Care through digital connections

Enacting elder care through everyday information and communication technologies (ICTs) in Indian transnational families

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In Kerala, South India, young people, especially women, are encouraged to become nurses in order to migrate abroad for work and thereby improve the financial status of their family. Meanwhile, many of their parents remain in India by themselves. This is occurring in the context of a strong popular discourse of elder abandonment, related to the local norms of intergenerational co-habitation. Based on fieldwork in Kerala and one of the nurses’ destination countries, Oman, I present evidence that complicates this discourse by showing how 1) migration is a form of elder care practice in itself, and 2) care for the elderly continues across countries and continents with the help of information and communication technologies (ICTs). Using the theoretical approaches of science and technology studies (STS), I analyze ICTs as key members of care collectives and argue that ICTs have a significant role in re-shaping care relations at a distance.

Keywords: Care, ageing, ICTs, migration, Indian transnational families

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For this thesis, the text has been changed for style (font size and style, paragraph alignment) and minor editing, including changing the subtitle “The Care Collective” into “Transnational Care Collective.” I also added one photo (Figure 3).
Introduction

In January 2014, I traveled to the South Indian state of Kerala to carry out fieldwork among families who had children working abroad as nurses. I was interested in how these migrants to the Middle East and elsewhere took care of their parents who remained in India, and to explore the role of information and communication technologies (ICTs) in this process. Once there, I was told that the situation for the elderly was pitiable because so many youngsters migrate, leaving their aging parents behind. Educated high and middle-class people talked about old parents living alone in tragic terms: being put into old age shelters and hospitals, or having live-in maids or visiting nurses take care of them. “This is what is happening today,” one interlocutor lamented, reminiscing about the old times when at least one of the children, preferably the youngest son and his wife, would stay in their parents’ house. When I expressed the wish to meet some of these elderly people living alone, he retorted, “Impossible, they will never speak to you,” insinuating that parents would not want to disclose their profound grief of missing their children.

Nevertheless, I easily arranged an interview with Alice, an elderly lady who was living alone after her husband’s death a few years earlier.23 To my surprise, Alice was visibly cheerful when I met her, a state that she attributed to the practical benefits of having children abroad. She said, “Because my children are abroad, I am living happily here. If they lived here and had no jobs or earned a very poor salary, would we all be happy? No!” Alice’s daughter, a nurse, lived with her family in Australia, while Alice’s son and his family lived in Dubai. Both children provided for Alice financially, they visited her every year, and they phoned her daily. The obvious benefits of the situation were, for Alice, a worthwhile trade-off for not having her children geographically near.

Thus I stumbled into the complex territory of diaspora and its management in relation to care for the elderly in India. Popular claims of abandonment were met with lived experiences that suggested a more complicated picture. Although migration entailed leaving one’s parents in a country with little formal infrastructure catering to the elderly, and although the ideal of parental co-habitation persisted, many young adults left anyway. How was this trade-off managed? In what follows, I illustrate how

23 All personal names are pseudonyms.
information and communication technologies, or ICTs, emerged as crucial in supporting the parents in India and their children abroad in daily care practices. I argue that elders were not abandoned by out-migrating children, but that migration led to a particular understanding, and practice, of care by way of communication technologies. No doubt, parents felt lonely and missed their emigrated children. Nor does reliance on ICTs represent a substitute for embodied face-to-face care that can be optimal for caring, especially when hands-on care is required. Still, ICTs enable a reformulation of care that mitigates abandonment. As others have shown for refugees (Robertson, Wilding, and Gifford 2016) and economic migrants such as nurses from the Philippines (Madianou and Miller 2012), families rely on ICTs to remain connected as the only alternative to being together physically.

In this article, I explore how elder care is re-shaped through ICTs in the context of migration. I approach care as a relational practice between people and technologies (Pols 2012). I discuss the discourse of abandonment in relation to the ideal of physical proximity as a pre-requisite for family care. I then describe how Christian nurses from Kerala see migration itself as a care practice rather than abandonment. Finally, I explore how care continues to be practiced in Keralite transnational families (Bryceson and Vuorela 2002) through care collectives that include human and non-human entities (Winance 2010).24

ICTs in Relation to Care

Information and communication technologies (ICTs) have been hailed as technologies of social change at all levels, from transforming intimate relationships (Wright and Webb 2011; Gershon 2010) to spurring revolutions (Bonilla and Rosa 2015; Brym et al. 2014; Postill 2014). Scholars have argued that in Anglo-American families, ICTs impair the quality of relations (Turkle 2012) and increase the pressure of balancing work and family (Wajcman 2015). In contrast, others have shown that different types of ICTs can enhance social relations. For example, in Jamaica (Horst and Miller 2006), Trinidad (Miller 2011) and Israel (Brown 2016), cell phones

24 Transnational families are “families that live some or most of the time separated from each other, yet hold together and create something that can be seen as a feeling of collective welfare and unity, namely ‘familyhood,’ even across national borders” (Bryceson and Vuorela 2002, 3).
and the Internet are used to create extensive social networks that may be mobilized in crises. Showing how webcams helped to maintain personal relationships in Trinidad, Daniel Miller and Jolynna Sinanan (2014, 6) concluded that technologies do not make human relations any less ‘real’ or ‘natural,’ but they do co-create them.

In this article, I pick up where these insights leave off in exploring how technologies, beyond being inert communication tools, are actively involved in shaping caring relations through interaction with their users (Oudshoorn and Pinch 2003). I broaden the anthropological insights about elder care in India (Cohen 1998; Lamb 2000, 2009; Brijnath 2014) by using the material semiotic approach of analysis (Law 2009; Pols 2012). Material semiotics examine the complex interactions between technology and people by describing “the enactment of materially and discursively heterogeneous relations that produce and reshuffle all kinds of actors including objects, subjects, human beings, machines, animals, “nature,” ideas, organizations, inequalities, scale and sizes, and geographical arrangements” (Law 2009, 141). Thus, the identity of people and material objects such as ICTs is enacted through their mutual relations, which are situated in particular practices (Pols 2012, 17; Mol 2002). Identities are then fluid, multiple and temporary, as they transform whenever practices and relations through which they are enacted change.

With material semiotics as a starting point of analysis, I investigate what happens when ‘care’ is understood as an enactment of relations between humans and technologies. As I will show, in the case of Keralite transnational families relations are enacted as shared work, dispersed in a collective of family members, non-kin and ICTs. The work of care then involves “a transformation of what these entities are, of their materiality and their sensations, of what they do and, above all, of the way in which they are linked to one another” (Winance 2010, 111). I will demonstrate how a particular transnational “care collective” arises from such work.

According to Myriam Winance (2010), the notion of care collective reconsiders the relationship between care receivers and care givers as one of dependency, with technology mediating and thereby modulating this relationship. The care collective members balance their positions through “empirical tinkering” (Winance 2010, 95), namely through adjustment of details (for example, the attributes of the technology used) until they reach a material, emotional and relational arrangement that suits them best. The object of care is then not an individual, but all members involved, including
non-human ones. This will be important for understanding how ICTs contribute to complicating the discourse of abandonment by shaping care in the context of transnational families.

Methods

I gathered ethnographic data during eight months of multi-sited fieldwork in Kerala and Oman in 2014 and 2015. Oman is one site among many that represent popular destinations for Keralite migrants (Zachariah and Irudaya Rajan 2012). While Indian diaspora elsewhere has been anthropologically explored (Vertovec 2000; Lamb 2009; Vora 2013), little is known about the Indian community in Oman. Since 1970, low-paid, unskilled men, especially Muslim, started leaving Kerala for temporary work in the Gulf (Osella and Osella 2000; Gulati 1983; see also Saxena 1977). In contrast, I focused on skilled international migrants, particularly nurses who are mostly female Syrian Christians. In Kerala, nursing became a profession of choice for aspiring international migrants, as this has proven an efficient strategy to increase economic status (Percot 2016; Nair 2012; George 2005). For this reason, even some men and Hindus have recently entered this profession. Without making claims about other groups from India, my study thus offers insights that are specific to nursing and its historical developments in terms of class, gender and religion.

I supplemented the stories I collected in Oman with interviews with Keralite nurses that lived in other locations, for example in the USA, UK and Australia. I conducted these interviews in person with those nurses who were in India visiting their family, and sometimes remotely by phone and webcam calls. Altogether, I carried out participant observation among twenty-nine families of children who had emigrated. Most of these were of various Christian denominations, although four were Hindu. In most families (22), the nurses were female. I talked with and/or observed either the parents (5) or the children (11) or both (13). Most parents were between around 50 and 70 years old and had only minor health issues or chronic ailments like diabetes and hypertension.

25 This phenomenon has been examined in terms of ‘global care chains,’ a notion emphasizing the global socioeconomic inequalities that push (non-)professional carers into working abroad (Walton-Roberts 2012).
I observed family members communicate via ICTs and I was often invited to join in, sometimes using English and other times Malayalam with the help of an interpreter. As family relations were a delicate topic, and discussion of tensions was not always directly discussed, I used the technique of triangulation (Stake 1995), comparing the information obtained through interviews with the comments of my perceptive interpreters and my own observations.

**Migration and Abandonment**

In February 2014, well into my fieldwork in Kerala, I was told by an Ayurvedic doctor about the predicament of elderly Indians who had been abandoned. From my field notes:

The doctor tells me of an eighty-year-old male patient, a widower, whose kids are abroad. He lives alone and has a lot of health problems. The doctor suggested to him to find a paying guest who could help in case of emergency. But the man replied that his son returns home every year for one month and he is saving the empty room for him. “Because he wants his son to live with him for one month per year,” the doctor says, “this man suffers for 11 other months.”

The doctor mentions another widower living with his married son and family. His problem is loneliness, too, the doctor suggests, because the son and wife both work and the grandchildren are in school. The son only asks him if he ate, he replies “Yes,” and that’s it. So he goes to the bus stop by the road and he sits there, watching people. In the evening, he returns home. He knows that his time will come soon and he is just waiting for it to pass.

The two men, the doctor concludes, have the same problem – one living alone and the other living with his son, but still lonely, because everybody is at work or school. The doctor says many elderly come to see him only to chat. That’s why he takes time to talk to them.
The doctor’s account suggests that for the elderly in India, loneliness may be folded into sentiments of abandonment even when they live together with their children. The notion of abandonment assumes some kind of dependency on others to have one’s physical, emotional or other needs met. Both men in the doctor’s story were abandoned, but the nature of their abandonment differed in the kind of needs that were unmet: the man living alone had no support with practical matters while for the man living with his married son had his emotional needs unfulfilled. This shows that even though in India intergenerational co-residence is considered ideal, an elderly person living this ideal in practice may still feel lonely (see also Lamb 2009). Thus, physical proximity of close relatives is important for the elderly, but it is not sufficient.

When I discussed elderly care with people in Kerala, they used the English term “abandoned” to mean something like “left behind,” often the same way it is used in academic and policy discourses on transnational families in which the elderly are presented as ‘dependent’ on the migrating adults (Sørensen and Vammen 2014; Escriva and Skinner 2008; UN 1999). A good deal of this literature argues that intergenerational support in many places may decline because of lack of resources and motivation on the part of children, but also because of geographical distance between family members. This situation, in which the elderly are forced to organize their life as if they were childless, has been described as “de facto childlessness” (Kreager and Schröder-Butterfill 2004). Such insights suggest that geographic distance between family members automatically translates into the impossibility of all kinds of caregiving (Baldassar and Merla 2014, 12). Indeed, in the South Indian state of Tamil Nadu, the “PICA (parents in India, children abroad) syndrome” has been described as “a horrific emerging reality in urban India” (Krishnamoorthy 2015). The elderly ‘afflicted’ with this syndrome are left to live alone, and even children’s visits cannot provide any comfort – a very gloomy picture in which international migration is presented as a serious, detrimental phenomenon.

It is thus widely assumed that out-migration of children is a major cause of abandonment among elderly Indians, leading to loneliness as well as lack of sufficient practical and other care. Narratives of abandonment are particularly prevalent among the Hindus who link old age with the practice of seva, or service, which younger family members are expected to provide to the elderly (Cohen 1998; Lamb 2000). It then comes as little surprise that
the initial founders of old age homes were Christian organizations which put less emphasis on *seva* and saw providing a place to live for the poor and the elderly as a service to them and thereby to God (Lamb 2009, 57). How does this impact on families of migrating nurses from Kerala, which mainly come from Christian background (George 2005; Nair 2012)? Let us look at how migration, rather than resulting in a decline of care, may become re-interpreted as a new kind of care practice.

**Migration as a Care Practice**

Anthropologists have argued that kin relationships in India are particularly strong because they are created through embodied activities such as daily eating and living together; these practices are described as co-constitutive of personhood among Hindus (Lamb 1997; Mines 1994; Raval and Kral 2004). In East-Central India, physical touch in close family relations has been deemed so important that these ties are termed ‘skinship’ (Gregory 2011). How, then, do families of nurses from Kerala manage not to disintegrate when they become extended across large geographic distances?

First, many emigrated children returned home for visits regularly, thereby manifestly countering the notion of abandonment. The nurses usually benefited from one yearly leave from work, which they used to return to India. The importance of these visits, which sometimes served to provide hands-on care and generally reinforced emotional relationships between family members, cannot be underestimated (see also Baldassar 2007; Baldassar, Baldock, and Wilding 2007; Baldassar and Merla 2014). One might say these visits built on the embodied closeness (or skinship) that the nurses experienced during their upbringing. In only two out of 29 families, the migrating children were not in contact with their parents or parents-in-law, which they attributed to having severely damaged family relations before migration. But all others used their leaves for returns home, suggesting that pre-existing family closeness configured the migration experience in ways that favoured at least one kind of ongoing care. Migration was in this sense infused with efforts and persistent care, despite the distances of geography.

Second, the families saw migration as a form of care in itself. This is for example evident from the way in which parents recognized the benefits of international migration. Rather than feeling helplessly abandoned, they
were generally heavily invested in migration plans. International migration was “a family project” (George 2005, 43; Nair 2012; Percot 2014), planned for years and starting with steering children towards the nursing profession. In one family, all three daughters became nurses due to their mother’s encouragement; two of them had already established their families in the UK while the youngest one, Molly, was studying English with the same goal. Molly’s mother even tried to influence her choice of destination country. During one of my visits, she started asking me how much nurses earn in my country. She then mentioned Switzerland, saying she heard the wages for nurses were high there, so that might be a good country for Molly to migrate to.

For parents, international migration represented a strategy to secure their own material and physical wellbeing in old age by relying on their children’s remittances. This was particularly important for aging parents as, despite recent efforts to introduce health insurance, India has no universal system to cover health expenses and pension for a large majority of elderly people (Ahlin, Nichter, and Pillai 2016). This sentiment of migration as a valuable part of elder care was echoed in those of emigrated children. Nurses saw migration as a way of ‘repaying the suffering’ their parents had endured to raise and educate them.26 Education represented a significant financial burden, as many families acquired loans for this purpose and became subject to interest payments. Molly, for example, said her parents “suffered a lot” by working hard, saving and obtaining loans to provide their daughters with nursing education. The three daughters therefore felt deeply indebted to them. As many other nurses I met, Molly saw it as her and her sister’s responsibility to finish their studies, succeed in migrating, and provide for their parents financially even after marriage (see also George 2005, 43).

Given great practical and emotional involvement of both parents and their children in reaching their common goal of international migration, the notion of abandonment appears inaccurate to describe what the nurses were doing in relation to their parents when they moved abroad for work. The parents were actively involved in migration by agreeing on it, but also planning and providing for it through financing their children’s education

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26 This is similar to the idea of the ‘moral debt’ that children incur through the food their parents provide for them when little. This obliges the children to participate in long-term, or deferred, reciprocity whereby they are expected to provide nourishment for their parents in old age (Lamb 2000, 45–46).
and the migration procedure. The children thus did not withdraw protection, support or help from their parents, as the term ‘to abandon’ suggests. Instead, through migration and by sending remittances, they became active carers for their parents and they provided other kinds of care, too. As I will show, an important part of this involved using ICTs.

The historical conditions that created nursing as a pathway to remittance income leads to insights about the Christian communities that were established in Kerala and that encouraged nursing, against Hindu ideologies which considered this profession polluting (George 2005, 41). For Christians, good elder care also became related to remittances (Zachariah and Irudaya Rajan 2012; Osella and Osella 2000). As Sheba Mariam George (2005, 187) noted, a “parish was able to collect money from immigrants to build a home for the elderly, which ultimately became useful for the immigrants whose parents needed such assistance.” Financial ‘giving back’ by international migrants thus became supported by the larger Christian community and gained priority over intergenerational co-residence. Thus, the postcolonial formation in which families were torn apart by international labor migration and yet held together by remittances was, and is, in Kerala aided by the Christian church. Since these remittances are partially used for elder care, whether through institutions such as the church or through supporting elder family members directly, migration in this context can be considered a form of care.

Transnational Care Collective: Parents, Children, ICTs, and Others

Given the framing of migration itself as a form of care, how do ICTs further contribute to shaping care relations in Indian transnational families? Globally, the increased availability of ICT devices has resulted in significant decrease of prices for telecommunication services, better infrastructures and policies aimed at improving ICT access (Kilkey and Merla 2014). Cheap phone calls have been described as “a kind of social glue connecting small-scale social formations across the globe” (Vertovec 2004, 220). But what precisely is this ‘glue’ and how does it work?

In delving into this issue, the material semiotic approach is particularly useful, since it considers technologies as active co-creators of relations with and between humans. Following the proposition that in a care collective, the object of care is not one single person but the collective itself
(Winance 2010, 102), I suggest that the object of care in Indian transnational families is not ‘the parents,’ but ‘ICT-connected families.’ This formulation highlights that not only parents, but also children and even ICTs are involved in care relations as both care givers and care receivers. In what remains, I will explore how such ‘technological relationality’ was accomplished as a co-creation between technologies and humans in the caregiving of elderly by migrating Keralite children.

**Tinkering with Various Types of ICTs**

While preparing to migrate, Molly lived with her parents in Kerala, but her two married sisters were already working as nurses in the UK. The first time I visited Molly’s home, she proudly showed me her collection of four devices, two of which were simple mobile phones while the newer two were smartphones. These devices were bought by Molly’s sisters as gifts. When I asked Molly why she kept them she replied, “To show them to my nephews one day, so they will know how well my sisters took care of us!” Molly and her parents also had a laptop with a USB webcam. In their household, Molly knew best how to use this technology and establish connection on Skype. Expecting Molly to migrate soon, her mother was learning how to use Skype, but was not yet very confident in her own skills. Molly’s parents each had their own basic mobile phone. Additionally, their house was equipped with a landline phone and wireless Internet for which the family paid about 300 Rs (around 4.5 USD) monthly for unlimited use. All devices and telecommunication subscriptions were provided and paid for by the sisters living abroad. Such presence of ICTs was quite typical of the families I encountered.

Text based communication on mobile phones, for example short text messages or notes via social media, was rare between the elders and their children, and only one nurse told me that she emailed her parents once to send some legal documents (cf. Baldassar 2007). The main mode of communication was calling, as it was free or inexpensive and also the most practical for the parents. Anthony, who worked as a nurse in the UK and then Australia, described how and why he relied on cheap phone calls to call his parents:
It’s not that expensive to call home (to India) from Australia … (It) costs two cents (0.02 USD) per minute and the connection rate is about 29 cents (0.22 USD) per call. In the UK there was no connection charge, it was only 1 pence (0.01 USD) per minute. … I don’t use the Internet to call my parents. Sometimes I use it to call my brother and friends … who use similar apps, but my parents don’t normally use them. I don’t mind spending 2 cents per minute to speak to my parents.

Anthony additionally mentioned free online calling through “Voice over Internet Protocol” (VoIP), but pre-paid mobile phone calls were so inexpensive that he did not even consider using the VoIP. Anthony preferred to pay these small amounts to adapt to his parents’ ICT use habits. If he asked them to switch to any VoIP, the parents would need to acquire smartphones and skills to use them.

For nurses, the availability of ICTs depended on the country they lived in. In contrast to Western countries, several Gulf countries have banned VoIP services to protect the revenues of the national telecom operators (Aziz 2012). In Oman, Viber and Skype were prohibited, but

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27 This is indicative of the economic situation of the migrant nurses and their families, which improved following migration (Percot 2014).
these rules changed so often and unexpectedly that it was difficult to be sure which platforms were allowed at a certain moment. Most nurses who relied on VoIP to call to parents’ landline or mobile phone numbers used several of the permitted VoIP services interchangeably. For example, I observed one male nurse, Benny, use a number of apps, including MoSIP (to call his mother daily because the sound was clearer than with other apps), Facebook Messenger (“also for calling”), Talkray (“often busy”) and Viber (“currently banned”). Benny also told me that he did not use video calling with his mother as “the sound was not clear”.

Exploring the use of various ICTs reveals how care was enacted in several ways. One form of care for the collective was financial, with the children buying ICT devices and paying for all related telecommunication services. More than gifts, these ICT offerings were essential to creating the technological infrastructure that supported the transnational care collective. Moreover, people empirically tinkered with various ICT devices and software communication programs until they discovered which suited them best. In material semiotics, ‘tinkering’ is the normative and creative “process of caring by adapting to changing situations” (Pols 2012, 166; see also Winance 2010). In a polymedia environment, where a number of media coexist and are evaluated in relation to each other (Madianou and Miller 2012), flexibility and pragmatism in terms of convenience rather than cost were key for the Indian transnational families. The chosen preferences depended on parents’ skills and comfort with using particular technologies as well as on ICT availability in the children’s destination country. Through tinkering between technologies and people the families then discovered the optimal way of enacting care within their particular transnational care collectives.

_Caring by Being the First to Call_

Sonia and Ajay had a son, John, who worked as a nurse in Guyana, and a daughter Jasmin who studied nursing in another Indian state. When Sonia was asked about communicating with them, she replied:

> We have a landline phone. So we just have to attend to it when they call us here. We don’t know how to handle the mobile phone. … Our children call us on this mobile … When we get a
call on the mobile, I can identify the number before I take the call. The children showed me how to take and cancel a call. That is all that I know.

In this family, the children called their parents rather than the other way around, and this was common among other families I encountered. According to my informants, the children were more skilled in calling, especially when the call involved VoIP and thereby the use of devices and software programs other than a simple mobile phone. Sonia did not feel very comfortable in making calls with her mobile and was not even sure which number she should call to reach John. Some parents also mentioned that the “duty”, or work obligations, of their children were a priority, and they did not want to disturb them. By calling first, the children automatically assumed the costs, which was yet another way for them to financially support to the care collective.

The cases where the parents initiated communication were exceptional and related to specific circumstances with a sense of urgency. Aman’s parents, for example, were very anxious about their son when he first travelled to the UK. They were desperate when he failed to report himself by phone after reaching London. Instead of spending their time worrying, they decided to do something about it. Aman’s mother:

When Aman first left for the UK, it took about two weeks for him to call us. He had never stayed away from us. He was in a place he had no idea about. There was a family we knew who also had some family members in the UK. We called them and they contacted one of their relatives (in the UK) and later Aman called us. We were really destroyed. Aman also didn’t know how we felt. It was like he had left us for good …

Besides being concerned for Aman’s wellbeing, his parents alluded to feeling abandoned due to lack of contact on the part of their son. But instead of being helpless they demonstrated resourcefulness and agency by employing ICTs to locate Aman. ICTs were instrumental in assuring the parents that Aman had not abandoned them, but was only momentarily unable to
contact them due to practical circumstances. As he told me, the effort that his parents put in connecting with him also indicated to Aman how important it was for them that he kept in touch, and he subsequently made sure to call them regularly.

What do these examples say about initiating interaction via ICTs in relation to care? Let us consider them in comparison with care provided when family members are not separated by geographic distance. Among other aspects of care, intergenerational co-residency makes it possible for children to provide their elderly parents with food. In India, preparing and sharing food with one’s parents has been described as “perhaps the most fundamental of all filial obligations” (Lamb 2000, 50), a gesture expressing reciprocity for the nurturing received in childhood. My observations of families in Kerala confirmed that eating together, even while watching television in silence, was considered essential to elderly care. In transnational families, intergenerational reciprocity was partially enacted through remittances, but additional attention was required from the children to dispel parents’ feelings of abandonment. In the face of the impossibility to physically prepare and share food with their parents, the children could offer their attention most effectively by calling on the phone. Thus, ICTs shaped care at a distance by making verbal communication central to it, starting with the children’s new responsibility to initiate phone calls.

**Frequency of Contact and Scheduling**

The children called their parents from several times a week to several times a day, while they contacted their in-laws less frequently but nevertheless regularly. The frequency and regularity of contact varied between families and between siblings, and depended on what people aimed to achieve. For example, Angela, a nurse in her 50s working in Oman, always first asked her mother about her current state of health and inquired if she needed any medicines. Then they talked about domestic animals, the neighbors’ children, other people living nearby and the church. Using ICTs to share details of everyday life was an attempt to transform geographical distance into intimacy, that feeling of closeness arising from knowing the small details of another person’s life. Put differently, as a mother of another nurse

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28 See also my earlier field note on the Ayurvedic doctor’s account in which food is mentioned explicitly as a gesture of elder care.
revealed to me, “I talk to my daughter every day on either phone or Skype, and I never feel she is far away from me.”

The children generally planned their calls according to their own work obligations. Additionally, they took into account their family members’ personal habits. From my field notes:

Priya (middle-aged nurse in Oman) finishes her morning duty at 3pm, comes home, eats and sleeps for an hour. She starts work at 6.45am, so her family should let her rest in the afternoon … Priya’s mother watches TV from 6–8pm (Indian time), around 8–9pm her parents pray, then watch another TV serial from 9–10pm. Priya calls them after prayer, at about 8.30pm their time (there’s one and a half–hour time zone difference). Priya’s husband watches TV with his mother, then they cook and finish dinner at about 11pm (9.30pm in Oman). That’s when Priya usually speaks to him.

Instead of calling spontaneously, the nurses and their families tinkered with time to eventually develop a system of who calls whom and when. Breaking these implicit rules indicated that some kind of a problem or emergency had occurred. If Priya knew she would be unable to call on time, for example because of a change in her work schedule, she informed her parents in advance. This gave her calls a certain structure, transforming everyday interaction into a routine. Through a period of tinkering, ICT-mediated relations thus became regularized and systematized to accommodate schedules of all involved.

But spontaneous contact outside schedules also occurred, generally in the context of crisis. Jancy, a nurse living in the USA, called home every day after her night shift which was convenient given the time zone difference. Once, however, she had a sudden urge to call home in the middle of the night and she discovered her mother-in-law was not doing well:

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29 Feelings of ‘being together with others’ via ICTs have been described elsewhere as “co-presence” (Baldassar et al. 2016).
When we called (the mother-in-law’s house) we found out that she was sick … I told (our relatives) to take her to the hospital … I think she must have had a ruptured abdominal (aorta) … We were talking to (the relatives in the car), giving them instructions (and) asking ‘how is she’, but we knew she was gone by the time they reached the hospital.

This story highlights how, during times of illness and accidents, practical care was delegated to siblings or other relatives living nearby, and to institutions such as hospitals. But how did increased frequency of calling in such situations translate into care? The phone enabled Jancy to be constantly in touch with her relatives in the car, with only short pauses between calls. In this way, she was ‘travelling’ together with them without being physically in the car. Being constantly updated about what was happening, Jancy was also able to activate her professional knowledge to establish the diagnosis and, from a distance, guide her relatives in providing hands-on emergency care. Jancy was not able to save her mother-in-law’s life by phone, but given the seriousness of the old lady’s condition, it is likely that she would not have been able to help much more even if she was in Kerala. But frequent calling helped Jancy to create a feeling of her presence in Kerala even while she was physically far away, and enabled her to provide care in the form of emotional support and professional advice.

*Caring for ICTs*

One of the compelling insights about the care collective is that the object of care becomes dispersed among all involved, humans and technologies alike. The ICTs not only enabled family members to provide care to each other, but they also demanded care in their own right. To begin with, the families mostly used pre-paid phones which had to be regularly recharged with credit. This could be done easily at any small shop where the shopkeeper had the appropriate license. Such shops were common and usually within a short stroll from almost any house, also in rural areas. Many elderly people mentioned that they recharged their mobile phones by themselves, although women often asked their husbands to do it for them. I observed this gender difference in town shops, where typical customers recharging mobile phones were men. The process was quick and uncomplicated: the shop-
keeper noted the phone number to be recharged in a notebook, along with the requested amount (usually for about 50–60 Rs, or less than 1 USD). The customers then received a text message confirming that recharging was successful.

What happened if ICTs were not properly taken care of? Sonia and Ajay, parents of two nurses living away from home, told me about the trouble they experienced if they neglected their mobile phone:

Ajay: We can’t call on the mobile when the balance is over. But the landline doesn’t stop working in the middle of the conversation.
Sonia: With the landline, even if we fail to pay the bill on time, we can call. … (With the mobile), if there is no balance, no matter how much we try to call we can’t.
Interpreter: How do you check the balance in the mobile?
Ajay: That I know! The phone seller taught me. (…)
Sonia: I surely get angry (if the connection breaks). Just as we are about to know about each other’s well-being, the balance in the mobile is over and the connection cut abruptly. Wouldn’t anyone get angry? (The interpreter later notes that this problem could also refer to an empty phone battery.)

Sonia and Ajay thus preferred to use the landline, which they also found better due to the clearer sound it produced. But this device, too, had its demands. As Sonia explained, “The landline phone was out of order for two or three months, because the line was broken during heavy rains, and it took a long time to repair.” The couple had to contact their telecommunication company and demand repairs several times before the issue was solved.

The care for ICTs was primarily about paying attention to their operational needs: the mobile phone must be charged with energy, the landline must have all its lines in order, and in both cases the telecommunication services have to be paid. These duties were shared between the children and the parents, with children financing the devices and related services and the parents taking care of the local practical concerns. But what motivated all of them to provide this care to ICTs? The use of and care for technologies may be motivated by various affective
values, like forming friendly relations through and even with technologies (Pols and Moser 2009). Sonia’s comment on becoming angry if devices stopped functioning indicates that her motivation to take care of ICTs was fueled by values of strong kin relations and intergenerational, reciprocal care. Thus, through caring for technologies the parents and their children attended to the relationship between them, which was based on kin affection as well as obligations of reciprocity.

*ICTs Expanding the Care Collective*

The ICTs facilitated caring relations outside of the children-parent dyad, as I already mentioned when discussing situations in which parents initiated contact or required emergency care. In everyday care, ICTs that involved images, either photographs or video calls via webcams, were particularly good at expanding the care collective. To start with, the elderly, especially women, used photos and webcams to interact with their grandchildren living abroad. For this purpose, some grandmothers attended computer classes so that they could become skilful ICT users. Images were especially important for grandparents when their grandchildren were not yet speaking. One grandmother, Anna, eagerly showed me the photos of her grandson living in Canada, posted by her daughter on Facebook. Anna particularly enjoyed playing with her grandson via Facebook Messenger video chat. On one occasion, I was surprised by how deeply she became immersed in the interaction with her grandson via webcam, to the point of not noticing the humdrum of having visitors nor of the failing technology:

Anna is most interested in her grandson, not her daughter and son-in-law. She is so involved with his image on the webcam that she doesn’t even notice that Thomas (her son) assembled speakers until he takes the phone from her hand and tells her to speak without it. But the speakers don’t work well, so they return to phone for sound. I watch Anna stare intensely at the video on Facebook Messenger, holding the phone to her ear and making funny noises at her one and a half-year-old grandson. The boy doesn’t speak yet, but seems well familiar with such webcam meetings.
Moreover, this ethnographic note points to the instrumental role of children still living with parents in tackling the operational aspects of ICTs. When the youngest children in the family were also not around anymore, helping to set up image based ICTs strengthened non-kin relations that would otherwise remain weaker. Specifically, the relation deepened between parents living alone and their “son’s good friend” who usually lived nearby. Following the sons’ departure, these friends became quite involved with the life of the parents, to the point of becoming “family friends.” This became evident also in that they stayed present during my visit:

I’m welcomed by several people: the parents, their visiting daughter, and another man, Anand. The parents describe him as a “very good friend” of their son who lives in Abu Dhabi … Anand sometimes helps them by calling their son on Skype via his smartphone. For that purpose, the father walks to Anand’s shop nearby where the Internet connection is better, but the mother can’t do that because of her injured knee.

In another family, the mother told me, “Our son who recently moved to Australia has given us the numbers of his friends who are very helpful. He told us to call them in time of need.” Thus, the sons used ICTs to care for their parents in at least three ways. First, they called home daily. Second, they provided their parents with phone numbers of their friends to deliver hands-on care if needed. Third, they arranged visual communication through their friends’ smartphones. ICTs were crucial in these practices to maintain a link between parents and their sons. Additionally, ICTs intensified the relationship between parents and non-kin by making them interact frequently and by actively involving sons’ friends in the parents-son relationship.

Image based ICTs are thus at the intersection of more relations than those between elderly parents and their migrating children. They promote social relations outside this dyad, whether virtually (as with grandchildren) or face-to-face (as with sons’ friends). As they facilitate these additional relations, they simultaneously strengthen those between parents and children and thereby make them feel connected across geographic distances.
In this way, ICTs can mitigate feelings of abandonment and loneliness in the face of the physical absence of children from their home.

Conclusion

In India, intergenerational co-residence remains an optimal way to provide good elder care (Lamb 2009). My aim in this article was not to compare ICT-based and face-to-face care to evaluate which is better, nor to claim that ICTs diminish the importance of physical proximity for caring relations. Indeed, strong family relations, built throughout the years of co-residence during the children’s upbringing, form an essential foundation for care to continue, albeit re-shaped, across vast distances. But what ICTs do is to bridge geographic gaps and make people feel as if they were in the same room, racing down the same roads to the hospital, jointly taking care of technologies, and so on, even while physically apart. Thus, just as it is not possible to claim that ICTs entirely replace face-to-face care, it would also be inaccurate to state that ICT-based care practices do not mitigate feelings of abandonment among parents of emigrated children.

Although Kerala is hailed as the most progressive Indian state, socioeconomic circumstances, including lack of employment opportunities, often compel people into international migration; among young adults who have failed to migrate or to establish their life abroad suicide is rampant (Chua 2014). It is therefore little surprise that despite being aware of the negative implications of migration for co-residence, the families in my study accepted it as an unfortunate fact of life. Under these conditions, they re-interpreted migration as a care practice through which children ‘repaid the suffering’ that their parents endured to educate them as nurses. Additionally, ICTs helped shape these care practices so they made parents feel that rather than being abandoned, they were cared for better than had their children stayed at home.

But what does such ICT-mediated care look like? The material semiotic approach helps to answer this question, as it focuses on how technologies and humans can form relations with each other and jointly enact care through tinkering. In Indian transnational families of nurses, care was enacted through care collectives that were co-constituted by relations between elderly parents in Kerala, their emigrated children, other people, including grand-children and non-kin, and also ICTs. In care collectives,
ICTs were contributing agents, shaping the kinds of caring transactions that extended across large geographic distances. While in most of the literature ICTs tend to be seen as ‘tools of communication’, the practices described here were not only about communication, just as remittances are not only about ‘sending money.’ ICTs turned communication into a concrete set of care practices, much like remittances were about sending money to effect material improvements in quality of life. To the extent that ICT use in Indian transnational families highlights how human and non-human entities may work in relation to each other and thereby enact care at a distance, we might think of these care collectives as forms of ‘technological relationality.’

The involvement of parents in the migration process additionally indicates that they were not helpless and straightforwardly abandoned by their children. This also became clear in that within the care collective, parents were care-receivers, but also care-givers to their children, grandchildren and their ICTs. The case of Indian transnational families and their ICTs thus importantly challenges our understanding of, and possibly use of the notion of, abandonment as well as leads to new questions. Perhaps we might ask how ICTs will in the future influence the discourse of abandonment itself: the norm of co-residence might become replaced by the norm of frequent calling. Perhaps that is already happening. As one of the nurses said, whenever she failed to call her parents as expected, her father would scold her, saying, “So, are you becoming like your brothers now, only calling once in a while?”
When I Check Email

When I check email
my wife watches ‘Koi Apnaasaa’
my son plays Jigazo
Father watches ETV on the telly in the living room
Mother squints through the peephole in the door
to see who comes out of or goes into the lift

When I read the newspaper
my wife talks on the mobile
my son stares at the TV watching Cartoon Network
Father, his neck thrust into a bucket,
inhales steam
Mother, standing by the kitchen window,
waits the maid

When I am not home
my son calls me up and asks,
“Dad, what are you doing? Do come home.”
My wife sends me an SMS: “I miss u.”
I get to know about the quarrel between Mother and Father
when I return home
and about the garrulous maid’s
having quit.

Hemant Divate