Weight loss among Peruvian live-in domestic workers in Chile

Embodying the vulnerable self

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Peruvian domestic workers in Santiago de Chile are representative of a global trend: the feminisation of migration. In this case study on Peruvian live-in nannies, weight loss is taken as a starting point. Weight loss appeared to be a key phenomenon of their experience, as it relates to the different facets of their daily experienced distress. Their food intake is controlled by the female employer; both 'nerves' as a result of pressure and humiliation, and depression as a result of their isolation, reduce their appetite and consequently their body weight, as does a lack of time to take care of themselves, and the lack of Peruvian food. It is argued that weight loss embodies the breakdown of the body-self.

[weight, the body-self, embodiment, food, care, female migration, domestic workers, Latin America]

During the fieldwork I carried out in 2001 on health problems among Peruvian live-in nannies and domestic workers in Santiago de Chile, weight loss turned out to be one of the central themes. In fact losing weight, especially during the first months after arrival in Chile appeared to be the rule, rather than the exception. In my informal conversations with the women, some would proudly show me photos of their 'before' versions while still working in Peru. One obvious difference between the 'before' and 'after' version of the person standing next to me was the considerable weight loss that had taken place in the meantime, reminiscent of the North-American commercials for fitness equipment and wonder drugs for losing weight. In contrast to the contrary they rather tried to regain the lost weight.

Recently, live-in nannies have also been in the picture in Belgium. In 2002 the NGO Wereldsolidariteit campaigned against the abuse of the international household servants in Belgium, mostly women from South-America and the Philippines (Dupont 2002). This indicates that the Peruvian nannies in this article do not stand on their own, but are just one example of a global phenomenon, discussed further down.

Body weight appeared to be a key phenomenon to facilitate the comprehension of the nannies' experience, as it is here that the multiple facets of their daily-experienced

distress materialize. At the same time, weight loss was also linked with other frequent health problems namely nerves and depression. In this paper, some aspects of this particular weight loss will be discussed within the micro-context of the household in which the nannies live and work, set against the global context of the *feminisation of migration*. The findings are based on data collected during five-months of fieldwork in Santiago de Chile, in particular on the *narrative content analysis* of nineteen semistructured interviews of Peruvian women who had been working or were working as live-in nannies or caregivers for the elderly at that time.

Background

A regional, global and historical perspective on female migration

Due to its turbulent political past, Chile has been until recently a country of expulsion rather than reception. Since democracy has been safely restored and its economy has been flourishing, Chile has started to become an attractive destination for regional migrants from Latin-American countries that have suffered economical hardships due to neo-liberalism and Structural Adjustment Policies. A first wave of migrants arrived in Chile at the beginning of the nineties. It mainly consisted of health care professionals from Peru, Ecuador and Cuba who mostly filled in vacancies in the Public Health Sector.

A second wave of regional migrants – generally less educated than the first group – consisting of Peruvians, Argentineans, Ecuadorians and small numbers of Bolivians and Cubans, started arriving from 1997 onwards.

According to figures of the INE (National Institute of Statistics), approximately 80.000 Peruvians are now living in Chile, the exact number being unknown because of the illegal status of many immigrants. The Peruvian migration to Chile coincided with increasing unemployment rates in Peru during the nineties and with the privatisation of state enterprises there. Although Peruvians have traditionally been migrating to more appealing destinations like Italy and Spain, North America and Japan, Chile is attractive for its proximity, the shared language and the small expenditure needed for the trip to the country. Now, more than two million Peruvians are living abroad in what is also known as the *Peruvian diaspora*.

In accordance with the global trend of the feminisation of transnational migration (Castles & Miller 1998), growing percentages are female migrants, as employment opportunities are more favourable for women than for men. The majority of the Peruvian women in Chile find work in the domestic sector. They work as live-in or live-out domestic workers, which means that the women either 'live-in' with the family or they return to their own homes at the end of the day. This article focuses on the first group.

The average profile of the 52 female migrants interviewed for my study was that of a relatively young married or single mother with an average education level. They commonly originated from urban coastal regions and from Lima. The mean age of my informants was 34 years (range: 17-56). 40 % of the women were married and one third were single. Concerning their level of education, 21 % had only attended primary

school, 65 % had at least terminated secondary school while 37 % had some degree of technical education, as for example a nurse, a secretary or a teacher. Two thirds of the women have children and one third of the mothers are single mums. 81 % of the mothers have left their children in Peru where family members or relatives take care of them.

The Peruvian case is by no means unique. Everywhere in the world there is an increasing flux of young women migrating from poorer countries to richer countries to find work in the domestic service sector. Young Philippine women and mothers have been migrating since the sixties to Italy, the USA, Greece and Northern European countries. Latin-American women from Peru, the Dominican Republic, Columbia and Ecuador, for example, have moved to Spain and Italy. Not only is there a South to North migration, there is also an increasing interregional migration. Within Asia, Bangladeshi and Singhalese women move to the Middle East and Indonesian women to Hong Kong, Taiwan and Singapore. Within Europe, Polish women for instance work in Germany and within South-America Peruvian women work in Chile. All find work in the domestic sector (Anderson 2000).

Female migration has become a major survival strategy for poor families in developing countries as well as in countries of Eastern Europe. Factors contributing to this global migration are multiple. Here, I limit myself to enumerating the general 'pushing' and 'pulling' factors. As exemplified above, geographical mobility and women's economic participation have increased worldwide. Due to neo-liberalism growing numbers of marginalized families have ever decreasing opportunities within their own countries. On the other hand, in the "receiving" countries more and more women are embarking on professional careers while their domestic responsibilities still remain unnegotiated. In other words, while feminism attained its goals of equal access to education, and perhaps achieved equal job opportunities for both sexes, it surely has not brought about an equal distribution of household and care taking tasks between both sexes. The domestic space and the activities tied to it still remain an entirely feminine responsibility. In addition, the traditional ways of taking care of the elderly and the children by family networks are disappearing while the state often fails to offer new public care provisions. All this creates a gap in the social care system for which the female migrant is a cheap solution (Williams 2001). This relatively recent trend has also been appropriately called the Global chains of care (Lutz 2001). In order to provide financially for their children, mothers from poor backgrounds paradoxically leave their households, and grandparents or aunts take care of their children. Where family members are unable to offer the care, paid caretakers are engaged. These mothers migrate to provide - yet again surrogate - paid child care for other mothers abroad who cannot take care of their children due to outside job responsibilities, or will not as is the case for the upper-class women for whom household staff has traditionally been a status symbol. The migrated mothers send home their salaries to their children and family. This results in, what is called, transnational motherhood, which is more often marked by economic than by affectionate bonds. The global chain of care gets even longer if we take into consideration that many professional women themselves, who rely on paid domestic and care-giving services, have occupations in the health care and education sector.

Historically, the phenomenon of waged domestic labour is not a new one. The middle and upper classes of Chile and generally of Latin America, as well as of many European countries in the past, have relied heavily on domestic staff for the supporting of the household and the care for children. However, the social situation of these employees differed from today's situation. Roughly put, the domestic workers in the past, tended tot be young unmarried women with little education who temporarily migrated from the rural areas to the urban centres to make themselves useful until they would get married. Today's domestic workers are relatively more educated. They migrate from urban centres in less developed countries to other countries and continents. The age range is broader as both young women and older married mothers migrate. The wage they get is often essential for their families to survive. Thus, from a regional/national class-issue, the phenomenon of the paid domestic work, while still maintaining the same characteristics of exploitation and dependency, has become an international as well as a racialized problem (Lutz 2001, Goetzingen 1997, Grau 1982).

Live-in nannies: housekeeping, care for children and the elderly

Contrary to what the name 'nanny' suggests, the women designated by this term do not work solely as nannies or as caregivers of the elderly. Being a Peruvian live-in nanny in fact means that one does essentially everything that needs to be done in the household; minding the children, cooking, serving, cleaning, washing, ironing, gardening, looking after the pets, chopping wood, and sometimes even working for the extended family and relatives for no extra pay. For the *live-in* nanny, the subject of this investigation, this same household is also the space where she lives during the sparse free time. Agreed working hours usually range between 12 and 17 hours a day, but caring for sick elderly people often means that one is 24 hours a day at their service. Usually, the nannies have Sunday as their only day off. Most women are not allowed to rest during the day, many find their food supply restricted, as well as their freedom of movement outside the house and their phone calls to friends and family. This makes them very isolated and leads many of them to experience their working - and living - place as a prison. Their wages are below the legal minimum, overtime work is unpaid, social benefits are often not paid or the salary may not be paid at all if the nannies are fired after their probationary periods. Although I want to emphasize that not each live-in nanny works in such unfavourable conditions, many of them are both underpaid and undervalued while at the same time they are overdemanded.

There is a remarkable double discourse lying at the heart of the exploitation of Peruvian nannies in Chile. On the one hand, Peruvian women are depicted as appropriate caregivers since they are both educated and more submissive than their Chilean counterparts – the Chilean *Mapuche* girls, who are traditionally employed as domestic servants.² The Peruvian nannies are said to be sweet and patient with children and teaching them a good Spanish pronunciation. On the other hand, they are represented as thieves, prostitutes and descendants of the Incas and thus inferior to the Chilean supposedly European descendants. Moreover they are seen as the losers of the recent

Pacific war, of an inferior race without any manners and bringing to Chile Tuberculosis and Aids. By defining them both as suited caregivers, and simultaneously as human beings of a lesser worth, their exploitation is being made legitimate.

The childminding and housekeeping service provided by the domestic workers to the female employers is a service loaded with ambiguities³ (Anderson 2000). Mothers feel ambivalent about leaving the care for their children to third persons. They are confounded by feelings of guilt and inappropriateness, uncertain about their role as mothers and caregivers. Moreover there is a constant risk that a strong bond might develop between the surrogate mother and the child, thus threatening the relationship with the biological mother. This is partly compensated by economic means – frequent material gifts – or by spending (to use a fashionable term) 'quality time' with the children. This ambivalence felt by the mother might very well be one of the reasons why the female employer oftentimes ill-treats her domestic servant as will be discussed further down. Psychodynamically phrased: the guilt and uncertainty about their motherly identity is transformed into (verbally) violent behaviour against the maid. Swearing at the maid also serves as a defence against their own feelings of inappropriateness. Yet, not all the female employers express this ambivalence in the same way; not all of them are only negative towards their maids. Some even compensate their motherly roles by being a nearly loving mum for the nanny; they take full responsibility for their well-being, seeing them as "just another member of the family".

Abuse, vulnerability and the self

Different forms of psychological abuse frequently mark the interaction between the domestic workers and their employers, which is not at all restricted to this case study on Peruvian nannies (Lutz 2001). This abuse may consist of constant control, degradation, acts of diminishment and humiliation, coerced isolation, making trivial demands, wrongful accusations, emotional distance and ignoring, and threats in combination with occasional gratifications. Research on psychological abuse within controlled environments shows that this may lead to lower self-esteem and to the experience of identity-loss or 'loss of self' (Herman 2001, Mills 1985, Sackett & Saunders 1999). In this paper psychological abuse is understood as assaults on a person's sense of self.

Without going into detail some notes on the concept of self have to be made. Comparative research on the cultural concepts of mind, body and self has contributed to a questioning of the autonomous, fixed, rational, disembodied self as existing independent of nature and society (Lock 1993). Indeed the social and cultural contexts have great power to shape the individual identity. Identities are no fixed ideas about the self but instead they are relatively fragile constructs dependent upon feedback from others. In other words, for most individuals, maintaining the organization of the self – that is the self-concept – means empirical validation in daily life. In this paper the self is understood so as to comprise self-esteem as well as a sense of cultural and social identity dependent on the validation and feedback from interpersonal interaction in addition to being 'embodied'; the body as an inherent part of the self, the body-self.

What makes these women so vulnerable to attacks against their sense of self? Hochschild (1983: 163-81), who did research into 'emotion management' among female and male flight attendants, provides us with a theory of what she calls status *shields* – shields to protect oneself from attacks against self-esteem. People in positions of power tend to have more access to status shields than subordinate people. Female gender, certain ethnicities and classes are accorded lower status, which makes people belonging to these categories more vulnerable to attacks against their selves. Frustrations are vented more openly to people with less status and authority (Hochschild 1983: 177). From a psychodynamic point of view, people with low status have fewer possibilities to vent frustrations, anger and sadness. They run the risk that these emotions remain unexpressed inside the body and manifest themselves in other ways. Peruvian women in Chile often suffer from an occupational downgrading. Were they nurses and teachers in their previous functions, they now lower themselves to domestic work. Their Indianness is more evident in Chile, which is a proof of 'lower race'. Peruvians with African traits stand even lower in hierarchy. Thus, their gender, race and job provide them with less access to status shields, which enhances their vulnerability. We could also add that during migration – a period of transition – a person's protective social and cultural fabric temporarily erodes, exposing them even more to outside threats.

Nevertheless, I want to stress that not each nanny is ill-treated, nor that everybody is depressed; certain Peruvian live-in nannies are clearly better off than others. Which other factors make one Peruvian woman more vulnerable than the other? First of all, there are employers who respect their domestic servants, who do not control and isolate them and pay them well. There are nannies that do not experience daily humiliations but instead have a friendly, even a long-lasting relationship with their employers. Women with valid papers are less dependent on their employers, which make them less vulnerable to being abused. Being in a legal situation makes it easier for them to quit an abusive job and choose employers who treat them well. The degree of social isolation also appears to be a factor enhancing vulnerability. Per definition, *live-in* nannies run the risk of social isolation since possibilities to meet friends and family are restricted to Sundays. Women who have established their networks, usually the ones who have been living in Chile for a longer period, are less vulnerable to abuse, depression, nervous breakdown and (extreme) weight loss. Social encounters provide a space for empowerment as knowledge on legal matters is being shared. Friends are important to open the eyes of a nanny who is stuck in an abusive situation without her knowing so, and to motivate her to leave the house. Social encounters also provide the space to repair damaged self-esteem. Furthermore, the women that had experienced a lot of distress in their jobs tended to define themselves in words such as 'very docile' or 'enduring', which suggests that the own personality, particularly their assertiveness, also plays a role. Thus, ethnicity, nationality and class along with factors such as the character of the domestic worker, the extent of social isolation, the relationship with the employer and the legal status all influence the degree of vulnerability of the nanny.

Having discussed above some relevant theoretical aspects and the broader context in which the Peruvian female migration is situated, I will now continue to discuss the household level in which the nannies work. In the following part, my aim is to show

precisely how the daily distress experienced by individuals working as live-ins in foreign houses becomes visible in their wasted body.

Weight loss

Weight loss was common among Peruvian live-in nannies. In fact, three out of the 52 women interviewed reported weight gain and only a few had not noted any change in their weight. Generally, weight loss was not mentioned as a separate problem but instead it would be revealed sideways when talking about the maltreatment in the house or feeling bad. Weight loss was often considerable; on average it was about 5 kilos but extreme weight loss of 10 to 19 kilos within a few months was no exception. The amount of weight loss seemed to be almost inversely correlated with well-being; if somebody had lost 10 kilos or more one could be sure of talking to somebody who had a history of severe maltreatment.

Losing weight was generally seen by the nannies to influence the strength that they needed to do their jobs properly. Usually people would say that as a result of their weight loss they were nauseous and dizzy, had head and stomach-aches or felt weak:

She wanted me to move a huge piece of furniture like I was wonder woman but I said to her: "Señora, I just can't." I was weak, because I didn't eat, I was very skinny (Elva).

In this section we will see that weight loss is not just the result of an ill-balance between food intake and physical activities as it is usually conceptualised in medical science. Instead we will see that first it is the dependency on the (female) employer and the food control that the latter exerts which reduces the nanny's food intake. It is the depression – which stems from social isolation and missing family and children – and *nerves* – due to the constant pressure and daily humiliations – all of which reduce appetite and lead to weight loss. The nannies complain of a constant time pressure which limits their time to eat. Moreover, the nannies do not have any appetite because they do not like the Chilean food. This last factor raises the issue of the importance of Peruvian food as a marker of cultural identity. These factors, along with the energy-consuming manual labour are responsible for the general weight loss among the Peruvian domestic workers.

Food control

The first reason for weight loss to be discussed is food surveillance and control within the household. The housemaid depends on her employer for the food she gets. The amount of food is often very restricted and regulated by all kinds of implicit and explicit rules. This is a frequent practice in many households employing (Peruvian) domestic servants (Araujo et al. 2000: 39). It is exemplary for the way power relations can shape the physical body. The following anecdote that one of my informants told me, illustrates this.

V: You see, the food I get is very little.

D: I heard many times that the bosses are checking...

V: Yes, yes! They pay attention to what the nanny does, yes. The other day it happened to me, something happened to me that I did not like of them. I was in the kitchen...the meals are very small for me, that is not very pleasant. I was so hungry that I had to cook myself some pasta (...). So then I think they were paying attention to me, they saw me, they sensed it, even though the doors were closed. And I had a terrible terrible shame that I will never forget when the lady came in. She said to me: "How nice that you are feeding yourself". But in a serious way. She didn't say it in a way that I could think that it was a joke, no. Or that maybe I am hungry and I need to eat. I didn't understand it in that way (...). I can assure you; I could not go on cooking because of the embarrassment, so I threw everything away. My nerves attacked me (...) I stayed in the kitchen, totally embarrassed, I didn't say anything to her, I remained mute, and her husband entered, he stood there looking at me... "Ay, Viviana, are you eating...", he said to me, something like: "what a surprise" for them, eating. I felt so bad, my head hurt, my body hurt all over, and I said to myself: "Never ever will I dare cook anything [for myself] in front of these posh people. But I really didn't like it, I don't like the way they take control (...). So I thought: "they are controlling my food", but what do they think? How could I fill myself with a little bit of salad (Viviana)?

This interview fragment shows how an all-observing eye closely watches the nanny even though the doors are closed. This is reminiscent of the idea of the Panopticon, the perfect imaginary prison where everybody could be constantly controlled (Foucault 1979). Viviana intrudes an unwritten rule about food consumption which causes her so much embarrassment that she decides never to eat things that she is not allowed to eat, she will hold back herself now; she internalises the outside control.

Apart from the fact that the (live-in) domestic worker is dependant on her employer for what she gets to eat, which is usually restricted, it is these remarks, or even overt strategies like marking the food in the fridge so as to quickly note if something is 'missing', that control the nanny's food intake. This leads to a kind of auto-surveillance as was demonstrated by Viviana. The idea of being watched while eating was uncomfortable and kept the nannies from 'eating away' heir hunger.

The practice of food restriction and food control is motivated by a need to save money. At the same time it is made legitimate by the employers with a discourse about the lesser worth of (Peruvian) nannies such as the words of the boss of Mirioli examplify: "Poor people cannot eat the same as the rich ones". In one case a woman was forced to eat the same food as the dog, out off the same pot, which of course is utterly denigrating. Food restriction serves a double purpose; it saves money it is also an important means of reinforcing the distinction between the worker and the family.

Depression and nerves

In addition to food restriction, a depressed mood – which may sometimes be experienced as 'heart illness' – nervousness and constant worry curb appetite and cause people to lose weight. Usually during the first months people have a hard time getting adapted to their new lives. They miss their children, their family and their home. Lone-liness is an important problem. They often feel *depressed* and weight loss after arrival is frequently attributed to this. Dina and Sylvia demonstrate this with their experiences:

When I came the first time I think I got heart illness (*me enfermé del corazon*). It was because of grief, and maybe because of the work, because sometimes I didn't do things right, the lady got mad, she raised her voice, she screamed at me, so you eat badly. I lost quite some weight. I felt terrible, and I went to my room in the night and I cried and cried and cried (Dina).

D: What about the food that you got in that house?

S: She gave me my food. It was very little because she didn't want me to take her milk, her things (...). I had to restrain myself. I restrained myself in order not to bother her. Or when anything disappeared, she would always blame me.

D: So you lost weight.

S: yes, although I am still fat, but yes. I lost weight, more because of the worry, nerves, that I would do things wrong, like [the boss telling me] "do this, do that, do here do there", that I had nerves.

D: So because of this worry you didn't have any appetite?

S: Of course, and because I was thinking of my family. I missed them a lot. I cried, cried, and cried every day (Sylvia).

Solitude and isolation, missing family and home, the lack of communication and being ignored within the house may give rise to depressive feelings and 'heart illness' in the female migrants. Heart illness is sometimes used interchangeably with what the nannies called 'depresión'. It is a sadness that manifests itself physically with a constant pain in the chest. One of my respondents told me she used Aspirin against her heart illness, a medicine that was at that time heavily promoted in Santiago for (real) heart illness. Her using medication illustrates the physical character of the pain.

Depression and heart illness can be conceived of as the manifestation in the individual of the disrupted and fragmented social body. The Peruvian family as a basic supportive and identity-conveying unit gets disrupted. Consequently depression in the Peruvian live-in nannies refers to a process of losing the social self, anchored in the women's family roles and relations, as well as in their previous social status. The new context deprives the migrated nannies' of their identity as dignified mothers and cuts them from the social world and therefore from their social self. The Peruvian social body in Chile is atomised, as contact between the members of the (female) Peruvian community is limited. Since 'selves' are situated in networks of social relationships, social isolation typically fosters loss of self. The sometimes hostile living environment of live-in nannies further adds to these feelings of *not belonging* (Nuñez 2002), which can result in the social death of the person. This is illustrated with a fragment from Adriana who lost 10 kilos 'because of depression' and because of being 'too tense to eat'.

In the house of those French people I felt terrible. There was no respect. There was no communication. You feel sad. But we all need communication. There I really felt dead while alive, that is how I felt. And there is nobody in your room, not even a television or a radio. You start crying because it is there that you remember your children (Adriana).

Nerves were also often mentioned in relation to weight loss. This popular illness category has been extensively described in the medical anthropological literature on Latin America and on Latin-American migrants elsewhere (e.g. Davis & Low 1989). It manifests itself in a broad spectrum of somatic sensations and feelings. Nerves sufferers talk about a pounding, palpitating heart, they have feelings of despair, they are sweating, they feel a pressure on their chest or their chest hurts, they have strange sensations of ants or electricity running through their body and many report frequent crying spells.

The asymmetrical power-relationship between the nanny and her boss cause her to suffer from nerves. More precisely it is the presence of the superiority of the *señora*, which exposes the nanny to constant control and criticism, to the employer's unpredictable and at times impossible demands that make her suffer from nerves. In addition, the household staff, being the most powerless, are vulnerable to absorb any family tensions, often via the 'hysteric' outbursts of the lady towards the housemaid. Reprimands, humiliations, accusations and insults further add to a constant state of fear and nerves that sometimes end in a vicious circle causing a breakdown of the person, which happened to Veronica for example:

Well, I feel like under pressure, *angustiada, angustiada*, (distressed), anything that I did wrong, the person (i.e. the boss) was standing there. I was terrified of her. I made a mistake, and she called me, she reprimanded me, she scolded, she got mad at me. And I felt... I got depressed (*me deprimía*), or well, I was breaking down, weakening (*me decaía*). I felt humiliated. It was a way... a pressure that they humiliated me, and I felt stupid, clumsy. I felt that I wasn't worth anything and that's why I was breaking down (...). And finally she even told me off, she reprimanded me, she offended me in front of the people that visited her. She got mad at me in front of these people, which made me feel terrible. And I entered the kitchen to do something and my things would fall (out off my hands), I trembled, trembled, there was trembling in my body, in my hands, and I had depressions (...). But I had to go on enduring, humiliating myself. They humiliated me more. That's why I broke down more (*me decaía mas*). I lost weight.

When I met Veronica for the first time, she was very skinny. She had lost 6 kilos, according to her because of her worries and maltreatment and because she was too much under (time) pressure.

Time pressure

Veronica, along with others, also complained that she could not eat at 'her usual moments'. When it was finally her turn to have lunch, the main meal, late in the afternoon, her hunger had already subsided. The following quotations also refer to time pressure:

I didn't have a fixed time to sleep, no time at all for myself, not even to rest. I taught myself to eat breakfast while standing on my feet, I even lost weight, I lost weight because I didn't eat. Well, I didn't eat because I was running out of time (Pilar).

We [Peruvian nannies] have to eat something quickly. It is not the same as in your own house where you sit down in your room, you chat pleasantly while eating. No, you have to eat fast. Well, there are bosses who say: "do sit down", but there are others who do not. It is as if you don't exist. They want you to serve them immediately, but they do not worry whether you eat or not. They think that you are taking advantage of everything while cooking in the kitchen, whereas you are far too tense to do so... (Ana).

Food, cultural identity and body shape

Structuralist approaches to food preparation and eating habits like Lévi-Strauss's (1964) provide interesting insights into many fundamental unwritten rules that make up culture. The centrality of food and eating in culture is maybe even more prominent in migrant communities, as for example Veenis (1995) shows in her analysis of German migrants in Argentina who hold on very tight to their German cuisine in order to endure the – in their eyes – threatening chaos of Argentina. It is not by coincidence that oftentimes we first engage in other cultures by eating their food, by participating in their meals. Food preference is definitely a potent marker of cultural identity. The saying "You are what you eat" also illustrates this issue of identity. Preparing meals are powerful ways to reproduce one's culture and to keep it alive. Indeed, the centrality of the preparation and sharing of Peruvian meals by the Peruvian migrants⁴ confirms this. These issues influence appetite and indirectly body weight.

Food can be conceived as a cultural product in which ideas are condensed about what is healthy and what not, what corresponds to food and what is not, and what is tasty and what is not. Peruvian nannies frequently complained about the lack of, what they consider, healthy food. Chileans are all on a diet of 'salad with a small piece of meat', 'everything is *light*', which 'cannot be healthy'. And: 'what is a white bread with butter and a cup of tea for breakfast?', implying that this hardly corresponds to a meal. Food considered to be fortifying and rich in Peru, such as milk and eggs, is lacking in the Chilean diet. In Peru a lot of potatoes are consumed. Chilean food is less tasty and spicy according to the nannies, all of which diminishes their appetite. Lengthy accounts are given about famous Peruvian dishes such as *Aji de gallina*, *Ceviche* or *papas a la Huancaina*. Rules about what is food and what is not are different in Chile: one woman commented that Chileans ate a certain kind of corn, which in Peru is only 'pork's food'. Not being able to eat one's own food is like not being in touch with one's cultural identity. Felicita's words illustrate this issue of cultural identity. She had lost 19 kilos within a few months.

(...) In Peru I was used to drinking milk, eating... *food*. In Peru you eat well. But it is quite the opposite here; you eat nothing more than junk food. In Peru it is the reverse: a

fine chicken stew (*caldo de gallina*), a nice meat stew, (...), *ceviche*. We in Peru, we eat fresh fish, fresh *camote*, a lot of *yuca*, but here they don't know the *yuca* (...). I lost my appetite. But what could I do really? There was no... I couldn't take, I couldn't eat like you eat when at home.

Weight loss was often followed by efforts to regain it, as it is perceived negatively. A comparison can be made between weight loss of women in the west and Peruvian live-in nannies. Young women in the west often lose weight on purpose in order to comply with cultural ideas about beautiful and healthy bodies. This raises their self-esteem and adds to their well-being (Nichter & Nichter 1991). People that lose weight show that they have a strong character and can live up to beauty norms. Western women tend to overeat and gain weight when not feeling fine.⁵ The negative reactions to weight loss among the Peruvians on the contrary suggest that thin bodies are undesirable and considered unhealthy:

In that house I have weighed 48 kilos (laughing with embarrassment). Now I have regained it again. Now I am looking healthy again. At least I have a face now (...). I came from Peru weighing 67 kilos. I ended weighing 48. I was so thin; I can tell you that I was scared of myself (...). I said to myself: "I'm dying with this body that I am now". I felt terrible (Felicita).

I felt so bad. I lost quite some weight. I was like a little worm, and I regained it because I don't want to be so very very slim, I want to get back to my usual weight (Guisela).

Food, then, is a potent marker of cultural identity, but through its connexion with body weight it is also associated with specific cultural ideas about womanliness. To be fat means to be healthy in the Peruvian community. I suppose that big bodies are still the norm, although a few young women were actually feeling positive of their weight loss. This might demonstrate a certain degree of acculturation to the modern urban context of Santiago, or a proof of changing cultural norms in the Peruvian coastal cities. To lose weight can be seen as an idiom of distress (Kirmayer et al. 1998: 239). Since possibilities to blow off steam within the household are very restricted, frustration manifests itself in the body. The body is the medium through which the nannies communicate that something is wrong, just as weight gain in the western context often means that a person has certain troubles. Through the idiom of body weight women articulate both physically and verbally their distress.

Discussion

In this case study on Peruvian live-in nannies in Santiago de Chile, weight loss is taken as a starting point as it refers to many different aspects of their daily experienced distress. This process of weight loss occurs within the micro-political context of the household. It is its isolation that facilitates the female employer to exert control over the nanny's life and body. Through overt control on food intake, movement, communication with the outside world, through humiliation and through constant time pressure, the body-self is literally kept small.

Body-weight loss is not just the physical loss of kilos due to a caloric misbalance; it actually stands for other losses. Losing weight for the nanny embodies (Csordas 1994) above all a temporal loss or degradation of her basic concept of self. Weight loss denotes the loss of control over her own body and life. She cannot decide anymore what, how much, when, with whom, where and in how much time she wants to eat. In contrast to the western woman who loses weight to reaffirm her autonomy (Nichter & Nichter 1991), it is precisely the weight loss of the Peruvian nanny that represents her loss of autonomy. Weight loss also refers to the loss of self-esteem, as daily humiliation and abuse make her sick with nerves, all of which reduces her appetite. Weight loss also embodies a temporal loss of social identity, or a feeling of not-belonging; depressive feelings owing to loneliness, isolation and to missing family and children in Peru curb feelings of hunger and thus lead to weight loss. Additionally, inside the homes in which they work they are not in touch with one very central aspect of their cultural identity: Peruvian cuisine. Chilean food is considered inadequate, unhealthy, even revolting; it makes them lose their appetite. As their selves shrink in worth, their physical bodies shrink simultaneously. Luz relates the link between psychological violence, the breakdown of the self and weight loss in the following way:

There was no word at all from the bosses; there was indifference. There was a breakdown (*decaimiento*) of my person (...). I saw myself in the mirror and I thought: "that's not me who I'm seeing". I didn't have any appetite for months, everything revolted me, I lost 18 kilos. I felt very weak. I felt as if I were disappearing.

Moreover, body weight is shown to have a cultural dimension in that it also encompasses ideas about attractive and healthy bodies. Slimness is probably not a cherished value in Peru as the respondents almost all strove to regain their weight. This then is a way to reclaim control over their lives and therefore over their bodies. In the process of regaining weight, the Peruvian community is important. It is during the weekends that the nannies reunite to go out dancing, to go to church together, and to share meals. By eating Peruvian dishes they not only try to regain kilos but they also reaffirm their cultural identity.

I bought my own milk, my eggs, in order to take care of myself, I bought vitamins, vitamin C, and like we went back to our roots a little; I bought food like quacker, quinoa that we [Peruvians] eat. So I bought these things and on Sundays when we [she and her Peruvian friends] join up, we try to eat.

In addition, the Peruvian migrant community provides a safe space in which anger, frustration and sadness can be vented openly, in contrast to the household where in fact any expression of emotion is forbidden. The community is also involved in motivating an abused nanny to quit her job or in repairing damaged self-esteem, as is demonstrated with Veronica's example, a member of an Evangelical migrant community:

(...) At some moment in time I told them [her Evangelical 'sisters'] the whole tale of what was happening to me, and they said to me that I had to get out off there (...). They [the 'sisters'] cheered me up, they make me feel like I want to continue [working in Chile]. I can let off steam. And at least they cheer me up...like...well, well they talk to me, they tell me that I am not alone, that it is like any problem that *I* have, *they* have it as well. They try to cheer me up when I'm like that, at the bottom, and they cheered me up. When I'm with friends I am happy, at work I am different. It's like I am another person. Like if it's not me (...). They always tell me that I am a good person, that I shouldn't believe what the people [her boss] say. That I am a good person but not stupid.

The Peruvian community is a space of *belonging*. It is a refuge in which not only bodies are fed, cared for, but also a place where Peruvian culture is reaffirmed and where broken identities are rebuilt.

Eating – feeding the body – just as sleeping and personal hygiene is one of those daily activities that are essential in the reproduction of the body-self day after day. It is maybe precisely the banal importance of these daily routines that make eating and food so meaningful. It has been illustrated that food is an important marker of cultural identity. Food and feeding the other body is also a central symbol of (maternal) care. This takes us back to the issue of the 'global care chain', raised before. Whereas the Peruvian nannies care for the children of their employers, they themselves are not properly cared for, which is epitomized in the fact that their food is restricted. In this 'global chain of care', there are some that benefit more from care than others.

The Peruvian nannies in Chile are representative of a global trend in which cheap care and domestic labour are transported from poorer countries to more developed ones. It is probably no coincidence that the first wave of migrants (health care professionals) in the nineties as well as the second wave to Chile (to a large extent women who work in the domestic sector) largely consist of women who fill in vacancies in the area of health and domestic care. It is my opinion that the contracting of South-African nurses by Dutch agencies in the recent past to fill in vacancies in the Netherlands is just another example of this trend. It should lead us to question the esteem we hold of these professions in general.

Notes

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- 1 In this article I will use 'domestic worker', 'domestic servant', 'nanny' and 'caregiver for the elderly' interchangeably. In Chile the female domestic servant is generally referred to as 'nanny' (*nana*), but this term is misleading since most *nanas* perform both caring tasks (like childminding and the care for elderly people) as well as housekeeping tasks.
- 2 The Mapuche represent the biggest Indian community living in Chile.
- 3 The ambiguities exist at both levels: as well as within the foreign household in which the nanny works as at the level of her own household that she has left.
- 4 As is clear from the preliminary fieldwork results of Nuñez who is currently continuing her fieldwork on health and illness in the Peruvian community in Santiago de Chile. She is working on a PhD thesis with the working title: *Embodying discrimination: Health and Illness among Peruvian migrants in Santiago de Chile.*
- 5 It has to be acknowledged however, that clinically depressed western women also experience weight loss as a symptom of their depression. Less frequently, weight *gain* may also be a symptom (Barefoot et al. 1998).

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