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Family caregiving for older adults: gendered roles and caregiver burden in emigrant households of Kerala, India

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ABSTRACT

The Indian state of Kerala leads the demographic transition and characteristically showcases emigration of predominantly male adult children, leaving behind parents, spouses and children. When men emigrate, gendered contexts burden women, especially spouses and daughters-in-law, with caregiving duties including elder care. Employing the social exchange perspective and drawing on in-depth interviews of left-behind caregivers to older adults in emigrant households, we explore reciprocal motives, expectations and perceptions of burden. Findings resonate gendered expectations of care and social sanction that ensure women do much of the caregiving. Daughters-in-law sacrificed careers and endured separation from husbands to transition into caregiving roles, costs borne to effectuate their husband's filial role. Perceived non-reciprocity, unbalanced exchanges and unmet expectations increased perceptions of burden for caregivers. Temporary financial autonomy could hardly alleviate perceptions of burden among women caregivers who perceived emotional and functional support exchanges from husbands, older adults themselves or other family members as supportive.

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Caregiver burden; emigrant households; gender; India; older adults; reciprocity

Introduction

As the demographic transition unfolds in India, a dramatic increase in the proportion of older adults aged 60 and older from 8 per cent in 2010 to 19 per cent by 2050 is projected (United Nations, 2011). Changes in the population pyramid, increasing nuclearisation of families with rapid urbanisation, and large-scale mobility of young adults have led to concerns regarding care for left-behind older adults (Bloom, Mahal, Rosenberg, & Sevilla, 2010). Kerala, a southern state in India, leads the demographic transition in India with over 12 per cent of its population above the age of 60 years compared to the national

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average of 8.6 per cent (Registrar General, 2011). Kerala is interestingly termed an 'emigration pocket' of India and the emigration narrative is so common that for every 100 households, 29 households experienced an emigration event in 2011 (Zachariah & Rajan, 2013). Unlike the predominantly feminised-patterns of labour out-migration seen in Southeast Asia (Toyota, Yeoh, & Nguyen, 2007; Yeoh, Graham, & Boyle, 2002), emigration from Kerala has been traditionally male-dominated, majorly to the Gulf, and involves emigrant men leaving behind 'Gulf wives' – the term used for left-behind wives of migrants to the Gulf (Osella & Osella, 2008; Zachariah & Rajan, 2013) – along with older parents (Desai & Banerji, 2008).

Sweeping changes have altered life and family arrangements across Asia and this is comparable to the effects of the industrial revolution on family structures and relationships in Western societies (Eng & Blake, 1998). As governments and societies across Asia tend to regard the family as perennially stable and steadfast in times of economic improvement and crisis, the family is elevated to the level of the quintessential safety net for individuals (Asis, 2003). Across India, the family remains the primary source of care for older adults and assumes a central place as the mode of old age security in India (Lamb, 2013). Family members are expected to act as primary caregivers to older adults and multi-generational co-residence with children and grandchildren is still widely prevalent in India (Gupta, Rowe, & Pillai, 2009; Ugargol, Hutter, James, & Bailey, 2016). As in much of Asia, cultural values such as familism, filial piety, and family cohesion come to the fore and influence caregiving roles and responsibilities for older adults in India (Kadoya & Khan, 2015; Pillai, Levy, & Gupta, 2012). In the prevailing gender regime in India, more wives are seen providing care to their older husbands, though adult sons are culturally expected to shoulder parent care responsibilities. In this context, the emigration of men further increases the care burden on women, especially spouses and daughters-in-law (Ajay, Kasthuri, Kiran, & Malhotra, 2017; Bongaarts & Zimmer, 2002).

Asian and Pacific countries have a long history of permanent or cyclical patterns of migration (Aghajanian, Alihoseini, & Thompson, 2014; Desai & Banerji, 2008). Renewed academic interest has focused on the influence of emigration on the Asian family and household structure to better understand the consequences of emigration on left-behind older adults as well as their left-behind family caregivers (Yeoh, 2014). Building on 'left behind' literature regarding non-earning members of emigrant households (Yeoh et al., 2002; Yeoh & Huang, 2014), the influence of remittance flows and how emigration leads to the formation of new care arrangements and roles within the household have attracted attention (Agadjanian, Yabiku, & Cau, 2011; Parsons, Lawreniuk, & Pilgrim, 2014; Sakdapolrak, Promburom, & Reif, 2014; Singh, Cabraal, & Robertson, 2010). Remittances seem to support older adults (Knodel & Chayovan, 2008; Stöhr, 2015) and alleviate the economic burden of left-behind family members (Agadjanian et al., 2011). Many ethnographic studies from Asia have explored the social consequence of female emigration, including the impact of distance on family intimacy, intergenerational relationships and gender norms (Parreñas, 2005; Pfliegerl, Khoo, Yeoh, & Koh, 2003), but very few have explored male migration and left-behind women in the Indian context (Desai & Banerji, 2008; Miltiades, 2002).

The term *caregiver burden* refers to the caregivers' perception of the impact that caregiving has on his or her life (Bastawrous, 2013; Gupta et al., 2009). Caregiver burden can be both tangible and perceived; while tangible burden relates to the costs and efforts of

providing care to the recipient, perceived burden is the extent to which the caregiver is troubled or disturbed while providing care (Gupta et al., 2009; Lai, 2010). Women caregivers in India might additionally find the multiplicity of roles and gendered expectations as contributing to their burden (Prasad & Rani, 2007). On the other hand, caregiver burden is found to be linked to perceived reciprocity in the caregiver-care receiver relationship, and reciprocal support exchanges from the care receiver as well as support contributions from other family members have the potential to alleviate the perceived burden for the caregiver (Leopold, Raab, & Engelhardt, 2014; Reid, Moss, & Hyman, 2005).

Acknowledging that qualitative research is better suited to identify culturally nuanced meanings of reciprocal exchanges (Raschick & Ingersoll-Dayton, 2004), we apply the social exchange perspective and employ qualitative research methods to understand how burden is perceived by caregivers and whether reciprocal support exchanges can alleviate perceived burden. We draw on in-depth interviews of caregivers from emigrant households of Kerala, India to achieve this aim.

Caregiving, gender and caregiver burden: a social exchange perspective

Men's labour migration and the effects of emigration on families in developing world settings such as India have been less explored thus far (Desai & Banerji, 2008; Rajan, 2016). Although literature exists that remittances from emigrant family members can empower left-behind women financially, the consequences of running the household, handling childcare as well as older adult caregiving duties require attention (Agadjanian et al., 2011; Desai & Banerji, 2008; Lamb, 2013). Emigration of an adult male child disrupts the complex Indian family and leads to changes in intra-family dynamics, roles and responsibilities (Miltiades, 2002). This often results in increased caregiving demands on women *left-behind*, especially the spouse of the older adult or the daughter-in-law. Care for older parents is traditionally available in the parental home as the son is expected to bring his wife into the family home upon marriage rather than departing to set up a new home (Lamb, 2013). For Indian daughters, traditional norms emphasise that once a daughter is married, she is no longer obligated to care for her own parents as her obligations for caregiving are now transferred to her parents-in-law (Gupta et al., 2009; Lamb, 2005). However, daughters do assume responsibility for parent care when a son is not available such as due to emigration or when a parent is widowed (Pillai et al., 2012).

The reciprocal nature of support within intergenerational relationships is the central theme in the social exchange theory (Lowenstein, Katz, & Gur-Yaish, 2007; Molm, Collett, & Schaefer, 2007). Caregiving as a process of mutual exchange results in both costs and rewards to those who provide care and the aim of all individuals in the relationship would be to maximise rewards and minimise costs (Lowenstein et al., 2007; Silverstein, Gans, & Yang, 2006). Within this understanding, caregiver burden can be conceptualised as the outcome of the reciprocal exchange relationship between the care receiver and the caregiver (Call, Finch, Huck, & Kane, 1999; Keefe & Fancey, 2002; Raschick & Ingersoll-Dayton, 2004) implying that the more the *costs*, the higher will be the perceived burden. Secondly, though the term *caregiving* seems to suggest a unidirectional flow of support, researchers have described caregiving as a dyadic mutual exchange between the caregiver and the care recipient (Raschick & Ingersoll-Dayton, 2004). These reciprocal support exchanges are however not time-limited but extend

through the life course with changing motives and incentives (Leopold et al., 2014; Silverstein et al., 2006); some are more balanced than others and the balance of power and resources tends to shift over time (Call et al., 1999; Molm et al., 2007). Though the norms of obligation are strong, care needs of the older adult may simply exceed the caregiver's capacity for caring or may begin to interfere with routines and hence be perceived as burdensome, which results in a negative evaluation of the relationship (Call et al., 1999; Reid et al., 2005). Additionally, as a socially embedded norm, reciprocity cannot be considered in isolation from gender norms. Women's greater time effort and support exchanges are more often not reciprocated or acknowledged and become invisible in culturally-grounded gendered obligations (Ashwin, Tartakovskaya, Ilyina, & Lytkina, 2013; Williams, Giddings, Bellamy, & Gott, 2016). Women might also underestimate their burden or neglect such thoughts due to ingrained notions of caregiving as an obligation and normative duty (Lai, 2010; Raschick & Ingersoll-Dayton, 2004).

It is hence felt that an exchange perspective can advance understanding of caregiver burden and explore whether perceived caregiver burden is alleviated through reciprocal support exchanges from other family members (Call et al., 1999; Reid et al., 2005).

Methodology

Data for this analysis were obtained from a qualitative study on exchange of care in emigrant households from a small town in Kottayam District of Kerala, India in 2015. Twenty-four households which had experienced an emigration event (wherein an adult child had emigrated from the household to work abroad) and where at least one older adult (aged 60 years and above) lived, participated in the study. The field site was characteristically a cluster of emigrant households in the district of Kottayam where 24 per cent of households had reported experiencing emigration of adult children (Zachariah & Rajan, 2013). Children from these 24 households had emigrated to Dubai, Saudi Arabia, Kuwait, Qatar, Bahrain, Muscat, United Kingdom, Ireland and the United States.

Caregivers were required to be primarily co-residing with the older adult to be eligible but we later expanded the criteria to include non-coresiding caregivers. Criteria for older adults required them to be aged 60 years and above and had at least one emigrant adult child. Using a snowball technique, twenty-four primary caregivers to older adults (pairs) were approached and recruited for the study. Many of these 24 emigrant households had more than one emigrant; a total of 23 sons and 13 daughters had emigrated from these households. Among the 24 caregivers to older adults, eleven were spouses (9 female spousal caregivers and 2 male spousal caregivers), 8 daughters-in-law, 2 daughters, 1 son-in-law, and 2 neighbours. Caregivers ranged in age from 31 to 73 years. Of the 24 older adults, 14 were currently married and the rest were widowed. All participants were native to the region and spoke Malayalam. The range of years since emigration of adult children was between 1 year and 18 years. These families corresponded to the low to middle socio-economic status of society. Many of these emigrant children would return home once a year during the annual holiday. More details of caregivers are presented in Table 1.

The first author conducted all interviews in the participants' homes at their convenience. Participants were assured of privacy and confidentiality, and interviews were conducted separately and attempts made so that no other family members heard the

Table 1. Description of caregivers and their care recipients (older adults).

Caregivers				
Caregiver type	Name	Age (in years)	Work status	Marital status and living arrangement
Female spousal caregiver (wife)	Amudha	65	Retired; had worked as a nurse	Married; 3 adult children; lives with spouse (older adult), younger son, daughter-in-law and grandchild
	Rosykutty	60	Homemaker	Married; 2 children; lives with spouse (older adult)
	Martha	67	Retired administrative staff at a college	Married; 3 children; lives with spouse (older adult)
	Carol	59	Retired kindergarten teacher	Married; 3 adult children; lives with spouse (older adult) and younger son
	Matilda	73	Homemaker	Married; 3 adult children; lives with spouse (older adult)
	Solly	65	Homemaker	Married; 3 adult children; lives with spouse (older adult)
	Devaki	64	Retired bank employee	Married; 1 adult child; lives with spouse (older adult)
	Anuradha	46	Currently rears cattle and sells dairy produce	Married; 1 adult child, lives with husband(older adult) and husband's brother (older adult)
	Nirmala	55	Homemaker	Married, 2 adult children, lives with spouse (older adult)
Male spousal caregiver (husband)	Joseph	65	Retired finance company owner	Married; 3 adult children, all away; lives with spouse (older adult)
	Gopan	67	Retired government official	Married; 2 adult children, lives with spouse (older adult), daughter-in-law and grandchildren
Daughter caregiver	Ramani	41	Employed as a cashier in a bank	Married; 2 children; lives with mother (older adult) and children
	Sheetal	42	Homemaker	Married; 2 children; lives with husband and children
Daughter-in-law caregiver	Anju	36	Homemaker	Married; 2 children; lives with mother-in-law (older adult)
	Elsa	35	Quit career abroad and returned to provide care to OA; currently assistant professor	Married; 3 children; lives with mother-in-law (older adult) and children
	Padma	37	Quit nursing career in Dubai and returned to provide care to OA	Married; 2 children; lives with parents-in-law (older adults) and children
	Dannie	34	Quit nursing career in Saudi Arabia and returned to provide care to OA	Married; 2 children; lives with father-in-law (older adult) and children
	Ruth	31	Quit nursing career in Kuwait and returned to provide care to OA	Married; 1 child; lives, mother-in-law (older adult), husband and child
	Devi	35	Homemaker	Married; 1 child; lives with parents-in-law and child
	Maria	48	Homemaker	Married; 2 children; lives with mother-in-law (older adult), husband and children
Son-in-law caregiver	Lucia	34	Employed in a private firm	Married; 2 children; lives with parents-in-law (older adults), grand mother-in-law and children
	Philip	38	Works part-time as a graphic designer	Married; 1 child; lives with parents (older adults)
Neighbour caregiver	Rani (Female)	59	Retired; had worked as a nurse	Married; 1 child; lives next door
	Biju (Male)	59	Employed in a bank	Married; 2 children; lives next door

interviews. Caregivers were asked to speak about their caregiving relationship, understanding of the needs of the older adult, motivation to providing care, perceived reciprocity in the care exchange process, perceived burden and coping mechanisms. Interviews

were conducted up to the point of data saturation. All interviews were audio recorded and transcribed verbatim into Malayalam (the language of the interviews) and then translated into English for textual analysis. The text was coded using Atlas.Ti Version 7.5.10 R03 computer software. Two cycles of coding resulted in primary and secondary codes. Refined codes and categories came up after multiple readings and re-examination of coded transcripts. From the primary codes that emerged, we focused on code families for 'expectations of care', 'care received from family', 'caregiver perceptions', 'reciprocity' and 'caregiver burden' where we employed secondary codes.

Findings

Five major themes emerged during analysis of qualitative accounts of these 24 caregivers. These are: (1) *It's too much to handle. Multiple demands and competing roles.* (2) *Left-behind to care. Gendered division of caregiving labour.* (3) *They decide. Imposed decisions and caregivers' lack of autonomy.* (4) *Nobody understands. Unmet expectations and non-reciprocity,* and (5) *I am not alone. Alleviation of burden through perceived reciprocity*

It's too much to handle. Multiple demands and competing roles

The first theme that emerged highlighted the increased caregiving demands together with multiple roles and competing commitments that caregivers, be it spousal caregivers, adult children or children-in-law caregivers, had to handle. A female spousal caregiver whose only son had emigrated and whose husband was bedridden narrates her routine and the additional responsibility she had of caring for her husband's brother (another older adult), apart from earning enough to support the household:

I get up in the morning ... I sweep the grounds and light the lamp ... after that I make black coffee that chettan¹ (referring to husband) and I have ... and this chettan (referring to husband's brother) ... then I light the firewood stove and put on the water for rice, then I go up and do the work of the cow (milking) after I complete their work, in between I come and put (keep) rice in the pot (laughs), then I go to the community with milk, after that I bathe them ... like that there is much work all day for me that I do ... I keep on running ... (Anuradha, 46 years)

Female spousal caregivers who had been employed earlier had to transition into a *full-time* caregiving role for their husbands' post retirement, in addition to managing household chores and looking after grandchildren.

I already had a mind to do all that after coming back home (retiring from employment) ... So I did do that after coming back ... when I wake up I make coffee, fill it up in the flask, sweep the house, put rice on boil and do all my work. I've to get up before the child (grandchild) wakes up ... boil the milk, warm water for bathingif my mother-in-law had been around (alive) she'd have helped me ... and my role would have been lesser ... (Amudha, 65 years)

Daughter-in-law caregivers also wore *multiple hats* in the emigrant household. Apart from their culturally and gender-determined roles of childcare and elder care, daughters-in-law became the de facto *men* of the house and handled traditionally male-dominated roles of purchasing things for the household, paying utility bills, running outside errands including managing emergent needs in the household:

I have many roles! As a daughter-in-law of the house, I'm the housemaster here now because ... no man is here ... I have to buy things here; when housemaids are not there, I have to look after the household chores ... they're (maids) changing all the time ... I've to suffer a lot ... there are many problems like children need care, children need to be taught. ... and I bring them from school and I take them to school myself ... when they get sick I've to take them to the hospital too. (Elsa, 35 years)

Multiple responsibilities reside on women in emigrant households. Spouses who were caregivers to their older partners felt burdened with household chores and childcare duties for grandchildren when co-resident children and daughters-in-law went to work. They longed for sources of support and respite. Daughter-in-law caregivers, being culturally expected to provide care to parents-in-law, had to cope with increased care demands while still coming to terms with the emigration of their husbands. Due to patrilocal residence and the emigration of the husband, daughters-in-law were the only available caregivers and conformed to the role to meet cultural expectations. Some of them managed careers, households, provided care to older adults and their own children with little or no support from other family members. While the costs borne today through the act of caregiving and sacrificing careers could probably result in rewards in the form of intergenerational transfers (gold ornaments, property and savings) from the older adults, it was the immediate present that seemed to matter more.

Left-behind to care. Gendered division of caregiving labour

The influence of gender on caregiving roles for older adults emerges from narratives of left-behind women. Staying back to provide care or returning home to care for older adults emerged as important decisions that women had to take though these decisions were often not their own. Cultural expectations of care from daughters-in-law, the gendered nature of caregiving obligations and attempts of young women to break away from the stereotypical expectations were best illustrated by Solly, a female spousal caregiver:

Girls nowadays want to go abroad and live abroad ... will anybody like to lie in the kitchen of their native place? Will any girl be interested in marrying men who work in Kerala? Nobody likes to live here. Earlier it was not like that ... earlier girls did not have jobs ... Now girls want to work and live ... they can't sit at home ... they want to go out every morning. Now, if father and mother (in-laws) are there (at home) then it is difficult, no? (Solly, 65 years)

Many of the daughter-in-law caregivers had relinquished their careers abroad to return and care for the older adult post their husband's emigration. This cost was borne at the behest of decisions taken between parents-in-law and husbands. Leaving behind a career and progressing to a caregiving role were common strains in the lives of daughters-in-law. Being left-behind, enduring separation from their husbands and delegated with multiple roles led to perceptions of burden which often resulted in anger and frustration:

when I got married I was working in Kuwait as a nurse. After three years of marriage they (parents-in-law and emigrant husband) all suggested me to stop and come back ... So, I suddenly quit my job and came back here ... now it has been two years, I got pregnant as soon as I came back. Now, I have a son who is 1.5 years ... and I'm here as a housewife. (Ruth, 31 years)

... and then I came here (returned from abroad) because I have to take care of the house also. So, college work (career), plus children ... lot of things are there.. many things I do compromise. Sometimes, I would get angry on the children, I would get angry on ammachi² (mother-in-law), and I used to get angry more with my husband (laughs). (Elsa, 35 years)

Women caregivers – wives and daughters-in-law – adhered to gendered notions and cultural expectations in providing care to older adults. Female spousal caregivers assumed caregiving as a duty within the institution of marriage and gendered obligations meant that women were expected to do so. Power and gender dynamics in the household enabled older adult males to obtain care either from their wives (if available) or from their daughters-in-law. For daughters-in-law, caring for parents-in-law meant sacrifices in the form of giving up a career, enduring separation from their husbands and transitioning into caregiving roles – the *costs* that had to be borne to aid their husband's filial role. The limited sense of autonomy and freedom that these caregivers found in running the household would soon evaporate with the feeling of being left-behind in an often unidirectional nature of caregiving. This led to perceptions of burden which would often find release through venting out anger and frustration.

They decide. Imposed decisions and caregivers' lack of autonomy

Women caregivers, be it spouses, daughters-in-law or daughters, had to abide by the decisions taken by older adult males and in some instances the mother-in-law. The mother-in-law often shared decision-making rights with her adult son. Lack of autonomy, curtailed freedom and feelings of being dominated by their husbands are evident from narratives of female spousal caregivers. Female spousal caregivers described how they were barred from recourse to leisure and recreation such as watching television or communicating over telephone, further heightening their perception of burden:

only 'news' and 'kodeeswaran'³ (a tele-serial) ... all that only if it (television) is switched on there.. otherwise I can't see it, I can't even make a phone call that's how it is ... since everything is there with him (bedridden husband) ... everything is fitted there, all the controls are from there only (with him) ... there is nothing for mesince he has a computer ... all that are his programmes, ... everything is his own ... (Nirmala, 55 years)

In the absence of the emigrant son, household decision-making became the older adult's purview and daughter-in-law caregivers considered their mothers-in-law to be persons of authority. Ruth, a daughter-in-law caregiver whose husband had emigrated abroad, specifically mentioned how she received 'valued decisions' from her mother-in-law and her emigrant husband and how decisions were collectively arrived at by them:

mummy (mother-in-law) decides and then tells us ... then, I don't have much role in this.. I do as my husband says ... then even for the baby's matter amma⁴ (mother-in-law here) tells me 'don't give this' etc., we are not that familiar, no? they have seen and done all this so we listen to them. ... initially when you leave a job after the initial few days you feel bored ... then after that I became pregnant and had the baby ... now once he's (son) slightly older I do want to go for a job. We don't have a own house, we have to prepare for that also ... so I need a job ... not immediately ... everyone decides together ... mummy and husband will also have a say, if they say no I'll not go ... if they say okay, I'll go ... I do want to go though ... (Ruth, 31 years)

Women caregivers, be it spousal caregivers or daughters-in-law had to also conform to the decisions taken by older adult men, and in some instances joint decisions taken along with the emigrant son. Traditional and cultural norms meant that decision-making was a male domain and this often limited women's freedom and autonomy within the household. The costs of enacting gendered roles proved to be quite high for these women. Power dynamics within the household are evident in these interviews with women occupying subservient status irrespective of age or relationship or dependency of the older men. Mothers-in-law had decision-making authority and often sharing decision-making with their emigrant sons. The lack of autonomy and having to accept the decisions taken collectively by others severely curtailed the caregiver's freedom and increased the perception of burden.

Nobody understands. Unmet expectations and non-reciprocity

Unmet expectations and non-reciprocity in the relationship led to increased perception of stress and burden among caregivers. Padma, a daughter-in-law caregiver, describes how she had tried to combine her career with caregiving duties but ultimately had to give up her job when her mother-in-law suffered a fall that necessitated intensive care. Padma had to relinquish her job immediately although she still continued to harbour the wish of finding a job closer home if she had the encouragement and support of her family:

After coming here I went for a job ... 2–3 months into the job, mother fell down and broke her leg, when she went for a walk ... so then I could not continue, then I had my son ... it was rest, complete nine months rest Now I do want to (work), children are older. I want to go for some job somewhere close-by..but..there is no one to help. (Padma, 37 years)

Many daughters-in-law expected older adults (in-laws) to support them in childcare tasks and hoped that this would free them to carry out other household tasks. However, as Elsa noticed, it was very unlikely that a mother-in-law in the Indian context would receive instructions from her daughter-in-law. Elsa, the daughter-in-law caregiver continued to nurse this unmet expectation that most likely increased her perception of burden:

she (mother-in-law) has this feeling that after this injury (fall), she still has bars inside, that's why she still thinks she cannot do anything. ... even telling stories to the children she will not do ... she can read very well, she has good eyes ... she can read the Bible but she will not read stories to the children ... so, that is why children are not attached to her ... I told her to tell some stories. ... but she's afraid when they come to her lap, her bones will break or something like that ... (Elsa, 35 years)

Adult children, mainly daughters, who were caregivers to their parents after a sibling emigrated hoped that the older adult, who lived alone, would move in with them to enable adequate supervision and care. Sheetal, a daughter caregiver, found that persuading her mother to move in with her was a daunting task. She hoped her mother would understand and reciprocate her concern:

She (mother) is used to being alone ... I'm very worried about her ... she doesn't agree to come here..this time I told amma (mother), 'you should either stay here or go with brother (emigrant) ... or else have at least a helper live with you, she did not let it happen ... recently I even read out a news item for her about the risks of living alone ... but it doesn't move her ... what if she falls somewhere or something ... (Sheetal, 42 years)

Non-receipt of support exchanges from the spouse in handling household chores amplified feelings of burden for the female spousal caregiver, often leading to anger and friction. Further, when older spouses disregarded the advice of the spouse caregiver to abstain from a deleterious habit, the non-reciprocity led to an increase in the perceived burden for the caregiver:

I get angry ... then I think I should not have said it ... in that rage we say something ... he (husband) is only sitting, going from one chair to other from morning to evening. I start at sunrise cooking rice, vegetables, cleaning, washing, mopping, sweeping all that. I'm tired ... (Solly, 65 years)

Now he's had heart problems.. So, however much you tell him to not to smoke he doesn't listen ... So when he comes back after smoking, I ask him, then he says you don't meddle in my affairs ... then we fight ... he's not listening to me ... if something happens ... I need to run (take him to hospital) ... (Rosykutty, 60 years)

Unmet expectations and non-reciprocity in the caregiving relationship have the potential to cause despair and heightened perceptions of burden among caregivers. As frailty and their own health issues added to the difficulty for female spousal caregivers, daughters-in-law felt *caught up* in a caregiving role which had no semblance of reciprocity. Female spousal caregivers also felt let down and burdened when their spouses did not support them by sharing in household tasks, or did not respond to health concerns, failing to connect emotionally. Spouses pondered why they had to endure so much when there was no reciprocity in the bargain. Daughters, similarly, felt non-reciprocated when parents did not heed their concerns. Daughters-in-law who expected their parents-in-law to assist with tasks such as childcare felt non-reciprocated when *costs* were not balanced with *rewards*. Not being heard, not being appreciated, not considered important were non-reciprocal cues in the relationship which added to the perception of caregiver burden.

I am not alone. Alleviation of burden through perceived reciprocity

Caregivers perceived small gestures of reciprocal support exchanges from care recipients as contributory to reducing their burden. Caregivers were appreciative of older adults when they chose not to enter into an argument though provoked, for example, Elsa, the daughter-in-law caregiver, considered it a welcome reciprocal gesture:

when I get very angry ... sometimes later I also feel sad ... that I have scolded her, then she says that's ok, no problem ... then I get ok ... (laughs) ... that's the care she gives me, if she says that is ok for me then I feel better ... I feel better. (Elsa, 35 years)

Female spousal caregivers who were caregivers to their husbands were appreciative of support received from them. Through providing support for medical needs, financial requirements or just by being there to listen, communicate and comfort the caregiver when thoughts of the emigrant children engulfed the caregiver emotionally, husbands helped their caregiving wives feel reciprocity and love:

... he's the one who consoles me and supports me in their (children's) absence ... for anything, if I'm unwell then he does all that is to be done about calling a vehicle or the doctor ... he keeps coaxing me to call for help ... I'm like this (gesturing to her body that she is in

good health) because of his support even if he does not have vision (is visually impaired).
(Matilda, 73 years)

When daughter-in-law caregivers received reciprocal support exchanges from their older adults as well as other family members including children. They felt reciprocated and less burdened. The care received from the older adult and the trust and commitment which enabled them to confide in each other helped the caregiver overlook the difficulties of caregiving:

I don't work alone ... amma (mother-in-law/older adult) helps me in her own way, my son helps in his own ... amma doesn't go alone, we all go together ... so there's no difficulty for me ... I'm not lifting weight (burden) beyond me ... (Maria, 48 years)

She (older adult) shares more with me ... she takes care of everyone ... she's the same with everyone ... even if it's my needs, she takes care very well ... in every way ... (Padma, 37 years)

Support from other members of the extended family helped alleviate feelings of being single-handedly burdened with caregiving. Ramani, a daughter caregiver, recalls the family members who supported her in providing care for her mother. Also, the reciprocal support she received from her mother, especially for childcare, made the daughter feel supported:

everyone supports even if it is the younger sister, her husband or brother ... everyone enquire ... even my husband also ... then even papa's relatives they regularly enquire and come when called ... even amma (mother) ... like before, like a mother she's doing everything ... even children (grandchildren) like her own children ... just like she took care of me she's caring for them ... (Ramani, 41 years)

Daughter-in-law caregivers considered calls from their emigrant husbands and other siblings who enquired about their parents back home as supportive in the caregiving effort. Ruth, a daughter-in-law caregiver felt relieved and less burdened when her mother-in-law could bear her own medical expenses although she was supported through remittances from her emigrant son:

They (emigrant husband and other children of older adult) always call, because of their work, the time difference they may not be able to call daily ... they are calling and enquiring regularly if there is any problem, they are in touch. If she has a fever, has it reduced? ... did she have medicine, etc.? ... then monetarily, amma doesn't need much help ... mummy has the money that she needs.. we just have to buy the medicines and give (to her) ... (Ruth, 31 years)

Spousal caregivers, especially women, recognised the instrumental and emotional support they received from their husbands when they pined for their children together, as well as the stability and financial strength they provided. Trust, satisfaction and commitment in the relationship were important reciprocal indicators which helped caregivers disregard the pains of caregiving (Williams et al., 2016). Daughters-in-law felt reciprocated when older adults forgave them for the altercations and supported them with household chores and childcare needs. Communication and support from other family members and emigrant children through enquiring and sharing concern were also recognised as supportive exchanges as was the support received from the daughter-in-law's parental home. Remittances either directly to the caregiver or made to the older adult seemed to provide solace and caregivers felt relieved and supported when financial worries

were overcome through remittances. When emigrant husbands communicated with the caregiver and enquired about the health and well-being of the older adults, caregivers felt supported in their caregiving role.

Discussion

From a migration-left-behind family perspective, this paper contributes to understanding perceptions of burden among caregivers for older adults in emigrant households as an evaluative outcome of reciprocity. Caregivers in this study have demonstrated that support exchanges from care recipients as well as other family members can make them feel supported, enhance motivation to care and reduce feelings of burden (Reid et al. 2005). Caregiver burden emerged as an evaluative component within the reciprocal relationship, influenced by socio-cultural and gendered norms. The study contributes to evidence on caregiver burden experienced by caregivers to older adults across multiple relationship types including wives, husbands, daughters, sons and daughters-in-law (Pinqart & Sörensen, 2011; Raschick & Ingersoll-Dayton, 2004). Family caregivers, especially women, were managing multiple roles including childcare and older adult care while still continuing to deal with the feeling of being 'left-behind' by their men (Desai & Banerji, 2008). Women, especially daughters-in-law, conformed to gendered societal roles and lived up to the image of preferred caregivers to older adults (Bongaarts & Zimmer, 2002). Women, be it wives or daughters-in-law, recognised fewer rewards in their efforts; however, they considered caregiving an expected duty or obligation that had to be performed anyway (Raschick & Ingersoll-Dayton, 2004). Spousal caregivers acknowledged their spouses' efforts to support them in household work and fairness in the division of labour enabled them to perceive a lesser burden (Essex & Hong, 2005).

Emigration and the undeniable consequences of transnational families and separation from family are recognised through these interviews. Though remittances helped overcome financial hardship, the social costs of emigration go far beyond the realms of remittances and consumption patterns and can lead to emotional distress, transform family structures and alter interactions between family members. In studies from Southern Mozambique and Iran, husbands' cumulative migration history and current migration status were positively associated with their wives' autonomy (Aghajanian et al., 2014; Yabiku, Agadjanian, & Sevoyan, 2010); however, findings from our exploration shows that even though family caregivers had a sense of autonomy and felt supported through remittances, the perception of the burden of care far outweighed the limited and temporary sense of autonomy. Emotional support exchanges to help cope with loneliness post emigration of children were also perceived by spouses as *rewards* from their husbands (Bookwala & Schulz, 2000; Wright & Aquilino, 1998) making caregiving a worthy exchange. Older men, though dependent care recipients, often controlled the household while women experienced a lack of autonomy and endured a subservient caregiving role in the household by harbouring the hope that they would be rewarded sometime in future. Motivations to provide care emanated from culturally ingrained notions of caregiving, or the role could also be thrust upon women in the absence of other family members. Women caregivers who were resigned to the cultural expectation that they would unquestionably do the caregiving work expected reciprocation beyond the usual recognition of being considered a 'good' caregiver by the family, or the hope of spiritual

rewards (Hsu & Shyu, 2003). Adult daughters often took on the role of caregivers when their siblings emigrated and motivations to care could be linked to access to ancestral wealth and possible inheritance of the assets apart from the beneficence earned.

As in other contexts, though women provided greater time and effort and support exchanges compared to men, they were less likely to experience reciprocity in the support they received (Ashwin et al., 2013; Navaie-Waliser, Spriggs, & Feldman, 2002). Women had to conform to roles assigned to them as rebelling against the patriarchal system meant loss of access to property and means of living. Daughters-in-law who harboured plans of getting back to their careers hoped to be *rewarded* in future for their caregiving role by being allowed to resume employment through collective decisions taken by the older adult and the emigrant husband. Communication from emigrant men and their siblings enquiring about the older adults were valued by the caregiver and daughter-in-law caregivers who perceived them as supportive to their otherwise unsupported role. We find glimpses of how siblings negotiate their roles as movers and stayers in relation to household obligations, individual aspirations and shifting socio-economic opportunities to be available in the household for their parents (Korzenevica & Agergaard, 2017). Reciprocal support exchanges from their care recipients such as sharing in household chores, errands, assisting in cooking and childcare had provided caregivers respite and time to attend to other matters, thus helping alleviate feelings of burden (Keefe & Fancey, 2002; Reid et al., 2005).

These findings enrich our argument that caregivers welcome reciprocal exchanges from their care recipient older adults as well as tasks assistance received from other informal sources. We did expect that in these multi-generational households, caregivers would experience relatively less burden on account of sharing of roles between family members; however, since the only family members available in an emigrant household were older adults and younger children, the adult 'sandwich generation' caregivers were largely unsupported. The importance of evaluating both caregiving relationships as well as caregiver gender in caregiving research is underscored by this study. While these findings support the notion that caregivers benefit from reciprocal support exchanges in their caregiving relationship, we also surmise that it is difficult for frail and vulnerable older adults to reciprocate effectively. In the absence of alternative mechanisms to support family caregivers in emigrant households, women caregivers primarily feel largely unsupported in their caregiving roles.

Notes

1. *chettan*: in Malayalam language, it is a colloquial term used to refer to any older male.
2. *ammachi*: the term means 'mother' in Malayalam language.
3. *kodeeswaran*: the term means a 'millionaire'. The tele-serial *Ningalkkum Aakam*. *Kodeeswaran* is a Malayalam adaptation of the famous tele-serial 'Who wants to be a millionaire'.
4. *amma*: the term means 'mother' in Malayalam language.

Statement of ethical approval

This study was approved by the Institutional Ethics Review Board of the Faculty of Spatial Sciences, University of Groningen, Netherlands. All participants were informed about the study in their local language and written informed consent was obtained prior to the in-

depth interviews. Privacy and confidentiality were assured to all participants. The participants were aware that they could withdraw from the interview anytime they wished to and could refuse to answer any question they were not comfortable with. All potential identifiers have been removed from the data. Pseudonyms have been used for all participants.

Declaration of contribution of authors

The first author conceptualised the study, collected the data, conducted the data analysis and wrote the manuscript. The second author conceptualised the study, supervised the data collection, conducted the data analysis and wrote the manuscript.

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Disclosure statement

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