Eldercare at a Distance: On Remittances and Everyday Information and Communication Technologies (ICTs) in Indian Transnational Families

Ahlin, T.

DOI
10.17885/heiup.597

Publication date
2020

Document Version
Final published version

Published in
Caring for Old Age

Tanja Ahlin

Eldercare at a Distance: On Remittances and Everyday Information and Communication Technologies (ICTs) in Indian Transnational Families

Abstract In the Southern Indian state of Kerala, it is common to see international migration as a path towards a more secure financial future, especially as employment opportunities are scarce even for the well-educated. Families, particularly parents, often encourage their young family members to find work abroad as nurses, although they realize that by following this course their family would become scattered around the world. In popular discourse, the image of the elderly parents who are "lonely and abandoned" by their migrating children is pervasive. However, the fieldwork I conducted among families of migrating nurses in Kerala and Oman, a major destination country for nurses from Kerala, shows that family members continue to keep in touch and take care of each other even when living in different countries and continents. This is made possible by easily accessible everyday information and communication technologies (ICTs). In this chapter, I ask what "care", particularly elderly care, comes to mean when it is practiced at a distance through ICTs. Using the material semiotics approach from science and technology studies (STS), I analyze care in terms of practices that include people as well as technologies. As active participants in what I term "transnational care collectives", parents, their children and ICTs jointly shape care. I argue that ICTs are not only a communication channel to be used by conversation partners in different locations, but actively participate in and thereby influence what intergenerational care is and how it should be done to be considered good.

Keywords aging, migration, care, ICTs, transnational care collective

Published in: Brosius, Christiane and Roberta Mandoki, eds. 2020. *Caring for Old Age. Perspectives from South Asia.* Heidelberg Studies on Transculturality 8. Heidelberg: Heidelberg University Publishing. DOI: https://doi.org/10.17885/heiup.597

What becomes of intergenerational care when family members are not able to live together?[1] In India, eldercare tends to be related to co-residence as elderly parents are ideally expected to live with one of their sons and his family (Lamb 2000). But migration introduces geographic distance between family members. Indians have been, and still are, migrating to countries which have historical links to their motherland, such as the United Kingdom (Rutten and Patel 2003) and the countries of the Middle East (Vora 2013), as well as more recent destinations such as the United States of America (George 2005) and Australia (Voigt-Graf 2005). In the case of the southern Indian state of Kerala, it has become a widespread practice, especially among women, to take to the nursing profession in order to enhance the possibilities of international migration (George 2005; Nair 2012; Percot 2006).[2] When I first travelled to Kerala in 2014, I found popular claims which linked the migration of these nurses to the abandonment of their elderly parents. However, encounters with elderly people, including those who lived alone, suggested that these elderly and their adult children working abroad still practiced care. How did they manage to do so in a transnational context?

In what follows, I argue that the elderly were not abandoned by migrant children, but that migration led to a particular understanding, and practice, of care, which included communication technologies. I suggest that the ways in which ICTs feature in transnational care challenge scholars to re-think migration and family in general. The role of technologies and their usage has been investigated in family and migration studies (Baldassar 2007; Baldassar et al. 2016), and media and communication studies (Medianou and Miller 2012). In this chapter, I combine ethnographic fieldwork with theoretical approaches of science and technology studies (STS), in particular, material semiotics. By doing so, I consider care as a relational practice between people and technologies (Pols 2012). Rather than

1 This chapter is an adapted version of the article "Only Near is Dear? Doing Elderly Care with Everyday ICTs in Indian Transnational Families," published in *Medical Anthropology Quarterly*, 2017. DOI: 10.1111/maq.12404. I am thankful to Wiley Periodicals for the permission to re-print.

2 This phenomenon of migrating carers 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; Yeates 2012; Hochschild 2000).

understanding care as something that can be passed from one person to another, as for example in the notion of "care circulation" (Baldassar and Merla 2014; see also Buch 2015), material semiotics explore how people and technologies enact care in particular practices. After describing my theoretical and empirical methodology in more detail, I first discuss the discourse of abandonment in relation to the ideal of physical proximity as a prerequisite 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 nonhuman entities (Winance 2010).[3]

ICTs in relation to care

Information and communication technologies 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 and the Internet are used to create extensive social networks that may be mobilized in crises. Showing how webcams helped 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 chapter, 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). In my exploration of ICTs in family care, I consider how not only care, but technologies, too, can be considered through the transcultural heuristic. For example, Robertson et al. (2016) have shown how young people from a refugee background in Australia used digital media to construct a "family imagery" that helped them to sustain a feeling of familyhood in the face of physical absence of family members. Madianou and Miller (2012) have explored how various types of social media mediate emotions between Filipina nurses working in the UK and their children in the Philippines. Also, Baldassar (2008) described how Italian migrants in Australia and their parents in Italy used email and text

3 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).

messages, among other media, to "keep in touch" despite the distance. Here, I investigate yet another context, looking at how ICTs, such as mobile phones and the webcam, were essential in supporting daily care practices in Indian transnational families. I broaden the anthropological insights about eldercare in India (Cohen 1998; Lamb 2000, 2009; Brijnath 2014) by using the material semiotic approach of analysis (Haraway 1991; 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 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 (e.g. 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 the nonhuman. This will be important for understanding how ICTs contribute to complicating the discourse of abandonment by shaping care in the context of transnational families.

Methodology

I gathered ethnographic data during eight months of multi-sited fieldwork in Kerala and Oman in 2014 and 2015. Within India, Kerala is a particularly relevant state for my research due to its migration trends. Despite fluctuations, Kerala is still the third Indian state in terms of international migration, receiving the most (19 percent) of all household remittances that came into India in 2016–2017 (International Labour Organization

2018; Reserve Bank of India 2018; Irudaya Rajan and Zacharia 2018). Moreover, Kerala has long-established migration links with the Gulf countries, with Oman representing one site among many that is a popular destination for Keralite migrants (Zachariah and Irudaya Rajan 2012). While the Indian diaspora elsewhere has been explored anthropologically (Vertovec 2000; Lamb 2009; Vora 2013), little is known about the Indian community in Oman. Since 1970, low-paid, unskilled, mostly Muslim men, 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 comparison with other Indian states, Kerala is specific as a state in which nursing became a profession of choice for aspiring international migrants, as this has proven an efficient strategy to increase economic status (Percot 2015; 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.

It is important to note that Kerala is particular within India not only due to having the highest rates of literacy, but also because of the widespread ICT use (Joju and Manoj 2019). Among all Indian states, Kerala has the highest mobile phone penetration at about 90 percent of the population, and the highest internet penetration, with 20 percent of households being connected through broadband and another 15 percent of the population being connected through mobile phones (Mathews 2018). The increased presence of ICTs, such as smartphones and social media, are changing the way people organize and act collectively in Kerala. For example, during the devastating floods that hit Kerala in 2018, the state government reached out to engineers to create a communication platform which supported disaster relief volunteers (Thiagarajan 2018). More relevant to my research, I have found in my fieldwork that nurses in Kerala were taking great advantage of Facebook to spread information about the changing migration regulations, employment opportunities and work conditions around the world. In 2011, nurses even used Facebook to organize into what later became the United Nurse Association (Biju 2013). Such increased engagement with ICTs makes Kerala the most interesting Indian state to study the impact of ICTs on the way people relate to each other.

I supplemented the stories I collected in Oman with interviews with Keralite nurses who lived in other locations, for example in the United States, the United Kingdom, 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 (twenty-two), the nurses were female. I talked with and / or observed either the parents (five), or the children (eleven), or both (thirteen). Most parents were between around fifty

and seventy years old, and had only minor health issues or chronic ailments like diabetes and hypertension.

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 sensitive topics were 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.

> The doctor tells me of an 80-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 (Field notes).

The doctor's account suggests that for the elderly in India, loneliness may be folded within sentiments of abandonment even when they live together with their children. Loneliness is an emotion that people can feel at any age, and despite having rich social contacts (von Faber and van der Geest 2010, 40–41; see also van der Geest 2004). But the notion of abandonment also 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; the man living with his married son had his emotional needs unfulfilled. This shows that even though intergenerational co-residence is considered ideal in India, 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; Van der Geest et al. 2004; United Nations 1999). A good deal of this literature argues that intergenerational support in many places may decline because of a 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" (Kraeger 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 a 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* (service), which younger family members are expected to provide to the elderly (Cohen 1998; Lamb 2000). It is little surprise then that the initial founders of old age homes were Christian organizations that 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 families of migrating nurses from Kerala, who mainly come from a Christian background (George 2005; Nair 2012)? Let us look at how migration, rather than resulting in less care, may become reinterpreted 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 got leave from work once a year, 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 et al. 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 twenty-nine 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 leave from work to return home, suggesting that pre-existing family closeness configured the migration experience in ways that favored at least one kind of ongoing care. Migration was in this sense infused with efforts and persistent care, despite the geographical distances.

Second, the families saw migration as a form of care in itself. This is evident, for example, 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 toward 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 United Kingdom, while the youngest, Mary, was studying English with the same goal.[4] Mary's mother even tried to influence her choice of destination country. During one of my visits, she began 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 Mary to migrate to.

For parents, international migration represented a strategy to secure their own material and physical well-being in old age by relying on their children's remittances. This was particularly important for ageing 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 et al. 2016).[5] This sentiment of migration as a valuable part of eldercare was echoed by emigrated children. Nurses saw migration as a way of "repaying the suffering" their parents had endured to raise and educate them.[6] Education represented a significant financial burden,

4 All personal names are pseudonyms.

5 Similarly, in Ghanaian transnational families, remittances have been described as a kind of insurance to protect the elderly in times of illness or natural disasters (Mazzucato 2008).

6 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

as many families acquired loans for this purpose and became subject to interest payments. Mary, 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, Mary saw it as her and her sisters' responsibility to finish their studies, succeed in migrating, and provide for their parents financially even after marriage (see also George 2005, 43).

Given the 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 the migration by agreeing to it, and also planning and providing for it by financing their children's education and the migration procedure. The children thus did not withdraw protection, support, or help from their parents. 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 that considered this profession polluting (George 2005, 41). For Christians, good eldercare also became related to remittances (Zachariah and Irudaya Rajan 2012; Osella and Osella 2000). As 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 eldercare, 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.

The 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 a significant decrease in 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

participate in long-term or deferred reciprocity, whereby they are expected to provide nourishment for their parents in old age (Lamb 2000, 45–46).

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. I will now explore how such "technological relationality" was accomplished as a co-creation between technologies and humans in the caregiving of the elderly by migrating Keralite children.

Tinkering with various types of ICTs

While preparing to migrate, Mary lived with her parents in Kerala, but her two married sisters were already working as nurses in the United Kingdom. The first time I visited Mary'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 Mary's sisters as gifts. When I asked Mary 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!" Mary and her parents also had a laptop with a USB webcam. In their household, Mary knew the most about how best to use this technology and establish connection on Skype. Expecting Mary to migrate soon, her mother was learning how to use Skype but was not yet very confident of her own skills. Mary'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 (around US$4.5) 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 (e.g. 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 telephone, as it was free or inexpensive and also the most practical for the parents. Anthony, who worked as a nurse in the United Kingdom 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 (US$0.02) per minute and the connection rate is about twenty-nine cents (US$0.22) per call. In the UK there was no

> connection charge, it was only one pence (US$0.01) 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 two 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. That Anthony was not worried about paying for calls is indicative not only of the low cost of international communication, but also of the economic situation of the migrant nurses and their families, which improved following migration (Percot 2014).

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 these rules changed so often and unexpectedly that it was difficult to be sure which platforms were allowed at a given 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 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 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 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 United Kingdom. They were desperate when he failed to call them on his arrival in London. Instead of spending their time worrying, they decided to do something about it. Aman's mother reported:

> 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 well-being, his parents alluded to feeling abandoned due to a 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. The 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 into 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.[7] 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 still 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 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."[8]

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 3 pm, comes home, eats, and sleeps for an hour. She starts work at 6:45 am, so her family should let her rest in the afternoon. [...] Priya's

7 See also my earlier field note on the Ayurvedic doctor's account in which food is mentioned explicitly as a gesture of eldercare.

8 Feelings of being together with others' via ICTs have been described elsewhere as "co-presence" (Baldassar et al. 2016).

> mother watches TV from 6–8 pm [Indian time], around 8–9 pm her parents pray, then watch another TV serial from 9–10 pm. Priya calls them after prayer, at about 8:30 pm their time [there's 1.5-hour time zone difference]. Priya's husband watches TV with his mother, then they cook and finish dinner at about 11 pm [9:30 pm 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 United States, 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:

> 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 "traveling" 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 had been in Kerala. But frequent calling helped Jancy 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, they also demanded care in their own right. To begin with, the families mostly used prepaid phones that 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, even 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 shopkeeper noted the phone number to be recharged in a notebook, along with the requested amount (usually for about ₹ 50–60, or less than US $ 1). 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 resolved.

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 fuelled 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 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 skillful 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] had 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 1.5-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 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 son's 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 remained 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 eldercare (Lamb 2009). My aim in this chapter 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 reshaped, 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. In some urban parts of Kerala, among young adults who have failed to migrate or to establish their life abroad, the discourse of suicide is rampant (Chua 2014). It is therefore not surprising 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 reinterpreted 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 if their children had stayed at home.

But what does such ICT-mediated care look like? The material semiotic approach helps 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 grandchildren 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 nonhuman 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?"

Acknowledgments

I am grateful to Christiane Brosius, Roberta Mandoki, and Annika Mayer for organizing the workshop "New Approaches to Ageing in South Asia and Europe" which took place in Delhi in 2015, and to the workshop participants, especially Sarah Lamb and Bianca Brijnath, for engaging discussions. I am thankful to my mentors Jeannette Pols and Kasturi Sen for their constructive comments and continuous support, as well as to Nelly Oudshoorn, Annemarie Mol, Laura Merla, and Sjaak van der Geest who provided feedback at different stages of this work. Special thanks to the MAQ editor Vincanne Adams for her thoughtful and valuable comments and for support during the MAQ review process, and to the two anonymous reviewers for their valuable feedback. I am most indebted to all who have participated in this research as my informants, interpreters, and friends. The project was made possible thanks to the Erasmus Mundus Doctoral Fellowship, Specific Grant Agreement 2013–1479.

References

Ahlin, Tanja, Mark Nichter, and Gopukrishnan Pillai. 2016. "Health Insurance in India: What Do We Know and Why Is Ethnographic Research Needed." *Anthropology & Medicine* 23 (1): 102–124.

Aziz, Riyadh Abdul. 2012. "Skype is Still Blocked." Accessed on October 28, 2019. http://www.muscatdaily.com/Archive/Stories-Files/Skype-is-still-blocked.

Baldassar, Loretta. 2007. "Transnational Families and Aged Care: The Mobility of Care and the Migrancy of Ageing." *Journal of Ethnic and Migration Studies* 33 (2): 275–297.

———. 2008. "Missing Kin and Longing to be Together: Emotions and the Construction of Co-presence in Transnational Relationships." *Journal of Intercultural Studies* 29 (3): 247–266.

Baldassar, Loretta, Cora Baldock, and Raelene Wilding. 2007. *Families Caring across Borders: Migration, Ageing and Transnational Caregiving.* New York: Palgrave Macmillan.

Baldassar, Loretta, and Laura Merla, eds. 2014. *Transnational Families, Migration and the Circulation of Care: Understanding Mobility and Absence in Family Life.* Abingdon: Routledge.

Baldassar, Loretta, Mihaela Nedelcu, Laura Merla, and Raelene Wilding. 2016. "ICT-Based Co-Presence in Transnational Families and Communities: Challenging the Premise of Face-to-Face Proximity in Sustaining Relationships." *Global Networks* 16 (2): 133–144.

Biju, B. L. 2013. "India: Angels Are Turning Red – Nurses' Strikes in Kerala." *Economic and Political Weekly* 48 (52).

Bonilla, Yarimar, and Jonathan Rosa. 2015. "Ferguson: Digital Protest, Hashtag Ethnography, and the Racial Politics of Social Media in the United States." *American Ethnologist* 42 (1): 4–17.

Brijnath, Bianca. 2014. *Unforgotten: Love and the Culture of Dementia Care in India.* Oxford: Berghahn Books.

Brown, Rachel H. 2016. "Multiple Modes of Care: Internet and Migrant Caregiver Networks in Israel." *Global Networks* 16 (2): 237–256.

Bryceson, Deborah, and Ulla Vuorela, eds. 2002. *The Transnational Family: New European Frontiers and Global Networks.* Oxford: Berg Publishers.

Brym, Robert, Melissa Godbout, Andreas Hoffbauer, Gabe Mendard, and Tony Huiquan Zhang. 2014. "Social Media in the 2011 Egyptian Uprising." *The British Journal of Sociology* 65 (2): 266–292.

Buch, Elana D. 2015. "Anthropology of Aging and Care." *Annual Review of Anthropology* 44: 277–293.

Chua, Jocelyn Lim. 2014. *In Pursuit of the Good Life: Aspiration and Suicide in Globalizing South India.* Berkeley: University of California Press.

Cohen, Lawrence. 1998. *No Aging in India: Alzheimer's, the Bad Family, and Other Modern Things.* Berkeley: University of California Press.

Escriva, Ángeles, and Emmeline Skinner. 2008. "Domestic Work and Transnational Care Chains in Spain." In *Migration and Domestic Work. A European Perspective on a Global Theme,* edited by Helma Lutz, 113–126. Hampshire: Ashgate.

George, Sheba Mariam. 2005. *When Women Come First: Gender and Class in Transnational Migration.* Los Angeles: University of California Press.

Gershon, Ilana. 2010. *The Breakup 2.0: Disconnecting over New Media.* London: Cornell University.

Gregory, Chris. 2011. "Skinship: Touchability as a Virtue in East-Central India." *HAU: Journal of Ethnographic Theory* 1 (1): 179–209.

Gulati, Leela. 1983. "Male Migration to Middle East and the Impact on the Family: Some Evidence from Kerala." *Economic and Political Weekly:* 2217–2226.

Haraway, Donna. 1991. *Simians, Cyborgs, and Women: The Reinvention of Nature.* London: Free Association Books.

Hochschild, Arlie Russell. 2000. "Global Care Chains and Emotional Surplus Value." In *On the Edge: Living with Global Capitalism,* edited by Tony Giddens and Will Hutton, 130–146. London: Sage Publications.

Horst, Heather, and Daniel Miller. 2006. *The Cell Phone: An Anthropology of Communication.* Oxford: Berg.

International Labour Organization. 2018. *India Labour Migration: Update 2018.* New Delhi: International Labour Organization.

Irudaya Rajan, Sebastian, and Kunniparampil Curien Zachariah. 2019. Emigration and Remittances: New Evidences from the Kerala Migration Survey 2018. Working paper Nr. 483. Thiruvananthapuram: Center for Development Studies.

Joju, Jacob, and P. K. Manoj. 2019. "Digital Kerala: A Study of the ICT: Initiatives in Kerala State." *International Journal of Research in Engineering, IT and Social Sciences* 9: 692–703.

Kilkey, Majella, and Laura Merla. 2014. "Situating Transnational Families' Care-Giving Arrangements: The Role of Institutional Contexts." *Global Networks* 14 (2): 210–229.

Kraeger, Philip, and Elisabeth Schröder-Butterfill. 2004. *Ageing without Children: European and Asian Perspectives.* Oxford: Berghahn Books.

Krishnamoorthy, Ennapadam S. 2015. "Home Alone! How We Use Integrative Medicine to Provide Home Based Rehabiliation." Accessed on October 28, 2019. https://www.linkedin.com/pulse/home-alone-how-we-use-integrative-medicine-provide-krishnamoorthy?forceNoSplash=true.

Lamb, Sarah. 1997. "The Making and Unmaking of Persons: Notes on Aging and Gender in North India." *Ethos* 25 (3): 279–302.

———. 2000. *White Saris and Sweet Mangoes: Aging, Gender, and Body in North India.* Berkeley: University of California Press.

———. 2009. *Aging and the Indian Diaspora: Cosmopolitan Families in India and Abroad.* Bloomington: Indiana University Press.

Law, John. 2009. "Actor Network Theory and Material Semiotics." In *The New Blackwell Companion to Social Theory,* edited by Bryan S. Turner, 141–158. Oxford: Blackwell Publishing.

Madianou, Mirca, and Daniel Miller. 2012. *Migration and New Media: Transnational Families and Polymedia.* London: Routledge.

Mathews, V. K. 2018. "Kerala Best Suited for Digital Era." Deccan Chronicle, March 21, 2018.

Mazzucato, Valentina. 2008. "Transnational Reciprocity: Ghanaian Migrants and the Care of their Parents back Home." In *Generations in Africa: Connections and Conflicts,* edited by Erdmute Alber, Sjaak van der Geest, and Susan Reynolds Whyte, 111–133. Berlin: LIT Verlag.

Miller, Daniel. 2011. *Tales from Facebook.* Malden: Polity Press.

Miller, Daniel, and Jolynna Sinanan. 2014. *Webcam.* Cambridge: Polity Press.

Mines, Mattison. 1994. *Public Faces, Private Lives: Community and Individuality in South India.* Berkeley: University of California Press.

Mol, Annemarie. 2002. *The Body Multiple: Ontology in Medical Practice.* Durham, NC: Duke University Press.

Nair, Sreelekha. 2012. *Moving with the Times: Gender, Status and Migration of Nurses in India.* New Delhi: Routledge.

Osella, Filippo, and Caroline Osella. 2000. *Social Mobility in Kerala: Modernity and Identity in Conflict.* London: Pluto Press.

Oudshoorn, Nelly, and Trevor Pinch. 2003. *How Users Matter: The Co-Construction of Users and Technology.* London: MIT Press.

Percot, Marie. 2006. "Indian Nurses in the Gulf: Two Generations of Female Migration." *South Asia Research* 26 (1): 41–62.

———. 2014. "Un Métier Pour Partir: La Migration Des Infirmières Kéralaises (Inde Du Sud)." *Revue Tiers Monde* (1): 45–59.

———. 2015. "Choosing a Profession in Order to Leave." In *South Asian Migration to Gulf Countries: History, Policies, Development,* edited by Prakash C. Jain and Ginu Zacharia Oommen, 247–263. London: Routledge.

Pols, Jeannette. 2012. *Care at a Distance: On the Closeness of Technology.* Amsterdam: Amsterdam University Press.

Pols, Jeannette, and Ingunn Moser. 2009. "Cold Technologies Versus Warm Care? On Affective and Social Relations with and through Care Technologies."

ALTER-European Journal of Disability Research / Revue Européenne de Recherche sur le Handicap 3 (2): 159–178.
Postill, John. 2014. "Democracy in an Age of Viral Reality: A Media Epidemiography of Spain's Indignados Movement." *Ethnography* 15 (1): 51–69.
Raval, Vaishali V., and Michael J. Kral. 2004. "Core Versus Periphery: Dynamics of Personhood over the Life-Course for a Gujarati Hindu Woman." *Culture & Psychology* 10 (2): 162–194.
Reserve Bank of India. 2018. *India's Inward Remittances Survey 2016–17.* Mumbai: Reserve Bank of India.
Robertson, Zoe, Raelene Wilding, and Sandra Gifford. 2016. "Mediating the Family Imaginary: Young People Negotiating Absence in Transnational Refugee Families." *Global Networks* 16 (2): 219–236.
Rutten, Mario, and Pravin J Patel. 2003. "Indian Migrants in Britain." *Asia Europe Journal* 1 (3): 403–417.
Saxena, Dhirendra Prakash. 1977. *Rururban Migration in India: Causes and Consequences.* Bombay: Popular Prakashan.
Sørensen, Ninna Nyberg, and Ida Marie Vammen. 2014. "Who Cares? Transnational Families in Debates on Migration and Development." *New Diversities* 16 (2): 89–108.
Stake, Robert. 1995. *The Art of Case Study Research.* Thousand Oaks: Sage Publications.
Thiagarajan, Kamala. 2018. "How Social Media Came To The Rescue After Kerala's Floods" NPR, August 22, 2018.
Turkle, Sherry. 2012. *Alone Together: Why We Expect More from Technology and Less from Each Other.* New York: Basic Books.
United Nations. 1999. *Human Development Report.* New York: United Nations Development Programme.
Van der Geest, Sjaak. 2004. "'They Don't Come to Listen': The Experience of Loneliness among Older People in Kwahu, Ghana." *Journal of Cross-Cultural Gerontology* 19 (2): 77–96.
Van der Geest, Sjaak, Anke Mul and Hans Vermeulen. 2004. "Linkages between Migration and the Care of Frail Older People: Observations from Greece, Ghana and The Netherlands." *Ageing & Society* 24 (3): 431–450.
Vertovec, Steven. 2000. *The Hindu Diaspora: Comparative Patterns.* London: Routledge.
———. 2004. "Cheap Calls: The Social Glue of Migrant Transnationalism." *Global Networks* 4 (2): 219–224.
Voigt-Graf, Carmen. 2005. "The Construction of Transnational Spaces by Indian Migrants in Australia." *Journal of Ethnic and Migration Studies* 31 (2): 365–384.
Von Faber, Margaret, and Sjaak Van der Geest. 2010. "Losing and Gaining: About Growing Old 'Successfully' in the Netherlands." In *Contesting Aging and Loss,* edited by Janice E. Graham and Peter H. Stephenson, 27–45. Toronto: University of Toronto Press.
Vora, Neha. 2013. I*mpossible Citizens: Dubai's Indian Diaspora.* Durham, NC: Duke University Press.

Wajcman, Judy. 2015. *Pressed for Time: The Acceleration of Life in Digital Capitalism.* London: University of Chicago Press.

Walton-Roberts, Margaret. 2012. "Contextualizing the Global Nursing Care Chain: International Migration and the Status of Nursing in Kerala, India." *Global Networks* 12 (2): 175–194.

Winance, Myriam. 2010. "Care and Disability. Practices of Experimenting, Tinkering with, and Arranging People and Technical Aids." In *Care in Practice. On Tinkering in Clinics, Homes and Farms,* edited by Annemarie Mol, Ingunn Moser, and Jeannette Pols, 93–117. Bielefeld: transcript Verlag.

Wright, Kevin B., and Lynne M. Webb, eds. 2011. *Computer-Mediated Communication in Personal Relationships.* New York: Peter Lang Publishing.

Yeates, Nicola. 2012. "Global Care Chains: A State-of-the-Art Review and Future Directions in Care Transnationalization Research." *Global Networks* 12 (2): 135–154.

Zachariah, Kunniparampil Curien, and Sebastian Irudaya Rajan. 2012. *Kerala's Gulf Connection, 1998–2011: Economic and Social Impact of Migration.* Telangana: Orient Blackswan.