Resilience of Gendered Spheres in Transnational Migration: An Interpretive Book Review of Sheba Mariam George’s When Women Come First: Gender and Class in Transnational Migration

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Abstract
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Keywords
Participant observation, cross-cultural comparison, transnational migration, patriarchal cultural mores

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Resilience of Gendered Spheres in Transnational Migration: An Interpretive Book Review of Sheba Mariam George’s *When Women Come First: Gender and Class in Transnational Migration*

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Dr. Sheba George’s ethnographic study based using participant observation and purposive sampling and an insider transnational journey to examine changes in family and social roles that result when nurses from Kerala, India immigrate to the US ahead of their husbands. The author concludes that the economic and political gain immigration affords nurses does not translate into enhanced social status for their family in India or for their husbands in the US when they undergo gender transferral to homemaker. This transference causes a shift in gender structure from the home to the community, in this case the church as a way of counteracting the social emasculation Kerali men experience. This review cross culturally examines the resilience of patriarchal cultural mores and gender roles when Kerali and Puerto Rican immigrant men face the prospect of social emasculation; Puerto Ricans are examined from an insiders perspective. Key Words: Participant observation, cross-cultural comparison, transnational migration, patriarchal cultural mores

Historically, it has been unusual for women to immigrate to the US before their families. In her book *When Women Come First: Gender and Class in Transnational Migration*, Dr. Sheba George examines changes in family and social roles that result when nurses from Kerala, India immigrate to the US ahead of their husbands. Specifically, she uses R. W. Connel’s concept of gendered regimes (Connel, 1987, as cited in George, 2005) as a framework for examining gender structures in the context of the transnational migration of Indian women before men. Importantly, Dr. George fills a gap in Connel’s work by building on his theoretical framework to examine and elaborate on the relationship between gendered regimes or “gendered spheres, as I call them” (Connel, 1987, as cited in George, 2005, p. 24). In doing so she fills a gap in our understanding of how gendered regimes or spheres are in harmony or in conflict with each in three domains—work, home and community.

In her introduction she points out that other than the immigration of Irish women during the potato famine of the 19th century who responded to the destitution and an increased opportunity for service jobs (Diner, 1983; Jackson, 1984, as cited in George, 2005), and the immigration of Latinas in the 20th century until today to fill the rising demand for domestic workers (Repak, 1995, as cited in George, 2005) there are few studies of immigrant women coming to the US. Furthermore, Dr. George notes that there is a paucity of published information on gender transferal within studies of immigrant women.
This very engaging, readable and important book is derived from Dr. George’s, Ph.D. dissertation at the University of California, Berkeley and fueled by her personal experience as the daughter of an immigrant nurse from Kerala. Her focus on the immigration of nurses from Kerala before husbands and families and the transferal of gender roles that results fills a gap in the literature of immigrating women and adds a chapter to our understanding of what happens to men when women come first. It should be noted that Kerala is a highly literate region of southern India where Dr. George was born. Central to her observations and discussion of gender transferal and class status is the use of a transnational lens in the context of the Keralite Syrian Christian Church, the most important social institution in the Keralite community.

Dr. George’s study takes the reader on an insider’s journey through the home, work community spheres of gender transferal and examines the its influence on class status in Kerala and Central City; a fictitious city based on a actual Keralite community that was developed over the years by Keralite nurses and their families who immigrated to the US. She used purposive recruitment and participant observation for the implementation of this ethnographic study and gained entry into the Keralite community’s families by involving herself in the Keralite Syrian Christian Church in the US. She gained entry into Keralite community in Kerala through purposive recruitment and participant observation of families made possible by introductions from families she interviewed in the US and was consistent in involving herself in the Keralite Syrian Christian Church in Kerala. Indeed, central to her discussion and conclusions about the resilience of Keralite patriarchal cultural norms is the role of the Keralite Syrian Christian Church.

Dr. George shares the following observations in gender spheres that result from the immigration of women nurses first.

**Home:**

1. Kerali women nurses became primary bread winners. Since they were separated from families at times for years they developed a level of independence not afforded to them in India since in effect they now “held the purse strings.”
2. Kerali men were no longer the primary bread winners in Kerala and the US. They experienced a role transferal to that of homemaker including child rearing and cooking. This transferal resulted in *emasculaton*.

**Work:**

1. In Kerala, India nursing was considered a low level job and given the cultural norms that prohibited and frowned on touching, Indian nurses were referred to as “dirty nurses” since their job required touching both female and male patients and picking up after them.
2. In the US nursing is perceived as a profession, paid relatively well and carried a more favorable social status. Dr. George explains that Keralite RNs when possible would avoid doing “dirty” work such as bathing patients and removing bedpans. It would seem that in their mind this would make them a dirty nurse.
3. In Kerala, a literate area as was pointed out, men had many marketable skills that where not honored when they immigrated to the US. This in part forced them to take jobs for which they were over qualified contributing to their emasculation and often had to opt for gender transferal to domestic chores.

**Community:**

1. Though Kerali women acquired an upwardly mobile status as healthcare professionals in the US their label as “dirty nurses” in Kerali seems to have been projected onto their husbands in Kerali and the US who came to be known by the derogatory and emasculating term “nurse husbands.”

2. The role of women in the Church diminished in the US with that of men taking on greater significance. Dr. George concludes that this “taking over” of the Church as the center of community affairs was in part to placate the men. This de-emasculating them because in the context of the Church they had an upper hand.

I was powerfully impressed with the issue of gender role transferal and the frequent use of the term “emasculation” by Dr. George to refer to the outcome of gender transferal among “nurse husbands.” This observation revolved around what she terms the emasculating of the Keralite man when they are forced to do domestic work when his wife immigrates to do a job that though considered professional in the US is considered a “dirty” job in Kerali. Hence, the term “dirty nurses” was used both in the Keralite communities of India and the US to describe nurses. This is based historically on the cultural more that people, especially women, should not touch other people.

Since technically, emasculation is the removal of the genitalia (castration) of a male, notably the penis and/or the testicles. By extension, the word has also come to mean “to socially render a male less of a man”, or “to make a male feel himself to be less of a man by subjecting him to humiliation” (Wikipedia, 2009, ¶ 2). I struck me that the concept of emasculation went beyond deeds such as gender transference to words whereby Puerto Rican men would literally fight to the death over a word they perceived as emasculating. Therefore, while reading Dr. George’s account this reviewer frequently found himself making comparisons between her Kerali immigrant parents and my Puerto Rican immigrant parents: Her professional mother and my homemaker mother; her nurturing father and my abusive father; her overqualified father and my unemployed father. The tight knit middle class community she grew up in and the urban ghetto I grew up in. The role of the church in Kerali men’s lives as a way to re-masculate them and the subjugation of women and children to patriarchal cultural norms and in your face violence in the street to prevent even a hint of emasculation by Puerto Ricans.

Whereas Keralite men found a common ground with their wives and found their patriarchal cultural norms preserved in the Church by male dominant control, Puerto Rican men had little to do with the church which was perceived as the women’s domain. It should be noted that the Keralite Syrian Christian Church is Protestant where as most Puerto Ricans are Catholic. The nature of the Christian philosophies of these two branches of Christianity (the third being the Orthodox Christian Church) and it’s role in the behavioral aspects of repairing emasculation among Kerali men and prevention emasculation of Puerto Rican men is beyond the scope of this review. Suffice to say that
there seems to be a correlation between church involvement and the acceptance of family and social roles of Kerali men and the lack of church involvement and the perpetuation of patriarchal chauvinistic attitudes of first generation Puerto Rican men. Table 1 offers a superficial comparison of gender issues relevant to Kerali and Puerto Rican men who immigrated.

**Conclusion**

I was impressed with Keralite men looking toward the church to re-masculate. Puerto Rican men did everything in their power to never have to justify losing face by being emasculated. The former demonstrates resilience in the face of transnational migration where as the latter a refusal to accept their role as an immigrant with low paying jobs and little hope for obtaining skills and upward mobility and their entrenchment in machismo, alcoholism, and violence.

Table 1. Comparison of gender spheres and social realities of Kerali and Puerto Rican immigrant men.

<table>
<thead>
<tr>
<th>HOME</th>
<th>WORK</th>
<th>COMMUNITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kerali</td>
<td>Puerto Rican</td>
<td>Kerali</td>
</tr>
<tr>
<td>Gender Transferal</td>
<td>No gender transferal</td>
<td>Skilled; overqualified</td>
</tr>
<tr>
<td>Gender transferal acceptance</td>
<td>Machismo: refused “womans” work</td>
<td>Frequently Homemaker</td>
</tr>
<tr>
<td>Helped raise children</td>
<td>Had little to do raising children</td>
<td></td>
</tr>
<tr>
<td>Kerali and English Spoken</td>
<td>Spanish spoken preferentially</td>
<td>Naturalized Citizens</td>
</tr>
<tr>
<td>Low incidence of domestic violence</td>
<td>High incidence of domestic violence</td>
<td>Close transnational ties</td>
</tr>
<tr>
<td>Owned homes</td>
<td>Rented tenements</td>
<td></td>
</tr>
</tbody>
</table>

Most striking is the difference between second generation Puerto Rican men and their immigrant fathers who are more nurturing and who live in families where both mothers and fathers work. Importantly, as a second generation Puerto Rican I can empathize with the Keralite men since I was a single father of four and the quintessential “Mr. Mom.” Unlike my predecessor I felt no emasculation from taking on this role and indeed felt that I would be less of a man if I didn’t look after my children.

Dr. George’s work is a worthy read and provides fertile ground for the harvesting of new research questions about the resilience of patriarchal cultural roles of men who immigrate in the context of their spouses. What she does not discuss is the role of spirituality and prayer in the home and community that is defined by the protestant
Keralite Syrian Church. From the perspective of this reviewer it may have played an important role in the trust imparted by husbands to women who immigrated first and their gender role transferal. Nevertheless, Dr. George has provided food for thought and has made an important contribution to the literature on the transnational migration.

References


Author Note

Dr. Calderon received a Bachelor of Science in Biology from the University at Albany, NY and an MD from Harvard Medical School. He trained in Family Medicine at the State University of New York’s Brooklyn Health Sciences Center and practiced in underserved Latino and African-American communities in NYC until training in Neurology at New York University-Bellevue Hospital Medical Center. José completed a summer graduate fellowship in Epidemiology at the Bloomberg School of Public Health, Johns Hopkins University and a fellowship in Health Services Research with the Health Services Research Institute, AAMC, in Washington D.C. Currently, Dr. Calderón is Associate Professor, College of Pharmacy, Nova Southeastern University, and Associate Professor at the Charles Drew University of Medicine and Science, Los Angeles. He can be reached at College of Pharmacy, Nova Southeastern University, 3200 South University Drive, Fort Lauderdale, FL 33328-2018; Voice: 954262-1296; Fax: 954-262-2278; Email: josecald@nova.edu

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