are in part-time, precarious employment with little job security and are commonly exposed to racism by the elderly or elderly relatives in Sweden and Canada. Parallel to Storm and Lowndes (2021)’s study, Dodson and Zinbarg (2007), and Behtoui et al. (2017) also state that precarious working conditions of racially discriminated workers may cause them to be reluctant to raise problematic issues and seek their rights. These results are also very important for my study in terms of understanding and analyzing how migrant workers that I interviewed in Sweden experience multiple forms of discrimination.

### ***Türkiye***

Despite the few studies available focusing specifically on the relationship between the organization of care within the welfare regime and the working conditions of eldercare workers in Türkiye, there are other studies conducted on care workers’ working conditions. Although these studies differ according to the research topic and the type of care work (such as childcare, eldercare and disability care), these studies emphasize the working conditions of care workers and the exploitative aspects of the job.

Most of these studies focus on migrant care workers and their involvement in informal employment because the inadequacy of institutional care services provided by the state increases the demand for migrant workers. Ege (2002), Çelik (2005), Akalın (2009), and Erdem & Şahin (2009)<sup>8</sup> drew attention to the intensified labor exploitation of migrant women working care sector. My study intends to make a contribution to the literature in the sense that it includes both migrant women and local women<sup>9</sup> working in home-based eldercare. Kaşka's (2006) study examines the working conditions of Moldovan eldercare workers in Istanbul and their experiences based on class, migration status, culture, and educational level. This study is important in that it also includes care receivers' perspectives and brings the role of private employment offices under scrutiny.

There are several studies that analyze the reasons behind the need for migrant labor in the care sector in Türkiye in the context of welfare policies that emphasize class, gender and ethnic/racial intersections. Ünlütürk-Ulutaş (2010, p. 287) claims that the main reason for this need is the absence of adequate public social services. According to her, the middle-class family owes its standard of living to migrant women who do housework<sup>10</sup>. Parallel to the work of Ünlütürk-Ulutaş (2010), Gökbayrak (2009) also focuses on the neoliberal transformation of the welfare state, which lies behind the intense need for migrant labor<sup>11</sup>. Gökbayrak (2009, p. 73), who evaluates the demand for migrant labor within the framework of the concepts of care deficit and global chain of care, underlines that migrant women's labor is cheap as they are more in demand than local ones. However, she also overlooks the problems faced by local care workers because her study does not include local care workers like other studies.

Tılıç-Rittesberger & Kalaycıoğlu's (2012) analysis of workers in the informal eldercare and childcare sector is also important for my study in the sense that the

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<sup>8</sup> My translation.

<sup>9</sup> "Local women" refers to workers without a migration background.

<sup>10</sup> My translation.

<sup>11</sup> My translation.

main aim of their study is to understand how the paid care work sector has changed with the neoliberal logic<sup>12</sup>. However, I think that the authors may have fallen into the trap of treating care work as a homogeneous category and misinterpreting the function of institutions, as the study did not address the differences between childcare services and eldercare services.

## ***2.2. Conclusion & the Contribution of this Study***

Studies focusing on the Swedish case predominantly approach the issue of care within the framework of social policy and focus on what kind of transformations the policy changes in welfare regimes cause in the provision of eldercare services. Although these studies have made a very important contribution to literature in terms of highlighting the difficulties created by the neoliberal transformation in the working conditions of eldercare workers, they may not fully consider the intersectional inequalities created by social policy changes.

Studies evaluating the results of the neoliberal transformation organization of care in Sweden at the intersection of gender, class, and race focus on the poor working conditions of eldercare workers in the context of racism and migration status. However, these studies do not give enough importance to the sexual harassment of (elder)care workers related to the neoliberal transformation.

Because of the inadequacy of institutional care services provided by the state and intensive migrant labor, studies looking into the case of Türkiye generally focus on the migration dimension of the subject rather than evaluating the transformations experienced in the organization of care within the conjunction of the welfare regime. A limited number of studies that evaluate the experiences of eldercare workers in the context of neoliberal policy changes in Türkiye's welfare regime focus heavily on the experiences of migrant women while tending to ignore the experiences of local women.

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<sup>12</sup> My translation.

In this thesis, I aim to fill the gap in the literature by evaluating the working conditions of eldercare workers shaped by the neoliberal transformation of welfare regimes and the organization of eldercare within the cases of Sweden and Türkiye. In addition, this thesis is important in that I focus on the experiences of not only migrant women, but also local women, in order to make women's lived experiences visible in both formal and informal sectors. In addition to evaluating the results of the neoliberal transformation in the provision of care services at the intersection of gender, class, and race, I have taken the discussion to an advanced point, since I focus on sexual harassment, one of the most significant issues that women are exposed to.

### ***3. Contextual Considerations***

To provide a comprehensive answer to the research question, it is essential to look at the organization of eldercare in both contexts and understand the availability of institutional care services offered to the elderly. Who is undertaking care work and in what forms are important questions to ask to understand the context in which workers work in Stockholm and Istanbul. This section reveals the unique key elements regarding the background of Swedish and Turkish eldercare systems<sup>13</sup>.

#### ***3.1. Organization of Eldercare in Sweden***

In Sweden, which is recognized as the leading representative of the traditional Nordic welfare model, social services and care have been publicly financed, largely publicly provided with high quality directed to all citizens depending on the need rather than the ability as part of the principle of universalism (Andersson & Kvist, 2015, p. 274). Eldercare has occupied a central place in this system (Stranz & Szebehely, 2018, p. 46). As part of universalism, all older people in Sweden have had equal access to eldercare services, regardless of their socio-economic status, and their well-being and needs have been ensured by high-quality care services that are publicly provided and financed. However, the Swedish welfare system has been under neoliberal transformation, and the New Public Management (NPM) model has begun to dominate the provision of eldercare services in Sweden from the early 1990s (Trydegård, 2012, p. 121). Under the influence of the NPM, the marketization of care in Swedish public eldercare has become more valid with the aim of creating a more cost-effective social care system, principles and methods from the market have been gradually adapted to the public service (Stolt & Winblad, 2009). As a result, while funding is still provided by the public sector, there has

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<sup>13</sup> Since this is not a comparative study, I do not evaluate the two cases on common parameters. Multiple case study gives the opportunity to evaluate the unique circumstances of each case. For more explanation, see Chapter 5.2.



been a transition in the provision from public to private providers (Meagher and Szebehely, 2013).

Until the 1990s, home care services were not provided by private actors within the Swedish welfare regime. As late as 1993, only 2.5 percent of all eldercare had been provided by private organizations – firms, companies, cooperatives or non-profit organizations (Trydegård, 2003, p. 453). In the same year, however, this situation began to change due to the enactment of the national reform for increased competition in municipal services (Moberg, 2017, p. 21). In 2016, 22-23% of public home care services were provided by private providers. However, the number of for-profit private providers varies widely between local authorities. It ranges from one or two in small municipalities to 100 in large cities such as Stockholm. For instance, although there are still many municipalities that do not use for-profit private providers, 72 percent of all home care hours in Stockholm are provided by for-profit providers (Moberg et al., 2016, as cited in Moberg, 2017, p. 23). In this respect, Stockholm can be considered as the leading city in marketization.

These neoliberal practices have had many effects on the labor market. The eldercare labor market consists of female employees (90%) who have a low education level and who are a highly segregated labor market in terms of gender and class (Stranz & Szebehely, 2018, p. 47). In addition to being part of a hierarchical organizational structure in which the eldercare sector and job duties are highly gendered, precarious working conditions, low salaries, low status, and limited career opportunities are major issues (Andersson & Kvist, 2015, p. 276). Additionally, the informal sector is growing, accounting for around 70% of total eldercare production (NBHW, 2002, as cited in Stolt & Winblad, 2009, p. 904). It has become quite common to work part-time in the care industry and the ratio of workers employed by the hour or other temporary employment in the home-based sector has increased (Theobald et al., 2018, p. 6).

It should also be underlined that new ways of organizing care in Sweden create inequalities regarding not only gender, class and education but also citizenship, race and migration status (Gavanas, 2010). According to data from 2016, one-third of

male care workers and one-fifth of female care workers were born outside the Scandinavian countries, and most of them immigrated from non-European countries (Storm & Stranz, 2021, p. 123).

### ***3.2. Organization of Eldercare in Türkiye***

The characteristics of the welfare regime in Türkiye, as part of the Southern European Welfare Regime, express a fragmented, hierarchical, and complex structure resulting from formal and informal employment (Buğra & Keyder, 2006, p. 212). The family is central to the reproduction of society and women's primary roles in society are based on being a wife and mother. Within this structure, there has been an expectation in society that the care of children and the elderly should be taken care of female members of the family (Erdoğan & Toksöz, 2013, p. 1).

It is not surprising that as a result of such a system, women's employment rate is very low. As seen in the Figure 3.1, Türkiye ranks last among OECD member countries in the rate of female labor force participation with 37.3% (Tatoğlu, 2022, p. 4). Women's participation in the labor market mainly takes place in the form of informal and home-based work (Dedeoğlu, 2009, p.45)<sup>14</sup>. The overall informal employment rate was 52% for women in 2013 (İlkkaracan, 2016, p. 12).

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<sup>14</sup> My translation.



Figure 3.1 “Female Labor Force Participation Rate (%) - OECD Countries (2021)” (Source: *Tatoğlu, 2022, p. 4*)

With the impact of the neo-liberal policies after 1980, the already limited social state aid and services became even more limited; in addition to the family-centered approach, market-centered individualization has become dominant (Buğra, 2012)<sup>15</sup>. The inadequacy in the provision of institutional services and the distrust in institutional services lead families who want to take care of their elderly at home to purchase services from the market. Depending on the change in the demographic structure of Türkiye and the increasing share of the elderly population in the total population, the demand for migrant women as a labor force in home-care services is increasing (Rittersberger-Tılıç & Kalaycıoğlu, 2012)<sup>16</sup>.

In Türkiye, eldercare services are carried out in two ways: through eldercare centers and home care services. Care services are provided to the elderly with residency and home care systems in cases where household members are inadequate in terms of eldercare. Depending on their income, the elderly can benefit from public centers for a fee or free of charge (ASPB, 2013, as cited in Özateş, 2015, p. 73)<sup>17</sup>. As for the provision of home care services for the eldercare, these services are carried out within a tripartite structure: the Ministry of Health, the Ministry of Family, Labor

<sup>15</sup> My translation.

<sup>16</sup> My translation.

<sup>17</sup> My translation.

and Social Policies, and Local Administrations. In terms of financing the services, the central government covers the medical and social expenditures for the elderly within the scope of general health insurance. Municipalities, on the other hand, provide home health services with their own budgets. The services provided by the public support the market and the informal care sector as a result of neoliberal policies. Market and private-based care provision or service procurement from the informal sector are more preferred due to the inadequacy of the formal care services offered by the state in eldercare services in Türkiye (Rittersberger-Tılıç & Kalaycıoğlu, 2012)<sup>18</sup>.

To conclude, there is no doubt that Turkish and Swedish welfare regimes differ in terms of social rights, women's employment, and social care services. However, it can be argued that there have been important convergences in the organization of eldercare services in the two countries, such as the spread of marketization practices, informalization and the demand for migrant women's labour.

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<sup>18</sup> My translation.

#### ***4. Theoretical Framework***

Since the 1970s, the welfare state left its “golden age”<sup>19</sup> behind and entered a crisis period. The aging of the population, the rise in the number of single-parent households as a result of changing family structures, unemployment, and the evaluation of the welfare state as an obstacle in global competition are among the economic and social developments that put the welfare state into a legitimacy crisis (Lindbeck, 2008; Taylor-Gooby, 1991). The neoliberal framework of “less state, more market” was the strategy for overcoming this crisis of the welfare state. (Gökbayrak, 2009, p. 57). Although neoliberal transformation is experienced in different ways in different contexts, it has many common appearances in the organization of care and working conditions of care workers despite all the differences in welfare regimes (Pavolini & Ranci, 2008).

In this thesis, the predominant theoretical framework employed is Social Reproduction Theory, tempered by insights from Intersectionality Theory. In this chapter, I argue for the added benefit of combining these perspectives to analyze the effects of neoliberal policies on the organisation of care and care workers’ conditions. These interconnected analytical perspectives make visible the lived experiences of home-based eldercare workers within the context of (changing) care systems of welfare regimes and discriminations that eldercare workers are exposed to at the intersection of class, gender, race and migration background.

In the following, the Social Reproduction Theory and the Intersectionality Theory on which this thesis is based are presented. These two theoretical frameworks provide a more in-depth analyzed answer to the research question. In the context of these theoretical frameworks, “Marketization of Care”, “Commodification of Care” and “Sexual Harassment at the Intersection of Dehumanization, Racialization, and Sexualization” will be conceptualized as analytical tools.

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<sup>19</sup> “The golden age of the welfare state” refers to a period in which social rights are developed and the welfare state concept is institutionalized. This period is commonly associated with the decades following World War II, from the late 1940s to the 1960s. For more information, see, Esping-Andersen, 1994.

## ***4.1. Social Reproduction Theory***

*“The best way to define social reproduction is the activities and institutions that are required for making life, maintaining life, and generationally replacing life. I call it “life-making” activities.”*

(Bhattacharya, 2020)

To fully comprehend how and in what ways the experiences of eldercare workers in Sweden and Türkiye converge despite their different welfare regimes and provision of welfare services, this thesis builds on the concepts and relevant concerns set forth by the Theory of Social Reproduction (SRT). SRT, rooted in Marxist and feminist perspectives, examines not only economic but also social processes necessary for the reproduction and reproduction of societies since “human labor is at the heart of creating or reproducing society as a whole” (Bhattacharya, 2017, p. 2). In other words, the activities -such as domestic work, childcare, eldercare and nurturing- reproduce life, society and the capitalist system<sup>20</sup>. SRT provides an economic explanation of women's subordination without falling into the trap of economic reductionism (Ferguson, 1999, p. 1). Within the context of care work, SRT highlights the essential role that care work -paid or unpaid- plays in sustaining and reproducing social life (Laslett & Brenner, 1989, p. 383), as well as the ways in which care work is organized, valued, exploited, and oppressed within capitalist societies (Vishmidt & Sutherland, 2020, p. 151).

SRT analyses the sexual division of labor and its connection to care work. It highlights how care work has historically been assigned to women, reinforcing traditional gender roles and inequalities. Women are disproportionately responsible for unpaid care work, while men tend to be engaged in paid employment outside

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<sup>20</sup> This thesis recognizes that “care work” and “domestic work” can refer to different types of labor. Care work refers to activities that involve providing emotional and physical care such as caregiving for children, the elderly, and people with disabilities while domestic work describes tasks related to maintaining a household and its physical environment such as cooking, cleaning and laundry. However, since both concepts involve activities within the household that reproduce life, they are sometimes used interchangeably in this thesis. For more information about the scopes of the concepts, see, ILO, 2016; King-Dejardin, 2016.

the home (Laslett & Brenner, 1989, p. 384). This division of labor contributes to gender inequality and limits women's economic opportunities and social mobility. Moreover, the sexual division of reproductive labor contributes to gender-based occupational segregation in the labor market. "The sexual division of reproductive labor in the home interacts with and reinforces sexual division in the labor market" (Glenn, 1992, p. 2). Certain jobs like care work traditionally associated with women tend to be dominated by women in the labor market, and low wages and devaluation of labor are common.

SRT offers critical perspectives on the relationship between transformation of the welfare regime and care, emphasizing the gendered and capitalist dynamics at play (Vaittinen et al., 2018, p. 379). It is emphasized that the spread of neoliberalism has led to the transformations of the welfare state and organization of care with policies prioritizing market forces, individual responsibility, and cost efficiency over the collective provision of care (Abramovitz & Zelnick, 2010; Fraser, 2016). This has resulted in cuts to social welfare programs, privatization of care services, and increasing reliance on market-based solutions for care provision (Luxton, 2018, p. 45).

The withdrawal of the state from the delivery of welfare services as part of neoliberal transformation has created serious results in not only the provision of care but also the working conditions of care workers. The increase in the number of people in need of care in the family as a result of the presence of more women in the labor market and the aging of the population created a crisis in the realization of care activities within the family. Indeed, with the emergence of a supply gap in response to the increasing demand for (elderly) care services, the "care crisis" concept has emerged as a global phenomenon (Daly & Lewis, 2000, p. 288; Morel, 2007, p. 622). In its most general definition, the "care crisis" (or care deficit) refers to the reduction of social reproduction capacities and the disintegration of social support infrastructures (Fraser & Leonard, 2020). Migrant women's labor is seen as the solution to the care crisis (Yeates, 2004, p. 369).

Increasing the demand for migrant labor has created complexities in the care labor market and has led to multiple forms of oppression in the experiences of care workers based on different categories such as gender, class, race, and migration status. Based on criticisms that SRT may tend to obscure the effects of race and other inequalities due to its focus mainly on gender and class in understanding social reproduction (Collins, 1991; Glenn, 1992), I choose to combine SRT with an intersectional approach which helped me to understand how race and migration status shape home-based eldercare workers' experiences.

#### ***4.2. Intersectionality Theory: Understanding Multiple Forms of Oppression***

Since working conditions in care services are highly gendered, “classed,” and racialized (Anderson, 2000; Ehrenreich & Hochschild, 2002; Lutz, 2017); Parreñas, 2001), a framework for analysis that recognizes the complex and intersecting power relations that shape workers' experiences is needed. Applying intersectionality to social reproduction theory provides such a framework because it provides a more detailed analysis of power dynamics that influence reproductive labor, care work, and the reproduction of social hierarchies. The reason behind this is that intersectionality highlights how systems of power, including race, gender, class, and sexuality, intersect and interact to produce social inequalities (McNally, 2017, p. 95).

As mentioned above, the rise of migrant women's labor as a solution to the care crisis (Yeates, 2004, p. 369; Orozco, 2009, p. 4), led to the emergence of a new global division of labor. Referred to as “global care chains” by Hochschild (2014, p. 250), this term conceptualizes a new division of labor resulting from the increasing demand for migrants in developed countries to provide care services and the increasing supply of migrant labor from underdeveloped and developing countries to meet these demands.



The recruitment of care workers through export-import processes of care perpetuates the systematic devaluation of migrant care service professionals' labor and deepens the institutional racism-based deskilling and devaluation (Kofman & Raghuram, 2006). In this context, inequalities based on power intersections, including gender, race, class, and migration status contribute to the reproduction of both the invisibility and undervaluation of care work (Rivas, 2003, p. 79). Consequently, there is a growing need to examine the concept of care at the intersection of oppression categories such as class, gender and race since the unequal distribution of care responsibilities reinforces fundamental inequalities along such lines.

By considering the intersections of race, gender, class, and other identities within social reproduction theory, we gain a more comprehensive understanding of how different dimensions of identity interact to shape the distribution of reproductive labor, care responsibilities, and the experiences of individuals within these systems. Intersectionality theory helps to uncover and analyze the structural inequalities that affect social reproduction processes (Ferguson, 2016, p. 38). By examining how different systems of oppression intersect, such as the ways racism intersects with capitalism, we can better understand the systemic barriers, power imbalances, and forms of exploitation that shape the care work (Wade, 2013, p. 194). By analyzing these power dynamics, we can better understand how care workers are situated within hierarchies of power and how their exploitation is shaped by intersecting forms of oppression under the transformation of care work in line with neoliberal tenets.

### ***4.3. Marketization of Care***

The "marketization of care" is the process by which caregiving and social reproduction activities, which were traditionally performed within the private sphere, are increasingly commodified and turned into market-based services (Vaittinen et al., 2018, p. 381). The marketization of care results in the replacement of care, which is central to human life in terms of ensuring the well-being of society

with market values (Weicht, 2019). Although certain aspects of the marketization may vary across different countries' specific welfare regimes "depending on how the gendered responsibilities of care have traditionally been divided between the household, the state and the market" (Vaittinen et al., 2018, p. 380), prioritizing profit while the state's role in providing welfare services and increasing reliance on market mechanisms and private actors to provide and deliver social services have emerged as common. The trend of marketization in care services has become more and more popular as welfare states cut back on their social expenditures or slow down the rate of increase in public spending.

One of the areas where the effects of the neoliberal transformation of the welfare state can be seen most clearly is that of eldercare services, which occupy a large place in welfare programs. As emphasized in Chapter 2, the need for eldercare services has increased as a result of the aging population in the face of the decrease in the rate of the young population due to the increase in the average life expectancy and the decrease in the birth rate. The cost pressure created by the care services previously provided by the welfare state on public budgets was cited as the reason, and the provision of eldercare services by the market was encouraged.

When eldercare is subjected to market forces, eldercare services are treated as commodities that can be exchanged for money, and caregivers become service providers catering to the demands of care recipients or consumers (Vaittinen et al., 2018, p. 381). As a result, "care becomes a product for sale in new, marketized spaces (whether care homes or people's own homes) or it can be marketized by government through direct payments to care recipients" (Cox, 2013, p. 493). The expansion of market logic into the realm of care and social reproduction has led to the introduction of profit-oriented motives in the provision of care, where companies prioritize cost-cutting measures to maximize their profits (Claassen, 2011, p. 51). In this process, care workers face job insecurity, precarious working conditions, reduced wages, and diminished benefits since private companies aim to minimize costs (Abramovitz & Zelnick, 2010; Andersson & Kvist, 2015).

As a consequence of the changes in recruitment practices, such as the rise of part-time or temporary positions and the use of contract workers, job insecurity for care workers has become common. Additionally, these employment practices deter them from seeking union representation for fear of potential job losses. Therefore, this situation negatively affects the level of unionization within the care sector (Erlandsson et al., 2013). Moreover, the marketization of care also reveals the duality in social reproduction. In other words, as a result of the inadequacy of public services, those who can afford it buy care from the market, while those who cannot afford it turn to the informal sector (Fraser & Jaeggi, 2018, p. 169). Thus, the notion of informal care is rapidly spreading across the world. Globally, among 67 million domestic workers, 50 million works in the informal market (King-Dejardin, 2016, p. 9). Due to the lacks the formal regulations and protections, the informal sector makes care workers more vulnerable to exploitation. The intersectionality of multiple forms of oppression becomes even more important due to the domination of migrant women's employment in the informal sector (Kofman and Raghuram, 2010, p.1).

#### ***4.4.Commodification of Care***

Through concrete marketization practices, care is transformed into a commodity provided by the market and the commodification of care, which Fraser (2014, p. 546) describes as a crisis of social reproduction. It creates a precariat female workforce because in this process, women's unpaid domestic labor is replaced by a cheap, irregular, and sometimes informal workforce. In other words, the commodification of care creates a labor market consisting predominantly of women in precarious, low-paid positions in both institutional and home-based social care services (Atasü-Topcuoğlu, 2021; Claassen, 2011; Strandell, 2020). At this point, it is necessary to draw attention to the relationship between the traditional attribution of care work to women and the market-centric value system.

Care work, including formal and informal caregiving, has traditionally been associated with women because of pervasive gender norms and expectations. Care

is seen as a job that must be performed by women in the household. According to Anderson (1990, p. 75), all reproductive activities of women in the home are naturalized, and this naturalization affects the value of women's labor when women join the labor market as care workers. This situation stems from the dichotomy between the family as a domain of love, compassion and intimate relationships and the market as a place of legislation, regulation, and competition (Tuominen, 2003). In parallel, care is considered as “out of work” because of the widespread social acceptance that care should be given by women within the family in the private sphere with the motivation of love, rather than money (Fraser, 2017, p. 23).

In addition, the market-centric value system shapes societal perceptions of what is considered valuable and essential work, leading to the devaluation of care work. Capitalist economies are primarily profit-driven, and the market-centric value system places a high premium on activities that generate financial gains and contribute directly to economic growth (Fraser, 2017, p. 23). Care work, even when paid, is often seen as a cost or an expense rather than a source of profit.<sup>21</sup> This perception leads to the undervaluation of jobs, as they do not directly produce commodities for sale in the market (Fraser, 2014, p. 61). Consequently, care workers and caregivers may be undervalued, receiving low wages, and occupying lower-status positions within society. The significance of care as a social and political issue may be overlooked due to its perceived lack of economic significance within the profit-driven framework. As Haubner (Haubner, 2020, p. 98) emphasizes, the link between exclusion, discrimination, vulnerability, and exploitation deepens when care work is paid less than other jobs and is mostly done by certain groups of women.

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<sup>21</sup> It should be noted at this point that recent studies on the economics of care suggest that social care spending creates jobs, reduces unpaid work and time poverty, and narrows gender gaps in employment. To emphasize this, feminist economist İpek İlkkaracan has developed the "purple economy" model which expresses a new economic model that recognizes the importance of care work and women's empowerment for the functioning of economies, the well-being of societies and the sustainability of life. For more detail, see, İlkkaracan, et al., 2021.

In addition to devaluation of care, the commodification of care also affects the relationship between the care receiver and the caregiver. The most important result of this relationship in the context of commodification is that caregivers avoid changing jobs even if they fulfill the duties not included in the employment contract or receive a new job offer with better conditions (Himmelweit, 1999, p. 32). Since the emotional component built between the caregiver and the recipient enables the fictive kinship relationship to be easily established, the scope of the previously agreed job is exceeded in various ways, making the caregivers face heavy consequences emotionally, mentally, and economically and inevitably increasing the risk of exploitation (Baldassar et al., 2017, p. 39). "Genuine" feelings as a result of fictive kinship become a source of exploitation arising out of ambiguous job descriptions, unclear working hours, and even leading to sexual abuse (Uttal & Tuominen, 1999, p. 767). Addressing the sexualization of care workers requires a comprehensive and multi-dimensional approach that takes into account the complex factors contributing to this issue and consideration of the interplay between multiple forms of oppression, such as gender, race, class, and migration status.

#### ***4.5. Understanding Sexual Harassment at the Intersection of Dehumanization, Racialization, and Sexualization***

Care workers' exposure to sexual harassment is frequently the subject of research (Barling et al., 2001; Grigorovich & Kontos, 2019; Nielsen et al., 2017) since it is a transnational phenomenon (Anderson, 2000, p. 135). According to Spector et al. (2014, as cited in Nielsen et al., 2017, p. 123), about one in four care workers worldwide report exposure to sexually harassing behaviours around the world. Although there is no single cause of sexual harassment and no single, unifying theoretical framework (Nielsen et al., 2017, p. 123), one of the main reasons for this is that care work is intimate labor which is a form of labor that involves "touch...bodily or emotional closeness or personal familiarity...or close observation of another and knowledge of personal information' (Boris and Parreñas, 2010, p. 2). Unlike other forms of production, social reproduction is the satisfaction of

complex needs that require a high degree of intimate human interaction, where physical and emotional elements are inextricably linked (Federicci, 2012, p. 107; Wolkowitz, 2006, pp. 79-80). The close and intimate nature of care work can create ambiguous boundaries between professional caregiving and personal relationships. This blurring of boundaries may result in the normalization of inappropriate behavior, with sexual abuse being dismissed as a natural part of caregiving (Nielsen et al., 2017, p. 125).

However, the intimate nature of care work alone is not enough to fully understand the phenomenon. As Zarate Byrd (2010, p. 261) argues, one needs to have intersectionality in mind because each gender, class, race, and migration status contributes to the vulnerability of care workers to sexual harassment. Moreover, the origins of sexual harassment are intricately connected to dehumanization, objectification, and racialization processes, which contribute to the sexualization of care workers, including other forms of oppression such as racism, sexism, and classism, among others (Aidoo, 2018; Saldaña-Tejeda, 2014). The intersection of these systems of oppression compounds the sexualization experienced by care workers, creating unique and compounded vulnerabilities and experiences.

Dehumanization involves treating individuals as objects rather than as fully autonomous human beings (Haslam & Stratemeyer, 2016, p. 25). In the context of care work, when care workers are dehumanized, their agency and autonomy are often disregarded or denied. This dehumanization can create an environment where care workers are vulnerable to sexual violence and abuse, as their boundaries and consent may be violated. Dehumanization contributes to the normalization and justification of violence and abuse against care workers (Rai et al., 2017).

Gendered and racial stereotypes and expectations play a significant role in the sexualization of care workers (Wade, 2013, p. 189). Care work, which is predominantly performed by women, is often associated with nurturing, emotional labor, and intimate tasks. Gendered stereotypes contribute to the sexualization of care workers, as their labor becomes objectified, and their bodies are seen as sexual

objects or commodities. But, since not all women experience sexualization in the same way, the intersection of different factors such as class, race, ethnicity and migration status should be considered (Fredrickson & Roberts, 1997, p. 174). Migrant care workers, particularly women of color, may face racial stereotypes, or assumptions about their sexuality based on historical legacies and colonial influences (Forbes, 2009, p. 583). The term 'racialization' refers to the process by which individuals, groups and organizations are assigned socially constructed categories that ascribe racial meanings (Storm and Lowndes, 2021, p. 2). Stereotypes based on racialization intersect with the sexualization of care workers. Women with migrant backgrounds are more vulnerable to sexual harassment than their non-migrant counterparts (FRA, 2014, p. 189). In conclusion, the intersection of class, race, ethnicity, and migration status intensifies the sexualization of care workers.

To sum up, to understand the working conditions of home-based eldercare workers in line with the organization of care in the neoliberal transformation of welfare regimes with the cases of Sweden and Türkiye, this thesis builds on the concepts of the Theory of Social Reproduction (SRT) with an intersectional approach. The concept of marketization of care helps to reveal how the organization of care has changed under neoliberalism and the problems this change has created for workers' working conditions. The commodification of care reveals the devaluation of care and its impact on the relationship between care workers and care recipients. Finally, workers' vulnerability to sexual harassment is discussed at the intersection of dehumanization, racism, and sexualization, focusing on multiple forms of oppression deepened by the care crisis and global care chains.

## ***5. Methodology & Methods***

To properly answer the research question from the SRT and Intersectionality Theory, qualitative research methods based on feminist methodology are deployed. Driven by SRT and Intersectionality Theory, this study aims to understand why and in what ways eldercare workers in Sweden and Türkiye experience similar working conditions and exploitation despite having different welfare regimes. Hence, the main reasons for choosing the methods were to examine how the experiences of home-based eldercare workers could be captured. By drawing on theoretical perspectives and feminist methodology, I focused on home-based eldercare workers' experiences and conducted fieldwork in Stockholm and Istanbul. I collected data through semi-structured in-depth interviews and analyzed the data by using thematic analysis driven by theory.

### ***5.1. Doing Feminist Research***

In conducting this research, I adopted a feminist approach which mainly includes the minding of certain principles. Even though mentioning a fully demarcated and fixed feminist methodology is not possible (DeVault, 2003; Hesse-Biber, 2012; Ramazanoglu & Holland, 2002), the feminist methodology has some consensus points/principles. Four essential common characteristics that distinguish feminist research different from other social science research can be mentioned: 1) Acceptance of a feminist perspective and focus on gender relations, 2) Importance is given to everyday life and personal experiences, as opposed to the emphasis on traditional scientific methods, 3) Rejection of the hierarchy between the researcher and the respondent and 4) The emancipation of women and the elimination of gender inequalities are among the research goals (Oakley, 2016). Accordingly, this research followed critical and feminist sensitivities in general to make respondents' experiences visible. Because of the dynamic interactions of those in eldercare, which is a gendered and racialized field, as well as the varied experiences involved that can differ based on gender, class, and race, I used intersectionality as my analytical lens.



## ***5.2. Multiple Case Study***

To thoroughly answer the research question, this research adopts the case study method which is an established research approach that is widely used in various disciplines, especially in the social sciences (Crowe et al., 2011, p. 1). According to Simons (2009, p. 21), a “case study is an in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy, institution, program or system in real life”. The case study approach suits the purpose of this research because it allows me to explore contemporary complex issues arising from neoliberal policy interventions in the Swedish and Turkish contexts. In addition, it enables me to assess the uniqueness of Sweden and Türkiye.

In addition to this, applying case study can be significant in research that seeks answers to “how” and “why” questions (Yin, 2008, p. 13), and it is advantageous while applying theories (Flyvbjerg, 2011, p. 305). Parallel to this approach, according to Crowe et al. (2011, p. 7), case study findings include the possibility of influencing the theory application because they can “establish, strengthen or weaken” historical explanations and open paths for theoretical generalization beyond the specific case being investigated.

This thesis, in which I have shaped my analysis with a theory-oriented approach, allows me to present comprehensive empirical data by applying the existing theory and producing knowledge that can potentially be transferred to various contexts. Additionally, in this study, in which the system, policies and contexts are examined in-depth, and the data are collected in a systematic way with a focus on what happens in the real environment, I think the results and empirical data I obtained in this study will help to identify the proper aims of future studies.

In general, the case studies are considered in three groups, namely. the single instrumental case study, the multiple case study, and the intrinsic case study (Crowe et al., 2011, p. 5) according to the scope, size, and content of the research. In this thesis, I applied a multiple case study in which “the one issue or concern is again

selected, but the inquirer selects multiple case studies to illustrate the issue” (Creswell, 2007, p. 74). I aim to illustrate the issue of how the neoliberal transformation of the welfare state affects the organization of care and, accordingly the working conditions of care workers through the multiple cases -Türkiye and Sweden-, which represent completely different welfare regime types. In addition to this, studying multiple cases helps to understand the differences and the similarities between the cases (Baxter & Jack, 2008; Stake, 1995) as it makes it possible to analyze both within each case and across cases (Yin, 2003, p. 46).

Examining multiple cases within the same context, the multiple case study approach focuses on presenting a comprehensive understanding of the shared context and how it affects the research phenomenon (Crowe et al., 2011, p. 6). In that sense, multiple case studies can be similar to comparative studies in literature in some cases; thus, it requires to be differentiated and justified. One of the reasons this study applies to multiple case studies is that whereas multiple case study research may involve comparative elements, it allows each case to be analyzed on its own as a single case to uncover common themes, patterns, or contextual influences (Vaughan 1992, p. 178). Comparative research explicitly focuses on comparing and contrasting cases to identify similarities and differences (Bloemraad, 2013, p. 27).

This study aims not to compare the cases of Sweden and Türkiye but to reveal how and in what ways the two cases converge within similar political, social and economic transformations despite their different welfare structures. Indeed, as stated in Chapter 4.1, this research carefully considers that the welfare regimes of Sweden and Türkiye differ from each other in terms of female employment participation rate, social protection programs, and workers' rights. In other words, while focusing on the similar working conditions of the eldercare workers as a result of the neoliberal transformation in Sweden and Türkiye, this research does not melt the two cases in the same pot. On the contrary, as stated in Chapter 4.1, this research carefully considers that the welfare regimes of Sweden and Türkiye differ from each other in terms of female employment participation rate, social protection programs, and workers' rights. This research explores how the socio-economic

context of organization of care converges with neoliberal practices and how the socioeconomic context of the organization of care converges with neoliberal practices and how these transformations lead to similarities in the experiences of care workers, even though the two countries represent different welfare regimes.

Another reason why this research was designed in accordance with multiple case study is that whereas comparative studies tend to use quantitative or mixed method approaches to systematically compare certain variables or aspects across entities (Deutsch, 1987), multiple case studies typically involve in-depth investigation of each case individually and often use qualitative research methods (Priya, 2021, p. 94). Comparative studies often aim to compare a larger number of cases to establish patterns, trends or generalizations in different contexts. Therefore, quantitative methods, which mainly focus on objective measurements, and mathematical and statistical modeling of data, offer more opportunities for comparative study as they provide a larger and more representative sample (Clansen, 2013, pp. 74-75). Qualitative research methods such as in-depth interviews may not be sufficient for comparative study alone, as they often involve smaller sample sizes, which can limit the generalizability of the findings.

### ***5.2.1. The Selection of Cases***

Choosing the right cases is one of the crucial stages of a multiple case study. The main issue of this study is the working conditions of eldercare workers in line with the relationship between the organization of care and the neoliberal transformation of welfare regimes. As mentioned in Chapter 3, it is a global phenomenon that low wages, heavy workload, and poor working conditions resulting from the neoliberal transformation of the welfare state are common problems. The cases I chose to illustrate this topic are Sweden and Türkiye. The most important factor in choosing these two cases is that Sweden is the most famous representative of the Nordic Welfare Regime, which was built with universal principles; Türkiye is an example of the Southern European Welfare Regime with its weak welfare institutions. In this study, which aims to apply the theoretical framework and analytical tools of Social

Reproduction Theory and Intersectionality Theory regarding the neoliberal transformation of welfare regimes and organization of care, it is striking to choose these two cases in order to understand how and in what ways eldercare workers experience convergent problems in the process of neoliberal transformation in these two opposite welfare state regimes. Therefore, in this study following feminist methodology, the Swedish and Turkish cases were found compatible with the aim of the research.

### ***5.2.2. Site Selection***

For the Sweden case study, I limited the site to Stockholm, the capital city of Sweden, both due to the size of the city and the extensiveness of the neoliberal transformation practices in the care sector. For the Türkiye case study, the site of the fieldwork is Istanbul, the most crowded city in the country as a city where home care companies are most actively functioning. The main reason why Istanbul in Türkiye and Stockholm in Sweden are chosen as sites is that they are the most suitable cities to be chosen as equivalent to each other in terms of relevant dimensions since ensuring that cases are equivalent in multiple case studies is important. Equivalent cases help to enhance the generalizability of findings, control for confounding factors or variables that may influence the outcomes or patterns observed and contribute to the internal validity of the study by reducing the potential for alternative explanations (Yin, 2018; Stake, 1995; Flyvbjerg, 2006).

## ***5.3. Methods of Data Collection***

### ***5.3.1. Semi-Structured In-depth Interviews***

*“Interviewing offers researchers access to people’s ideas, thoughts, and memories in their own words rather than in the words of the researcher. This asset is particularly important for the study of women because in this way learning from women is an antidote to centuries of ignoring women’s ideas altogether or having men speak for women.”*

(Reinharz, 1992, p. 19)

As a feminist researcher who has adopted the intersectional approach, I decided to adopt the interview technique, a qualitative research method, to understand the experiences of home-based eldercare workers depending on gender, class, nationality and race and to make their voices heard. An interview, in its most basic sense, can be expressed as a conversation that constitutes daily life. This technique is considered a highly effective method for collecting data from the participant's experience and it allows us to understand the daily life experiences, feelings and views of the interviewee deeply (May, 2011, p. 131). Interviews are seen as one of the most effective methods in feminist methodology, as they allow women to express their own narratives from their point of view (Reinharz, 1992, p. 19) and enable a deeper transfer of emotion and expression toward the interviewees (Jayaratne, 1983, p. 145). Many forms of interviews are used in feminist research, including unstructured, semi-structured, and oral and life history interviews (Reinharz, 1992).

This thesis is based on a feminist framework to understand not only the problem and the theory but also the methodology and the methods used. Because I focused on understanding the experiences of home-based eldercare workers that were mostly hidden and invisible, I preferred the semi-structured interview technique because I thought it would be more useful in finding an answer to my research question and would strengthen the communication between the interviewee and me through expanding the interview questions throughout the interviews on the basis of the experiences of the interviewees. Semi-structured interview creates an openly designed interview opportunity and allows flexibility where the interviewee is likely to express their point of view (Flick, 2006, p. 149). In addition to this, the semi-structured interview was the most appropriate interview technique for my research as it allowed me to explore highly individualized and politicized experiences (Mason, 2018) of home-based eldercare workers based on their gender, race, and migration status (Naples, 2003). Thus, I collected my data with semi-structured in-depth interviews.

In Stockholm, interviews were carried out between February 07 and 25 with 11 participants and lasted between 23 and 65 minutes. Nine of them were home-based eldercare workers and two of them were union representatives. While four of the workers worked in the municipality, three of them worked in different for-private companies and two of them worked informally. All of the workers were born in countries other than Sweden. The home countries of the participants were Türkiye (3), Iran, Syria, Iraq, Tanzania, Russia and Bulgaria. All of the workers were women. In addition, I interviewed two union representatives, a woman and a man. There were language-based difficulties in a few interviews because I do not speak Swedish and some interviewees (3) did not speak English. I handled language limitations in the field in this way; conducting the interviews with the assistance of interviewees' English or Turkish-speaking friends as interpreters.

In Istanbul, I interviewed eleven people in total between March 20 and April 5 and the interviews lasted between 19 and 46 minutes. Of these, ten were home-based eldercare workers, and one was a union representative. While two of the workers were municipal employees, five of them were for-profit company workers. Three of them were employed in the informal market. All of the participants were women. All but four of the workers were migrants. The home countries of the participants are Georgia (2), Turkmenistan, Ukraine, and Uzbekistan (2). The interviews were conducted in Turkish, as none of the migrant interviewees spoke Turkish, although it was not their mother tongue.

The interview questions were divided into separate topics related to the themes and were open-ended, driven by Social Reproduction Theory and Intersectionality Theory (Figure 5.1). In this study, in which I aimed to reveal the experiences of eldercare workers and make their voices heard, the semi-structured interview technique was compatible with the purpose of the research and theoretical elements.



Figure 5.1 The main focus of the interviews (Author's illustration)

#### 5.4. Interview Sampling

Interview sampling is crucially important in a case study, because as Miles and Huberman (1994, p. 27) express, “you cannot study everyone everywhere doing everything”. In this study, purposeful sampling techniques were applied because of the aim and the research design. Purposeful sampling is the most common type of sampling, enabling the selection of information-rich examples to answer the research question “from which the most can be learned” (Merriam, 1998, p. 61). My sampling is based on the experiences of a strategically and purposefully sampled selection of actors -eldercare workers in/formal home-based eldercare sector, union representatives, and eldercare companies in the in/formal home-based eldercare sector- in both Stockholm and Istanbul. Following this, I have aimed to find interviewees from a wide range of national backgrounds, ages, migration statuses, educational backgrounds, years of experience, and forms of employment

(part-time/full-time, formal/informal) which allowed me to choose “information-rich” cases (Patton, 1990, p. 169).

To reach the interviewees, I combined the techniques of heterogeneous sampling and snowball sampling, two of the many types of purposeful sampling. While heterogeneous sampling enabled me to obtain as much information as possible about the phenomenon, I examined by reaching participants with different backgrounds; the snowball technique allowed me to build a social network to recruit the participants (Browne, 2005). I applied this combination to approach each interviewee as independently as possible and to enable a wider sample range (Gavanas, 2013, p. 17); therefore, I did not build my technique solely on snowball sampling.

As part of heterogeneous sampling, I reached union representatives, municipalities, and eldercare companies in both cities through phone calls and email. In addition to this, I created posts introducing myself and my work by reaching the social media groups where eldercare workers are organized in both cities. Heterogeneous sampling helped me to reach the participants through different channels. As part of snowball sampling, some eldercare workers who were interviewed referred to other women who could be included in the research sample. In this way, the social network I built expanded. While determining the sample, I took into account the categories such as gender, social class, ethnic background, and migration status of eldercare workers. I gave importance to conducting interviews with eldercare workers of different gender, educational backgrounds, years of experience, age groups, migrant status and employment types.

### ***5.5. Limitations of this Study***

The research had some limitations. The first limitation is the limited number of interviewees. This may restrict the variability of the data and limit the depth of analysis (Sykes et al., 2017). Greater variability allows for a richer exploration of different viewpoints and contexts, leading to more robust and nuanced findings.



The smaller the sample size, the more limited the ability to make broader claims or draw conclusions that can be applied beyond the specific participants involved in the study. This can restrict the variability of the data and limit the depth of analysis. Greater variability allows for a richer exploration of different viewpoints and contexts, leading to more robust and nuanced findings. However, using a purposeful sampling technique that aims to ensure the inclusion of diverse and relevant participants and conducting semi-structured interviews which allow researchers to delve deeply into participants' unique experiences by dedicating more time and focus to each participant allowing for a more nuanced analysis and interpretation of the data helped me to reduce this limitation (Browne, 2005).

The second limitation was the time constraint, which was too short to conduct participant observation during the fieldwork because participant observation allows researchers to understand the social and cultural context in which participants' experiences occur. Not being able to conduct participant observation may mean missing out on valuable contextual information that can enrich the analysis and interpretation of the interview data. However, reviewing existing literature helped me to complement the limited observations and to gain additional insights regarding the social and cultural context. In addition to this, having a cup of coffee with the interviewees before or after the interviews also helped me understand their perspectives and the social reality, they were in. In general, I am pleased with the outcome, but my arguments in the thesis should be considered in light of the relevant limitations.

### ***5.6. Positionality and Ethical Considerations***

As a Turkish feminist critic of the gendered labor market, focusing on the impacts of neoliberal regulation of care services on care workers' working conditions and experiences both in Sweden and Türkiye, I should recognize my positionality in this thesis. In order not to fall into the trap of guiding my analysis towards my own assumptions due to my being familiar with the field and the subject and in order to provide a reflexive analysis of the research problem, I have always paid particular

attention to base my studies and analyzes on themes developed through the Social Reproduction Theory and Intersectionality Theory. For this reason, I also took care not to lead the participants by taking sides and not to harm them (Kostovicova & Knott, 2022). Although, as Haraway (1988, p. 589) emphasizes, I accept that it is never possible for research to be completely objective or unbiased, I have taken it as a principle not to reach the truth from my own point of view and have represented the participants' experiences from their own perspectives within a certain framework.

In feminist research, it is important for the researcher to provide a safe and supportive environment, as participants often share personal and sensitive experiences based on gender, power, and exploitation (McCormick, 2012, p. 27). Before the interviews, I verbally explained the purpose of the study to the participants and then clarified their questions regarding the process. During the interview, I received their informed consent to record the audio and to use the information they provided in my thesis. In addition, I underlined that they have the right to withdraw anytime if they do not feel comfortable during the research.

To ensure participant anonymity, pseudonyms were used in the research instead of the actual names of the respondents and the real names of their employers that they were likely to mention during the interview. I proved anonymity in my research to avoid a situation that would adversely affect the jobs of the interviewees, because many of the interviewees criticized their institutions and employers.

## ***5.7. Methods of Analyses***

### ***5.7.1. Thematic Analysis***

Thematic analysis was performed to explore the qualitative data obtained from semi-structured in-depth interviews. By identifying and analyzing themes related to participants' experiences in light of the theoretical premises, thematic analysis allows researchers to gain insights into the subjective realities, perspectives, and

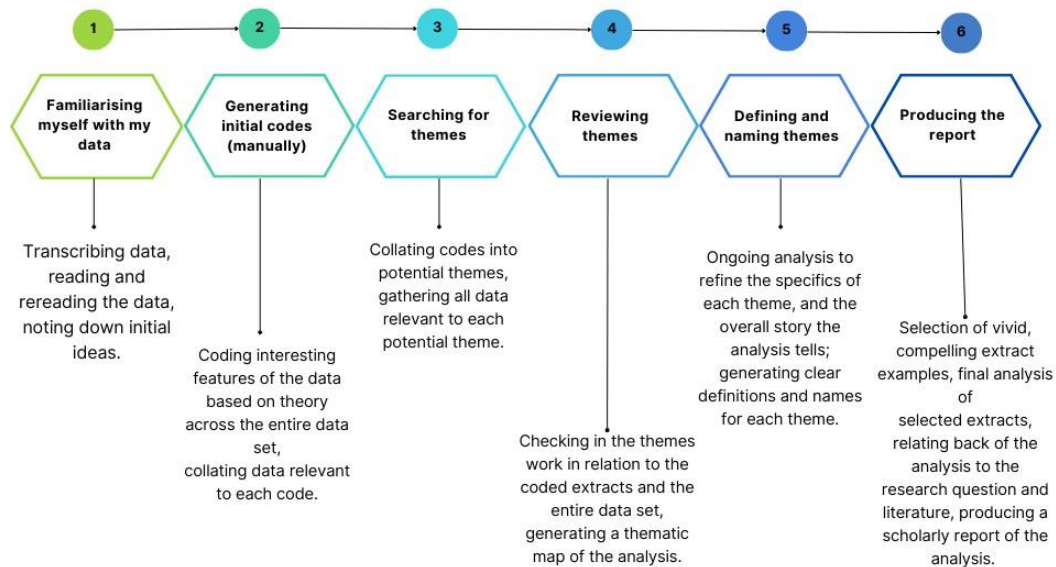
lived experiences of individuals or groups (Braun & Clarke, 2006; King, 2004). Therefore, thematic analysis, which follows feminist methodology and focuses on women's lived experiences, was very appropriate for this thesis since it allowed me to analyze the subjective realities, perspectives, and lived experiences of women that I obtained through semi-structured interviews.

Indeed, my methodological stance was one of many reasons for choosing thematic analysis. The most important factors when selecting a method of analysis are its suitability to the research question and the theoretical framework (Braun & Clarke, 2006, p. 28). This research focuses on understanding the experiences of home-based eldercare workers within the framework of the organization of care in welfare regimes and the neoliberal transformation of welfare regimes. Thematic analysis, which allowed me to draw on Social Reproduction Theory and Intersectionality in answering this question, enabled me to dive deep into the data to extract meaningful themes that align with my research question and theoretical framework.

Another reason why I chose thematic analysis is that this analysis method is compatible with multiple case studies (Yin, 2018; Braun, & Clarke, 2012). Thematic analysis allows for a systematic exploration of commonalities and differences across cases and can help identify overarching patterns. Thematic analysis allows for a holistic understanding of participants' experiences, including their thoughts, emotions, and social contexts. Thematic analysis recognizes the importance of context in interpreting the data. This emphasis on context is particularly relevant to multiple case studies to understand the unique contextual factors of each case. In addition, as thematic analysis helps identify patterns, commonalities, and variations within and between cases, it allows researchers to explore similarities and differences in emerging themes (Miles et al., 2013).

In this research, Deductive Thematic Analysis, which includes the application of pre-existing theoretical frameworks and concepts (Braun and Clarke, 2016, p. 12),

was applied to guide the identification and coding of themes<sup>22</sup>. In other words, analysis themes are derived based on predetermined concepts and theories. Even though there are many ways to approach thematic analysis<sup>23</sup>, I follow Braun and Clarke's (2006, p. 35) six-step framework as it provides a very clear and useful structure.



*Figure 5.2 Phases of the thematic analysis followed in this thesis. (Author's illustration deprived from Braun & Clark, 2006, p. 35).*

As Figure 5.2, which illustrates the processes followed for the analysis, the themes that were determined according to the theoretical frameworks and concepts were kept in mind throughout the entire research process since themes recognize the importance of the gathered data in line with the research question (Braun & Clark, 2006, p. 10).

Furthermore, like any research method, thematic analysis has some potential risks regarding validity and trustworthiness, even though it is widely used and considered a rigorous qualitative data analysis method. To ensure the validity and

<sup>22</sup> For detailed information about all types of thematic analysis, see, Braun & Clarke, 2012.

<sup>23</sup> For other ways to conduct thematic analysis, see, Boyatzis, 1998; Javadi & Zarea, 2016.

trustworthiness of this thesis, I carefully followed the 15-Point checklist of criteria provided by Braun & Clark (2006, p. 35) (Figure 5.3).

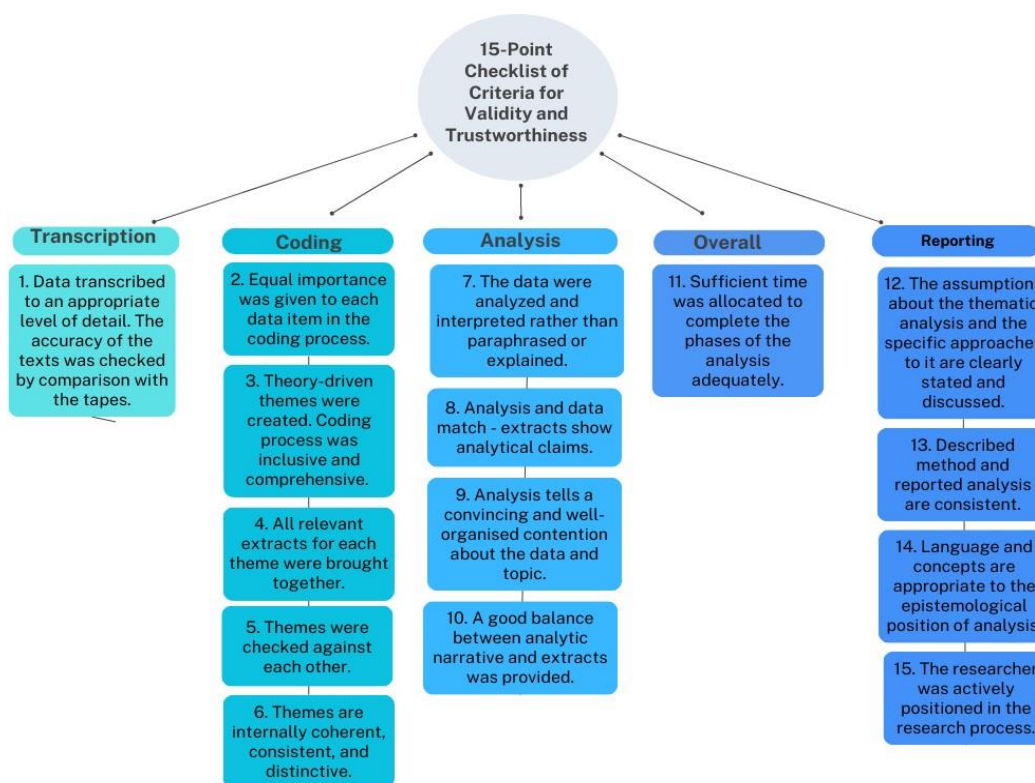


Figure 5.3 “15-points checklist of criteria for validity and trustworthiness when doing thematic analysis” (Author’s illustration based on Braun & Clark, 2006, p. 36).

### **5.8. Operationalization**

This thesis analyses why and in what ways eldercare workers in Sweden and Türkiye experience similar working conditions despite having different welfare regimes. To explore the research questions, it is crucial to indicate which facets of the gathered extractions are taken into account in the analysis. By doing Deductive Thematic Analysis, I determined my themes according to the theory. The themes derived from Social Reproduction Theory combined with the Intersectional Approach. It should be borne in mind that the themes are interrelated, although they

contain different dynamics within themselves. In addition, they have been identified to address the research question.

The first theme, *marketization of care*, focuses on how market-oriented logic has changed the organization of care and how these changes have affected the working conditions of workers. The theme *commodification of care* explores the impact of treating care as a commodity on the devaluation of care and the vulnerable position of eldercare workers due to the emotional bond between care receiver and care giver. The third theme *sexual harassment at the intersection of dehumanization, racialization, and sexualization of workers* theme is used to deeply understand the sexual harassment experiences of eldercare workers shaped at the intersection of gender, race, and migration background.

## **6. Analysis**

This chapter presents the data gathered through semi-structured interviews with home-based eldercare workers and labor union representatives in Stockholm and Istanbul. The analysis' focus is to understand how the neoliberal transformation of welfare regimes affects the working conditions of home-based eldercare workers in the cases of Sweden and Türkiye. In addition, it is emphasized what kind of transformations have affected the organization of elder care and how these transformations have converged the experiences of elder care workers in Sweden and Türkiye. Furthermore, the sexual harassment experiences of elderly care workers are analyzed under the influence of power dynamics such as gender, class, race and migration status.

First of all, I present the findings on the effects of marketization of care on the organization of care and working conditions. Secondly, I analyze the workers' working conditions shaped by the commodification of care. Finally, I explore how sexual harassment of eldercare workers within the concepts of dehumanization, racialization and sexualization. The analysis results from various conversations I had with home-based eldercare workers and union representatives during interviews, their statements, and my interpretations. The extracted quotations from the interviews constitute the fundamental pillars of this analysis. Furthermore, it is important for the reader to keep in mind Chapter 3, which contextualizes the Swedish and Turkish eldercare systems and what kind of transformations have occurred while reading. The reason for this is that acknowledgment of background is essential, especially when focusing on experiences, as contextualization of analysis is crucial in increasing the level of coherence.

The analysis is categorized and structured within the following categories and themes: *Marketization*: “For-profit companies do not care about the rights of the worker!”, *Commodification of care*: “The work we do is seen as worthless no matter how difficult it is.” and *Understanding Sexual Harassment at the intersection of dehumanization, racialization and sexualization*.

### ***6.1. Marketization: “For-profit companies do not care about the rights of the worker!”***

As a result of the neoliberal transformation of welfare regimes, marketization has led to the regulation and provision of care services according to market logic, opening social services to private sector participation, and creating a profit-oriented and competitive structure (Meagher & Szebehely, 2013). To understand how marketization manifests itself in the organization of eldercare, first, I asked union representatives both in Stockholm and Istanbul some questions related to the logic of the sector and changing conditions over the years. In both cases, it was observed that although marketization took place at different levels, paces, and in different forms, the common shared point, as voiced by the union representatives, was the dominance of the market logic in the eldercare sector shaped primarily by the logic of profit-making.

*“[...] There have been serious changes in Sweden's welfare regime in the last 30 years. With the marketization created by the neoliberal ideology, serious consequences emerged in care services. Taxes are shaped according to the market. As a state, we no longer take responsibility for the delivery of care services as before. The budget allocated by municipalities for care services decreased. The number of private companies has increased. As such, competition in the sector increases. Employers focus on how much profit they can make on employees. This has a bad effect on the working conditions of the workers. [...].”*

(Gustav, Union Representative in Stockholm, 2023)

Sinem, a union representative in Stockholm, echoed Gustav's remarks about the decline in public spending on care in Sweden, emphasizing the increasing presence of private companies and the market-oriented approach dominating public care services. She also highlighted the issue of Public/Private Partnerships (PPPs) in Sweden, where municipal care services are provided through contracts between public authorities and private companies. Sinem pointed out that *“Now, most of the municipalities perform their care services through private companies. This*



*adversely affects the working conditions of workers because for-profit companies do not care about the rights of the worker.”* In PPPs, private partners prioritize profit-making, which, as both Gustav and Sinem indicated, results in cost-cutting measures that negatively impact the working conditions of care workers (Andersson and Kvist, 2015; Strandell, 2019).

When it comes to Türkiye, we do not see a very different picture in terms of the results of the marketization trend of care, although the process has progressed differently from Sweden. Elif, the union representative in Istanbul, summarized the effects of marketization on Türkiye's eldercare organization as her colleagues working in Stockholm. *“They privatized everything. The sole purpose of the private company is to make more profit. This causes care, which is the most fundamental human need, to become a competition and market element.”*

Elif pointed out that not only has the number of private companies offering care services increased in Türkiye, but there has also been a widespread transfer of state-owned eldercare institutions and services to private companies. Defining care as “the most fundamental human need”, Elif placed care at the center of the reproduction of society (Bhattacharya, 2018, p. 2). However, she expressed concern that privatizations have replaced this life-sustaining value with market-oriented principles, transforming care into a commodity that is bought and sold in the market (Vaittinen et al., 2018, p. 4). She emphasized that PPPs are one of the most concrete examples of the private sector's profit-oriented approach to public care. Similar to Sinem's observation regarding Sweden, Elif also pointed out that with the spread of PPPs in Türkiye, a profit-oriented approach has started to prevail in the public care system, which has an adverse effect on the working conditions of workers: *“The public sector now works hand in hand with the private companies in the provision of care services via contracts. These companies are competing to get public tenders. In the end, the one that offers a less costly budget wins. In the process, it is the workers who suffer.”*

As can be seen, union representatives in Istanbul and Stockholm emphasized that as the marketization trend spread in the provision of eldercare services, the role of

the private sector and the number of private companies increased, and profit-oriented logic became dominant in the field both in Sweden and Türkiye. As a result, all of these factors have caused poor working conditions for eldercare workers. In order to understand how the impact of marketization on the organization of care affects the working conditions of workers, I asked a series of questions to home-based eldercare workers in Stockholm and Istanbul. As a result of my interviews with the workers, I found that in both cases, the marketization created similar difficulties for the working conditions of the workers, such as heavy workload, job insecurity, and physical and mental exhaustion.

*“When I started working in this sector in 2009, politicians in Sweden started to reduce budgets and municipalities did not have enough budget for eldercare service and they fired many people. They started sending us to more homes per day. For example, while we used to go to 5 patients in one day, we suddenly started going to 15-20 patients. Sometimes you have to stay in one house for 3 minutes, in another you can stay for 30 minutes. It's very difficult to manage your time and a huge stress for your body and mind. So, most of us are now working on temporary contracts. We have to satisfy the customer, but it is very difficult to give quality care with this intensity. We are afraid of losing the job.”*

(Nasrin, Stockholm)

As Nasrin working in Stockholm emphasized, to remain competitive and maximize profits, cost reduction measures, which results in understaffing and temporary contracting have become more common over the years (Meagher and Szebehely, 2013). As a consequence, the workload is intensifying, which has a detrimental effect on employees mentally and physically (Strandell, 2019, p. 43) Like Nasrin, Yeliz and Farrin, have also experienced working in different municipal home care services in Stockholm through temporary contracting, and they too underscored how understaffing impacts the workload and leads to stress-based problems, as well as physical challenges.

*“Normally, we have to go to each house as two workers, but if your colleague took the day off, you have to go alone because the employer does not want to employ a substitute worker. I mean, in the end, a new worker means extra spending. It is much more stressful to work these days because you make the elderly take a shower, and you have to lift and carry them alone. You visit too many houses per day anyway. For example, I have very serious back and neck pain. You have to please the elderly because otherwise you lose your job. But how can I please them under these circumstances?”*

(Yeliz, Stockholm)

*“The number of employees is very insufficient. I work too much in a day. Normally, we work as two people, but when your colleague takes leave, you have to work alone. I am on a temporary contract. I'm stressed that if my performance is low, I might be fired. The pain started in my arm and my back because of heavy lifting.”*

(Farrin, Stockholm)

As these statements reveal, understaffing and temporary contracting lead to heavy workloads and job insecurity (Strandell & Stranz, 2022). As a result, workers suffer mental and physical problems. In my interviews in Istanbul, similar to those in Stockholm, the workers reported that they face similar problems as a result of marketization. For example, Derya, who has been working for eight years in the municipality in Istanbul, focused on the changing conditions and poor working conditions resulting mostly from understaffing and temporary contracting:

*“Our working conditions have changed over the years. The number of elderly people has increased, but the number of workers has not. When we raise this need, our manager tells us that they do not have enough funds to hire new workers. But we need more workers. I take on the responsibility of too many people in one day. I have a hernia in my neck and waist due to lifting heavy and working hard for years. I put a lot of stress on myself to please them. Especially before my contract was renewed every year. If the elders are not satisfied with you, they call and*

*complain to your manager. You get stressed, afraid of losing the job if you don't have a permanent contract."*

(Derya Istanbul)

Derya, who had previously worked on a temporary work contract, emphasized the anxiety she felt during those times due to the fear of losing her job. In addition, he emphasized that employers are unwilling to hire new workers in order to remain competitive in the market (Claassen, 2011, p. 51). Like Derya, all the other interviewees said that although the number of workers was insufficient, employers were not hiring new workers, citing insufficient funds. Asli, who works in a private company, also conveyed similar concerns: *"There are very few people working in the company anyway. The company is not hiring new employees to avoid paying salaries to more workers. My workload is too much."*

To sum up, understaffing and temporary contracting as a result of marketization trends in the eldercare sector have significant and adverse effects on eldercare workers' working conditions. With fewer staff available to handle the care responsibilities, each eldercare worker has to take on a heavier workload. This leads to longer work, increased stress, and exhaustion. Additionally, temporary contracting contributes to uncertainty about the duration of employment, and this leads to increased job insecurity and anxiety among workers.

Furthermore, the introduction of market mechanisms creates barriers to accessing care for people who cannot afford or access market-based care services (Fraser, 2016, p. 34). As such, the marketization of care reproduces social inequalities and uneven distribution of care resources. This situation leads people in need of care to the informal sector. As care services become increasingly market-driven, gaps arise in the availability, affordability, and accessibility of formal care services due to factors such as privatization, funding cuts or limited resources. This situation causes individuals and families to turn to informal care arrangements as a substitute for or a complement to formal care (Kofman and Raghuram, 2016, p. 6). As the interviews

revealed, in both the Swedish and Turkish cases, marketization has caused an increase in the demand for the informal sector at different levels.

*“The need for eldercare has increased. The need for care, once seen as a woman’s responsibility within the household, is no longer being met because of women’s increased participation in the labor market. In Türkiye, publicly provided care is not enough. It does not meet the need. There is a significant rise in the number of elderly people in need of care, so those who can afford it buy care from private companies. Elderly people, who cannot purchase services from the market, turn to the informal sector because it costs less.”*

(Elif, Union Representative in Istanbul)

*“Sweden is a country with a very old population. Naturally, there are many elderly people in need of care. But there is a shortage of care workers. The number of employees is insufficient as it is not a very preferred profession because of the difficult working conditions. Due to the privatization of care services in Sweden recently, the services that the elderly receive from municipalities are insufficient. But most people who need additional care do not want to pay large sums of money to private companies. Many people turn to informal channels.”*

(Sinem, Union Representative in Stockholm)

As observed by both Elif and Sinem, the aging population and changes in family structures lead to a growing demand for care services. However, the existing public services and the number of workers are insufficient to meet this demand. As a result, a worldwide “care crisis” emerges, stemming from a society that simultaneously reduces support for social reproduction while condemning care workers to long and exhausting hours of work (Fraser, 2016, p. 31). As both Elif and Sinem noted, this increases the demand for the informal sector and migrant labor because migrant women’s labor is seen as the solution to the care crisis (Yeates, 2004, p. 369). They emphasized the dominance of migrant women’s labor in the informal arrangements and pointed to the vulnerability of migrant women in the informal market:

*“The situation of those working in the informal sector is much worse. They work very long hours and are deprived of many rights, including pension rights. Usually, migrant women work informally.”*

*(Elif, Union Representative in Istanbul)*

*“There is a very high population of migrant women in the informal sector. People find migrant women through their social networks and employ them. Migrant women in the informal market work for cheap wages and have no rights as workers.”*

*(Sinem, Union Representative in Stockholm)*

In the interviews with informal sector workers, I found that their experiences matched Sinem and Elif's observations about working conditions in the informal sector. The three informal sector workers I interviewed in Istanbul were each migrant. Neriman and Anna were from Georgia, and Aymete was from Uzbekistan. In Stockholm, only two of those interviewed were working informally. Serap was from Türkiye, and Olga was from Russia. Nonetheless, in both cases, the poor conditions of those in the informal sector were deeper than those working in the formal care arrangements. Care workers in the informal market earn much lower wages and are much more vulnerable to discrimination, violence, and exploitation (Gavanas, 2012, p. 59).

To sum up, as care becomes marketized, it reinforces existing gender inequalities. Women may be pushed into low-paid care work within the formal sector or face increased pressure to provide informal care as a response to gaps in marketized care provision. The reason why these activities, which are indispensable for the reproduction of our daily life and society, and which are carried out overwhelmingly by women and minority groups, are devalued with low salaries is not because these activities require a weak skill set (Stevano et al., 2021, p. 21). On the contrary, it stems from the so-called 'unproductive' and 'unskilled' labor of women and the historical identification of racialized populations with the subsistence economy and the commodification of care (Bhattacharya 2017;

Ferguson, 2019). Therefore, in order to understand the devaluation of care, we will examine the commodification of care, a concept associated with the marketization of care.

### ***6.2. Commodification of Care: “The work we do is seen as worthless no matter how difficult it is.”***

The commodification of care refers to the understanding of care as a commodity caused by the qualitative restructuring of care through marketization practices (Hoppania & Vaitinen 2015, p. 79). The precondition for the transformation of care into a commodity is therefore the concrete practices of marketization. The results of the commodification of care have significant implications for individuals, workers, and society as a whole. It creates a precariat female workforce because in this process, women's unpaid domestic labor is replaced by a cheap, irregular and sometimes informal workforce (Fraser, 2014). In other words, the commodification of care creates a labor market consisting predominantly of women in precarious, low-paid positions in both institutional and home-based social care services.

When I asked the interviewees questions to understand why the wages were so low despite the heavy workload nature of the job, I was confronted with the statements that the biggest reason behind this was that the eldercare labor was evaluated as valueless, unskilled work performed by low educated (migrant) women (Kofman & Raghuram, 2006, p. 282).

*“[...] My hourly wage is 130 kr before tax. My hourly wage is the same as a 40-year-old working in this field. This is a very low-level job. Eldercare is not seen as a valuable job, although it is a very difficult job. It's not the money we earn if you compare it to an engineer's or lawyer's salary! It's not worth my time and effort. [...].”*

(Aynur, Stockholm)

In line with Aynur's statements, all of the interviewees emphasized that although care work is hard work, it is seen as unskilled and undervalued in society. They

gave examples comparing care work to professions that are considered valuable in society, such as engineers, doctors, and lawyers. One of the main reasons for this was that the market-centric value system determines societies' perception of value. The market-centric value system is based on characterizing as valuable only those activities that generate financial gains and have a direct impact on economic growth (Fraser, 2017, p. 23). However, even when care work is waged and commodified, it is considered not to produce commodities that can be sold directly in the market, and so care work is undervalued and care workers are condemned to low wages.

Parallel to Aynur, Asli, who has been a caregiver for the elderly for eight years in a private company in Istanbul, also associated the low wages with the fact that the eldercare job is seen as unskilled. However, Asli equated the general understanding of care work as an unqualified job not only with regards to the education level requirements, but also with regards to the gender dimension:

*“[...] This is a job preferred by those who do not go to university or cannot find a job in their field. It is a profession that anyone can easily take. That's why the salaries are so low... Also, women are working in this job. This is the job of a woman doing the work that she has already been doing for free in her own home, in return for money in another home. This is why the work we do is seen as worthless, no matter how difficult it is [...].”*

(Asli, Istanbul)

Parallel to the understanding that associates women with reproductive and nurturing roles and sees care as an extension of these expectations, the assumption that care is more suitable for women's caregiving duties by nature is followed. This reinforces the idea that care is a natural expression of femininity rather than a recognized labor (Laslett & Brenner, 1989, p. 384). The capacities for social reproduction traditionally attributed to women are “taken for granted, treated as free and infinitely available “gifts,” which require no attention or replenishment” (Fraser, 2016, p. 31). The reproductive activities carried out by women in the household are naturalized, and this affects their value when they participate in the



market because “when women’s labor is treated as a commodity, the women who perform it are degraded” (Anderson, 1990, p.75). As a result, the devaluation of care translates into low wages and poor working conditions for care workers. All interviewees in Istanbul and Stockholm emphasized the link between the devaluation of care and low wages.

Despite the dissatisfaction with the salaries and other work conditions, all the participants both in Stockholm and Istanbul, except Aynur, who is 18 years old and working in Stockholm, stated that they do not want to change professions and that they love taking care of the elderly. They stated that the main reason for avoiding changing jobs is the emotional bond they have established with the elderly who receive care (Himmelweit, 1999).

*“I love my job very much. I am very happy to be able to make the elderly smile and I do my best to make the last years of their lives good. That's why I don't want to leave my job. There are elderly people I have taken care of for years. We are used to each other, there is an emotional bond between us. Many see me **like their grandchild**<sup>24</sup>.”*

(Farrin, Stockholm)

*“This job is not just for money. It requires love and compassion. Is my money too little? Yes. But if I change jobs, who will look after him (caretaker)? He has become **like my father**<sup>25</sup> now. He sees me as his daughter.”*

(Hatice, Istanbul)

*“We have become **like family**<sup>26</sup> now. We do everything together. My family is in Georgia. I am alone here. They [the caretaker and his family] became my family in Türkiye. If I leave this job, it is not easy for me to establish the same bond in the new place I go. Maybe I will find another job with a higher salary, but is there any*

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<sup>24</sup> My emphasis.

<sup>25</sup> My emphasis.

<sup>26</sup> My emphasis.

*guarantee that I will be able to find the trust relationship I have built here? No. And he (the caretaker) needs me. If I go, who will look after him?"*

(Nana, Istanbul)

It was striking that Farrin, Hatice and Nana used kinship concepts such as *"father"*, *"family"* and *"grandchildren"* to describe their relationship with care recipients. This relationship, defined as a fictive kinship<sup>27</sup> (Karner, 1998, Uttal et al., 1999), often functions as a mechanism of exploitation (Stasiulis & Anderson, 2002, p. 112). Since the emotional component built between the caregiver and the recipient enables the fictive kinship relationship to be easily established, the scope of the previously agreed job is exceeded in various ways, making the caregivers face heavy consequences emotionally, mentally, and economically and inevitably increasing the risk of exploitation (Uttal et al., 1999, p. 767; Baldassar et al., 2017, p. 539).

*"They are old and lonely. Sometimes in a day, you are the only person they see and chat with. When you go to their house, they want to chat with you for a long time because they see you as their grandchild. You spend too much time there at the expense of exceeding the time you should be there."*

(Asli, Istanbul)

*"I do some extra for them. I cook for them from the cuisine of my own culture (Tanzania) so that they do not eat the same things all the time. Normally, the time I can allocate to each house is 15 minutes, but I often spend more than 30 minutes in every house because I listen to their problems, they want to spend time with me."*

(Angela, Stockholm)

As in Asli's and Angela's experiences, "genuine feelings" (Stone, 1999) built through fictive kinship increases the labor exploitation of the care workers and

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<sup>27</sup> In a fictive kinship relationship between a care worker and a care receiver, the care worker may assume a role similar to that of a family member, providing emotional support, companionship, and caregiving services that are typically associated with family relationships.

reinforces the imbalanced power relationship between caretaker and caregiver. Power imbalances and inadequate boundaries reinforce not only exploitation based on labor but also sexually. Elif, who is a union representative in Istanbul, expressed this network of relations as follows:

*“It is an area very open to exploitation due to the care work structure. The irrepressible emotional bond established between the caregiver and the recipient can cause workers’ sexual abuse. Many times, older men try to take advantage of women sexually. He says he sees the woman (caregiver) as his daughter, but he can demand the same woman to satisfy him sexually.”*

In both Stockholm and Istanbul, I found that fictive kinship relationships make women more vulnerable to sexual abuse. Many interviewees reported that their emotional connection and fictive kinship relationships with the elderly were sometimes misunderstood by the elderly, and as a result, the elderly made sexual overtures to them.

*“An old man once must have misunderstood the love and affection I showed him because he asked me to cuddle and sleep with him. At that moment, I was very angry because he was the same age as my father.”*

(Yeliz, Stockholm)

*“Of course, not every elder is the same. Some are trying to take advantage of your goodwill, you know. An old man whom I see as a father once told me that I was very beautiful and that he wanted to kiss me. Of course, I refused and explained to him why. Fortunately, he didn't talk like that again.”*

(Jennet, Istanbul)

This sexual exploitation overlaps with the underlying causes of labor exploitation. As a result of the blurring of the professional relationship between caregiver and employer as a result of fictive kinship relationships, home-based eldercare workers face sexual exploitation (Nielsen et al., 2017, p. 125). Although I accept that the fictive kinship bond makes the eldercare workers more vulnerable to sexual

harassment, I argue that it would be an incomplete determination to explain the sexual harassment that the eldercare workers are exposed to with this concept alone. In other words, according to the data I obtained from the interviews, sexual harassment experiences are shaped by many dynamics such as gender, class, race, nationality, and migration background. To include all these components, sexual harassment should be evaluated within the framework of multiple forms of oppression.

### ***6.3. Understanding Sexual Harassment at the Intersection of Dehumanization, Racialization, and Sexualization***

As elaborated above, the intimate nature of care work and fictive kinship relationship because of the emotional dimension of care work can create a power dynamic that makes care workers more vulnerable to sexual harassment. Care work involves intimate human interaction, as it requires physical and emotional elements (Federicci, 2012, p. 107; Wolkowitz, 2006, pp. 79-80), which can lead to a blurring of the professional relationship between caregiver and care receiver. As such, it can lead to the normalization of inappropriate behavior towards the care worker and sexual behavior being seen as a natural consequence of caregiving (Nielsen et al., 2017, p. 125). There is no doubt that this is one of the explanations that can be used to understand sexual harassment against a care worker. However, gender, class, race and migration status also need to be taken into account to understand the vulnerability of care workers to sexual harassment since sexual harassment of care workers is a complex and multifaceted phenomenon with various contributing factors (Nielsen et al., 2017).

All but one of the women interviewed in Istanbul and one of the women interviewed in Stockholm stated that they had been subjected to sexual harassment at least once during their working life. Moreover, one of the most striking points was that most care workers who experienced sexual harassment pointed out its close connection with dehumanization and racism. Dehumanization contributes to sexual harassment of care workers by eroding the perception of care workers as individuals with rights,

dignity, and agency (Rai et al., 2017). When care workers are dehumanized, they may be seen as objects, commodities, or “lesser” beings, making them more susceptible to exploitation and mistreatment, including sexual abuse. This may lead the care receiver to ignore the fact that care workers are human beings with real feelings and as a result they may assume that they can get the worker to do whatever they want (Anderson, 2002). Interviewees both in Stockholm and Istanbul explained the processes by which the boundaries of their service as care worker were crossed by men and turned sexual.

*“When I first started the job, an old man wanted me to satisfy him sexually. I was very angry. I had just come from Iran anyway and was trying to survive here, you know. They have such a perception in their minds: **If this woman makes me take a shower, changes my diaper, for example, why wouldn't she masturbate to me?** He doesn't see you as a human being. In his eyes you are nothing more than **an object.**”<sup>28</sup>*

(Farrin, Stockholm)

At first glance, Farrin's experience can be explained by the intimate nature of care and the blurring of Farrin's relationship with the care recipient because bathing the elderly, changing diapers, and masturbating are activities that involve intimacy. This explanation would not be wrong, but it is incomplete. The roots of sexual harassment are intricately interconnected with processes of dehumanization, racialization and objectification that contribute to the sexualization of care workers (Davis, 2013; Saldaña-Tejeda, 2014; Aidoo, 2018). It is clear that Farrin was dehumanized, turned into an object, and her agency was denied. Parallel to Farrin, Deniz, who works in Istanbul, also pointed out how her agency and dignity were ignored and objectified and how this was related to the sexual harassment she experienced:

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<sup>28</sup> Bolded words are my emphasis.

*“They do such things that sometimes I feel like trash. They don't see you as a human...I was caring for an old man once. I was changing his diaper, making him take a shower, so I was responsible for all kinds of care needs of this old man. One day he grabbed his penis and asked me to touch it. I was shocked at that moment; I was very scared. I said I would never do such a thing. ‘Aren't you ashamed to offer such a thing?’ I said. He said to me: ‘**You touched every part of my body, what would it be like if you touched my penis? I won't tell anyone.**’ I felt really bad.”<sup>29</sup>*

(Deniz, Istanbul)

Dehumanization involves reducing individuals to their physical attributes or roles and objectifying them rather than recognizing their full humanity and agency (Haslam & Stratemeyer, 2016, p. 44). Objectification, which is “a form of dehumanization which strips the target of their humanity, mind, and moral standing” (Haslam et al., 2013), emerged as a commonly highlighted problem in the interviews. Deniz's experience shows that her employer perceives her as an object that “he owns” and a tool for “his own purpose” (Vaes et al., 2011, p. 774). When women are reduced to mere objects of desire or fantasy, their roles as domestic workers can be distorted in a sexualized manner. Like other interviewees, Nana, an eldercare worker in Istanbul, emphasized the link between sexual harassment and “being treated as a body (or collection of body parts) valued predominantly for its use to (or consumption by) others” (Fredrickson & Roberts, 1997, pp. 174).

*“Sometimes men can make indecent offers. First, he asks you to give him a massage. You do massage to please the old man. Then, he says “Come and sleep with me”. It's hard to be a caregiver for men. He doesn't respect what you do, you are just a body to him. He thinks he can take advantage of you in every way. He thinks he bought you. He sees you as weak because you work under him.”*

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<sup>29</sup> Bolded words are my emphasis.

(Nana, Istanbul)

Nana's experience shows that as a consequence of the class-based hierarchy between care recipient and care worker, her employer views not only Nana's care labor, but also her sexuality and body as a commodity to be bought and sold. Many of the interviewees who have experienced sexual harassment, like Nana, emphasized that power imbalances related to gender and class dynamics make care workers vulnerable to sexual harassment (Wade, 2010, p. 53). However, it should be noted that women's experiences of sexualized behaviors were often dependent not only on gender and class, but the particular intersecting points based on race and migration status. It is important to consider the influence of different factors such as class, race, and migration status, as not all women experience sexualization in the same way (Fredrickson & Roberts, 1997, p. 174). The vulnerability of migrant women to sexual harassment was evident in both the Stockholm and Istanbul cases. All interviewees reported that migrant workers were perceived as easier targets than local workers (FRA, 2014, p. 189). Farrin in Stockholm and Derya in Istanbul expressed this in the following way:

*"I think they can't show this behavior to Swedish women. I mean, there are probably exceptional examples, but this is what I've been observing for years. They see us (migrant women) as valueless and do not respect us."*

(Farrin, Stockholm)

*"My boss had a relationship with a foreign worker before me. I've seen this many times. The situation of foreign caregivers is much more difficult than us. That 80-year-old man was doing everything to her sexually. He was using her. He was using her. They cannot sexually abuse Turkish women so easily."*

(Derya, Istanbul)

Interviewees pointed to racial stereotyping as one of the most important causes of sexual harassment against migrant women in both cases. When it comes to migrant women, sexual harassment of care workers as a result of objectification and power dynamics become deeper, especially because of racial stereotypes and expectations

which play a significant role in the sexualization of care workers (Wade, 2015, p. 189). The intersection of race and gender intensifies the sexualization of care workers from specific racial or ethnic backgrounds.

*“People here have very bad prejudices against Ukrainian women in Türkiye. They think we’re all prostitutes. Men can easily make sexual proposals.”*

(Darina, Istanbul)

Originally from Ukraine and working in Istanbul, Darina's experience clearly illustrates the relationship between racial stereotyping and sexual harassment of women from post-Soviet countries like Georgia, Russia, and Ukraine. Similarly, Neriman, who came to Türkiye from Georgia to work as an eldercare worker, also reported experiencing sexual harassment and emphasized its relation to her being from Georgia. Like Darina and Neriman, Olga, who is Russian and works in Stockholm, said that she was sometimes sexually propositioned by care receivers because she is Russian. The sexualization of care workers from post-Soviet countries as a result of racial stereotyping is evident in both cases.<sup>30</sup>

In addition, Angela, a Black woman working in Stockholm, highlighted the sexual harassment of Black women in the care sector at the intersection of racial stereotyping and sexualization:

*“Being a **black woman**<sup>31</sup> has many challenges. There is racism in Sweden too. Some malevolent elderly Swedes look down on Black people. There was an old man once. He especially wanted the black girls in our team to take care of him. He sexually harassed a young black girl in our company several times. She finally couldn’t take it anymore and cried and told us about it. Sexual harassment of black women is a*

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<sup>30</sup> In 1991, with the dissolution of Soviet Russia, an intense wave of migration came to the fore. Women from post-Soviet countries mostly worked in care-related jobs in the countries of destination. Women who worked under poor conditions, were frequently forced into prostitution. Over time, women from post-Soviet countries have become associated with sex work and prostitution. For more information, see, Kaşka, 2009.

<sup>31</sup> My emphasis.



*huge problem. I can tell you that some white men have coded black women as sexual objects.”*

As Angela stated, racial stereotypes have significant effects on the sexual harassment of women care workers, particularly women of color (Forbes, 2009, p. 583). When I asked Angela why she thought white men sexually objectify black workers, she emphasized its connection to the colonial era. The sexualization of the care provided by women of color has its roots in the rape and forced labor of female slaves during the colonial era (Davis, 2013). These stereotypes perpetuate harmful beliefs and biases about individuals based on their race or ethnicity, influencing how care workers are perceived, treated, and valued in caregiving settings.

In addition to the link to sexual harassment and racialization of care workers, in both cases, migrant women's limited knowledge of rights and legal practices put them in a more vulnerable position to sexual harassment.

*“I mean, the most common form of abuse faced by care workers is sexual harassment. The employer sees the care worker as inferior to him, both in terms of class and gender. They see women as objects. When it comes to migrant women, forms of exploitation grow exponentially. Migrant women are a more vulnerable group to sexual exploitation. Most of them work informally. Migrants have limited information regarding their legal rights, and their unionization rate is very low. Since the employers know these conditions, they exploit the workers in every sense. You remember the case of Nadira Kadirova<sup>32</sup>. This young woman was found dead in the house of a deputy, while she was caregiving to the sick wife of that man. They wanted us to believe it was suicide.”*

(Elif, Union Representative in Istanbul)

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<sup>32</sup> Nadira Kadirova, a 23-year-old citizen of Uzbekistan, died under suspicious circumstances at the home of a member of parliament, where she was working as a caregiver. The prosecutor's office announced that the cause of death was "suicide by gunshot". However, developments in the investigation and the evidence collected indicate that the cause of Kadirova's death may not have been suicide. For more information, see, Mackreath, 2020.

*“After I became a unionist, I heard many stories of harassment and rape, I helped women. Shall I tell you the worst? A man was employing 6 Iranian special elder caregivers with him. And these women have just arrived from Iran because of political problems. This man has raped those women for years. He was making himself masturbate, he was doing everything. Women also thought that they had to do this because they did not know their rights. They did not know the Swedish system. Of course, they knew it was wrong. Of course, they didn't want to do it, but they thought they had to. Of course, they later learn that what the man did was a crime.”*

(Sinem, Union Representative in Stockholm)

As both Elif and Sinem emphasized, migrant workers sometimes fail to recognize sexual harassment resulting from a lack of knowledge about labor law and basic rights. This lack of awareness can make it difficult for them to identify when their rights are being violated and how to seek redress (UN WOMEN, 2020, p. 8). It is also widely known that migrant women refrain from reporting harassment for fear of deportation, especially if their migration status is dependent on their employment (Zarate Byrd, 2016, p. 250). Participation in the informal economy can make it easier for women workers to be targets of sexual harassment. Women working in informal markets may tend to keep silent about sexual harassment because of anxiety about losing their jobs. These conditions increase the vulnerability of migrant women to sexual aggressors who are emboldened by their position of power.

## **7. Concluding Discussion**

This thesis investigated the working conditions of home-based eldercare workers in line with the organization of care in welfare regimes and the neoliberal transformation of welfare regimes in the cases of Sweden and Türkiye. The findings were presented and analyzed in light of the Social Reproduction Theory with an intersectional insight into the subject. Building on the relationship between care work, welfare regimes, and the effects of neoliberal transformation of welfare regimes on eldercare workers' working conditions, the analysis followed a specific path to answer the sub-questions: “*What kind of transformations have affected the way (elder)care is organized in welfare regimes?*”, “*How can we explain the convergence of the problems of eldercare workers in Sweden and Türkiye?*” and “*In what ways are the sexual harassment experiences of eldercare workers shaped with regards to the power dynamics of gender, class, race and migration status?*” Consequently, although the specific implementation and outcomes of neoliberal transformation on the organization of care work can vary across different types of welfare regimes, this transformation can lead to some convergence across different welfare regimes with the effects of marketization and commodification of care.

Sweden and Türkiye have experienced an increased emphasis on the marketization of care in their eldercare services, such as the involvement of private companies and profit-driven entities in providing eldercare and welfare services. Because privatization prioritizes cost-cutting and efficiency in welfare provision, measures such as reducing public spending and tax, increasing the number of private companies, public/private partnership in providing care services, introducing performance-based funding for service providers, understaffing and temporary contracting have been observed increasingly. These practices led by the marketization trend have significant effects on the organization of care and on the working conditions of the eldercare workers in both cases. The analysis helped identify some common grounds in the context of the transformation of the working conditions both in Sweden and Türkiye. Consequently, as the interviews revealed,

increased workload, job insecurity, and physical and psychological strain emerged as the common problems in both cases.

With marketization trends, the commodification of care has become dominant in Sweden and Türkiye. When care has been treated as a commodity that can be bought and sold in the market, its value is diminished, and low wages are justified by considering the care labor as being “unskilled.” The commodification of care also affects care relations and leads to the building of fictive kinship relationships between care workers and care receivers, which deepens the exploitation of care workers. As a result of marketization and commodification of care, in both cases, a severe decrease in the unionization rate of workers and an increase in the informal care sector are observed. Both factors make the position of workers in the labor market fragile and make them vulnerable to exploitation.

In contributing to a broader debate in the Social Reproduction Theory, this thesis also highlights how the experiences of eldercare workers are shaped by the power dynamics of gender, class, race, and migration status considering Intersectionality Theory which complements SRT in understanding the complex and often challenging experiences of care workers, particularly those facing various forms of oppression and exploitation. Based on the analysis of the interviews, it is evident that in both cases, the exploitation and forms of abuse experienced by workers due to the dehumanization, racialization and sexualization of care workers deepen due to their race and migration status. The intersection of gender, race, and migration status exacerbates vulnerabilities to sexual violence for care workers, particularly women of color and migrant women. Stereotypes and biases based on race further marginalize and objectify eldercare workers, making them targets for sexual violence.

Last but not least, I would like to share some recommendations with relevant researchers concerning this topic. Firstly, to understand the effects of neoliberal practices on different types of care sectors, research on other care sectors, such as childcare and disability care, can be conducted. Secondly, quantitative research methods could be used to enlarge the field study and reach more participants, and

the scope of the research could be expanded to include other cases and welfare regimes. Lastly, although the thesis mainly focused on women's experiences, in the interviews it was noted by some interviewees that male care workers may experience racism or discrimination in different ways. Male care workers from racial or ethnic minorities may encounter stereotypes that portray them as aggressive or threatening. Therefore, it would be essential to focus on male care workers' experiences at the intersection of gender, race, ethnicity, and migration status.

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## 9. Appendix

### Appendix A. Profiles and pseudonyms of participants in Stockholm

PSEUDONYMS	AGE	POSITION	COUNTRY OF ORIGIN	SECTOR	UNION MEMBERSHIP
Yeliz	30	Home-based eldercare worker	Türkiye	Public	Yes
Serap	29	Home-based eldercare worker	Türkiye	Informal	No
Aynur	18	Home-based eldercare worker	Türkiye	Public	No
Leila	39	Home-based eldercare worker	Syria	Private	No
Ailin	50	Home-based eldercare worker	Bulgaria	Private	No
Farrin	35	Home-based eldercare worker	Iran	Public	Yes
Nasrin	34	Home-based eldercare worker	Iraq	Public	Yes
Angela	63	Home-based eldercare worker	Tanzania	Private	Yes
Olga	50	Home-based eldercare worker	Russia	Informal	No
Sinem	44	Union Representative	-	-	-
Gustav	41	Union Representative	-	-	-

### Appendix B. Profiles and pseudonyms of participants in Stockholm

PSEUDONYMS	AGE	POSITION	COUNTRY OF ORIGIN	SECTOR	UNION MEMBERSHIP
Hatice	41	Home-based eldercare worker	Türkiye	Private	No
Deniz	24	Home-based eldercare worker	Türkiye	Public	Yes

Derya	45	Home-based eldercare worker	Türkiye	Public	No
Neriman	47	Home-based eldercare worker	Georgia	Informal	No
Anna	52	Home-based eldercare worker	Georgia	Informal	No
Nana	57	Home-based eldercare worker	Uzbekistan	Private	No
Jennet	42	Home-based eldercare worker	Turkmenistan	Private	No
Darina	40	Home-based eldercare worker	Ukrain	Private	No
Aymete	51	Home-based eldercare worker	Uzbekistan	Informal	No
Asli	33	Home-based eldercare worker	Türkiye	Private	No
Elif	33	Union Representative	-	-	-