

# Caring across borders: transborder care trajectories in the Tijuana–San Diego region

## Cuidado a través de la frontera: trayectorias transfronterizas de cuidados en la región Tijuana-San Diego

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### Abstract

This article analyzes the transborder care work trajectories of Mexican women living in the area of Tijuana while working in San Diego, taking care of children and the elderly. Because the study of global care chains focused on the transnational aspects of care activities, the transborder dimension of care work constitutes a novel element for its analysis. Based on the interviews with a group of women, the main argument proposes that their transborder trajectories rely on crossbordering as the central aspect that defines care labor arrangements. At the same time, turnover results from the life course of the persons who receive care. Besides, the elements that organize the trajectories are motivations for care work, family responsibilities, life course, and mobility across the border, as well as women's profile.

Keywords: transborder care work, remunerated care work, transborder labor trajectories, care labor arrangements, Tijuana-San Diego region.

### Resumen

Este artículo analiza el trabajo transfronterizo de cuidados a través de las trayectorias laborales de mujeres mexicanas residentes de Tijuana que trabajan cuidando niños y adultos mayores y enfermos en San Diego. Debido a que el estudio de las cadenas globales de cuidado ha dado mayor atención a lo transnacional, se enfatiza la dimensión transfronteriza como un elemento novedoso de análisis. Con base en las entrevistas realizadas a un grupo de trabajadoras de cuidados se argumenta que sus trayectorias son transfronterizas debido a que sus arreglos laborales están asociados al cruce de la frontera, en tanto que la rotación laboral está relacionada al curso de vida de las personas a las que se cuida. Asimismo, se encuentra que los elementos que organizan las trayectorias laborales

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son las motivaciones para el trabajo, el cruce fronterizo, las responsabilidades familiares, el curso de vida y las características individuales de las trabajadoras de cuidados.

Palabras clave: trabajo transfronterizo de cuidados, trabajo remunerado de cuidados, trayectorias laborales transfronterizas, arreglos laborales de cuidado, región Tijuana-San Diego.

## Introduction

In the context of the crisis of care in the global south and north and of the institutional factors that define the attraction dynamics of transmigrant work in the United States (US), this article analyzes the cross-border work trajectories of Mexican women residing in the Mexican border city of Tijuana, Baja California, whose work involves caring for children and the elderly in San Diego, California. This type of paid care work is part of the informal sector of domestic work in the US.

While the majority of studies on paid care work in the US refer to migrant women from a transnational perspective, this article emphasizes the cross-border nature of the activity. Thanks to its geographical proximity, the US-Mexico border area allows workers to earn a better salary in the neighboring country while still residing in Mexico where the cost of living is lower. In addition, the workers have the possibility of studying and/or working in their home country while caring for their families. This is shown by the narratives of a group of workers who were interviewed and who constitute the main basis of the analysis, which is complemented with some information from the Mexican census.

The work trajectories and cross-border mobility of the care workers allow us to analyze their beginnings in this job, the changes in their working arrangements, and their trajectories as a result of the transformations in the dynamics of transit, family responsibilities, and individual factors such as age, education, and work experience.

In light of the specialized literature, the first part of this article discusses the concepts of care and the work activities of care. In the broader global context of care, the second section reviews studies on care work in cross-border areas, and from the concept of transmigration, we propose the category of cross-border care work, as is the cross-border work trajectory. The third section presents the methodological aspects, highlighting the use of trajectories as a tool for the analysis of case studies. The fourth section, based on census information on the transmigrant population, analyzes some sociodemographic characteristics of the care workers, as well as the profiles of those interviewed for this study. The fifth section focuses on the analysis of cross-border care trajectories, and the conclusions summarize the main findings of this work.

## Care as Work

The concept of care has been the subject of discussion in the social sciences in the last two decades. In particular, the crisis of care has stimulated discussion about its definition

(Carrasquer, 2013). From a sociological perspective, is the definition of Daly and Lewis (2000), who propose the concept of social care as an activity and a set of relationships between different social actors, since it combines an analysis of the women's lives, their states of well-being, and their transformations. Carrasquer (2013, p. 99) indicates that Daly and Lewis's proposal takes the "woman" out of the analysis of care, guiding the discussion instead towards one of analyzing needs and the provision of well-being. From this perspective, Carrasquer argues that care is seen as socially organized work as groups and institutions participate in different social spaces, and care is coordinated and distributed following specific socio-cultural and economic patterns. According to the author, women's work is the articulating element of the social organization of care that is integrated by the family, the market, and the state, and that shapes care regimes. In this sense, Carrasquer (2013, p. 100) emphasizes the importance of the women's daily lives and the lives that they participate in, so we organize care work among the different actors and institutions in which this work takes place.

Thus, from the perspective of the social organization of care, we focus here on paid care work, whose contribution is central to maintaining the workforce and social development (Colen, 1995; Kofman & Raghuram, 2012; Razavi & Staab, 2010). This work involves a wide range of activities that are carried out in hospitals and retirement homes, as well as in educational institutions and service professions, in addition to reproductive labor such as domestic work and informal care for older adults and children (Alber & Drotbohm, 2015). In particular, we focus on the concept of care as paid work that Mexican transmigrant women carry out for families in the US, and that is carried out in the home environment.

In this study we define care work as the remunerated provision of personal services for the care of children and seniors and/or patients in the employer's home. These activities are mainly carried out by women, and include the physical, social, and emotional care that the care worker provides to people who require their services at different stages of life. Besides, care demands time and has a relational character between the person who cares and the one who receives their care (Batthyány, 2010).

## The Global Crisis of Care: from Transnational Migration to Transmigration

The systemic crisis that privileges capital over the wellbeing of people with impacts in different parts of the world has resulted in a crisis of social reproduction in both the global north and the global south (Benería, 2008; Pérez-Orozco, 2014). While in northern countries there is a demand for unskilled care and domestic service due to the greater economic participation of professional women, who have to balance the demands of work and family, as well as the growth of the elderly population and the lack of such state services; in southern countries the crisis of social reproduction has its origin in poverty and unemployment, as well as in demographic dynamics that mobilize women to migrate and work as domestic workers and caregivers in the northern countries (Benería, 2008; Hochschild, 2000; Sassen, 2003).

The crisis of care and its attraction dynamics have created an international division of reproductive work that is transformed over time, producing inequalities in the intersection of migration, gender, and ethnicity at different levels and dimensions (Parella, Petroff & Solé, 2013; Pérez-Orozco, 2014). At the structural level, migratory laws and welfare systems produce inequalities affecting the migratory status and the quality of life of individuals. At the microsocial level, the analysis of women's experiences, subjectivities, and agencies helps us understand how the care work of migrant women is linked to global economic processes (Cienfuegos, 2016).

The literature on migration and care emphasizes the concept of global care chains to describe the transnational commodification of care work resulting from the migration of domestic workers and caregivers from the countries of the south to the countries of the north (Hochschild, 2000; Sassen, 2003; Yeates, 2005). Migrant women transfer their work to destination countries while delegating care activities in their countries of origin to others (Hochschild, 2000).

From a transnational perspective, Yeates (2009) and Kofman and Raghuram (2012) argue that global chains limit the analysis to certain geographical regions (south to north), institutions, and care regimes, highlighting the importance of paying attention to inequalities of gender and ethnicity in specific areas. Recent research in Europe and Latin America has already taken into account other geographies of care work at the global level, as is the case of south-south migrations (Maher, 2003; Durin, De la O & Bastos, 2014). These studies highlight the participation of migrant women as "reproductive workers" (Truong, 1996) dedicated to caring for families in destination countries (Carcedo, Chávez & Lexartza, 2011; Mattingly, 2006; Pérez-Orozco, 2014; Soto, González & Dobrée, 2012).

Despite the above, less attention has been given to the cross-border dimension of care work, hence our interest in analyzing this activity in one of the busiest regions of the world, the border area of Tijuana and San Diego, which is characterized by its transmigrant population.

### *Transmigration and Care Work*

Recent studies, such as that of Leiva and Orellana (2016), on care work in some border regions, analyze this activity based on the concept of circular migration. These authors highlight studies of circular caregivers from Poland and Ukraine to Italy (Marchetti, 2013), of Polish women to Germany (Palenga-Möllenbeck, 2013), and the migration of Romanians to Spain (Marcu, 2009). In Latin America, Leiva and Orellana (2016) and Leiva, Mansilla, and Comelin (2017) studied the circular migration of Bolivian women in Chile. The authors begin with the concept of circular migration, emphasizing the border condition of migrants who temporarily move to another country, since they do not intend to live there in the long term (Leiva & Orellana, 2016).

Unlike the aforementioned studies, we revisit the concept of transmigration that considers the comings and goings of people across the us-Mexico border. Transmigrants are people who live in the border cities of northern Mexico, such as Tijuana, and cross

the border periodically to work in the neighboring cities of the southern us (Alegría, 2002). While international migrants change residence, the transmigrant population goes to the us for short periods, from a day to a week or a month, before returning to Mexico (Orraca, 2015, p. 1, cited in López, 2019).

Mexican migrants in the us have been involved in long-term care activities as support for us native professional women (Ehrenreich & Hochschild, 2003). This phenomenon has evolved as a product of economic transformation, migration, and welfare policies in the us. This pattern of employment began in the early twentieth century and became more common in the 1940s when Mexican women replaced African-Americans in this type of work (Ehrenreich & Hochschild, 2003; Maher, 2003). The phenomenon increased in the middle classes starting in the 1980s as a growing number of households in California employed Mexican migrant women as nannies and domestic workers (Maher, 2003, p. 6; Mattingly, 2006, p. 111).

The studies by Hondagneu-Sotelo (2007, p. 28), Pisani and Yoskowitz (2002), and Mattingly (2006) associated cross-border care work with marital status and the legal status of women in the us. Thus, while live-in workers were single, they resided with the family and were available all the time, but lacked legal documents and had less experience, which is why they earned less. On the other hand, live-out workers were married, educated, and experienced had legal documents and better salaries, and could work with different families. This type of work allowed them to cross the border back home to see their own families and fulfill their domestic responsibilities. As shown below in the case studies, in addition to changes in legal status, increasing difficulties in crossing the border have made it harder for women to engage in these various activities. According to Coubès (2008), the increasing problems in crossing the border impact the degree to which women can participate in care work.

Finally, the literature also highlights the use of informal social networks to achieve full-time and long-term care work (Hondagneu-Sotelo, 2007; Maher, 2003; Mattingly, 2006), as well as the treatment they receive as domestic workers, which depends on their legal work status (Mattingly, 2006).

### *Cross-Border Care Trajectories*

The systematic study of changes in transmigration and employment allows to identify transformations in labor and spatial mobility (Rivera, 2012, p. 460), as well as the factors involved, and the relationships between them. In particular, the experiences of people, their interpretations of changes, and the meanings they have for them are revealed, starting from the subjective itinerary as a conceptual tool that combines temporal elements with variations in geographic mobility and emotions and the sense of belonging developed through the migratory experience (Hirai & Sandoval, 2016, p. 285).

Here, we use trajectories as an analytical tool to understand work histories and careers. In this case, the analysis focuses on the comings and goings of the care workers across the border, as well as in dimensions of labor and socio-spatial mobility.

Studies on migration and care include few references to career trajectories, but the research of Leiva and Orellana (2016) characterize the trajectories of Bolivian women who perform care work in Chile by their hyper fragmentation, consisting of short-term, long days, periods without payment, and high violation of rights. To the authors, it is precarious work conditions that cause the highly fragmented trajectories of the women they interviewed. In general, precarity is characteristic of care work (in an earlier text, we analyzed the precariousness traits of the group of care workers interviewed for this study). Their contracts were verbal, the working conditions were variable, and at the discretion of the employers, the hourly wages were lower than the legal wage, and they did not have access to social security (López, 2019).

Cretu (2017) analyzes the *cross-border* trajectories of professional women from post-Soviet countries in London. The study defines *cross-border* trajectories as mobility between cities (*between-city mobility*), and the author proposes using work paths to understand why women build cross-border trajectories and delineate the similarities that exist in their careers in the context of social processes that shape them (Cretu, 2017, p. 62).

In this study, we define *cross-border care trajectories* as the work trajectories of female workers that involve brief periods crossing the Tijuana–San Diego border to work in that city at the same time that they reside, work, and/or study in the metropolitan area of Tijuana. The care trajectories of the interviewees reveal different work arrangements that are associated with the dynamics of crossing and that refer to the socio-spatial dimension at the household scale: live-in or live-out. Besides, from the Cretu study, we take family responsibilities and the life course as elements of the trajectory analysis.

## Methodology

Most of the studies carried out in several border cities of the US and Mexico focus on the work of migrant women residing in the US. For this reason, we focus on the transmigration of Mexican women who live in Tijuana and cross the border to work in San Diego as caregivers of children, seniors, and the sick.

This is a qualitative study based on the experiences of cross-border care work and labor trajectories of a group of women interviewed. The aim is to analyze the dynamics and social interactions that are the focus of this activity.

To this end, in 2016, we interviewed six care workers and one more in 2018. All of them were contacted using the snowball technique, through colleagues and friends, who knew these workers. Five women were interviewed in Ensenada, Playas de Rosarito, and Tijuana, and two of them in San Diego. The women did not agree to be interviewed in their homes, so the interviews took place in public places such as cafes and restaurants, and a shopping center.

We recorded most of the interviews but when women disagreed, we took notes. We gave an informed consent letter but they refused to sign it because they felt at risk or felt it would assume some type of commitment. We explained to them that they could

request information about the project, that they could suspend the interview if at any time it bothered them, and that we will not mention their names to preserve their privacy. A second field trial began in 2018, for which several female workers who were older than 40 years were contacted, some dedicated to caring for children and others to older adults. However, during this time, the Migrant Caravan arrived in Tijuana, creating a risky situation for transmigrants, as many of them cross the US border to work with their tourist visa. Because of this, the care workers who had been contacted refused to be interviewed because they feared being deported. Their concern was totally justified, as the threat that the US government would close the border created uncertainty not only for trade and tourism but also for the people who live in Tijuana and depend on the daily crossing of the border to work in San Diego. In the summer of 2019, another set of interviews was carried out; however, due to time issues, it was not possible to integrate them into this text.

We systematize the information from the interviews by using some categories that emerged from the stories, and according to the grounded theory method (Glaser & Strauss, 2012), and then we performed an interpretive analysis. In addition to the narratives of the workers interviewed, we also used census and intercensal information from Mexico, obtained from the Integrated Public Use Microdata Series of the Minnesota Population Center (2017), to describe some profile features of female care workers who are part of the transmigrant population.

## Transmigration and Care Work at the Tijuana–San Diego Border

For some authors, the Tijuana-San Diego region functions as a cross-border metropolis that fulfills complementary functions. Thus, while San Diego specializes in high-technology activities, Tijuana is oriented towards services and intensive manufacturing with low-skilled labor. These cities are part of two distinct countries that are characterized by significant differences and political, cultural, and economic asymmetries (Alegría, 2002).

Despite the differences in income, infrastructure, language, and culture (Mendoza, 2017), thousands of people cross these borders daily, with Tijuana-San Ysidro being one of the busiest international borders in the world. Among the daily crossings are those of people who live in Tijuana and work in San Diego. Based on the geographic proximity and the related economic activities of the cities on both sides of the border, Alegría (2002) called this process *transmigration*.

Transmigration from Mexico to the US is mainly economic. Cross-border care workers are part of the transmigrant population of border cities, and their work is part of the informal sector of domestic service in the US. Despite the existence of labor and tax laws (Mattingly, 2006), it is a flexible and deregulated labor market, resulting in precarious employment. Besides, immigration status, combined with ethnicity and

gender, leads to low wages, instability, and lack of social protection for these workers (Maher, 2003; Hondagneu-Sotelo, 2007; Williams, 2011; Ariza, 2011).

Statistics about transmigrant workers are difficult to obtain, but the Mexican census includes some information about them. Thus, based on census data in Mexico, recent studies show that the transmigrant population in the border cities of northern Mexico is declining. For example, in Tijuana this population decreased from 5.6% to 4.5% between 2000 and 2010 (Orraca, 2015; Vargas & Coubès, 2017, cited in López, 2019).

Even so, transmigrant women increased from 23% to 30% during the same period (Orraca, 2015). Although the concept of cross-border care work does not exist in the census, the category of “elemental occupations” is the best approximation, and 31.7% of transmigrant women are part of this category (Orraca, 2015, cited in López, 2019, p. 125). A more detailed analysis of census information revealed that these are women engaged in domestic and caring work and that their number increased more than 100% between 2000 and 2010.

According to Coubes and Silva (2013), this phenomenon might be due to the unemployment rate, that in Tijuana rose from 0 to 8% during the economic crisis of 2008, and to the fact that many housewives, whose husbands had no employment, had to engage as careworkers in San Diego.

Census data suggest that more young and educated women are participating in this activity. While in 2000 the average age of cross-border care workers was 40.2 years, in 2015 the number of young women markedly increased, from 16.7% to 47.6%, so there was a decrease in the average age, from 52.5 in 2010 to 40.6 in 2015 (See Table 1).

**Table 1: Mexican cross-border care workers in San Diego by age group, 2000, 2010, 2015**

Age group	2000	%	2010	%	2015	%
Younger than 30	77	16.7	59	7.5	504	47.2
Older than 30	382	83.2	724	92.5	554	53.3
Total	459	100.0	783	100.0	1 058	100.0

Source: prepared by author based on the Mexican 2000 General Census of Population and Housing, 2010 Census of Population and Housing, and the 2015 Intercensal Survey, obtained through the Minnesota Population Center (2017).

According to Table 2 the educational profile of this group of caregivers has changed over time. While in 2000 few of them had high school education, almost 15% were enrolled in high school 2015. This increase in scholar years seems to be associated with age, since as more young women participate as careworkers, the chance that they are studying increases.

**Table 2: Some characteristics of the Mexican cross-border care workers in San Diego, 2000, 2010, 2015**

	2000	2010	2015
Average age	40.2	2.5	40.6
Percentage of women with high school education	0.0	0.0	13.8%
Average salary	6 746	6 402	11 060

Source: prepared by author based on the Mexican 2000 General Census of Population and Housing, 2010 Census of Population and Housing, and the 2015 Intercensal Survey, obtained through the Minnesota Population Center (2017).

Between 2000 and 2010, the average income of female workers decreased from 6 746 to 6 402 us dollars, while it increased to 11 060 dollars in 2015. In that year, the maximum income recorded was 24 000 dollars, lower than the national average cost (28 964) of hiring a nanny in the us in 2015 (Schulman & Blank, 2017). According to the same source, California is the state with the highest cost for this care service.

### *The Profile of Interviewed Cross-Border Care Workers*

Table 3 shows the sociodemographic profile of the interviewees. Three of the women were younger than 40 years (young), and four were older than 40 (adults). Older women come from other states, such as Jalisco, Oaxaca, and Michoacán, while two of the young women were born in Tijuana and one in San Diego. Regarding civil status, five were married, one was separated from their partner, and the other was a widow. Susy, Andrea, and Martha were the youngest of the group. When they began, they were single. At the time of the interview, Susy and Andrea were married, and Martha was engaged. Regarding their education, while two of the girls had a university education, one of them left when she was in her second year. The older women had primary (elementary) and secondary (junior and high school) education.

Except for one worker, the salaries of those interviewed were variable and lower than the legal minimum in California in 2016 (10.50 dollars per hour) and were apparently related to their age, education and experience, as shown in Table 3. None of them had social protection in San Diego, although some had social benefits in Mexico because they had another job there or due to the husband's employment.

**Table 3: Sociodemographic characteristics of the interviewees**

	Age	Marital status	Children 1-6 years	Level of education	Migratory status	Years in care work	Working arrangement	Weekly salary	Welfare Access Tijuana
Susy	28	Married		Incomplete University	Tourist visa	5	Live-in	400	Yes
Andrea	30	Married		University	Citizen	15	Live-in	20/hr	Yes
Martha	28	Married		University	Resident visa	8	Live-out	450	No
Matty	63	Married		Junior	Undocumented	8	Live-in	300	No
Teresa	40	Married	1	High School	Tourist visa	4	Live-in	350	Yes
Dolores	55	Separated		High School	Tourist visa	2	Live-in	350	Yes
Rita	61	Widowed		Elementary	Tourist visa	4.5	Live-in	425	No

Source: prepared by author based on interviews conducted in 2016. All the names of the interviewees have been changed to protect their identity.

### *Dynamics of Cross-Border Work Trajectories: Work Arrangements, Family Responsibilities, and Mobility Patterns*

Cross-border work trajectories refer to the modalities of care work, as well as the coordination of care over the long term concerning family responsibilities, cross-border mobility, and individual factors. In a previous text, we note that this group of respondents shows differences by age and education (López, 2019), and the experiences of women reflect that these elements, in addition to immigration status, give advantages to some over others.

The care workers interviewed were residents of Tijuana and worked in San Diego, caring for children or dependents. Of these, three began as nannies in San Diego when they were students, so for years, they combined work and study, although this situation changed over time. For them, participating in this activity allow them to continue their education in Tijuana, but as shown below, their work experiences followed different trajectories.

Women older than 40 years began as cross-border caregivers after getting married and having kids because they wanted to increase their income (Matty, Rita, and Teresa). Dolores, the main breadwinner of her family, worked for 20 years in a clothing store in San Diego, but due to the growing closure of the border in 2016, she decided to quit her job and sought work as a nanny because she thought she would feel safer working inside a house.

### *Family Responsibilities*

The family responsibilities of the interviewees changed throughout their life course; generally, these responsibilities increased with marriage and raising children, so the workers developed different family structures to be able to continue working with children and seniors in San Diego.

Matty, Teresa, Dolores, and Rita made up the group of older women. Except for Teresa, who had an 8-year-old son whom she left in charge of her husband, the rest of the women began childcare and eldercare work when their children had become independent or were students and did not require the same care as when they were small. For this reason, their family responsibilities were lower, and they had fewer restrictions on working time on the other side of the border.

Of the young workers, Andrea lived with her family, Susy was married but had no children, and her husband was responsible for cleaning the apartment. Martha lived with her family when she was young, and like Andrea, she contributed to the household chores, and when she went to live in San Diego, she divided domestic work with her partner.

### *Work Arrangements and (Dis)continuity in the Career Trajectory*

As already mentioned, Pisani and Yoskowitz (2002) and Mattingly (2006) found that the live-in workers chose this arrangement because they did not have documents, and those who did have documents were live-out workers who tended to be married, so they preferred to return to their families in Mexico.

The trajectories of those interviewed for this study show that work arrangements shifted over time because it was increasingly difficult to cross the border. Therefore, live-in arrangements imply that women stay with the family with whom they work several days a week and come home to Tijuana over the weekend. All received lodging and food at the homes of their employers, in addition to their salaries. In contrast, only Martha had a live-out arrangement; she initially returned to her home in Tijuana, but when she applied for residency in the us, she had to stay and live in San Diego with her partner.

In the context of an increasingly closed border due to immigration policies in the us, crossing times have lengthened, with consequences for the dynamics of mobility and work of the interviewed women. For example, the youngest interviewees began to care for children or patients when they were students, and their work arrangements were modified when they went from working on weekends to working on weekdays. For example, Susy began caring for a patient on the summer and weekends. At the same time, she was studying for a university degree, and working long hours in a cinema in Tijuana (and other menial jobs). She felt exploited in these jobs and decided to quit them, and at the same time she stopped going to school. So she went to work in San Diego as a nanny, although she continued to live in Ensenada with her husband, whom she only saw on weekends.

Martha, meanwhile, also worked as a nanny at a young age intending to pay for her education. However, after finishing her schooling as a dentist, she only got a job as a dental assistant in a dental office in Tijuana, so she decided to work as a full-time nanny in San Diego with the goal of one day establishing her dental practice. Therefore, both crossed the border to San Diego on Sunday to return to Tijuana on Friday afternoon. Andrea, for her part, began working on the weekends, and over time modified her work schedules since she alternated this work with her studies and other jobs in Tijuana.

Some interviewees spoke of pleasant experiences of proper treatment and better working conditions, and a couple of them commented that at the beginning of their careers, they experience several work shifts due to abusive situations or of exploitation; when they started, they usually got entry-level jobs (live-out), working with different families, until they managed to find a more stable position as live-in workers

The cases of labor exploitation coincide with the findings of Leiva and Orellana (2016), who argue that, in their study, mistreatment caused fragmentation of the workers' trajectory. However, in a previous analysis, we found that when care workers achieved a more stable job, job turnovers seemed to be associated with the life course of the people they cared for. For example, they would have to change jobs when children grew up and went to high school, or if they were the caregiver to a patient, the work ended when the patient died (López, 2019, p. 133).

Then, when women manage to obtain a stable job with a single family four or five days a week in a live-in arrangement, while returning to their homes in Tijuana on weekends, they do what is possible to keep it because they know that it will be difficult for them to find another job under the same conditions.

### *Mobility Patterns*

The cross-border care worker trajectories also reflected the patterns of mobility across the border, which are defined by their immigration status and the activities they carry out on both sides of the border. The majority of care workers crossed with a tourist visa; however, this could change over time, as some women could obtain their residency (resident visa or green card), as was the case for Martha. According to the website of the government of the US, green cards grant permanent resident status to immigrants to live and work permanently in the US. In most cases, it is an employer or family member who requests the visa in favor of another person. Martha's partner applied for permanent residency. This is why she had to go to reside in San Diego until her status was resolved.

A tourist visa must be renewed at certain times. Still, there is a risk that upon renewal, the immigration authorities will realize the person is working in San Diego and then will withdraw the visa, as was the case of Matty, who, by not renewing her visa, became undocumented.

### *Individual Characteristics*

Formal education and work experience in caring for children, seniors, and dependents appear to be the factors that have positive effects on the caregiving trajectories of the interviewees. Both younger and older women said that they had improvement in their salaries and certain working conditions thanks to their experience.

Age is an essential predictor of labor mobility in Latin American migrant women workers in other countries (Parella, Pettrof & Solé, 2013), given that the older they are, the less likely it is they will find employment and labor mobility. The case studies seem to match this pattern because the interviewed older women had more difficulties finding work as well as in negotiating their salaries. However, it is also important to consider experience, since women who have had several jobs become more experienced and reliable to their employers, with the possibility of negotiating better wages and working conditions.

In conclusion, the cross-border trajectories of the interviewed workers were defined by the type of activity they perform—care for elder, dependents, or children—the kind of work arrangement (live-in, live-out), the sociodemographic profile (age, marital status, education), and the labor mobility associated with the pattern of cross-border mobility. Below, we describe in more detail two of the trajectories that contrast the experiences of two women with different sociodemographic profiles and work arrangements, one dedicated to caring for the sick and another dedicated to caring for children.

#### *a) Working and Studying in Tijuana, Working in San Diego*

This type of trajectory seemed to be typical of young women who worked as nannies or cared for older adults in San Diego on the weekend while attending high school or university and/or working in Tijuana in manual and professional occupations during the week. A trait that was also noticeable in these trajectories was that the pattern of work and mobility was modified, since sometimes, when finishing their university studies, they continued in the care work. Here, the case of Andrea, who worked in the care of patients with degenerative and terminal diseases, is illustrative. For her, caring was her job, or what she called her “life profession,” which she learned through her family and was the means for her economic security and the achievement of her professional goals.

At the time of the interview, Andrea resided in Playas de Rosarito<sup>1</sup>, and she was young, with professional education and extensive experience. She had worked caring for the sick for 15 years and had been at her most recent job for three years. Although she was a US citizen, she always lived in Playas de Rosarito with her father and sisters, while her mother lived in the US. She began in the care profession when she was a high-school student when her aunts who were nurses in San Diego invited her to work with them caring for a sick person. Andrea dedicated to caring for people suffering from degenerative or terminal illnesses that require round-the-clock care. For this

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<sup>1</sup> The municipality of Playas de Rosarito is part of the Tijuana metropolitan area, located 20 kilometers away.

purpose, together with her aunts and cousins, she formed work teams composed of two or three people who worked in shifts of 48 or 72 hours, sometimes working one week and resting one week.

Being a citizen of the US allowed Andrea to freely cross the border with a combined strategy of working in the care of older adults on weekends in San Diego and pursuing academic activities on weekdays in Tijuana. While she was a student, Andrea crossed the border on weekends to care for the patient in turn and returned to Tijuana on Sunday to continue her university studies or go to work as a research fellow in a public school and then, upon graduation, as a university teacher. Even when Andrea was still a student, she decided to unenroll for one semester to dedicate herself to the full-time care of one of her patients. Afterward, she obtained a scholarship to continue her graduate studies in Spain. Still, upon her return to Playas de Rosarito, she continued working in the care of the sick in San Diego until she decided to marry and move to Spain. While she was single, Andrea organize her activities on how she wished on both sides of the border. Her trajectory shown in Table 4 records the continuous changes in employment due to the death of her patients, as well as frequent border crossing since for many years she worked in both Tijuana and San Diego while living in Playas de Rosarito.

**Table 4: Cross-border trajectory of care work. Andrea, 30 years old, Master’s in communication, cares for older and sick adults**

Year	City	Occupation	Work schedule	Salary	Migratory status and crossing
2001-2007	San Diego	Alzheimer’s patient care	Weekends	\$10/hr	Citizen. Came and went over the border
2001-2004 2004-2008 2008-2009	Tijuana	High school University Research Fellow	Mon-Fri		
2007-2009	San Diego	Thrombosis patient care	Weekends	\$15/hr	Citizen. Came and went over the border
2010	San Diego	Diabetic	Mon-Fri		
2010	San Diego	Anorexic	Weekends	\$15/hr	
2010	Tijuana	University professor	Flexible	Variable	
2012	San Diego	Cancer patient care	9-5 Mon-Fri	\$15/hr	Citizen. Came and went over the border
2013	San Diego	Cancer patient care	Weekends	\$20/hr	
2013	San Diego	Diabetic patient care	Weekends	\$20/hr	
2013	Tijuana	University professor	Flexible	Variable	
2013-2014	Spain	Master student			
2014-2016	San Diego	Alzheimer’s patient care	Mon-Fri	\$20/hr	Citizen. Came and went over the border

Source: prepared by author based on an interview conducted in 2016.

*b) From Living in Tijuana and Working in San Diego to Living and Working in San Diego*

In contrast to the above trajectory, this trajectory seems to be characteristic of older women with primary education who worked before marriage and raising children, and when they grew up, they decided to return to the labor market due to family economic pressures such as a family member's illness or a husband's unemployment. For example, Matty, who is from Ensenada, worked as an operator in a sewing *maquiladora* when she was young and returned to the labor market due to family economic pressures. She began to work caring for an older adult in San Diego because, in her hometown, she could no longer find a job in the garment industry, where she used to work. Matty later retired from this job to care for her family. When her children grew up, she had to find a job to help support her parents. Although Matty tried to return to a sewing factory, she could not continue because she was underqualified and could not use the new sewing machines. For this reason, she decided to try her luck in domestic work. After a few months, she left that job because her patron sexual harassed her.

Discouraged by these experiences, in addition to her husband becoming ill and losing his job, Matty decided to try her luck in San Diego, and a friend recommended she care for an older adult who was disabled from an accident. Initially, she crossed the border with her tourist visa to stay in San Diego all week, and on Fridays, she returned home to see her family. However, the growing border control increased crossing times and forced her to space her trips back to Ensenada, which is why her daughters and husband visited her in San Diego.

Family responsibilities interrupted her work as a caregiver since Matty returned to Ensenada to care for her sick mother. As her mother did not get better, Matty negotiated with her sister, who agreed to take care of her so Matty could return to work in San Diego with the same family. Later, the patient she was caring for died, and her employer asked her to look after her granddaughters in her daughter's house, which meant a change in the type of care she was performing. Later, her visa expired, and she could not return to Ensenada.

At the time of the interview, Matty had not crossed the border for five years, so her husband and daughters visited her in San Diego. However, over time, the visits became less frequent because her husband's illness worsened, and her daughters could not always take him to see her. To stay in touch, the family decided to communicate via Skype, in addition to the usual phone calls. Her employer, aware of the difficulties of Matty's separation from her family, let her stay in an apartment she owned over the December holiday so that her family could be with her for a few days.

Table 5 shows the mobility of Matty's career trajectory, first working in Ensenada in her youth, then joining the informal care market in San Diego. Similarly, the table also shows the restriction in cross-border mobility from losing her visa. Hence, she had

to remain and live in San Diego, which contrasts with the high cross-border mobility experienced by Andrea.

**Table 5: Cross-border care trajectory. Matty, 63 years old, primary school, nanny**

Age	City	Occupation	Work schedule	Salary	Migratory status and crossing
1988-2000	Ensenada	Seamstress in a <i>maquiladora</i>	7-4	Minimum wage	
2010	Ensenada	Seamstress in a <i>maquiladora</i>	7-4	Minimum wage	
2011	Ensenada	Domestic worker	9-5	No data	
2011	San Diego	Eldercare	9-5 Mon-Fri	300 dollars	Tourist visa Mon-Fri
2016	San Diego	Childcare 2 girls, ages 6 and 8 years	7-5 Mon-Fri	350 dollars	Undocumented Mon-Fri

Source: prepared by author based on an interview conducted in 2016.

## Conclusions

While Mexican women have worked in the US, in particular in California, for decades, studies on the subject have been less concerned with the cross-border dimension of care work, which is why in this article we analyze the case of caregiver trajectories and their mobility dynamics across the Tijuana-San Diego border. Unlike cross-border regions in the world that are characterized by a circular migration of care work defined by its temporality, transmigration as a practice of frequent (even daily) commuting across the border is common in northern Mexico populations bordering with the US.

The women interviewed worked across the border for different reasons. Adult women joined this work force when their children grew up; for them, it was a way to supplement the family income in unforeseen situations such as cases of illness or their husband’s unemployment. In the case of the young women, care work helped pay for their education, contributed to their family income, or provided them independence from their families and, above all, let them achieve social mobility through education.

Some studies on border care work have focused on circular migration and addressed the precarity and levels of exploitation that characterize the activity. For example, Leiva and Orellana (2016), in their study of the labor trajectories of Bolivian migrants in Chile, highlight the hyperfragmented trajectories of female workers that is attributed to conditions of labor exploitation. In the case of Mexican women cross-

border workers, we use the concept of transmigration, as geographical proximity allows women workers to come and go across the border more frequently. Some of the care work trajectories of the women interviewed showed a high turnover at first due to precariousness situations. However, this could change with job experience, so in more stable trajectories, loss of employment was associated with the life course of the people they care for.

On the other hand, the working arrangements are related to their border-crossing dynamics. The anti-immigrant context of the northern border of Mexico, such as in Tijuana-San Diego, has impacted the working arrangements of the cross-border care workers since it forced them to change their way of crossing. They remained at their workplace in San Diego during the week and returned to Tijuana on the weekends to be with their family, which is why live-in strategies predominated.

The interviewees' life course and family responsibilities also influenced their work trajectories, which in the case of young women were characterized by their dynamism because they combined their work in San Diego with their studies, and sometimes they also worked in Tijuana. Additionally, individual aspects such as immigration status, education, and experience in the care sector determined their work arrangements and salary. For example, immigration status affected their cross-border mobility, and schooling was a decisive factor since women with higher levels of formal education have better wages and working conditions than those with primary education or secondary education.

In conclusion, the experiences of this group of cross-border care workers shed light on the set of elements that establish the conditions in which they participate in the care market in the US. Women's experiences express the complexities of cross-border dynamics resulting from migration policies. As well as the asymmetries and inequalities that permeate the cross-border work trajectories of female caregivers, and reveal the strategies employed to live and work in a cross-border region.

The daily experiences of Mexican women caregivers of this study express the complexities of cross-border dynamics, as well as the asymmetries and inequalities that permeate their cross-border care trajectories, and reveal the strategies women employ to live and work in a transborder region.

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