

## Health and Care in the Estonian–Finnish Translocal Context

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### **Abstract**

*This article presents an ethnographic study of everyday care practices in the Estonian–Finnish context, drawing on theories of transnationalism and translocality. Based on interviews and participant observation, the article analyses translocal care from the point of view of Estonian families, members of which live or work in Finland. The Estonian–Finnish transnational space exists in practical, everyday terms, i.e. people transport goods from one place to another and use familiar services in their country of origin. Family responsibilities do not disappear with geographical distance, and there is a willingness to continue normal habits of care without interruption. However, the social policies framing care are still predominantly national. The article scrutinises gendered translocal practices related to bodily experiences and to self-care, and the multiplicity of ways in which (informal) translocal care affects the everyday lives of family members. The article uses the approach of bounded mobilities to look at social inequalities and hierarchies in the context of (im)mobilities. In the case of Estonia, intergenerational family solidarity is a requirement established by law, meaning that Estonians living abroad are obliged to provide maintenance for family members. For this reason, Estonia is an interesting case of informality intertwined with formality.*

**Keywords:** *Estonian-Finnish transnational space; care; health; informality; bounded mobilities*

### **Introduction**

Emigration from Estonia to the longer-serving EU member states increased in the 2000s, neighbouring Finland being the main destination country because of its higher incomes and geographical, linguistic and cultural proximity to Estonia. In addition, the relative proportion of labour migration increased significantly, especially after the EU accession in 2004. Indeed, Estonia is one of the major countries of origin for international commuting workers in Europe<sup>2</sup>; more than half of Estonian citizens currently working abroad do so in Finland.<sup>3</sup>

Estonian citizens' stays in Finland are often of an informal nature or planned as temporary from the beginning – people might stay in Finland to look after family members or relatives, or work for a short period with or without a formal contract. Many contemporary labour migration patterns are temporary, circular and seasonal. Also the recent trend of increasing return migration should be considered in this light. If a new economic crisis should break out, people are likely to leave Estonia again. To express the nature and intensity of movement back and forth across the Estonian–Finnish border, researchers use the concept of an Estonian–

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<sup>2</sup> In Europe the highest percentage of the workforce who leave their country of origin to work are Slovaks (5%), and Estonians and Hungarians (just over 2% each) (European Commission, 2019: 78).

<sup>3</sup> According to Population Register Estonia there were 52 400 Estonian citizens living in Finland in July 2019, in addition to which 18 500 people had registered a Finnish contact address. Estonians comprise the largest group of foreign citizens in Finland.



Finnish transnational space (Jakobson et al., 2012). In addition to this the word *bargmaine*, the Estonian equivalent to ‘transnational’ (first used in 2012, see Kalev & Jakobson, 2013) is becoming established, both in scholarly and everyday use.

Talking about the mobility of people between the two countries in terms of immigration and emigration fails to give the full picture. Most statistical data concerning population is location centred, defining the stay, arrival and/or departure of a person within the context of one country, making data describing dynamic, cross-border movement hard to obtain. The statistics available are insufficient to describe the transnationalism of people who have close ties to, or whose activities routinely cut across, nation states (Ahas et al., 2017.)

The article focuses on caring from the point of view of Estonian families where some members live or work in Finland. Firstly, I analyse their translocal practices related to bodily experiences and to self-care, then point to the importance of the gendered body as a reproducer of collectivities. Secondly, I scrutinise different forms of care, the importance of trust in giving and receiving care, and factors related to the choice of health care provider either in Estonia or in Finland. Further, I analyse the multiplicity of ways in which (informal) translocal care affects the everyday lives of different family members, including those who have not relocated.

In my analysis of health and care in the Estonian–Finnish context, I want to highlight the connections between mobility and locality, drawing on theories of transnationalism and translocality. Transnationalism can be a conceptual lens that helps us understand how the families’ double grounding affects the conditions and experiences of their care arrangements (Vertovec, 2009; Zhou, 2019: 114). The concept of translocality expands the analytical focus beyond the limit of the nation state, stressing situatedness during mobility (Brickell & Datta, 2011: 3). By focusing on processes that transcend boundaries on different scales the concept of translocality aims to decrease the juxtaposition between internal and international migration or mobility (Greiner & Sakdapolrak, 2013). Substantive links are not necessarily nation-to-nation but can also be often town-to-town, rural-to-urban, or family-to-family. In addition, *translocality* stresses the importance of localised experiences of both mobile and immobile people, characterised by continuity and discontinuity (see Glick Schiller & Salazar, 2013), providing a way to engage with subjective and embodied dimensions of place-making, mobility, and everyday life.

Translocal and embodied approaches have underlined the fact that bodies are simultaneously mobile and emplaced, and stressed the importance of everydayness in making and understanding “migrant worlds” (Wang, 2016: 5). If we think about bodies moving between places it is clearly easier for some bodies to negotiate different borders (national frontiers) than it is for others (Dunn, 2010). The approach of bounded mobilities has been offered as a framework to look at this unevenness – social inequalities and global hierarchies in the context of (im)mobilities. People are expected to regulate their mobilities in a manner that confirms that they are choosing freely, while, in fact, they act within clearly defined fields of possibility (see Bourdieu, 1984). My aim is to show that (transnational) care affects people’s decisions to move. Caretaking responsibilities might tie them to certain place, or, in contrast, encourage them move in order to better provide care. However, the question is not only who can move and who cannot – or who is forced to move and who is allowed to remain –, but also at what cost and with what social and political results does this happen (Hackl et al., 2016: 24)?



There are many factors that initiate mobility in Estonian–Finnish transnational space, but for most of Estonians the reason to live or work in Finland is economical. The Estonian neoliberal economic model is greatly influenced by economic fluctuations. This, together with weak social security, leaves the Estonian workforce in a vulnerable position, especially in peripheral rural areas (Alho & Sippola, 2018; Annist, 2017.) The possibilities to manage a family economy using Estonian unemployment insurance benefits are restricted, and people turn to different creative and informal solutions in their attempts to solve these problems, often relying on their personal networks.

However, the economic and family aspects of people's translocal and transnational activities are closely intertwined. What might initially seem to be purely economic or political transnationalism can often implicitly, if not overtly, be for the wellbeing of children or other family members (Coe et al., 2011: 3–5, 11). It has been claimed that informal family care is the main form and source of care in both less and more developed countries (Wiener, 2003). The decision to emigrate can be to fulfil care responsibilities, sometimes with one family member taking on these responsibilities while the rest of the family stays behind. Caring from a distance can take place across national borders, with working abroad and earning money for the household regarded as one form of care (Ackers, 2004; Lulle, 2014.) As a matter of fact, Estonians are obliged by law to provide maintenance for family members. The Family Law Act (2009, §96) establishes that adult daughters and sons are responsible for the care of their parents and grandparents, and vice versa, a responsibility that also applies to relatives living abroad. In the case of informal care, state and social norms thus overlap: this kind of care is approved both legally and socially. This obligation is found problematic and contested above all when parents have ignored their responsibilities to young children, leading these children to question why they should take care of their ageing parents. Solutions to these dispute are often settled in court.

## Data and methods

The article is based on ethnographic fieldwork (2013–2014, 2016–2019) consisting of participant observation and interviews among Estonian families in which some members are (or have been) living or working in Finland.

When I started to work with this group of people in 2013, it was done in the framework of a project that concentrated on children's experiences of migration and mobility<sup>4</sup>. Accordingly, the research participants came from families with children. Where possible, I have interviewed different members of the same family, including children aged 6 to 15. In the following years, my focus shifted slightly from children to adults, although in subsequent research projects the perspective of the family remained central, with an overarching theme being the ways mobility has affected family relations.

I conducted 40 interviews in the greater Helsinki area (Finland) and in Tallinn and Tartu (Estonia). Six of the interviews were group interviews in which more than one member of the family was present. Two of the interviews were made in Finnish, but otherwise the language used in the interviews was Estonian, the mother tongue for most of the interviewees. I found the interviewees through clubs organised for the children of Estonian families, language

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<sup>4</sup> Families on the Move: Children's Perspectives on Migration in Europe (funded by the Kone Foundation, 2012–2014; PI Prof. Laura Assmuth, University of Eastern Finland).

courses organised in Finland, kindergarten(s), through common acquaintances using the method of snowballing, and through social media.

Among the interviewees, there were 23 women, 6 men, and 15 children. Approximately half of the Estonians working and/or residing in Finland do so in the Helsinki metropolitan area, as did many of the families who contributed to this study. However, there are also thousands of Estonians living in other parts of the country, including the countryside.

A typical pattern among the families interviewed in Finland is that the father finds work in Finland and the family joins him later on, as planned short term relocation extends to become long-term. Among the interviewees, there are also one-parent families and cross-border commuters. In addition, I interviewed family members who have stayed in or returned to Estonia. In order to observe inequalities among Estonians, I interviewed both men and women from different areas in Estonia, with different occupational backgrounds. The interviewees had different occupations, for example, construction worker, doctor, entrepreneur, credit analyst, bus driver, teacher, cleaner, office worker and nurse. In addition, some interviewees were studying or unemployed.

### **Translocal everyday practices**

When thinking about the local-to-local, rural-to-urban or family-to-family aspect, the phenomenon of translocality is certainly not new to interviewees. They talked about everyday family practices inside Estonia, stating, for example, that earlier internal relocations might have constituted as a larger change in their lives than moving to Finland. Similarly, when working in another part of the country (in transportation, forestry, the fishing industry), family members are away during the week and return only at the weekend, or even every two weeks.

For people commuting long distances, crossing state borders, especially inside the European Union, has not necessarily been of crucial importance. For example, for commuters from the southern Estonian countryside, working abroad might be a more attractive choice than working in Tallinn or Tartu (Annist, 2017). As one 43-year-old doctor pointed out during the interview, when he took a second job in another hospital, as he was planning to do, he would be away from his family anyway. The decision to do additional work in Finland instead of another Estonian hospital was made on economic grounds: he felt it was reasonable to learn Finnish and work in Finland to earn a better salary. He was also offered very tempting conditions in Finland: among other things, his employer would compensate his flights from Estonia to northern Finland. Another theme is commuting to southern Finland from northern Estonia: Helsinki is only a two-hour ferry journey from Tallinn, a duration that is comparable to the drive from Tallinn to Tartu, Estonian's second city:

We also used to live in [northern Estonia]. It's not a long way to travel from [Finland]. You will reach Estonia as fast as you would reach Tartu from Tallinn, and many people travel for work from Tartu to Tallinn. This is one of the reasons: one of the motivations for coming [to Finland] was that Finland is close and we can still keep in touch with the grandparents. (Man, 36)<sup>5</sup>

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<sup>5</sup> Interview transcripts were translated from Estonian or Finnish to English by the author, and were lightly edited to increase readability. I use pseudonyms when referring to the interviewees.



A study of Estonian cultural activities shows that due to the proximity of the capitals and ease of travel people visit festivals and theatres in Estonia almost as often as they use the same services in Finland. During shorter visits the first priority is given to meeting friends and relatives, and using services such as libraries and the hairdresser (Lagerspetz, 2011). My interviewees also reported that they often travel to Estonia to enjoy the culture, go shopping, and visit friends and relatives. In addition, when possible children spend the whole of the summer in Estonia (Lulle & Siim, 2018). However, the journey between Estonia and Finland is not easy for all Estonians, some of whom travel long distances on public transport with small children. For them the journey home is a tiring endeavour both mentally and physically.

Migration and mobility research has always been about bodies, whether implicitly or explicitly. Migration is bodies moving from one location to another, experiencing movement through situated multidimensional sensory and corporeal engagement with the material world. Bodies can be seen as sites of action, and it is important to acknowledge the sensory elements related to placemaking. Differences and longing for certain things are often related to the body and the senses. Our study with children has shown that translocal ‘taste buds’ can serve as means of adjustment, belonging, liking, cause disgust and, most importantly, form part of sense making. Different places are thus balanced through the embodied food practices of the children and their families (Bankovska & Siim, 2018).

When visiting Estonia, the interviewees usually bought products they missed or could not buy in Finland. They complained for example that good, tasty meat is not available in Finnish shops – the meat there either has no fat or is not seasoned enough for their taste. As for services interviewees mentioned visiting beauty salons in Estonia (to have a manicure, pedicure, and/or hair cut). To some extent this is a question of resources because these services are cheaper in Estonia, but it is also connected to the idea of not receiving ‘proper’ treatment or services in Finland. This can be connected to a body-related interpretation of communication – the prerequisite for successful treatment is that the person offering these services should ‘speak’ the same (body)language. When sharing their ideas about the importance of self-care, which is a highly gendered phenomenon, some interviewees were critical of the appearance and behaviour of Finnish women.

You see, an Estonian woman, even if she does not have a high income, she still pays more attention to her appearance [...] For example, my Finnish colleagues wonder about me visiting spas, but I’m saying that those manicure, pedicure, facial treatment, massage are like primary things. There are 40-year-old women who have never been to a pedicure and for me it’s incomprehensible. [...] Yesterday evening we came to Estonia, we sat and had dinner, it was a wonderful evening and well, you’ll recognise Finns from far away. Finns wear crocs, they have tights, some kind of unkempt blouse, you know. (Woman, 44)

Becoming adjusted to unfamiliar forms of body practice and corporeality can be the most difficult part of feeling at home in a new place. The Estonians interviewed do seem to cherish a narrative of the Estonian woman as someone who takes exemplarily care of her appearance and body, if necessary looking for good care even across borders. As Nira Yuval-Davis has remarked, gendered bodies and sexuality play pivotal roles as territories, markers and reproducers of the narratives of nations and other collectivities. Gender relations are at the heart of cultural constructions of social identities and collectivities as well as in most cultural

conflicts and contestations (Yuval-Davis, 1997: 39). My case studies confirm that this gendered body, marking the boundaries of a group, is typically female: interviewees rarely mentioned the topic of the male body or ‘proper’ male ways to dress or behave. However, when talking about Estonian men, they are typically attributed one characteristic: they are said to have golden hands, i.e. they are capable of doing many things.

### **Health, care and trust**

Care has been divided roughly into four different dimensions: in addition to care-receiving and caregiving, we can talk about caring about and taking care of, which do not necessarily demand physical presence and can take place across national borders (Fisher & Tronto, 1990). Care is thus to varying degrees related to the body and essentially also linked to trust: who do you trust to take care of you? The systems in Estonia and Finland are somewhat different, and it takes time to get used to new practices and build trust. For one thing, conventional and alternative medicine are closer to each other in Estonia and people seem to have quite active roles in issues related to their and their family members’ health. Interviewees have often criticised the health care system in Finland: some have received good care, although many see that it as a challenge to get an appointment in the first place. In addition, interviewees often mentioned that they miss the Estonian family doctor system, which enables families to visit the same doctor every time they need a consultation.

In [my current place of residence] there is no such a thing as a family doctor, and for me this was a really unpleasant surprise. Like every time I go to a doctor there is a different person, every time I have to start from the beginning instead of calling a specific phone number and stating my name. The doctor would know who I am, who my children are, their medical records, and I can get my information right away. (Woman, 33)

People have tried to remedy the situation, including the lack of confidence, by looking for alternative, more informal ways to receive medical help. It seems they do not consider the cost of the medical treatment as critical, rather, people look for quality and trust. When in Finland some interviewees have sought medical help from Estonian doctors residing there. Because they share the same background and language, communication between doctor and patient is easier. One thing the research participants were critical of are the long queues for emergency care. Because of this, many prefer private clinics, which are more expensive but mean no waiting for hours to see a doctor. These expenses are covered by insurance, if the person has this. Many interviewees have stated they consult their family doctor (or other acquaintances) in Estonia when there are problems, and, if possible, plan appointments or even surgery to coincide with their visits to Estonia. This shows they do not fully trust either medical care in Finland or their own language skills to communicate their concerns with sufficient accuracy.

But if I need a serious consultation, luckily I have a girlfriend who is a nurse, so I will just consult her on Facebook or over the phone or skype and ask if I should go somewhere [to a doctor]. [...] I bring my pills from Estonia because I couldn’t make it clear to my doctor here that I want the same contraception as before, and I’m not even sure if they are available in Finland at all. (Woman, 31)





The differences in the two healthcare systems and working cultures have been pointed out by the Estonian doctors I interviewed. According to their experience, the working tempo in Estonian hospitals is more hectic as compared to Finland. They claim that in Estonia, their working days would be longer, and that it would be unacceptable to take your lunch break or end your shift before finishing care for a patient. In Estonia doctors are not supposed to prioritise their own needs or rights in this sense. However, this is not typical only to doctors, the same observations and differences in working cultures were reported in other fields – among construction workers, for example (see also Telve, 2015).

At a quick glance there seems to be a discrepancy here – the tempo at the Estonian hospitals is reported to be more hectic, yet people still feel better taken care of there. In this case, however, we are not exploring measurable healthcare outcomes, but rather what people being taken care of report that they *feel*. It is certainly easier to manage in a foreign country when you are young and healthy, than when you are sick: health and care issues are closely related to vulnerability in the physical sense. This is when questions related to embodied belonging can arise, i.e. whether you feel you truly belong and are being taken care of in the best possible way. In emergency situations all interviewees naturally said they visit doctors in Finland. Some also reported that their family members were very well taken care of in Finland, for example, having a long-awaited necessary operation. But for other medical consultations, people do opt to enjoy healthcare in the environment in which they feel most at home. As long as one has an EU medical insurance card using healthcare services in another country is possible, and also partly compensated.

### **Grandparents and informal care**

Family responsibilities do not fade away with geographical distance or when crossing national borders (Kröger & Zechner, 2009: 22). When doing family translocally, caregiving is one of the central ways to maintain and reaffirm family relations. However, family care – understood here as activities and relations involved in meeting the physical and emotional requirements of family members (Daly & Lewis, 2000: 285) – often entails more challenges and inequalities when done from a distance. In the case of translocal care, people have to navigate between two sets of regulations, different cultures of care, and the possibly contradictory expectations of different family members (Zechner, 2008).

When organising care in a new place of residence people partly rely on their previously established networks of relatives and friends. In addition, new networks are created through social media or other channels. For example, interviewees have used social media to find people – preferably with an Estonian background – with whom they could share apartments at the beginning of their stay in Finland. At the same time they do also make use of translocal networks whenever possible, as explained by single mother and doctor Kairi. Kairi's mother stayed with her son when Kairi was doing night shifts largely because she would not have wanted to leave him with a stranger:

Despite the fact that we say that children adapt well – they do – but it is still difficult, especially if you are to spend a night with a complete stranger. But I didn't have any acquaintances [in Finland] to ask; now a kind of community has formed, so when there's some kind of trouble or sickness, or something sudden comes up, [my son] knows who to call to, there is this kind of network. But in the beginning there wasn't.

Then it was great that [my mother] agreed to come. For her it was a big thing to travel between two countries alone, it was very tough. (Woman, 44)

Very often, grandparents, especially grandmothers, continue to have an important role in taking care of their grandchildren, both in Finland and Estonia (cf. the concept of extended motherhood). The mobility of the younger generation (children, grandchildren) also affects the lives and everyday routines of the older generation, even if they did not themselves relocate. As Kairi's mother explained, for three years she took care of Kairi's child in Estonia while Kairi was working in Finland at the weekend. For many years after her daughter's relocation, Kairi's mother spent more time in Finland than in Estonia, helping her daughter. Statistics do not tell us much about this kind of informal mobility.

It should also be noted that not everyone is able to move on the same terms. For example, Kairi is in a very privileged position as compared to some other interviewees because her mother can come to Finland by air with an attendant. Sometimes the grandparents still work in Estonia and might not have the resources for frequent visits, while on other occasions, multiple care obligations complicate travel:

My grandmother is still alive, she is now 92 years old and lives with my mother. Mother has to make sure that there is always someone taking care of grandmother, every day someone is with her, and that is why it is difficult for her to visit us [in Finland]. (Woman, 31)

Relocation often means there is a need to reorganise the care of elderly relatives who remain in Estonia making caregiving an important factor in the decision. The 'burden' of caregiving falls mainly on women, as exemplified by one elderly woman who told me that she expects her daughter to take care of her, if needed, even though the daughter lives in Finland and her son in Estonia. Children themselves feel the responsibility of taking care of their parents. A 42-year-old woman told me that she did not decide about the relocation to Finland before asking her father. She felt she was closest to him because her brothers live in Tallinn and in Spain.

Previous studies of post-socialist states have pointed to the importance of an informal welfare system that complements or even replaces the public one in Central and Eastern Europe. When the state cannot guarantee social welfare for its citizens, familial relationships and informal exchanges and networks may fulfil these functions and protect against social risk. (Hacker, 2009; Polese et al., 2014). In Estonia, there is strong family solidarity, although people are also obliged by law to provide maintenance for family members. Estonia thus offers an interesting case of informality intertwined with formality, a combination of unwritten rules and state norms enforced by law.

In 2010, 80% of older people with care needs in Estonia were either taken care of by informal caregivers or did not receive any care at all, in comparison with the EU average of 67% (Lipszyc et al., 2012). According to Statistics Estonia (2019), 80% of people who were economically inactive due to informal care responsibilities were women in 2018. To some extent intergenerational family solidarity is seen as passed down from the Soviet time, when it was assumed that care of older people was the family's – especially women's – responsibility. In addition, there were not enough relevant services, or making use of them was made unpleasant and stigmatised (Rotkirch, 2000: 121; Zechner, 2008: 41). As the research done by





Tarum and Kutsar shows, carers feel that older people give their family members no choice because they expect to be cared for by those whom they have raised. Both carers and older people had negative attitudes towards residential care. In fact, there are basically no publicly provided alternatives nor financial support for family care. If residential care was available, it was often considered too expensive, which made informal caring in many cases the only possible option (Tarum & Kutsar, 2017: 42–46).

Caring for relatives does not end when they pass away. Taking care of the graves can also be regarded as a form of care, and certainly a family responsibility. One of the interviewees (woman, 45) said that she plans her trips to Estonia according to the so-called cemetery commemorations. Her parents, brother and grandparents are buried in Estonia, and it is her responsibility to take care of the graves.

### **Care and bounded mobilities: Final considerations**

The triangle of family, mobility and care is strongly connected to inequality and affect patterns of mobility, for example, many of my interviewees felt that working in Finland was their only option. Doctors often work one week a month abroad, which is facilitated by easy travel (flights) and means their families in Estonia do not have to change their everyday routines substantially. Working in Finland means a whole different thing to a construction worker who leaves family behind and commutes weekly or bi-weekly. For single mothers, moving to Finland has often been a survival strategy that helps them to make ends meet. In many cases, living translocally is thus a way of coping with the disinvestment of the state in local social reproduction (Coe et al., 2011: 10; Schmalzbauer, 2004). For many interviewees, Finland has offered a sense of security they did not find in Estonia. As one of the interviewed woman (45) said, she felt she started a new life in Finland, with all the difficulties and uncertainty, but with a friend offering a helping hand. “This time the friend was the state of Finland. [...] The basic things one needs for life (an apartment, food) were settled by the social welfare office. Finally, a feeling of security arrived, from the economic point of view.”

Parents frequently commute or migrate on behalf of their children, to create a better future for their families. To cope with the practicalities of translocal everyday life, especially care, informal networks are of crucial importance. Some aspects of care can be dealt with from a distance, but some require the physical presence of the caregiver, often a woman. Family matters such as the wish to educate the children in their country of origin, or the care needs of older family members, can thus be incentives for return migration (Ackers & Stalford, 2004: 153–163).

Western formal care systems seem not to be responsive and sensitive enough for the needs and cultures of mobile people (Kröger & Zechner, 2009: 23). The Estonian–Finnish transnational space does exist in practical, everyday terms, i.e. people transport goods from one place to another, use familiar services in the country of origin and care transnationally. There is a willingness to continue normal habits of care without interruption (Povrzanović Frykman & Humbracht, 2013), but the relevant social security systems rather hinder than enable transnational caring activities. It is still presumed that people are rather sedentary, with one home country; when crossing national borders, they are rather understood as migrants who need to be integrated into the new society. However, people themselves are often more flexible in their practices and plans, and think of relocation as temporary, at least at first. Despite this mobility, the social policies framing care are predominantly national, and the EU

has yet to formulate (and standardise) explicit politics regarding social care (Zechner, 2010: 173).

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The author declares that there are no competing financial interests.

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