Care through digital connections

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

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CHAPTER 4

SHIFTING DUTIES

Becoming ‘Good Daughters’ through Elder Care Practices in Transnational Families from Kerala, India

This article investigates the influence of international migration on the filial norms of elder care in transnational families of Syrian Christian nurses from Kerala, South India. We suggest that exploring transnational elder care practices brings to light complex changes in gender dynamics within kin relations. Using the material semiotic approach, we analyze care in terms of everyday practices in which not just people, but also technologies are involved as active participants. We argue that as they are tied to international migration, money and information and communication technologies (ICTs) co-shape new norms of filial care by transforming the normative expectations of ‘good daughters’. This article reveals how among Keralite transnational nurse families, ‘good daughters’ may increase their bargaining power with their in-laws, specifically in relation to caring for their own parents, and how this may also influence the position of men as husbands and sons-in-law.

Keywords: gender, migration, care, remittances, ICTs, India

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For this thesis, the text has been changed for text style (font size and style, paragraph alignment) and minor editing, and I added one photo (Figure 5).
Introduction

In Kerala, South India, it has historically been popular for women, especially Syrian Christian women, to become nurses in order to migrate abroad for work and thereby improve their and their families’ economic status (Nair 2012; Percot 2016). International migration may influence gender roles in the family, as female nurses become breadwinners while their husbands may struggle to find well-paid employment (George 2005; Gallo 2005; Percot 2012; Bhalla 2008). For example, Sheeba George (2005, 151) describes how in the Indian diaspora in the United States of America (US), men who married nurses were called ‘nurse-husbands’, a derogatory term indicating their economic dependence on their wives. While women’s mobility may be limited by patriarchal institutions (Porter 2011; see also Gallo 2018), feminist geographers have shown that increased possibilities for mobility may not necessarily empower women, just as immobility may not necessarily disempower them (Hanson 2010, 10; Huang and Yeoh 1996). In pursuit of a more nuanced understanding of mobility, we suggest that examining kinship beyond the husband-wife relationship, specifically by looking at elder care practices, illuminates new layers of complexity in gender dynamics and further reveals the multifaceted impact of migration on female empowerment.

By investigating elder care in transnational families of Keralite nurses we show how these nurses “straddle the multiple places of being ‘here’ and ‘there’ simultaneously, and how this informs the emancipatory and constraining nature of gendered migrant spatialities” (Yeoh and Ramdas 2014, 1198). We have found in our fieldwork that the involvement of remittances and information and communication technologies (ICTs) in care at a distance contributed to particular transnational family dynamics whereby women became primary carers for their own parents. Women focusing their care efforts on their own parents is a significant change from conventional elder care practices in India. According to those, married sons should, and often do, co-reside with their parents and provide for them financially; their wives assume hands-on care for their parents-in-law but are not obliged to care for their own parents. Although there are regional, socioeconomic, and religious differences, about 80 percent of people aged above sixty live with their married sons (Irudaya Rajan and Kumar 2003; Kadoya and Yin 2015; see also Dharmalingam 1994). Scholars have even suggested that the normative ideal of son co-residence partially explains son preference, leading to skewed sex ratios, especially in North India (Kadoya and Khan 2016, Das Gupta et al. 2003). With that in mind, we argue that international migration, as it is tied to money and ICTs, has changed what it is to be a ‘good daughter’ in Keralite Syrian
Christian families, a transformation that can be observed through elder care practices.

Our study speaks to feminist geographers’ scholarship on localizing and contextualizing care and care relationships across space (see for example Yeoh and Ramdas 2014; Milligan and Willes 2010; Parr 2003). But while feminist geographers have explored care in terms of care giving, receiving, and circulating (Wiles 2011; de Silva 2018), we use the material semiotics approach from science and technology studies (STS). Material semiotics is the study of how human and non-human actors form relations with each other, how their identity is mutually shaped, and what they enact within specific practices (Mol 2002; Pols 2012; Law 2009). Approaching care as something that people, money, and technologies enact in practice allows us to explore ‘the good’ in filial care not in terms of judgments, but in terms of “something to do, in practice, as care goes on” (Mol, Moser, and Pols 2010, 13). Thus, we propose the term ‘good daughters’ to describe those daughters who fulfil certain filial duties that they and their family members consider to be practices of good elder care. As we will demonstrate, these duties include migrating abroad, sending remittances, and visiting and calling frequently. The material semiotic focus on practices thus also underpins our understanding of what is considered ‘good’ in terms of “practical accomplishments” rather than in terms of consistent external ideals or norms to which people try to align themselves (Winance 2007, 631). As something that people try to achieve in practice, ‘the good’ is locally situated, based on constant work, and subject to potential transformation (Winance 2007).

Material semiotics is especially relevant for our analysis because it describes relations as “materially and discursively heterogeneous” (Law 2009, 141), thus including people as well as objects. In this way, material semiotics allows us to explore the active role of money and ICTs in shaping what care is and who ‘good daughters’ are in the context of transnational families. With this approach, Tanja Ahlin (2018b) elsewhere describes how Keralite family members and ICTs work together to enact care in ‘transnational care collectives.’ By supporting the formation of these collectives, ICTs shape intergenerational care at a distance. Here, we explore in depth one aspect of transnational care collectives by investigating how care practices shape filial norms for daughters in Syrian Christian families of nurses.

We further deepen our analysis with Bina Agarwal’s (1997) theory of gender relations and bargaining power. ‘Bargaining power’ refers to the ability of people to negotiate with their family members about subsistence needs such as food and health care. A complex range of factors shapes bargaining power (Agarwal 1997,
8–9); here, we draw particularly on the factors of the access to kinship as a support system and of social norms guiding elder care. Migration may entail important shifts in the kind and amount of resources available to men and women, which serve as a means for negotiation (Kibria 1990). We show that international migration helped women in our study improve their bargaining power, giving them a way to negotiate with their in-laws about care they provide to their own parents.

Methods

We base our analysis on eight months of ethnographic fieldwork in total, divided between Kerala and Oman, which Ahlin conducted in 2014 and 2015. Ahlin recruited the nurses who participated in this research through locally well-known and respected key informants, including two doctors and two teachers at an English language school in Kerala. At this school, nurses prepared for the International English Language Testing System (IELTS), an exam required to migrate to English-speaking countries. With these nurses, Ahlin carried out group and individual interviews, and some of them introduced her to their parents. Through the key informants, Ahlin also approached elderly people whose children were already working abroad. She followed some of these family relations to Oman, where she asked them to introduce her to other nurses (the ‘snowball method’).

In this way, Ahlin carried out participant observation and in-depth interviews with members of twenty-nine families in both countries. She observed them communicate with each other by phone and webcam, and the families she visited often asked her to participate in these events. She also conducted some interviews by phone and webcam with nurses living in countries other than Oman, for example in the US, United Kingdom (UK), and Australia (Ahlin and Li, forthcoming). Twenty-three of the families belonged to various factions of the Syrian Christian church, two families were Roman Catholic, and four were Hindu. In twenty-two families, the nurses were women and in seven they were men. The nurses were between twenty and fifty years old, while their parents were between fifty and eighty years old.

With the nurses, Ahlin conversed in English, while she conducted most of the interviews with their parents in Malayalam through an interpreter who also transcribed and translated the recorded conversations. This language barrier formed a certain limitation for this study, as Ahlin was not able to personally follow the conversations between family members. While it is possible that relying
on transcripts did not allow Ahlin to capture all the nuances of the family relationships, she did validate the information about these relationships in separate interviews with children and their parents.

In what follows, we first describe the position of Syrian Christian female nurses in Kerala and within ‘global care chains’ (Hochschild 2000; Yeates 2012). We start the analytical section by describing how female nurses became ‘good daughters’ by migrating internationally. We then show how migration impacted women’s bargaining power with their in-laws, a change which they enacted within care practices for their own parents together with money and ICTs.

Syrian Christian Women in Kerala and within Global Care Chains

The position of Syrian Christian female nurses from Kerala is unique in several ways. Numbering about six million, Syrian Christians are a demographic minority in India, yet they have been described as privileged in terms of caste, race, and class (Thomas 2018). The first converts to Syrian Christianism were Brahmins, members of the highest caste according to Hinduism, and this historic detail still permits contemporary Syrian Christians to claim belonging to the upper caste of Indian society (Thomas 2018, 5). Moreover, despite some class variation, Syrian Christians have secured a middle-class status through their entrepreneurial skills and landownership (Thomas 2018, 6). This context has shaped the position of Syrian Christian women, who thus belong to the “dominant minority” of those with an upper-caste/middle-class background while also being marginalized as women in a patriarchal society (Thomas 2018, 6).

Syrian Christians follow patrilineal kinship, which is another specificity, as in Kerala matriliney is historically rooted (Philips 2004; Dyson and Moore 1983). Importantly, matriliney is not to be equated with matriarchy; as Robin Jeffrey (2004, 648) notes in her description of matriliney in Kerala during the twentieth century, “Though the families were based on mother’s homes and organized through the female line, the controllers and decision makers were men.” Although authorities in Kerala legally abolished the matrilineal system in the nineteenth century, a “matrilineal ethos” remains widespread (de Jong 2011, 17). This context has empowered Syrian Christian women to challenge the patriarchy in some ways; they have, for example, achieved equal legal inheritance for daughters and sons. Yet in practice, women tend to waive inheritance claims on property out of loyalty to their male relatives (Philips 2003; Bomhoff 2011: 142–144; see also Singh, Robertson, and Cabraal 2012, 483; Chacko 2003). Among Syrian Christians,
patriarchy thus remains powerful, as families, legal institutions, and the church continue to sustain and reinforce it. Described even as “aggressive” (Jeffrey 2004, 649), the patriarchal kinship structures continue to constrain Syrian Christian women in terms of inheritance, movement, communication, and choice of occupation (Philips 2003).

Finally, Syrian Christian women of Kerala are distinguished by the fact that many become nurses (Nair 2012; Percot 2016). According to Elisabeth Simon (2009, 88), only 3 percent of the Indian population is Christian and yet 30 percent of Indian nurses have this religious background. The first generations of nursing students came from a lower-class background and aspired to use this profession to escape poverty, but they struggled with the poor reputation of nursing as constructed through local hierarchies of caste and class. In Hinduism, work related to bodies is perceived as ‘dirty’ and those who professionally handle bodies and bodily waste as ‘unclean’ (Ray and Qayum 2009). The detrimental impact of caste on the status of nursing diminished, however, through the association of this profession with Christianity. English Christian missionaries, who began recruiting women to attend nursing schools in the twentieth century, actively encouraged the perception of nursing as a service to God and thus a highly noble profession (George 2005, 41).

With time, it transpired that nursing offered excellent opportunities for international migration and as such it became a strategy to improve a family’s status in terms of class (Nair and Healey 2006). Since the 1960s, global socioeconomic forces have pulled Keralite nurses to migrate abroad for work. With the support of the Syrian Christian Church, foreign governments have recruited nurses as labor force to the US (George 2005), the Gulf countries (Percot 2006, 2014; Percot and Irudaya Rajan 2007), the countries of the European Union (Percot 2012; Gallo 2005), and elsewhere. The phenomenon of migrating Kerala nurses can be described as ‘global care chains,’ a notion referring to “a series of personal links between people across the globe based on the paid or unpaid work of caring” (Hochschild 2000, 131). This theory highlights globally structured inequalities of class, race, ethnicity, and gender that encourage the movements of (non)professional carers from economically poorer countries in the global South and East towards wealthier countries in the North and West. As an origin country, Kerala fits this model well. Internal and international migration, common among Indians of all socioeconomic and religious backgrounds (see, for example, Lamb 2009; Bomhoff 2011; Bailey, Hallard, and James 2018; Voigt-Graf 2005), may interfere with caste, class, and gender hierarchies as well as with kin relations in various ways (see, for example, Gallo 2018). In Kerala, nursing has proven to be
such an effective strategy for moving upward socioeconomically that this profession has even started to attract men and Hindus (Walton-Roberts 2012; Johnson, Green, and Maben 2014).

The global care chains theory assumes that those who migrate leave behind family members who would otherwise rely on these migrants for care (Yeoh and Huang 2017; Parreñas 2001; but see Baldassar and Merla 2014). In Keralite families of migrating nurses, elder care practices become differently complicated by international migration. Among those in India who follow the patrilineal kinship system, such as Syrian Christians, the main duty of a ‘good daughter’ is to marry and to do so as early as possible (Percot and Irudaya Rajan 2007). After marriage, daughters start belonging to their in-laws’ family and should provide care for their parents-in-law; simultaneously, they are discharged from care obligations towards their own parents. This is reflected in the norm of parents co-residing with their sons, while it is considered inappropriate for parents to live with their daughters (Bailey, Hallad, and James 2018, 8; Bomhoff 2011, 203; Gallo 2005, 230; see also Lamb 2000). However, as we show in the continuation, how ‘good daughters’ are enacted through elder care is not static, but a process that may be reshaped through international migration; in the process of this transformation, money and ICTs play key roles.

**Cross-border Investments: International Migration as a Duty**

To understand how migrating abroad could become an integral part of being a ‘good daughter’ in Syrian Christian nurse families, it is important to recognize the involvement of parents in the migration process. In our study, parents steered their daughters towards nursing from a young age. Indeed, families saw this particular choice of profession as the first step in migration (see also Nair 2012; Percot 2016; Nair and Percot 2007). In one family, the parents encouraged all three daughters to become nurses and migrate. Their endeavor was successful: at the time of our fieldwork, the eldest two daughters had settled in the UK while the youngest one, Mary, was preparing to follow them. Mary’s mother was especially engaged with her daughters’ careers and migration pathways. For instance, during one visit to Mary’s home, her mother questioned Ahlin on various European countries and their need for foreign nurses. She was particularly interested in Switzerland, adding that she had heard that nurses’ wages were higher there, so she was wondering whether it might be a good destination for Mary. Thus, although nurses had their

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33 All personal names are pseudonyms.
own individual motivations to pursue nursing, such as gaining professional and personal experience (Percot 2016), international migration was a “family project” (George 2005, 43; Percot and Irudaya Rajan 2007).

Parents were heavily involved financially in the entire project of their daughters’ becoming ‘successful nurses’ who could earn well abroad (see also Gallo 2005, 229). This included financing their education, first in nursing and then in the English language. The cost of a nursing education has risen in recent years, with average tuition fees reaching 70,000 to 100,000 Indian rupees (Rs), or approximately 1500 to 2100 USD per year (Johnson, Green, and Maben 2014, 12). Due to high college fees, families could thoroughly deplete their savings. In such a situation, parents took loans from banks, relatives or acquaintances (Osella and Osella 2008, 156–160; Percot 2016). One family in our study borrowed money for this purpose from their wealthier neighbors; other nurses regularly mentioned that their families took education loans which came with steep interest rates. Furthermore, parents financed the migration process, which was also a costly and lengthy endeavor. To migrate into English-speaking countries, the nurses had to pass the IELTS exam. Fees for language classes and the exam meant additional costs. Finally, the expenses of obtaining visas, travelling, and perhaps engaging a migration agency would add another 100,000 to 200,000 Rs (1,400–2,800 USD) to the bill, according to our informants.

For lower-middle-class families of small-scale farmers, shopkeepers, and clerks, from which the nurses usually originated (Johnson, Green, and Maben 2014, 12), the financial burden of supporting their daughters to migrate was considerable. The nurses and their parents both described borrowing money, working hard to generate savings, engaging nurses’ siblings to help financially, and even selling property as acts of great “sacrifice” on the part of parents. The nurses in our study regularly reported that their parents “struggled” and “suffered a lot” to support their migration. “Suffering” was thus a way of ‘doing’ sociality, since it “created a strong sense of belonging to specifically those persons who were the greatest source of the suffering [and] gave children a strong sense of responsibility towards their parents” (Bomhoff 2011, 132). By contributing to parental ‘suffering,’ money played an essential part in enacting migration as a new filial obligation for daughters. The idiom of suffering emotionally tied the daughters to parental reciprocity, which also had to be fulfilled in specific ways. In this context, in order for daughters to be ‘good’ they had to find employment abroad and send

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34 The conversion rates are from 2014, according to the reference (Johnson, Green, and Maben 2014). The amounts noted by our informants at the end of this paragraph are based on the 2018 conversion rates.
remittances, as well as care for their parents emotionally and practically through daily calls.

To fulfill duty of migrating for work, daughters first sought employment in English-speaking countries where salaries were high and it was possible to obtain permanent residency. From there, the daughters would be able to regularly send remittances to their parents and secure a stable financial future for themselves and their parents. This path, however, was not always easy to follow. The IELTS exam was challenging and a ‘good daughter’ had to demonstrate her dedication to the family migration plan by attempting to pass the exam at least a few times. This process could lead to considerable mental stress due to daughters’ feelings of guilt over their inability to reciprocate to their parents and concomitant social pressure. For example, after trying to pass the IELTS exam for several years, one nurse anxiously conveyed that her neighbors and relatives were “starting to ask” why she was still living with her parents rather than moving abroad. A nurse in her situation was expected to migrate at least to a Gulf country, where residency depended on employment and nurses earned substantially more than in India. For illustration, one nurse reported earning 80,000 Rs (about 1,200 USD) monthly in Saudi Arabia, while nurses in India earned about 10,000 Rs (150 USD) at the time of our fieldwork. Such flexibility in career pathways, specifically in terms of destination countries, shows how the norm of international migration was a ‘practical accomplishment’ (Winance 2007).

Failure to migrate could result in mental and financial struggle for the whole family and could even have tragic ramifications. A notorious example was Beena Baby, a nurse who committed suicide after receiving “inhuman treatment” as an employee of a Mumbai hospital (HT Correspondent 2011). Her fate resonated with nurses across Kerala who received salaries that were too low to repay their educational loans while their employees prevented them from migrating by withholding their professional certificates (Timmons, Evans, and Nair 2016, 44). Thus, the new filial norm of international migration, reinforced through the idiom of suffering, was flexible, but only to a certain degree. This limitation was contingent on the amount of money involved in enacting migration as a daughter’s duty of elder care: the larger the burden of suffering, specifically through assuming debt, the more pressure on daughters to successfully migrate.
Returns on Investments: Remittances and Visits

For female nurses, the filial obligation to migrate became more important than the duty to marry early. Migrant nurses generally did not marry before the age of twenty-five, three years later than the average for Christian women in Kerala and five years later than all Keralite women (Percot and Irudaya Rajan 2007, 321). This delay created “a window of opportunity,” as one of our informants said. During the years between finishing studies and marrying, daughters could earn a salary to “repay the suffering” of their parents, as several said, via remittances without potential restrictions imposed by in-laws. In this way, money helped to enact another new duty for daughters: sending remittances to their own parents.

By fulfilling this obligation, daughters helped their natal families considerably. Joy, for example, was an unmarried nurse in her early twenties who had been working in Saudi Arabia for a year. She regularly sent almost all of her monthly salary to her parents. The money she sent home sufficed to cover her parents’ and younger brother’s living expenses, as none of them worked; repay her educational loan; pay her brother’s university fees; and renovate the family’s house. Although Joy was barely on speaking terms with her father, her remittances paid for his health expenses after his stroke. Most importantly, and as was common in transnational nurse families, Joy was also saving money for her own dowry (see
also Percot 2016, 256). Although legally prohibited in India, dowry is a persistent practice whereby the parents of the bride transfer property, money, and/or other gifts to the family of the groom (Diamond-Smith, Luke, and McGarvey 2008; Das Gupta et al. 2003).

In patrilineal Indian families, daughters have long represented an economic burden due to the practice of dowry, and parents considered spending money on their daughters, for example on their education, as “investing in another family’s daughter-in-law” (Das Gupta et al. 2003, 17). But in Keralite nurse families, this has changed, for “the ‘burden of having a daughter’ … turns out much lighter if she is able to get a nursing diploma” (Percot 2016, 256). Even more, in this context daughters with nursing degrees became an “asset” (George 2005, 42). Besides the immediate impact of improving the family’s financial situation, the money that female nurses earned abroad helped them to marry into ‘a good family,’ meaning one that is well positioned in terms of class and caste, and thereby to advance the social status of their natal family.

Nevertheless, receiving remittances from daughters was a sensitive topic to discuss with the nurses’ parents (see also Singh, Cabraal, and Robertson 2010, 252). In patrilineal Indian families, parents “incur a considerable loss of respect” (Lamb 2000, 84) if they are cared for, financially or otherwise, by their own daughters. Thus, the parents of female nurses had difficulties acknowledging publicly that they were being supported by their daughters. Those who did talk about accepting their daughters’ financial contributions justified their actions through the idioms of ‘suffering’ and ‘sacrifice.’ For instance, Mary’s father firmly declared that he did not want to financially depend on his daughters, so he continued to work as a rickshaw driver. His wife, however, emphasized that she and her husband “suffered a lot” for their daughters. She added that while they could “not demand” anything from them, it was perfectly fine to “accept whatever (their) daughters were willing to give.” As receiving money from daughters contradicted long-established patriarchal norms of filial duties, the practice of daughters’ sending remittances was fraught with “intergenerational ambivalence” (Gallo 2018). Adhering to patriarchal structures of filial reciprocity, parents could not make open demands on their daughters’ remittances or complain if they did not receive any or enough, yet they also heavily depended on their daughters’ financial support. Despite the efforts of the Indian government to increase health insurance and pension coverage beyond specific target groups, more than 70 percent of the elderly in Kerala depend on their children or other relatives for living and health expenses (Zachariah, Matthew, and Irudaya Rajan 2003, 402; Ahlin, Nichter, and Pillai 2016; van Dullemen and de Bruijn 2015). To mitigate the
contradiction between their financial needs and the patriarchal stipulations of financial independence from daughters, the parents appealed to their daughters’ emotions through activating the idioms of ‘suffering’ and ‘sacrifice,’ and ‘accepting’ rather than ‘expecting’ financial support from them. Thus, as sending remittances to their own parents became a new duty for ‘good daughters,’ the way in which this norm was enacted did not directly confront the patrilineal system.

With marriage, the ‘window of opportunity’ for the parents to receive remittances could close, since afterwards daughters should start contributing to their in-laws only (see also Gallo 2005, 230; Bomhoff 2011, 204). Some parents hoped to reduce this risk through their choice of the groom. Joy’s mother, for example, wanted to find “a good husband” for her daughter, meaning “one that would allow Joy to keep supporting us after marriage.” In transnational nurse families, then, a ‘good husband’ accepted his wife financially supporting her own parents; this sort of tolerance part was not conventional, but it became a sought-after quality in marriage negotiations. The nurses’ in-laws expected their migrating daughters-in-law to share their income with their husbands, call their parents-in-law regularly, and stay with them when visiting Kerala. These practices were in line with the prescribed role of daughters-in-law within the patrilineal system. The money that the nurses earned increased their bargaining power with their in-laws, such that they could negotiate about caring for their own parents.

This was revealed in the accounts of married nurses in our study. For example, Sara was a middle-aged nurse, living and working alone in Oman, while her husband Alvin and their two teenage daughters lived in Kerala. Sara had been living by herself for over a decade, with the main goal to provide finance for her husband, daughters, mother-in-law, and parents in Kerala. This is how she described her obligation to reciprocate her parents’ investment in her, rather than focusing exclusively on her in-laws:

I am giving preference to my parents [rather than my in-laws]. I am always telling that to my husband, then he tells me, “But your home is here, in [his parents’] house.” Then I will say, “No, don’t think like that, because if my parents didn’t educate me, I would be nothing, I would not get any money. You didn’t do anything, you only married me, and you gave me two children. But my parents, maybe they don’t have enough money, they struggle. … Because of [my parents] I got this job. If they didn’t educate me, I would not get this chance [to migrate].

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Nothing from [your] side, no? All [support came] from my parents. Because of them I got this job. So I have to see them first.”

Despite her husband’s initial protests, Sara felt obliged to reciprocate to her parents through remittances and also visiting. She used the bargaining power she had gained by becoming the family breadwinner to convince Alvin that it was the right thing to do. Sara referred to her parents’ ‘struggling’ to justify that “all parents [own and in-law] are the same” in deserving support from their children. In this way, money helped to establish new norms of intergenerational reciprocity whereby daughters played a key role in economic and affective care for their parents. This was significantly different from the societal discourse among Syrian Christians that discouraged daughters not only from financially supporting their parents but also from living with them for any period of time (Bomhoff 2011, 205).

As daughters successfully advocated for sharing remittances and staying with their own parents, these practices also influenced their care workload. For example, Sara described the physical exhaustion of paying attention to her parents as well as her mother-in-law during her yearly visits to Kerala:

When in Kerala, I am mentally ok, but physically … not ok [smiles], because … if I stay at my parent’s house one night, I have to stay at my husband’s house [with him and my mother-in-law] the next. So, I alternate like this, traveling every day. Then I tell to my husband, “Oh my god, I want to sleep like in Oman” [laughs].

Yet it would be difficult to claim that the daughters’ elder care workload simply doubled. Rather, the care workload became distributed differently in the context of the changing constructions of masculinity, which occurred in tandem with the new ways of enacting the norms for ‘good daughters’ (see also Gallo 2006; Osella and Osella 2006; Gallo and Scrinzi 2016). Alvin, Sara’s husband, is a case in point. Alvin first joined Sara in Oman for a few years, but he could not find work aside from several poorly paid short-term engagements. Meanwhile, his mother was living alone in Kerala. So Sara “sent him to stay with her,” adding that it was better for Alvin to return to Kerala where he could also take care of Sara’s parents and their daughters. She suggested this to him because, she said, she could “make as
much money in one month as he would have made in three to four months.” Once in Kerala, Alvin renovated his ancestral home, where he lived with his mother and which he would eventually inherit. Alvin regularly traveled by car between his mother’s and his in-laws’ houses, which were about one and a half hours apart, taking care of food supplies, house maintenance, and visits to the doctor when needed. Since Alvin had no income of his own, he was unable to take care of his mother financially, as a ‘good son’ would do. Instead, he ‘stood in’ for Sara by providing practical care to his mother as well as his parents-in-law.

The changes in Sara’s and Alvin’s elder care practices reflected their different levels of bargaining power, which were directly linked to their earning (in)abilities, which were shaped by international migration. Alvin’s example shows how international migration “opens up new space representing newly emergent assemblages of gender, power, economics and cultural ideals that may put pressure on men to perform their masculinities differently, or at least more flexibly” (Yeoh and Ramdas 2014, 1203). In Keralite nurse families, men’s duties shifted to support their wives in practical elder care while their role as financial providers decreased (see also George 2005; Gallo 2006). As elder care practices became reconfigured for daughters and their husbands, the care workload became redistributed among them in new ways. This enabled family members to continue practicing care, rather than outsourcing it to non-kin from poorer parts of India or the world, as the literature on global care chains describes (Yeates 2012).

**Invested Fully: ICTs Adding Value to Caring Relationships**

ICTs added crucially to maintaining transnational kin relations that were important for both migrant and non-migrant family members. This possibility of relationships continuing across geographic distances through ICTs complicates the assumption of family members being ‘left behind,’ a key assumption in the theory of global care chains (Ahlin 2018b; Baldassar and Merla 2014). One way that ICTs may shape ‘good care’ in transnational families is by making frequent calling a care practice in itself (Ahlin 2018c). As Anthony, a nurse living in Australia, said, “I don’t tell [my parents], ‘Mommy I love you, Daddy I love you,’ but I *call* them every day.” Thus, while remittances were significant in reinterpreting international migration as a care practice, for nurses like Anthony, money was not the most important practice of caring for parents. Rather, frequent calling became a key gesture of showing affection and nurturing trust between transnational family members. We found that both daughters and sons called their parents and here we
draw on a comparison between them to illuminate how ICTs helped shape the norms of being a ‘good daughter.’

To start with, once family members established a calling schedule, the parents expected their daughters to follow it rather strictly. Families created these ‘schedules’ through daily tinkering whereby they ascertained what time of the day was best for both the parents and the adult child abroad, based on time zone differences, work schedules, and other activities such as prayer (Ahlin 2018b, 94–96). If a daughter did not inform her parents in advance that she would not be able to call at a specific time, her parents could complain. As Sara recounted: “My father, if I am not calling for two to three days [because of] work, he will say, ‘Ha, are you also becoming like your brothers? You changed your mind, you are only calling us weekly now?’ [laughs] He will ask like that, then I will know he is feeling … sad that I’m not calling.”

ICTs contributed to establishing new parental expectations, as her parents started to anticipate that Sara would call them every day, while their two sons who lived in Ireland and the US would call them weekly. We found such a calling pattern, in which the parents expected all children to call regularly but daughters more frequently than sons, in other families, too. In Sara’s case, when she failed to call daily or notify her parents in advance of changes in her work schedule that would prevent her from calling, her father would “scold” her, a reproach camouflaged in jest (see also Gallo 2015). Frequent calling served to reinforce emotional ties between the migrating children and their parents and ensure the parents did not feel neglected even while their children were physically far away (see also Ahlin 2018c).

Maintaining strong emotional ties with parents was a significant new development especially for married daughters. Just one generation earlier, it was common for in-laws to restrict their daughters-in-law from visiting their own parents, and ICTs were not yet easily available. Thus, the contact between married daughters and their parents was limited. As Sara recounted, her father allowed her mother to visit her parents only occasionally, for the day, but he did not permit her to spend the night at her natal home. Comparing her mother’s situation to her own, Sara said: “My husband is not that strict. When I take my annual leave, first I go to my house, to see my father [and mother], only then I will go [to my mother-in-law].” When abroad, Sara called her parents every day, while she inquired about her mother-in-law through her husband rather than calling her directly. Sara claimed she did so because her parents made it possible for her to become a nurse, migrate, and earn a salary; this, in turn, increased her bargaining power to negotiate with her husband not only about remittances but also about her visits, overnight
stays, and daily calls to her parents. Compared to earlier generations of women, these were substantial changes regarding how, and how often, married daughters maintained their ties with their parents.

Further, a ‘good daughter’ would engage with her parents’ health issues through ICTs. For instance, Sara offered her parents advice on medicines by phone, using her professional knowledge and the information she found online:

If there is anything related to disease, first [my parents] will discuss it with me. … If doctors give my mother any tablets and she feels dizziness after taking it, first she will call me [not the doctor]. Then she will ask, “Need I continue [taking this medicine] or not?” And I will search on the internet … if there are any side effects. … Then I will tell her, “Don’t worry, [dizziness] can happen. Take it for one more day, [and] if still it is continuing, then stop.” She will stop. [laughs] She will not go to the hospital then. She will call me.

Sara’s mother trusted her daughter’s advice on the taking medicines more than the doctors she saw in person. In other families, too, daughters guided their parents’ treatment in a similar way, by inquiring about their health every day, asking if they needed any medicine, and giving advice on how to proceed with treatment.

While parents readily exchanged information about their health via ICTs with their daughters, we encountered parents who concealed health issues from their sons. For example, John only learned that his father had had an accident upon returning home after having worked in Guyana for three years. Upon arrival, he was shocked to notice the stiches in his father’s shoulder. As his mother explained, “There’s nothing he could do from so far away, so why bother him? He would only be tense. That’s why I didn’t tell him. He’s not very near to us to come running to help.” In this way, the mother was protecting her son from what she deemed was unnecessary stress. In other families, sons found ways around parents’ trying to ‘protect’ them from bad news. For example, they engaged a good friend to regularly drop by their parents’ home with a smartphone or a tablet. In this way, a webcam made it possible for sons to check on their parents by looking for visual signs of ill health (see also Ahlin 2018b, 97–98). By contrast, daughters had no need for such arrangements; none of the parents in our study ever said they did ‘not want to bother’ their daughters abroad by sharing their health-related concerns with them.
Daily calling was more than a new duty for daughters; it was also a practice of reciprocal intergenerational care. Through frequent calling, ICTs mitigated feelings of abandonment on the side of the parents, but also feelings of loneliness and homesickness on the side of the children. This was especially the case for female nurses who lived abroad by themselves. As Sara recounted:

My brothers are calling our parents also, but not every day, it’s not possible. … Maybe the elder one will call every fifteen days; the younger one is sending text messages in between. Because all are busy with their own families. I am free, no? I have no work, because after duty you are free, you can call. … [My brothers are busy with] family, and maybe the husband is going to work, the wife has to look after children, then the wife is going to work and the husband has to look after children. So we have to understand their situation. That’s why my parents know I am always calling. … I am free here, after duty I am free, so I am calling [laughs].

In explaining the difference between herself and her male siblings in the frequency of calling their parents, Sara emphasized her availability, saying she was “free to call.” But this freedom also entailed loneliness, as in the Gulf countries nurses had few opportunities for socializing outside their workplace. Joy, for example, who worked in Saudi Arabia, called her mother daily and particularly enjoyed their weekly webcam meetings. She explained that seeing her family, house, and garden in Kerala had a “good impact on (her) well-being”; without that, she thought she would literally become sick with homesickness. On the other side of the Gulf, Joy’s mother said she regularly inspected her daughter’s face on the webcam to trace changes in her mood and health. In this way, she could notice any trouble and immediately offer emotional support and encouragement to her daughter. Such affective care from parents was particularly important for the Syrian Christian women who worked in countries where they were a religious minority, encountering not only harsh working conditions but also racial discrimination (see also Osella and Osella 2008; Percot 2006, 23).

Whether ICTs support the relationship between married daughters and their parents in non-transnational families remains to be explored. Research in North India showed that some in-laws may allow their daughters-in-law to call their own parents daily (Tenhunen 2014) while others confiscate the daughters-in-law’s mobile phones to diminish their ties with their natal families (Doron 2012).
transnational care collectives as they were formed in transnational families of nurses from Kerala, frequent calling as an elder care practice entailed relatively more affective labor for daughters than sons. This could be seen as additional workload for daughters, especially as they might already be strained by the demanding emotional labor involved in the practice of their profession abroad (Dyer, McDowell, and Batnitzky 2008). However, the daughters in our study never questioned or complained about the unequal distribution of emotional care, nor did they refer to it as a burden. As common in Kerala, such family duties “simply had to be done” (Bomhoff 2011, 132). Moreover, for daughters, frequent calling was not only work but also a practice of self-care, as it provided an opportunity for parents to emotionally support them, too. Through enabling the reciprocity of affective care between daughters and their parents, ICTs made elder care inseparable from intergenerational care.

**Conclusion**

Investigating elder care practices in transnational families reveals new layers of complexity about gender beyond what has previously been uncovered through studying the relationship between husbands and wives (George 2005; Gallo 2005; Percot 2012). Drawing on material semiotics (Pols 2012; Law 2009), we analyzed care in terms of practices that involve people and technologies, particularly money and ICTs, which are intrinsically linked to international migration. Approaching care as an enactment through specific practices was useful in two ways. First, it allowed us to study ‘the good’ in care not in terms of universal, general ethical principles, but as something that is enacted in concrete situations. Second, it enabled us to explore the active role of technologies in care (Mol, Moser, and Pols 2010, 12–15). Among Keralite nurse families, money and ICTs become participants in transnational care collectives, transforming the meaning of ‘good care’ (Ahlin 2018c) as well as kinship norms, specifically those of ‘good daughters’, as they were enacted through elder care.

The transformations of the daughter-parents relationship, whereby daughters became primary carers for their own parents through financial, practical, and emotional care, are significant for the patriarchal Syrian Christian families in which just a generation ago married women had to leave their natal families and focus on their ties with in-laws (Gallo 2005). As such, the new duties of ‘good daughters’ conflicted with the Syrian Christian patriarchy and made them replete with ambivalence. Rather than openly threatening the patriarchy, transnational
family members attempted to mitigate this contradiction through the idioms of parental ‘suffering’ and ‘sacrifice’ and, especially in relation to remittances, through the discourse of ‘accepting’ rather than ‘expecting’ financial support from daughters. Moreover, the changes in bargaining power of married daughters remained limited, as the daughters continued practicing care for their parents-in-laws and thereby complied with filial duties, as they were established within the patriarchal kinship system.

Keralite Syrian Christian female nurses have been the frontrunners in opening up women’s engagement in transnational labor markets as well as transforming filial duties in elder care. Yet it remains unclear if the social and spatial organization of nursing work that encourages women’s transnational mobility could represent a serious “threat to the patriarchal order” (Massey 1994, 198). As feminist geographers have found, “while migration often results in changes to day-to-day gender practices, ‘deep-seated transformations in gender ideologies or scripts are … more resistant to change’” (Yeoh and Ramdas 2014, 1203; see also Kibria 1999, 10). How, if at all, the described transformations of filial duties could impact the status of female nurses in Kerala beyond their families is thus an issue for further exploration.
As You Bathe Your Mother

As you bathe your mother
be mindful
as with a child.
Let the body not slip from your hands
let the water be mildly warm.
Do not lather
that body
softened by time
with the heady fragrance
of soaps
nor let the eyes hurt.
On her arms
which bathed and beautified you
you won’t find the bangles
you played with
nor will you hear their tinkling laugh.
That old ring
which bore your tender bites
will have slipped off her finger long long ago.
But now on mother’s arms
countless pleats
bangles of wrinkles
shine with remembrance —
seven or seventy or seven thousand.
The colours on them?
Don’t trouble to count.
Just close your eyes
touch, gently caress
that tender body
smooth in water’s mild warm flow.
Then
those wrinkles memory-filled
will unfold.
Mother will slowly stretch her arms
and bathe you again.
Steeped in oil and cleansing herbs
you will keep emerging washed
limpid, clean.
Then
in return give your mother
one of the kisses she gave you.
As you bathe your mother,
as with a child . . .

Savitri Rajeevan