Care through digital connections

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

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Publication date
2020

Document Version
Other version

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Chapter 7

CONCLUSION

This thesis has engaged with the issue of care at a distance, and in particular with the possibilities for care that are raised by generic, easily available, and commonly accessible information and communication technologies (ICTs), such as various types of phones and webcams. The idea of care at a distance intervenes in a common assumption that care requires physical proximity, and the related consequence that, when family members are separated by geographic distance, care between them becomes impossible (see Baldassar and Merla 2014). In India, where I conducted most of the research for this thesis, the idea of physical proximity as a prerequisite for care has fueled a popular discourse of elder abandonment in families where adult children migrate abroad for work. However, studies of transnational families have shown that maintaining family relations at a distance is possible and, furthermore, that ICTs have an important role in 'doing' transnational family.[41] This realization prompts the question: when ICTs become key actors in mediating family relations in a transnational context, what are the consequences for what care comes to be?

I have examined how ICTs shape care at a distance among Indian transnational families by combining anthropological approaches with those from STS care studies, which draw on material semiotics to understand care as something that is enacted within specific practices involving both human and non-human actors (Mol, Moser, and Pols 2010). In this conclusion, I bring together the findings of the foregoing analytical chapters to answer the following research questions, posed in the introduction:

- How do adult children living abroad, their elderly parents in India, and ICTs enact care at a distance?
- How do ICTs shape what is good care in Indian transnational families?

[41] For some examples, see Bryceson and Vuorela (2002); Baldassar (2007, 2008); Madianou and Miller (2012); Baldassar and Merla (2014); Walsh and Näre (2016); Ducu, Nedelcu, and Telegdi-Csetri (2018).

- What are the theoretical and methodological implications of taking seriously the participation of non-human actors, specifically ICTs, in practices of ethnographic research?
- What are the implications of considering ICTs as actively shaping informal care for policy makers working on aging and migration in India?

Enacting Care through Transnational Care Collectives

How do adult children who live abroad, their elderly parents in India, and ICTs enact care at a distance? In India, practices of elder care commonly require physical proximity, for example co-residing with sons and sharing food prepared by dutiful daughters-in-law (see Lamb 2000, 2009). In transnational families, however, geographic distance between family members calls for a reconfiguration of elder care practices. As a relatively recent phenomenon, elder care in the transnational context is about making a way through uncharted territory. Examining what transnational families do when they care through ICTs offers significant insights into what informal care at a distance is and how ICTs not only support it but shape it in specific ways. Most importantly, I have found that for the purposes of enacting care, family members living in different countries and ICTs form *transnational care collectives*. What are these collectives, how are they established, and how do people practice care within them?

Transnational care collectives are based on the heterogeneous relations between parents in Kerala, their adult children abroad, and ICTs. A number of different ICT devices may be included in these collectives, with the parents mostly relying on landline or simple mobile phones, and their children mostly using smartphones and Internet-based calling. Family members also interact through webcams, but less commonly, since most elderly parents are less familiar with these devices and especially with the Internet platforms that support them, such as Skype or Facebook Messenger. The choice of particular ICT devices further depends on the infrastructure and telecommunication regulations of the various countries where family members are situated. In Oman, where I followed some of the adult children who migrated, certain online calling applications were prohibited at the time of my fieldwork. Such restrictions on ICT access compel these migrants to continuously explore which ICT options are available for them to communicate with their parents in Kerala. Contemporary 'polymedia environments' (Madianou and Miller 2012) indeed offer many possibilities, yet they are embedded in local contexts that differ from one another. Within various polymedia environments,

family members have to 'tinker' with ICTs (Mol 2008; see also Winance 2010; Pols 2013) to evaluate which of them are available and most suitable, at a given moment, for establishing a transnational care collective.

Because of the accessibility of ICTs even to people from lower economic classes, "cheap calls" have been described as the "social glue" for those separated by geographic distance (Vertovec 2004; but see Haenssgen 2019). The nurses from Kerala that I encountered are highly resourceful in finding free or inexpensive channels for international communication. For them, the choice of ICTs and how often they interact with their parents through them are questions of convenience rather than costs. Having sufficient financial means based on their employment abroad, the children provide the ICTs for their less well-off family members in Kerala. Indeed, purchasing ICT devices and paying for international calls are care practices in themselves. On their side, parents must keep these devices charged with electricity and ensure that telecommunication lines are operational. Failing to attend to ICTs properly creates problems; the connection is suddenly cut, calling becomes altogether impossible. As ICTs demand care themselves, care is distributed among human and non-human members of the care collective (see Winance 2010). Taking care of ICTs is about taking care of the relationships between people, a finding that highlights the significance of heterogeneous relations for enacting care at a distance.

Caring for ICTs is important because it supports another central care practice for transnational families: making calls through these devices. Through tinkering, family members established regular calling through ICTs as a new filial obligation that can be practiced at a distance. The children usually initiate these calls, not only because by doing so they assume the costs but because the very act of calling has come to represent an elder care practice. The gesture of calling indicates to the parents that despite the geographic distance between them and their children, their relationship is still close. Calling via ICTs mitigates parents' feelings of abandonment, which is often invoked in the public discourse of international migration. Through the act of calling, the children non-verbally communicate their feelings of love and trust, but also of loneliness, isolation, and homesickness. The parents answer their children's yearning for home by showing them homemade dishes on the webcam or describing in detail the daily happenings in the neighborhood. This is especially important for those who migrate to countries where they experience racial, religious, and gender discrimination, such as in Saudi Arabia. Thus, regular calling home is not only a practice of elder care, but also of self-care for the children who move to foreign and sometimes harsh environments.

While ICTs are key to establishing transnational care collectives, I have further found that these collectives are also contingent on the affective relations between family members. Their relationships are founded on and shaped by the many years of co-residence before migration. When the relationship between a parent and their child is strong, ICTs help to maintain it across geographic distance. Conversely, when family relations are poor or almost non-existent pre-migration, ICTs can do little to support the enactment of care in a transnational context. The quality of people's relationships, both prior to migration and as it changes through time, shapes the care collective in specific ways, as it influences the level of participation of the family members in the collective. Based on the different strength of their affective ties, mothers, fathers, sisters, and brothers may be involved in transnational care collectives to varying degrees. Thus, not only ICTs but affective ties, too, are the "social glue" (Vertovec 2004) that stimulates people to engage with ICTs for the purposes of forming and maintaining transnational care collectives.

There are, of course, also limits to how technologies can be helpful in family care. Phones may run out of credit, causing a sudden break in connection, or calling may become entirely impossible because of faults in telecommunication infrastructure. A webcam may afford grandparents to see their newborn grandchild, but they cannot touch him or her. Such instances may have disturbing emotional implications for transnational family members, triggering anxiety and sadness. Moreover, some kinds of care cannot be provided at a distance. What happens when a parent suddenly suffers a stroke or becomes afflicted with a serious illness such as dementia? The (sometimes sudden) need for hands-on care does not preclude transnational care collectives; instead, the collective is adapted to accommodate a parent's requirement for hands-on care. While severe dementia impedes calls via ICTs with an afflicted parent, the children abroad may increase their ICT contact with their siblings or other relatives who live close to the parent. The dynamic in the transnational collective therefore changes in terms of the frequency of calling among specific family members. The concerned relatives discuss how to organize the practical aspects of care, like considering extending the care collective by including professional live-in carers, geriatric hospitals, and old age homes. In less dramatic cases, such as chronic illness, webcams are especially good at extending the transnational care collective beyond the parent-child dyad. For example, male nurses abroad often ask friends living in Kerala to regularly visit their parents and set up a webcam connection for them. In this way, the webcam enables the son abroad to visually monitor his parents' health and well-being. At

the same time, this device strengthens the relationship between the parents and their son's friend beyond what this relationship might otherwise be.

I initially intended to focus on the role of ICTs in care at a distance, but my fieldwork has revealed that other non-human actors—money in particular—also substantially shape such care. By providing money for their children's nursing education and migration process, parents endure much 'suffering' and 'sacrifice.' These idioms emotionally bind children to 'repay the parents' suffering.' The children do so by dutifully finishing their studies, including passing—or at least attempting to do so—the English language exam that is required to migrate to English-speaking countries. Then, the nurses' new duties become to migrate abroad and send remittances to their parents. Remittances are particularly significant for the elderly in India, where only a fraction of the population receives pensions and the majority of health care expenses are paid out-of-pocket (Ahlin, Nichter, and Pillai 2016). As a parental investment in education and a return on this investment in the form of remittances, money enacts international migration as a care practice.

In the absence of clear norms for transnational care, people need to establish what care at a distance could be. Through the everyday process of tinkering, people engage with non-human actors, particularly ICTs and money, in care practices like making calls, taking care of ICTs, involving other people beyond the parent-children dyad, and also migrating and sending remittances. While tinkering is a task that is never fully completed, it demands considerable effort especially in the first days, weeks, and months after a family member moves abroad. During that time, family members work to establish a dynamic that is tailored to their transnational care collective. Yet these collectives are also flexible in that they can be modified over time depending on the changing needs and abilities of their members. Highlighting the significance of heterogeneous relations, the notion of transnational care collectives shows how human and non-human entities work together to achieve care when living together or near each other is impossible.

New Ways of Doing 'Good Care'

How do ICTs shape what is good care in Indian transnational families? Transnational care has not been guided by long-established norms in the same way as elder care in non-transnational context is. In transnational care collectives, calling in itself has become a practice of care; but for such care to be considered

'good,' a couple of conditions have to be fulfilled. First, as I have already described, the children should call their parents rather than the other way around. In this way, the parents do not interfere with the children's work schedule, but more importantly, calling has become a new filial duty through which the children appease their parents' feelings or fears of abandonment. Second, to be considered 'good care,' calling has to be frequent. But how frequent is frequent enough?

Whether 'frequent' means calling once or twice a day, or once or twice a week, depends on family members and the calling schedule they institute through tinkering. Frequent calling—which often translates into daily calling—is demanding, as it requires considerable time and energy to organize and adhere to this practice. Yet these adult children do not perceive frequent calling as a burden, since as a new filial duty it is to be fulfilled without complaint (see Bomhoff 2011). Straying from what their parents come to expect in terms of calling frequency even mandates disciplining: parents scold their adult children, especially daughters, for failing to call or for not calling frequently enough.

As a new practice of 'good care' for the elderly, frequent calling has some specific consequences. Establishing how to manage contact through ICTs that is 'intensified' through daily calling is neither effortless nor without friction (see also Pols 2012, 2011; Madianou and Miller 2012). Family members have to tinker with the content of their conversations to learn how to manage this new communication pattern among them. Different types of ICTs differently shape how people communicate, and thereby relate to each other. My comparison of frequent calling through phones and webcams has revealed that the different affordances of ICTs stimulate people to aim to achieve different goals when interacting through them. An important difference between the phone and the webcam is how they accommodate silence. On the phone, silence signals a technical or a personal problem, so people try to avoid it by talking about the minute details of their everyday life. Sharing such details is far from 'trivial' small talk. Rather, it becomes a way of 'sharing one's everyday life with family members even across geographic distance. Such 'sharing everydayness' allows transnational family members to maintain a daily intimacy among them that would be impossible to foster by only calling at occasional important events like births, birthdays, illnesses, accidents, or deaths. By contrast, the webcam allows people to be silent together and also to do other things than talking, such as 'driving together' in a car or 'cooking together'. In this way, the webcam enables people to spend time 'together' even while being physically situated on different continents. Thus, through frequent calling, the phone and the webcam help family members to enact

co-presence at a distance in two distinct ways: 'sharing everydayness' (on the phone) and 'spending time together' (on the webcam).

When calling between family members is frequent, the aim of these calls is not about exchanging some particular information, as for example in professional telecare where a health care worker asks specific questions about the patient's condition and well-being (Pols 2012). Daily calling among family, whether on the phone or webcam, supports care for health in a different way than in the context of formal telecare. On the phone, the nurses in my study monitor their parents' health by asking about it, usually at the very beginning of their conversation. But 'sharing everydayness' also fosters trust and intimacy that the nurses deem crucial to the practice of informal telecare. As such, 'sharing everydayness' via ICTs supports the nurses in continuously tracking their parents' condition. This helps them to make diagnoses after having received detailed verbal descriptions, for example of wounds and mental well-being, and to guide treatment by offering advice on how to proceed. The latter is particularly contingent on frequent contact via ICTs, as parents are more likely to follow the nurses' advice if they are in touch daily than if they only speak on the phone once a week.

In informal telecare, the webcam further adds visual clues, which makes monitoring health easier in some ways. Not everything needs to be verbalized, and health care issues may be more difficult to hide on the webcam. This is why the adult children in my study are often eager to teach their parents to use the webcam. Alternatively, the children, particularly sons, extended the transnational collective by including one of their friends and their smartphone or tablet. Moreover, the webcam is used to provide health support in both directions. In families where the parents are skilled in using the webcam, or their youngest child is still residing with them and can help to establish a webcam connection, the parents take advantage of the webcam to monitor their children's appearance and well-being. This enables them to offer emotional support as soon as they notice that their child living abroad looks 'unhappy' or 'unhealthy,' especially with daughters living abroad alone.

While in transnational families of nurses, both sons and daughters are expected to call their parents regularly, daughters do so more frequently. According to the ideals of filial obligations, as established by the patrilineal kinship system in India, 'good daughters' are expected to marry early, and their obligations of care towards their own parents are replaced by those towards their parents-in-law. For married daughters—nurses who migrate abroad for work—efforts to maintain close affective ties with their own parents through daily calling as well as through yearly visits thus deviate from conventional kinship norms. A woman's

identity as a 'good daughter' changes when she continues caring for her own parents even after her marriage. Furthermore, the kind of elder care that daughters provide changes, from primarily hands-on care for parents-in-law to financial and emotional support for their own parents. As professional nurses, daughters also offer support in the form of health-related advice through ICTs to both sets of parents. To alleviate their workload of elder care, the husbands of migrating nurses are encouraged to form stronger caring relations with their parents-in-law, including through providing hands-on care by taking them to doctors' appointments and offering practical help at home. Thus, through frequent calling and other practices of elder care, gender and kinship become jointly enacted in new ways.

Besides ICTs, money influences how the duties of 'good daughters' are shaped through elder care at a distance. In transnational families of nurses who migrate abroad for work, money transforms daughters' filial obligations in ways that challenge the patriarchal system. To start with, in non-transnational families, parents are responsible to fund their daughters' dowry, but in the case of migrating female nurses, 'good daughters' become obligated to save money for their own dowry. The parents are still charged with finding a husband for their daughter, but what they come to understand as a 'good husband' is also transformed through migration. Thus, a 'good husband' comes to mean a man who accepts that his wife will continue sending remittances to her own parents rather than sharing her income exclusively with him and his parents.

Understanding how ICTs and money are implicated in 'good care', and the consequences this has for how gender and kinship are enacted, has been possible through an empirical ethics analysis of care practices. According to empirical ethics, 'the good' in care is achieved through everyday tinkering, exploring, and making adjustments within social and material relations (Pols 2013). In transnational families of nurses from Kerala in my study, 'good care' is not about following the ideals set by the patriarchal kinship system, as that would make 'good care' at a distance an impossible goal. Rather, it is about tinkering within each transnational care collective, day by day, until family members reach a more or less implicit consensus on how care at a distance should be done to be considered 'good'. Most importantly, the families in my study have established that 'good care' at a distance is about continuous remittances and frequent, preferably daily, calling.

Theoretical and Methodological Lessons for Ethnographers

What are the theoretical and methodological implications of taking seriously the participation of ICTs in practices of ethnographic research? To start with, the analytical tools of STS care studies, particularly the notions of 'enacting' and 'radical relationality', shift the understanding of care away from seeing it as an exclusive domain of people towards something that is enacted through sociomaterial relations within practices (Pols 2013, 2014; Mol 2002). The material semiotic approach, as it has been developed within STS care studies, provides the tools and vocabulary to analyze how people form relations not only with other people, but also with technologies, and how these relations between humans and non-humans in turn shape care. Decentering people from the analysis of care generates in-depth insights into the intricacies of ICT-mediated care that also enrich anthropological inquiries into transnational family life and intergenerational care at a distance.

Moreover, analyzing ICTs as active participants in relations as these are formed within practices influences how ethnographers approach concepts other than care. In this thesis, I have shown how in Indian transnational families 'gender' and 'kinship' are enacted in tandem through elder care practices. In the families included in my study, 'good children' and particularly 'good daughters' become such by moving abroad for work, sending remittances to their parents, calling them frequently via ICTs, and visiting them regularly. Instead of analyzing how care practices are 'gendered' and situated within a particular kinship system, I analyze how daughters, their parents, ICTs, and money enact gender and kinship within care practices in specific ways. In my analysis, then, I do not treat gender and kinship as analytical concepts that pre-exist the analysis itself (see Harbers, Mol, and Stollmeyer 2002; Hoogsteyns 2008; Mol 2013). Instead, I explore how they, too, are mutable and shaped by non-human actors with which people enter in relations within specific practices.

Finally, I argue that taking ICTs seriously as participants in ethnographic research influences what becomes of the 'field' itself. In my study, the people included in the research are situated in various locations around the world, and I followed them from India to Oman. Still, my field does not include only these two countries. I obtained data through face-to-face fieldwork as well as through 'field events', a term I propose to refer to situations of ethnographic importance that are co-created by the ethnographer, their study participants, and ICTs. As co-creators of field events, ICTs mediate the relationship between ethnographers and their study participants and thereby shape data collection in specific ways. Ethnographers must be aware of what ICTs can offer, such as the possibility to

reach people who are constantly on the move or scattered around the globe. But researchers also need to be attentive to how using these technologies changes the nature of the data they gather. Much like care in a transnational context, doing fieldwork through ICTs involves considerable tinkering to establish what fieldwork through ICTs actually is, how it impacts what is considered the researcher's 'field,' and how it should be done to be considered 'good'.

Through co-creating field events together with ICTs, the study participants and the ethnographer are made relatively easy to reach for each other, regardless of their physical location. By having phone and webcam conversations as well as interacting with study participants via social media, ethnographers can obtain data that would otherwise remain unavailable to them due to limited resources of time, funding, and bodily energy (see Hage 2005). Through ICTs, ethnographers can interact with their study participants also long after they have left their physical field site. However, while ICTs offer new possibilities for reaching study participants, they do so in specific ways, consequently shaping the collected data and raising new and sometimes unanswerable questions in the process. How would the photo that a study participant shared via social media be different had it been taken by the ethnographer herself? In case of phone interviews, what material environment is the study participant embedded in and how could that be ethnographically relevant? And how are ICTs influenced by the technological infrastructures and socioeconomic and political contexts in which they are embedded? While ICTs expand fieldwork in terms of time and space, they simultaneously decontextualize the circumstances of everyday life in which the study participants, as well as ethnographers, are situated. In this process, ICTs shape the kind of ethnographic data obtained, an influence that ethnographers need to take into account.

In classical ethnographic research, 'good fieldwork' is determined on the basis of the ethnographer trying to achieve total immersion in the field through living within a certain community and engaging with participants in their daily activities for at least a year (Carsten 2012). While the prospects of total immersion are always questionable (Massey 2003), ICT co-created field events additionally complicate the standards of 'good fieldwork' based on spatial and temporal boundaries. However, as fieldwork is an embodied practice (Okely 2007; Pink et al. 2015), not traveling to the study participants' locations at all would mean that certain information, and social relations, could remain unavailable to the ethnographer. When doing research with mobile, ICT-savvy people, a combination of visiting study participants by physically traveling to them and co-creating ICT-supported field events offers itself as an attractive option. Establishing the

standards of such 'mixed fieldwork' has to be a "practical accomplishment" (Winance 2007). The possibility of ICT co-created field events thus calls upon ethnographers to seriously, and collectively, reconsider what 'good fieldwork' through ICTs may be.

Recommendations for Policy

What are the implications of considering ICTs as actively shaping informal care for policy makers working on aging and migration in India? The notion of transnational care collectives describes one concrete manner in which family care is organized at a distance. To support and promote the enactment of informal care in transnational families, policy makers could encourage the recognition of older people as ICT users. In this thesis, I have shown that older people are able to use basic ICTs such as simple mobile phones and further, they—especially grandmothers—are highly interested in learning how to use webcams, laptops, and social media. Indeed, ICTs are essential for the elderly to help them enact transnational care collectives with their children abroad. Kerala could be at the forefront of all Indian states in recognizing the need to encourage ICT use among older people not only discursively but also with practical measures. These could include strengthening digital communities in Kerala by providing the necessary hardware, installing affordable and high quality internet in the households of the elderly people, and offering reliable and publicly driven (rather than private) training and technical support to the elderly on ICT use.

The second recommendation is that in Kerala, and perhaps in other Indian states, the popular discourse of nurse migration as an act of parental abandonment should be amended. Looking closely at family relations has revealed that, for nurses from Kerala, leaving their homeland is a practice of care. To be more precise, only by becoming high-earners abroad and sending home remittances can these adult children effectively become carers for their elderly parents. Opportunities for international labor migration have enabled female nurses to become the main financial providers for their parents. Thus, policy could strive to change the stigmatizing public discourse about families of migrating nurses, which reproaches them for 'abandoning' their parents. Instead, the care that these migrating children practice through transnational care collectives should become publicly recognized and acknowledged as contemporary filial duties. Towards that end, the state of Kerala could implement stringent inheritance rules, which would be especially important for migrating daughters. While it is legally possible for

women in Kerala to claim inheritance, they often do not request it out of fear of damaging their relationships with siblings, especially brothers (Philips 2003). Policy could encourage inheritance for daughters to be implemented more consistently as a way to repay the care work they do for their parents. After all, through remittances the migrating children contribute not only to the well-being of their natal and in-law families but also to the economy of the state of Kerala. These economic contributions necessitate an official acknowledgement as part of the care work that is done transnationally.

Moreover, the Indian families analyzed in this thesis have become transnational because of the particular global socioeconomic flows that encourage the migration of nurses from India to other countries. However, these trends may fluctuate, especially in response to changing immigration policies of individual states. In the US, for example, the annual number of foreign nurses has plummeted over the last decade in response to the increasingly complicated process of obtaining employment visas and permanent residency (Trines 2018). The decreased options for migrating may compromise transnational care collectives: if nurses are not able to migrate for work, this may prevent them from becoming carers for their parents. In such a scenario, the Indian government could then support these families by improving working conditions for nurses in India, such as increasing their minimum salary. Changing the financial situation of nurses in India would involve altering the discourse of the nursing profession as a humanitarian and noble service, a view that is tied to the colonial and missionary origins of nursing in the country (Biju 2013). Rather than perceiving nurses as providing a service that is paid through charity and donation, their work should be recognized as labor that merits appropriate remuneration. Raising nurses' wages would benefit not only the families that have already invested in their children's nursing education but also the health care system in India, which is facing significant shortages of qualified nurses (Gill 2016; Walton-Roberts et al. 2017; Johnson 2018).[42] Additionally, it would be important to estimate the possibilities and plans for the return migration of nurses currently working abroad. The nurses in my study were looking to migrate to countries where they could obtain permanent residence, which ensured they receive a pension after retirement. The Indian government could take such findings into account when designing strategies to motivate nurses to return to their homeland. Through their skills and experience

[42] In 2010, there was an estimated shortage of 2.4 million nurses in India (WHO 2010). In 2017, there were only 20 nurses available for a population of 10,000 in India; this is very low compared to some high-income countries where this ratio is between 100 and 150 nurses per 10,000 people (WHO 2019).

gained abroad, returning nurses could play a significant role in nurse education and health care reorganization in Kerala and other Indian states.

The final suggestion for policy change relates to how technology is incorporated in health care, in India and elsewhere. Worldwide, technological innovation for elder and other care is actively being promoted by policy makers.[43] In India and beyond, policy makers considering the inclusion of technology in formal and informal care may gain insight from this thesis into the substantial impact of these devices regarding how care is practiced and how the meaning of 'good care' is constantly reshaped by technologies. Importantly, such technologies need not be highly innovative, novel, or specific to care. As I have shown in this thesis, even everyday ICTs can shape what care is, how it is to be practiced and organized, and what 'good care' may be. The findings of this thesis may encourage policy makers to consider how care could be reorganized and enhanced, not only through constant, health-specific high-tech innovations but also with technologies that are generic and already easily available and accessible to consumers.

Further Research Inspirations

Finding out what care through ICTs might be and how to practice such care requires managing the tensions between family members through constant tinkering. With the ceaseless development of new technologies, the tinkering continues, and so the meanings and practices of care in transnational care collectives will likely continue to change in the future. Since my fieldwork in 2014 and 2015, the types of ICTs that help to form transnational care collectives may have changed already, bringing with them new affordances that involve family members in new ways. Moreover, transnational care collectives may work differently, or perhaps even fail to work, as the first generation of parents with migrating children comes of age and the elderly's physical condition starts to demand more or different attention than that which may be offered through ICTs. Further longitudinal ethnographic studies could thus explore how transnational care collectives are affected through time.

Another issue that remains to be researched in further depth is related to the complex consequences of transnational care collectives on the potential

[43] For example, the European Commission (2018) considers aging to be one of the "major societal challenges," sees ICTs as "key for tackling it," and invested more than 1 billion Euros into developing research on ICTs for aging between 2008 and 2013.

empowerment of female nurses in India. Given that female nurses in Kerala are strongly embedded in patriarchal structures, the new care practices of international migration, sending remittances, visiting yearly, and calling frequently represent significant changes in what daughters need to do to be considered 'good daughters'. While these practices raise "intergenerational ambivalence" (Gallo 2018), especially in relation to parental acceptance of daughters' remittances, their potential impact on the patriarchal kinship system at large remains to be explored. Furthermore, how may daughters' relationships with their parents change if their planned and desired career paths are unexpectedly disrupted? In a context where parents consider their daughters to be an 'asset' (George 2005; Percot 2016), how may family relations become affected if unforeseen structural or personal conditions, such as loss of employment or illness, suddenly disable the daughters and prevent them from bringing the 'return' on their parents' investments? And how could frequent calling be about other things than care, for example about parental surveillance of migrating daughters at a distance? These are some of the questions that could inspire further research.