Mobility of Care:

Gendered Migration and Care Inequalities among Nepali Care Workers in the UK

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Summary

This research explores the intersections of gender and care roles in the process of migrating from Nepal to the UK. It shows the relationship between migration regimes on gendered intergenerational care arrangements maintained by migrant care workers. It furthermore shows how Nepalese women with skills in demand in the global North, such as nurses and care workers, negotiate their migration decision within their families and the impact migration can have on traditional gender roles. Overarching research questions underpin this thesis are: *'What are the drivers of informal intergenerational care among migrant families and how do they meet care responsibilities within the family?'*; *'What influences migration processes?'* and *'What extent does migration alter traditional gender roles?'*. The study uses empirical evidence generated through in-depth semi-structured interviews with care workers in the UK and family members in Nepal. The findings are presented in three chapters as journal papers.

The first journal paper (Chapter 4) explores the significance of multi-generational care across borders. It shows the reciprocal nature of care within extended families and highlights the importance of drawing a distinction between families in understanding how migration policies can create care inequalities. It also shows that intergenerational care continues despite the hurdles presented by restrictive migration policies, albeit in compromised forms and with additional strain. The second journal paper (Chapter 5) illustrates that women's increased competencies, alongside the international demand for their skills, can influence migration decision-making. Hence, traditional gender role expectations, including care responsibilities, may become weaker as other factors emerge stronger. The third journal paper (Chapter 6) indicates that the intersections of masculinities and femininities, together with contextual social factors and transnational connections, influence gender roles among migrant couples. The contributions of this research take place at the levels of theory, method, and empirical findings.

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Overview and Declarations

The thesis consists of three self-contained articles in three chapters. An introduction and conclusion weave the articles together and present an overarching theoretical framework, an overview of current research, the study's research questions and arguments, and a summary of the contributions of the research. A methodology chapter presents the research methodology, research design, analytical techniques and ethical considerations. Chapter 4 is co-authored with my PhD supervisor, Professor Ayse Guveli and Chapters 5 and 6 are sole-authored. They are as follows:

Aryal S. and Guveli A. 'Flying Families between the UK and Nepal: Compromised Intergenerational Care amidst a Restrictive Migration Policy Context'. Published in the *Journal of Family Studies* in June 2023. http://doi.10.1080/13229400.2023.2218842

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I confirm that no part of this thesis has been submitted to this or any other university for another degree.

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Chapter 1

Introduction

'There are only four kinds of people in the world – those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers.' (Carter & Golant 1994: 3)

There is an increased need for care workers in advanced industrial societies (Ehrenreich & Hochschild 2003; Parreñas 2015; Yeates 2012). The demand for care workers is linked to several factors, such as ageing populations, the restructuring of welfare regimes, and the growth in participation of women in the labour market in these destinations (Araujo & González-Fernández 2014; Williams 2010). These necessitate the presence of a large number of migrant care workers. The recent trend of Nepali care workers migrating to the UK is not linked to either geographical proximity or historical, colonial or religious ties. Rather, it is mainly the result of the demand for nurses and the UK's previous relatively relaxed migration policies (Adhikari 2013; Sijapati et al. 2017). The trend has been supported by private service providers and social networks facilitating the migration process (Adhikari 2020).

Nepali nurses began migrating to the UK in the late 1990s and they are relatively fewer in number when compared to migrant nurses from other countries such as the Philippines and Sri Lanka. Hence, they have been under-researched (Adhikari 2020). Therefore, this study contributes to the understanding of one of the new entrants to minority groups involved in the global care economy migrating from the global South to the global North. Here, the (global) care economy or commodification of care refers to the transnational trade, supply and migration of care workers from less wealthy countries to fulfil the demand for migrant care workers in wealthier ones (Parreñas 2001; Yeates 2004). The transnational

care economy has now developed beyond migration from the global South to the North to between countries in the same continent and region (Lutz 2018). For instance, care migration now takes place between Asian countries, from Asian to Gulf countries, and between European countries – both East-to-West and within Eastern Europe. Nepali care workers are likewise migrating both regionally and globally, to Gulf and East Asian countries as well as wealthier countries in the West including the UK (Sijapati et al. 2017). Their skills and occupations are similarly diverse and include domestic workers, health and social care workers, nannies, and nurses, and they migrate to work both in households and institutional settings.

The Nepali care workers in the UK also represent a heterogeneous group in terms of route of entry, visa status and entitlement to residency (Gellner 2014). For instance, the *Gurkha* families migrate to the UK based on their resettlement rights and have an enabling migration status, whereas other Nepalis migrate through different visa categories and have a restrictive migration status. They are also diverse in terms of caste and ethnicity, level of education, and their spouse's professions. These differences provide an opportunity to comparatively study migration decision-making processes, intergenerational care arrangements, and changes in gender roles among migrant spouses in the UK.

The term intergenerational informal care is used in this study to refer to family members providing care across generations (Bengtson 2001; Hărăguș, 2021), excluding public or commercial provisions of care. I consider intergenerational informal care within the transnational setting to consist of physical (hands-on) care, emotional care, material and monetary support, remittance and gifts, love, guidance, and any other support to family members. It involves caregiving either in physical proximity and co-presence or from a distance among different generations of family members transnationally.

1.1 Research Questions and Chapter Setup

My research aims to explore and contribute to ongoing academic debates on the nexus between migration, care, and gender by taking Nepali migrant care workers in the UK as a case study and studying the mobility of care within their families. Three broader research questions underpin this thesis:

1) *'What are the drivers of informal intergenerational care among migrant families and how do they meet care responsibilities within the family?'*

2) *'What influences migration processes?'*

3) *'What extent does migration alter traditional gender roles?'*

These questions are elaborated upon further with sub-questions. The first question aims to examine the relationship between migration regimes and gendered intergenerational care arrangements of migrant care workers by studying transnational informal care connections among the families of Nepali care workers living in the UK. Through the literature on the global care chain (such as Hochschild 2000; Parreñas 2001; Yeates 2012), care circulation (Baldassar & Merla 2014b), (im)mobility regimes (Glick Schiller & Salazar 2013), and displaying families (Ducu 2020; Finch 2007; Walsh 2018), the question engages with the academic debates on how migration creates care inequalities to different extents to the transnational families involved in the global care economy, how transnational families exchange informal care, and how immigration status and immigration policies restrict or facilitate mobility and in turn impact care circulation and informal care among transnational families.

The first research question is constructed from two sub-questions: *'How do migrant families manage intergenerational informal care in origin and destination countries?'* and

‘What are the roles of migration policies in shaping these care arrangements?’. These questions are addressed in Chapter 4: *‘Flying Families between the UK and Nepal: Compromised Intergenerational Care amidst a Restrictive Migration Policy Context’*.

Within Nepali migrants, some families’ (*Gurkhas*) mobility is facilitated by their right to resettlement to the UK (Gellner 2013). Meanwhile, other families’ (non-*Gurkhas*) mobility is constrained due to the UK’s strict visa policies on family migration from countries in the global South (Sims 2008). The *Gurkha* are a special brigade of Nepali soldiers in the British army that has existed for the last 200 years. Those serving as *Gurkha* in the British army, as well as those who are retired and their family members, have had re-settlement rights in the UK since 2004 (Gellner 2013). Hence, among the Nepali migrant families in the UK, some families can travel freely and stay for longer in the UK to maintain informal care, whereas some families struggle to obtain a visa and may need to stay for a shorter duration while striving to maintain informal care in their family. This chapter, therefore, explores how migration creates care inequalities to different extents for transnational families who are involved in the global care economy, how these families exchange informal care based on their immigration status, and how stricter visa policies impact informal care.

The second research question aims to examine the relationship between migration, gender and care by studying how Nepali women with skills in demand in the global North such as nurses and care workers negotiate migration decisions within families. Through the literature on migration and gender (Hoang 2011; Hondagneu-Sotelo 1994; Paul 2015), rational choice approaches to migration (Christensen et al. 2016; Haug 2008; Wood 1981), and migration of couples and families (Krieger 2020; Shihadeh 1991), this research engages with academic debates on how different factors influence family decision-making processes for independent as well as couple and family migration.

The second research question elaborated as: *'What role does gender play alongside other individual and contextual factors in the migration decision-making processes of migrant care workers moving from Nepal to the UK?'* is addressed in Chapter 5: *'Gender or Gendered Demand of Care? Migration Decision-Making Processes of Nepali Care Workers'.*

I have explored the roles of individual factors such as the skills and competencies of migrants along with contextual factors in the migration decision such as the demand for care workers in the UK's labour market. Women's migration has been theorised as a difficult process constrained by gendered and patriarchal expectations to remain in the home country to contribute to reproductive labour within the family (Hoang 2011; Hondagneu-Sotelo 1994; Paul 2015). Alternatively, it used to be presented as part of family migration with men leading the process (Christou & Kofman 2022). However, female care workers from the global South are increasingly migrating not only to the global North but also to middle income countries and those in the same region (Kofman & Raghuram 2009). Not only do families support these women to migrate, but they are also migrating independently and leading their family's migration (Adhikari 2020). Hence, this chapter explores how these women, particularly nurses from the global South, are able to use their agency and negotiation powers in the migration decision processes in the family and what factors are influencing the processes.

The third research question aims to examine the impact of migration in bringing changes to traditional gender roles and to masculinities and femininities that may have taken place whilst living in the UK. Through the literature on migration and traditional gender roles among migrant couples (such as Hondagneu-Sotelo 1994; Parrado & Flippen 2005), and masculinities and femininities (Connell 1987; 1995), it engages with academic debates on gendered care relations among migrant couples, for example in maintaining traditionally

gendered reproductive labour such as household chores and informal care, and how the interplay between masculinities and femininities in a new country influences changes to the gendered division of labour in families.

The third research question elaborated as: *'How and to what extent does migration alter traditional gender roles, masculinities and femininities among migrant couples and what are the drivers of the change or continuity?'* is addressed in Chapter 6: *'Changes in Gendered Care Relations among Nepali Care Workers' Families in the UK: The Interplay of Masculinities and Femininities while Performing Care Work'*.

Theories on migration and gender present reflexive relationships between migration and gender where migration experiences are seen to reshape traditional gender roles among family members (Hoang 2011; Hondagneu-Sotelo 1994; Paul 2015; Guveli & Spierings 2022). However, studies also present contradictory findings regarding changes in traditional gender roles and masculinities and femininities among migrant couples (Donato et al. 2006; Gold 2003; Hondagneu-Sotelo 1994; Parrado & Flippen 2005). Hence, this chapter explores how migration impacts changes to masculinities and femininities and traditional gender roles among migrant couples and how their engagement in reproductive labour (both paid health and social care work and informal family care), alongside individual and social factors such as transnational social connections impact those changes.

Hence, this research brings discussions around the commodification of care (or care economy) and its impact on care practices among care workers' transnational families and the role of gender and other factors in shaping the migration decision-making process in the country of origin and gendered outcomes in the receiving country. It focuses on the reciprocal nature of informal care in the family and how multi-generational involvement in giving and receiving care transnationally is shaped by different factors. It also examines how multi-

generational involvement, together with other factors, either reproduces inequalities or brings changes to traditional gender roles. The overarching argument of the thesis is that the mobility of care from the global South to the North is shaped by the gender, care and migration nexus and that this further influences care and gender roles within families.

It shows that the nexus influences the overall processes of migration from decision-making processes to intergenerational care and gender roles within the family. This is a two-way process in which the expected social and reproductive roles of family members intersect with individual and social factors to influence the migration process. For example, the occupational demand for nurses in the UK and better life chances for their family members were major determinants in migration decisions for nurses. At the same time, the intersection of contextual factors in the migration destination with other drivers such as education, profession, ethnicity, masculinities and femininities played a role in sustaining and/or transforming gender roles and care responsibilities. Hence, the thesis explores the gendered dimensions of the mobility of care, how migration is based on unequal political-economic relations between nations, and how these inequalities further reproduce and/or transform care and gender roles within families. This exploration has received little scholarly attention in general and particularly so in relation to the UK and Nepal. Hence, this contributes to the existing state of knowledge by presenting additional evidence and developing arguments. Each of the chapters seeks to progress the overall intellectual arguments of the thesis.

The next section will present the theoretical frameworks that I am going to engage with in this study. I will first discuss different interpretations of care and clarify the term's use in this study as informal intergenerational care given to family members that includes physical and emotional labour. Then I will present an overview of current research and

identify the knowledge gap in different theoretical concepts and frameworks on migration, gender and the care nexus and the contributions this study will make to academic debates.

1.2 Current Research and Knowledge Gaps on Migration, Gender and the Care Nexus

1.2.1 Definitions of care in international migration

The concept of care has diverse interpretations. Milligan and Wiles (2010) define care as work supporting others or as a relationship involving love and emotion. Graham (1991) is one of the earlier feminists who differentiated between care as paid and unpaid work and examined how women's class, racial and gender positions are constructed, integrated and lived out through care work. Similarly, Lloyd (2000) defines care as social relationships between a caregiver and recipient in familial or professional settings. These definitions perceive care in broader terms as physical support in the form of labour, psychological connection in the form of emotional support and love, and includes unpaid informal care within the family as well as paid, formal care as a commodity.

Feminist scholar Mary Daly defines care specifically as '…looking after those who cannot take care of themselves' (Daly 2002: 252). Hence, it is confined to supporting those who are incapable. However, Glenn (1992: 1) defines care as a part of reproductive labour that 'includes activities such as purchasing household goods, preparing and serving food, laundering and repairing clothing, maintaining furnishings and appliances, socialising children, providing care and emotional support for adults, and maintaining kin and community ties.' Reproductive labour includes the broad range of activities that are taken as both unpaid labour in the family, such as inter-generational care, and paid labour in private households or institutional settings. Yeates (2009: 5) defines care as the wide range of

activities as mentioned above that are used to promote and maintain the personal health and welfare not only of people who cannot support themselves but also of those who are not inclined to engage in this level of self-care. Hence, this definition broadens the concept of care to include recipients who both can and cannot take care of themselves.

Yeates (2009) also presents care studies as a multi-disciplinary field of study that is analysed from different approaches and perspectives, such as psychological approaches, labourist approaches, social policy perspectives, and spatial and scalar frameworks. Psychological approaches are mainly concerned with individual motivations and the emotional attachments of caregiving. Care-giving according to labourist approaches is both physical and emotional labour (Yeates 2009). Physical labour is akin to 'caring for', and includes performing care tasks or assuming the responsibility of care and is possible only through proximity, whereas emotional support involves 'caring about' others, and includes being attentive to their needs and providing emotional support, which can also take place from a distance (Fisher & Tronto 1990; Zechner 2008). Social policy analysis considers the inequalities associated with caregiving and care receiving and explores social organisations and institutions, state policies on welfare and public provisions, historical and cross-national contexts, and other structural causes such as social division based on social class, caste, gender and other axes of stratification (Yeates 2009). Spatial and scalar frameworks consider the internationalisation of care services, including the management of care services and migrant workers attached to these services (Yeates 2009).

These perspectives show the multi-disciplinary areas from which care is defined and studied. While focusing on care as physical and emotional labour, this study will also consider the individual motivations and emotions attached to caregiving and care receiving and how state policies cause inequalities in care in the international migration context.

Families exchange care among their members across different generations, but most commonly for the elderly and children. Since informal care exchange in the family could be based on moral responsibility (Gamburd 2020) or due to negotiations among members and necessity, power relations among the family members based on gender role expectations and availability could shape the care exchange. For instance, sandwich generations, i.e., the middle generation, are often responsible for caring for the aged, taking care of themselves, and raising their children (Gamburd 2020). The term gender role expectations or 'doing gender means creating or expecting differences between girls and boys and women and men. These differences are not natural, essential, or biological. Once the differences have been constructed, they are used to reinforce the "essentialness" of gender' (West & Zimmerman 1987: 137). Hence, it is the repeated performance of accepted and expected gender roles by men and women that sustains and reproduces the expected roles that are based on biological sex.

Theorists define unequal social relationships as the cause for the engagement in reproductive labour, which further exacerbates inequalities through the intersections of gender, racial identity and social class (Glenn 1992; Kofman 2012; Parreñas 2000; 2001; 2012). Hence, social inequalities are both the cause of reproductive labour and its product, as engagement with reproductive labour can further increase inequalities, especially among women, racial and ethnic minorities, and the working classes.

Therefore, while considering the multi-disciplinary field of care studies (Yeates 2009), in line with Glenn's (1992) broader understanding of caregiving as a part of reproductive labour and care as a moral responsibility within the family (Baldassar & Merla 2014b; Finch 1989; Gamburd 2020), I consider care as intergenerational informal care within different generations of family members in a transnational setting. It consists of physical

(hands-on) care in physical proximity and co-presence, i.e., 'caring for', and emotional care, which includes emotional support, love, and guidance. It also consists of care from a distance, i.e., 'caring about', including emotional and any other support provided to family members such as material and monetary support, remittance and gifts.

1.2.2 The global care chain

Research in the past two decades has studied the relationship between migration, gender and care with a particular focus on women migrating from the global South to take up care work in the global North. Hochschild (2000) coined the term 'global care chain' to refer to the globalisation of care labour and the creation of international networks and chains of care between the families who provide and receive care. The global care chain, according to Hochschild (2000: 131), is 'a series of personal links between people across the globe based on the paid or unpaid work of caring'. Hochschild presents a common form of a chain as: '(1) an older daughter from a poor family who cares for her siblings while (2) her mother works as a nanny caring for the children of a migrating nanny who, in turn, (3) cares for the child of a family in a rich country' (Hochschild 2000: 131). Hence, it deals with how the migration and commodification of care create social division and care inequalities between the families involved in these chains. Here the commodification of care or care economy refers to the transnational trade, supply and migration of care workers from less wealthy countries in the world to fulfil the demand for migrant care workers in wealthier ones (Parreñas 2001; Yeates 2005). Care workers are central to this economy, where informal care in the family is transferred and traded internationally as care labour. The initial global care chain concept (Hochschild 2000) provides a conceptual tool to analyse the relationship between migration

and paid and unpaid care work. However, it is limited to migrant mothers involved in domestic work who are leaving behind their children (Yeates 2012).

1.2.3 International division of reproductive labour

Parreñas (2000; 2001) provides an analytical dimension to migration and care relations through the concept of 'international division of reproductive labour'. Parreñas (2000) names the transfer of reproductive labour among women in sending and receiving countries as the 'international transfer of caretaking'. It 'refers to a social, political, and economic relationship between women in the global labour market. This division of labour is a structural relationship based on the class, race, gender, and (nation-based) citizenship of women' (Parreñas 2000: 570).

This notion is founded on Glenn's (1992) concept of 'racial division of reproductive labour' and Sassen's (1984) concept of 'international division of reproductive labour'. The international division of reproductive labour broadly deals with unequal racial and gender relations between care providers and receivers and the creation of care inequalities between them. It further presents a reason for these inequalities as unequal political-economic ties between the nations that send and receive care workers (Parreñas 2001; 2015). Hence, both the initial concept of the global care chain and the international division of reproductive labour deal with how the migration of women and commodification of care, love, emotions and broader reproductive labour is based on gender, race, class, economic and political inequalities and how this further increases these inequalities. These concepts are especially relevant for my thesis as it seeks to study families migrating from a poorer country in the global South (Nepal) to a richer country in the global North (the UK), and who thereby become one of the ethnic minority groups involved in care work in the UK.

In the case of migration from Nepal, Adhikari's (2020) findings suggest that Nepali nurses migrate to the UK after considering the high demand for care workers, increased job opportunities, and better life chances for their families. Hence, women with skills and experience in demand can explore opportunities together with their families and migrate. Therefore, in addition to looking at the care inequalities between the care receiver and provider families, there is a need to consider how and what factors shape care migration and gendered care outcomes among migrant families.

1.2.4 Expanded global care chain framework

Yeates (2004; 2005; 2009; 2012) makes novel contributions to the global care chain's analytical framework. One of which is their expansion of the conceptualisation of care chains as networks of connections among different actors based on the reciprocal flow of care (Yeates 2009). By broadening the conceptualisation of the flow of care beyond a one-way transaction between the caregiver and care receiver, Yeates acknowledges the circulation of care among different actors within the network. Within a transnational context, this expands the concept of the global care chain to include considerations of how migration shapes informal intergenerational care practices within diverse transnational families. Some other contributions that I am presenting below include establishing the global care chain's firm links with the key analytical components of the global commodity chain analysis and the political-economic perspective; and elaboration of the initial global care chain concept to study heterogeneous migrant care workers beyond unskilled domestic workers, gender, care contexts and care connections.

1.2.4.1 Application of global commodity chain analysis

The original global care chain concept (Hochschild 2000) focuses on unskilled transnational domestic workers in its approach to the chain and commodification of care. Yeates (2004) argues for a more rigorous application of global commodity chain analysis (Gereffi 1996) in a range of care service sectors that could strengthen the global care chain concept and contribute towards the development of a feminist theory of care transnationalisation. Hence, she analyses the possible application of the global commodity chain analysis in diverse care sectors, from capital and technology-intensive and strictly formal care services such as nursing care in hospitals to the labour-intensive, informal and illegal trade of care services such as trafficking for sex work.

Global commodity chain analysis is based on the world-systems perspective (Gereffi 1996). The world-systems perspective explores how the globalisation of the industrial production of goods creates dependent and unequal relations between the world's core, semi-peripheral and peripheral areas. Yeates (2004; 2009) identifies the need to overcome the weaknesses of global commodity chain analysis's lack of consideration of service sectors and the roles of labour and gender in production processes. Hence, she proposes an engendered form of global commodity chain analysis to consider the dissimilarities between manufacturing and the supply of goods to focus on services, specifically care service sectors and concerns about the dynamics of gender in reproductive labour.

These analyses further suggest that with the amendments mentioned above, rigorous application of three key tenets of global commodity chain analysis, i.e., the structure of inputs and outputs, territoriality, and governance, could strengthen and expand the global care chain framework (Yeates 2004; 2009). A brief overview of the application of these tenets to care services is given below.

1.2.4.1.1 The structure of inputs and outputs

Investigation into the structure of inputs and outputs shows the processes of production of care workers and how the given context and system determines the demand for and supply of care workers and ultimately creates care chains (Yeates 2004; 2009). Here, the production processes include both formal and informal training, education and experience. Needs for care and care workers and their production and availability depend on different factors such as gendered expectations of care, availability, the production of the diverse care labours, state policies on necessary training and education for certain care services such as nursing, and broader policies on welfare and labour export and import.

In this process of the production and supply of care labour, families are dispersed geographically but linked by the provision and consumption of care, with each stage in the production of care adding emotional and economic value (Yeates 2012). Hence, special attention to the factors that influence the production and supply of care workers and their emotional experiences is important in the study of the global care chain.

1.2.4.1.2 Application of territoriality

The focus on territoriality in the global care chain includes paying attention to the transnational spread of migrant care within labour networks, workers' international mobility, and the range of migration channels and agents involved in creating demand for and coordinating the supply of labour (Yeates 2004). Hence, territorial considerations facilitate the study of labour networks, which consist not only of individual workers and households involved in the care chain but also agents such as labour brokers and organisations that facilitate the processes (Yeates 2009). Likewise, a territorial perspective considers the role of

different entities that vary from informal networks such as friends and families to formal networks such as recruitment agencies and those operating both as non-commercial and commercial entities (Yeates 2009).

Lutz (2018) identifies the importance of a territorial perspective in the study of Yeates' (2009) approach to the care economy and criticises the narrow framing of global South to global North care migration. Lutz highlights that migration now takes place not only from the global South to the North, but also between countries in the same continents and regions. For instance, care migration now takes place between Asian countries, from Asian to Gulf countries, and between European countries – both from East to West and between Eastern European countries. However, while considering care migration as multifaceted and multi- scaled, Lutz (2018) identifies geo-political inequalities between countries and unequal socioeconomic conditions as the major reasons for migration. As the following section demonstrates, it is important to shed light on how the differences at the national and individual levels govern the global care economy and how it creates further care inequalities. In line with Lutz (2018) and Yeates (2009), while studying care migration from Nepal, I have considered socio-economic differences and geo-political inequalities between Nepal and the UK in influencing migration and creating care inequalities.

1.2.4.1.3 The governance of the global care chain

Investigations into the governance of the global care chain concern the regulation of care labourers, working conditions and service delivery in the destination country (Yeates 2004; 2009). This topic considers the role of state and non-state actors in the governance of the international chain of care. It is again important to map the relations of power and authority between nation-states as these impact the formulation of laws, policies and practices

governing the supply of and demand for migrant care labour. State policies can play a major role in supply and demand and can facilitate or prohibit the export and import of labour (Yeates 2004). Likewise, labour standards and regulatory processes such as compulsory registration with professional bodies to practice certain professions, such as the Nursing and Midwifery Council to practice nursing in the UK, also regulate migration and admission into certain care professions.

Consideration of the tenets of global commodity chain analysis broadens the theoretical underpinning of the study. This linkage to global commodity chain analysis also reveals how families are linked together across geographical distances (either global or national) through the consumption and delivery of care services and how they benefit or suffer emotionally and economically in the process (Yeates 2004; 2009). Socio-geographic analysis and considerations of territoriality enable researchers to capture the varying impact of the global care chain on geo-political inequalities in power, wealth and development as well as their intersection with other factors including immigration and emigration regimes in source and destination countries (Yeates 2004; 2009). These considerations therefore further enable the global care chain's application to consider the transnational care connections within the migrant care workers' families and the impact of unequal power relations between the nations.

1.2.4.2 Establishing a political-economic theoretical underpinning

Yeates (2004) identifies that the global care chain concept lacks a political-economic perspective and develops it to rectify this. The political-economic perspective considers how the mobility and commodification of care creates a chain of care inequalities between the care provider and receiver families based on inequalities between the sending and receiving

societies and economies (Yeates 2005; 2012). Yeates (2012: 142) further argues that the global political economies of power, development and migration are the product of the intersection of differences in health, welfare, trade, aid, development, immigration and emigration regimes in source and destination countries, which combine to influence chains of care workers.

This approach suggests that care chains may vary based on the (unequal) relationships between sending and receiving societies and families which can in turn create or expand care inequalities. For instance, care chains and their outcomes between the global South and North, as well as between countries within each region can differ. Care chains between agents in disparate circumstances could further expand care inequalities among the relevant societies, care workers and care recipients, whereas care chains that take place between similar contexts may not produce or exacerbate inequalities.

This theory is relevant to my study as it seeks to analyse whether the unequal political-economic relationship between Nepal and the UK influences the care chain and inequalities of care.

1.2.4.3 Expanding the global care chain concept to study heterogeneous migrant care workers

The global care chain's initial concept has been elaborated to analyse the impact of care work migration on heterogeneous migrant care workers beyond unskilled domestic work and informal care contexts (Kilkey 2010; Yeates 2009; 2012). This encompasses care work in institutional settings, including skilled workers such as nurses in health and social care

settings, and non-reproductive care work (Yeates 2009; 2012) that is often traditionally undertaken by men (Kilkey 2010), such as handymen and gardeners.

Yeates (2009) also proposes an expansion to the global care chain framework to consider care workers beyond mothers leaving behind dependent children. This includes care workers from different age groups, marital statuses, and those with varying care obligations towards children and other family members. It also includes diversity in transnational households whose family members have either resettled in the destination country or have been left behind in the country of origin. This expands the concept of the global care chain to include the consideration of how migration shapes informal intergenerational care practices within diverse transnational families and changes to gender role expectations and practices in the destination country.

As discussed above, this study uses the term intergenerational informal care to refer to family members providing care across generations, therefore excluding public or commercial provisions of care. Transnational families, based on the concept of transnationalism (Glick Schiller et al. 1992; Vertovec 2009), refers to families that maintain linkages and connections and exchange familial practice across national borders spaces. Glick Schiller et al. (1992: 2) define transnational as ‘a description for both the sectors of migrating populations who maintain a simultaneous presence in two or more societies and for the relations these migrants establish.’

These extensions to the global care chain aim to generate an in-depth understanding of care transnationalisation and its impact on the people who are involved in the chain (Yeates 2012). While expanding the global care chain, Yeates (2012) suggests that researchers should consider changes in expectations and practices of care among family

networks due to care migration and how migrants manage care for their family members in their home country and the migration destination.

However, despite these efforts to extend the conceptual arena, the global care chain literature has been inadequate in addressing intergenerational informal care connections within migrant care workers' families and the impact of migration regimes on care exchanges in transnational families (Kilkey et al. 2018; Locke 2017; Zhou 2013). Due to the concept's political economic theoretical underpinning, studies in this field also often focused on the mobility and commodification of care that creates a chain of inequality between the care provider and care receiver families. Hence, along with the global care chain framework, I have also used other concepts such as the circulation of care, (im)mobility regimes, and displaying families to focus my analysis on the reciprocal nature of informal care within the migrants' families and multi-generational involvement in care-giving and care-receiving transnationally, which I will elaborate on later.

Through studying Nepali care workers in the UK, I found that both female and male migrants are involved in both paid care work and informal family care. Paid care work varied from being performed by unskilled labourers such as care assistants to skilled labourers such as nurses. They followed different entry routes to the UK and held different settlement statuses, and grandparents (the migrant care workers' parents) were also actively involved in providing informal care to grandchildren in the UK (this is detailed in Chapter 4 and in Aryal and Guveli (2023)). As Nepali migrant families exchange informal care in multiple directions and across generations under UK migration policies, the initial global care chain concept is not sufficient to meet the aims of this study on its own.

In order to focus on a particular group of care workers within the broad range of care work professions mentioned above, I have limited my study to include male and female care

workers in the health and social care sectors in the UK. This does not cover broader areas of care work positions such as gardeners or handymen as these have not been significant in attracting Nepali migrants.

1.2.5 Circulation of care

The concept of care circulation (Baldassar & Merla 2014b) focuses on caregiving based on kinship ties and considers the position of care as a moral responsibility within families. This concept is shaped by three main premises (Baldassar & Merla 2014b). Firstly, transnational families exchange care among their members. The framework views migrants and other family members as both providers and receivers of care; identifies the reciprocal, multidirectional and asymmetrical exchange of care within the family; and recognises the role of each family member in transnational care exchange processes and practices and their importance in expressing and maintaining family solidarity and belonging (Baldassar & Merla 2014b). Secondly, mobility and absence are common features of contemporary family life and have both negative and positive consequences. Migration creates physical separation and dispersion of family members across transnational locations. It argues that despite being physically absent and separated across time and space, family members maintain a sense of co-presence (Urry 2003) and familyhood (Bryceson & Vuorela 2002). Hence, the transnational families exchange informal care either from a distance or hands-on through physical co-presence both in the origin and host countries (Baldassar & Merla 2014b). Thirdly, care circulation applies to a full range of family forms in diverse transnational family relations and migration settings. The approach acknowledges that transnational families are as diverse as geographically proximate families. Due to the diversity and unequal access to resources among these families based on types of migration, welfare, gender and care

regimes (Kilkey & Merla 2014), class, gender and ethnicity (Lutz & Palenga-Möllenbeck 2011) in both source and destination countries, family members exchange care transnationally but to varying degrees. Hence, it emphasises 'that the quality, quantity, direction, presence or absence of the circulation of care is highly variable, constantly negotiated and deeply influenced by factors both within and outside the family' (Baldassar & Merla 2014b: 31).

Baldassar and Merla (2014b: 25) define care circulation as 'the reciprocal, multidirectional and asymmetrical exchange of care that fluctuates over the life course within transnational family networks subject to the political, economic, cultural and social contexts of both sending and receiving societies.' While continuing to consider the interplay of gender and power in (unequal) care exchanges, the care circulation concept acknowledges and examines all family members' roles as both receivers and providers of care (Ryan 2007) over time. In addition to regarding care as an exchange of goods and services, emotional and moral support both in proximity and across distances are also seen as important forms of care (Baldassar & Merla 2014b). The concept considers the moral economies of the family, i.e. moral codes of family and kinship ties, and focuses on multidirectional exchanges and mobilities of care in various forms and degrees within transnational families (Baldassar & Merla 2014b). Unlike the care chain and studies of inequalities between care provider and receiver families, care circulation involves family care connections and takes caregiving and care receiving as entities that circulate within geographically proximate and distant family networks. Hence, the care circulation framework's family perspective complements the care chain framework by looking at the commodification of care and its impact on the chain of care between migrants and non-migrants from a labour market perspective.

New communication technologies such as easy access to video calling and social media platforms play a significant role in facilitating exchanges of care over distance (Baldassar 2016; Madianou 2016). However, studies also show that remote care cannot always substitute the need for hands-on support that is only possible through physical co-presence (Merla et al. 2020), such as feeding, washing or helping with other daily chores for dependents and the ill. This was relevant in my study as although the Nepali families were well connected through communication technologies, they also made efforts to remain together or make transnational journeys to exchange informal care in co-presence. Since physical co-presence is possible only through the mobility either of the caregiver or the care receiver, the ability to travel to receive or provide care becomes an important resource, which many migrants' families, particularly those from the global South, struggle to access (further detail in Chapter 4).

Studies exploring intergenerational care connections within transnational families are based on the concept of care circulation (Baldassar & Merla 2014b), which considers the roles and contributions of family members, including the elderly and grandparents, and kinship networks in informal care exchanges (Baldassar & Merla 2014b; Bjørnholt & Stefansen 2018; Chiu & Ho 2020; Kilkey & Merla 2014; Plaza 2000; Wyss & Nedelcu 2018). Despite geographical distance, weaker state welfare provisions further increase the need for care from family members (Ryan 2007). Likewise, social norms and values regarding familial care can also lead dependents to expect to receive care from their (extended) family members. For instance, reciprocating care of older parents, especially among Asian families, is seen as a duty of sons and daughters, and is sometimes referred to as filial piety (Sun 2012). Likewise, the wellbeing of the younger generation is often seen as the responsibility of grandparents (Chiu & Ho 2020; Ducu 2020). However, excluding a few recent studies (such as Baldassar & Wilding 2014; Bjørnholt & Stefansen 2018; Chiu & Ho

2020; Kilkey & Merla 2014; Wyss & Nedelcu 2018), the roles, contributions and perspectives of family members and especially of grandparents in making international visits to provide care and their perspectives on care are largely under-examined. My study fills this gap by focusing on the perspectives of grandparents and migrants and by bringing perspectives from both the origin and host country on how transnational families manage intergenerational care.

The care circulation concept has been criticised for its over-emphasis on the moral responsibilities of family members as this can change over time and across different contexts (Lutz 2018). Care exchanges within families and kinship networks may not universally be guided by moral responsibilities but also by negotiations and compromises. Responsibilities could also be placed on family members based on gendered expectations or due to necessity. The migration context and labour market position can further impact care exchange and create emotional inequalities (Lutz 2018; Yeates 2009).

Although the Nepali families in this study were well connected through communication technologies, they went through significant hurdles to visit the UK and exchange informal care in co-presence. This topic can be explored further by considering the implications of visa policies on the options for care exchanges within transnational families, which are still largely underexplored (Merla et al. 2020). Hence, there is another gap in the literature concerning the role of the state in transnational intergenerational informal care exchanges.

1.2.6 (Im)mobility regimes

The regimes of mobility perspective (Glick Schiller & Salazar 2013) addresses the relationships between mobility and immobility (or stasis) and explores the role of migration policies and procedures in diversely influencing peoples' ability to migrate within and/or across national borders. This includes the examination of policies that create stratified restrictions for some and facilitate mobility for others based on nationality, occupation, economic status, racial representation and demography.

The concept of a global regime of mobility (Shamir 2005) or immobility (Turner (2007) critiques the notion of global mobilities that defines the world as a cosmopolitan global village with freedom of mobility (Glick Schiller & Salazar 2013). Shamir (2005: 199) theorises globalisation as the 'processes of closure, entrapment, and containment'. Hence, for Shamir (2005: 199), a global mobility regime is emerging that is 'oriented to closure and to the blocking of access… on a principle of perceived universal dangerous personhoods… to maintain high levels of inequality in a relatively normatively homogenised world'. Hence, globalisation and mobility regime can be seen as a single regime that intentionally creates obstacles to mobility based on inequality and suspicion. Turner (2007: 290) renamed Shamir's (2005) concept of global mobility regime to 'immobility regime' as, rather than mobility, they involve the 'gated communities (for elderly)' and 'ghettoes (for migrants, legal and illegal)'. Likewise, Turner (2007: 289-290) argues that in contrast to 'an increasing global flow of goods and services, there is emerging a parallel 'immobility regime' exercising surveillance and control over migrants, refugees and other aliens' aimed at protecting citizens by containing and curtailing the movements of dangerous migrants. Hence, both Shamir (2005) and Turner (2007) define a global regime of mobility/immobility as a single regime creating restrictions on mobility.

Expanding the earlier concept of a single regime of mobility, Glick Schiller and Salazar (2013) pluralised the mobility regimes perspective that defines mobility not as a problem but as a social norm (Maryanski & Turner 1992) and explores how certain mobilities are praised and others are condemned based on factors such as differential power relations, inequalities and racialised representations. Since this perspective explores the reasons for praise for some forms of mobility and restrictions for others, I have termed it an (im)mobility regimes perspective. This perspective helps to analyse the basis of nationwide and international migration policies and procedures that categorise migrants and their family members (Block 2015) and how those policies affect individual mobility differently.

Literature on the mobilities paradigm (Boas et al. 2022; Sheller 2018; Sheller & Urry 2006) challenges the notion that a static and sedentary lifestyle is normal and mobility is exceptional. This literature further explores how (im)mobility is shaped by unequal power relations and how these policies are enforced. Due to global capitalist hegemonies, care is commodified and in high demand in the global North. However, the migration of care workers' families is strictly controlled (Merla et al. 2020). Hence, countries in the global North welcome care (workers) as a commodity but curtail the movement of migrants' elderly parents. Bonizzoni (2018: 230) claims that richer states consider the elderly as 'dangerous dependencies' and restrict their ability to cross borders thereby keeping migrants' care responsibilities a private, transnational, family matter. Merla et al. (2020: 15) term the current state of care-related mobility regimes as 'immobilising regimes' as they 'block the physical mobility of some, while granting highly conditional mobility to others, resulting in situations of enforced and permanent temporariness and ontological insecurity'. Therefore, the regimes of (im)mobility framework is useful in understanding how richer states' migration policies aim to maximise economic benefits by encouraging labour migration in shortage occupations but create hurdles and conditions for family migration based on the individual's country of

origin, socio-economic status, age and gender, limiting the options for maintaining proximate care in transnational families.

In this study I use the regimes of (im)mobility framework to examine the consequences of the UK's policies on the migration of family members, specifically Nepali grandparents' visits to the UK to care for their grandchildren. I compare the care arrangements and experiences of *Gurkha* families, who have migrated to the UK under a resettlement programme, and non-*Gurkha* families, who have migrated under different visa categories. I also explore how the categorisation of migrants creates restrictive visa policies that complicate international travel between countries with unequal power dynamics and develop this with the concept of 'flying families', which refers to Nepali family members' visits and stays in the UK.

Hence, this study uses the conceptual understanding of (im)mobility regimes to consider the consequences of migration policies and procedures of the global North (the UK) on migrants from the global South (Nepal), exploring, in particular, the extent to which restrictive or enabling migration policies and mechanisms shape care exchanges and exacerbate or reduce care inequalities among the diverse Nepali migrant care workers' families. It focuses on the reciprocal nature of informal care and how multi-generational involvement in giving and receiving care transnationally is shaped by migration policies and procedures. It also fills a research gap by focusing on the perspectives of grandparents and migrants on international migration and its impact on intergenerational care among transnational families in order to consider perspectives from both the origin and host country.

1.2.7 Displaying families

The concept of displaying families considers how family practices are maintained, their motivating factors, and the associated emotions (Ducu 2020; Finch 2007; Walsh 2018). In a transnational context, families often try to maintain family practices such as intergenerational care, either remotely through contact and communication or through physical co-presence. Both of these are seen as practices of 'doing families' (Ducu 2020; Morgan 2011). However, the geographical separation, together with other complexities such as visa restrictions, the ability to travel, and language differences create barriers to maintaining these practices through physical co-presence. When family members fall short in performing these practices or feel that they are not contributing adequately they may act in a way that explicitly shows they are caring for their family and performing family roles (Ducu 2020). Hence, in addition to performing family roles, i.e. 'doing families', they also tend to display their efforts in maintaining family practices.

Finch (2007) defines displaying families as a process through which the family members convey to others that their acts are a product of family relationships. Both doing and displaying families are important activities, as in addition to maintaining family relationships, displaying demonstrates to others that the relationships are working effectively and makes 'family-like' qualities visible (Finch 2007; Morgan 2011; Walsh 2018). 'Displaying families' has been used as an analytical framework to examine the motivations and emotional experiences behind the actions of doing and displaying families (Ducu 2020; Walsh 2018). Ducu (2020) used the notion of 'displaying grandparenting' to examine the motivations of grandparents among transnational Romanian families. Her findings suggest that in situations where grandparents are one of the major contributors to childcare, separation due to migration encourages them to display grandparenting.

Doing and displaying grandparenting can be motivated by an individual's desire to pass on their language, culture and religion to their grandchildren. Visits are taken as one of the major family practices of doing and displaying grandparenting and are likely to involve providing care, engaging in family activities, and renewing ties (Ducu 2020). However, the ability to travel is again influenced by visa policies and therefore the categorisation of migrants. For instance, research on intergenerational care shows that free movement within the European Union facilitates the doing and displaying of families for European migrants and excludes non-European migrants (Hărăguș et al. 2021). Hence, this concept is useful for my study in exploring how the motivations and emotions attached to 'doing families' can be affected by travel restrictions, thereby demonstrating how the UK's categorisation of migrants can influence the exchange and display of informal care across generations.

This review of the literature on the global care chain, circulation of care, regimes of (im)mobility, and displaying families shows that the concepts are closely related. However, they have different approaches and areas of focus in dealing with issues related to the mobility of care and its implications for family members. The global care chain, based on global commodity chain analysis and a political-economic perspective, considers the mobility of care as a commodification that creates a chain of care and inequalities between care provider and receiver families in increasingly dependent and unequal societies and economies (Hochschild 2000; Parreñas 2015; Yeates 2012). Viewed from a family perspective, care circulation is seen to be guided by a moral economy (Baldassar & Merla 2014b) where care exchanges within families are taken as moral obligations and a contemporary form of family practice. The concept of displaying families considers how family practices are maintained, their motivating factors and the associated emotional experiences. The (im)mobility regimes perspective (Glick Schiller & Salazar 2013) explores the role of migration policies and

procedures in influencing peoples' abilities to cross the border, exchange informal care, and address care inequalities.

Hence, I expect that these concepts will complement each other in exploring and broadening the understanding of the complexities of maintaining intergenerational care among Nepali transnational families. My analysis utilises the global care chain perspective's strength in dealing with how the migration of care workers creates inequalities of care among families. It uses the care circulation perspective to focus on how families exchange care at local and transnational levels, including both care from a distance and hands-on care, and incorporating the perspectives of different generations of care providers and receivers within family networks. It uses the concept of displaying families to present the motivating factors and emotional experiences associated with intergenerational transnational care. It also uses the regimes of (im)mobility concept to consider the consequences of migration policies and procedures governing global South to North migration contexts, exploring, in particular, the extent to which restrictive or enabling migration policies and mechanisms shape care exchanges and inequalities.

I further investigate the relationship between migration, gender and care by exploring the families' experiences of migration decision-making processes in Nepal and changes in traditional gender roles in families in the UK. Relevant conceptual frameworks and research are presented below.

1.2.8 Gender and migration decision-making

Existing literature considers the reflexive relationship between migration and gender. Migration is often taken as a gendered process where traditional gender role expectations

shape migration patterns, and where subsequent migration experiences reshape gender role expectations within families (Hoang 2011; Hondagneu-Sotelo 1994; Paul 2015). This literature suggests that social relationships and power dynamics based on gender and patriarchy are major factors in organising migration for both women and men. Unequal relations among men and women further facilitate or constrain the migration of men and women according to the ideological and cultural expectations of each individual (Hondagneu-Sotelo 1994).

Earlier studies establish men's sociodemographic characteristics, job experiences and preferences as major determinants in family migration (Brandén 2013; Pailhé & Solaz 2008) (detailed in Chapter 5). Though women's migration is theorised as a difficult process constrained by gendered and patriarchal expectations, the care workforce, especially female care workers from the global South, is increasingly migrating to the global North. Not only do families support women to migrate, but women are also migrating independently as part of the global demand and supply of care labour, i.e. the global care economy. It is also contributing to the new global capitalist trends of care migration by facilitating and leading the migration of the whole family. However, there is limited understanding of the dynamics of decision-making processes in the care migration context and of whether other factors, including different manifestations of patriarchy, influence these processes and shape migratory patterns. Some South Asian care migration literature (Adhikari 2013, 2020; Gamburd 2000, 2020; George 2005;) is instrumental in exploring, for instance, what happens to gendered practices and discourses when women migrate for care work, how are women empowered to use their agency and enhance their negotiation power in migration decision processes and whether the migrants transform and negotiate conventional gender relations. These are dealt with briefly below and verbosely in Chapter 5.

Patriarchy is defined in this study as a 'fluid and shifting set of social relations where men oppress women, in which different men exercise varying degrees of power and control, and in which women collaborate and resist in diverse ways' (Hondagneu-Sotelo 1994: 3). Here, patriarchy is seen as a complex and diverse phenomenon that creates different levels of inequality and oppression for women based on various forms and degrees of patriarchy (Walby 1994). In a migration context, migration for men can be seen as a patriarchal rite of passage towards independence and their migration is facilitated as they are expected to become providers for their families. Women may be domestically confined as they are expected to bear the responsibilities of looking after children and families and are considered fragile and need protection (Hondagneu-Sotelo et al. 2006). However, studies show different manifestations of patriarchy in South Asia. For instance, women migrate not only individually, but their families support them to migrate or they may lead the migration of their husbands and family members as dependents (Adhikari 2013, 2020; Gamburd 2020; George 2005). Here, economic needs have brought flexibility to the patriarchal family system that facilitates women's independent migration (Gamburd 2000, 2020; George 2005). As the notion of personhood in South Asia is fluid and family-oriented rather than individualistic, individual actions such as migration are often understood as steps taken for family obligations and maintenance (George 2005). Gamburd (2020) presents women's labour migration from Sri Lanka to the Gulf countries as an outcome of the demand for care workers and the wage gap between countries, and as further facilitated by the migrating family's strategy to meet financial needs and family well-being through remittances. Each migrant woman supports an average of five family members in Sri Lanka (Gamburd 2009). Hence, women's duties and obligations in social reproduction are shifted to migration and the procurement of money to maintain the family (Gamburd 2020). Therefore, the growth in women's migration can be linked not only to women's agency in decision-making but also to

calculated gains for the family (Gamburd 2020) and can be further seen as an example of the resilience of patriarchy (George 2005).

The neo-liberal development of privatised care work and women's increased participation in the global North's labour force have also resulted in an increase in the demand for paid care workers from the global South (Gamburd 2020). Adhikari (2013, 2020) in Nepal and George (2005) in India found that the question for prospective migrants was not only whether or not to migrate, but also where they should migrate, a choice that was facilitated by women's nursing networks. The demand for health workers and the overwhelming trend of women migrating to meet the demand (George 2005) could influence the patriarchy within families and migration patterns and, in turn, affect social reproduction and gender relations within migrant families.

As Nepali care workers, their families, and patterns of migration are diverse, the use of complex models of patriarchy, migratory patterns and the global economy of care work could provide insights regarding the varied influences that migration can have on social reproduction and gender role expectations. Hence, I study patriarchal influences, migratory patterns and global capitalism on gender role expectations among women and men, and how these, in turn, may impact the migration processes.

1.2.9 Decision-making as a rational choice

While exploring the reasons for the possibility of a more important role of individual and contextual factors than that of traditional gender roles, patriarchy and power relations in the family in the decision-making process, I have considered aspects of the rational choice approach (Christensen et al. 2016; Haug 2008; Wood 1981). In contrast to considering the

major role of gender in the migration process, the rational choice approach takes migration as an adaptive or reactive response taken by the family (Wood 1981) (discussed further in Chapter 5).

This shows that those trying to make pragmatic decisions to migrate based on their education and skill set and job-related demands and opportunities at the destination choose the best options from available alternatives. This approach supports the view that the migrant's agency and negotiation power affects the decision-making process based on individual as well as contextual factors such as destination-specific opportunities and social networks, including the prospect of family reunification and better life chances for their children. Hence, we may interpret the possibility that the accumulation of more of these factors increases negotiation power at the same time as these factors become more influential and important in decision-making processes. Meanwhile, a lack of those factors diminishes negotiation power, leading traditional gender roles, patriarchy and power relations in the family to become more influential. Moreover, as mentioned earlier, one of the manifestations of patriarchy which values possible economic gains over stability in traditional gender roles (Gamburd 2020) could consider migration as a tool that is justified in the interests of family prosperity and wellbeing despite the disruption to traditional gender roles.

1.2.10 Migration decision-making within the family

Although migration literature is increasingly considering migration decision-making processes as a family matter, previous research has had a strong emphasis on analysing migrants as individuals (Bryceson 2019). Literature dealing with decision-making processes in the international migration of couples and families, therefore, remains scarce and lacks

consideration of the gender-specific influences on men and women based on marital status (Krieger 2020).

Moreover, the literature on the migration of couples and families (Krieger 2020; Shihadeh 1991) focuses on analysing employment trajectories in the host country and lacks analysis of the dynamics of decision-making processes in families (discussed further in Chapter 5). Existing studies lack consideration of the family member's perspectives on decision-making processes and the role of the host country's specific context, including opportunities and demands related to specific occupations, such as care work and nursing, the possibility of family reintegration, and better life chances for children. Moreover, the study of decision-making processes in care worker families migrating from the global South to the global North is limited. Some exceptions to these limitations can be found in literature from South Asia, such as Adhikari (2013, 2020), Gamburd (2000, 2020) and George (2005), which consider the notion of personhood in South Asians as fluid and family-oriented rather than individualistic. Hence, this literature presents actions such as migration as a project that is decided within the family. This study seeks to rectify this by exploring the migration decision-making processes of care worker families moving from Nepal to the UK.

1.2.11 Changes in traditional gender roles among couples in migration contexts

As discussed above, the existing literature on migration and gender (Hoang 2011; Hondagneu-Sotelo 1994; Paul 2015; Guveli & Spierings 2022) identifies the reflexive relationship between migration and gender, in which migration is taken as a gendered process where traditional gender roles shape migration patterns, and in turn, migration experiences reshape gender role expectations. Research on the impact of migration in bringing changes to traditional gender roles in migrant families is scarce (Bayrakdar & Guveli 2020), with the

limited research on the topic presenting contradictory findings regarding the role of migration in influencing changes in traditional gender roles among migrant couples (Donato et al. 2006; Gold 2003; Hondagneu-Sotelo 1994; Parrado & Flippen 2005). Other studies perceive the impact of migration on altering traditional gender roles as multidirectional, arguing that it improves some women's conditions but compromises others' (Espiritu 2005; Liversage 2012) (discussed further in Chapter 6).

Comparative accounts of men's and women's gendered experiences of migration are scarce (Gallo & Scrinzi 2016; George 2005). George's (2005) study of nurses' families migrating from India to the United States found that the gender relations within households are shaped by the couples' immigration pattern, relationship to the labour market, access to childcare support, and their efforts to reduce the gap between gender ideology and practice. When women lead the migration and husbands follow them, husbands lose status both in the household and in the wider host society in terms of employment, income, social position and autonomy (George 2005). However, despite the economic empowerment of women and higher contribution to the families' livelihoods, the patriarchy again becomes rigid as men usually access societal and family support to maintain patriarchal rights, enabling them to continue to hold the position of household head as breadwinner either in the origin or the host society (George 2005). These experiences and changes among migrant couples, however, are not uniform, but include uneven patriarchal relations and the negotiated reconfiguration of patriarchy in different gendered spheres (George 2005).

Based on existing knowledge, a comparison of changes in gendered care relations among Nepali couples in the UK may provide additional insight into the influence of factors such as migratory patterns, the increased demand for traditionally feminine roles in the labour market, couples' labour market positions and incomes, ethnicity, and migration to more

gender-egalitarian societies. The terms traditional gender roles and gendered care relations refer to the role allocation between male and female family members on who is to do what in a given social context. For instance, performing reproductive labour within the family such as household chores and informal care are traditionally expected to be performed by women.

1.2.12 Changes in perceptions and practices of masculinities and femininities

The interplay between masculinities and femininities in a new country can bring changes to the traditional gender roles division in a family. However, studies on this topic are limited (Choi 2019; Gallo & Scrinzi 2016; George 2005). Here, masculinities and femininities are seen as a set of ideals in a particular time and place regarding what it means to be a man and woman respectively (Connell 1987). These concepts also consider how men occupy a powerful position and women occupy a subordinate position (Connell 1987) (detailed in Chapter 6).

Ideals of masculinities and femininities vary widely across different social contexts and are important in the process of producing gender order. Hence, there is no universal masculinity and femininity but multiple masculinities and femininities, and gender roles between men and women are performed in a socially preferred way and develop as gendered practices (Connell 1995).

Studies on changes in masculinities and femininities due to involvement in care work and their impact on traditional gender roles are scarce. Studies on South Asian migrant families (Charsley 2005; Gamburd 2020; George 2005) compare men's and women's gendered experiences of migration and suggest that for men migration brings deskilling, loss of status, and negotiation of masculinities, whereas it empowers women. As mentioned

earlier, George's (2005) study of the migration of nurses' families from India to the United States identified a destabilisation of power relationships within the families as the men became dependent on the women. The study further showed that men tried to compensate for their loss by participating in and leading social activities in churches and explored how those activities affected their masculinity and new gendered position within the family and society (George 2005). Similarly, Gallo and Scrinzi (2016: 30) argue that 'migrant men contribute to both sustaining and destabilising dominant models of masculinity and the gendered division of work in the family as well as in the workplace'. These findings are especially relevant to the research presented in this thesis as many of the husbands in my own study also experienced deskilling and a loss in their role as the primary provider for their families. Likewise, the couples' involvement in reproductive labour and especially 'feminine' tasks, such as caring and household work, in the migration destination could also affect men and women differently due to women's comparatively privileged position due to the demand for professional reproductive labour in the global North.

Hence, there is a research gap on how migration impacts masculinities and femininities and traditional gender roles among migrant couples involved in care work. This study provides insight into how Nepali migrant care worker couples navigate masculinities and femininities while performing reproductive labour in the UK and at times develop new gendered care relations (detailed in Chapter 6).

1.2.13 The role of transnational social connections

Existing literature suggests that social norms and practices associated with the origin country, such as patriarchy (Liversage 2012), ideals of dominant forms of masculinities and femininities (Kilkey et al. 2013), and traditional gender role expectations (Fouron & Glick

Schiller 2001; Sayer & Fine 2011) may be retained by migrants based on existing connections and social exchanges with the host community. Faist (2000: 200-201) defines the connections between transnational groups to their country of origin as 'transnational social spaces':

> Transnational social spaces consist of combinations of sustained social and symbolic ties, their contents, positions in networks and organisations, and networks of organisations that can be found in multiple states. These spaces denote dynamic processes, not static notions of ties and positions. Cultural, political, and economic processes in transnational social spaces involve the accumulation, use, and effects of various sorts of capital, their volume and convertibility: economic capital, human capital, such as educational credentials, skills and know-how, and social capital, mainly resources inherent in or transmitted through social and symbolic ties.

Some of the forms of transnational connections described by Faist (2000) involve connections among family members through visits, exchanges of culture and practices, and formations of networks and communities. Exploring the role of such transnational connections based on Haitian migrants in the USA, Fouron and Glick Schiller (2001: 542) discuss cultural practices and associations with national identities and networks as one of the reasons for gender divisions in the host country and claim that 'gender divisions continue to be reinforced as part of transnational nation-state building processes'. Similarly, George (2005) examined Keralite migrant nurses' families in the USA and found that transnational connections such as the availability of grandparents for childcare and involvement with orthodox churches and the Keralite community influenced varied levels of changes to patriarchy, gendered relations and masculinities and femininities among the migrant couples.

Therefore, some cultures and practices from the origin country could help to maintain segregated gender roles, whilst others could be influential in encouraging egalitarian changes. The study presented in this thesis shows that Nepali migrants in the UK maintain connections through formal and informal groups and communities based on their area of residence, caste/ethnicity, place of origin in Nepal, and professional member organisations. These

migrants try to maintain Nepali networks and organise community events, festivals and functions together. Likewise, family members, especially parents, visit these transnational families in the UK. Hence, through the study of Nepali care workers' transnational social connections, my research extends the knowledge on whether transnational social connections, in the form of social networks, community events and family visits, help maintain segregated gender roles or serve to bring about egalitarian changes (detailed in Chapter 6).

In Nepali society, distinct sets of expected roles for men and women in private and public spaces and patriarchal norms and practices (Tamang 2000) add to the burdens of professional and informal care responsibilities held by working women. Women from middle-class families try to compensate for this by hiring care and domestic workers, which tends to be much more affordable in Nepal than in countries in the global North. However, it is not known how these couples manage traditional gender roles after their migration and in the absence of care and domestic workers in the UK. As will be explored further in this thesis, the interplay of different factors and their complex relationships could bring different directions of change in traditional gender roles within these families.

In summary, this research aims to address several research gaps in the current literature, particularly those dealing with migration, gender, and the care nexus.

1.3 Overall Contributions of the Thesis

By providing a case study of Nepali migrant care workers in the UK and their family members in Nepal, my research has contributed to ongoing academic debates on the nexus between migration, care and gender. This research shows the influence and intersections of migration, gender and care in the overall process of migration and its outcomes – from

decision-making to gender and care outcomes. Below I briefly present how my research contributes to academic discussions, which is further detailed in Chapter Seven: Conclusion.

This research demonstrates the significance of multi-generational involvement in informal care across borders. It highlights how policies of categorisation of migrants create care inequalities differently. Being reciprocal in nature, informal intergenerational care continues among the families in various forms. This creates different level of compromises and emotional tolls on family members. The findings demonstrate that family members' increased care responsibilities and the compromises to maintain intergenerational informal care in transnational settings are not only due to the mobility of care or participation in the global care economy in itself but because of restrictive migration policies and the reduced mobility of family members. My findings support some emerging literature that demonstrates grandparents as active agents in intergenerational care exchange through international mobility.

This research demonstrates that women's increased competencies, the global demand for care workers, and the possibility of improved life chances after migration can push back gendered expectations and influence decision-making. Hence, traditional gender role expectations, including care responsibilities, may have a reduced influence as other individual and contextual factors emerge stronger. The research therefore shows that the drivers of migration decision-making processes are multiple and the mechanisms behind the decisions involve much more than just gender and patriarchy. This demonstrates the importance of considering migration decision-making processes as broader family affairs and highlights the need for a holistic investigation into the diverse factors revolving around migration decision-making processes.

By incorporating the voices of both men and women to consider the interplay between masculinities and femininities, this study provides an opportunity to understand the gendered care relations of migrant couples, how masculinities and femininities are negotiated, and addresses the invisibility of men in reproductive labour. It contributes to the existing studies on masculinities and femininities among migrant couples (Choi 2019; Gallo & Scrinzi 2016) by showing that couples who are able to compromise or transform their ideals and practices of masculinities and femininities achieve higher levels of change to traditional gender roles. Couples who remain rigid in their ideals and practices of masculinities and femininities, however, achieve reduced changes. This study also shows that transnational connections with the host community can create barriers towards egalitarian changes by reinforcing traditional gender roles in the family.

1.4 Policy and Practice Implications

Throughout its history, the UK has utilised utilitarian migration policies (Kilkey 2017) in order to cherry-pick its required human resources from different source countries. However, while facilitating the migration and settlement for individuals who fulfil the required human resources in the country, these policies create barriers and conditions to family migration. Amid a shortage of health and social care workers, the UK government has now started the recruitment of additional health and care workers facilitated by agreements with countries in the global South. However, in contrast to labour requirements, the UK is becoming more stringent regarding family migration. My research shows that the UK's strict immigration policies for family members create inequalities in maintaining informal care among migrant workers. Hence, the UK government should make it easier and more affordable for family members of these migrants to obtain visas and access public welfare provisions. This would

not only help the UK to address the demand for care workers but also enable the families of care workers to maintain informal care without disruption. Likewise, the countries participating in the healthcare labour migration agreement with the UK, such as Nepal, should negotiate to ensure ethical recruitment and protect the rights of migrant workers and their families.

1.5 Thesis Structure

This thesis consists of three empirical chapters (Chapters 4, 5 and 6) which are written as journal papers. It furthermore contains four more chapters: this chapter, which provides an introduction to the key topics (Chapter 1), a background on Nepal and the UK migration context (Chapter 2), a methodology (Chapter 3) and a conclusion (Chapter 7). A summary of each chapter is given below.

Chapter 1 – *Introduction* – introduces the thesis, presents an overview of current research on the migration, gender and care nexus and how my research questions contribute to ongoing academic debates. It summarises the overall conclusions of the thesis and its policy recommendations.

Chapter 2 – *Background on Nepal and the UK Migration Context* – provides a brief overview of Nepal, which includes a socio-cultural, economic and political history, as well as a background to gender relationships and migration. In addition, it briefly presents the context surrounding the UK's immigration policies and healthcare human resources.

Chapter 3 – *Methodology* – provides the methodology used in the research, the use of reflexivity and its benefits. It explains the research design and research methods in the collection of data as well as issues that were encountered during the fieldwork and how they

were handled. It provides the methods used in the analysis of data, the reasons behind using these methods, and ethical considerations.

Chapters 4, 5 and 6 present the findings of the research in three journal papers. Chapter 4 – *Flying Families between the UK and Nepal: Compromised Intergenerational Care amidst a Restrictive Migration Policy Context* – analyses how migrant care workers and their families maintain informal intergenerational care transnationally and locally. It presents the role of immigration policies in exacerbating or reducing care inequalities among families based on family migration restrictions. This combines the concepts of the global care chain, circulation of care, (im)mobility regimes, and displaying families to explore and broaden the understanding of the complexities involved in maintaining intergenerational care among Nepali transnational families. It contributes to the academic literature by examining informal care exchange among transnational families and the active role of parents/grandparents in reciprocating care through transnational visits.

Chapter 5 – *Gender or Gendered Demand of Care? Migration Decision-Making Processes of Nepali Care Workers* – explores migration decision-making processes through the study of the experiences of migrants and their parents. Based on these findings I argue that in cases of the migration of trained nurses from the global South to the North, individual and contextual factors become more important and influential than traditional gender roles and power relations within the family in the decision-making processes. The chapter also presents policy recommendations to ensure ethical recruitment provides benefits for participating countries and families involved in the care chain.

Chapter 6 – *Changes in Gendered Care Relations among Nepali Care Workers' Families in the UK: The Interplay of Masculinities and Femininities while Performing Care Work* – analyses changes in traditional gender roles and masculinities and femininities among

migrant couples while they are involved in informal family care alongside a formal care job in the UK. It demonstrates that these changes are achieved through complex intersections of social factors across heterogeneous individuals and couples and the interplay of masculinities and femininities. It shows how compromises and transformations in perceptions and practices of masculinities and femininities while performing reproductive labour facilitate changes in traditional gender roles, whereas rigidity creates barriers. Connections between families in origin and destination countries, i.e., transnational linkages, are found to play a major role in creating obstacles towards egalitarian changes among couples.

Chapter 7 – *Conclusion* – presents the outcomes of the analysis, its contribution to current academic debates, limitations of the research, possible future directions, and policy and practice implications.

Chapter 2

Background on Nepal and the UK Migration Context

2.1 A Brief Overview of Nepal

2.1.1 Socio-cultural, economic and political context

Nepal is a landlocked country situated between India and China, with India to its east, south and west, and China to its north. With 147,516 square kilometres of land area, Nepal is a geographically diverse country ranging from snow-capped mountains in the north to flat land in the south. It is divided into three geographic regions: mountains, hills, and plains/*Terai*. Nepal is the only non-colonial country in South Asia. However, based on an arrangement between Nepali rulers and British rulers in India before India's independence, it remains sovereign but subservient to British India (Dixit 2023). Despite being a non-colonial country, Nepal has a long history of migration, especially to India, and also to countries in the West such as Britain and countries ruled by the British Crown. Nepal shares an open border with India which facilitates mobility between the two countries. The recruitment of Nepali as *Gurkha* soldiers in the British army since 1816 has facilitated migration to Britain and countries ruled by the British Crown (Kansakar 2001).

When the British East India Company ruled India, Nepal had an absolute monarchy where kings from the Shah dynasty, originally rulers of the small kingdom of Gorkha, were unifying smaller kingdoms and expanding Nepal's national borders. The expansion mission of Nepal ended with the Anglo-Nepali (*Gurkha*) war from 1814 to 1816. The war ended with

the Sugauli treaty in 1816. In this treaty, Nepal lost almost a third of its territory to the East India Company. From then onwards The East India Company/British Crown started recruiting *Gurkhas* for their army, a process that is often attributed to the impression of bravery *Gurkha* soldiers made in the war (Whelpton 2005). Hence, the migration history of Nepal and the UK can be traced to more than 200 years ago through the initiation of the East India Company, which I discuss further in this chapter.

A preliminary report from a 2021 census presents Nepal's population at 29.19 million (CBS 2022). The population is diverse in terms of religion, language, caste and ethnicity. According to the 2011 census, Hindus are the largest religious group, representing 81.34% of the population (CBS 2012). Other major religions include Buddhism, Islam, Kirati and Christianity. There are more than 140 caste and ethnic groups in Nepal and more than 123 languages and dialects. However, structural inequalities based on caste and ethnicity, geographic regions, gender, and rural and urban areas disproportionately affect the life chances of the population (Sharma 2021). Despite the strengths inherent in a diverse population, diversity can also be a cause of inequality. Inequalities in Nepal are founded on a Hindu caste system that establishes a hierarchy of people and treats them with privilege or exclusion based on culture and ethnicity. This was fuelled by centralised political systems with absence of effective governance that privileged Hindus, upper-caste groups from the hills, and marginalised ethnic groups, Dalits, rural peasants and women, as well as Madhesis, residing in the southern plains across the Indian border (Gellner et al. 2020). These inequalities manifested in institutional exclusion, a lack of access to education, services, and other resources and they remained backward on every measure.

Although caste-based discrimination and untouchability were abolished by the Civil Code in 1963, discriminatory practices against the 'lower caste' still exist both socially and

economically (Folmar 2007). Folmar (2007) depicts Dalit issues as age-old, rooted in society and culture, and involving numerous beliefs and practices attached to a Hindu caste system that continued to disadvantage people from ‘lower castes’ and allowed oppression on numerous grounds. He finds different strategies among Dalits to challenge and resist high caste hegemony overtly and covertly, for instance by obscuring identity to increase access to education, wealth and power; converting to Christianity; and challenging the practices of untouchability and exclusion in public places such as teashops, water taps and temples. Measures such as constitutional, legal and institutional policies and programmes were introduced from the 2000s onward to abolish and criminalise discrimination and untouchability and uplift Dalits (Gellner et al. 2020). Measures such as reservation policies for political and administrative positions have visibly increased the representation of Dalits and have also increased the small number of middle-class Dalits (Gellner et al. 2020). However, prejudice and discriminatory practices against Dalits are still prevalent and Folmar (2007) argues that the continuity of oppression is inevitable unless deeper and more fundamental changes take place in the social fabric.

Similar prejudice and discriminatory practices against Dalits are found in urban centres in Nepal and Nepali settlements abroad. For instance, reports suggest widespread refusal of tenancies for Dalits by houseowners in cities including Kathmandu and they disguise caste in fear of not getting tenancies or eviction (Dahal 2021). Pariyar (2018) found practices of treating Dalits as untouchables by other Nepalis, especially in the domestic sphere, in the UK. This was evidenced in refused tenancies, verbal abuse, exclusion from the community, and the forbidding of marriage among other Nepalis. Other studies on Indian communities in the UK suggest similar findings on discriminatory practices against Dalits (Dhanda et al. 2014). Pariyar (2018) even found prejudices and discriminatory practices against Dalits within the formal settings of *Gurkha* regiments in the UK.

Gellner et al.’s (2020) field survey in 2014-15 in six villages near Pokhara, one of Nepal’s tourist cities, found a strong correlation between caste, class, and migration patterns. For instance, the Bishwakarmas’ (former blacksmiths - one of the poorest Dalit castes) migration rate was higher than that of the richest group and the priestly Brahmin (90% and 51% respectively). The authors, however, did not mention the reasons for the higher rate of migration among the poorest Dalit castes. Economic and social reasons could be major reasons, as migrants may seek to avoid discrimination and inhumane treatment in their place of origin, may wish to disassociate from the traditional work linked to their caste, or may hope for higher dignity and increased life chances for themselves and their families.

2.1.1.1 Political changes

Nepal has experienced massive socio-political and economic changes since the 1950s, transitioning from a feudal, hierarchical monarchy to a federal republican system in 2008 (Sharma 2021). In 1846, the Rana dynasty started ruling the country. This was the period in which development was stagnant and access to public services was limited to the Rana family and a few elites in Kathmandu. Except for diplomatic relationships with the British rulers in India, the country was isolated from the rest of the world to ensure political stability (Whelpton 2005).

Between 1950 and 1960, after abolishing the 104-year-long oligarchic and feudal Rana rule, governance in Nepal was reorganised according to a multi-party democratic system. At this point, Nepal began extending its foreign relations globally and received foreign aid and technical support for development. The National Planning Commission was established in 1955 to introduce planned development in the country. However, in 1960 the monarchy regained executive power and banned all political parties, establishing what was

called a Panchayat system that remained until 1990. In the initial phase of the new monarchy, geographical mobility was discouraged and defined as one of the causes of the county's underdevelopment (Sharma 2021). Hence, policies and programmes such as *gaun farka rastriya aabhiyan* (the 'back to the village' national campaign) were implemented between 1967 and 1975 encouraging people to return to their home villages.

Though the country experienced development and the extension of foreign relations within the thirty years of the Panchayat, the autocratic and unitary system further widened structural inequalities in the country. A popular movement in 1990 re-established a multi-party democratic system with the king in a ceremonial role as head of state. The democratic system further facilitated foreign relations, which increased the inflow of aid and technical support in the country. Democracy also flourished and non-governmental and community-based organisations were established to work directly with the broader population. These organisations helped to increase marginalised peoples' access to services, raising levels of political awareness, introducing rights discourse, and boosting their aspirations. However, heavy inflow of aid made the country dependent on international support for infrastructure and social development (Sharma 2021). Likewise, Pigg (1992) in her seminal work presents Nepalis' understanding of the notion of development as something that needs to be imported internationally or from urban to rural settings. Because of the top-down approach to development, villages and villagers were seen as backwards and in need of economic development, knowledge and modernisation. Since the concept of development was linked to commodities and urbanisation, development projects were not effective in addressing local issues such as inequalities among people based on caste and gender or the use of local resources. Likewise, we can also link people's aspirations to migrant to urban centres and abroad and their use of consumer goods with their aspiration for development and growth.

Neoliberalism can also be seen in the Nepalese context in the form of a reduction of state welfare support and the introduction of market-oriented production and consumption. The International Monetary Fund imposed structural adjustment programmes, donor-led rural development and poverty alleviation programmes. These initiatives led the government to cut its public spending and the introduction of an agricultural perspective plan to promote small farmers and individual households as commodity producers. These policies and programmes facilitated capitalist exploitation and motivated people to leaving the traditional forms of agriculture and their village (Sugden 2009). Moreover, liberal government policies led to increased financial activity in the country which increased and improved peoples' access to information and consumer goods. Labour migration increased drastically due to people's increased resources, aspirations and access to information (Sharma 2021) and also due to the demand for cheap labour in the global market.

The government also initiated policies to promote foreign employment and started bilateral agreements with labour-receiving countries to facilitate labour migration from Nepal. Despite this, the political environment between 1990 and 2002 is also noted for its instability, widespread corruption, and frequent changes of government, and remained ineffective in fully addressing the inequalities and grievances of marginalised communities (Sharma 2021).

Within this period, the Communist Party of Nepal (Maoist) waged civil war against the government in 1996 to establish a people's government and address inequalities. The armed conflict lasted for a decade between 1996 and 2006. More than 13,000 people were killed, including civilians who were not part of the conflict, and thousands were displaced and migrated to urban centres and internationally due to safety concerns. During this conflict, the monarchy again reclaimed executive power from the government in 2002 and ruled the

country until 2005, before a mass movement took place in 2006 to re-establish a democratic system. In 2006 the Communist Party of Nepal (Maoist) negotiated with the democratic government and ceased the war by reaching a comprehensive peace agreement on the condition of a share of seats in both parliament and government and the convening of a constituent assembly to draft a new constitution. Nepal then abolished the monarchy and declared itself a secular state with its name as the Federal Democratic Republic of Nepal in 2008. After a long exchange between political parties a new constitution was promulgated through a constituent assembly in 2015 and established five federal provinces and a three-tier governance structure.

Hence, Nepal's political history shows until recently a series of political turmoil and instability with frequent changes in the political system and government even after establishing itself as a federal republic. This had a negative effect on the country's development as well as on efforts to address its structural inequalities. This inequality, instability and corruption led some to struggle to maintain the basic necessities of daily life, and a lack of opportunities remains one of the major factors that fuel migration from Nepal (Sharma 2013). In parallel to this though, peoples' increased resources, aspirations, access to information and facilities, linkages to the international world, and the global demand for human resources are some other factors leading to migration from Nepal, which I will discuss further below.

2.1.1.2 Socio-economic changes

Research findings show that the perception of Nepali society as 'fatalist' and immobile has been changing as it has gone through societal changes such as enhanced connections, pragmatism, and pluralism in people's worldviews and livelihoods (Sharma 2021). There has

been gradual progress in terms of socio-economic indicators. These include an increase in literacy rate (54.1% in 2001 to 65.9% in 2011) and school enrolment; increased healthcare access and life expectancy (60.4 years in 2001 to 66.6 in 2011); better access to financial institutions, communication technology and internet facilities; better access to road connections; and an increase in the human development index from 0.387 in 1990 to 0.602 in 2021 (GoN 2022).

Likewise, significant progress has been seen in reducing poverty, as multidimensional poverty fell nationally from 30.1% in 2014 to 17.4% in 2019 (CBS & OPHI 2021). This means that within this five-year period, 3.1 million people left poverty, with 5 million remaining. Among the indicators used in calculating the multidimensional poverty index, deprivation in housing materials, clean cooking fuel, years of schooling, financial assets, and nutrition are major determinants in causing poverty among households (CBS & OPHI 2021). Reports indicate that the contribution of remittance earned abroad is one of the major reasons for poverty reduction in Nepal (Lokshin et al. 2010). Hence, money gained through remittance has allowed households to afford basic goods and services and can be seen to have a direct impact on reducing poverty among deprived households. Further discussion on migration and remittances is included later in this chapter.

2.1.2 Gender and power structure

One of the major structural inequalities in Nepal is its gender-based discrimination that disproportionately affects the life chances of women. Nepali women experience discrimination and exclusion from services and resources compared to men and this has led to further inequalities among women. The position of women in Nepal is characterised by inequalities in education, participation in the labour force, obligations for care and family

responsibilities (GoN & UNDP 2020), and lesser opportunities in every aspect of life (Pigg 1992).

Although positive changes are taking place in Nepal's social and political context, including improvements in the status of women (Sharma 2021), inequalities still exist in family norms and expectations as well as the state's policies and practices. Patriarchal values based on the Hindu system of privileging men and people from higher caste groups are a major reason for discrimination against women (Tamang 2000). The United Nations Human Development Report 2020 ranked Nepal 110th in the gender inequality index out of 189 countries in 2019 (GoN & UNDP 2020). According to the report, the maternal mortality ratio (deaths per 100,000 live births) in 2017 was 186. The percentage of women aged 25 and older with at least some secondary education for women was 29.3% and for men was 44.2%, whilst the labour force participation rate for women was 82.8% compared to 85.1% for men. Likewise, the Nepal census 2011 showed an overall literacy rate of 65.94%, with women's literacy at 57.39% compared to 75.14% for men (GoN 2022). This shows a huge difference in the literacy rate between men and women and disproportionate access to education, healthcare, labour force participation and finance. These data also show the structural inequalities limiting women's access to skills, knowledge and resources which disproportionately affect their life chances.

It should be noted, however, that although women in general are systematically disadvantaged when compared to men, their status varies across caste/ethnicity, region/geography, and based on economic and educational circumstances (Bennett et al. 2013). For instance, there is a huge gap in women's access to education and literacy and their participation in the labour force among Tarai/Madhes (flat land across the Indian border) groups, Muslims and Dalits when compared to Hill/Mountain groups, Bahun-Chhetri and

Newar. Employment rates among Muslim women are lowest because of female seclusion in practise (*purdah*) and also lower levels of education (Bennett et al. 2013). Here the religious context can be seen to play a role in creating obstacles, as different studies show discriminatory practices and the marginalisation of Muslims based on their faith (Regmi et al. 2022). However, it is equally important to note the specificity of regional contexts as in Tarai/Madhes even higher caste groups and Dalit women have lower employment rates when compared to Hill/Mountain groups. Bennett et al. (2013) also draw links between women's education and paid work and increased agency and household decision-making power. However, despite higher levels of education and employment among Bahun/Chhetri and Newar women, independent decision-making is highest among Hill indigenous women. Likewise, studies found that children's vulnerability to trafficking in Nepal is reinforced by the intersection of gender, caste and ethnicity, and culture (Dhakal Adhikari & Turton 2020). This suggests that ethnicity, region/geography and culture can influence abusive or empowering practices towards children, which is also applicable to women. This also demonstrates how different socio-cultural and economic factors influence women's agency and decision-making power. Hence, it would be interesting to explore how these complexities influence the migration decision-making processes of Nepali care workers.

Likewise, there are other practices and discourses through which women are defined as vulnerable and in need of protection from men which limit women's mobility. Joshi (2001) finds the practice of defining and treating women as *cheli* (literally meaning daughter) or kin problematic because it portrays women as fragile and in need of protection from male family members. This discourse also tends to be tied to the perceived value of women's purity, which serves to maintain existing power relations and hierarchies in families and the nation-state. It therefore restricts women's freedoms and their access to equal life chances.

The practice of controlling women's choices and freedom to mobility by defining them as vulnerable and in need of protection from male family members and the nation-state occurs not only in Nepal but is common throughout South Asia (Joshi 2001; Jeffery & Jeffery 1997). Likewise, unequal access to assets such as family inheritance and paid work are other reasons for women's disadvantaged position in the family and broader society (Tamang 2000).

Despite these discriminatory practices and inequalities, there have been changes in women's education, labour force participation, and political representation. Since the democratic reform that took place in 1990, interventions against gender discrimination and violence, literacy and education and economic saving and credit programmes run by NGOs have been instrumental in improving women's capabilities and opportunities (Tamang 2009). This has included raising awareness even among rural women of their rights, enabling women to become economically empowered by teaching the skills needed to engage in income-generating activities, and establishing women's finance services. NGOs in general and women-focused NGOs in particular have, however, been criticised for creating a trickle-down effect rather than delivering real benefits to targeted people. The reasons for this have been attributed to a lack of transparency in funding, reliance on aid agencies' agendas - wheather good or bad, and lack of accountability regarding beneficiaries (Tamang 2009). However, despite the shortcomings in women's participation in community forestry, their engagement in maternal and child healthcare as local female community health volunteers, the formation and mobilisation of mother's groups, their participation in leadership roles in local user groups, and the increase to at least 33% representation of women in politics are some of the best examples of Nepal's progress towards women's empowerment (Adhikari 2020). Hence, the increased presence and intervention of NGOs and aid agencies are seen to

have a major role in reducing gender discrimination and gender-based violence and promoting the empowerment of women.

These interventions and developments are also linked to women's migratory patterns. A comparison between census data from 2011 and 2021 shows a huge rise in women's migration, with women accounting for 18.7% of migrants in 2021 compared to 12.36% in 2011. Likewise, the migration of women health care workers to the global North has been challenging the notion of *cheli* and the fragility of women and its associated restrictions on women's mobility. For instance, their financial contribution to the family through remittances and their growing leadership role in facilitating family migration to the global North is redefining their role in the family and society (Adhikari 2020). Likewise, due to the increased labour participation of women, commodified childcare is increasingly practised in Nepal by domestic/care workers at home or through commercial social care services in institutional settings. However, in contrast, Nepali migrants in the UK are relying more on informal family care (especially for childcare) which could be influenced by the lack of welfare provisions, the high cost of childcare in institutional settings, and restricted migration policies for family members. Hence, there is a need to investigate the extent of and reasons for changes or continuities in care practices, traditional gender roles and masculinities and femininities among migrant families.

2.1.3 Background and present state of migration from Nepal

Migration within and outside the country for labour has a long history in Nepal. Seddon et al. (2002) trace the early history of migration from Nepal to Lahore (now in Pakistan but formally in India before the 1947 Partition) to join the army of the Sikh ruler Ranjit Singh dating back to the 18th century. Based on the name of the destination, migrants were

nicknamed ‘Lahure’ and afterwards this name has been used to denote all labour migration from Nepal.

2.1.3.1 Waves of migration from Nepal

Sharma (2018) traces different studies on labour migration and identifies connections between migration, exploitative state policies, and social transformation in Nepal and beyond. His categorisation of migration from Nepal into four waves presents different forms of migration with different historical roots and directions. It accounts for the patterns and diversification of migration over time; the nature of the work; its geographical coverage; and its links to socioeconomic and political changes. It shows that migration before the 1960s mainly consisted of men working in mines or British and Indian armies such as the *Gurkha* or of whole families for agriculture.

The first wave of migration lasted until the beginning of the 19th century and mainly consisted of labourers migrating to work in plantations and coal mines in India (Sharma 2018). The main destination countries between the 19th and 20th centuries were India, Malaya (Malaysia), Burma, Bhutan, Tibet and Bangladesh (then part of India) (Kansakar 2001). India was the major destination due its open border with Nepal, whereas migration to Malaysia took place to engage in plantation work and to serve as *Gurkhas*, as the British Army were at the time recruiting large numbers of *Gurkhas* in Malaysia after India’s independence. Nepali families meanwhile migrated to Burma and Bhutan to settle as farmers, and individuals migrated to Tibet for trade (Kansakar 2001).

The second wave of migration started in the 19th century and mainly involved military recruitment, including for the British Army in India (Sharma 2018). As stated earlier, *Gurkha*

recruitment started in 1816. When the *Gurkhas* were recruited into the British Army, they were part of the Indian troops until India's independence in 1947. From then onwards they were recruited separately into the Indian and British armies. Recruitment of the *Gurkha* army was highly caste selective and with few exceptions only ethnic groups such as the Magar, Gurung, Rai and Limbu from specific hilly regions of Nepal were originally selected (Caplan 1995; Gellner 2013), though people from other caste groups have also been recruited in small number since World War II due to a massive recruitment drive (Kansakar 2001). The caste-selective recruitment was mainly motivated by an incentive to select people from the 'martial race' in order to build a stronger army force. Hence, the Brigade of *Gurkhas* until the mid-1990s comprised mostly these four caste-specific infantry regiments (Gellner 2013). This also shows how the British authorities have historically been selective in taking only those people who they thought can serve their specific purposes, regardless of this being a practice of caste-based discrimination. Because of the selective recruitment, the ex-*Gurkha* families who resettled in the UK mostly represent the four ethnic groups mentioned above.

The third wave of migration started during the 1960s and mainly involved migration from villages to cities and towns in Nepal and to postcolonial India for labour (Sharma 2018). This migration slowly started to diversify but was concentrated on work in the services sector in major cities and towns both in Nepal and India. It was also linked to the independence of India as well as to the emerging middle-class population looking for diverse household labour both in India and Nepal (Sharma 2018). This period, therefore, saw the emergence of care-related migration in Nepal. These migration trends are also seen as a response to fragile livelihoods in the hills, the increased cash value of labour, the availability of seasonal labour work; and inexpensive travel and open borders between Nepal and India (Macfarlane, 2001; Pfaff-Czarnecka, 1995).

The fourth wave of migration, known as 'going abroad' or *'bidesh jane'*, started in the mid-1980s (Sharma 2018). Going abroad/*bidesh jane* does not include migration to India because of the country's open border with Nepal. This new wave brought further diversification to migration along with increased connectivity to the wider world. The Foreign Employment Act adopted in 1985 facilitated labour migration to other countries beyond India by setting out procedures to obtain employment overseas (Sijapati & Limbu 2012). The adoption of a democratic system in 1990 led to increased integration with the global market economy, enhancing people's access to and aspirations for mobility (Sharma, 2018). It accelerated and diversified migration in the 1990s, which dramatically increased in the 2000s to countries such as India, the Gulf states, and Malaysia and also to affluent countries in the global North such as Australia, the USA, the UK, Europe, and Japan based on the social class of migrants.

2.1.3.2 Diversification of migration

Although the destinations for almost 85% of Nepali labour migrants are Gulf countries and Malaysia, the overall range of destinations has diversified and reached 150 countries in 2022 (GoN, Ministry of Labour, Employment and Social Security 2022). The number of labour approvals issued in 2021/22 is 630,089 (GoN, Ministry of Labour, Employment and Social Security 2022), which shows that more than 1,700 Nepali on average leave the country for labour migration each day. Countries such as Croatia, Cyprus, the Maldives, Malta, Poland, Romania, Turkey, and the UK have also emerged as important employment destinations in the last few years.

Within this broader picture of the history and current situation of migration from Nepal, the mobility of highly educated, skilled and professional human resources workers and

further education students has been on the rise since the 1990s. This is mainly due to peoples' increased education, skills and aspirations for further development. It is further facilitated by increased access to information and services such as migration brokers, linkages to the outer world, and the global demand for human resources.

People from all walks of life, though mainly youths, from different caste and ethnic groups, genders, and geographical origins are now participating in the migration trend (GoN, Ministry of Labour, Employment and Social Security 2022). This is causing further changes to intergenerational contact, household livelihoods, and caring arrangements, youth futures, and social mobility (Sharma 2021). People's purchasing power and consumption habits have changed as imported consumer goods and financial facilities including remittance transfer services are available even in rural areas. This has displaced the rural economy's dependency on agriculture as migration has left insufficient people living in rural areas to work in agriculture (Sharma 2021).

2.1.3.3 Flow of remittances

Remittance has become one of the major sources of income for migrants' families as well as for the national income/Gross Domestic Product (GDP). For example, Nepal received USD 8.2 billion in remittances in 2021, contributing to 23.8% of its GDP, which is the tenth-highest share of GDP accounted for by remittances globally (World Bank 2022). Remittances have further helped families to enhance their capacity and aspirations for further migration.

Among the care worker families in my study, remittances were rarely seen as a means of subsistence. Rather, the participants sent remittances for special occasions such as birthdays and festivals in acts of displaying families and for investment. Likewise, the

families in Nepal also sent money to migrants for investment in property in the UK. This shows the enhanced socio-economic status of the families of migrant care workers who were not relying on remittances.

2.1.3.4 Migration and precarity

The increasing trend towards migration has become a feature of Nepali culture and a 'must-do' activity in Nepali society, leaving those who do not or are unable to migrate to be perceived as left behind. Dhakal Adhikari and Turton (2020) found that the increasing trend of migration has brought social changes in the country and that it is further increasing aspirations for migration in order to improve life chances. However, migration from Nepal is not only associated with positive outcomes but can also bring further precarity among some migrants and their families. While they attempt to escape precarious circumstances back home, migrants can fall into the trap of further precarity such as fraud from labour agencies and recruiters overseas in the form of disadvantageous labour agreements, work and payment, and exploitative labour conditions and bondage, especially among low-skilled labourers (Donini et al. 2013).

According to 2021/22 figures (GoN, Ministry of Labour, Employment and Social Security 2022), the following casualties were recorded: 1,395 deaths (39 of them women); 98 cases of suicide; 243 injuries and ill health due to work-related injuries and other causes that included 16 migrants in a state of coma in Qatar, Saudi Arabia, Oman and South Korea; 410 migrants missing in Malaysia, the UAE, Saudi Arabia, Kuwait and Oman; and 696 men and 39 women migrant workers stranded in jail in the UAE, Qatar, Saudi Arabia, Bahrain, Oman, Kuwait and Malaysia without access to legal representation. Moreover, the migration of

family members has led to changes in intergenerational relationships, including care responsibilities and gender roles in the family, which I aim to address in this research.

Throughout this period Nepal has experienced rural-to-urban migration due to the concentrated availability of better education and healthcare services, jobs, and other opportunities including modern facilities and imported consumer products in urban centres and especially in the capital city Kathmandu (Sharma 2021). Hence, people have long perceived migration and settlement to urban centres as a sign of prosperity and modernity (Leichty 2003). The decade-long armed conflict between 1996 to 2006 and ensuing political instability also forced mass migration from rural to urban centres and internationally for the sake of safety, security and livelihood (Bruslé 2010).

Hence, the reasons for migration within and outside of Nepal are diverse and also differ for people based on capabilities such as their financial situation, education and skills, and social networks. Likewise, migration is also linked to gender, and gender-based labour demand, as discussed below.

2.1.4 Migration of women

Preliminary findings from the 2021 census account for more than 2.1 million Nepali citizens, or 7.4% of the national population, living outside the country, 18.7% of whom are women (CBS 2022). 2011 census reported that women were 12.36% of the migrant population (CBS 2012). Hence, within ten years women's migration has increased by 6.34% (CBS 2022). This figure however shows that men are still in the majority among migrants. Sijapati et al. (2019) assert that migration is an extension of women's growing labour force participation, as both migration and labour force participation have grown in similar patterns in recent years. In

addition to push-pull factors for migration, studies suggest that women have increased agency in making the decision to migrate, and often do so because of a lack of job opportunities in their country of origin (Abramsky et al. 2018; Sijapati et al. 2019). This is similar to trends across the South Asian region where, despite the presence of gender-based discrimination and restrictions, women's migration is supported by the family as a survival strategy (Gamburd 2000, 2020; George 2005). This increasing trend of women's migration could be due to various reasons including increased education and exposure to migration opportunities. Sijapati (2015) presents economic, social and political factors as major determinants of women's migration. These include a lack of job opportunities in the country of origin, large wage differences between the origin and destination countries, a culture of migration, women's increased agency, countries' policies on migration, and contextual factors in destination countries such as improved life chances and demand for labour. Siddiqui et al.'s (2019: 527) study of migration in the Hindu Kush Himalaya, which includes Nepal, suggests that migration decisions are influenced by complex interactions between diverse elements, including 'individual, household, and community characteristics, interplay of intervening obstacles, and influence of demographic, economic, environmental, political and social factors'. In addition to women's increased capabilities, social obstacles in the country of origin such as gender-based violence and inequalities are suggested as some of the major drivers of migration. These studies show the complexities behind the reasons for migration.

In addition to the Gulf countries, countries such as Croatia, Cyprus, Jordan, Malta, Romania and Turkey are becoming emerging destinations for migrating women (GoN, Ministry of Labour, Employment and Social Security 2022). Women are mainly migrating for domestic work in these countries.

The international migration of nurses, mainly women, is one of the new forms of migration of educated and skilled human resources from Nepal. This not only helps to redefine women as financial contributors to their families but also reverses the trend of men as leading migrants from Nepal (Adhikari 2020). The migration of Nepali nurses to affluent countries in the global North such as Australia, the UK and the USA is also unique as it is not linked to either historical, colonial or religious ties with these countries. Rather, it is mainly based on the demand for nurses and healthcare professionals to fill shortages of human resources. Hence, aspiring migrants target the countries with relatively easy migration processes that are taking more migrants. This is facilitated further by support from private service providers or social networks and connections.

More than 1,000 Nepali nurses migrated to the UK between 1997 and 2008 when it was actively recruiting nurses and healthcare workers internationally (Adhikari & Melia 2015). This trend slowed down after 2008 as the UK tightened immigration processes. Australia then became the next preferred destination. A report on the migration of health workers from Nepal (Sijapati et al. 2017) places Australia, the USA and Canada as the top three preferred destinations for nursing students to work or study abroad.

2.1.5 Nepali migration to the UK

Increasingly diverse groups of Nepali have been migrating to the UK through different visa processes since the 2000s. This has included the migration of skilled workers and their dependents in different fields and migration routes such as the Highly Skilled Migrants Programme (HSMP)[1]; ex-*Gurkha* and their family members through the resettlement

[1] The HSMP was started in 2002 and ended in 2008. Through this scheme highly skilled people could immigrate to the UK to look for work or self-employment. It was replaced by point-based immigration system.

programme; and the migration of students and their dependents. A 2011 UK census recorded more than 60,000 Nepali residing in different regions. Other sources provide similar estimates, though there is a lack of updated figures. Laksamba et al. (2016) estimated that there were approximately 100,000 Nepali in the UK. An estimate in 2021 indicated that more than 3,000 Nepali nurses were working in the health and social care sectors in the UK and were residing with a total of 10,000 dependent family members (NNAUK 2021).

2.1.5.1 Migration of Gurkha

The *Gurkhas* are a special brigade of Nepali soldiers in the British army that has existed for the last 200 years. Persons serving as or who have retired from the *Gurkha*, as well as their family members (spouse and children), have had re-settlement rights in the UK since 2004. The *Gurkhas* have been in continuous campaigns since 2004 with demands to get settlement rights and equal pensions in recognition of their service to the British Crown either in the mainland or colonies and during the world wars (Gellner 2013). Following this, those who served for at least four years before 1997 also received the same rights as those who retired after 1997 on a compartmental basis in 2009. After years of negotiations, settlement rights were extended to *Gurkhas'* family members including spouse and children in October 2018.

The re-settlement rights enabled the *Gurkhas* and their families to work and settle in the UK. There is no updated official figure on the number of resettled *Gurkha* families or the overall Nepali population in the UK.

2.1.5.2 Brexit and new forms of labour migration

Seasonal labour migration to work in the horticulture sector in the UK is one of the new areas of labour migration from Nepal. Under a seasonal work visa, migrants are allowed to work in the UK for up to six months. This brought a 95% increase in the number of labour approvals for Nepalis migrating to the UK in 2021/22 compared to 2017/18 (GoN, Ministry of Labour, Employment and Social Security 2022). This figure does not include nurses, as though Nepali law requires any labour migrants to get labour approval from the government prior to their migration, those employed in white-collar professions such as doctors, nurses and technicians are exempt from this practice (Sijapati et al. 2017).

The new trend of seasonal labour migration from Nepal shows how Brexit has increased the UK's labour shortages and indicates that the UK has been recruiting short-term labour migrants in other countries such as Nepal to mitigate this. However, despite the need to overcome labour shortages, the UK has been successful in restricting long-term visas in order to prevent rights to settle (Ruhs & Martin 2008). This reiterates the implications of the unequal relationship between the UK and Nepal, and Nepal's inability or indifference in negotiating to ensure migrants' rights.

2.1.5.3 New agreement to recruit Nepali nurses

The UK government reached an agreement on a 'health partnership' with the Government of Nepal in August 2022 to recruit Nepali nurses (GoN, Ministry of Labour, Employment and Social Security 2022). A detailed guideline to implement the agreement is underway. However, this government-to-government agreement would facilitate the migration of more nurses from Nepal to the UK in the coming years. Hence, Nepal needs to negotiate with the

UK to ensure visa and settlement options for migrants' family members including parents. Likewise, Nepal should promote the development of healthcare workers to help fulfil the unmet global need for human resources. Though the UK and Nepal have an unequal international relationship, Nepal may be able to negotiate for the UK to adhere to the principles and practices of ethical recruitment (World Health Organisation 2010; Yeates & Pillinger 2018) and respect migrant's rights so that they, their families, and the participating countries benefit from the migration.

2.2 The UK Context on the Immigration of Healthcare Workers

The UK has a long history of attracting migrants from around the globe, especially from its past colonies and commonwealth countries. The British Nationality Act 1948 gave new citizenship status to both residents of the UK and its colonies. Based on this Act, larger numbers of people from commonwealth countries in South Asia and the Caribbean were invited to settle in the UK (Castle 2000). The heavy influx of migrants from 1948 to 1971 was instrumental in rebuilding the war-torn country after the Second World War.

Healthcare workers, including nurses, were one of the migrant groups the UK sought to attract from commonwealth countries (Buchan 2000; 2002). However, the influx of migrants was heavily criticised by the Conservative Party, and the trend of immigration to the UK was stopped with the passage of the Immigration Act in 1971. The Act provided partial entry permission and settlement only to those born in the UK or whose parents or grandparents were of British origin. New amendments in the Immigration Act in 1988 further tightened the rules for the migration of family members with spouses already settled in the

UK. Because of these tightened rules, the inflow of migrant workers was very limited by the 1980s, increasing the shortage of healthcare workers (Buchan 2000; 2002).

The Conservative government's policies on job cuts and government spending in the 1980s further decreased the number of healthcare workers and worsened the shortage of human resources (Buchan 2000). The successive Labour government announced an incentive to recruit 20,000 more nurses by 2004, which also involved the international recruitment of nurses. This recruitment process reached its peak in 2006, at which point nurses were removed from the government's list of labour shortages. This once again tightened the inflow of international nurses (Buchan 2008). In line with this history, the migration of Nepali nurses to the UK began in 2000, peaked between 2006 and 2007, and started to decline between 2007 and 2008 (Adhikari 2020).

2.2.1 The UK's utilitarian immigration policies on family migration

As the previous section has suggested, the UK has selectively introduced measures to either restrict or provide controlled access to family migration. Though family migration has always been tough and viewed as a problem since the colonial period (Turner 2015), the restriction on family migration and entitlement of residents to accompany dependent family members is based on several factors, including the migrant's country of origin (Kilkey 2017) and the skills sets they can bring to fill gaps in human resources in the UK. Kilkey (2017) defines these efforts to create barriers and conditions for family migration and settlement based on the required human resources in the country as utilitarian migration policies. Migrants' elderly relatives from the global South are restricted the most by these policies and their settlement in the UK has become complicated and limited.

These restrictions and conditions are integral in migration policies dealing with family members' entry and settlement in the UK (Anderson 2014). While looking for the reasons, we can see that the British government's restrictive policy towards migrants' elderly dependent family members is designed to avoid the 'burden' of taking care of them. The UK Visas and Immigration policy (2016: 1) describes that 'The main aim of the new ADR [Adult Dependent Relatives] rules is to reduce burdens on the taxpayer, in view of the significant NHS [National Health Service] and social care costs to which ADR cases can give rise.'

The ADR visa route includes many conditions, including that any migrants who invite dependents to the UK need to hold British citizenship or permanent residency permits. The ADR must show evidence that they are coming to the UK to receive care from or provide care to family members. They must also show social/health care needs, which may include evidence that care is not available in the country of origin and that the family member in the UK can support, accommodate, and care for them without claiming public funds for at least five years (Kilkey 2017). These provisions limit the elderly's access to state welfare provisions. Because of these conditions, the number of applications for family visas and their success rates is low (Walsh 2020).

Other rules on family visas have been tightened as well. For instance, the requirement for English language proficiency was introduced in 2010, and a minimum income threshold was introduced in 2012. Visa fees have increased: it costs approximately £7,000 for a family member's entry and settlement application (Walsh 2020). Given the restrictions, tougher conditions, and higher costs, the care workers' partners and children in my study entered the UK through the family visa route, whereas parents generally used a standard visitor visa, valid for up to six months. Even the application process for the short-term visitor visa was reported as complicated, as applicants were required to present paperwork to show they were

likely to return to their country at the end of the visa period and have good income or savings. This could not only discourage family migration but also the migration of the human resources needed in the UK.

2.2.2 Influence of the UK's participation in the EU

The UK's fluctuating immigration policies have also been linked to the UK's participation in the European Union (EU), EU enlargement processes, and Brexit. For instance, the UK allowed free access of nationals from EU-8 countries (Czech Republic, Estonia, Hungary, Lithuania, Latvia, Poland, Slovenia, Slovakia) to the UK's labour market in 2004 and EU-2 countries (Romania and Bulgaria) in 2007. This resulted in an increase of 26,000 migrants from Bulgaria and Romania applying for a National Insurance Number within a year in 2007 (Holland et al. 2011).

It may be that as the UK gained its required human resources from EU countries it started increasing restrictions on the inflow of international migration. One of these restrictive measures can be seen as the removal of nursing from the list of labour shortages in the Immigration Act in 2006 (Buchan 2008). Another can be seen in the introduction of tougher English language requirements for NMC (Nursing and Midwifery Council) registration in 2006 only for nurses educated outside EU countries (Adhikari 2020). The increased English score required for NMC registration can be articulated as the creation of barriers from the state to demotivate migration from overseas (Kilkey et al. 2010) and a form of institutional discrimination (Adhikari 2011).

2.2.3 The UK's continued need for care workers and the influence of Brexit

The UK has been increasingly widening its shortage of health and social care workers since 1980s and one of the reasons for this could be its incremental restrictive policy on the international migration of nurses and their dependent family members. The COVID-19 pandemic, Brexit and other structural factors further extended this gap. A report by the Health Foundation, the King's Fund and Nuffield Trust (2018) suggests that there is a shortage of more than 100,000 staff across the NHS trusts and another shortage of 110,000 staff in the social care workforce. It predicts that the gap in the NHS workforce will reach almost 250,000 by 2030.

Some of the factors leading to the shortages are listed as: '…the fragmentation of responsibility for workforce issues at a national level; poor workforce planning; cuts in funding for training places; restrictive immigration policies exacerbated by Brexit; and worryingly high numbers of doctors and nurses leaving their jobs early' (The Health Foundation et al. 2018: 2). The report further warns that 'If the emerging trend of staff leaving the workforce early continues and the pipeline of newly trained staff and international recruits does not rise sufficiently, this number could be more than 350,000 by 2030' (The Health Foundation et al. 2018: 2). During this rise in shortages of health and social care human resources, the UK has relaxed some of the restrictions on the inflow of international nurses to increase its international recruitment.

One of the examples discussed above is that the UK government signed a bilateral agreement with the government of Nepal in August 2022 to initiate the recruitment of Nepali-trained nurses in the UK health sectors (GoN, Ministry of Labour, Employment and Social Security 2022). Likewise, between November 2021 and August 2022, the UK government reached agreements with six countries to recruit for its health and social care workforce:

Kenya, Malaysia, the Philippines, Sri Lanka, India and Nepal (GOV.UK 2022a). It is possible to see how these new agreements link back to the impact of Brexit and how the UK has started to look towards other countries to recruit health and social care workers. This again illustrates the UK's utilitarian immigration policies, as it has relaxed and restricted the migration of people into the country on a selective basis to serve its human resource needs.

Chapter 3

Methodology

I aim to explore the lived experience and perspectives of Nepali migrants and their family members regarding the migration decision-making processes from Nepal to the UK (Chapter 5), the implications of migration for informal family care practices (Chapter 4), and the changes in gender roles among couples in the UK (Chapter 6). I used in-depth semi-structured interviews to generate the data. The empirical materials were generated through a total of 35 interviews with migrants in the UK and 14 interviews with their family members in Nepal. In-depth interviews provided me with rich qualitative data and an interpretive understanding of the participants from small-scale purposively selected samples (Snape and Spencer, 2003: 3-5). Semi-structured interview protocols enabled emergent issues to be explored. Likewise, multi-sited data generation in the UK and Nepal helped me to capture the respondents' perspectives across the origin and destination countries and discover how cultural meaning and expectations travel and diffuse across time and space (Marcus 1995). It also provided greater access to migrants' family members, especially parents, who remained in Nepal. The empirical materials were then analysed through detailed descriptions, explanations and classifications, allowing for the identification of patterns of associations and the development of typologies and themes. The analysis facilitated the interpretation of the respondents' perspectives in relation to migration, gender and care. Detailed accounts of the processes and tools used for data generation and analysis and the reasons for choosing these tools are given below.

3.1 Research Method

The data generation process was performed between April 2018 and January 2019. The interviews were first conducted with the migrants in the UK and then their family members were traced and interviewed in Nepal. In the first round of fieldwork, I conducted 17 interviews with migrant care workers in the UK for four months and two interviews with their parents in Nepal for a month. In the second round of fieldwork, I conducted a further 18 interviews with the care workers in the UK for two months and 12 interviews with their parents in Nepal for a month. Hence, a total of 35 interviews (27 with women and 8 with men) were conducted in the UK within six months. Furthermore, a total of 14 interviews were conducted in Nepal within two months. In one case, a migrant's sibling was interviewed in place of a parent who was unable to respond adequately because of their age. Conducting the fieldwork in two rounds provided opportunities for me to reflect on and improve the interview and recruitment processes. For instance, in the first round of fieldwork, I struggled to collect the contact details of some of the respondents' parents and was not able to access enough respondents for the interviews in Nepal. Hence, in the second round, I collected the contact details of additional parents and was able to conduct more interviews.

The participants in this study were Nepali care workers employed in mid to lower-level care jobs in health and social care institutional settings in the UK. They included nurses as well as care assistants, health care assistants and support workers based in hospitals, care and nursing homes, and institutions for people with special care needs. The participants belonged to different caste and ethnic groups and were also varied in terms of gender, level of education, occupation, income, and involvement with Nepali networks and organisations. Excluding an unmarried man and woman and a single parent, most of the participants were married and either the wife or husband or both were involved in care work. In most cases,

they were accompanied by their spouse and children when they migrated to the UK. Twenty-eight of the care workers had children who had either travelled with them from Nepal or who were born in the UK. They were therefore responsible for childcare, household chores and work responsibilities, in most cases without the support of extended family members. Seven of the participants had parents who lived in the UK, with the remaining living in Nepal.

3.2 Research Design

The research design was guided by an interpretive paradigm, which seeks to examine socially constructed reality through the participants' perspectives and my own subjective understanding to offer meaningful explanations (Snape & Spencer, 2003). The interpretive approach takes reality as constructed through social processes, meaning that it assumes that there is no such thing as objective reality or a singular truth to explain a phenomenon (Burr, 1995). Hence, this research explores and interprets the context-specific experiences and perceptions of migrants and their family members in relation to migration decision-making processes, family care practices, and changes in gender roles within the family.

The research design employs a multi-sited, qualitative strategy for data generation. The data was generated in both the UK and Nepal. A multi-sited research strategy was seen as appropriate for the aim of capturing the respondents' perspectives across the origin and destination countries and for discovering how cultural meaning and expectations travel and diffuse across time and space (Marcus 1995). Conducting the research across these two sites also provided greater access to migrants' family members, especially parents, who remained in Nepal. I used in-depth semi-structured interviews to generate the data. In-depth interviews were chosen as a data collection method because of the unavailability of naturally occurring

data and in order to generate an in-depth subjective understanding of the participants, their personal context, and complex processes and issues (Lewis 2003) on migration, care and gender positions.

Before starting the interviews, basic demographic data were collected from each migrant care worker in the UK using a data collection sheet. This helped to determine the respondents' socio-economic background, education, work experience and trajectory, family demography, and family care connections. The demographic data collection sheet is included in Annex 1. The interviews were guided by an interview schedule which was developed after conducting the literature review. The schedule consisted of a set of overarching questions designed to guide the conversation with the respondents. More detailed follow-up questions were asked based on participants' responses to obtain further information about their feelings, opinions and beliefs. I regarded these interviews as 'interactional events' (De Fina & Perrino 2011) between the interviewer and interviewee, in which the narrative was guided by the interviewee. Hence, I used reflexivity in the interactional process both to ensure I did not dominate the interviews and to help facilitate the conversation. I started the interviews with simple questions to open up the conversation. I then facilitated the conversations by following the guiding questions from the interview schedule whilst asking follow-up questions when necessary and appropriate. This follows the rationale of semi-structured interviews which, as Legard et al. (2003) describe, facilitate flexibility and allow the interviewer to probe into the interviewees' responses in depth. They allow the researcher to be responsive to relevant issues raised by the interviewees while keeping the focus on the main discussion topic. I used two sets of interview schedules, one for the migrant care workers and the other for the family members in Nepal. The interview schedules are presented in Annex 2 and 3 respectively.

I used reflexivity throughout the research process in order to scrutinise the possible influence of power relationships between myself and the research participants. Finlay (2002: 532) defines reflexivity as:

> …thoughtful, conscious self-awareness. Reflexive analysis in research encompasses continual evaluation of subjective responses, intersubjective dynamics, and the research process itself. It involves a shift in our understanding of data collection from something objective that is accomplished through detached scrutiny of "what I know and how I know it" to recognizing how we actively construct our knowledge.

Finlay (2002: 532) further presents reflexivity as a valuable tool that can be used to:

- 'examine the impact of the position, perspective, and presence of the researcher'
- 'promote rich insight through examining personal responses and interpersonal dynamics'
- 'empower others by opening up a more radical consciousness'
- 'evaluate the research process, method, and outcomes'
- 'enable public scrutiny of the integrity of the research through offering a methodological log of research decisions'.

Likewise, Braun and Clarke (2022) suggest that reflexivity helps researchers to locate themselves in their research, which enables them to develop an awareness of their personal positioning (e.g. their socio-demographic positioning in relation to intersections of race, culture, religion/belief, social class, sex/gender and age), and their values and assumptions about the world. I consider myself a university-educated heterosexual middle-aged man originally from a middle-class 'high' caste family from Kathmandu but living in the UK. I was aware of how this position could influence the research process, including access to respondents. Likewise, I reflected on my earlier experience of ethnographic research with migrants and vulnerable people and my professional experience in social work and human rights education and used this experience and knowledge to be sensitive to intersectional inequalities based on gender, ethnicity/caste, social class and their possible influences on the research process. In the Nepali context, I might be seen to occupy a more privileged position than some of the female respondents and a similar position to most of the male respondents

based on gender-based inequalities. As a student in the UK, however, without permanent employment or settled migrant status, I might be seen to occupy a more marginalised position than the respondents. This awareness enabled me to be vigilant of the influence of my personal position on the research process, which helped me to be honest and transparent about the research process and my background with the respondents. Likewise, I tried to explore shared meanings with the respondents through dialogue (England 1994) that helped build trust and rapport. For instance, I also followed Nepali cultural expectations, such as greeting the respondents and their family members, engaging with them in discussion about Nepal, their origin and family in Nepal, and accepting the offer of tea/coffee (as it is Nepali culture to offer drinks and food to visitors).

I have several characteristics in common (Carling et al. 2014) as well as some characteristics and experiences in different with my respondents. I have a common culture, language and nationality, and I am also a Nepali migrant whose spouse is employed in the health and social care profession as a health care assistant. This information about my background was shared with the respondents. These common characteristics provided better access to the respondents and enabled me to communicate effectively. However, I also encountered challenges due to my common characteristics with the participants. For instance, some male participants appeared reserved in sharing information about their role in care work and were keen to justify it as a compromise. Some female participants appeared interested in presenting their husbands as different to 'normal Nepali men' in their more flexible approach to sharing traditional gender roles, whilst other women tried to justify the gender roles in their family as typical of Nepali households.

Likewise, during many interviews the respondents initially withheld details due to presumptions about my existing knowledge. In these cases, I motivated the respondents to

elaborate further by assuring them that I was not looking for right or wrong answers but wanted to hear their reasonings and subjective understanding of the discussion topic. I also used probing questions to facilitate the conversation. I addressed these challenges by reviewing my subjective position, designing an interview schedule based on my previous experiences of qualitative migration research, and using probing questions to reveal the respondents' subjective understanding of the topic rather than relying on my own preconceptions. Moreover, I also used my 'subjectivity as resource' (Braun & Clarke 2022) and reflexivity to interrogate their subjective understanding of migration and care, gender positions, and power relations during the data collection and analysis.

Despite the common characteristics, I am of a different gender to the women respondents and do not possess the experiences of a migrant care worker. Hence, I was reflective to mitigate the potentially negative roles of power and control within the interview situation (Cotterill 1992), as well as the possibility that the male gaze of the researcher could dominate female research participants and make them more vulnerable (Bullock 2010). Acknowledging power dynamics in the research process, I became attentive to the influence of power and authority and developed a reciprocal relationship between myself and the research participants (Ayrton 2024). For instance, although the interviews were guided by an interview schedule I had developed, I encouraged the participants to choose their preferred location for the interview, as well as its duration and format (Ayrton 2024). Likewise, the fieldnotes that I maintained also helped me to reflect on the interview process.

It facilitated flexibility in the data generation process as well as the use of reflexivity, allowing for sensitivity towards the research participants, their social context and my own positionality in the data generation, analysis and interpretation. Since the analysis was open to emergent concepts and ideas, I was able to analyse the empirical materials through detailed

description, explanation and classification; identify patterns of associations; and develop typologies, which facilitated the interpretation of social meaning in relation to migration, gender and care, ultimately 're-presenting' the social world of the research participants.

While doing this, I acknowledged the post-modern thinkers emphasis that truth is not singular but is rather produced based on context-specific interpretations of social meaning and is influenced by the power relations within which it is created (Ramazanoğlu & Holland 2002). Here, the power relations that could influence the production of knowledge include the relationship between me, as a researcher, and the research participants, and power relations among the participants and their family members.

3.3 Selecting Participant Group

The care workers for the study were selected purposively from multiple sources in the UK using the snowballing technique. Initially, contacts were obtained through Nepali organisations in the UK, such as Nepalese Nursing Association UK (a professional member-based organisation of Nepali nurses in the UK), Colchester Nepalese Society and Dartford Nepalese Community. These societies engage with Nepalis through memberships and get-togethers during festivals and also provide support for members in need. I also utilised personal networks to identify participants. After recruiting the first few participants through these networks, I used the snowball technique and respondent-driven sampling (Heckathorn, 1997), which is a chain referral sampling method that I used to ensure participant diversity in terms of i) profession; ii) care settings; iii) gender; and iv) *Gurkha* and non-*Gurkha* families. Table 3.1 shows the demographic profile of the respondents and their family members

including the age distribution of the migrants, their children and parents; their family category; marital status; and job position.

Table 3.1 – Characteristics of the respondents: care workers and their family members

Particular	Number (%)
Gender	
Female	27 (77)
Male	8 (23)
Family category	
Non-*Gurkha*	27 (77)
Gurkha	8 (23)
Age	
21-30	7 (20)
31-40	13 (37)
41-50	9 (26)
51-60	6 (17)
Age on arrival	
Below 21	4 (11)
21-30	17 (49)
31-40	9 (26)
41-50	5 (14)
Marital status on arrival	
Married	30 (24 women, 6 men)
Unmarried	5 (3 women, 2 men)
Migrant's children	
Migrants having children before the migration	16
Migrants had a baby in the UK	17
Age of children	
Below 5 years	9 (19)
5-10 years	13 (28)
11-17 years	9 (19)
18 and above	16 (34)
Age of parents	
Below 65	43 (46)
65-74	32 (35)
75 and above	18 (19)
Job title	
Nurse	13 (37)
Health Care Assistant	2 (6)
Care Assistant	10 (29)
Support Worker	3 (8)
Nurse Assistant	2 (6)

The interviews with the parents provided left-behind family members' perspectives on care relationships and insights into their role in the migration decision. These interviews also aimed to address the shortage of empirical materials on the views of both Nepali migrants in the host country and those of their family members in the home country (Ghimire et al. 2017). Although fewer men are in care occupations when compared to women, I included them to study the perspectives of both men and women migrant care workers.

Nepali care workers in the UK and their family members in Nepal were purposively selected for several reasons. Firstly, the study addresses the experiences of family members in both the destination and origin country. It contributes to new understanding in the study of the global care economy and gendered aspects of migration by considering: i) intergenerational aspects of informal care among migrant families across borders; ii) the role of gender and other factors in migration decision-making processes; and iii) changes in gender roles among the couples in the migration destination. Secondly, the study of these families aims to generate novel data on Nepali transnational families involved in care work in the UK in relation to migration-decision processes, care practices, and changes in gender roles. Nepali care workers are new entrants to the global care economy in the global North and there are fewer in number when compared to care workers from the Philippines, India and Sri Lanka. As a result, Nepali migrants have been under-researched. This study expects to provide findings regarding minority groups in the care sector. Thirdly, Nepali care workers represent care migration from the global South (Nepal) to the global North (the UK) within a context that lacks otherwise common historical colonial and religious ties between the two regions. Fourth, Nepali migrant care workers are a heterogeneous group in terms of route of entry, visa status, and entitlement to residency in the UK. The group incorporates *Gurkha*

families, who have an enabling migration status, as well as non-*Gurkha* families, who have a restrictive migration status. This provides the opportunity to comparatively study the consequences of mobility and immobility regimes in maintaining intergenerational care, as well as compare the changes in gender roles in different families.

3.4 Interview Process

The care workers invited to be interviewed were given brief information about my research project from the Nepali organisations or earlier respondents who were in contact with them. I provided an invitation letter and participant information sheet to the organisations to be shared with potential interview participants. The invitation letter and participant information sheet are provided in Annex 4 and Annex 5 respectively.

The parents in Nepal received information about the project from their family members in the UK. Once I received contact details of potential participants, I telephoned them to provide further information about the interview and determine a date, time and venue that was convenient for them. Most of the interviews were conducted in the respondents' homes, excluding two which were conducted in a Nepali restaurant in London, one which was conducted in a respondent's university library, and three which were conducted online using Facebook messenger/Viber call. Given that the respondents were busy with care work, scheduling interviews took a long time. Some of the interviews were scheduled within a month, whereas two interviews could not take place until the end of the research period because of frequent changes to the respondents' work schedules and other commitments.

In contrast to the interviews conducted in the UK, the interviews with the migrants' parents in Nepal were fixed within days of the initial phone call. This was possible as most of

the parents were living at home, had free time, and no job commitments. However, even the parents who had their own businesses or who were employed were ready to give time immediately after a telephone call. However, in a few cases, I had to visit the respondents twice as they had forgotten the day and time we scheduled the interview and were out. In one case, after travelling more than 200 kilometres, I was unable to conduct the interview as the participant had forgotten the agreed date and time and had travelled out of town for a week.

Before each interview, I had an informal conversation with the participants and/or their family members. In these conversations, many of the participants were interested in knowing about my origin in Nepal, my family in Nepal and the UK, my duration of stay and location in the UK and my job and research. On one occasion, I had a long discussion with the father of a respondent who was interested in my background and the purpose of my research. He was also interested in discussing the Nepali community in the UK and particularly the *Gurkhas*, as well as Nepali politics, political changes, and social issues in Nepal. Those conversations with the respondents and their family members became very helpful in building rapport and developing trust to enable them to share their experiences freely in the interview. After the informal discussions, I provided a participant information sheet and asked the respondents to complete a consent form (Annex 6). The interview times for most of the care workers were approximately one hour long, ranging between 45 to 90 minutes. The interview times with the care workers' parents were around 30 minutes long. The interviews were digitally recorded with consent being granted.

3.5 Data Analysis

I transcribed the interviews alongside the data generation process, which lasted for several months. The combined transcript was more than 400 pages long. I collated the transcriptions in NVivo for systematic storage and analysis. Since my research design is guided by an interpretive paradigm, I analysed the context-specific experiences and perceptions of the participants in all three empirical chapters (Chapters 4, 5, and 6) of this thesis. While guided by an overarching interpretive methodology, I followed specific data analytical processes for each chapter.

In Chapter 4, *'Flying Families between the UK and Nepal: Compromised Intergenerational Care amidst a Restrictive Migration Policy Context'*, I used thematic analysis methods proposed by Saldaña (2011). This included a process of familiarisation with the data by repeatedly listening to the interviews, transcribing them, and re-reading the transcripts. This was mainly used to uncover the respondents' perspectives on the implications of migration for informal family care and the reasons behind any changes in care responsibilities. The familiarisation process was followed by the construction of patterns in the respondents' narratives by organising the data into categories and broader themes within NVivo.

I used four concepts to analyse the reasons for the changes in informal family care: the global care chain (GCC) (Hochschild 2000; Parreñas 2001; Yeates 2005, 2009, 2012), care circulation (Baldassar & Merla 2014b; Bjørnholt & Stefansen 2018; Chiu & Ho 2020; Kilkey & Merla 2014; Wyss & Nedelcu 2018), regimes of (im)mobility (Block 2015; Glick Schiller & Salazar 2013), and displaying families (Ducu 2020; Finch 2007; Walsh 2018). The themes were constructed based on this conceptual framework. This was followed by the exploration of interrelationships among the categories by noting patterns and themes and by

making comparisons between the clusters (especially between the *Gurkha* and non-*Gurkha* families). The steps followed in the interpretation of the data were flexible, iterative, and non-linear. Some extracts from the respondents' narratives were selected to exemplify key findings and these were used in the analysis.

The chapter aims to show how the families managed informal care across generations in Nepal and the UK, and how the migration policies of the UK influenced care exchanges. Hence, findings and discussions were presented according to the major themes as below: families providing childcare support during transitions; changing care responsibilities; grandparents missing their grandchildren; visa and travel complications leading non-*Gurkha families* to become 'flying families'; resettlement rights allowing *Gurkha* families to become 'flying families'; and welfare provisions facilitating care.

In Chapter 5, *'Gender or Gendered Demand of Care? Migration Decision-Making Processes of Nepali Care Workers'*, my analytic approach was guided by reflexive thematic analysis (Braun & Clarke 2006; 2019; 2022). I followed an interpretive paradigm and critical orientation approach to thematic analysis (Braun & Clarke 2022), as mentioned earlier in this section. Further, I predominantly used an inductive approach in developing meaningful patterns from the dataset and focused on analysing semantic meaning in the respondents' descriptions of their experiences and perceptions of the migration decision-making process. As in Chapter 4, I followed a flexible and iterative process to analyse the data. I read and re-read the interview texts throughout the process in order to become familiar with the dataset. I made some preliminary notes on different factors that influenced the migration decision-making processes and used NVivo to code the interview transcripts that had the potential to address the research question.

I developed themes through this process of interpreting and exploring meaningful patterns in the dataset. Here I followed a reflexive process of exploring the codes, grouping them together, and developing the themes. Hence, the process of developing themes employed in Chapter 5 differed from that used in Chapter 4, in which I used themes based on the conceptual framework. My themes in Chapter 5 present patterns of meaning in the migration decision-making processes. The themes developed through this process include two major themes and seven associated themes. The first theme was the influence of gender and power relations, and its three associated themes included: women marry to migrate; migration as a rite of passage for men; and husbands' leadership in the decision processes. The second theme was the influence of individual and contextual factors, and its four associated themes included: women using a competency combo to migrate; migration as freedom and emancipation for women; couples mutually deciding to migrate; and wives' leadership in the migration decision process. The report included extracts from the transcripts to exemplify the themes.

In Chapter 6, *'Changes in Gendered Care Relations among Nepali Care Workers' Families in the UK: The Interplay of Masculinities and Femininities while Performing Care Work'*, I used framework or thematic framework analysis (Ritchie & Spencer 1994). It included familiarisation with the empirical materials, the identification of themes, and the generation of typologies (Ritchie et al. 2003). I followed an interpretive paradigm (Snape & Spencer 2003) to unpack the meaning in the respondents' perspectives whilst considering the social context; conceptual understandings of gender role division; ideals and practices on masculinities and femininities; and compromises the participants made in those practices while involved in paid or informal care work. As in Chapters 4 and 5, I followed a flexible and iterative process to analyse the data. I read and re-read the interview texts throughout the process to become familiar with the dataset and used NVivo to code the interview transcripts

that had the potential to address the research question. I then developed a matrix containing data summaries with columns representing themes on different factors influencing changes and rows representing cases. This facilitated interpretive analysis through the comparison of themes and cases, revealing the similarities and range of responses and ultimately generating findings. It enabled an exploration of changes in traditional gender roles based on the practices of masculinities and femininities and analysis of data among three typologies of couples through 'cross-case analysis' (Ritchie et al. 2003). The typologies of couples are: (1) 'gender-egalitarian couples'; (2) 'gender-broker couples'; and (3) 'gender-segregated couples'.

Clustering and developing the typologies followed the process of detecting, defining and constructing developed by Lazarsfield and Barton (1951) and Ritchie et al. (2003: 244-248). It involved an iterative process through which possible factors or dimensions of a typology are identified and grouped. Then the possible typologies are developed and refined until each case is fitted into a single typology. Ritchie et al. (2003: 246) recommend that researchers perform 'cross-case analysis' using charts that compare the main dimensions of a typology and study population. Following this, the dimensions are iteratively combined to form multidimensional typological categories. The categories are then tested to determine if they can be applied to the whole sample and a working title is assigned for each category.

Following this process, I developed a matrix containing data summaries with columns representing themes on different factors or the dimensions that influence changes or continuities of traditional gender roles, and rows representing cases. I used the same matrix that I used to develop and analyse the research themes, with the different factors or the dimensions including migrants' perspectives of gender role division; ideals and practices of masculinities and femininities; and compromises the participants made in those practices

while involved in care work. While combining and considering the intersections among different factors, I then developed the typologies of families and tested these across the entire sample. This facilitated an interpretive analysis through the comparison of themes among different typologies of families, revealing the similarities and range of responses.

My analytical approach in all three chapters was broadly guided by an interpretive methodology and I used different forms of thematic analysis in each of the chapters to achieve efficient and scientific analysis and interpretation of the data. In Chapter 4, the reasons for the changes in informal family care practices were analysed based on four theoretical concepts: the global care chain (GCC), care circulation, regimes of (im)mobility, and displaying families. Hence, the themes were constructed deductively based on the conceptual frameworks, which helped to focus the interpretation. In Chapter 5, theories dealing with migration presented varied factors influencing the decision-making process. These sometimes conflicted with each other. Hence, I used an inductive approach to develop meaningful patterns from the dataset and actively produce themes from the interview data. The themes were then analysed in light of existing theories and earlier research findings. This form of thematic analysis, i.e. reflexive thematic analysis (Braun & Clarke 2006; 2019; 2022), allowed me to reflexively develop themes from the data and later analyse these in relation to existing theory and earlier research. In Chapter 6, during my familiarisation with the interview data, I found that the migrant couples had different levels of changes in traditional gender roles and in their understanding of masculinities and femininities. This hinted at the possibility that I could analyse my data by developing different typologies of families based on the level of changes in traditional gender roles. Hence, I developed typologies following the method described above (Lazarsfield & Barton 1951; Ritchie et al. 2003) and proceeded to employ framework or thematic framework analysis (Ritchie &

Spencer 1994). This facilitated the analysis of changes in traditional gender roles through the comparison of themes, cases and typologies within the thematic matrix.

3.6 Ethical Considerations

The study has been approved by the departmental Director of Research (DoR) / Ethics Officer (EO) for the Department of Sociology at the University of Essex, on behalf of the Faculty Ethics Sub-Committee (ESC), and the methodological/technical aspects were considered appropriate. According to the ethical guidelines of the University of Essex, this research is assessed to be of low risk to the research participants and researcher. This was because no vulnerable people were proposed to be involved and the interviews were conducted in the respondents' preferred locations, mainly in their residences and not during their working hours or in their workplaces. I read and followed the University's *Guidelines for Ethical Approval of Research Involving Human Participants* and *Code of Good Research Practice* and adhered to the procedures set out in my application in accordance with the guidelines. I identified possible risks related to the research that may arise in conducting this research, acknowledged my obligations and the rights of the participants, and also planned mitigating measures. Some of these are described below.

3.6.1 Risk to lone researcher

Although the potential risk for the researcher is anticipated to be minimal, I acknowledged that there may be a small element of risk for a lone researcher conducting the interviews, especially in participants' homes. To reduce this potential risk, I followed the University of Essex's guidelines for 'Lone Working – Risks and Responsibilities'. Before the interviews

took place, I had several rounds of contact with the respondents through email and telephone. Through these conversations, I confirmed that the participants were interested in sharing their experiences and providing time for the interview. As I received their addresses, I ensured safety by asking the respondents about the locality and the safety of car parking, and by arranging the interviews during the daytime. Likewise, I enabled the location tracker on my mobile phone. Fieldwork in Colchester and Kathmandu was easier for me to navigate as I was familiar with these towns. Despite the limited house numbering system in Nepal, I was able to navigate the respondents' homes by asking about the locality and major landmarks and by asking locals for their help. My language and cultural understanding helped me to approach and ask locals for help and the use of my mobile phone enabled me to keep in contact with the respondents while navigating the way. However, despite this support, I sometimes had difficulty finding the respondents' residences. Back in the UK, interviews around London were challenging in-terms of travel time (approximately two hours by car), but finding the respondents' homes was easier due to proper street names and house numbering. During the fieldwork, my supervisor was a 'central contact point' who was informed about research visits through email. A call 'Out' and 'In' system was used for the fieldwork.

3.6.2 Informed consent

Participants are assumed to have the capacity to consent for themselves unless they are formally assessed as lacking capacity. As mentioned earlier, a participant information sheet was provided and read out and a consent form was signed before the interview. The consent form is included in Annex 6. A pictorial sheet with tick boxes was developed to gain consent from persons who could not read or write. However, none of the participants used the

pictorial consent form as they were able to read and write. The pictorial consent form is included in Annex 7. It was made clear to all the participants that their involvement in the research was voluntary and that they were free to withdraw from the study at any time. I used a digital recorder to record the interviews and asked the participants for permission before beginning the recordings. Interviews with migrants' parents in Nepal started with prolonged informal conversations, which usually began off-topic. Since they received me as a Nepali who was visiting from the UK, they asked me about my life, work and study in the UK, my family and home in Nepal and also asked about their family members in the UK. They were also interested in discussing their earlier visits to the UK. After those initial conversations, I informed them about the research project and started the interviews by gaining their consent.

In the cases where the participants preferred to be interviewed by telephone or by online call, they were given the opportunity to ask any questions or to clarify any issues about the research project that they may have had concerns about. It was confirmed that they were still happy to participate. For the telephone/online call interviews, verbal consent was obtained and recorded by the researcher before commencing the interview.

3.6.3 Confidentiality and anonymity

All data held were strictly confidential. Each participant was given a unique identifying Nepali name. The lists matching participants to their unique identifying names are known only to the researcher. All participants were made aware before starting the interviews that their names would be anonymised and that the data generated would be confidential. Individuals were not identified and will not be identified in any future outputs arising from this research, such as a PhD thesis, reports or publications. The data has been de-identified and direct quotations from interviews were anonymised in all outputs arising from the study.

Anonymised quotes that may be used to identify individuals were not used. Primary data relating to the research is only accessible to the research team.

3.6.4 Data access, storage and security

Data derived from the research will be stored in the University of Essex's digital repository and retained for no less than five years. Personal data which can identify participants will not be transferred to the repository. Whilst the study is ongoing, all data, both file and database, is stored within a University-managed password-protected Box folder. I will have exclusive use of the data until the findings are published. In order to secure confidentiality, the lists matching participants to the unique identifying names were stored in a locked filing cabinet in my office space at the Department of Sociology initially. Likewise, consent forms and other printed documents with participants' contact details were also stored separately from the data in the locked filing cabinet initially. However, after the COVID-19 pandemic, I scanned these documents, stored the digital copies in the Box folder and shredded the printed copies.

Chapter 4

Flying Families between the UK and Nepal: Compromised Intergenerational Care amidst a Restrictive Migration Policy Context

Aryal, S., & Guveli, A. (2023). Flying families between the UK and Nepal: Compromised intergenerational care amidst a restrictive migration policy context. *Journal of Family Studies*, 1–29. https://doi.org/10.1080/13229400.2023.2218842

Studies on the global care economy rarely focus on the implications of migration policies in maintaining informal intergenerational care among transnational families of care workers in the global South to the North migration context. Our study addresses this by exploring how migration policies influence the exchange of care transnationally. We pose two research questions: how do migrant families manage intergenerational informal care in origin and destination countries, *and* what are the roles of migration policies in shaping these arrangements? Our study presents the perspectives of Nepali migrant care workers in the UK and their family members. We generate novel data on the care practices within Nepali families and compare Nepali *Gurkha* and non-*Gurkha* families to illustrate the role of migration policies in exacerbating or reducing care inequalities. The research reveals how these inequalities force migrants to become 'flying families' to maintain care in proximity through cross-border mobility. We also show grandparents as active agents in maintaining intergenerational care. We propose a policy recommendation to enable the mobility of extended families and extend welfare provisions to reduce care inequalities created through the supply and recruitment of the care workforce from the global South to the global North.

Keywords: intergenerational care, global south-north migration, migration policies, transnational families, global care chain, care circulation, regimes of (im)mobility, displaying families

4.1 Introduction

> Before going there [the UK], getting a visa was not that easy. Our visa [application] was rejected first time and we only got it on the second try. In addition to a huge application cost paid by my son, we had to travel to Kathmandu twice for the interview [and biometric] and had taken several months to make papers [produce supporting documents]. We had applied a second time as we knew from many friends that they had received the visa in their 2nd or 3rd attempt.
>
> (Urmila, grandmother from a non-*Gurkha* family)

> I have my *buwa* [father-in-law, aged 71] and *muwa* [mother-in-law, aged 57] staying with us here [in the UK]. They take care of my two sons, and the sons also love being with their grandparents the most. Since I do not have to worry about the childcare and household work, I am working [a paid job] at the same time taking some courses at a college.
>
> (Gopini, female nurse from a *Gurkha* family)

Large numbers of migrants from the global South are filling the increasing shortages of care workers in the global North (Ehrenreich & Hochschild 2003; Lutz & Palenga-Möllenbeck 2011; Parreñas 2001, 2005). This has inevitable consequences on intergenerational informal care within these migrant families. Here, intergenerational informal care refers to the family members providing care across generations, which does not include public or commercial provisions of care. Nepali migrants are using these international opportunities in the health and social care sectors and their share is growing rapidly (Adhikari 2020). As the opening quotations demonstrate, Nepali migrant families maintain intergenerational care transnationally. However, within this same group of migrants, some families (*Gurkhas*) can come and go or stay longer in the UK, whereas others (*non-Gurkhas*) can struggle to get a visa or come and go for a shorter duration based on their immigration status.

Migration research on care workers usually focuses on their roles as paid care workers with less attention to the ways they manage care transnationally within their families as caregivers or receivers (Kilkey et al. 2018; Locke 2017). Likewise, the possible implications of the global North's restrictive visa policies in maintaining and shaping care within transnational families are still largely under-explored (Merla et al. 2020). Hence, one of the research concerns in this paper is the gap in knowledge on intergenerational care connections among migrant families in the transnational setting, either locally, in the origin or host country, or transnationally. There is a limited understanding of the role of left-behind grandparents and the perspectives of care providers and receivers from different generations within these care connections (Chiu & Ho 2020; Ducu 2020). We address these gaps in the literature and offer insights into intergenerational care exchanges within transnational families through the study of Nepali migrant care workers' families in the UK and Nepal.

We pose two research questions: *how do migrant families manage intergenerational informal care in origin and destination countries,* and *what are the roles of migration policies in shaping these care arrangements?* Answers to these questions demonstrate and contribute to our understanding of the complexities of maintaining intergenerational care among transnational families located in the global South and the North. This extends the understanding of the global economy of care to show how different migration regimes shape the exchange of intergenerational care transnationally and minimise or exacerbate care inequalities among transnational families.

In the next section, we first present a brief background of migration and care work migration from Nepal and family practices on intergenerational care. Then we present the changes in the UK's policy on family migration. For the conceptual framework, we use four different yet closely related concepts within the study of care and migration: the global care

chain (Hochschild 2000; Parreñas 2001; Yeates 2012), care circulation (Baldassar & Merla 2014b), regimes of (im)mobility (Glick Schiller & Salazar 2013), and displaying families (Ducu 2020; Finch 2007; Walsh 2018). These concepts enable us to demonstrate how migration creates inequalities of care among migrants' families, how family members exchange intergenerational care and its associated motivations and emotions, and how immigration regimes impact the exchange of care. We review these concepts after the background section. Then we present our research design and methods, followed by findings and discussion and conclusion.

4.2 Background

4.2.1 Care work migration and intergenerational care practices within Nepali families

Migration within and outside the country for labour work and household livelihoods has a long history in Nepal dating back to the eighteenth and nineteenth centuries (Sharma 2018). Political change in 1990 led the nation to adopt a democratic system and increased integration with the global market economy enhanced people's access and aspirations to mobility. It accelerated and diversified migration in the 1990s, which further dramatically increased in the 2000s to countries such as India, the Gulf states and Malaysia and also to regions in the global North such as Australia, USA, UK, Europe, and Japan.

One of the new forms of migration that emerged since the late 1990s was the international migration of nurses, mainly women, which helped reverse the trend of men as leading migrants from Nepal (Adhikari 2020). The migration of Nepali nurses is also unique as it is not linked to either historical, colonial or religious ties with the countries they

frequently migrate to, such as Australia, UK and USA. Rather, it is mainly based on the demand for nurses and targets the countries with relatively easy migration processes that are taking more migrants. It is further based on the support available from private service providers or through social networks and connections facilitating the process. In the case of the UK, more than 1,000 Nepali nurses migrated between 1997 and 2008 when the UK was actively recruiting nurses and healthcare workers internationally (Adhikari & Melia 2015). The trend slowed down after 2008. An estimate in 2021 accounts for more than 3,000 Nepali nurses working in the health and social care sectors and residing with a total of 10,000 dependent family members in the UK (NNAUK 2021). Since the 2000s, the migration of other groups of Nepali to the UK also increased. This included the migration of skilled workers in different fields and their dependents through the Highly Skilled Migrants Programme (HSMP); ex-*Gurkha* and their family members through the resettlement programme; and migration of students and their dependents.

Gurkha is a special brigade of Nepali soldiers in the British army that has existed for the last 200 years. It was established to expand the British Army with men from ethnic groups classified by the British authorities as the 'martial race' (Caplan 1995; Gellner 2013). These ethnic groups derive from the hilly regions of Nepal, such as the Magar, Gurung, Rai and Limbu. Due to a massive recruitment drive since World War II, a small number of people from other caste and ethnic groups also joined the force (Kansakar 2001) and this expansion continues. However, before the mid-1990s, the majority of the Brigade of *Gurkhas* was comprised mostly of these four ethnic groups (Gellner 2013).

The *Gurkhas* have been in continuous campaigns for years with demands for settlement rights and equal pensions as a recognition of their service to the British Crown (Gellner 2013). Since 2004, the British government has granted settlement rights to those

who have served as *Gurkha* for at least four years, as well as their families (spouse and children), on a compartmental basis. Those who served before 1997 were granted the same rights in 2009 and additional rights regarding settlement for adult children were added in October 2018. Since men born into *Gurkha* families often follow their fathers' legacy of working in the British Army, the resettlement scheme allowed many of these families to migrate and settle in the UK across three generations. There is no updated official figure on the number of resettled *Gurkha* families or overall Nepali population in the UK apart from the 2011 UK census, which recorded more than 60,000 Nepali residing across the country. Laksamba et al. (2016) estimated there to be around 100,000 Nepali in the UK. However, there are no more contemporary estimates.

Care workers for this study consisted of Nepali men and women working in health or social care settings in the UK as nurses, care assistants, health care assistants, support workers, and assistant nurses. This group is diverse in terms of route of entry, visa status and entitlement to residency in the UK. For instance, nurses, spouses of nurses or other skilled workers or students, and members from both *Gurkha* and non-*Gurkha* families are involved in the care work profession. *Gurkhas* are migrated through re-settlement visas and non-*Gurkhas* through student, labour or other types of visas. Hence, this study also compares the role of the UK's migration policies on grandparents' mobility in the UK and on the transnational exchange of intergenerational care in *Gurkha* and non-*Gurkha* families.

Nepali family members see themselves as responsible for providing care to other members, especially to the elderly, children and other dependents. Though the Nepali state provides a monthly allowance to the elderly (THT Online 2021), it is not sufficient to cover their needs. Other state welfare provisions are weak, and so are the conditions and services of elderly homes. Moreover, staying in elderly homes is perceived as abandonment and the

neglect of elderly people by their families and is a subject of taboo (Pun et al. 2009). Hence, Nepali try to maintain care of elderly family members within the household as a filial responsibility rather than seeking care from the state or private care institutions (Pun et al. 2009; Speck 2017). Due to weak welfare provisions and familial care practices, elderly members expect care (in the form of hands-on physical care or emotional care) from younger generations and older generations perceive care of children/younger generations as their major responsibilities.

We found that among the non-*Gurkha* families, most of the migrants came to the UK first and their spouses and children joined them after a few years, but their parents were left behind in Nepal. Hence, the migrants provided care to their children locally in the UK and exchanged care with their parents transnationally while living apart. Because of this practice of family support in maintaining care within the household, they expected care from family members despite living in different transnational locations. Therefore, the elderly left behind in Nepal expect care from their migrant family members, whereas the migrant couples in the UK expect support for childcare from their children's grandparents (we have used grandparents to denote care workers' parents throughout the paper). However, in the absence of the grandparents, the migrant couples are bound to manage the care of their children alongside the responsibilities of paid work in the UK. While performing this dual role, they seldom use paid childcare services either because of the familial practice of care or financial constraints. This further increases their expectations to receive help from the grandparents, especially during childbirth, to support the mother and baby and to continue childcare when the mother returns to her job after maternity leave.

In turn, grandparents try to visit the UK to care for their grandchildren. However, even though grandparents are becoming increasingly mobile in caring for their families

transnationally, research on the grandparents' role in providing care to the younger generation transnationally is rare. Moreover, migration literature on Nepal depicts Nepali households as 'empty nest[s]' (Subedi 2005: 11), with elderly lone grandparent/s as passive recipients of care and are often left behind on their own.

Hence, this study also makes a key contribution by exploring grandparents' roles in the transnational exchange of intergenerational care within families. Likewise, we will focus on the role of family migration and visa policies in enabling or disabling the transnational exchange of care in Nepali *Gurkha* and non-*Gurkha* families in the UK and Nepal.

4.2.2 UK family migration policies

Through its selective migration policies, the UK has introduced several measures either to restrict or provide controlled access to migrants and their family members. Family migration is always tough and has been viewed as a problem since the colonial period (Turner 2015). Furthermore, the restriction on family migration and entitlement of residents to accompany dependent family members is also based on several factors including the migrant's country of origin (Kilkey 2017) and skills sets they can bring to fill gaps in human resources in the UK. Kilkey (2017) defines these as utilitarian migration policies, which create barriers and conditions to family migration and settlement to facilitate the required human resources in the country. For instance, migrants' elderly relatives from the global South are targeted the most and their settlement in the UK has become complicated and limited. These restrictions and conditions are integral in migration policies dealing with family members' entry and settlement in the UK (Anderson 2014). While looking for the reasons, we can see the British government's restrictive policy towards migrants' elderly dependent family members are designed to avoid the 'burden' of taking care of them. The UK Visas and Immigration policy

(2016: 1) describes that 'The main aim of the new ADR [Adult Dependent Relatives] rules is to reduce burdens on the taxpayer, in view of the significant NHS [National Health Service] and social care costs to which ADR cases can give rise.' The ADR visa route includes many conditions, including that the migrants who are inviting dependents to the UK need to hold British citizenship or permanent residency permits. The ADR must show evidence that they are coming to the UK to receive care from or provide care to family members. They must also show social/health care needs, which may include evidence that care is not available in the country of origin, and that the family member in the UK can support, accommodate, and care for them without claiming public funds for at least five years (Kilkey 2017). These provisions limit the elderly's access to state welfare provisions. Because of these conditions, the number of applications for family visas and their success rates is low (Walsh 2020).

Other rules on family visas have been tightened as well. For instance, the requirement for English language proficiency was introduced in 2010, and a minimum income threshold was introduced in 2012. Visa fees have increased: it costs approximately £7,000 for a family member's entry and settlement application (Walsh 2020). Given the restrictions, tougher conditions, and higher costs, the care workers' partners and children in our study entered the UK through the family visa route, whereas the parents had generally used a standard visitor visa, valid for up to six months. Even the application process for the short-term visitor visa was reported as complicated, as applicants were required to present paperwork to show they were likely to return to their country at the end of the visa period and have good income or savings. We explored how these restrictions, conditions and complications had implications on the exchange of intergenerational care by comparing *Gurkha* families, who do not have such restrictions, can travel and settle in the UK, and have access to state welfare provisions, with non-*Gurkha* families who face more restrictive policies.

4.3 Theoretical Framework

4.3.1 Defining care

Care is a broad term. It is defined as work supporting others or as a relationship involving love and emotion (Milligan & Wiles 2010). It is also defined as social relationships between a caregiver and recipient in familial or professional settings (Lloyd 2000). Feminist scholar Mary Daly defined care specifically as '…looking after those who cannot take care of themselves' (Daly 2002: 252). However, Glenn (1992: 1) defined care as '…purchasing household goods, preparing and serving food, laundering and repairing clothing, maintaining furnishings and appliances, socialising children, providing care and emotional support for adults, and maintaining kin and community ties.' Hence, it includes a broad range of activities of reproductive labour.

Care is also defined as both physical labour in 'caring for', which is possible only through proximity, and emotional labour in 'caring about' others, which is also possible from a distance (Fisher & Tronto 1990; Zechner 2008). Families exchange care among their members across different generations, including care for the elderly and children. Therefore, in line with Glenn's (1992) broader understanding of caregiving as labour, we consider intergenerational informal care within the transnational setting to consist of physical (hands-on) care, emotional care, and any other support to family members. It involves caregiving either in physical proximity and co-presence or from a distance, including hands-on physical support, material and monetary support, remittance and gifts, emotional support, love, and guidance, both locally in physical co-presence and from a distance among different generations of family members. We focus on how Nepali migrant care workers in the UK and grandparents maintain intergenerational care within their families either locally in the UK or

Nepal or transnationally between the UK and Nepal, and how this differs between *Gurkha* and non-*Gurkha* families based on the UK's visa policies on family migration.

4.3.2 The Global care chain

The global care chain refers to the globalisation of care labour and the creation of an international network of families based on social division and inequalities and the further creation of inequalities of care. The global care chain, coined by Hochschild (2000), focuses on how globalisation processes (Sassen 2002) impact the giving and receiving of care at local, regional and global levels. It deals with how the increased workforce participation of women in the global North expands the care market, which attracts women from the global South to take up care work in richer countries, as well as how this affects families who are involved in the chain. The migration of care workers in order to participate in the care market in the global North creates a chain of care between migrants' families and others who provide care to migrants' families in the global South and service users in the global North.

The global care chain shows the transnational linkages within the transfer of care, as well as the social division and inequalities between the service providers and recipients. In this chain, richer households contract members of poorer households, whereas richer countries hire migrants from poorer countries. Though Hochschild's initial concept of global care chain deals with the inequalities of care, emotion and love among the families involved in the chain of care, it targets migrant mothers involved in unskilled domestic work and childcare at the transnational level and its impact on the children who are left behind.

Parreñas (2015) defines the phenomenon of women passing on their reproductive labour or care labour as paid or unpaid work to other women in a global context, both in the

sending and receiving country, as the ‘international division of reproductive labour’ (IDRL). The international division of reproductive labour is also involved in the ‘racial division of reproductive labour’ (Glenn 1992) and the ‘international division of labour’ (Sassen 1984). It reveals the transfer of reproductive labour to less privileged women both in the sending and receiving countries.

Hence, the global care chain or the international division of reproductive labour shows the global economy of reproductive labour and the political-economic foundation of reproductive inequalities among women or families involved in care work at the local, regional and transnational levels. These inequalities are based on class and racial hierarchies between providers and receivers of care and also on the political-economic ties between nations (Parreñas 2015). This is especially relevant since our study deals with families migrating from a poorer country in the global South (Nepal) to a richer country in the global North (the UK). These countries also reached a bilateral agreement in 2022 to initiate the recruitment of Nepali-trained nurses in the UK health sector (GoN 2022; GOV.UK 2022b). We further explore the concept of regimes of (im)mobility to link these global care inequalities to migration policy regimes, which we will discuss in detail in the remainder of the article.

The global care chain’s initial concept, which is focused on domestic workers leaving behind their children, has been elaborated and used in broader contexts to analyse the impact of care work migration beyond women and their left-behind children. Since the care workforce and care sectors are diverse, the global care chain concept has been extended to cover the heterogeneity of migrant care workers beyond unskilled domestic work, care contexts and care connections. This encompasses care work in institutional settings, including skilled workers such as nurses in health and social care settings, and non-reproductive care

labour (Yeates 2009, 2012). Yeates (2012) proposes new directions for research on care transnationalisation. Some of these include paying enhanced attention to the sex arithmetic of care migration, the inclusion of a wider range of care occupations, sectors, and historical contexts, and power relations and inequalities within care networks spread across varied geography.

Our study follows these recommendations by including both men and women, considering diverse professions within the health and social care sector, and the role of power relations between the UK and Nepal in creating care inequalities. Other suggestions for further research have been to consider care exchange within the care workers' family networks (Locke 2017). However, in the expansion of global care chain literature, care relations within migrant care workers' families and the role of state policies and regulations in maintaining these care relations are studied less. Hence, in addition to care inequalities, we consider looking at informal care within the family network in the transnational setting and the implications of migration policy regimes.

4.3.3 Care circulation

Care circulation focuses on caregiving based on kinship ties and a moral economy of care. Hence, it views migrants and other family members as providers and receivers of care, considers the care exchange within the family as a moral responsibility, and deals with the role of each family member in transnational care exchange processes and practices. Care circulation also acknowledges that transnational families exchange care both in the origin and host countries (Baldassar & Merla 2014a). As such, it refers to:

> The reciprocal, multidirectional and asymmetrical exchange of care that fluctuates over the life course within transnational family networks subject to the

> political, economic, cultural and social contexts of both sending and receiving societies (Baldassar & Merla 2014a: 22).

It considers the obligation to maintain reciprocal care as a binding force among family members located transnationally. It is based on Finch's (1989) recognition of caregiving among (local) families as a resource in the family, which is exchanged in diverse forms. Unlike the care chain and inequalities between the care provider and receiver families, care circulation involves the family care connections and takes caregiving and care receiving as entities that circulate within family networks which either remained together physically or in different locations transnationally.

Care circulation, therefore, focuses on the mobility of care within families and takes care as a moral obligation of family members, whereas the global care chain focuses on care mobilities as the commodification of care and uses the frame of a political economy of care to assess the inequalities between care providers and receivers. Though care circulation considers care as a moral economy or obligation, in practice the family members may negotiate with each other to circulate care, which is influenced by individual factors such as power relations, gender inequalities, birth order and economic status (Baldassar & Merla 2014b). Therefore, the care circulation concept could provide a complementary perspective to the global care chain concept by considering how transnational families exchange care to help minimise care inequalities.

Care practices among transnational family members are asymmetric and involve the exchange of care either from a distance or hands-on care with physical co-presence. Migrants and family members can remain in their country of residence while exchanging care from a distance. Care from a distance involves 'caring about' family members who are living apart transnationally, which includes remittances and gifts, and emotional support and cooperation through regular contact and communication. The care circulation literature accentuates the

role of new communication technologies in maintaining ‘co-presence across distance’ (Baldassar 2016: 145; Madianou 2016) through easy access to the use of video calls and social media platforms. However, ‘de-demonising’ care exchanges over a distance has been criticised, as although communication technology plays an important role in exchanging care across distances, it cannot always substitute the need for hands-on care in physical co-presence (Merla et al. 2020: 16). This was relevant in our study as although the Nepali families were well connected through communication technologies, they also made efforts to remain together or make transnational journeys to exchange informal care in co-presence.

Physical closeness is especially crucial in certain life events, such as births, marriages, illness, and death (Ryan et al. 2015). It is also important to physically care for dependents such as children and the elderly and to sustain social ties. Weaker state welfare provisions further increase the need for care from family members (Ryan 2007) and social norms and values on familial care can also lead dependents to expect to receive care from their (extended) family members despite geographical distance. For instance, reciprocating care to older parents, especially among Asian families, is seen as a duty of sons and daughters, which is sometimes referred to as filial piety (Sun 2012). Likewise, the wellbeing of the younger generation is often seen as a responsibility of the grandparents (Chiu & Ho 2020; Ducu 2020). In our study, though the families were trying to maintain intergenerational care, non-*Gurkha* families travelled during important life events in response to weaker state welfare provisions together with the social norms and values surrounding familial care.

Exchanging hands-on care is an important aspect of the care circulation, which is possible only by maintaining physical co-presence and visiting family members transnationally. However, since physical co-presence is possible only through the mobility either of the caregiver or the care receiver, the ability to travel to receive or provide care

becomes an important resource. This opportunity again depends on individual/family factors including age, health status, and the ability to invest the costs and time (Sun 2012). Both grandparents' and migrants' roles become crucial in maintaining hands-on care among different generations within migrant families.

Providing and receiving care within transnational families also depends on external factors such as migration regimes which could facilitate, restrict, or control the mobility choices of international migrants (Kilkey & Merla 2014). However, excluding a few recent studies, the roles, contributions and perspectives of the family members and especially of the grandparents in making international visits to provide care and their perspectives on the care are largely under-examined. For instance, some studies explore the roles of grandparents visiting host countries to care for grandchildren, presenting them as 'international flying grannies' (Plaza 2000), 'Zero Generation or G0 grandparenting' (Wyss & Nedelcu 2018), 'flying grandmothers' (Baldassar & Wilding 2014; Bjørnholt & Stefansen 2018; Kilkey & Merla 2014) or grandparenting migrants (Chiu & Ho 2020). The policy of free movement, especially within the EU, has further enabled European migrants to travel between destinations for both short and long visits, thereby becoming 'flying grandmothers' (Bjørnholt & Stefansen 2018; Hărăguș et al. 2021; Wyss & Nedelcu 2018). These studies helped reinterpret the role of left-behind grandparents from passive care receivers to active agents in the transnational exchange of intergenerational care. Our study fills the gap by focusing on the perspectives of grandparents and migrants and by bringing perspectives from both the origin and host country on how transnational families manage intergenerational care.

4.3.4 Regimes of (im)mobility

In recent years, richer countries in the global North have increasingly introduced restrictive migration policies, especially for those from the global South, and have portrayed certain groups of people as a threat and developed policies to constrain their movements. This is said to ensure national security and preclude potential exploitation of the national economy and the creation of a burden on the welfare state's provisions. Turner calls this exercise of surveillance and control over migrants, refugees, and other aliens an 'immobility regime' through which states create 'modern enclavement' with the emergence of 'gated communities (for the elderly)' and 'ghettoes (for migrants, legal and illegal)' (2007: 289-290). He presents this as a paradox where in the wake of the increasing flow of goods and services, restrictive migration policies - 'immobility regime[s]'- are parallelly emerging and becoming increasingly stringent. Care as a commodity is in high demand in the global North but the migration of care workers' families is strictly controlled. These restrictive policies curtail the movement of migrants' elderly parents and are driven by the dual motives of expanding access to care (workers) as a commodity while controlling the mobility of their families. Bonizzoni (2018: 230) claims that the richer states consider the elderly as 'dangerous dependencies' and restrict their ability to cross borders and keep the care responsibilities a private, transnational, family matter. Merla et al. term the current state of care-related mobility regimes as 'immobilising regimes' as they 'block the physical mobility of some, while granting highly conditional mobility to others, resulting in situations of enforced and permanent temporariness and ontological insecurity' (2020: 15).

Hence, in terms of intergenerational care among the care workers' transnational families located in the global South and North, restrictive migration regimes of the North specifically control the mobility within family networks and create negative impacts on the

capacity to exchange hands-on care through visits. However, nation states do not treat every migrant and their families equally. Rather, the regimes of (im)mobility create restrictions for some and mobility for others in a stratified way based on the categorisation of migrants according to nationality, occupation, economic status and demography (Glick Schiller & Salazar 2013). This framework calls us to ask on what basis the migration policies and procedures at the state and international level categorise migrants and their family members (Block 2015) and how those regimes affect individual mobility differently.

The regimes of (im)mobility framework is useful in understanding how richer states' migration policies aim to maximise economic benefits but, in creating hurdles and conditions for family migration based on country of origin, socio-economic status, age and gender, limit the chances of maintaining proximate care in transnational families. We use the regimes of (im)mobility framework to examine the consequences of the UK's policies on the migration of family members, specifically Nepali grandparents' visits to the UK to care for their grandchildren. We compare the family care arrangements and experiences of the *Gurkha* who have migrated to the UK under a resettlement programme and non-*Gurkha* families, who have migrated under different visa categories. We also explore how restrictive visa policies complicate international travel between countries with unequal power dynamics and discuss the phenomenon of 'flying families' in the context of Nepali family members' visits and stays in the UK.

4.3.5 Displaying families/grandparenting

Transnational families often try to maintain family practices such as intergenerational care either transnationally, through remote contact and communication, or through physical co-presence. Both of which are seen as practices of 'doing families' (Ducu 2020; Morgan 2011).

However, the geographical separation, together with other complexities such as visa restrictions, the ability to travel, and language differences create barriers. When family members' roles are under question, this further leads them to act to maintain family roles (Ducu 2020). Hence, they tend to display their efforts as part of family practices. Finch (2007) defines displaying families as a process through which the family members convey to others that their acts are a product of family relationships. Both doing and displaying families are important activities, as in addition to maintaining family relationships, displaying demonstrates to others that the relationships are working effectively and makes 'family-like' qualities visible (Finch 2007; Morgan 2011; Walsh 2018).

'Displaying families' has been used as an analytical framework to examine the motivations and emotional experiences behind the actions of doing and displaying families (Ducu 2020; Walsh 2018). Ducu (2020) used the notion of 'displaying grandparenting' to examine the motivations of grandparents among transnational Romanian families. Her findings suggest that in situations where grandparents are one of the major contributors to childcare, separation due to migration encourages them to display grandparenting.

Doing and displaying grandparenting can be motivated by an individual's desire to pass on their language, culture and religion to their grandchildren. Visits are taken as one of the major family practices of doing and displaying grandparenting and are likely to involve providing care, engaging in family activities, and ultimately renewing existing ties (Ducu 2020). However, the ability to travel is again influenced by visa policies and therefore the categorisation of migrants. For instance, research on intergenerational care shows that free movement within the European Union facilitates the doing and displaying of families for European migrants and excludes non-European migrants (Hărăguș et al. 2021). Hence, the motivations and emotions attached to 'doing families' can be affected by travel restrictions,

demonstrating how the UK's categorisation of migrants can influence the exchange and display of informal care across generations.

This review shows that the global care chain, care circulation, regimes of (im)mobility, and displaying families concepts are closely related. However, they have different approaches and areas of focus while dealing with issues related to the mobility of care and its implications for family members. Global care chain, coming from a political economic perspective, considers the mobility of care as a commodification that creates a chain of care and inequalities between the care provider and receiver families in increasingly dependent societies and economies (Hochschild 2000; Parreñas 2015). Viewed from a family perspective, care circulation is seen to be guided by a moral economy (Baldassar & Merla 2014b) where care exchanges within families are taken as moral obligations and a contemporary form of family practices. The concept of displaying families considers how family practices are maintained, their motivating factors and the associated emotions. The (im)mobility regimes perspective (Glick Schiller & Salazar 2013) explores the role of migration policies and procedures in influencing peoples' abilities to cross the border, exchange informal care, and address care inequalities.

Hence, we expect that these concepts complement each other in exploring and broadening the understanding of the complexities of maintaining intergenerational care among Nepali transnational families. Our analysis utilises the global care chain perspective's strength in dealing with how the migration for care work creates inequalities of care among families. It uses the care circulation perspective to shed light on how families exchange care at the local and transnational level, including both care from a distance and hands-on care, and the perspectives of different generations of care providers and receivers within the family network. It uses the concept of displaying families to present the motivating factors and emotions associated with intergenerational transnational care. It also uses the conceptual

understanding of regimes of (im)mobility to consider the consequences of migration policies and procedures governing global South to North migration contexts, exploring, in particular, the extent to which the restrictive or enabling migration policies and mechanisms are shaping care exchanges and exacerbating or reducing care inequalities.

4.4 Research Design and Methods

Data was collected through in-depth semi-structured interviews with migrant care workers and their family members between April 2018 and January 2019. The care workers for the study were selected purposively in the UK using the snowballing technique through multiple sources, including Nepali organisations and individual networks, to ensure diversity of the population in our sample in terms of i) profession (working as care assistant or nurse); ii) care settings (working in social care or health care); iii) gender (men and women); and iv) *Gurkha* and non-*Gurkha* families. Despite the sampling being non-purposive in terms of caste and ethnicity, possibly because of the selective recruitment of the *Gurkha* in the British Army as mentioned earlier, our respondents from *Gurkha* families mostly belonged to the ethnic groups. We will come back to the possible impacts that caste and ethnicity may have had on care practices in the Results and Discussion section.

After the interviews in the UK, family members were selected, traced and interviewed in Nepal using the contact information provided by the respondents in the UK. 49 people, including 35 Nepali migrant care workers (27 women and 8 men) in the UK and 14 grandparents in Nepal, were interviewed. In one case, a carer (migrant's sibling) was interviewed in place of a grandparent who was unable to respond adequately because of their age. Table 4.1 shows the demographic profile of the respondents and their family members

Table 4.1 – Characteristics of the respondents: care workers and their family members

Particular	Number (%)
Gender	
Female	27 (77)
Male	8 (23)
Family category	
Non-*Gurkha*	27 (77)
Gurkha	8 (23)
Age	
21-30	7 (20)
31-40	13 (37)
41-50	9 (26)
51-60	6 (17)
Age on arrival	
Below 21	4 (11)
21-30	17 (49)
31-40	9 (26)
41-50	5 (14)
Marital status on arrival	
Married	30 (24 women, 6 men)
Unmarried	5 (3 women, 2 men)
Migrant's children	
Migrants having children before the migration	16
Migrants had baby in the UK	17
Age of children	
Below 5 years	9 (19)
5-10 years	13 (28)
11-17 years	9 (19)
18 and above	16 (34)
Age of parents	
Below 65	43 (46)
65-74	32 (35)
75 and above	18 (19)
Job title	
Nurse	13 (37)
Health Care Assistant	2 (6)
Care Assistant	10 (29)
Support Worker	3 (8)
Nurse Assistant	2 (6)
Other	5 (14)

including the age distribution of the migrants, children and grandparents, their family category, marital status and job position. Among the respondents, 12 families were visited by

the grandparents before or after a child was born in the UK. The main residence of the grandparents in seven families out of the 35 was the UK. These were mainly from the *Gurkha* families.

The interviews were conducted by SA in Nepali, digitally recorded, and transcribed into English. The names of the participants were changed to maintain anonymity. The University of Essex Ethics Committee has approved the research project and ethical standards were maintained in the whole process. The positionality of the researcher and power relation was considered, and reflexivity was used in the collection and interpretation of data (Gatrell 2006).

The computer software NVivo was used to systematically collate and analyse the data. The data analysis used thematic methods proposed by Saldaña (2011). This included a process of familiarisation with the data; the construction of patterns by organising and ordering the data into categories and broader themes within NVivo through the descriptive and interpretive coding process (Watts 2014); the exploration of interrelationships among the categories by noting patterns and themes and making comparisons between the clusters (especially between the *Gurkha* and non-*Gurkha* families); and interpretation of the data. We selected some extracts from the fieldwork data to exemplify key findings and used these in the analysis.

The small number of men and *Gurkha* families compared to women and non-*Gurkha* families was one of the limitations of this study. We restricted our sampling to only those who work as nurses or paid care workers in the health and social care sectors. This helped provide insight into diversity within the homogenous group of health and social care workers requiring similar credentials and skills. It may not represent care workers in every position or

sector, but it provides meaning, experiences and perspectives on the nexus between migration, intergenerational care and migration policy contexts.

4.5 Findings and Discussion

The interview data showed that the care workers in this study were eventually accompanied by their spouses and children in the UK, whereas the grandparents in the non-*Gurkha* families were mostly left behind in Nepal. As working parents with childcare responsibilities, the migrants encountered childcare deficits in the UK. Likewise, grandparents lost care, company, and grandchildren to care for in Nepal due to the migration of family members. Hence, for our respondents, migration created a care gap both among the left-behind family members in Nepal and the migrants in the UK. The families utilised different strategies to manage intergenerational care within their family networks and exchanged care to meet their needs as far as possible. This occurred both locally in Nepal and the UK and transnationally between the two locations.[2] Here, locally refers to how the family members who were physically staying together exchanged care between each other, whereas transnationally refers to how the family members who were staying in different locations exchanged care either remotely or by coming into proximity through transnational visits. The families exchanged care either in the form of finances/remittances, material goods, and communication while staying in Nepal or the UK, or through physical and emotional care in proximity through visits.

Our aim is to show how the families managed informal care across generations in Nepal and the UK, and how the migration policies of the UK influenced care exchanges.

[2] Their care network was sometimes spread transnationally even between Nepal and the UK and USA or Australia or other countries in the cases when migrants' siblings were dispersed across the countries. However, we focus between Nepal and the UK in this study.

Hence, we present our findings and discussions according to the major themes as below: families providing childcare support during transitions; changing care responsibilities; grandparents missing their grandchildren; visa and travel complications leading non-*Gurkha families* to become 'flying families'; resettlement rights allowing *Gurkha* families to become 'flying families'; and welfare provisions facilitating care. Our findings and discussions are presented according to these major themes and further split into sub-themes. We focus on the implications of the UK's regimes of (im)mobility on family migration and how the regimes lead either to negotiations and compromises for some (non-*Gurkha* families) or facilitations for others (*Gurkha* families) in the care connections. Following this we present the reasons why these care exchanges resulted in the creation of 'flying families'. The regimes of (im)mobility had limited impact on the transnational exchange of care that took place across distances, for example through finances/remittances, material goods, and communication. Hence, despite having major roles in maintaining intergenerational care, we have left them outside of our research scope.

4.5.1 Families providing childcare support during transitions

Care of the left-behind family members in Nepal was managed locally and complemented transnationally either through visits from the UK or whilst remaining in the UK. Because of the UK's restrictive policies on family migration and reintegration, children in non-*Gurkha* families remained in Nepal during the initial years following the parents' migration until they had either secured residency or had reached a minimum pay threshold to apply for family reintegration. During the period of transition, the care of left-behind children shifted to grandparents, spouses, and other members of the extended family and kin network. For instance, a female nurse had left behind her husband and two daughters in Nepal while

coming to the UK. Her husband was able to come to the UK after a year and her two daughters after two years. Jina (the female nurse) recalled the care arrangement for her daughters while they were in Nepal as below:

> My elder daughter who was nine years old was admitted to a hostel [boarding in a school] whereas the younger daughter who was only two years old was left with my *didi* (elder sister). I used to miss her a lot and spent most of my income in calling her and sending money to my *didi* to look after my daughter. The funny incidence was that in spite of my frequent calls, my daughter started calling me aunt and her aunt as mum.

Although the care of the children was covered by extended family members and complemented by transnational communication, leaving their children behind took an emotional toll on the migrants. They were scared of losing intimacy and family bonds, especially with their children, which led them to display care by sending gifts and making frequent calls. Likewise, the migrants felt guilty for leaving the children and increasing the care burden on the left-behind grandparents or other family members. For instance, Sita (a female nurse) commented:

> While I was coming here [to the UK], I requested my mother [aged 75] to come and stay with my husband and daughter in my rented room in Kathmandu to look after my daughter. Despite her illness, as she had gone through repeated operations, she had come and looked after my daughter.

Even in the cases where grandparents were healthy and of working age and (extended) family members were ready to support, the migrants tried to bring their children with them and displayed their role in the childcare by sending *koseli* (gifts) and remittances, though not out of necessity or demand. As in the case of Taiwanese migrants in the USA (Sun 2012), this was influenced by the social norms and values of filial piety that expect adults to care for their parents and not vice versa. Hence, bringing children to the UK was an immediate priority once they became eligible and able to afford it. This mostly ranged from two to four years.

4.5.1.1 Grandparents' motivations in supporting the family

The left-behind grandparents who participated in the study were diverse in their health conditions and age (their ages ranged from 38 to 89 years with more than half of them above the age of 65 years), as well as in terms of care needs and the ability to provide intergenerational care. For instance, younger grandparents more often had new-borns and younger grandchildren with care needs, whereas older grandparents were often themselves in need of care and were less likely to have young grandchildren. The grandparents who were healthy and of working age were able to look after themselves by staying on their own in Nepal and tried to provide care to the younger generations. These grandparents, contrary to the migrants, perceived caregiving to grandchildren and the wellbeing of the younger generation (including adult migrant children) as their obligation. For instance, Ram (a left behind grandfather, aged 49) described how:

> We are able to look after ourselves and on top we have one daughter with us who assists in household chores. Hence, rather than expecting care for us, we assist in caring for grandchildren in need, either visiting them in the UK or inviting them here.

These grandparents, being middle-class, healthy and of working age, did not expect to receive care. Rather they were concerned with fulfilling their responsibilities towards younger generations. This mainly depended on available resources due to their class status, age, and health. This finding was in line with other studies such as Chiu and Ho's (2020) on Chinese grandparents, Sun's (2012) on Taiwanese migrant families, and Ducu's (2020) on Romanian grandparents. However, despite the Nepali non-*Gurkha* grandparents' material ability to travel, because of visa restrictions hands-on grandparent support was only possible for a short term, often a maximum of six months at a time. Likewise, grandparenting was possible

through transnational visits of either them to the UK or the migrants and grandchildren visiting Nepal.

4.5.2 Changing care responsibilities

4.5.2.1 Care of elderly grandparents by non-migrant family members in Nepal

Unlike the healthy and working-age grandparents, the left-behind elderly and ill needed hands-on physical care. This role was shifted to other members of the extended family and kin network and supported by hiring care workers. The following comments from three separate respondents illustrate this:

> Since I was the elder *buhari* (daughter-in-law) in the family, I was the main [person] responsible in the family to look after everyone… My *deurani* [younger sister-in-law] used to support me at home so we used to do the household work together. When I came here [to the UK], our family kept [hired] a girl to work as domestic help to support my *deurani* in household work and to care for my son and father-in-law [aged 84] as my father-in-law needed special care due to his illness… But after working for five years, she [the domestic help] also migrated to Saudi Arabia. So now, my *deurani* is looking after each and everything on her own. (Bijaya, female care worker in the UK)
>
> During my husband's hospitalisation and illness, I had thought that if all my sons would have been here [in Nepal], they would have shared the care responsibilities together. But since only one son was with us [as three are migrants], he [the left-behind son] had to go through a lot of burden. He had to take a leave from his job for more than a month and almost lost the job that time. (Mina, left-behind grandmother in Nepal, aged 70)
>
> Our mother [aged 89] used to live with my sister. But when my sister went to the UK, I had to leave my job at a Health Post [government run primary health care facility] in [a village] and started living in Kathmandu… I looked after my mother and since she is getting older, I have become her full-time carer. I am getting financial support from my sister though. (Manita, migrant nurse's younger sister in Nepal)

As in global care chain literature (Hochschild 2000; Parreñas 2001), we identified a shift in care responsibilities towards the remaining family members and an increased role of paid

care workers was necessary to fulfil care needs. The comments also show the diversity of care roles and those roles were assigned and/or negotiated and compensated based on individual factors such as power relation and gender expectations, birth order and economic status (as articulated by Baldassar & Merla 2014b).

4.5.2.2 Non-Gurkha migrants managing childcare in the UK or sending children back home for care

In the UK, migration brought a substantial change in terms of maintaining care locally among non-*Gurkha* families. It created a double burden: they had to provide care for their children whilst performing a paid job in the absence of extended family members. The first thing they missed after migrating was the support of parents and extended family members. Poshan (a male care assistant and husband of a registered nurse) stated:

> We [husband and wife] used to work in the same nursing home full time but in different shifts. Our elder daughter used to go to the school on her own whereas I had to drop off and collect the younger one from her school. So, we had to manage the household chores, caring for the kids and doing the care job all together on our own.

Likewise, Sita (a female nurse) described how:

> After coming here, my daughter missed her grandparents so much so that she had temper tantrums, not eating anything or obeying us. So while I was at home, I was just taking all my time with her. I had night duty and he [my husband] used to work in a restaurant. As I had to go to my work at 7, she used to cry since the afternoon asking me not to go to my work. Then my husband left his work for some time to stay with her at home.

The migrant couples tried looking after their children either by managing rotational work shifts or compromising and reducing their working hours. Alternatively, they could try to keep the same hours of work, but they would then face increased pressure in retaining a work-family balance. Hence, their unsettled financial situation required them to work longer

hours. This led some migrants to have a hard time managing paid work and childcare together. On rare occasions, migrants received support from fellow Nepali neighbours and networks or transnationally through the grandparents' occasional visits or in situations of dire need. Some also sent their children back to Nepal to be looked after by their grandparents or relatives for between a few months to three years so that they could concentrate on their jobs. Sewa (a female nurse) mentioned:

> We really had very difficult time after having our son. So we had taken him to Nepal when he was one year old and left him for two years [with his grandparents] as we were not able to manage time. We brought him back to join him to a school.

Hence, their inability to afford paid childcare, the absence of the family members who they used to rely on while in Nepal, and the state's weak childcare provisions worsened care inequality among the non-*Gurkha* families in the UK.

4.5.3 Grandparents missing their grandchildren

Regardless of whether the grandparents required physical care, were healthy and of working age, were elderly, and whether their care needs were being covered or whether they were accompanied by other children/caring family members, they commonly commented on how much they missed the company of the migrant children and grandchildren and also the emotional toll of living apart. For instance, Lila (a grandmother, aged 89) stated that:

> Though I live with my younger daughter, I always think of the elder daughter and grandchildren [living in the UK]. I always count on them on when they would come and worry whether I can meet them again.

Likewise, Hari (a grandfather, aged 65) mentioned:

> We [the couple] live here, whereas all our children are in the UK, but we are in good shape to live on our own. Though we talk to them regularly, we miss their

presence and specially miss looking after and spending our spare time with the grandchildren.

These comments indicate that grandparents expected not only physical care but also emotional care in the form of the company. Likewise, they missed their role of grandparenting by looking after the grandchildren and spending time with them. It not only shows their desire to do things together as a family (Morgan 2011), but also the associated emotional burden they experienced due to their inability to perform their usual role (Ducu 2020).

4.5.4 Visa and travel complications leading non-*Gurkha* families to become 'flying families'

Migrants and grandparents in non-*Gurkha* families were mobile either through short-term visits or flying back and forth to Nepal or the UK respectively to maintain physical co-presence and exchange hands-on care.

4.5.4.1 Non-Gurkha migrants travelling to Nepal to provide and receive care: Doing and displaying families

The migrants reported travelling to Nepal on short-term visits. The aims of the visits were diverse and included either caregiving for grandparents or receiving care themselves. They also involved sending children to access care from their grandparents in Nepal, travelling for leisure and holidays together, celebrating special life events, or combinations of these. We will deal with these in detail below.

Elderly grandparents who were dependent on other family members expected their adult children in the UK to visit them to cover their care needs or spend time together. Shila (a female nurse) reported that:

> We talk regularly and share everything going on in our family. Though I am here now [in the UK], my father [aged 70] still seeks advice from me especially regarding health care. Once he had to go for a *minor* hernia operation, he called me to come to Nepal for the operation and waited for my visit. After I managed a month-long holiday from my work, I travelled to Nepal. We booked the operation date, he had the operation, and I took care of him till he was completely healed. Then only I returned here. Hence, despite having other family members in Nepal, I have to be there if any health conditions or emergencies occur for my family.

In addition to maintaining care from a distance through communication and other exchanges, the migrants therefore also travelled to Nepal to provide care for grandparents when needed during special health care crises or family emergencies. This again suggests that the left-behind grandparents' expectations to receive hands-on care from their migrant children were heightened when they became incapable of managing independently or had special and urgent health care needs. This supports Merla et al.'s (2020) claim that co-presence through improved communication cannot replace physical co-presence for physical and emotional care, which are instrumental in certain life events, such as childbirth or illness (Ryan et al. 2015).

It was also common for migrants to make short-term visits to Nepal every two to three years. The relative infrequency of these was mainly the result of the long distance between Nepal and the UK and the cost of these journeys. They also described travelling for leisure and holidays or special life events such as weddings to be part of family activities and maintain family bonds, which Morgan (2011) calls 'doing family'. These visits helped strengthen their ties with the grandparents and broader family circle and to display effective family relationships (Ducu 2020; Finch 2007). The migrants were not just care providers

during these visits – they could also be care receivers. For example, Sanu, a female nurse who travelled to Nepal with a new-born baby to receive care during maternity leave, described how:

> My mom and dad had come and looked after me while I had [my] daughter. They stayed here for five months. As they had to go back, I also went together with them and stayed for another three months. Even after having my son, as my parents were not able to come, I went to Nepal and received good care from them.

Since grandparents were not able to stay in the UK for more than six months at a time due to visa restrictions or were not able to visit the UK at all, migrants also travelled to Nepal to receive care for extended periods. Inviting grandparents was also associated with visa complications and additional costs, and the uncertainties involved in getting a visa could cause emotional stress on both sides. Hence, to reduce complications, the migrants planned to visit Nepal themselves to receive and/or provide care, causing them to fly back and forth between Nepal and the UK and become 'flying families'.

4.5.4.2 Short-term visas leading non-Gurkha grandparents to become members of 'flying families'

Meanwhile, the grandparents from non-*Gurkha* families also travelled to the UK to provide hands-on care to their migrant family members. These visits, especially those made to provide care, were also linked to other activities of 'doing' and 'displaying' family such as visiting major landmarks in the UK and enjoying leisure activities and taking holidays together with the family. Visits made by grandparents before or after the birth of a grandchild in the UK were the most common practices. This was mainly due to familial care practices and a lack of state support. During those visits, the grandmothers looked after the new-born

babies, ‘mothered the mothers’ (Wyss & Nedelcu 2018), and helped with household chores. They tried to maintain the Nepali practice of providing intensive care to the new-born and mother, whereas grandfathers cared for other grandchildren by supporting in daily chores and taking them to and from school. Durga (grandmother, aged 60) stated:

> After the birth of our first grandson, both of us [she with her husband] had travelled to the UK and stayed for six months. Then I had gone a second time [after a few years] and stayed for another six months during the second grandson’s birth. Afterwards, I had visited them twice and stayed for six months each time to support in looking after the grandsons. In earlier days visiting *sasurali* [the parents’ home] was common but now visiting *chhoriyali* in *bidesh* [daughter/children’s home abroad] is a common practice among the Nepali.

These visits to the UK were made out of necessity for short-term childcare support, which also helped migrant women re-enter the workforce after maternity leave and reduced childcare responsibilities for the migrant couples. Longer visits would have provided additional necessary support. However, given the complications and high chance of visa rejection, the participants did not risk applying for an expensive long-term family visa. Rather, they opted to visit with a short-term visitor visa, which did not allow them to stay more than six months at a time. We can relate this to how unequal relationships between nations influence mobility and care inequalities (Parreñas 2015; Yeates 2012) through regimes of (im)mobility. British nationals receive short-term visas on arrival in Nepal, whereas Nepalis need to go through a lengthy, stressful and expensive visa application process with a chance of rejection. Because of the restrictions, these families were limited either to staying put in Nepal and exchanging care among local family members or trying to exchange care transnationally between the two locations on a short-term basis.

Hence, to re-arrange further hands-on care for grandchildren, they had to re-apply for a visa and travel back and forth between Nepal and the UK or invite them to Nepal. Even the visitor visa was not easily accessible because of the complicated visa application process and

high application costs and rejection rates, which brought additional emotional stress. Man Bahadur (grandfather, aged 68) described how:

> While our grandson was left with us [he lived for seven months with them], we [he and his wife] applied for visas so that we could take him to the UK and also look after him for some time there and return back. However, our application was rejected for the first time. It was a real *tension* for the whole family on what to do and why it happened. But later on we applied for the visa again by adding more papers and got it on the second try.

As mentioned by Urmila earlier in this article and by Man Bahadur, the migrants and grandparents had normalised the complications involved in the visa process, including its costs, risk of rejection, and associated stress, and were prepared to keep reapplying until they gained a visa. Furthermore, as in the case of Chinese (Chiu & Ho 2020) and Romanian grandparents (Ducu 2020), the Nepali grandparents also viewed the support and care they provided to their children and grandchildren as an obligation and so were prepared to travel between Nepal and the UK. However, their preference was to get a longer-term visa so that they would not need to apply for each journey and travel repeatedly. Some of the grandparents also compared their UK visas with the five-year visas they had gained to visit family in the USA. Ram (a left behind grandfather, aged 49) stated:

> One of our daughters lives in the USA and one in the UK. We [he and his wife] got five years visa to the USA. Hence, whenever needed, we can just buy the ticket and go. Whereas it is only for six months to the UK. Though the UK is nearer, when we need to go there we always feel more *tension* applying for the visa.

The frequent journeys made by grandparents to the UK to provide intergenerational hands-on care were not, therefore, made arbitrarily, but rather were prompted by the UK's restrictive policy on family migration. As a result, the short-term visits to cover care needs in the UK amidst restrictions forced these grandparents to become members of 'flying families' and created emotional stress for the whole family due to the uncertainty of getting a visa, the increased financial burden of travel, the time needed to apply for the visa each time, and the

inability to continuously maintain care for a longer period of time. We showed that the restrictive migration policies cost money, time, and hardship for these families, forcing their members to make expensive and difficult visa applications and frequent travel.

4.5.5 Resettlement rights allowing *Gurkha* families to become 'flying families'

4.5.5.1 Mobility and settlement rights enabling elderly care and grandparenting among Gurkha families

Migrants from *Gurkha* families received long-term support from grandparents as they were able to settle in the UK through the *Gurkha* resettlement programme. The comment by Gopini, a female nurse from a *Gurkha* family, which is quoted at the beginning of this article, reflects on how they were able to share childcare responsibilities among extended family members. Extra hands for sharing informal care responsibilities in the UK even enabled the migrant couples to continue their paid jobs and personal/professional development activities. Because of the settlement rights afforded to the ex-*Gurkha* families, i.e. enabling mobility regimes (Glick Schiller & Salazar 2013), the grandparents had no travel or length of stay limitations and they could settle or stay in the UK as long as they wanted or were needed to. This facilitated and enabled intergenerational care within these families, for example sharing the childcare roles, household chores or care and providing company for the elderly grandparents. Maya (a female migrant nurse from *Gurkha* family) stated that:

> We are living all together with grandparents [aged 72 and 64, and in-laws aged 73 and 67], they sometimes go to Nepal or visit other children as they like or as per the need. The positive thing of living together is that we have no more worries on how the grandparents would do on their own in Nepal. It has strengthened our family and we are able to look after our daughters as well as grandparents. We are even getting the grandparents' support in childcare and household chores.

Here, the resettlement rights facilitated freedom of movement between Nepal and the UK, blurring the boundary between the exchange of local and transnational intergenerational care and reducing emotional strain. This is in contrast to non-*Gurkha* families, where restrictive and controlled access to mobility made the exchange of care more difficult and complicated and increased the emotional burden. Hence, we argue then that enabling migration policies facilitates transnational mobility and blurs the boundary between local and transnational care.

The UK's enabling migration policy for *Gurkha* migrants, therefore, positively affected the maintenance of care both locally and transnationally, whereas the restriction on family migration exacerbated care inequalities in non-*Gurkha* families. This also shows the influence of the regimes of (im)mobility in either facilitating or disrupting mobility and transnational care connections.

4.5.5.2 Freedom of mobility enabling the Gurkha to become 'flying families'

In contrast to the non-*Gurkha* families, the settlement rights of *Gurkha* families facilitated their freedom of movement. On their part, they did not have to worry about the visa application process and fees or chances of rejection. It enabled them to exchange the needed care through co-presence as their right. Dewaki (a grandmother from a *Gurkha* family, aged 57) whose main base is in the UK, reported that:

> My daughter lives in Nepal and my son lives in the UK. As all children are considered equal for any parents, I travel between Nepal and the UK to be with my daughter's family for some time and my son's family for some time. During the stay, I support them by looking after the grandchildren, but basically it is giving love in the family as much as you can, isn't it? So, I visit between son or daughter whenever I like or when they call me.

Whenever they were able to cover the travel cost, bear travel-related difficulties, and manage other responsibilities, they could travel between Nepal and the UK and maintain intergenerational care. For both generations in these families, access to travel freely between Nepal and the UK based on their settled status enabled them to cover informal care needs in the family and displaying grandparenting. Hence, the freedom of movement facilitated their transnational travel and enabled them to become 'flying families'.

Nepali care workers' families, both non-*Gurkha* and *Gurkha*, had therefore become 'flying families'. However, the reasons for this were different. Restrictive migration policies and controlled access to visits or long-term settlement for the non-*Gurkha* families worsened intergenerational care within transnational family networks. Hence, to maintain intergenerational care, the grandparents and migrants made circular visits on a short-term basis between Nepal and the UK. Fulfilment of the intergenerational care obligations amidst the restrictions caused them to become 'flying families' in transition between the two countries. These families fly between countries as a coping strategy to avoid complications and restrictions related to longer-term entry and settlement associated with the family visa route. *Gurkha* families with two generations in the British Army, meanwhile, had greater freedom to stay for longer periods or fly back and forth between the two countries. Hence, in contrast to the non-*Gurkha* families, the freedom of movement afforded to the *Gurkhas* also caused them to become 'flying families'. The *Gurkhas* becoming 'flying families' is similar to families in the EU travelling back and forth for short visits or staying for a longer term and becoming 'flying grandmothers' or 'flying kin' (Bjørnholt & Stefansen 2018; Wyss & Nedelcu 2018) because of the policy of free movement within the Union (Hărăguș et al. 2021). Whether due to the pressure of maintaining intergenerational care despite restrictions (among the non-*Gurkha* families) or the freedom of movement facilitating international travel

(among the *Gurkha* families), they had both become ‘flying families’. Hence, we argue that both enabling and restrictive migration regimes can produce ‘flying families’.

Our concept of ‘flying families’ is based on the concept of ‘flying grandmothers’ (Baldassar & Wilding 2014; Bjørnholt & Stefansen 2018). However, the term ‘flying families’ demonstrates that migrant families in the destination countries also fly to their origin countries to provide and receive care. Hence, it presents the family as a whole (both the migrants and grandparents) as active in managing informal care through international travel. It also shows that these flying families can become internationally mobile due not only to enabling visa policies, but also to the need to provide care amidst restricted access to visas or residency permits. Hence, the term ‘flying families’ broadens the earlier concept of flying grandmothers.

4.5.6 Welfare provisions facilitating care

Another aspect that influenced care dependencies and care inequalities was access to state welfare provisions. The left-behind family members in Nepal were unable to rely on public services. Nepali care migrants in the UK depend on family support and care provisions because of the expensive personal care and childcare in the UK. Hence, these transnational families need to provide and/or receive care from their family members both in the UK and Nepal. The non-*Gurkha* families tried to maintain intergenerational care responsibilities through short-term visits, which are much more expensive because of the visas and private health insurance fees while flying from Nepal. Moreover, with the UK’s restrictions on the use of public funds (Kilkey 2017), including health care services for visitors, the grandparents’ visits from the non-*Gurkha* families to the UK can often only involve providing, as opposed to receiving, care.

However, elderly grandparents in the *Gurkha* families (being ex-*Gurkha*) were entitled to free health care, a pension, and other support such as state benefits in the UK if they were on a low income or out of work. Moreover, many of the *Gurkha* families chose to migrate to the UK and live together once the resettlement option became available in 2004. This helped them maintain intergenerational informal care in the family. Bidhya (a female health care assistant) mentioned:

> All of my family members [male] are *Gurkhas* – my father, grandfather. It is the same with my husband's family. Hence, my father is in the UK and he sometimes lives with his son and sometimes with me. Similarly, my husband's father and mother also live sometimes with us and sometimes with their other son. Hence, we do not need to go to Nepal to look after them, and in addition when they come to us, they are of great help in household chores. Since they also get 'benefits' here, they only visit Nepal for a shorter period of time.

Hence, the opportunity for family resettlement and their ability to access state welfare provisions motivated the elderly to settle in the UK, which further helped reduce transnational care inequalities.

Comparisons between intergenerational care exchanges between the non-*Gurkha* and *Gurkha* families in the same migration context depict the role that 'regimes of (im)mobility' (Glick Schiller & Salazar 2013) have in care inequalities. Similarly, in line with Sun's (2012) work on the role of welfare provisions, age and ability in influencing family dependencies, we found that weaker welfare provisions fuel family dependencies. Controlled access to mobility further restricts the non-*Gurkha* families in maintaining intergenerational care continuously for the elderly and children. Hence, in line with Glick Schiller and Salazar (2013), access to mobility was different among the *Gurkha* and non-*Gurkha* families and affected intergenerational care differently. The unrestricted movement possibilities for the *Gurkha* families enabled them to provide and receive unrestricted care, albeit with expensive flights to Nepal. However, the restrictive and controlled movement options for the non-

Gurkha families generated care inequalities, emotional sufferings and increased dependencies within the families. This comparison between the *Gurkha* and non-*Gurkha* uniquely illustrates the intergenerational care inequalities between comparable migrant groups that exist due to differences in the way individuals are categorised. The increased care responsibilities, difficulties in maintaining intergenerational transnational care, and the resulting emotional toll, are not the results of migration or participation in the global care economy in themselves, but of the restrictions on family migration. Based on these differences, we argue that migration policies influence the exchange of intergenerational care and can either minimise or exacerbate care inequalities and emotional hardship among migrant families.

The *Gurkha* families were able to maintain intergenerational care due to their resettlement rights. However, in contrast, we note that whilst non-*Gurkha* families were heterogeneous in terms of caste and ethnicity, they faced similar hurdles to secure entry and settlement in the UK. Hence, mobility and care were affected based on whether these families' entry and residency in the UK were facilitated or restricted rather than on any factors specific to caste and ethnicity. It is also important to note that intergenerational care was facilitated in the exceptional cases of non-*Gurkha* families whose grandparents were settled in the UK. Therefore, the comparison between the experiences of *Gurkha* and non-*Gurkha* families shows how the categorisation of migrants affects mobility and intergenerational care.

Our empirical findings therefore demonstrate how the use of the concepts of the global care chain, care circulation, regimes of (im)mobility and displaying families in combination is useful in understanding the complexities of care migration from the global South to the North. They also show how migration policy regimes play a major role in

facilitating or restricting the mobility of family members and intergenerational care exchanges among migrant families.

4.6 Conclusion

Our study on Nepali migrant care workers and their families in the UK and Nepal explored intergenerational informal care connections and exchanges within transnational families and the implications of migration and migration policies. We found that migrant families both in Nepal and the UK manage intergenerational care either locally or transnationally. The UK's restrictive policies on family migration for non-*Gurkha* families had a huge impact on exchanging hands-on physical and emotional care locally and transnationally in proximity through cross-border mobility. The uncertainty of receiving a visa created emotional stress, insecurity and an inability to plan care, whereas the restrictive access to short-term stays forced them to travel back and forth between Nepal and the UK, ultimately leading them to become 'flying families'. In the same context, however, the UK's resettlement policy for *Gurkha* families facilitated long-term stays and transnational mobility for the grandparents in the UK and hands-on care when in proximity to their families. In both family groups, we also found that grandparents were active agents in the care circulation and provided care to the younger generation either by travelling across borders or by staying in their country of origin. Both grandparents and migrants saw the care of other generations as a filial obligation and tried to circulate it by using any possible means. On the other hand, the expensive personal care and childcare, and the absence of a family network in the UK, made migrant care workers' families more dependent on their families in Nepal. Similarly, the left-behind family members in Nepal depended on their children's support because of the poor public health and elderly care services in Nepal. These dependencies also fuel transnational care provisions and

circulations. This demonstrates that the concept of regimes of (im)mobility, together with the global care chain, care circulation, and displaying families concepts, complement each other in building an understanding of the complexities involved in maintaining intergenerational transnational care exchanges, the resultant emotional experiences, and how migration policies can reduce or increase care inequalities.

Our contributions in this article are fourfold. Firstly, our study focuses on care workers' families and addresses the lack of study on their family care relationships (Locke 2017). It reveals the care inequalities among transnational families both in the origin and host countries. It highlights that they try to cover the care needs within the family network through informal care exchange among different generations both locally and transnationally. Further, the study contributes to novel data on care practices within Nepali transnational families. It also represents the findings based on Nepali care workers, who are a new group of migrants and a minority group in the global South to North care migration context.

Second, it contributes to the literature by presenting data about family members in both origin and destination countries and the perspectives of migrants and grandparents. It shows that migrants are concerned about their care responsibilities towards parents due to filial piety, whereas the grandparents are concerned about their obligation to care for their children and grandchildren. The lack of public welfare provisions further fuel family dependencies and informal intergenerational care provisions and circulations transnationally. It establishes grandparents as active agents in the intergenerational care exchange through international mobility.

Third, the unique comparison between the *Gurkha* and non-*Gurkha* families illustrates that care inequalities are created not due to the families participating in the global care economy in itself, but because of the restrictive migration regimes. It reveals two

different reasons for the emergence of ‘flying families’. For the *Gurkha* families, this is due to their freedom of movement and the possibility of longer visits to the UK, whilst for the non-*Gurkhas*, ‘flying families’ represent a workable compromise to maintain intergenerational care by travelling repeatedly on a short-term basis amidst the restrictions.

Fourth, the right to resettlement eases both transnational travel and longer-term stay and brings *Gurkha* families together. It facilitates intergenerational care locally or transnationally or in combination. However, restrictions on mobility force the non-*Gurkha* families either to stay put in Nepal and exchange care locally in the UK or Nepal or become ‘flying families’ to exchange care transnationally between the two locations on a short-term basis. The restrictions constrain intergenerational care both locally and transnationally, create emotional burdens, and set a distinct boundary between the two modes of support. Hence, it again shows the role of migration policies in setting diverse boundaries between the ability to exchange intergenerational care differently among families locally and transnationally and in increasing or reducing care inequalities.

In the context of Brexit, the healthcare workforce in the UK has been decreasing and public services are exponentially increasing recruitment and relying on workers from outside of the UK and the EU (Homer 2022). Likewise, the governments of Nepal and the UK signed a bilateral agreement in 2022 to recruit Nepali nurses in the UK health sectors (GoN 2022; GOV.UK 2022b). As a result, it is the right time for the UK to reconsider its restrictive migration policies on family members. Labour-sending countries like Nepal can utilise the opportunity to negotiate with the UK to address the concerns of potential migrants, including the ways to minimise care inequalities as mentioned above. To minimise inequalities in the provision of care for the families of the migrant care workers, we recommend that migration policies should enable the free movement and access to public welfare provisions for

extended family members, including grandparents. This would not only help countries in the global North like the UK to address the workforce demands but also enable the families of care workers to enjoy their rights to family life and maintain intergenerational care without disruption.

Moreover, our findings suggest that facilitating the grandparents' mobility enables the migrants to manage childcare within their family. It helps to reduce the families' reliance on welfare provision for childcare and helps them to avoid reducing their work hours, increasing the availability of the workforce in health and social care facilities. Hence, facilitating the family members' mobility will not increase the burden on the welfare state, but reduce it by making more support available within the family.

Chapter 5

Gender or Gendered Demand of Care? Migration Decision-Making Processes of Nepali Care Workers

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The increasing demand for care workers in the global North has spurred the migration of the care workforce, especially of female nurses from the global South. This development is redefining women's roles as breadwinners and the instigators of family migration. However, the migration of nurses from the global South-to-North needs further investigation into how these women are empowered to lead the migration process and the factors that influence the decision. I will explore the roles of migrants' individual skills and competencies along with the demand for care workers in the UK's labour market. This study is based on data from 49 in-depth qualitative interviews with Nepali care workers in the UK and their parents in Nepal. I argue that in the case of the migration of trained nurses from the global South to the North, individual and contextual factors become more important and influential than gender and power relations in the family in the decision-making processes. As a step towards addressing human resource shortages in the health and social care sectors, the UK has recently reached a bilateral agreement with Nepal to recruit Nepali nurses. While the migration of Nepali nurses is likely to increase, empowerment to migrants and adherence to ethical recruitment could be mutually beneficial for participating countries, migrants and their families.

Keywords: Gender, migration, decision-making, patriarchy, care work, nurse, global North, global South

5.1 Introduction

Migration from the Global South to fulfil the demands of the care workforce in the Global North has increased over the past decades (Ehrenreich & Hochschild 2003; NNAUK 2021; Yeates 2012). Care work in general is racialised and gendered as lower-paid, less skilled and menial work meant for migrants, and nursing care and reproductive labour in particular are further feminised as women's work (Yeates 2012). For participating individuals, however, migration to affluent countries in the global North is seen as an opportunity to improve life chances. In this context, a specific educational and occupational background could facilitate women care workers to move and become a strong determinant in family migration. For instance, studies on Nepali migrant women nurses in the UK show that their families supported them in migrating (Adhikari 2013, 2020). It not only helped to redefine these women as independent migrants but also as leading instigators of family migration. Earlier studies establish men's sociodemographic characteristics, job experiences and preferences as major determinants in family migration (Brandén 2013; Pailhé & Solaz 2008). However, the migration of nurses from the global South to the global North needs further investigation into how these women are empowered to lead the migration process and the factors that influence the decision.

The literature on this topic shows that the decision to migrate is influenced by multiple factors at different levels. Literature on gender and migration considers migration and the decision-making involved as a gendered process (Hoang 2011; Hondagneu-Sotelo 1994; Paul 2015). The rational choice approach considers the role of migrants' agency as well as structural factors such as destination-specific opportunities and social networks in the decision-making, including the prospect of family reunification and better life chances for the couples' children (Christensen et al. 2016; Haug 2008; Krieger 2020). Previous research

puts a strong emphasis on analysing migrants as individuals and thus there is limited understanding of migration decision-making processes as a family matter (Bryceson 2019; Guveli et al. 2016). Likewise, literature dealing with decision-making processes in the international migration of couples and families is scarce and lacks exploration into gender-specific influences on men and women (Guveli et al. 2016; Krieger 2020). I consider the influence of social factors, specifically traditional gender roles, power relations and patriarchy in the family; individual factors, including human and social capital resources and competencies of women including their nursing education and training, professional work experience, social networks and connections in the destination country; and contextual factors such as occupational demand, possible opportunities and better life chances at the destination in the decision-making processes within families. Moreover, the dynamics of decision-making processes in families with special reference to the global South to the global North care migration context have yet to be explored. I argue that in the case of migration of trained nurses from the global South to the North, the individual and contextual factors become more important and influential than gender and power relations in the family as these factors empower women and provide them with negotiation power in the process. A combination of some or all of these individual characteristics might enhance their agency in the decision-making process. For ease of reference, I define the combination of some or all of these competencies as the 'competency combo', which creates a multiplier effect in enhancing a person's capabilities and independence and empowering them in the decision-making process. The theoretical underpinning of the 'competency combo' is Sen's (1989) and Nussbaum's (2003) 'capability/capabilities approach'. It considers capabilities as a person's freedom and liberties in their life choices and empowers them to achieve what they want to do and to be. These capabilities are achieved and enhanced through a combination of different factors.

The position of women in Nepal, in general, is characterised by inequalities in education, participation in the labour force, obligations for care and family responsibilities (UNDP 2020), and lesser opportunities in every aspect of life (Pigg 1992). Whilst positive changes are taking place in Nepal's social and political context, including improvement in the status of women (Sharma 2021), inequalities still exist in the family norms and expectations and the state's policies and practices. These inequalities could reinforce unequal power relationships, thereby imposing restrictive conditions and barriers for women's migration and undermining their role in the migration decision-making process. However, in contrast, the migration of women nurses to the global North has increased. In the case of the UK, it is estimated that more than 3,000 nurses have migrated from Nepal and are working in the health and social care sector.[3] They reside with a total of 10,000 dependent family members (NNAUK 2021). Individual characteristics of migrants and destination-related factors could have influenced the decision-making processes, especially for those who have higher professional competencies and who are planning to migrate to the richer countries, whilst minimising the influence of traditional gender roles and power relations in the family. However, we do not have earlier evidence.

Hence, in responding to these research gaps, I consider two primary research questions: '*How do the migrant care workers and their families come to a decision to migrate from Nepal to the UK?*' and '*What role does gender play alongside other individual and contextual factors in this decision?*' This study advances the literature on the global South to

[3] In addition to nurses and their families, migrants from Nepali heritage are much wider and diverse in the UK. Likewise, the Nepali population involved in care work in the health and social care sectors in the UK have come from diverse visa routes. Hence, the number could be much higher than just that of nurses. However, there is lack of data both on the Nepali population and on those working in the health and social care sectors in the UK. A 2011 UK census shows a figure of 60,000. Different surveys and estimates by UK-based Nepali organisations suggest a population of around 100,000 Nepali in the UK in 2014 (Laksamba et al. 2016).

global North care migration context by bring new empirical evidence. It introduces how and when other factors such as individual characteristics and contextual factors have more influence in the migration decision-making processes than the influence of traditional gender role expectations and power relations. It also contributes for considering that the drivers of the migration decision-making processes are multiple and the mechanisms behind the decisions involve much more than just gender and patriarchy.

In the next section, I present a conceptual framework where I review the literature on different factors influencing decision-making processes in individual and family migration. Then I present the research design and the methods used in the study. The findings and analysis are presented as thematic patterns in the decision-making process, highlighting the role of different factors. The paper ends with a conclusion summarising the key findings.

5.2 Migration Decision-Making is Beyond a Gendered Process

Migration decision-making involves several factors that interplay with each other. Literature on migration and gender (Guveli & Spierings 2022; Hoang 2011; Hondagneu-Sotelo 1994; Paul 2015) considers the reflexive relationship between migration and gender, in which migration is taken as a gendered process where traditional gender role expectations shape migration patterns, and in turn, migration experiences reshape gender role expectations. Dealing with this relationship, Hondagneu-Sotelo (1994) uses gender as means of understanding how a set of social relations and power dynamics based on gender organise the migration of both women and men and how it facilitates or constrains their migration and settlement. This approach is instrumental to seeing how expected gender roles and established gender norms provide access to power and control to certain members of the

family and shape the migration process. Hondagneu-Sotelo (1994) further emphasises the role of patriarchy in creating unequal relations among men and women within the family, which further facilitates or constrains the migration of men and women differently based on the ideological and cultural expectations of each member. Due to the unequal power relations and different roles of men and women, migration for men is seen as a patriarchal rite of passage towards independence and establishing themselves as providers for their families. Women, however, are confined to the household sphere, an expectation that is further guided by safety concerns based on the gendered ideology that women are fragile and need protection (Hondagneu-Sotelo & Crawford 2006). In the South Asian context, this could be further linked to the importance given to maintaining the chastity of women in order to retain family dignity (Adhikari 2020; Radhakrishnan 2009; Shaw & Charsley 2006). Hence, the people holding power in the family could restrict women's independent mobility with the concerns of the security of 'fragile' women and maintaining 'purity'. Therefore, patriarchy could create obstacles for women whilst expecting men to migrate. Since Nepal is a patriarchal society, consideration of patriarchal ideology and expectations in the family is an important aspect of this study.

Other literature (for instance, Hoang (2011), Krieger (2020), Paul (2015), Radcliffe (1991), Shihadeh (1991)) supports the role of gender and power relationships within the household as major factors in the migration decision-making process and identifies its unequal consequences on men and women. Shihadeh (1991) asserts that migration decisions are a family affair where often husbands decide with their authoritative power in the family. Hence, wives occupy a subordinate role in the process, not because of a lower level of resources, competencies or income, but because of 'normative pressure arising out of traditional gender-role distinctions' (Shihadeh 1991: 442). Paul's (2015) study on Filipino migrant domestic workers argues that women reach a migration decision-making stage only

through negotiation within their household, potentially by convincing the family members that their migration is part of their gendered duty to support the family. Hence, Paul (2015: 287) defines the process of reaching the decision as 'gendering practices' and 'gender performances', where their agency is limited due to gender role expectations. Likewise, West and Zimmerman (1987: 145) emphasise that 'doing gender is unavoidable' as people try to stick to the accepted gender roles. However, the generalisation may not apply to all women as the processes can have other influences, such as the macro socio-economic context, social networks, family ties, individual women's statuses and their professional competencies. For instance, studies on Nepali nurse migration to the UK emphasise family support rather than resistance or restriction (Adhikari 2013, 2020). This could be because of the demand for trained nurses in the UK, and their migration could be seen as a guarantee to bring other opportunities to the family, such as a substantial increase in income, the possibility of family resettlement, and better life chances in the UK. In addition, socio-economic changes (Sanders & McKay 2014; Sugden 2009) such as women's increasing education, purchasing power and labour-force participation, reliant on mobility due to increased emphasis on cash resources, and increased access to market and migration brokers, could be some of the factors in the case of Nepal that alter or challenge expected gender roles in the family and enhance women's agency in the migration decision-making process.

Other studies point to the paucity of research on couples' migration decision-making processes that deal together with the role of expected economic gains at international destinations and expectations of gender roles between couples (Krieger 2020). Based on panel survey data on migrants in Germany, Krieger (2020) delineates that migration decisions are influenced by the combination of economic prospects as well as expected gender roles. This indicates a rare chance of reaching a migration decision based on possible benefits to wives only when there are relatively huge gains to wives compared to husbands. Moreover,

she argues that regardless of whether the decision is based on the possible benefits to husbands or wives, since the women's migration motivations are usually oriented towards family well-being, women are relatively disadvantaged compared to men in the labour market position. This argument, however, leaves room for contestation in the context of care migration, where (women) nurses are in high demand and their integration into the labour market is relatively easy when compared to other professions. Likewise, confining women's migration motives primarily towards family well-being is a biased interpretation as both men and women aim to achieve individual or family well-being or consider both. Although Krieger's (2020) study makes key contributions to our understanding of family migration, there are a few important limitations, which I will address in this research. First, the data underpinning her research is on employment trajectories in the host country, which ignores the dynamics of the decision-making process. Second, the study lacks consideration of the family members' perspectives on the decision-making processes. Finally, the study fails to address the role of the host country's specific contexts including opportunities and demands related to specific occupations, such as care work and nursing, the possibility of family reintegration, and better life chances for children.

Only a few studies find the wife's level and nature of education and/or occupation as major determinants in a family migration decision. Lichter (1980) highlights the high probability of migration among families where the wife is either unemployed or a white-collar professional and manager. Likewise, Shields and Shields (1993) present the role of the wife's education in general as one of the major factors for migration. It suggests that couples prioritise migrating to a destination they are relatively familiar with, where there is more possibility of suitable employment for both of them. Literatures on the global care economy explore women's stakes in international migration (Ehrenreich & Hochschild 2003; Parreñas 2015; Yeates 2012). These literatures present the gendered demand for care workers

in the global North as one of the main reasons for increasing migration from the global South, especially for women. Though care workers are often racialised, gendered and low-paid, associated opportunities in the global North are taken as one of the major factors that encourage families to make the migration decision. Hence, the individual factors of the migrants together with the gendered demand of care workers, and the possibility of the eventual migration of the whole family, could be the reasons for increasing women's agency in the decision-making processes.

While exploring the reasons behind the possibility of a more important role of the individual and contextual factors than that of traditional gender roles, patriarchy and power relations in the family in the decision-making process, I have considered aspects of the rational choice approach (Christensen et al. 2016; Haug 2008; Wood 1981). In contrast to considering the major role of gender in the migration process, the rational choice approach takes migration as an adaptive or reactive response taken by the family (Wood 1981). This shows that individuals, couples and families try to make the pragmatic decision to migrate or not to migrate and choose the best options from available alternatives. In this process, migrants are seen to decide by calculating the available resources and competencies they have and the possible outcomes – both monetary and non-monetary – the migration can bring (Haug 2008). Broughton (2009) considers migration decisions as the process of calculating the risks and benefits and reaching a decision. Other proponents of the rational choice approach (Christensen et al. 2016; Hoang 2011) again suggest that the power to use the agency or the negotiation power in decision-making processes depends on factors such as the destination country's welfare provision, availability of different opportunities, and the migrants' social network in the destination country. This approach supports the view that the migrant's agency and negotiation power enhances or diminishes in the decision-making process based on individual as well as structural factors such as social networks and

destination-specific opportunities including the prospect of family reunification and better life chances for the family's children. Hence, we may interpret the possibility that the accumulation of more of these factors increases negotiation power at the same time these factors become more influential and important in decision-making processes. Meanwhile, a lack of those factors diminishes negotiation power, leading factors such as traditional gender roles, patriarchy or power relations in the family to become more influential.

This review shows that in both independent and family migration, the decision-making process is beyond a gendered process, but is also influenced by individual and contextual factors. These individual and contextual factors can become more influential in the decision-making process especially when migrants are equipped with skills and knowledge that are in higher demand in the destination and when the destination holds higher social capital. In this research, I aim to demonstrate that Nepali nurses having the professional skills and competencies that are highly in demand in the UK helped minimise the influences of traditional gender roles, patriarchy or power relations in the family.

5.3 Research Design and Methods

I am interested in presenting both the lived experience of the migrants and their family members and their perceptions of how they went through migration decision-making processes in their families. The methodology is guided by an interpretive paradigm (Snape & Spencer 2003) to gather the opinions and experiences of the respondents' context-specific perceptions of their migration. The interpretation of the data is guided by a critical orientation (Braun & Clarke 2014) in order to unpack the meaning of migration decision-making processes and how different factors provide access to power and control to males and females in the decision-making process.

I gathered qualitative data through in-depth semi-structured interviews with Nepali migrant care workers in the UK and their family members in Nepal. The interviews for most of the care workers were approximately one hour long, ranging between 45 to 90 minutes. The interviews with the care workers' parents were around 30 minutes long. The care workers in the study included care assistants, health care assistants, support workers and nurses in the UK. A total of 49 in-depth interviews were conducted. The participant group included 35 care workers, 27 women and 8 men in the UK, and 14 family members of care workers in Nepal. Among the care workers interviewed, 30 (24 women and six men) were married and 16 of them had children before migrating. Seven women had migrated by marrying UK-resident Nepali men. Three women and two men were unmarried during the migration. The participants were selected purposively through the snowball technique. While recruiting the participants for the interview, the contacts were initially obtained through Nepali organisations in the UK.

All the interviews were conducted in Nepali and were audio-recorded and transcribed into English. The names of the interview participants were changed to maintain anonymity. The interviews were first conducted with the migrants in the UK and then their family members were traced and interviewed in Nepal. Interviews with the parents provided the left-behind family members' perspectives and their role in the migration decision. It also aimed to address the lack of research in the Nepali migration context based on the data from both migrants in the host country and their family members in the home country (Ghimire et al. 2017). Although men are in a minority of care occupations when compared to women, I have included them to study the decision-making processes for both men and women.

Ethical approval was obtained from the relevant university authority. I considered positionality and my power position and used reflexivity while collecting and interpreting the

data. I also used my ‘subjectivity as resource’ (Braun & Clarke 2022) and used reflexivity to interrogate their subjective understanding of gender position and power relations based on both the Nepali context as well as the context of Nepali migrants in the UK while interviewing men and women and in the interpretation of the dataset.

My analytic approach was guided by reflexive thematic analysis (Braun & Clarke 2006, 2019, 2022). I followed an interpretive paradigm and critical orientation, as mentioned earlier in this section. I predominantly used an inductive approach in developing meaningful patterns from the dataset, where I focused on analysing semantic meanings of the respondents’ experiences and perceptions of migration decision-making processes. I followed a flexible and iterative process to analyse the data. I read and re-read the interview texts throughout the process to develop familiarity with the dataset. I used NVivo software to code the interview transcripts that had the potential to address the research questions. In order to draw meaning from the data I then actively produced themes while interpreting and finding meaningful patterns from the whole dataset. Hence, the themes that I developed present patterns of meaning in decision-making processes for independent and family migration.

5.4 Findings and Analysis

Data from the in-depth interviews show that the Nepali care workers’ decisions to migrate were influenced by several factors. The decision-making was taken as a family affair where aspiring migrants and family members participated in and influenced the processes. These findings are reported under two major themes and seven associated themes. The themes represent some of the meaningful patterns and stories of the decision-making process in the family as below.

5.4.1 Influence of gender and power relations

The decision-making processes in individual and family migration for both men and women were influenced by gender and power relations in the family and other individual and contextual factors. Family members, especially parents, had varying degrees of influence in the independent migration of unmarried men and women, whereas partners influenced the migration of married men and women. Both men's and women's choices on education and career and thereafter their migration and its destination were explored and initiated either by the individuals or their family members or together. Then through the processes of unanimous agreement or negotiations and compromises at different steps, the decisions were reached generally together in the family. Influence of gender and power relation in the family (Hoang 2011; Hondagneu-Sotelo 1994; Paul 2015) or other factors in enhancing the migrant's agency (Broughton 2008; Christensen et al. 2016) were driven by several factors, such as education and training, profession and its demand in the destination, and gender. Some of the relevant patterns relating to the influence of gender and power relations in the family are presented below.

5.4.1.1 Women marrying to migrate

The first of the findings from this research is that in the cases of the independent migration of unmarried women, family members intruded into the processes and put pressure upon women to get married before the migration. Despite the women were aspired to migrate, initiated preparations and able to use their agency to explore the migration possibilities, they lack autonomy to make decision on their own. This was mainly because of the traditional gender-role expectations for women and parents maintaining power relationships. It was reflected

through parents' active involvement in the migration decision as well as their concerns for ensuring the safety of their daughters.

For instance, Aarju (a female nurse) who had migrated to the UK after getting married to a Nepali UK resident, shared her story below:

> After completing my nursing degree, I was planning to go to the US and preparing for the TOEFL exam. While sharing my ideas with my *mommy-daddy*, they… they didn't like it and told me to get married and go to *bidesh* [foreign country – I have kept the Nepali term *bidesh* as it has a specific meaning as migration to a foreign country other than India, which has an open border with Nepal].

Aarju asserts her lack of autonomy in making the decision on her own. She had migration aspirations and initiated preparations. She said she was sure that she will not be able to decide on her own, but she took the initiative to explore the possibilities and started preparations by using her 'agency' (Hoang 2011). Only then did she consult her parents for their support. An interview with Aarju's mother further highlighted the parents' perspectives.

> As she shared her interest in going *bidesh* after completing her nursing degree, I became scared about her but didn't show my disagreement outright. I tried to convince her by saying that going *bidesh* alone at an early age is not safe for girls. Then I presented two options before her: either to get married to a person residing in the UK from whom a marriage proposal had come to us or to wait until she gets mature enough - as she had just turned 21 at that time.

In a similar vein, Trishna's mother (a mother of a female nurse) added her specific concerns against the migration of unmarried daughters and shared that she had convinced her daughter to agree to get an arranged marriage[4] before the migration:

> After completing her nursing [degree], my daughter was working in a hospital. She was interested in going *bidesh* but I didn't have an agreement with her to send an unmarried daughter alone… But in the meantime, we got a proposal of her marriage with *keta* [a man] residing in the UK through our relatives… We accepted the offer and she [my daughter] also agreed with us to get married to him.

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[4] Though the practice of getting married through the consent of partners based on their own choice is gradually increasing, it is still common practice in Nepal to get an offer of marriage through relatives or family members or friends. The marriage goes ahead if both the man's family and the woman's family agree to the arrangement (*arranged marriage).*

Here the mothers conveyed their traditional gender-role expectations for women and mentioned their concerns for the safety of young unmarried women. These remarks also suggest that the parents wished to maintain gender power relationships (Radcliffe 1991) over their daughters by either influencing the migration decision-making process or imposing conditions that their daughters were required to meet in order to gain parental approval and support. However, in these negotiations, parents did not restrict their daughters to migrate but tried to ensure safety by marrying them. It also shows that the parents too were aware of the occupational demand and better opportunities for nurses in the UK. Hence, they also supported their daughters to migrate after ensuring their safety. It was not only the preference of the parents to marry their daughters before migration. Nepali single men residing in the UK also had a preference towards marrying nurses from Nepal, a finding that echoed those of Adhikari (2020). In some cases, irrespective of women's initiatives to migrate, parents receiving a marriage proposal had convinced their daughters to marry and move to the UK for their 'good future'. Hence, the preference for parents to have their daughters married was also driven by the demand for nurses in the UK. By matching the demand, they endeavour to ensure the safety and security of their daughters as well as fulfil their daughter's migration aspirations. Hence, even in this gendered account, the demand for a trained nursing workforce in the UK played a role in increasing the demand for nurse brides among the Nepali men residing in the UK, which facilitated meeting aspirations of both the parents and migrants.

5.4.1.2 Migration as a rite of passage for men

The second of the findings is that in contrast to the migration of unmarried women, migration for men in the study received unconditional support from their family members. It can be

interpreted as the family's patriarchal-based gender role expectation on men to become breadwinner for family in which migration is seen as a rite of passage towards becoming independent men.

For instance, Bikki's father (a father of a male nurse) had supported his younger son to migrate to the UK under a student visa. He proudly shared the story of how he and his elder son immediately intervened in the nearly failed migration of his younger son and supported him to achieve *'success'* as follows:

> Since I had already sent my elder son to the UK, my younger son was studying at that time and he had also started applying for a US visa. As he failed to secure the US visa, my elder son [residing in the UK] immediately arranged his admission to a college and I supported him financially to go to the UK.

In Bikki's case, since his first attempt to migrate to the USA became unsuccessful, his father and elder brother offered immediate support in migrating to the UK. Bikki's brother used his network in the UK to explore the colleges and secure admission, whereas his father provided the necessary financial support. While comparing women and men, this form of unconditional support and urgent action was rarely found among women. Likewise, the pressure to get married before migration was not present among the unmarried men, as there were no issues of security or chastity for them. Rather, the parents tried to ensure the 'patriarchal rite of passage' of developing their sons as independent men (Hondagneu-Sotelo 1994) and helped to make their migration successful. This demonstrates how the patriarchal-based gender role expectations on men to become independent breadwinners in the family can support them in the migration decision-making process.

5.4.1.3 Husbands' leadership in the decision processes

The third of the findings is that among the family migration, husbands' leadership and sometimes even dominating roles in decision-making processes were seen among the families

across diverse backgrounds, such as the ex-*Gurkha*[5] families, families with husbands having a higher level of education and professional jobs in the UK, and some families of nurses. In some cases, the husband was granted a leadership role in the decision-making irrespective of whether the initial visa application was being made on the basis of the husband or wife's employment competencies. Among the families of nurses, decision-making was based on the consideration of the education and occupation-related power of the nurses as discussed earlier. It is interpreted that since the husbands had assumed their patriarchal power as the household head, they were leading the decision or expected to make the decision on behalf of the family. The nature of the couple's work and its demand in the UK had further influenced the decision-making process.

For instance, Dev (a husband of a female nurse) stated how he explored the prospect of migration and initiated the process on his wife's behalf:

> She [my wife] had passed the *Public Service Commission* exam [a centrally controlled exam to enter into a permanent government job in Nepal] and started a permanent nursing job in a government hospital… [He laughs]... But I explored the NMC registration process [the Nursing and Midwifery Council, registration with which is mandatory to practice nursing in the UK]... She didn't know exactly what I was doing but I had already succeeded in submitting some forms and registering her with the NMC.

Thus, considering that his wife's migration would bring benefits to the family and assuming patriarchal power as a household head, Dev decided on behalf of the family. However, despite having no role in the process, Dev's wife accepted it as their mutual decision. It echoed Shihadeh's (1991: 442) view that in a family with traditional gender role expectations, the husband's decision is taken as the family decision and the wife follows it because of a 'normative pressure arising out of traditional gender-role distinctions'. However,

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[5] *Gurkha* is a special brigade of Nepali soldiers in the British army for the last 200 years and the persons serving as *Gurkha* in the British army or the retired and their family members have got re-settlement rights in the UK since 2004. Hence, the retired *Gurkha* (men in most of the cases) based on their service in the British Army are lead migrants in these families.

since the migration of nurses was a well-established trend, Dev's wife could have accepted it as a supporting step for migration. Either way, despite having the power to lead the decisions and being the main instigator of family migration, she accepted her subordinate role in the decision-making process.

Likewise, Mahendra, a male nurse with 11 years of work experience in Nepal, was determined to migrate to the UK. Because of the culture of migration among nurses in Nepal, he felt pressured to follow his friends, colleagues and even his nursing students who had migrated. He was already feeling left behind and believed that he was missing the opportunities which others were enjoying in the UK. However, as is the case with some exceptions among nurses, he did not succeed in getting a visa on his own. Therefore, he pushed his wife, who was also a nurse, to initiate the migration process to the UK, even though she had a high-salary job in an international organisation in Nepal. Mahendra's wife (a female nurse) shared their story below:

> He [my husband] was very interested in coming to the UK and used to tell me time and again that we should also go now... I was not at all interested in going. But as my husband's applications were not successful despite his huge interest, I agreed for his happiness and asked him to start applying for me. Though I got the documents [for migration], I was not interested in coming here.

Mahendra shared that he felt a discrepancy between his education and income in comparison to his colleagues and friends in the UK and even to his wife in Nepal and tried to move to the UK to reduce this gap. However, as he failed to migrate on his own, he put pressure on his wife to move so that he could increase his income. Hence, pressure to establish himself as a key provider in the family alongside a calculation of the benefits of migration (Krieger 2020), such as the increased income for both he and his wife and increased life chances for their son, could have increased Mahendra's drive to migrate. But again, as mentioned earlier in Dev's case, despite feeling pressure from her husband initially, after the family had resettled in the UK Mahendra's wife appreciated her husband's initiative and push for the migration. Hence,

the nature of the couple’s work and its demand in the UK influenced the decision-making process in addition to Mahendra’s gender-based role in the family as the primary decision-maker. Since the women did not initiate the process on the basis of the power derived from their professional competencies, their husbands made the decision as household heads on behalf of their families.

5.4.2 Influence of individual and contextual factors

The interviews revealed different factors that influenced the decision-making process among both unmarried individuals and married couples. In some households, individual and contextual factors had more influence than gender and power relations. Access to the leadership role in this process depended on several factors, including mainly individual factors such as the competency combo, and destination-related occupational demand and opportunities. Some of the relevant patterns that show the major influences of individual and contextual factors in the migration decision-making processes are presented below.

5.4.2.1 Women using their competency combo to migrate

The fourth of the findings is that women’s roles in decision-making were influenced differently based on their competencies, such as educational attainment, professional work experience, earned connections and networks, and their combinations, i.e. their competency combo. Women with a competency combo, especially those with a nursing degree, additional years of work experience in the healthcare profession, and a friend with an established network in the UK to support the migration process, were able to be more independent in the decision-making process. It is interpreted that women’s competency combo had enhanced agency and enabled them to take independent decision.

For instance, Luna, a female nurse with more than 12 years of work experience, shared as follows:

> After getting ideas from my friends [who were already in the UK], I decided on my own and applied directly to register for the NMC. Then one of my friends supported me in arranging a training centre (nursing home) for the adaptation course [in the UK]. Because of having years of experience in Nepal, I had a lot of friends who had already come and settled here. So, it was easier for me to get their support in any part of the UK.

Luna's confidence in her capacity to plan and execute the migration process without the assistance of professional service agents was enhanced by her years of work experience in diverse organisations and strong ties with friends and former colleagues in the UK who were ready to provide guidance and support at every step. Furthermore, Luna made references to her earlier nursing colleagues' migration experiences and job prospects in the UK. Because of her access to information through her social networks, nursing education and work experience, she was able to foresee the possible outcomes of her migration and lead the process with confidence. It further demonstrates how the competency combo enables migrants to use agency (Christensen et al. 2016; Hoang 2011) in the migration decision-making process.

These factors gave her the strength and confidence to convince her family members and get support from colleagues. Hence, her combination of resources (her competency combo), was instrumental in empowering her in the decision-making process.

5.4.2.2 Migration as freedom and emancipation for women

The fifth of the findings is that as in the cases of unmarried men, some unmarried women also received the support of their parents to migrate despite the lack of all or some competencies. Their parents paid college fees and associated costs and supported recently graduated nurses to pursue further nursing study in the UK. It is interpreted that the women's

aspirations to migrate, their motivation to pursue further study in nursing, and their parents' interest in providing support, were also influenced by the women's nursing skill sets and the increased demand for nurses in the UK.

In one case, the mother's negative experience with strict gender role expectations became a positive factor in reaching the migration decision. Sanu (a female nurse) shared a story about how her mother encouraged her to migrate:

> My *mommy* had encouraged me [to migrate]... The main reason was that my *mommy* had got married at an early age. So, as she had gone through a strict life of being a daughter-in-law since an early age, she wished me to grow in such a way that I can travel around the world, see everything and do whatever I like before getting settled in my life. I was hesitant to make my family invest a lot of money in me. So, it was solely because of my *mommy*'s encouragement and support that I started the process.

Sanu's mother echoed the same views when I interviewed her in Nepal:

> It is a common perception among us that our daughters will be spoilt if they go *bidesh*. We as daughters are suppressed in our society but we also need freedom and support for our development. *Chhori haru lai pani khulla aakash ma udna dinu parchha* [an idiom which connotes that daughters should be given the opportunity to live freely]. And they should be given the opportunity to make their future bright. Since I didn't get that opportunity in my time, I was determined to give it to her. Hence, despite financial difficulties, I managed to send her to Britain.

Sanu's mother shared that while being a daughter-in-law, she had been faced with several restrictions from family members in power and was also responsible for maintaining the household and caring for the elderly from an early age. Hence, she tried to live her dreams through her daughter and took steps to ensure her daughter's freedom and emancipation by encouraging her to migrate to the UK. The negative experience of gendered restrictions and traditional gender-based responsibilities influenced her to be more liberal with her daughter, which became a positive factor in contributing to the decision to migrate. These findings again suggest that the individual quality of having a nursing degree and the contextual factor of occupational demand for nurses in the UK can support women in the decision-making

process as both these migrants and their parents were convinced that the migration to the UK would benefit them.

5.4.2.3 Couples mutually deciding to migrate

The sixth of the findings is that migration of trained nurses to the global North, mainly to Australia, the UK and the USA, has become a common trend in Nepal. Hence, gathering information on migration possibilities and prospects was found to be common among unmarried men and women, as well as couples, in which cases the process was undertaken either individually by either the husband or wife or mutually. It is interpreted that the migration decision was influenced by calculating collective gains in the UK based on their competencies and the occupational demand of nurses where traditional gender roles and power relations did not influence the process.

Information and support were gained either through social networks or commercial service providers/migration brokers. Poshan (a female nurse's husband) who had run his own business in Nepal and started working as a care worker after coming to the UK, shared the process of their migration decision as below:

> Since we were not able to meet our expenses out of our income [in Nepal] and my wife's friends were migrating one after another, we basically followed their footsteps. We visited the Consultancy [the private firm providing service to support the migration process], gathered information on the whole process and our possible income in the UK, then we started the process… So in order to fulfil our minimum needs, we decided to come here.

Poshan's couple realised that their friends who had migrated and started nursing jobs were eventually also able to take their family to the UK. In another case, Sewa (a female nurse) described how:

> I was interested to do both the BSc nursing degree and work in *bidesh* as I always had a drive to progress through further education and earn more money and make our future bright. So I discussed it with my husband who found a good

> consultancy through his friend. Then me and one of my friends started the application process to the UK. Hence, we [my husband and I] planned and decided to migrate to the UK together.

Because of the demand for care workers and nurses, the ability to move to affluent countries in the global North along with their family members was taken as a guarantee in these households. Realising their opportunity, they explored the possible gains in the UK and mutually reached the decision to migrate. Here the migration decision was taken together by the couple by calculating their collective gains in the UK based on their competencies and the occupational demand of nurses in a situation where traditional gender roles and power relations did not influence the process.

In these cases, both husbands and wives mutually shared their power. Wives gave up the power they had gained through their nursing degree, whereas the husbands gave up their patriarchal power as household heads and they negotiated with each other and mutually reached the decision. They considered the benefits of migration for them individually as well as for the family. In addition to the possible increase in income, they considered 'destination related social capitals' (Broughton 2008), such as the possibility of family reunification, better life chances for them and especially for their children, and the availability of their social networks. The men's education and work experience were neither equally recognised nor in demand in the UK and they had become disadvantaged in the labour market. However, while calculating the differences in income between Nepal and the UK, they were convinced that even the switch to a disadvantaged labour position for the husbands would yield more income overall, in addition to other opportunities including better prospects for their children. It further supports the argument that even in a patriarchal setting, individuals' and couples' migration decisions were more influenced on the basis of their resources, i.e. specific human capital, which was in high demand in the destination countries, and the destination-related occupational demand and opportunities.

5.4.2.4 Wives' leadership in the migration decision process

The seventh of the findings is that as in the case of the migration of unmarried women, married women with the competency combo, such as more years of experience in the healthcare profession, nursing education, and a strong network of friends and colleagues, were more independent in leading the migration decision-making process in the family. It is interpreted that because of the competency combo, they were confident that the migration would bring more benefits to them and their family. This confidence empowered the women to initiate and make the decision themselves or else convince their husbands to assist or at least follow in the decision.

For instance, Sita (a female nurse) described how:

> In the beginning I consulted with my friends and followed their advice on the whole process and used the same consultancy service they had used earlier. After initiating the process, I shared it with my husband who became happy about the opportunity to go to the UK.

Traditional gender roles and power relations did not have much influence on the migration decision processes here. Likewise, despite different reasons for the wives leading the migration process, their competencies and the gendered demand for care workers in the UK were acknowledged as the leading factors. Husbands followed their wives' decisions to migrate either by supporting them in the process, remaining passive without active involvement or trying to influence the process. In some cases, the husbands came to know about the process only after the wives had taken a major initiative, such as after NMC registration or correspondence with potential adaptation course providers. A husband mentioned family reunification and their children's future prospects as the reasons for his agreement to migrate to the UK. Krishna's (a male care assistant) narrative reflects this situation:

> I didn't want to come here [to the UK] in the beginning as I had a good job in Nepal. But she [my wife] kept on insisting to me, saying that since our children will be with us and every opportunity is there, we need to go to the UK. So, with these compromises, I came here, I stayed here and became used to it later.

Though Krishna lost his 'good job' and his role as the main provider for his family in Nepal, he migrated to reunite and maintain his family's well-being in the UK. Reflecting on the decision-making process, Krishna described the pressure on him in the beginning, on whether to migrate or not by leaving his job, but later on he acknowledged his wife's decision to migrate as the right choice because of the increased family income and better education for their son. These views echoed those of the wives who had followed their husband's decisions. Here again, the husband's subordinate role in the decision-making was determined irrespectively of their level of education, professional experience or income. Hence, these decisions were driven by the wives' education and employment prospects in the UK more than gender role expectations and power relationships in the family (Hondagneu-Sotelo 1994), as they were relatively advantaged in the labour market when compared to their husbands.

One of the commonalities among these migration decision-making processes was that the women were empowered in discovering their options due both to individual factors (their competency combo) and contextual factors. Even the women who got married before migration, for instance Aarju, Trishna and others, explored every possibility on their own before making negotiations with their parents. They also did not revolt against their parents' conditions. This was not because they were unable to resist their parents' demands, but because they were able to use their agency to negotiate a solution with them based on the knowledge they had independently gained about their opportunities. This is in contrast to Paul's observation that Filipina women are able to negotiate their migration by 'doing gender' and convincing family members that the migration will enable them to perform their

gendered duty to support the family (Paul 2015). Thus, when the Nepali unmarried women agreed to get married before migrating, or the married women accepted their husbands' leadership, they had already explored the best possible options and used their agency based on their competencies to convince and negotiate with their family members. Hence, they were undoing gender and were able to challenge gender norms and use of their agency in the migration decision-making process. The women equipped with a better competency combo were in a stronger position.

Demand for human resources due to shortage of health and care workers in the UK was one of the contextual factors influencing the decision-making processes. Brexit further pushed the UK to explore and recruit additional health and care workers from the countries in the global South. One of the examples is the UK reaching a bilateral agreement with Nepal in August 2022 to recruit Nepali nurses. It is likely that the migration decision-making processes of Nepali nurses to the UK would be further facilitated due to the bilateral agreement and that the participating countries could benefit from this study's findings.

Therefore, decision-making processes within the families were informed by several factors, including gender, education, profession, and context. The strength of women's agency in the decision-making process was relative to the individual and contextual factors. For example, women with more competencies were in a better position to use their agency and lead the decision-making process. Likewise, the demand for trained nurses and opportunities in the UK created new dynamics, facilitating women's say in the migration decision process. This highlights the role of factors beyond gender-specific dynamics in the decision-making process, as these women were able to use their power based on their competencies to instigate their family's migration.

5.5 Conclusion

With the increasing demand for care workers in the global North, men and women are migrating independently or as families from Nepal to work in the health and social care sectors to improve their life prospects. The demand for care workers enhances the capacity of women with a nursing education to use their agency in the migration decision-making process. Some of the major findings of this study were that in the global South to global North care migration context, the nature of the work and the gendered demand for trained nurses in the global North together with opportunities to enhance life chances at the destination facilitates the migration of women and their families amidst gender-based restrictions on mobility. Moreover, resources, capabilities, and their combinations (the competency combo) were seen to empower women and enhance their independence. These factors also stood out as more important than traditional gender roles or power relations in the family in decision-making processes.

The decision to migrate was seen as a family affair where family members influence the process. The study of migrants both as individuals and couples showed different influence of family members among married and unmarried men and women. The inclusion of family members' perspectives further enhanced the data by bringing insight into the home country context and its influence on decision-making processes. Different gender role expectations between men and women influenced the decision-making process. The dynamics differ between women and men and even among women, depending on factors such as education, profession, and social networks. Men had a relatively advantaged position in the processes. However, individual and contextual factors such as nursing training, years of experience and occupational demand for nurses in the UK had enhanced women's capacity to use their agency and negotiation power. Therefore, despite the influence of traditional gender roles and

the patriarchal association of women with the responsibilities of domestic work, family care, and maintaining the honour of the family, the women's professional competencies and the UK's workforce needs played decisive roles in the decision.

These findings support my argument that in the case of the migration of trained nurses from the global South to the North, individual and contextual factors become more important and influential than traditional gender roles and power relations in the family, as they empower women and provide agency and negotiation power. These findings contribute to the existing knowledge on the global South to global North care migration context by bring new empirical evidence. These findings are original and contribute to the literature on gender and migration and migration decision-making processes in family, providing insights that can inform academics and society for considering the contextual factors and role of women's sociodemographic characteristics including their competencies. These also contribute for considering that the drivers of the migration decision-making processes are multiple and the mechanisms behind the decisions involve much more than just gender and patriarchy.

Inclusion of research participants as only those who work as nurses or paid care workers in the health and social care sectors in the UK is one of the limitations of this study. Hence, future research could extend the participant group by including migrants from diverse care sectors and other occupations, which could provide insights into whether migration decision-making processes may also depend on the care professions of the migrants. Furthermore, research on care workers who remain in the source country could reveal the influences on care workers who may have been prevented from migrating, possibly because due to gender-based or other constraints. It could further focus on the influence of source country and destination-specific factors such as care and migration policies, and socio-economic changes such as the increased role of migration brokers, people's increased

aspirations for migration, and women's increased competencies and purchasing power due to their participation in the labour market.

Migrants are one of the major contributors to sustaining global health and social care services. One of the major issues linked with the mobility of care is the shortage of health and care workers. Since the UK is on the brink of shortages of human resources in the health and social care sectors, it is working to attract and recruit trained nurses internationally after the Brexit, including from countries in the global South. It reached a bilateral agreement with Nepal in August 2022 to recruit Nepali nurses. While the migration of Nepali nurses to the UK is likely to increase in the coming years due to the bilateral agreement, this study's findings could inform the participating countries on how the prospective migrants can be empowered in their decision-making processes. The empowerment to the migrants and adherence to the principles and practices of ethical recruitment (WHO 2010; Yeates & Pillinger 2018) could ensure effective management of the migration and yield a mutually beneficial outcome among the participating countries, migrants and their families.

Chapter 6

Changes in Gendered Care Relations among Nepali Care Workers' Families in the UK: The Interplay of Masculinities and Femininities while Performing Care Work

Studies on changes in gendered care relations among migrant care workers and their spouses are scarce. Through the study of Nepali migrant care worker couples in the UK, this research examines how and to what extent migration alters traditional gender roles among couples and how social factors contribute towards change and continuity. Drawing from in-depth semi-structured qualitative interviews with 35 Nepali migrant care workers, three typologies of change within migrant couples in gendered care relations are developed: 1) gender-egalitarian couples; (2) gender-broker couples; and (3) gender-segregated couples. The findings indicate different levels of change in gendered care relations amongst migrant couples. They confirm that migration to a more liberal society in itself is not a sufficient condition to bring changes to masculinities and femininities and household gender roles. Rather, changes are achieved through intersections of social factors across diverse individuals and couples. This paper considers the intersections of perceptions and practices of gender, masculinities and femininities, the level of education, individual income and profession, and caste and ethnicity. It also shows how connections between people and families in origin and destination countries (i.e. transnational linkages) can create obstacles towards egalitarian changes in gendered care relations. Compromise or transformation in perceptions and

practices of masculinities and femininities while performing reproductive labour (both informal family care and paid care jobs) in the UK facilitates changes to traditional gender roles, whereas the rigidity of masculinities and femininities creates barriers.

Keywords: gendered care relations; masculinities; femininities; migration; intersectionality; transnational social space

6.1 Introduction

Care relations refer to the distribution of care responsibilities within families based on a distinct set of gendered expectations among family members (Plyushteva & Schwanen 2018). For instance, performing reproductive labour such as household chores and informal care could be considered a feminine role, as in many cultures this work is expected to be undertaken by women. Therefore, gendered care relations are based on traditional gender role expectation among the family members. Research on the impact of migration outcomes on gender roles in migrant families is increasing but remains scarce (Bayrakdar & Guveli 2020). The literature suggests that migration affects gender relations (Boyle 2002) and that this has different implications for gender hierarchies and power distribution between women and men. However, limited studies also show contradictions regarding the role of migration in bringing changes in gender relations among migrant couples (Donato et al. 2006; Gold 2003; Hondagneu-Sotelo 1994; Parrado & Flippen 2005). The interplay between masculinities and femininities in a new country can bring changes to the gendered division of labour, for example in maintaining reproductive labour such as housework and informal family care. However, studies in this area are limited (Choi 2019; Gallo & Scrinzi 2016). The literature further suggests that social norms and practices associated with the origin country, such as

patriarchy (Liversage 2012), dominant forms of masculinities and femininities (Kilkey et al. 2013), and gender role expectations (Sayer & Fine 2011), may be retained by migrants or through transnational social connections (Faist 2000).

The interplay of different factors and their complex relationships can determine the outcomes of migration, including changes in traditional gender roles in families. Hence, as Lutz and Amelina (2021) suggest, analysis of the intersectionality of social factors, including gender, ethnicity/race, and class, could be helpful in finding how and to what extent the division of traditional gender roles changes in the migration destination. In this study, I consider education, individual income and profession, caste and ethnicity, changing perceptions and practices of masculinities and femininities, and transnational linkages to Nepali societal and cultural expectations of gender roles as some of the major factors that influence changes in traditional gender roles and masculinities and femininities among migrant couples.

Based on qualitative data obtained through in-depth interviews with 35 Nepali care workers in the UK, I examine *how and to what extent does migration alter traditional gender roles, masculinities and femininities among migrant couples and what are the drivers of the change or continuity?* This research contributes to the literature on the global care chain (Hochschild 2000), the international division of reproductive labour (IDRL) (Parreñas 2001), and the study of migration, gender, masculinities and care (Gallo & Scrinzi 2016) by exploring both women's and men's experiences in paid health and social care work and informal family care. It further adds to the understanding of how their engagement with reproductive labour impacts masculinities and femininities and traditional gender roles. Moreover, it contributes to the literature by exploring the role of transnational social connections in this process.

I have collected and analysed qualitative data from Nepali migrant couples who are engaged in the health and social care sector in the UK. Women are usually the lead migrants and their husbands resettle in the UK within one to four years of their wives' migration. They then usually join care jobs through their wives' referral upon arrival in the UK. In absence of other family members, they are also responsible for maintaining informal care and housework in the UK. This study analyses how these migrants' involvement in reproductive labour (both informal care in the family and paid care work) in the UK facilitates changes in gendered care relations in the family.

Nepali masculine hegemony maintains that men should be providers for their families (Zharkevich 2019) and have limited connection to care work, either as a paid job or informal care for family members. Though there have been signs of some changes to gender role expectations in Nepal, with more men engaging in the care roles, these changes come with challenges for men and women as they negotiate their position in society (Maycock et al. 2014). Hence, I also consider how the compromise and practice of multiple masculinities (Connell 1987) influence gendered care relations in the family while these husbands work in care jobs and provide informal care to family members in the destination country.

6.2 Conceptual Framework

6.2.1 Gendered care relations and household division of labour among couples

Studies on household division of labour suggest that in both liberal and gender-egalitarian and regressive and discriminatory societies women engage in more childcare and housework than men (Bleske-Rechek & Gunseor 2021; Sayer & Fine 2011). Research further shows the existence of gender disparity between men and women despite the increase in women's

income or time spent in employment or education (Bianchi et al. 2000; Lyonette & Crompton 2015), including among dual-earner couples (Manlovea & Vernon-Feagans 2002). However, these disparities are not uniform across different cultures and the level of disparity changes in different social contexts. For instance, studies show that the change in women's roles in the labour market is gradually decreasing the time they spend in household roles (Kan 2008; Lyonette & Crompton 2015). Sullivan's (2000) comparative study of British households suggests that there was an increase in the number of couples who shared domestic work between 1975 and 1997. These changes among couples, however, are not uniform (Bianchi et al. 2000; Lyonette & Crompton 2015), as they could have been influenced by several factors. Several studies (such as Bielby & Bielby 1992; Crompton et al. 2005; Kan 2008; Presser 1994; Sullivan 2000) report the influence of gender role attitudes and ideologies on housework division among couples. Here, attitudes are a product of the socialisation of the 'appropriate behaviours and roles' of men and women. These studies differentiate between traditional and non-traditional gender roles, with some using the term egalitarian couples (Sullivan 2000) to represent couples who hold non-traditional attitudes and distribute traditionally gendered tasks equally. Based on these categories, it is likely that some couples may go through significant changes in traditional gender roles, whilst some may have little changes or revert back from those changes, or no changes at all. Based on this expectation, I propose three typologies of couples: (1) 'gender-egalitarian couples'; (2) 'gender-broker couples'; and (3) 'gender-segregated couples', which I will use in the analysis of data on changes in gender roles among the couples.

Kan and Lauri's (2018) study across ethnic groups in the UK charts the association between the division of domestic labour, gender and ethnicity, education level, and employment status. For instance, Asian women and men were engaged in relatively higher hours of housework than white British women and men respectively. Women with higher

levels of education and employment had reduced hours of housework, whereas Asian men with higher degrees performed more hours of housework and maintained relatively gender-egalitarian relationships. Likewise, other research evidences the role of education in bringing a shift towards more gender-egalitarian arrangements in completing housework, as the 'educated professional classes' were found to be more egalitarian (Esping-Andersen & Billari 2015). However, despite providing evidence of these changes, the studies lack analysis into how or why these changes are occurring (Kan 2008; Kan & Laurie 2018; Sullivan 2000). My study considers the reasons behind these changes with special reference to migrant couples who are involved in care work.

Since childcare, housework and paid labour are gendered tasks and constructed either as masculine or feminine roles, husbands and wives often maintain these gender roles by 'doing gender' in the family, i.e. performing the accepted and expected gender roles for their sex, irrespective of the changes in their position in the labour market (West & Zimmermann 1987: 144). Gender roles within households are associated with cultures and practices, which bring uneven changes in the distribution of informal care and housework among couples. Because of the enduring influence of patriarchal culture and its associated practices, feminist sociologists are sceptical towards the changes in gender roles between men and women and suggest that, despite achieving economic empowerment and career advancement, women are expected to hold expertise over and bear prime responsibility for care and domestic work, both within the household and in professional contexts (De Beauvoir 1949; Greer 1971; Hochschild 1989). Greer (1971: 171) argues that this expectation on women places them as 'permanent emotional creditors', whilst Hochschild (1989) considers the increased burden of the housework women need to do after work as the 'second shift'. In the Nepali context, distinct sets of expected roles for men and women in private and public spaces and strong patriarchal norms and practices (Tamang 2000) add to the burden of this 'second shift' on

working women. However, because of its affordability in Nepal, working women may try to reduce this burden by hiring care and domestic workers. The boundaries of gender roles in the UK are comparatively weak and employing domestic workers is more expensive. This might enforce more egalitarian gender roles for migrant couples in the UK. Hence, it is interesting to explore to what extent gender roles change or persist for couples who move to a more gender-egalitarian context, and how these couples manage traditional gender roles in the absence of care and domestic workers.

6.2.2 Changes in traditional gender roles among couples in migration contexts

The comparison of changes in gendered care relations among Nepali couples in the UK is interesting as migration to more gender-egalitarian societies and the increased demand for traditionally feminine roles in the labour market could empower women over men. However, comparative accounts of men's and women's gendered experiences of migration are scarce (Gallo & Scrinzi 2016). As with studies concerning the changes in traditional gender roles among couples in general, literature dealing with gendered outcomes of migration presents varied results (Donato et al. 2006; Gold 2003; Hondagneu-Sotelo 1994; Parrado & Flippen 2005). Some studies show that migration empowers women (Adhikari 2013; Bayrakdar & Guveli 2020; Gold 2003; Hondagneu-Sotelo 1992; Pessar 1984). For instance, Bayrakdar and Guveli (2020) confirm not only that Turks who migrate to Europe experience better educational outcomes, but that women benefit more than men. This suggests that migration to more liberal societies facilitates the transition towards egalitarian gender roles (Bayrakdar & Guveli 2020). Hondagneu-Sotelo (1992: 412) concludes that patriarchal values gradually decrease in the destination, stating that 'women gain power and autonomy, and men lose some of their authority and privilege.' These studies also show that

although migration may not bring huge changes and empowerment to women, it at least brings some positive gains (Pessar 2005). Others, however, present doubts concerning the impact of migration in developing more egalitarian gender roles. For instance, Pratt and Yeoh (2003) present the changes in gender roles that occur through transnational migration as a complex process that is only achieved through hard-fought effort and is often fragmented and sometimes impermanent.

Other studies show the multidirectional impact that migration has in altering traditional gender roles, demonstrating that it improves some women's conditions but compromises others (Espiritu 2005; Liversage 2012). For instance, Espiritu's (2005) study on Filipino women health workers in the USA suggests that though migrants' incomes increase at the destination, migrants are also placed under greater physical and emotional pressure. Likewise, despite the economic changes and financial empowerment, male privilege and patriarchal values in the family are often maintained (Espiritu 2005; Liversage 2012). In the South Asian context, Gamburd's (2000) study on Sri Lankan women's migration to Gulf countries shows that women's entry into wage labour did not immediately and directly change their role in their families and villages in Sri Lanka. However, their migration brought more freedom and choices for these women. For example, their access to jobs abroad helped them to challenge older patterns of gender subordination and make decisions for themselves. Likewise, the increased trend of migration of (unmarried) women gradually changed the social stigma around migrant women's virginity and purity, which Gamburd (2000: 242) describes as an indication of the 'wider acceptance of more liberal gender roles.' Representing another post-colonial country from South Asia, the above findings echo George's (2005) study on Indian nurses' families in the United States where, despite women's enhanced financial situation, men continued to hold patriarchal power as the household heads. The findings however suggest that the changes in traditional gender roles

within families vary based on factors such as the couples' migration pattern (who had led the family migration and who followed), the type of work they were doing at the destination, and their efforts to facilitate change. Likewise, both studies (Gamburd 2000; George 2005) echo my study's examination of how global capitalist hegemonies have encouraged women to migrate and participate in the international labour market. These studies will be considered further in relation to my own study in the Findings, Analysis and Discussion section.

These studies further highlight how the values of the origin country influence gendered care relations in couples. Faist (2000) defines these connections between transnational groups to their country of origin through the exchange of cultural, political and economic processes and the reciprocity of social and symbolic ties as 'transnational social spaces'. Some of the forms of transnational connections elaborated by Faist (2000) involve connection among family members through visits, exchange of culture and practices, and formation of networks and communities. Exploring the role of such transnational connections based on Haitian migrants in the USA, Fouron and Glick Schiller (2001: 542) discuss cultural practices and associations with national identities and networks as one of the reasons for gender divisions in the host country and claim that 'gender divisions continue to be reinforced as part of transnational nation-state building processes'. Some of the cultures and practices of the origin country could help maintain segregated gender roles and others could be influential in encouraging egalitarian changes in the destination country. Nepali migrants in the UK maintain connections through formal and informal groups and communities based on their area of residence, caste/ethnicity, place of origin in Nepal, and professional member organisations. These migrants try to maintain Nepali networks and organise community events, festivals and functions together. Likewise, family members, especially their parents, visit these transnational families in the UK. Therefore, the networks, community events and

family visits could help to reconnect them with cultural norms and practices, including gender role expectations.

6.2.3 Changes in perceptions and practices of masculinities and femininities

Since gender studies have traditionally been perceived as the domain of women, gendered experiences attached to male labour migration have been rarely explored (Jackson 2001). Connell (1987) examines the relationship between gender, masculinities and femininities and shows how men have a powerful position in gender relations, whereas women have a subordinate position. Masculinities and femininities are defined as sets of ideals regarding what it means to be a man or a woman in a particular time and place. These ideals vary widely across different contexts and times and are formed in the process of producing gender order. Hence, masculinities and femininities are not features of individuals but are produced through masculine and feminine practices and expectations in a given time and space. There is no universal masculinity or femininity, but multiple masculinities and femininities. Hence, gender roles between men and women are performed in a socially preferred way and developed as gendered practices (Connell 1995). Among these masculinities, Connell (1995) defines hegemonic masculinities as gender practices which legitimise patriarchy and guarantee the dominant position of men and subordination of women. Hegemonic masculinities not only dominate and marginalise femininities but also other forms of subordinate and marginalised masculinities. On the other hand, dominant or emphasised femininities focus on compliance to patriarchy and support the subordination of women and promotion of men's interests and desires (Connell & Messerschmidt 2005). Other subtle forms of femininities may resist, non-comply or cooperate with men's interests and desires (Connell 1987). Since masculinities do not exist in absence of social interactions, Connell

and Messerschmidt (2005) suggest that masculinities are produced in an interplay of masculinities and femininities. Hence, the study of masculinities is not only limited to the study of men also but leads to a greater understanding of gender dynamics and hierarchies between dominant and subordinate groups. These ideas provide insight into how Nepali migrant care worker couples navigate their masculinities and femininities while performing reproductive labour in the UK and at times developing new gendered care relations.

Literature on migration and masculinities deals with how migration influences gender roles in the family and how men negotiate masculinities. For instance, Kilkey et al. (2013) show that the migration destination's new environment prompts fathers to reinterpret their masculinities and take on more childcare and housework. This could be because of women's increased engagement with paid work (Guveli & Spierings 2022; Hondagneu-Sotelo 1992) and the absence of family members to share those responsibilities. Likewise, the involvement of men in feminised reproductive labour can lead to more egalitarian gender roles (Gallo & Scrinzi 2016). This is also exemplified by studies such as Scambor et al. (2014), which proposed the term 'caring masculinities' to represent transformed ideals of male identity which are increasingly involved in caregiving tasks in families and in 'feminine' care professions. These transformations towards subtle forms of masculinities such as caring masculinities could bring changes to traditional gender roles in the family.

Likewise, studies on South Asian migrants (Adhikari 2013; Charsley 2005; Gamburd 2000; George 2005) compare men's and women's gendered experiences of migration. George (2005) finds that while migrant women nurses experienced upward mobility, their husbands who came as dependents experienced a loss of status in the household. They negotiated their masculinities as a result of both their downward mobility in the household and, as a result of reduced employment opportunities and a loss of personal income, social position, autonomy

and sense of belonging, in the wider host society. They subsequently tried to compensate for their losses by participating in and leading social activities such as church services. Based on changes in the household division of labour, including childcare, housework, cooking and financial decision-making, George (2005) categorised households into four types: male-headed households, forced-participation households, partnership households, and female-led households. Three factors were prominent in shaping the variation in the division of labour in these households, namely: immigration patterns (who was the primary immigrant), access to the labour market, and access to extended family members' support for childcare (George 2005). For instance, the men who migrated first and were able to excel in their education and resume professional jobs in the United States as well as families with access to childcare support through their extended family mostly maintained rigid gender roles in their households.

Because of the similar religious and cultural contexts, many of these migrant families' characteristics and the factors that influenced changes in gender roles were similar to those identified in my study. As stated earlier, I will analyse how the intersection of different social factors results in varied levels of changes in traditional gender roles, masculinities and femininities among three typologies of couples: gender-egalitarian couples, gender-broker couples and gender-segregated couples. This typology of couples is slightly different to that developed by George (2005). However, despite the difference in the number of categories, both expect varied levels of changes in gender roles, from increasingly shared responsibilities among the couples, to either the husband or wife developing more authority or undertaking a higher burden of the gendered responsibilities. Hence, in line with George (2005), my study also investigates the possible influences of social factors in shaping varied levels of changes in gender roles among migrant couples.

Gallo and Scrinzi's (2016: 30) findings also suggest that the changes in gender roles depend on social factors such as class and earlier work experience, with the authors arguing that 'migrant men contribute to both sustaining and destabilising dominant models of masculinity and the gendered division of work, in the family as well as in the workplace'. Couples involved in reproductive labour such as paid care work and informal care and housework in the migration destination could also have a different impact on husbands' and wives' gendered roles due to the demand for traditionally feminine reproductive labours in the global North. Hence, this study on Nepali migrant care worker couples presents how migration and involvement in care work impact masculinities and femininities and traditional gender roles among these couples.

In identifying the association of gender division of work among couples and various social factors, this review charts the need for research on how the intersection of social factors influences gender roles among couples in a migration context. Likewise, it identifies a lack of study on men and women and how the perception and practices of masculinities and femininities in the migration and care work contexts could influence the gendered care relations among couples. As a result, for this study I consider levels of education; incomes and professions; caste and ethnicity; changing perceptions and practices of masculinities and femininities; the origin country's gender role expectations and practices channelled through transnational linkages as some of the major social factors that may influence changes in traditional gender roles. It studies how these factors influence gender roles differently among Nepali couples in the UK – both among men and women. While investigating these intersections, the reasons for migrant couples achieving different levels of changes in traditional gender roles are analysed.

6.3 Masculinities and Gender Roles among Couples in Nepali Society

Studies on the impact of migration on masculinities and femininities are a rare and recent phenomenon (Sharma 2018). Sharma's (2018) study on young men's migration to India presents a local understanding of masculinities in rural Nepal. Migration from Nepali villages to India is seen as a masculine practice of taking a risk, living independently and providing for the family. Hence, Sharma (2018) argues that for these youths migration is not only a means of earning money but also of attaining masculinity and transitioning into adulthood. This is similar to young men migrating from Kerala in India to the Gulf countries to earn money and attain independence and manhood (Osella & Osella 2000). However, whilst migration from villages provides freedom and relative affluence, it can also bring uncertainty and marginalisation for these youth at the destination (Sharma 2018). It therefore causes them to make compromises as well as practice multiple forms of masculinities.

Masculine ideals in Nepal, in addition to power, control and entitlement, encompass other attributes, such as honour, respect and nurturing (Maycock et al. 2014; Sharma 2018). Likewise, migrants' masculinities are praised or ridiculed in Nepal based on the work they do and the amount of money they bring back from the migration destination (Sharma 2018). Hence, the categorisation of migrant men based on their achievements and the combination of different qualities or attributes mentioned above reiterates that there is not a homogenous masculinity, but multiple masculinities in Nepali society.

Many of the studies on migration and gender in Nepal present men as migrants and women as being left behind, and lack exploration of the interplay between masculinities and femininities and its impact on migrant men and women (Zharkevich 2019). However, some studies, such as the study of Nepali migrant nurses' families in the UK (Adhikari 2013), discuss the interplay of masculinities and femininities in the migration destination. They

report similar to George (2005) that migrating nurses are empowered due to increased income and independence, whilst husbands may feel frustrated due to compromises to their sense of masculinity. Likewise, perceptions and practices of masculinities and femininities and the expected gender roles of men and women are changing in Nepal (Maycock et al. 2014). These changes in gender roles and ideals of masculinities, however, create pressures on men and women negotiating their positions in family and society. Hence, continuity, or some changes or reversal of roles among husbands and wives, could have different impacts on masculinities and femininities and bring changes to gender roles, which I explore in this study.

6.4 Research Design, Data Collection and Method

This paper is based on 35 in-depth interviews with 27 female and 8 male Nepali care workers conducted in the UK. The care workers in this study included those working in mid to lower-level care jobs in health and social care institutional settings in the UK. They included nurses, care assistants, health care assistants and support workers in hospitals, care and nursing homes, and institutions for people with special care needs. The study participants belonged to different caste and ethnic groups. Hence, there were variations between participants in terms of gender, caste and ethnicity, levels of education, occupation and income, and their involvement with Nepali networks and organisations.

All participants except three were married and either the wife, husband or both were involved in care work. They were in most cases accompanied by spouses and children in their migration to the UK. 28 of the care workers had children who had either travelled with them from Nepal or who were born in the UK.

Ethical approval was obtained from the relevant university authority. The participants were selected first by identifying and approaching Nepali organisations and networks in the UK. I approached the Nepalese Nursing Association UK which has a network of nurses and health and social care associates. I contacted Nepali networks which engage with Nepalis residing in local areas through memberships and social events during Nepali festivals and provide support for members in need. I also utilised personal networks to identify participants. After the recruitment of the first few participants through these networks, I used the snowball technique to identify other participants involved in various forms of health and social care work. The semi-structured in-depth qualitative interviews lasted for between 45 to 90 minutes. Interviews were audio-recorded and transcribed.

I considered my own positionality and took a reflexive approach while collecting and interpreting the data. I have several characteristics in common with the respondents, such as a common culture, language and nationality, and I am also a Nepali migrant whose spouse is employed in the health and social care profession as a health care assistant. I shared this information with the respondents and I was open to talking about my background, family and any other information the respondents asked about me. This helped in getting access to and building rapport and trust with the respondents (Carling et al. 2014; Merton 1972). However, these common characteristics also led to some challenges. For instance, some respondents expected me to already know the answers to my questions about being a Nepali and living in the UK. I responded that as a researcher I was interested in knowing their thoughts on the subject. Hence, I asked them to elaborate on their responses and assured them that I was not looking for right or wrong answers but wanted to hear their experiences and subjective understanding of the discussion topic. I also used probing questions to facilitate the conversation.

Likewise, I was mindful of the impact of gender differences and the possible negative role of power and control between me as a researcher and my respondents within the interview situation (Cotterill 1992). In addition, I was sensitive to how the male gaze of the researcher could dominate female research participants and make them more vulnerable (Bullock 2010). Acknowledging power dynamics in the research process, I aimed to facilitate a reciprocal relationship between myself and the research participants, such as by giving options for the respondents to choose the venue, time and duration of the interviews (Ayrton 2024). I also used my 'subjectivity as resource' (Braun & Clarke 2022) and reflexivity to interrogate the participants' subjective understanding of changes in gender roles. Maintaining fieldnotes also helped me to reflect on the interview process.

My analytic approach was guided by framework or thematic framework analysis (Ritchie & Spencer 1994), which includes the familiarisation of data, the identification of themes, and the generation of typologies (Ritchie et al. 2003). I followed an interpretive paradigm (Snape & Spencer 2003) to unpack the meaning in the respondents' perspectives in the light of the social context; conceptual understandings of gender role division; ideals and practices on masculinities and femininities; and compromises the participants made in those practices while involved in paid or informal care work. I followed flexible and iterative processes to analyse the data. I read and re-read the interview texts throughout the process to become familiar with the dataset. I used NVivo software to code all the interview transcripts that have the potential to address the research question. I then developed a matrix containing data summaries with columns representing themes on different factors influencing changes and rows representing cases. This facilitated interpretive analysis through the comparison of themes and cases, revealing the similarities and range of responses and generating findings. It enabled an exploration of changes in traditional gender roles based on the practices of masculinities and femininities and analysis of data among the three typologies of couples that

are introduced above through 'cross-case analysis' (Ritchie et al. 2003). The typologies of couples are (1) 'gender-egalitarian couples'; (2) 'gender-broker couples'; and (3) 'gender-segregated couples'. Changes in masculinities and femininities and traditional gender roles among these typologies are discussed in detail below.

6.5 Findings, Analysis and Discussion

My data showed uneven changes in masculinities and femininities and traditional gender roles among the migrant couples in the UK, encompassing positive changes towards 'caring masculinities' and egalitarian gender roles at one extreme to no changes in hegemonic masculinities and traditional gendered care relations at the other. These changes were shaped by the intersection of different social factors. However, some of the commonalities among the couples were that after migrating to the UK both members were engaged in paid jobs outside their homes, becoming dual-earner couples. Women were economically empowered, and contributed equally, if not more, to the family income in most households. For most of the couples, other family members were not available to offer support and the migrants were responsible for performing childcare and housework on their own other than during their parents' short-term visits from Nepal (usually around childbirth). An exception to this occurred in couples from *Gurkha* families[6], whose parents had already resettled to provide informal care for the family due to the settlement rights of ex-*Gurkha* Nepalis and their families in the UK.

[6] *Gurkhas* are a special Brigade of Nepali soldiers in the British Army. The Brigade has been in operation since 1815. Ex-*Gurkha* army members and their families received the right to settlement in the UK in 2004, which was further extended in 2009 (Gellner 2013). Hence, because of the settlement rights, the *Gurkha* families, i.e. those of the Nepali retired army and their dependents, had settled in the UK.

In the following sections, relationships and intersections of the major social factors in each of the typology of couples are investigated and the reasons for the changes in gendered care relations are discussed.

6.5.1 Gender-egalitarian couples

Gender-egalitarian couples had positive shifts in traditional gender roles. Husbands were taking a lead role in looking after children and performing housework alongside their paid jobs, whilst wives held the major wage-earning role in the family. The couples had no assigned roles as husbands and wives and their perceptions of segregated gendered role expectations had faded and practices of masculinities and femininities had changed. Hence, both husbands and wives tried to obtain alternating shift patterns in their jobs and performed childcare and housework according to whoever was at home. The couples had relatively higher levels of education, for example a graduate degree among husbands and a nursing degree among wives. Hence, it was more likely that the women's education was equal to their partners'. The women had acquired nursing jobs in the UK after taking adaptation courses. However, the husbands' education and work experience from Nepal were neither in demand nor well recognised in the UK. Hence, as reported by George (2005) in the case of 'partnership households', they were deskilled and devalued due to the lack of transferability of their qualifications in the UK labour market. They started working in care jobs, for example as care assistants, health care assistants or support workers through their wives' linkages in care professions. As the men in these couples had minimum-wage care jobs, their roles shifted to supplementary wage earners. Krishna (a male care assistant), who started the care job in the UK, stated that:

> I had a government job [administrative officer] in Nepal and I was hardly involved in informal care for our son and parents and cooking and cleaning were not my responsibilities at all. My wife was managing her job as well as informal care and housework with the support of a domestic worker. However, after coming here, I started care work, looked after our son and shared the housework with my wife.

After being probed further on taking caregiving tasks, he added:

> I didn't like this work in the beginning and thought it wouldn't suit me. I had even not resigned from the government position in Nepal thinking that if I cannot adjust I will return to Nepal. However, as time passed on, I got used to it and started enjoying it.

Along with these changes, the husbands compromised on their ideals of hegemonic masculinities from Nepal, i.e. their perception of men as the main providers in the family who are mostly uninvolved in the 'feminine' jobs of performing informal care and housework. It brought changes in subordinate masculinities such as caring masculinities. Alongside their work in health and social care, the husbands started devoting more time than their wives to informal care and housework and the wives found more time for paid work. This finding is consistent with those of Gallo and Scrinzi (2016: 30), who suggest that dominant masculinities can be changed to subordinate forms due to migration and men's employment in feminised paid work. It can further alter the gendered division of work towards more egalitarian patterns. Another interpretation of these role shifts could be as a coping strategy or compulsion (Esping-Andersen & Billari 2015; George 2005) arising out of the absence of other supporting hands to cover childcare and housework as men hardly had any other choices. Whether due to the necessity to maintain the family, the shift in the wife's position as the major wage-earner in their families, or the husband's employment in the care profession, husbands had reinterpreted their masculinities to subordinate forms and gendered care relations shifted towards more egalitarian patterns.

The men in these couples expressed their willingness to become more involved in childcare and housework, considering this as their key familial responsibility. Despite the

deskilling they experienced due to the migration, they valued their care work both as a profession and as a family responsibility. Dev (a male care assistant with two children) was a college teacher in Nepal. He had quit his full-time job in a betting shop in the UK and started a career as a care worker:

> In order to look after my children, I was in need of a family-friendly job. Hence, a care job is the most suitable for me where instead of working from Monday to Friday, I can work long hours for three days and have four days off in a week when I am able to look after the children. Therefore, the shift into the care job was to *pariwarik hisab kitab milauna lai* [manage the family work equation].

Likewise, Nawa (a male health care assistant with two children), who had provided care for his wife (a nurse) during the later stage of pregnancy alongside childcare, shared that:

> Nobody was able to come [to help us from Nepal] and we really had a hard time then… But now while I reflect back, I can proudly say that I helped my wife in both the times around and after childbirth and gave her and the newborn a proper *sutkeri syahar* [care for the new mother] as done by our mothers in Nepal.

These voices showed the husbands' willingness to perform intimate care roles and their ability to take ownership of their new position with dignity. Here, for instance, Dev not only took up childcare and housework but also proactively changed his job so as to better fulfil these responsibilities. Nawa, meanwhile, felt proud for being able to deliver 'specialised care' for his wife and newborn baby, gladly associating this with the 'gifted' skill of postnatal care traditionally associated with women, and honoured the caring role.

Sharing his involvement with informal family care prior to migrating, Dev described that:

> The care work as a job [in the UK] was new for me. However, even while I was in Nepal, I had provided intensive care for my grandfather for around 2-3 years. Likewise, I also looked after our daughter when my wife was off for work. Since I was used to managing the cleaning and personal hygiene support while caring for my elderly grandfather and daughter, I didn't feel much difficulty in starting the care job.

Here the husbands' experiences and perceptions of care before and after their migration differed from Krishna's. For instance, Krishna was hardly involved in informal care and perceived it as women's work, whereas Dev had already performed care in his family and took it as a family responsibility. After migrating to the UK, however, they both took part in informal care at home and a paid care job. This comparison of gender roles and practices of masculinities before and after migration suggests that it is not possible to generalise the shift from hegemonic to subordinate masculinities for all couples as some of the husbands were already involved in informal care and housework before migrating. However, all of the husbands within these couples made progressive changes towards more egalitarian practices. Hence, some of these husbands challenged the hegemonic masculinities they held earlier whilst others adapted subordinate forms and moved towards more caring masculinities.

Wives among these couples cherished their main wage-earning position. They were pleased to pass on their informal care and housework roles to their husbands in order to avoid the 'double shift'. Shila (a female nurse with two children), whose husband worked as a support worker in a care home, stated that:

> My husband prepares his rota to make our work shifts alternate. He cooks food, looks after the children and cleans the house. He is better than me in this work where I only support him as much I can do when I am free from my work – but I never hoover the house [laughs].

Shila had become the main wage earner in her family, which was also the case for other women who were able to regain their nursing profession in the UK after the migration. Hence, the interplay of emphasised femininities among the wives with the changed masculinities of their husbands also brought changes towards subtle forms of femininities, where women's roles were redefined as the main or at least equal providers for the family with decreased responsibilities to cover informal care and housework. Hence, the shift towards egalitarian gender roles in the household was mainly driven by women's increased

earnings, their stronger position in the labour market, and changes to their ideals and practices of femininity. These findings echo studies that highlight the role of women's increased income in enabling them to bargain with their partners and reduce their share of housework (Lyonette & Crompton 2015).

The findings also support Pratt and Yeoh's (2003) identification of the hard-fought efforts required to bring changes in gender relations. They also show that the changes achieved through these efforts can be coherent and sustained when upheld through a couple's joint efforts, their willingness to change, a change in perceptions of masculinities and femininities, and the dignified practice of these roles.

These couples had higher levels of education and professional experience in care work, which could have played a major role in bringing about these changes. There are several possible explanations for this. Firstly, the higher levels of education could have enabled the couples to develop increased consciousness of gendered care relations and practice subtle masculinities and femininities that value egalitarianism. It made them mindful not to put an unfair burden on their spouses and perform tasks without regard for whether they are traditionally labelled as feminine or masculine. These explanations reflect several studies (Bianchi et al. 2000; Esping-Andersen & Billari 2015; Tanturri et al. 2016). For instance, Bianchi et al. (2000) found that increased levels of education and value for egalitarian roles in the family could cause husbands to share more housework. Tanturri et al. (2016) found that men in France, Italy, Sweden and the UK with higher levels of education and fewer working hours were performing more childcare tasks.

Secondly, the husbands had experience of care work in institutional settings which may have increased their knowledge of the importance of care and other daily chores, and they were therefore encouraged to contribute more to childcare and housework (as suggested

by Gallo & Scrinzi 2016). Moreover, this study also showed that these couples' privileged positions in terms of higher education and income, and their changed perceptions and practices of masculinities and femininities, had given them the ability to challenge ideals surrounding hegemonic masculinities and traditional gender roles channelled through transnational linkages, such as through Nepali networks and parents. Another significant aspect to note from gender-egalitarian couples is the possible role of the migration context in influencing change. For instance, Nawa's comment above that 'nobody was able to come and we really had a hard time then' suggests that the absence of other family members in the UK encouraged him to take up the housework. It again echoes Kilkey et al. (2013), who suggest that a new cultural context in the migration destination prompts fathers to reinterpret their masculinities and take on more childcare and housework. Restrictions on the transnational mobility of family members from Nepal to the UK (Aryal & Guveli 2023) in some cases left no extra family members available to support the couples' childcare needs, compelling men to take up these responsibilities. Thus, the restrictive migration context may have had a role in facilitating changes in gender roles among the couples. Hence, these gender-egalitarian couples indicated that higher levels of education, the involvement of husbands in the care profession, wives' increased incomes, changes to ideals and practices of masculinities and femininities, and joint efforts of both husbands and wives to adapt egalitarian patterns could all be factors in bringing changes to traditional gender roles. These findings contribute to George's (2005) study by demonstrating that, in addition to other factors, a husband's higher level of education and involvement in care work could facilitate egalitarian changes.

6.5.2 Gender-broker couples

Gender-broker couples had moderate shifts in gender roles and practices of masculinities and femininities. This often led husbands and wives to negotiate (in other words, 'broker') some of their responsibilities and support in performing each other's traditionally assigned roles. For example, husbands performed cooking or cleaning tasks intermittently or assisted in those activities when wives had long work shifts. However, these couples' perceptions and expectations of segregated gendered roles for husbands and wives were not fully changed. Sheema (a healthcare assistant with a child), whose husband works in a private company, mentioned:

> I mostly cook food and look after the baby while I am at home, whereas he [my husband] looks after the baby when I am at work. He cooks food only when I am not able to do it before going to work. He is busy most of the time with his office work, he likes house maintenance and shopping though [laughs].

Thus, whilst these husbands assisted in performing childcare and housework, women were still seen as having key responsibilities in these areas. Hence, despite husbands sharing 'feminine tasks' intermittently, the role division among the husbands and wives was based on the practices of hegemonic masculinities and emphasised femininities. Likewise, wives were comfortable taking more informal care work and housework than their husbands. However, the 'brokerage' somewhat reduced women's burden of work at home. In most cases, women in gender-broker couples had nursing qualifications or other education below degree level. Except in the ex-*Gurkha* families, most men had a degree or higher-level qualification. Hence, it was likely that the women's education was equal or lower to the men's. Women had care jobs either as registered nurses or in minimum wage care positions and men had professional jobs, remaining as the major contributors to the family's income, and were less involved in childcare and housework.

Despite the ‘brokerage’ of some of the tasks between the couples, their perceptions of segregated gender roles had not changed. Thus, whilst husbands assisted in performing childcare and housework, women were still seen as having primary responsibility in these areas. However, the ‘brokerage’ reduced women’s extra burdens of work at home. This supports Hondagneu-Sotelo (1992) and Pessar (2005), who expect some negotiation of roles between couples to bring positive gains among women in the migration context, but who do not predict egalitarian transformation. As George’s (2005) ‘forced-participation households’ made references to Indian tradition while comparing the differences, the couples often compared the changes in the husbands’ roles in performing childcare and housework to other Nepali couples and perceived it as a positive shift towards shared responsibilities. For instance, Bidhya (a woman care assistant without accompanying children) compared her husband’s housework with men in Nepal and other Nepali couples in the UK and termed the distribution of housework with her husband as an ‘equal sharing of responsibilities’. However, while listing the roles they perform in the household, Bidhya and her husband concluded that it was still women who cover key responsibilities and men simply assist them:

> …though we work as per our availability, still women work more than men – they work more in cooking, cleaning, laundry etc. – we just assist simply in some basics by cooking easier foods, laundry to lighter clothes, cleaning the house occasionally [he laughs]... Hence, though we share the responsibilities, women still have more work at home.

The couples’ perceptions of changes in the practices of masculinities and femininities were influenced by linkages to other households and Nepali networks: the transnational social connections. Lower expectations among women in getting substantial changes out of the patriarchal households could also be another reason to see the changes as an ‘equal sharing of responsibilities’. Hence, two discrete findings emerged from this regarding the changes in gender roles among the couples. Firstly, because of the influence of the transnational linkages (their interaction with other family networks), they were satisfied with what they had

achieved. Secondly, wives may normalise gendered care relations based on the husband's leading role in the household income. It further shows that in a subtle way these couples were continue practising hegemonic masculinities and emphasised femininities despite brokering some of their tasks, as the husbands and wives were following the same pattern of work division and had not changed their perception of their gender roles.

Because of the lower expectations concerning the equal sharing of responsibilities, women in these households had no complaint about their husbands' intermittent or compartmental support in childcare and housework. Likewise, they showed doubt over whether the changes had occurred voluntarily and whether they would remain permanent. Moreover, the changes were influenced by men's and women's expected gender roles in Nepali society. Responding to a hypothetical question on whether she would expect her husband to perform the same role in Nepal, Aarju (a female nurse with one child) responded:

> No way! He is able to do these roles only because we are here [in the UK]. Even if he holds the interest, he would not perform the same role in Nepal or *even here while his parents are with us* [her emphasis]. It may be because of the social and cultural pressure on him not to engage in those roles or maybe because of availability of other supporting hands.

Changes in gender roles and practices of masculinities before and after migrating suggest that whilst the husbands took part in informal care work and housework when there was a need to cover these roles, there was still pressure for them to show their affirmation to hegemonic masculinities. Hence, they maintained the same perceptions of gender roles and in some cases reverted back to earlier practices. This also reiterates the role of transnational linkages in creating obstacles to change and in putting pressure on men to retain the practices of hegemonic masculinities. The parents' expectations of segregated gender roles in the family enabled the men to avoid performing childcare and housework and helped uphold traditional Nepali masculinities. Therefore, the wives did not expect their husbands to perform childcare

and housework in the presence of their parents, both in the UK and in Nepal. This further supports the argument that the ideals of masculinities and femininities transferred through transnational linkages cause the wives to be less enthusiastic about the equal sharing of roles and cause the husbands to be hesitant in engaging heavily in ‘feminine’ roles.

Likewise, the wives continued the practices of emphasised femininities that they had adopted prior to migrating and felt that it was normal for their husbands to engage less in ‘feminine’ tasks and revert to their earlier positions, especially when their parents accompanied them. Hence, the transnational linkages of these Nepali families, either through the parents’ visits or influences of fellow Nepali in the UK, created obstacles towards the solidification of any changes. This confirms Fouron and Glick Schiller’s (2001) findings on the role of national identities and networks in creating obstacles towards the change of gender roles. This does not mean that gender-egalitarian couples had no transnational linkages that created obstacles towards change. However, as discussed earlier, the couples used their privileged position and efforts to challenge the influences from the transnational linkages, which were lacking in the gender-broker couples.

Husbands’ roles in covering childcare and housework also depended upon the availability of other supporting hands, whether the parents or their wives. Through the brokerage of tasks, they supported the family when needed. However, they reverted back when the parents were there or passed the major roles back to their wives when possible. It further adds strength to the argument that changes in gendered care relations often occur to cover necessary childcare and housework after migrating (Kilkey et al. 2013). As discussed earlier, the migration context creates an environment with limited access to other family members to cover domestic tasks whilst at the same time geographically distancing couples from their home country. Hence, the context puts pressure on husbands to intermittently take

up childcare and housework by creating a vacuum of support and distance from the ideals of masculinities and femininities of their home country.

Within gender-broker couples, findings from the ex-*Gurkha* families showed that within similar situations ex-*Gurkha* families distributed domestic roles relatively more evenly between couples. Many of these families were accompanied by their parents. However, despite the parents' presence, husbands brokered childcare and housework with wives, and even grandfathers took these roles. Maya (a female nurse from an ex-*Gurkha* family) stated that:

> My husband helps me with housework when he is on leave. He is very good at cooking new varieties of food. He used to support with household activities sometimes during his visit to Nepal when we were there. Therefore, this is not totally a new change after the migration. Moreover, my mother-in-law helps me with cooking and my father-in-law with housework.

The husbands' better contributions in childcare and housework were made irrespective of their relatively low level of education (below degree level) and regardless of their contribution as the main wage-earner in the family. Ex-*Gurkha* families mostly represent ethnic groups from Nepal, and as a result these findings hint at the possibility that women from ethnic groups enjoy more freedom and power within the family than those from the higher caste groups, as found by earlier studies (Johns 1977; Von Furer-Haimendorf 1984). However, in contrast, gender-egalitarian couples achieved egalitarian relations irrespective of their caste and ethnicity. Hence, while applying caution, it could be argued that the culture and tradition of ethnic groups (Bennett et al. 2008; Johns 1977; Von Furer-Haimendorf 1984) may result in a better position among ex-*Gurkha* families in sharing childcare and housework between the couples. Hence, these findings contribute to George's (2005) study by demonstrating the possible roles of ethnicity and tradition in influencing changes.

Within gender-broker couples, professional job-holder husbands were particularly good at calculating the childcare and housework needs in the family when their wives' lacked capacity and were also willing to broker these tasks with the wives. For these couples, the husbands used their power position to take domestic roles only to the extent that they were needed to sustain the family and in situations of particular need. Bindu (a female nurse), whose husband works as a professional employee in a private company, mentioned:

> I think there is no way out for couples to share the responsibilities of housework and child care here in London. Though both of us are very busy, I try to cook food and stock for 1-2 days and I am more involved in cleaning the house whenever I am free as my husband is busy most of the time at his job. However, he tries to support me by looking after the kids when he is at home.

These husbands had increased bargaining power based on their breadwinning role and higher income (as found by Lundberg & Pollak 1996), which was further strengthened by their home country's masculine ideals. Moreover, they brokered the tasks simply to cope with the care needs to sustain the family and their education and professional position further strengthened them in using this strategy (Esping-Andersen & Billari 2015). In contrast to these findings, higher educated and professional job-holding husbands in George's (2005) study were more rigid in sharing housework and childcare, thereby representing the 'traditional households'. Due to the husbands' maintenance of hegemonic masculinities, these were mostly single-earner couples where women stayed at home to perform housework and childcare. Hence, in contrast to the earlier findings among the gender-egalitarian couples regarding wives' stronger bargaining powers, in the gender-broker couples the increased bargaining power of the husbands was counterproductive in gaining egalitarian gender roles. Hence, changes towards subordinate masculinities and egalitarian gender roles were not uniform among the gender-broker couples. Likewise, comparisons of the couples' efforts to bring changes in gender roles within gender-egalitarian couples showed that gender-broker couples lacked the motivation and confidence in challenging the traditional ideals

surrounding masculinities and femininities channelled through transnational linkages such as parents and migrants' networks. It further supports the earlier claim that motivation and effort are required to make coherent and permanent changes in gender roles. Hence, these gender-broker couples showed the possibility that the husband's level of education, profession, the influence of transnational linkages, and the lack of efforts of both husbands and wives to adopt egalitarian patterns, are some of the reasons for brokering and limiting the shifts in gender roles and practices of masculinities and femininities. The analysis further shows the possible role of egalitarian practices of ethnic groups in the changes.

6.5.3 Gender-segregated couples

Gender-segregated couples showed little to no shifts in traditional gender roles and practices of masculinities and femininities. Those roles had either changed at a very small scale or stayed intact between the couples. Despite being dual-earner couples, perceptions of segregated gender role expectations for childcare and housework were not changed. Other than providing support compartmentally, husbands did not take up childcare and housework. In these cases, husbands may have supported with tasks like shopping and taking children to school which are consistent with hegemonic masculinities, but not in cooking, cleaning, or other aspects of childcare such as feeding and personal hygiene.

Bhagwati (a female care assistant with two children) stated:

> [laughs] Nepali habits never change wherever we go [laughs]. We think that women need to do more work at home. While I had 12 hours duty [at work], he [my husband] had no options than to look after the kids and do the school run. But for me, before going to work or after, I had to prepare food and do other housework. So it had become a new practice for me to cover this work both at home and at my job [laughs].

After being asked for further details on the pre-migration context, she added:

> We lived in a joint family [together with my husband's parents] where I was a housewife and my husband was working part-time in a private company. We also had a domestic helper for support. Hence, childcare or housework was never a concern for the men [my husband and his father] in our family.

In this case, there did not appear to be any changes in the perceptions and practices of informal care and housework before and after the migration, as the husbands were not very involved in care and perceived it as women's work. Hence, the wives were overburdened and bound to do the 'second shift' (Hochschild 1989). These echo George's (2005) findings among the 'traditional households' who followed the Keralite gender role expectations. However, unlike the men in the 'traditional households' being mostly primary immigrants having higher education and professional jobs in the United States (George 2005), men in gender-segregated couples in my study had relatively lower levels of education (below degree level) and were involved in care work or other minimum-wage jobs in the UK. In most cases, the women had nursing education from Nepal and worked as registered nurses in the UK. Hence, it was more likely that the wives' education was higher than their husbands'. The women's incomes had increased in the UK and they occupied the main wage-earner's role in the family. However, despite the discrepancy in education and their contribution toward the family income and even though the couples were dual-earners, women continued to take the major responsibilities of childcare and housework. This was irrespective of whether the woman was the main wage earner or not. Hence, traditional gender roles and ideals and practices of masculinities and femininities for these couples stayed mostly unchanged. For instance, Sewa (a female nurse with a child) described that:

> We don't have any assigned role as such among us [husband and wife] at home, but mostly, I do the housework myself... When our *babu* [son] was small, I was working night shifts for three days a week to look after him in the daytime. So, in those three working days, after returning from work, I had to make him ready for school, drop and collect him from school, cook food, feed him and again get ready to go to work for the night shift. I didn't cut my working hours but compromised my hours of sleep. I had 'sleep deprivation' that time [she laughs]. Sometimes, my husband used to be off duty, but I was engaged in the housework as he didn't do

> *such work* [her emphasis] at home… However, I don't take it as his personal weakness. It is because of the culture in which he was brought up. I think it is almost similar with each one of us among Nepali families [she laughs].

In contrast to the findings on gender-egalitarian couples, in gender segregated couples husbands took over limited childcare and housework from their wives despite their shift from main to supplementary wage-earners. Likewise, women did not bargain with their husbands to take up childcare and housework. One possible reason could be the influence of strong beliefs surrounding masculine and feminine ideals held by both men and women that care and housework are women's responsibilities. Because of the continued practice of segregated gender roles for these couples, women were pushed to do 'second shift' work (Hochschild 1989) which left them with the dual burdens of housework and paid work. These results reflect those of Espiritu's (2005) findings on Filipino women health workers in the USA who, despite their increased income, had more physical and emotional pressure placed upon them because of the persistence of male privilege. Another possible explanation could be the influence of caste and ethnicity. These couples typically represented the 'upper' caste groups, suggesting that the endurance of segregated gender roles may have been guided by pro-Hindu sentiment as depicted by other studies (Grossman-Thompson & Dennis 2017; Whelpton et al. 2008). Hence, stricter association with hegemonic masculinities for men and emphasised femininities for women among the 'upper' caste households could play a role in maintaining segregated gender roles among couples. These ideologies and practices are guided by Hindu cosmological beliefs regarding the superiority of men over women, which suppress women through marginalisation and provide authority to men through power and privilege (Grossman-Thompson & Dennis 2017). Due to the prevalence of these ideologies across South Asia, rigid gender role divisions in households are often taken as normal traditional practices (for instance, migrant households in Sri Lanka [Gamburd 2000, 2020] and Indian migrants in the United States [George 2005]). However, as described above, gender-

egalitarian couples achieved egalitarian gender roles irrespective of their caste and ethnicity. Hence, while noting the nonuniform influences, caste and ethnicity might play a role in gendered care relations.

The couples in these households attempted to normalise their segregated gender roles and did not put effort into creating change. The wives, as in the case of Sewa and Bhagwati, accepted the 'second shift' as a common fate of Nepali women, whereas the husbands defended themselves for not taking childcare and housework by describing these tasks as beyond their capacity and an easier job for their wives. For instance, Punya (the husband of a nurse with one child) said:

> I can do *anything* [his emphasis] outside, but cooking and looking after kids are out of my head. However, for my wife those tasks are nothing. She has special skills in cooking tasty food and a passion for taking care of all.

The findings further support the possibility that although the migration established these women as major financial contributors in households, they were still expected to cover childcare and housework because of their perceived skills based on rigid perceptions and practices of masculinities and femininities. Hence, De Beauvoir's (1949) and Greer's (1971: 171) comments that women are seen as 'permanent emotional creditors' with specialised skills and responsibilities in care and housework remain relevant even in cases where women are the main wage-earners in the family. Punya stated that his wife performs informal care and housework because of her skills and interest rather than out of pressure and that he did not do these tasks because of his lack of skill and interest. However, these interests and skills are shaped based on societal gender roles expectations and ideals and practices on masculinities and femininities. Hence, these ideals and practices continue to segregate gender roles in performing childcare and housework.

Whilst men in these couples become supplementary wage-earners, they neither encourage their wives to take more time in their paid jobs nor do they take more hours of work or support at home. Sahana (a female nurse with two children) described that:

> He [my husband] was very interested in coming to the UK. But after coming here, he didn't like the care work. So he is not that serious about taking the job continuously or helping out at home. He often leaves his job now and then and goes to Nepal and stays on his own for a long time.

Again, hegemonic masculinities could be a reason why these husbands are unwilling to accept their wives' leading role in the household income. Likewise, the husbands' resistance to taking up childcare and housework could be a reason for these women being unable to take extra hours of paid work. This finding was in contrast to both gender-egalitarian couples, who continuously shifted towards subtle forms of masculinities and femininities, and gender-broker couples, who shifted the roles compartmentally either to increase the family income or to sustain care and household responsibilities within the family.

One of the contrasts between the first two categories of couples and gender-segregated couples was a difference in the husbands' levels of education. This raises questions over whether the changes towards subtle forms of masculinities such as caring masculinities are limited to couples with highly educated or professional job-holding husbands. This notion is supported by Esping-Andersen and Billari (2015), who suggest that the educated professional classes are in a better position to use coping strategies to bring a shift towards more gender-egalitarian arrangements. Hence, the lower level of education among husbands in gender-segregated couples could be one of the contributing factors in the attachment to hegemonic masculinities and maintaining segregated gender roles between husbands and wives. However, it is important to be cautious in making generalisations, as other studies suggest the opposite. For instance, George (2005) finds that most of the men in

the ‘traditional households’ among the Keralites had a higher education degree and a professional job in the United States.

Among these couples, some men took care work in health or social care institutions through their wives’ referrals. However, in contrast to the gender-egalitarian couples, despite the men’s exposure to care work in professional settings they neither valued nor felt dignified in their work. Rather, they termed care work as *‘BBC service – British Back Cleaning service’*. The lack of value they felt towards their professions and the labelling of reproductive labour as ‘women’s work’ because of their practices of hegemonic masculinities may have been other possible reasons for these husbands not taking the childcare and housework, which further enabled segregated gender roles.

Short-term visits from parents to the UK for care needs, especially around childbirth, and migrants’ visits to Nepal to receive care, are common among Nepali care workers (Aryal & Guveli 2023). This was practised in all three categories of couples. However, these practices served different purposes among the gender-segregated couples. Since men were passive in performing care and housework, women often required significant family support during periods surrounding childbirth. Hence, visits to and from Nepal often served as a lifeline. Rita (a female health care assistant with two children) described that:

> While having both son and daughter, I took maternity leave for 13 months each time (four months unpaid leave after nine months of paid leave)... My *mommy* had come here each time and stayed for four months while I had my son and two and a half months while having my daughter. And I had also gone to Nepal together with them and stayed there for four months to get proper care. If I didn’t get such support from my parents, it would be very difficult for me, as my husband couldn’t leave his job to support me. So, I needed anyone to help me and my parents were there. Otherwise, I had to do everything on my own despite my capacity.

As her husband was inactive in care roles and housework, these tasks were allocated to the woman’s mother. The husbands’ unwillingness to perform those tasks even in situations of

need was influenced by their ideals and practices of hegemonic masculinities in which childcare and housework are labelled as women's responsibilities. There are other possible explanations as well. Firstly, the parents' visits (an embodiment of transnational linkages) not only provided support but may also have worked as shields to protect men from performing childcare and housework or pressure not to take those feminine roles. In contrast to the gender-egalitarian couples, neither member of these couples had put efforts into challenging the hegemonic masculinities and femininities and instead relied on traditional gender roles. Secondly, the husbands' lower levels of education could have possibly contributed to the endurance of a rigid perception of masculinities, which in turn influenced them not to take any roles traditionally perceived as feminine. This notion is supported by many earlier studies that have established the positive role of education in bringing positive changes in gender roles (for instance, Bianchi et al. 2000; Esping-Andersen & Billari 2015; Tanturri et al. 2016). Hence, these gender-segregated couples showed the possibility that the husbands' lower education level, 'upper' caste groups with segregated gender roles, transnational linkages and lack of efforts of both husbands and wives to adapt egalitarian patterns, could be some of the reasons for the lack of significant changes in gender roles and practices of masculinities and femininities.

Comparisons between gender-egalitarian couples, gender-broker couples, and gender segregated couples suggest that even though family migration was made possible because of the women's involvement in the global care economy, the couples went through different levels of changes in terms of perception and practices of masculinities and femininities and gendered care relations. These changes were influenced by a variety of different social factors. Moreover, the reasons for the different levels of changes were based on the intersection of these factors and the strategies followed by the migrant couples in covering childcare and housework. Migration to a more liberal society, therefore, is not always a

sufficient condition for changes in traditional gender roles. Rather, different factors influence couples either towards the sharing of household responsibilities or towards continuing to segregate gender roles. Hence, I argue that the interplay between social factors brings multidirectional and non-uniform changes among couples, which lead either towards egalitarian gendered care relations or allow household roles to remain gender segregated.

6.6 Conclusion

By analysing the interviews from Nepali migrant care worker couples concerning the changing ideals and practices of masculinities and femininities and roles in childcare and housework following their migration to the UK, this article has examined the intersections of social factors in three typologies of couples: 1) gender-egalitarian couples; (2) gender-broker couples; and (3) gender-segregated couples. I have analysed the factors that can play a role in shaping gendered care relations in these couples after migration, by examining the reasons why migrant couples go through different levels of changes in performing traditional gender roles. I have considered how levels of education, income and profession, gendered power positions in the household, caste and ethnicity, and the origin country, and transnational influences affected ideals and practices of masculinities and femininities and gendered care relations.

This research makes several theoretical and empirical contributions to the literature on gender, migration and care studies. Since studies of men in reproductive labour are too often invisible, incorporating the voices of both men and women to consider the interplay between masculinities and femininities simultaneously provides an opportunity to understand gendered care relations of migrant couples and of how masculinities and femininities are

negotiated in the ‘new’ country. Considering the different levels of change in gendered care relations amongst the migrant couples, it confirmed that migration to a more liberal society in itself is not a sufficient condition to bring changes to household gender roles. Despite this, the migration context, and the couple’s involvement in reproductive labour (both informal care in the family and paid care work), can sometimes cause couples to develop new perceptions and practices of masculinities and femininities and reshape their gender roles.

These changes are achieved through wider complexities in relationships between different social factors. The intersections of social factors across heterogeneous individuals and couples with different educational backgrounds, professions, ethnic backgrounds, and influences through transnational linkages, bring multidirectional and non-uniform changes that can either lead towards egalitarianism or enable the perseverance of segregated gender roles. Some couples are able to compromise or transform their masculinities and femininities, whereas others are not able to bring considerable changes. It also shows that the changes in perception and practices of masculinities and femininities facilitate changes in traditional gender roles, whereas rigidity in perceptions of gender identity prevents these changes.

The analysis has shown that gender-egalitarian and gender-broker couples continuously shifted towards more subtle forms of masculinities and femininities. By categorising couples into these typologies, this paper has been able to compare couples’ positions on gendered care relations.

Transnational linkages had a prominent role in preventing egalitarian changes in gender roles. As a connection between people and families in origin and destination countries, transnational linkages channelled traditional hegemonic masculinities and femininities and segregated gender role expectations between men and women. Education and awareness, meanwhile, were instrumental in bringing changes. Increased levels of

education widened perceptions of gender roles and therefore facilitated changes by enabling the participants to challenge pressure and influence from transnational linkages and traditional gender role expectations.

Furthermore, an increase in income and involvement in care labour had skewed influences on men and women. Though not uniform across the couples, men at times used their enhanced position in terms of income and profession to maintain hegemonic masculinities and rigid gender roles. In contrast, some women used their enhanced position to bring more egalitarian gender roles. In other cases, however, women were trapped into the responsibilities of both breadwinner and homemaker, as they continued to be seen as 'permanent emotional creditors' (Greer 1971: 171).

Similarly, Nepali households are diverse in terms of caste and ethnicity and women's position is depicted based on caste and ethnic background (Johns 1977; Von Furer-Haimendorf 1984). There were inconsistent changes and influences on gendered care relations in line with caste and ethnicity. Finally, the positive changes in gendered care relations were more likely to be coherent and sustainable if they were achieved through hard-fought efforts, changed ideals and practices on masculinities and femininities and the joint action of couples.

A possible limitation of the study is that it does not account for the possibility that some gendered care roles, such as performing childcare and housework, might change at a slower pace or occur to a lesser extent than other tasks. Likewise, comparative analysis on the role of caste and ethnicity is limited due to the study's small sample size. A larger comparative study on how gender-role changes occur within specific ethnic groups might provide further clarity on how cultural nuances within nations may affect gender relationships following migration. This, however, is beyond the scope of the study.

Chapter 7

Conclusion

7.1 Overall Contributions of the Thesis

This study on Nepali migrant care workers and their families in the UK and Nepal contributes to academic debates on the nexus between migration, care and gender. It shows that the nexus influences the overall processes of migration – from decision-making processes to intergenerational informal care and gender roles within the family. It is a two-way process in which expectations towards family members' social and reproductive roles intersect with individual and social factors to influence migration processes. For example, the global capitalist hegemonies leading to occupational demand for nurses and the opportunity for better life chances in the UK was one of the major determinants in migration decisions for nurses. At the same time, contextual factors in the migration destination intersected with other drivers such as education, profession, ethnicity, masculinities and femininities to sustain and/or transform gender roles and care responsibilities. Hence, this thesis contributes to the current literature by exploring the gendered dimensions of the mobility of care, how this is based on unequal political-economic relations between the nations, and how these inequalities reproduce and/or transform care and gender roles within families. This topic has received little scholarly attention in general and particularly so for the UK and Nepal.

The research also provides novel data on changes in care practices, gender roles and masculinities and femininities within Nepali transnational families. Analysis of the respondents' differing characteristics, such as their migration route (*Gurkha* and non-*Gurkha*), caste, ethnicity, gender, and level of education, demonstrated the distinct role of

migration policies on their ability to access and provide informal family care. This research represents these findings based on testimonies from Nepali care workers in the UK, a relatively new community who started migrating to the UK in 2000 and a minority group in the global South-to-North care migration context. It also contributes to the literature by presenting data from family members in both origin and destination countries, including the perspectives of migrants and grandparents.

This thesis has presented care as intergenerational informal care within different generations of family members in the transnational setting. This is consistent with Glenn's (1992) broad understanding of caregiving as reproductive labour, as well as the conceptualisation of care as a moral responsibility within the family (Baldassar & Merla 2014b; Finch 1989; Gamburd 2020). It includes care in physical proximity and co-presence, i.e., 'caring for', such as hands-on physical support and emotional care. It also consists of care provided from a distance, i.e., 'caring about', which includes emotional care and other support to family members such as material and monetary support, remittance, gifts, as well as staying in contact via phone, social media and other platforms of communication.

7.2 Major Findings

My first research question and its two sub-questions, on the impact of migration on informal intergenerational care among migrant families, the role of migration policies in influencing the care, and families' practices in maintaining care, were addressed in Chapter 4. For details on the research questions and sub-question, please refer to Section 1.1 in Chapter 1. Chapter 4 showed the significance of multi-generational involvement in informal care across borders. It also highlighted the reciprocal nature of care within families and the importance of drawing

a distinction between the experiences of migrants who are treated differently by the receiving country's migration policies, for instance, *Gurkha* and non-*Gurkha* families. Overlooking this masks how the categorisation of migrants restricts or facilitates mobility and therefore creates different levels of care inequalities.

The chapter also showed that informal intergenerational care continues despite hurdles caused by restrictive migration policies but in compromised forms and with increased emotional strain. The UK's restrictive policies on family migration had a huge impact on non-*Gurkha* families in opportunities for exchanging hands-on physical and emotional care in proximity through cross-border mobility. It also showed that since physical co-presence was possible only through transnational mobility, the ability to travel to receive or provide care is an important resource that is significantly impacted by immigration policies governing family migration. Hence, the study's comparison of *Gurkha* and non-*Gurkha* families develops the academic debate on the largely unexplored area of migration and intergenerational care (Merla et al. 2020). It showed the implications of visa policies for family members' access to cross-border migration based on political categorisation and status, which affects informal care exchanges in these families differently. This showed that the compromises and emotional suffering experienced by family members as a result of the increased responsibilities in maintaining intergenerational, transnational informal care are not simply due to participation in the global care economy in itself, but the result of restrictive migration policies, specifically those that affect the mobility of family members.

The chapter showed that family care responsibilities and expectations are culturally specific, gendered, and depend on available welfare provisions. The care of younger and older generations in Nepal, as in other South Asian countries (Gamburd 2000, 2020; George 2005), is culturally constructed as a family affair and therefore the responsibility of the

family rather than that of the state. A lack of state welfare provisions, together with social disapproval of institutionalised care for the elderly (Gamburd 2020) has further increased care responsibilities and family expectations. Hence, the multiple generations of family members including 'sandwich generation' (Gamburd 2020), i.e., the middle generation, parents and grandparents were responsible for 'caring for' and 'caring about' their family members in Nepal and the UK. My findings are consistent with emerging literature (Bjørnholt & Stefansen 2018; Chiu & Ho 2020; Wyss & Nedelcu 2018) that indicates that parents and grandparents perceive providing care as their responsibility until they themselves become care dependent due to age and illness. Parents and grandparents either visited the migration destination or called their children and grandchildren back home to provide care. This observation establishes grandparents as active agents in the intergenerational care exchange through international mobility. It further contributes to the literature that suggests that distance proves to be less of an obstacle for grandparents' mobility than the obstacles created by restrictive migration policies.

My second research question and its sub-question, on the factors influencing care workers' migration decision-making processes, were addressed in Chapter 5. The chapter showed that women's increased competencies, the market demand for care workers and nurses to address labour shortages in the UK, and the possibility of improved life chances in the destination country empowered these women to lead the decision to migrate, either independently or with their families. In addition to these factors, societal changes such as the increased acceptance of women migrating as a normal phenomenon further increased migration and enhanced their stakes in the process. Due to the scarcity of employment in the country of origin, women's labour migration has been defined as an extension of increased labour force participation (Sijapati et al. 2019). Likewise, families supported women's decisions to migrate in order to enhance their incomes (Gamburd 2000, 2020) or life chances

(Adhikari 2020). However, women's decision-making power and their participation in employment were enhanced or suppressed based on their caste and ethnicity, geography, and religion (Bennett et al. 2013; Regmi et al. 2022). This also shaped the migration and the associated decision-making processes. The study therefore contributes to show that the drivers of the migration decision-making processes are multiple and the mechanisms behind the decisions involve much more than just gender and patriarchy. It demonstrates the importance of considering migration decision-making processes as a broader family affair and highlights the need for a holistic investigation into the diverse factors revolving around migration decision-making processes.

The chapter further explored the dynamics of decision-making processes in international migration for both couples and independent migrants, which were previously under-researched (Bryceson 2019; Krieger 2020). The inclusion of family members' perspectives enhanced the data by bringing insight into the home country context and its influence on decision-making processes.

My third research question and its sub-question, on the changes in traditional gender roles and masculinities and femininities among migrant couples, were addressed in Chapter 6. The discussion of these questions showed that the migrant couples' negotiation of masculinities and femininities in intersection with individual and social factors brought various level of changes or continuity to traditional gender roles. The couples who were able to compromise or put work into transforming their ideals and practices on masculinities and femininities achieved higher levels of change in traditional gender roles, whilst couples who remained rigid and did not challenge their ideals and practices were not able to bring considerable changes. Factors such as the couple's level of education, the husbands' professional experience in care work, women's increased earnings, the strength of their

position in the labour market, the migration context, and the couples' continuous efforts to bring those changes played a supportive role in bringing changes to gender roles. These findings are in line with George's (2005) study on Keralite nurses' families in the United States. My study further contributed to George's (2005) findings by exploring the changes based on ethnicity, masculinities and femininities, and the husbands' involvement in the care profession.

Incorporating the voices of both men and women, this study addressed the invisibility of men in reproductive labour. It has also contributed to the limited studies on masculinities and femininities among migrant couples (Choi 2019; Gallo & Scrinzi 2016) by showing how migrants' involvement in paid health and social care work and informal care within the family influences masculinities and femininities and traditional gender roles.

This study also showed that social factors such as existing connections and social exchanges with communities in the migrants' home country, which Faist (2000) defines as transnational social connections, create barriers towards egalitarian changes by reinforcing traditional gender roles. For instance, multi-generational involvement, often in the form of visiting grandparents, provided support in managing informal care, but could also push back against egalitarian changes among migrant couples.

7.3 Academic Implications of the Research

The thesis makes important contributions to ongoing academic debates on the nexus between migration, gender and care. It adds value by bringing further insights into the dynamics of migration decision-making processes and how mobility influences informal care responsibilities within transnational families and traditional gender roles among migrant

couples. These contributions are at the level of theory, methods and empirics, as summarised below.

7.3.1 Theoretical implications of the research

7.3.1.1 Exploration of the nexus of migration, gender and care in the overall process of migration

This thesis has explored the intersection of migration, gender and care throughout the migration process, including the dynamics of the initial decision-making process and how migration may affect gender roles and intergenerational care in migrant families. It showed that migration, gender and care form a complex nexus, with each influencing one another to have multiple and diverse effects. For instance, gendered demands and opportunities for trained nurses in the UK, together with their competencies, facilitate the migration of women and their families. While these factors empower women and provide agency and negotiation power, traditional gender roles and care responsibilities also influence migration decisions. Traditional gender role expectations and care responsibilities either remain intact or change in the migration destination based on the intersection of different social factors. These migrants contribute to care services in the UK. However, in contrast, intergenerational informal care connections within their transnational families are significantly impacted.

7.3.1.2 The need for an integrated theory of global care exchanges

This research adopted four theoretical concepts, namely, the global care chain (Hochschild 2000; Parreñas 2015; Yeates 2012), circulation of care (Baldassar & Merla 2014b),

(im)mobility regimes (Glick Schiller & Salazar, 2013), and displaying families (Ducu 2020; Finch 2007; Walsh 2018) and used the strength of each concept to analyse the complexities of maintaining intergenerational care among Nepali transnational families. It used the global care chain perspective to explore how migration for care work can create inequalities of care among families. The care circulation perspective enhanced the analysis by focusing on how families exchange care at local and transnational levels, including both care from a distance and hands-on care, and included the perspectives of different generations of care providers and receivers within family networks. The concept of displaying families helped to analyse the motivating factors and emotional experiences of those involved in maintaining intergenerational care alongside migration policy restrictions. The conceptual understanding of regimes of (im)mobility further facilitated an understanding of the consequences of migration policies and procedures governing the global South-to-North migration context, exploring, in particular, the extent to which restrictive or enabling migration policies and mechanisms shape care exchanges and exacerbate or reduce care inequalities.

The study has demonstrated that unequal relationships between nations create care inequalities among migrant families who provide care work (Parreñas, 2015; Yeates, 2012). Restrictive and controlled migration policies (for instance those experienced by non-*Gurkha* families) generate care inequalities and increase emotional burdens and dependencies within families. However, it has also shown that enabling migration policies (for instance in the case of *Gurkha* families) facilitates transnational mobility, blurs the boundary between local and transnational care, and reduces care inequalities in the same migration context. This comparison between *Gurkha* and non-*Gurkha* families has uniquely illustrated the impact of different migration policies on migrant families.

Hence, my research has shown that the increased responsibilities of family members in maintaining intergenerational informal care in transnational settings are not the result of the mobility of care or participation in the global care economy in itself, but of restrictive migration policies based on the categorisation of migrants and restrictions placed on family members' mobility. By bringing the global care chain, circulation of care, (im)mobility regimes, and displaying families concepts together, my research explored and broadened the understanding of the complexities of maintaining intergenerational care among transnational families involved in care work from the global South to the global North. Hence, the development and use of an integrated inquiry to theorise the global exchanges of care could further facilitate a holistic analysis of care inequalities, care practices among transnational families, and the implications of immigration regimes.

7.3.1.3 'Flying families' emerge due to freedom of movement and as a coping strategy to maintain care amidst migration policy restrictions

Based on the concept of 'flying grandmothers' (Baldassar & Wilding 2014; Bjørnholt & Stefansen 2018), this research developed the concept of 'flying families'. The concept of 'flying families' demonstrates that international travel for informal family care exchanges takes place in multiple directions – both from the origin to the destination country and vice versa. The study showed that both migrants and grandparents actively exchange informal care through transnational visits. It also showed that despite a relatively long and expensive journey and restrictive migration policies both non-*Gurkha* and *Gurkha* families fly between Nepal and the UK to maintain informal care, ultimately becoming 'flying families'. However, the reasons for becoming 'flying families' were different for non-*Gurkha* and *Gurkha*.

Restrictive migration policies and controlled access to visits or long-term settlement for the non-*Gurkha* families worsened intergenerational care within transnational family networks. Hence, to maintain intergenerational care, grandparents and migrants made circular visits on a short-term basis between Nepal and the UK. The frequent journeys made by grandparents and migrants to the UK and Nepal were not, therefore, made arbitrarily, but rather were prompted by the UK's restrictive policy on family migration. As a result, the short-term visits to cover care needs in the UK amidst restrictions forced these grandparents to become members of 'flying families' and created emotional stress for the whole family due to the uncertainty of getting a visa, the increased financial burden of travel, the time needed to apply for the visa each time, and the inability to continuously maintain care for a longer period of time. It showed that restrictive migration policies cost money, time, and hardship for these families, forcing their members to make expensive and difficult visa applications and frequent travel.

In contrast, the freedom of movement and settlement rights afforded to the ex-*Gurkha* families enabled them to settle or stay in the UK for as long as they wanted or were needed. They did not have to worry about visa application processes and fees or chances of rejection. Hence, whenever they were able to cover the travel cost, bear travel-related difficulties, and manage other responsibilities, they could travel between Nepal and the UK and maintain intergenerational care. *Gurkhas* becoming 'flying families' is similar to families in the EU travelling back and forth for short visits or staying for a longer term and becoming 'flying grandmothers' or 'flying kin' (Bjørnholt & Stefansen, 2018; Wyss & Nedelcu, 2018) because of the policy of free movement (Hărăguș et al., 2021). Hence, the freedom of movement facilitated the *Gurkhas'* transnational travel and enabled them to become 'flying families'.

Hence, whether due to the pressure of maintaining intergenerational care despite restrictions (among the non-*Gurkha* families) or the freedom of movement facilitating international travel (among the *Gurkha* families), they both became ‘flying families’. This research suggests that these flying families become internationally mobile due not only to enabling visa policies but also to the need to provide care amidst restricted access to visas or residency permits. Therefore, both liberal and restrictive migration regimes can produce ‘flying families’.

7.3.1.4 The role of individual and contextual factors in family migration decision-making processes

Academic debates present migration decision-making as a complicated process that is influenced by multiple factors at different levels. The literature on gender and migration considers migration and its decision-making as gendered processes (Hoang 2011; Hondagneu-Sotelo 1994; Paul 2015), whereas a rational choice approach considers the role of the migrant’s agency as well as structural factors such as destination-specific opportunities and social networks in the decision making, such as the prospect of family reunification and better life chances for children (Christensen et al. 2016; Haug 2008; Krieger 2020). Previous research puts a strong emphasis on analysing migrants as individuals and thus there is limited understanding of migration decision-making processes within families (Bryceson 2019; Guveli et al. 2016). Likewise, literature dealing with decision-making processes in the international migration of couples and families is scarce, and further lacks exploration into gender-specific influences on men and women (Krieger 2020; Guveli et al. 2016). Men’s sociodemographic characteristics, job experiences and preferences are most commonly considered to be major determinants in family migration (Brandén 2013; Pailhé & Solaz

2008), whilst explorations of decision-making processes that take place within families with specific reference to the global South to the global North care migration context are absent from the literature.

My research found that different gender role expectations between men and women play a role in decision-making processes, in which men occupy a relatively advantaged position. However, individual and contextual factors enhance women's ability to use agency and negotiation power in the decision-making process. Contextual factors include the occupational demand for nurses in the UK, better life chances in the UK, and the UK's credibility as a developed country in the West. Individual factors include the resources and capabilities of Nepali women, including nursing education and training, professional work experience, social networks, and connections in the UK. I term the combination of some or all of these competencies as the 'competency combo', which creates a multiplier effect that enhances a person's capabilities and independence and empowers them in decision-making processes. The theoretical underpinning of the concept of the 'competency combo' stems from Sen (1989) and Nussbaum's (2003) 'capability/capabilities approach'. The capability/capabilities approach considers capabilities as a person's freedom to make life choices and how a combination of different factors may empower them to achieve their goals.

Therefore, despite the influence of traditional gender roles and the patriarchal association of women with vulnerability, fragility and as primarily responsible for domestic activities, women's professional competencies in care work and the UK's need for trained nurses can play a decisive role in the decision to migrate. This research found that higher levels of competencies, the type of work in demand, and the possibility of improved life chances for the whole family in the destination country have a stronger influence on

migration decision-making processes than gender role expectations and power relations in the family.

Hence, this research contributes to the academic discussions on migration decision-making processes by providing evidence that the accumulation of preferable individual and contextual factors increases negotiation power, making these factors more influential and important in the decision-making processes. Meanwhile, a lack of those factors diminishes negotiation power, which leads to traditional gender roles, patriarchy, and power relations in the family having greater influence.

7.3.1.5 The intersection of social factors with masculinities and femininities facilitates or prevents changes in traditional gender roles

Research on the impact of migration in bringing changes to traditional gender roles among migrant couples is increasing but remains scarce (Bayrakdar & Guveli 2020). The literature suggests that migration has different implications for gender hierarchies and power relations between women and men (Boyle 2002). However, limited studies also show contradictions regarding the role of migration in bringing changes to gender relations among migrant couples (Donato et al. 2006; Gold 2003; Hondagneu-Sotelo 1994; Parrado & Flippen 2005). Likewise, there is limited academic work on changes in traditional gender roles among migrant couples due to the interplay between masculinities and femininities while performing professional and informal reproductive labour (Choi 2019; Gallo & Scrinzi 2016). Limited studies on South Asian migrants (George 2005) suggest that the interplay of social factors brings different levels of change in household gender roles among these couples.

My study showed uneven changes in masculinities and femininities and traditional gender roles among the migrant couples who contributed to the research. Some experienced changes that led towards ‘caring masculinities’ and egalitarian gender roles, whilst others experienced no changes in hegemonic masculinities and traditional gendered care relations. The intersection between social factors, such as educational background, profession and ethnicity, perceptions and practices of masculinities and femininities, and influences through transnational linkages brought multidirectional and non-uniform changes that either led towards egalitarianism or enabled the perseverance of segregated gender roles. Some couples were able to compromise or transform their masculinities and femininities and traditional gender roles, whereas others were not able to bring considerable changes. It also showed that the changes in perceptions and practices of masculinities and femininities facilitate changes in traditional gender roles, whereas rigidity in perceptions of gender identity prevents these changes.

Transnational linkages created obstacles to egalitarian changes in gender roles. As connections between migrants and their families in the origin country, transnational linkages channelled traditional hegemonic masculinities and femininities and segregated gender role expectations between men and women. Education and awareness, meanwhile, were instrumental in bringing changes. Increased levels of education widened perceptions of gender roles and therefore facilitated changes by enabling couples to challenge pressure and influence from transnational linkages and traditional gender role expectations. Furthermore, an increase in income and involvement in care labour had a contrasting influence between men and women. Though not uniform across the couples, men at times used the enhanced position afforded to them by their income and profession to maintain hegemonic masculinities and rigid gender roles. Some women used their enhanced position to bring more egalitarian gender roles, whilst in other cases they were trapped in the position of both

breadwinner and homemaker, as they continued to be seen as ‘permanent emotional creditors’ (Greer 1971: 171). Nepali households are diverse in terms of caste and ethnicity and the position of women in the family is affected by caste and ethnic background (Johns 1977; Von Furer-Haimendorf 1984). There were inconsistent changes and influences on gendered care relations in line with caste and ethnicity.

Hence, the factors that brought egalitarian changes included higher levels of education, husbands’ professional experience in care work, women’s increased earnings and strong position in the labour market, the global demand for care workers, and the couples’ continuous efforts to bring about these changes. Other factors that intersected to create barriers towards egalitarian changes included the influence of Nepali networks that transferred the ideals of masculinities and femininities of their home country (transnational linkages), lower levels of education, and higher levels of income among husbands.

Hence, this research has contributed to academic debates by showing that the changes in the perception and practices of masculinities and femininities facilitate changes in traditional gender roles, whereas rigidity creates obstacles towards changes. It has also shown that these changes are influenced by a variety of different social factors. Migration to a more liberal society, therefore, is not always a sufficient condition for changes in traditional gender roles. Rather, different factors influence couples either towards the sharing of household responsibilities or in the segregation of gender roles. Likewise, the interplay between social factors brings multidirectional and non-uniform changes among households, which either lead towards egalitarian gendered care relations or allow household roles to remain gender segregated.

7.3.2 Implications for research design and methods

7.3.2.1 Inclusion of both women and men in the study

Although men have been the primary subject of enquiries in migration studies for a long time (George 2005), studies on the nexus between migration, gender and care work lack exploration into the gender-specific experiences of men and the role of masculinities and femininities. Given that gender has traditionally been perceived as more relevant in the study of women, men's gendered experiences were rarely explored (Sharma 2018). Studies on the migration of men and women in the South Asian context and the impact of migration on masculinities and femininities are rare and recent (Sharma 2018). Many of the studies on migration and gender in Nepal present men as migrants and women as having been left behind, and therefore lack exploration of the interplay of masculinities and femininities and its impact on migrant couples (Zharkevich 2019).

Likewise, literature dealing with decision-making processes in international migration lacks an exploration of the gender-specific influences on men (Krieger 2020; Guveli et al. 2016). There are limited studies that explore the influences of migration and other drivers in changing gender roles among men and women and how men and women negotiate masculinities and femininities. Studies of men in reproductive labour are too often either invisible or focus on traditionally 'masculine' care work, such as gardening, driving, or handyman work. Considering the perspectives of both men and women who are involved in professional and informal reproductive labour provides an opportunity to understand migration processes, care practices, and their implication for masculinities and femininities and gender roles in the destination country. Hence, I have collected data from both men and women involved in the care work in this research, which has revealed new perspectives and experiences.

7.3.2.2 The use of qualitative data from both the origin and host country

Earlier studies raise concerns over the lack of migration research that considers data both from migrants in the host country and their family members in the home country (Guveli et al. 2016; Guveli & Spierings 2022). This is particularly weak in the Nepali migration context (Ghimire et al. 2017). Likewise, research on mobility from Nepal has used statistical evidence to reveal trends and patterns of migration based on the number of Nepali migrants, the number of destination countries, and the amount of remittance coming to the country (Sharma 2007). Until recently, very few studies (such as Adhikari 2013; 2020; Donini et al. 2013; Hausner & Gellner 2012; Maycock et al. 2014; Sharma 2007; 2018) have focused on revealing peoples' perspectives on migration through in-depth qualitative research.

Sharma (2007: 96) describes the lack of qualitative accounts on Nepali migration as the result of a 'quantitative bias' that overemphasises categories of migrants and migration with unreliable statistical numbers, overlooks migrants' perspectives, and neglects in-depth socio-cultural analysis. The research in this thesis addresses this gap by conducting interviews both in the country of origin and destination and recording perspectives on migration, care and gender through in-depth interviews with migrants and their family members. Data generated by interviewing migrants showed that they were concerned about their care responsibilities towards parents due to filial piety, whereas the data from interviews with their parents showed that they were concerned about their obligation to care for their children and grandchildren who are located transnationally. An interpretive paradigm (Snape & Spencer 2003) made it possible to examine participants' perspectives on migration, care and gender.

Likewise, thematic analysis (Braun & Clarke 2006; 2019; 2022; Ritchie & Spencer 1994; Saldaña 2011) provided opportunities to develop themes and compare findings across categories. For instance, I compared, contrasted and complemented findings between men and women, migrants and their family members, *Gurkha* and non-*Gurkha* families, and unmarried migrants and married couples. This has positively impacted the scientific analysis and interpretation of the study's qualitative data.

7.3.3 Implications of the study of Nepali care workers in the UK

7.3.3.1 Novel data on Nepali care migrants and families

Migration for labour both within and outside the country has a long history in Nepal. The trend of migration began increasing in the 1990s and further diversified and increased in the 2000s (Sharma, 2018). Within the broader picture of history, and the current situation of migration from Nepal, the mobility of highly educated, skilled and professional human resources and students from Nepali middle-class families for education, labour, family re-settlement and residency to the global North is also an increasing trend. Along with these new developments, Nepali transnational families are increasing globally and informal care connections among these families, such as through international travel, are increasingly common ways of life. However, scholarly evidence on the transnational exchange of informal care among these families is missing.

Studies on Nepali migration mostly concentrate on the vulnerability of unskilled migrants in the Gulf states and Malaysia (Abramsky et al. 2018; Donini et al. 2013), where more than 85% of Nepali labour migrants are situated (GoN, Ministry of Labour, Employment and Social Security 2022). These studies on labour migration in this context

often address the inflow of remittances (Nepal & Knerr 2017; Paoletti et al., 2014). These studies also focus on identifying data trends and patterns of migration through quantitative analysis. Nepali migrants within the UK are mostly studied in relation to the *Gurkha,* caste and ethnicity, religion, health status, and the migration of nurses (Adhikari 2013; 2020; Adhikari et al. 2022; Adhikary et al. 2008; Caplan 1995; Gellner 2013; Hausner & Gellner 2012; Lakshamba et al. 2016; Pariyar 2020). Hence, my study on Nepali care workers and their family members in the UK and Nepal provides novel data regarding migrants and their parents' perceptions of migration processes, informal care connections, gendered care relations and masculinities and femininities.

Nepali care workers are new entrants and a minority community within the population of care workers who have migrated from the global South to the global North. This study has therefore provided new findings regarding one of the emerging groups in the global care sector. It has also presented novel empirical evidence on care migration within a context without colonial or religious historical ties.

7.3.3.2 Parents/grandparents as active agents in the transnational exchange of intergenerational care

Care circulation research in recent decades has focused on the asymmetric but reciprocal exchange of informal care among transnational families, either from a distance or in physical proximity through international visits. This can be seen, for instance, in studies of grandparents who visit the host country to care their grandchildren – termed 'international flying grannies' (Plaza 2000), 'Zero Generation or G0 grandparenting' (Wyss & Nedelcu 2018), 'grandparenting migrants' (Chiu & Ho 2020) or 'flying grandmothers' (Bjørnholt & Stefansen 2018; Kilkey & Merla 2014). These studies reinterpret the role of left-behind

parents/grandparents from passive care receivers to active agents in providing informal care. Despite this, there are gaps in the literature regarding intergenerational care connections within these families (Kilkey et al. 2018; Locke 2017; Merla et al. 2020). Moreover, research into the role of left-behind grandparents and the perspectives of care providers and receivers from different generations within these care connections remains limited (Chiu & Ho 2020; Ducu 2020).

Despite the increased mobility of migrants' family members in Nepal, existing research has represented left-behind parents/grandparents as passive recipients of care (Subedi 2005). This study rectifies this by acknowledging the role of Nepali left-behind parents/grandparents as active agents in intergenerational care. It has shown that grandparents are one of the major sources of care for the younger generations. It has also shown the contributions that grandparents have in minimising the care gap created by the global care chain within transnational families.

7.4 Limitations of the Research and Future Direction

My sampled respondents were care workers, but this was restricted to only those who work as nurses or paid care workers in the health and social care sectors. This helped provide insight into the homogenous group of health and social care workers with similar credentials and skills. The study does not represent workers in every position or sector but has identified meaning, experiences and perspectives on the nexus between migration, intergenerational care and migration policy contexts, has compared migration decision-making processes, and has explored changes in traditional gender roles and masculinities and femininities.

The decision to study only those who work as nurses or paid care workers in the health and social care sectors is also one of the limitations of this research. The findings may not represent other care work positions such as gardeners, handymen and drivers. Hence, future research could extend the sample by including migrants from diverse care sectors and other occupations, which could demonstrate whether the impact of migration policies on maintaining informal care could depend on a migrant's occupation. This could also provide insights into whether migration decision-making processes and changes in traditional gender roles and masculinities and femininities may also depend on the care professions of the migrants.

The study's focus on health and social care workers may also have accounted for the role of women's education and occupations as major determinants in the decision to migrate. Hence, further interrogation could determine whether women's occupations and job prospects have a significant impact on their role in migration decision-making processes. Furthermore, research on care workers who remain in Nepal could also be included in the analysis to reveal the influences on care workers who may have been prevented from migrating, possibly because due to gender-based constraints. Future research could focus in more detail on the influence of destination-specific factors and socio-economic changes in Nepal such as the increased role of migration brokers, people's increased aspirations for migration, and women's increased competencies and purchasing power due to their participation in the labour market.

Likewise, while looking at the changes in gender roles among migrant couples, this research studied changes in reproductive tasks such as childcare and household chores of cleaning and cooking. Since these roles are traditionally gendered as men's or women's work, they might change or shift between the couples at a slower pace or occur to a lesser

extent than other tasks such as performing the school run or shopping. Hence, comparative studies on changes in specific tasks among migrant couples might bring further clarity on how and to what extent the changes in masculinities and femininities and gender roles occur.

Nepali households are diverse in terms of caste and ethnicity and these factors can influence the position of women within the family (Johns 1977; Von Furer-Haimendorf 1984). However, I found that there were not any consistent changes to gendered care relations based on caste and ethnicity. Due to the small sample size, however, comparative analysis on the role of caste and ethnicity is limited in this study. Hence, a larger comparative study on changes in gender-role within different ethnic groups might provide further clarity on how cultural nuances may affect gender relationships following migration.

As a result of shortages in health and social care human resources (The Health Foundation et al. 2018), the UK has relaxed some of the restrictions on the inflow of international nurse migration. The UK government signed a bilateral agreement with the government of Nepal in August 2022 to initiate the recruitment of Nepali-trained nurses in the UK health sector (GoN, Ministry of Labour, Employment and Social Security 2022). The UK has also reached agreements with Kenya, Malaysia, the Philippines, Sri Lanka, India and Nepal (GOV.UK 2022a). A comprehensive and comparative research project involving these countries could reveal how policy changes influence the migration of healthcare workers, and whether they influence care inequalities between countries and families participating in the global care economy.

Given the near abandonment of class analysis since the 1990s, existing research on the relationship between migration and social class is limited (Van Hear 2014). Some studies focus on social class and destination choices (Czaika & de Haas 2017; Kofman 2018). Other work examines the relationship between migrant mothers' social class and childcare practices

in the destination country (Barglowski & Pustulka 2018). My findings suggest that there may be a relationship between migrants' socio-economic status and transnational care exchanges. International travel is only possible for those who can afford to make the journey and submit visa applications. However, because of the limited scope of this project, further exploring the relationship between socio-economic status and transnational care exchanges was not possible. Future research projects could compare informal care arrangements across multiple countries and consider the role that social class and migration policies have in governing family migration. One such study could compare Nepali migrants who live in the Gulf states and Malaysia, where almost 85% of unskilled labour migrants are concentrated (GoN, Ministry of Labour, Employment and Social Security 2022), with those living in affluent countries such as the UK, EU member states, USA, and Australia, where the mostly highly educated and skilled migrants reside.

7.5 Policy and Practice Implications

Migrants are one of the major contributors to sustaining global health and social care services. One of the major issues linked with the mobility of care is the shortage of health and care workers. This is a global issue, in which both developing and developed countries around the world are struggling to train, recruit and retain the workforce. The World Health Organisation (2022) projects that there will be a global shortage of 10 million health workers by 2030. Though this shortage is predicted to reduce from 15 million in 2020 at the global level, the gap is extending massively in many developed and developing countries.

The UK has an estimated shortage of more than 100,000 staff across NHS trusts, predicted to reach almost 250,000 by 2030, and a 110,000 staff shortage in adult social care

(The Health Foundation et al. 2018). Hence, the UK is on the brink of a massive shortage. The UK has a history of implementing utilitarian migration policies (Kilkey 2017) that aim to meet this need. As a result of Brexit the UK has now started additional health and care work recruitment facilitated by agreements with countries in the global South. However, findings from my research show that the UK's strict immigration policies for family members create inequalities in maintaining informal care among migrant workers.

Likewise, earlier research (Adhikari 2020) shows challenges in the implementation of ethical recruitment standards (World Health Organisation 2010) that safeguard against the unethical recruitment of health workers. The UK has expressed its commitment to ethical recruiting standards (World Health Organisation 2010; Yeates & Pillinger 2018) and introduced the "Code of Practice for the International Recruitment of the Healthcare Professionals" in 1999, updated in 2022 (GOV.UK 2023). However, even though Nepal was placed on the World Health Organisation's list of countries with critical health workforce shortages in 2006, Nepali nurses have been migrating to the UK through different channels by using loopholes in the Code of Practice. Hence, it is important for the governments involved to ensure proper implementation of their agreements and adherence to the international and national Code of practices for the international recruitment of health and social care personnel (GOV.UK 2023; World Health Organisation 2010).

Likewise, proper implementation of migration agreements could promote the training and development of healthcare professionals, and improve knowledge exchange and expertise between healthcare professionals in the UK and Nepal. In addition, governments should ensure that migrants' rights, such as the rights of workers to enjoy their family life which also enables the care arrangements, are respected. This can be achieved if the UK reconsiders its restrictive migration policies on family members and enables free movement and access to

public welfare provisions for extended family members, including grandparents. This would not only help the UK to address the demand for care workers but also enable the families of care workers to maintain informal care without disruption. This could ensure that all participating countries and individuals benefit from the arrangement.

However, achieving this is not simple. Migration agreements between the UK and Nepal are based on unequal political-economic ties between the two nations. This has been the case throughout recent history, from the recruitment of *Gurkha* in the British Army in 1816, the migration of trained nurses from the 2000s onwards, the migration of highly skilled professionals under the Highly Skilled Migration Programme (HSMP) between 2002 and 2008, skilled worker migration under the current Point Based Immigration System, and current seasonal labour migration to work in the horticulture sector through seasonal work visas.

Nepali are driven to migrate to the UK due to the unequal political-economic situation between the two nations. Hence, labour-sending countries like Nepal should strengthen their negotiating position by presenting evidence-based arguments in support of the interests of migrants. This can be done by using existing research-based evidence while formulating a detailed action plan regarding government agreements on the recruitment of Nepali nurses. The Nepali government should also propose periodic review and revision of the implementation plan based on evaluative research through independent academic institutions, such as the Britain Nepal Academic Council (a member-based organisation of UK resident academics interested in research on Nepal) and migration and care-related research institution based in universities in the UK and Nepal. Likewise, academics can conduct cross-country comprehensive research on the implementation of government agreements and the impact of care mobility in the UK. Academics can also use this evidence to develop and implement

impact activities. Moreover, professional organisations such as Nepalese Nursing Association UK (a member-based organisation of Nepali nurses in the UK) can be mobilised to provide training in Nepal, share professional expertise and knowledge, and organise pre-departure training so that the Nepali-trained nurses will not experience devaluation of their expertise and knowledge in the UK.

References

Abramsky, T., Mak, J., Zimmerman, C., Kiss, L., & Sijapati, B. (2018). Migration planning among female prospective labour migrants from Nepal: A comparison of first-time and repeat-migrants. *International Migration*, *56*(4), 197–216.

Adhikari, P., Dhakal Adhikari, S., Arun, S., & Arun, T. (2022). Gurkha warriors as entrepreneurs in Britain: A social anchoring lens on martial heritage and migrant enterprises. *Work, Employment and Society*. https://doi.org/10.1177/09500170221080394

Adhikari, R. (2011). *From Aspirations to 'Dream-Trap': Nurse Education in Nepal and Nepali Nurse Migration to the UK* (Unpublished doctoral dissertation). The University of Edinburgh.

Adhikari, R. (2013). Empowered wives and frustrated husbands: Nursing, gender and migrant Nepali in the UK. *International Migration*, *51*(6), 168–179. https://doi.org/10.1111/imig.12107

Adhikari, R. (2020). *Migrant Health Professionals and the Global Labour Market: The Dreams and Traps of Nepali Nurses*. Routledge.

Adhikari, R., & Melia, K. M. (2015). The (mis)management of migrant nurses in the UK: A sociological study. *Journal of Nursing Management*, *23*(3), 359–367. https://doi.org/10.1111/jonm.12141

Adhikary, P., Simkhada, P. P., van Teijlingen, E. R., & Raja, A. E. (2008). Health and lifestyle of Nepalese migrants in the UK. *BMC International Health and Human Rights*, *8*(6), 1–8. https://doi.org/10.1186/1472-698X-8-6

Anderson, B. (2014). Nation building: domestic labour and immigration controls in the UK. In B. Anderson & I. Shutes (Eds.), *Migration and Care Labour: Theory, Policy and Politics* (pp. 31–48). Palgrave Macmillan.

Araujo, S. G., & González-Fernández, T. (2014). International migration, public policies and domestic work: Latin American migrant women in the Spanish domestic work sector. *Women's Studies International Forum*, *46*, 13–23. https://doi.org/10.1016/j.wsif.2014.01.007

Aryal, S., & Guveli, A. (2023). Flying families between the UK and Nepal: Compromised intergenerational care amidst a restrictive migration policy context. *Journal of Family Studies*, *30*(2), 254–282. https://doi.org/10.1080/13229400.2023.2218842

Ayrton, R. (2024). Power dynamics between researcher and subject. In J. Cyr & S. W. Goodman (Eds.), *Doing Good Qualitative Research* (pp. 132–144). Oxford University Press. https://doi.org/10.1093/oso/9780197633137.003.0012

Baldassar, L. (2016). De-demonizing distance in mobile family lives: Co-presence, care circulation and polymedia as vibrant matter. *Global Networks*, *16*(2), 145–163. https://doi.org/10.1111/glob.12109

Baldassar, L., & Merla, L. (2014a). Introduction: Transnational family caregiving through the lens of circulation. In L. Baldassar & L. Merla (Eds.), *Transnational Families, Migration and the Circulation of Care: Understanding Mobility and Absence in Family Life* (pp. 3–24). Routledge.

Baldassar, L., & Merla, L. (2014b). Locating transnational care circulation in migration and family studies. In L. Baldassar & L. Merla (Eds.), *Transnational Families, Migration and the Circulation of Care: Understanding Mobility and Absence in Family Life* (pp. 25–58). Routledge.

Baldassar, L., & Wilding, R. (2014). Middle-class transnational caregiving: The circulation of care between family and extended kin networks in the global north. In L. Baldassar & L. Merla (Eds.), *Transnational Families, Migration and the Circulation of Care: Understanding Mobility and Absence in Family Life* (pp. 235–251). Routledge.

Barglowski, K., & Pustulka, P. (2018). Tightening early childcare choices – gender and social class inequalities among Polish mothers in Germany and the UK. *Comparative Migration Studies*, *6*(36). https://doi.org/10.1186/s40878-018-0102-6

Bayrakdar, S., & Guveli, A. (2020). Understanding the benefits of migration: Multigenerational transmission, gender and educational outcomes of Turks in Europe. *Journal of Ethnic and Migration Studies*, *47*(13), 3037–3058. https://doi.org/10.1080/1369183X.2020.1736531

Bengtson, V. L. (2001). Beyond the nuclear family: The increasing importance of multigenerational bonds. *Journal of Marriage and Family*, *63*, 1–16. https://doi.org/10.1111/j.1741-3737.2001.00001.x

Bennett, L., Dahal, D. R., & Govindasamy, P. (2008). *Caste, Ethnic and Regional Identity in Nepal: Further Analysis of the 2006 Nepal Demographic and Health Survey.* Macro International Inc.

Bennett, L., Sijapati, B., & Thapa, D. (2013). *Gender and Social Exclusion in Nepal: Update*. Himal Books.

Bianchi, S. M., Milkie, M. A., Sayer, L. C., & Robinson, J. P. (2000). Is anyone doing the housework? Trends in the gender division of household labor. *Social Forces*, *79*(1), 191–228.

Bielby, W. T., & Bielby, D. D. (1992). I will follow him: Family ties, gender-role beliefs, and reluctance to relocate for a better job. *American Journal of Sociology*, *97*(5), 1241–1267. https://doi.org/10.1086/229901

Bjørnholt, M., & Stefansen, K. (2018). On the move: Transnational family practices among Polish parents working and caring for children in Norway. In S. Krystyna, G. Eugene, P. Paula, & Ś. Magdalena (Eds.), *Transnational Polish Families in Norway: Social Capital, Integration, Institutions and Care* (Issue January, pp. 155–172). Peter Lang.

Bleske-Rechek, A., & Gunseor, M. M. (2021). Gendered perspectives on sharing the load: Men's and women's attitudes toward family roles and household and childcare tasks. *Evolutionary Behavioral Sciences*. https://doi.org/10.1037/ebs0000257

Block, L. (2015). Regulating membership: Explaining restriction and stratification of family migration in Europe. *Journal of Family Issues*, *36*(11), 1433–1452. https://doi.org/10.1177/0192513X14557493

Boas, I., Wiegel, H., Farbotko, C., Warner, J., & Sheller, M. (2022). Climate mobilities: Migration, im/mobilities and mobility regimes in a changing climate. *Journal of Ethnic and Migration Studies*, *48*(14), 3365–3379. https://doi.org/10.1080/1369183X.2022.2066264

Bonizzoni, P. (2018). Policing the intimate borders of the nation: A review of recent trends in family-related forms of immigration control. In J. Mulholland, N. Montagna, & E. Sanders-McDonagh (Eds.), *Gendering Nationalism: Intersections of Nation, Gender and Sexuality in the 21st Century* (pp. 223–239). Palgrave Macmillan.

Boyle, P. (2002). Population geography: Transnational women on the move. *Progress in Human Geography*, *26*(4), 531–543. https://doi.org/10.1191/0309132502ph384pr

Brandén, M. (2013). Couples' education and regional mobility - the importance of occupation, income and gender. *Population, Space and Place*, *19*, 522–536. https://doi.org/10.1002/psp.1730

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2014). Thematic analysis. In T. Teo (Ed.), *Encyclopaedia of Critical Psychology* (pp. 1947–1952). Springer.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Braun, V., & Clarke, V. (2022). *Thematic Analysis: A Practical Guide*. Sage.

Broughton, C. (2008). Migration as engendered practice: Mexican men, masculinity, and northward migration. *Gender and Society*, *22*(5), 568–589. https://doi.org/10.1177/0891243208321275

Bruslé, T. (2010). Nepalese migrations: Introduction. *European Bulletin of Himalayan Research*, *35–36*, 16–23.

Bryceson, D. F. (2019). Transnational families negotiating migration and care life cycles across nation-state borders. *Journal of Ethnic and Migration Studies*, *45*(16), 3042–3064. https://doi.org/10.1080/1369183X.2018.1547017

Bryceson, D. F., & Vuorela, U. (2002). Transnational families in the twenty-first century. In D. F. Bryceson & U. Vuorela (Eds.), *The Transnational Family: New European Frontiers and Global Networks* (pp. 3–30). Routledge. https://doi.org/10.4324/9781003087205

Buchan, J. (2000). Health sector reform and human resources: Lessons from the United Kingdom. *Health Policy and Planning*, *15*(3), 319–325. https://doi.org/10.1093/heapol/15.3.319

Buchan, J. (2002). *International Recruitment of Nurses: United Kingdom Case Study*. Queen Margaret University College

Buchan, J. (2008). New opportunities: United Kingdom recruitment of Filipino nurses. In J. Connell (Ed.), *International Migration of Health Workers* (pp. 47–61). Routledge.

Bullock, J. C. (2010). *The Other Women's Lib: Gender and Body in Japanese Women's Fiction*. University of Hawai'i Press.

Burr, V. (1995). *An Introduction to Social Constructionism*. Routledge. https://doi.org/10.4324/9780203299968

Caplan, L. (1995). *Warrior Gentlemen: 'Gurkhas' in the Western Imagination*. Berghahn Books.

Carling, J., Erdal, M. B., & Ezzati, R. (2014). Beyond the insider–outsider divide in migration research. *Migration Studies*, *2*(1), 36–54. https://doi.org/10.1093/migration/mnt022

Carter, R., & Golant, S. K. (1994). *Helping yourself help others*. Three Rivers Press.

Castles, S. (2000). *Ethnicity and Globalisation: From Migrant Worker to Transnational Citizen*. SAGE Publications.

CBS, & OPHI (Oxford Poverty and Human Development Initiative). (2021). *Nepal Multidimensional Poverty Index: Analysis Towards Action*. https://www.unicef.org/nepal/media/14346/file/MPI_Report_2021.pdf

Central Bureau of Statistics (CBS). (2012). *National Population and Housing Census 2011*. http://cbs.gov.np/image/data/Population/National Report/National Report.pdf

Central Bureau of Statistics (CBS). (2022). *Preliminary Report of National Population Census 2021* (pp. 1–96). Government of Nepal. https://censusnepal.cbs.gov.np/Home/Details?tpid=5&dcid=3479c092-7749-4ba6-9369-45486cd67f30&tfsid=17

Charsley, K. (2005). Unhappy husbands: Masculinity and migration in transnational Pakistani marriages. *Journal of the Royal Anthropological Institute*, *11*, 85–105. https://doi.org/10.1111/j.1467-9655.2005.00227.x

Chiu, T. Y., & Ho, E. L. E. (2020). Transnational care circulations, changing intergenerational relations and the ageing aspirations of Chinese grandparenting migrants in Singapore. *Asia Pacific Viewpoint*, *61*(3), 423–437. https://doi.org/10.1111/apv.12292

Choi, S. Y. P. (2019). Migration, masculinity, and family. *Journal of Ethnic and Migration Studies*, *45*(1), 78–94. https://doi.org/10.1080/1369183X.2018.1427562

Christensen, K., Hussein, S., & Ismail, M. (2016). Migrants' decision-process shaping work destination choice: The case of long-term care work in the United Kingdom and Norway. *European Journal of Ageing*, *14*, 219–232. https://doi.org/10.1007/s10433-016-0405-0

Christou, A., & Kofman, E. (2022). *Gender and Migration, IMISCOE Research Series*. Springer.

Connell, R. W. (1987). *Gender and Power: Society, the Person and Sexual Politics*. Polity Press.

Connell, R. W. (1995). *Masculinities* (2nd ed.). University of California Press.

Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender and Society*, *19*(6), 829–859. https://doi.org/10.1177/0891243205278639

Cotterill, P. (1992). Interviewing women. *Women's Studies International Forum*, *15*(5–6), 593–606. https://doi.org/10.1016/0277-5395(92)90061-Y

Crompton, R., Brockmann, M., & Lyonette, C. (2005). Attitudes, women's employment and the domestic division of labour: A cross-national analysis in two waves. *Work, Employment and Society*, *19*(2), 213–233. https://doi.org/10.1177/0950017005053168

Czaika, M., & de Haas, H. (2017). The effect of visas on migration processes. *International Migration Review*, *51*(4), 893–926. https://doi.org/10.1111/imre.12261

Dahal, P. (2021, December 8). Dalits living in rented homes hesitant to reveal caste during census. *The Kathmandu Post*. https://kathmandupost.com/national/2019/09/08/discrimination-against-dalits-still-rife-

Daly, M. (2002). Care as a good for social policy. *Journal of Social Policy*, *31*(2), 251–270. https://doi.org/10.1017/S0047279401006572

de Beauvoir, S. (1949). *The Second Sex*. Vintage Books.

de Fina, A., & Perrino, S. (2011). Introduction: Interviews vs. "natural" contexts: A false dilemma. *Language in Society*, *40*(1), 1–11. https://doi.org/10.1017/S0047404510000849

Dhakal Adhikari, S., & Turton, J. (2020). Understanding 'trafficking vulnerabilities' among children: the responses linking to child protection issues in Nepal. *Children's Geographies*, *18*(4), 393–405. https://doi.org/10.1080/14733285.2019.1676398

Dhanda, M., Mosse, D., Waughray, A., Keane, D., Green, R., Iafrati, S., & Mundy, J. K. (2014). *Caste in Britain: Experts' Seminar and Stakeholders' Workshop* (92; Research Report).

Dixit, K. M. (2023, April). 'India in Nepal': From Jawaharlal Nehru to Narendra Damodardas Modi. *The Wire*. https://thewire.in/south-asia/india-in-nepal-jawaharlal-narendra-modi

Donato, K. M., Gabaccia, D., Holdaway, J., Manalansan, M. F. I., & Pessar, P. R. (2006). A glass half full? Gender in migration studies. *The International Migration Review*, *40*(1), 3–26. https://doi.org/https://doi.org/10.1111/j.1747-7379.2006.00001.x

Donini, A., Sharma, J. R., & Aryal, S. (2013). *Structural Violence and Social Suffering among Marginal Nepali Migrants*. Tufts University.

Ducu, V. (2020). Displaying grandparenting within Romanian transnational families. *Global Networks*, *20*(2), 380–395. https://doi.org/10.1111/glob.12255

Ehrenreich, B., & Hochschild, A. R. (2003). Introduction. In B. Ehrenreich & A. R. Hochschild (Eds.), *Global Woman: Nannies, Maids, and Sex Workers in the New Economy* (pp. 1–14). Granta Books.

England, K. V. L. (1994). Getting personal: Reflexivity, positionality, and feminist research. *Professional Geographer*, *46*(1), 80–89.

Esping-Andersen, G., & Billari, F. C. (2015). Re-theorizing family demographics. *Population and Development Review*, *41*(1), 1–31. https://doi.org/10.1111/j.1728-4457.2015.00024.x

Espiritu, Y. le. (2005). Gender, migration, and work: Filipina health care professionals to the United States. *Revue Européenne Des Migrations Internationales*, *21*(1), 55–75. https://doi.org/10.4000/remi.2343

Faist, T. (2000). *The Volume and Dynamics of International Migration and Transnational Social Spaces*. Oxford Scholarship Online. https://doi.org/10.1093/acprof:oso/9780198293910.001.0001

Finch, J. (1989). *Family Obligations and Social Change*. Polity Press.

Finch, J. (2007). Displaying families. *Sociology*, *41*(1), 65–81. https://doi.org/10.1177/0038038507072284

Finlay, L. (2002). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research*, *12*(4), 531–545. https://doi.org/10.1177/104973202129120052

Fisher, B., & Tronto, J. (1990). Toward a feminist theory of caring. In E. K. Able & M. K. Nelson (Eds.), *Circles of care: Work and Identity in Women's Lives* (pp. 35–62). SUNY Press.

Folmar, S. (2007). Identity politics among Dalits in Nepal. *Himalaya, the Journal of the Association for Nepal and Himalayan Studies*, *27*(1), 41–53.

Fouron, G., & Glick Schiller, N. (2001). All in the family: Gender, transnational migration, and the nation-state. *Identities*, *7*(4), 539–582. https://doi.org/10.1080/1070289X.2001.9962678

Gallo, E., & Scrinzi, F. (2016). *Migration, Masculinities, and Reproductive Labour: Men of the Home*. Palgrave Macmillan.

Gamburd, M. R. (2000). *The Kitchen Spoon's Handle: Transnationalism and Sri Lanka's Migrant Housemaids*. Cornell University Press.

Gamburd, M. R. (2020). *Linked Lives: Elder Care, Migration, and Kinship in Sri Lanka*. Rutgers University Press.

Gatrell, C. (2006). Interviewing fathers: Feminist dilemmas in fieldwork. *Journal of Gender Studies*, *15*(3), 237–251. https://doi.org/10.1080/09589230600862059

Gellner, D. N. (2013). Warriors, workers, traders, and peasants: The Nepali/Gorkhali diaspora since the nineteenth century. In D. Washbrook & J. Chatterjee (Eds.), *Routledge Handbook of South Asian Diasporas* (pp. 136–150). Routledge.

Gellner, D. N. (2014). From Kathmandu to Kent: Nepalis in the UK. *Himal Southasian*, *27*(4), 38–51.

Gellner, D. N., Adhikari, K. P., & B.K., A. B. (2020). Dalits in search of inclusion: Comparing Nepal with India. In *B.R. Ambedkar: The Quest for Social Justice, Vol.2: Social Justice* (pp. 91–115). OUP.

George, S. M. (2005). *When Women Come First: Gender and Class in Transnational Migration*. University of California Press.

Gereffi, G. (1996). Global commodity chains: New forms of coordination and control among nations and firms in international industries. *Competition & Change*, *4*, 427–439. https://doi.org/10.1177/102452949600100406

Ghimire, D. J., Williams, N. E., Thornton, A., Young-Demarco, L., & Bhandari, P. (2017). Strategies for origin-based surveying of international migrants. *Journal of Ethnic and Migration Studies*, *45*(7), 1185–1206. https://doi.org/10.1080/1369183X.2017.1394178

Glenn, E. N. (1992). From servitude to service work: Historical continuities in the racial division of aid reproductive labor. *Signs: Journal of Women in Culture and Society*, *18*(1), 1–43.

Glick Schiller, N., Basch, L., & Blanc-Szanton, C. (1992). Transnationalism: A new analytic framework for understanding migration. *Annals of New York Academy of Sciences*, *645*(1), 1–24. https://doi.org/https://doi.org/10.1111/j.1749-6632.1992.tb33484.x

Glick Schiller, N., & Salazar, N. B. (2013). Regimes of mobility across the globe. *Journal of Ethnic and Migration Studies*, *39*(2), 183–200. https://doi.org/10.1080/1369183X.2013.723253

Gold, S. J. (2003). Israeli and Russian Jews: Gendered perspectives on settlement and return migration. In P. Hondagneu-Sotelo (Ed.), *Gender and U.S. Immigration: Contemporary Trends* (pp. 127–147). University of California Press. https://doi.org/10.1525/california/9780520225619.003.0007

GoN. (2022). *Nepal Statistical Year Book 2021*. Government of Nepal.

GoN (Government of Nepal), Ministry of Labour, E. and S. S. (2022). *Nepal Labour Migration Report 2022*. GoN (Government of Nepal), Ministry of Labour, Employment and Social Security.

Government of Nepal, & UNDP. (2020). *Nepal Human Development Report 2020: Beyond Graduation*.

GOV.UK. (2022a). *Collection: Government-to-government agreements on health and social care workforce recruitment*. GOV.UK. https://www.gov.uk/government/collections/government-to-government-agreements-on-health-and-social-care-workforce-recruitment

GOV.UK. (2022b). *Memorandum of Understanding between the UK and Nepal on the Recruitment of Healthcare Workers*. GOV.UK. https://www.gov.uk/government/publications/memorandum-of-understanding-between-the-uk-and-nepal-on-the-recruitment-of-healthcare-workers

GOV.UK. (2023). *Code of practice for the international recruitment of health and social care personnel in England*. GOV.UK. https://www.gov.uk/government/publications/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel-in-england

Graham, H. (1991). The concept of caring in feminist research: The case of domestic service. *Sociology*, *25*(1), 61–78.

Green, F. (2013). *Skills and Skilled Work: An Economic and Social Analysis*. Oxford University Press. https://doi.org/10.1093/acprof

Greer, G. (1971). *The Female Eunuch*. MacGibbon and Kee.

Grossman-Thompson, B., & Dennis, D. (2017). Citizenship in the name of the mother: Nationalism, social exclusion, and gender in contemporary Nepal. *Positions*, *25*(4), 795–820. https://doi.org/10.1215/10679847-4188422

Guveli, A., Ganzeboom, H. B. G., Baykara-Krumme, H., Platt, L., Eroğlu, Ş., Spierings, N., Bayrakdar, S., Nauck, B., & Sozeri, E. K. (2016). 2,000 Families: Identifying the research potential of an origins-of-migration study. *Ethnic and Racial Studies*, *40*(14), 2558–2576. https://doi.org/10.1080/01419870.2016.1234628

Guveli, A., & Spierings, N. (2022). Migrant women's employment: International Turkish migrants in Europe, their descendants, and their non-migrant counterparts in Turkey. *European Sociological Review*, *38*(5), 725–738.

Hărăguş, M., Ducu, V., & Földes, I. (2021). Intergenerational relations in the context of migration: Gender roles in family relationships. In A.-M. Castrén, V. Česnuitytė, I. Crespi, J.-A. Gauthier, R. Gouveia, C. Martin, A. M. Mínguez, & K. Suwada (Eds.), *The Palgrave Handbook of Family Sociology in Europe* (pp. 495–512). Palgrave Macmillan. https://doi.org/10.1007/978-3-030-73306-3

Haug, S. (2008). Migration networks and migration decision-making. *Journal of Ethnic and Migration Studies*, *34*(4), 585–605. https://doi.org/10.1080/13691830801961605

Hausner, S. L., & Gellner, D. N. (2012). Category and practice as two aspects of religion: The case of Nepalis in Britain. *Journal of the American Academy of Religion*, *80*(4), 971–997. https://doi.org/10.1093/jaarel/lfs083

Heckathron, D. D. (1997). Respondent-driven sampling: A new approach to the study of hidden populations. *Social Problems*, *44*(2), 174–199.

Hoang, L. A. (2011). Gender identity and agency in migration decision-making: Evidence from Vietnam. *Journal of Ethnic and Migration Studies*, *37*(9), 1441–1457. https://doi.org/10.1080/1369183X.2011.623618

Hochschild, A. R. (1989). *The Second Shift*. Piatkus.

Hochschild, A. R. (2000). Global care chains and emotional surplus value. In W. Hutton & A. Giddens (Eds.), *On the Edge: Living with Global Capitalism* (pp. 130–146). Jonathan Cape.

Holland, D., Fic, T., Rincon-Aznar, A., Stokes, L., & Paluchowski, P. (2011). *Labour Mobility within the EU - The Impact of Enlargement and the Functioning of the Transitional Arrangements. National Institute of Economic and Social Research.*

Homer, A. (2022, August 5). Growth in NHS recruits from abroad prompts concern about over-reliance. *BBC News*. https://www.bbc.co.uk/news/uk-61230287

Hondagneu-Sotelo, P. (1992). Overcoming patriarchal constraints: The reconstruction of gender relations among Mexican immigrant women and men. *Gender & Society*, *6*(3), 393–415.

Hondagneu-Sotelo, P. (1994). *Gendered Transitions: Mexican Experiences of Immigration*. University of California Press.

Hondagneu-Sotelo, P., & Crawford, C. (2006). Gender and migration. In J. S. Chafetz (Ed.), *Handbook of the Sociology of Gender* (pp. 105–126). Springer.

Jackson, C. (2001). Men at work. In C. Jackson (Ed.), *Men at Work: Labour, Masculinities, Development* (pp. 1–22). Frank Cass. https://doi.org/10.2307/3097495

Jeffery, R., & Jeffery, P. (1997). *Population, Gender and Politics: Demographic Change in Rural North India*. Cambridge University Press.

Jones, R. L. (1977). Courtship in an Eastern Nepal community. *Anthropos*, *72*(1/2), 288–299. https://doi.org/10.2307/40459085

Joshi, S. (2001). 'Cheli-beti' discourses of trafficking and constructions of gender, citizenship and nation in modern Nepal. *South Asia: Journal of South Asian Studies*, *24*(s1), 157–175. https://doi.org/10.1080/00856400108723442

Kan, M. Y. (2008). Does gender trump money? Housework hours of husbands and wives in Britain. *Work, Employment and Society*, *22*(1), 45–66. https://doi.org/10.1177/0950017007087416

Kan, M. Y., & Laurie, H. (2018). Who is doing the housework in multicultural Britain? *Sociology*, *52*(1), 55–74. https://doi.org/10.1177/0038038516674674

Kansakar, V. B. S. (2001). *International Migration and Citizenship in Nepal*. Central Bureau of Statistics.

Kilkey, M. (2010). Men and domestic labor: A missing link in the global care chain. *Men and Masculinities*, *13*(1), 126–149. https://doi.org/10.1177/1097184X10382884

Kilkey, M. (2017). Conditioning family-life at the intersection of migration and welfare: The implications for "Brexit families." *Journal of Social Policy*, *46*(4), 797–814. https://doi.org/10.1017/S004727941700037X

Kilkey, M., Lutz, H., & Palenga-Möllenbeck, E. (2010). Introduction: Domestic and care work at the intersection of welfare, gender and migration regimes: Some European

experiences. *Social Policy & Society*, *9*(3), 379–384. https://doi.org/10.1017/S1474746410000096

Kilkey, M., & Merla, L. (2014). Situating transnational families' care-giving arrangements: The role of institutional contexts. *Global Networks*, *14*(2), 210–229. https://doi.org/10.1111/glob.12034

Kilkey, M., Merla, L., & Baldassar, L. (2018). The social reproductive worlds of migrants. *Journal of Family Studies*, *24*(1), 1–4. https://doi.org/10.1080/13229400.2018.1422319

Kilkey, M., Perrons, D., Ania, P., Hondagneu-Sotelo, P., & Ramirez, H. (2013). *Gender, Migration and Domestic Work: Masculinities, Male Labour and Fathering in the UK and USA*. Palgrave Macmillan.

Kofman, E. (2012). Rethinking care through social reproduction: Articulating circuits of migration. *Social Politics: International Studies in Gender, State & Society*, *19*(1), 142–162. https://doi.org/10.1093/sp/jxr030

Kofman, E. (2018). Family migration as a class matter. *International Migration*, *56*(4), 33–46. https://doi.org/10.1111/imig.12433

Krieger, M. (2020). Tied and troubled: Revisiting tied migration and subsequent employment. *Journal of Marriage and Family*, *82*(3), 934–952. https://doi.org/10.1111/jomf.12620

Laksamba, C., Adhikari, K. P., & Dhakal, L. P. (2016). Social mobility of Nepalis in the UK: A case study of Fairfax road, Farnborough. *The Britain-Nepal Society Journal*, *40*, 26–31.

Lazarsfeld, P. F., & Barton, A. H. (1951). Qualitative measurement in the social sciences: Classification, typologies, and indices. In D. P. Lerner & H. D. Lasswell (Eds.), *The Policy Sciences* (pp. 155–192). Stanford University Press.

Legard, R., Keegan, J., & Ward, K. (2003). In-depth interviews. In J. Ritchie & J. Lewis (Eds.), *Qualitative Research Practice: A Guide for Social Science Students and Researchers* (pp. 138–169). SAGE Publications Ltd.

Lewis, J. (2003). Design issues. In J. Ritchie & J. Lewis (Eds.), *Qualitative Research Practice: A Guide for Social Science Students and Researchers* (pp. 47–76). Sage.

Lichter, D. T. (1980). Household migration and the labor market position of married women. *Social Science Research*, *9*(1), 83–97. https://doi.org/https://doi.org/10.1016/0049-089X(80)90010-1

Liechty, M. (2003). *Suitably Modern: Making Middle-Class Culture in a New Consumer Society*. Princeton University Press.

Liversage, A. (2012). Gender, conflict and subordination within the household: Turkish migrant marriage and divorce in Denmark. *Journal of Ethnic and Migration Studies*, *38*(7), 1119–1136. https://doi.org/10.1080/1369183X.2012.681455

Lloyd, L. (2000). Caring about carers: Only half the picture? *Critical Social Policy*, *20*(1), 136–150.

Locke, C. (2017). Do male migrants “care”? How migration is reshaping the gender ethics of care. *Ethics and Social Welfare*, *11*(3), 277–295. https://doi.org/10.1080/17496535.2017.1300305

Lokshin, M., Bontch-Osmolovski, M., & Glinskaya, E. (2010). Work-related migration and poverty reduction in Nepal. *Review of Development Economics*, *14*(2), 323–332. https://doi.org/10.1111/j.1467-9361.2010.00555.x

Lundberg, S., & Pollak, R. A. (1996). Bargaining and distribution in marriage. *Journal of Economic Perspectives*, *10*(4), 139–158.

Lutz, H. (2018). Care migration: The connectivity between care chains, care circulation and transnational social inequality. *Current Sociology Monograph*, *66*(4), 577–589. https://doi.org/10.1177/0011392118765213

Lutz, H., & Amelina, A. (2021). Gender in migration studies: From feminist legacies to intersectional, post- and decolonial prospects. *Journal of Migration Studies*, *1*(1), 55–73. https://doi.org/10.48439/zmf.v1i1.97

Lutz, H., & Palenga-Möllenbeck, E. (2011). Care, gender and migration: Towards a theory of transnational domestic work migration in Europe. *Journal of Contemporary European Studies*, *19*(3), 349–364. https://doi.org/10.1080/14782804.2011.610605

Lyonette, C., & Crompton, R. (2015). Sharing the load? Partners' relative earnings and the division of domestic labour. *Work, Employment and Society*, *29*(1), 23–40. https://doi.org/10.1177/0950017014523661

Macfarlane, A. (2001). Sliding down hill: Some reflections on thirty years of change in a Himalayan village. *European Bulletin of Himalayan Research*, *20*(1), 105–110.

Madianou, M. (2016). Ambient co-presence: Transnational family practices in polymedia environments. *Global Networks*, *16*(2), 183–201. https://doi.org/10.1111/glob.12105

Manlovea, E. E., & Vernon-Feagans, L. (2002). Caring for infant daughters and sons in dual-earner households: Maternal reports of father involvement in weekday time and tasks. *Infant and Child Development*, *11*, 305–320. https://doi.org/10.1002/icd.260

Marcus, G. E. (1995). Ethnography in/of the world system: The emergence of multi-sited ethnography. *Annual Review of Anthropology*, *24*, 95–117.

Maryanski, A., & Turner, J. H. (1992). *The Social Cage: Human Nature and the Evolution of Society*. Stanford University Press.

Maycock, M., Sharma, J. R., Brethfeld, J., Shah, O., & Shrestha, R. (2014). *"How Can You be a Marda if You Beat Your Wife?": Notions of Masculinities and Violence in Eastern Nepal*. Saferworld.

Merla, L., Kilkey, M., & Baldassar, L. (2020). Examining transnational care circulation trajectories within immobilizing regimes of migration: Implications for proximate care. *Journal of Family Research*, *32*(3), 514–536. https://doi.org/10.20377/jfr-351

Merton, R. K. (1972). Insiders and outsiders: A chapter in the sociology of knowledge. *American Journal of Sociology*, *78*(1), 9–47.

Milligan, C., & Wiles, J. (2010). Landscapes of care. *Progress in Human Geography*, *34*(6), 736–754. https://doi.org/http://dx.doi.org/10.1177/0309132510364556

Morgan, D. H. J. (2011). *Rethinking family practices*. Palgrave Macmillan.

Nepal, R., & Knerr, B. (2017). Determinants and impacts of international remittances on left-behind families in rural regions of Eastern Nepal. In B. Knerr (Ed.), *International Labor Migration and Livelihood Security in Nepal: Considering the Household Level* (pp. 83–142). Kassel University Press GmbH.

NNAUK (Nepalese Nursing Association UK). (2021). *About Us*. https://www.nnauk.org/about-us/

Nussbaum, M. C. (2003). Capabilities as fundamental entitlements: Sen and social justice. *Feminist Economics*, *9*(2–3), 33–59. https://doi.org/10.1080/1354570022000077926

Osella, F., & Osella, C. (2000). Migration, money and masculinity in Kerala. *The Journal of the Royal Anthropological Institute*, *6*(1), 117–133.

Pailhé, A., & Solaz, A. (2008). Professional outcomes of internal migration by couples: Evidence from France. *Population, Space and Place*, *14*, 347–363. https://doi.org/10.1002/psp.504

Paoletti, S., Taylor-Nicholson, E., Sijapati, B., & Farbenblum, B. (2014). *Migrant Workers' Access to Justice at Home: Nepal*. Open Society Foundations.

Pariyar, M. (2018). Caste discrimination overseas: Nepali Dalits in England. In D. N. Gellner & S. L. Hausner (Eds.), *Global Nepalis: Religion, Culture, and Community in a New and Old Diaspora* (pp. 404–434). OUP.

Pariyar, M. (2020). Caste, military, migration: Nepali Gurkha communities in Britain. *Ethnicities*, *20*(3), 608–627. https://doi.org/10.1177/1468796819890138

Parrado, E. A., & Flippen, C. A. (2005). Migration and gender among Mexican women. *American Sociological Review*, *70*, 606–632.

Parreñas, R. S. (2000). Migrant Filipina domestic workers and the international division of reproductive labor. *Gender and Society*, *14*(4), 560–581.

Parreñas, R. S. (2001). *Servants of Globalization: Women, Migration and Domestic Work*. Stanford University Press.

Parreñas, R. S. (2005). *Children of Global Migration: Transnational Families and Gendered Woes*. Stanford University Press.

Parreñas, R. S. (2012). The reproductive labour of migrant workers. *Global Networks*, *12*(2), 269–275. https://doi.org/10.1111/j.1471-0374.2012.00351.x

Parreñas, R. S. (2015). *Servants of Globalization: Migration and Domestic Work* (2nd ed.). Stanford University Press.

Paul, A. M. (2015). Negotiating migration, performing gender. *Social Forces*, *94*(1), 271–293. https://doi.org/10.1093/sf/sov049

Pessar, P. R. (1984). The linkage between the household and workplace of Dominican women in the U.S. *International Migration Review*, *18*(4), 1188–1211.

Pessar, P. R. (2005). *Women, Gender, and International Migration Across and Beyond Americas: Inequalities and Limited Empowerment*. United Nations Secretariat. http://www.un.org/en/development/desa/population/events/pdf/expert/10/P08_PPessar.pdf

Pfaff-Czarnecka, J. (1995). Migration under marginality conditions: The case of Bajhang. In I. A. Ida (Ed.), *Rural-Urban Interlinkages: A Challenge for Swiss Development Cooperation* (pp. 97–108). INFRAS.

Pigg, S. L. (1992). Inventing social categories through place: Social representations and development in Nepal. *Comparative Studies in Society and History*, *34*(3), 491–513.

Plaza, D. (2000). Transnational grannies: The changing family responsibilities of elderly African Caribbean-born women resident in Britain. *Social Indicators Research*, *51*(1), 75–105. https://doi.org/10.1023/A:1007022110306

Plyushteva, A., & Schwanen, T. (2018). Care-related journeys over the life course: Thinking mobility biographies with gender, care and the household. *Geoforum*, *97*, 131–141. https://doi.org/10.1016/j.geoforum.2018.10.025

Pratt, G., & Yeoh, B. S. A. (2003). Transnational (counter) topographies. *Gender, Place and Culture*, *10*(2), 159–166. https://doi.org/10.1080/0966369032000079541

Presser, H. B. (1994). Employment schedules among dual-earner spouses and the division of household labor by gender. *American Sociological Review*, *59*(3), 348–364. https://doi.org/10.2307/2095938

Pun, D. P., Subedi, B. P., Pandey, R., & Pokharel, S. (2009). *Social Change and the Senior Citizen in Nepal: A Case Study of Their Socio-Spatial Exclusion*. Social Inclusion Research Fund, SNV.

Radcliffe, S. A. (1991). The role of gender in peasant migration: Conceptual issues from the Peruvian Andes. *Review of Radical Political Economics*, *23*(3 & 4), 129–147. https://doi.org/10.1177/048661349102300308

Radhakrishnan, S. (2009). Professional women, good families: Respectable femininity and the cultural politics of a "new" India. *Qualitative Sociology*, *32*(2), 195–212. https://doi.org/10.1007/s11133-009-9125-5

Ramazanoğlu, C., & Holland, J. (2002). *Feminist Methodology: Challenges and Choices*. Sage. https://doi.org/10.4135/9781849209144.n6

Regmi, P. R., Dhakal Adhikari, S., Aryal, N., Wasti, S. P., & van Teijlingen, E. (2022). Fear, stigma and othering: The impact of COVID-19 rumours on returnee migrants and Muslim populations of Nepal. *International Journal of Environmental Research and Public Health*, *19*(15). https://doi.org/10.3390/ijerph19158986

Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research. In A. Bryman & B. Burgess (Eds.), *Analyzing Qualitative Data* (pp. 173–194). Routledge.

Ritchie, J., Spencer, L., & O'Connor, W. (2003). Carrying out qualitative analysis. In J. Ritchie & J. Lewis (Eds.), *Qualitative Research Practice: A Guide for Social Science Students and Researchers* (pp. 219–262). Sage.

Ruhs, M., & Martin, P. (2008). Numbers vs. rights: Trade-offs and guest worker programs. *International Migration Review*, *42*(1), 249–265. https://doi.org/10.1111/j.1747-7379.2007.00120.x

Ryan, L. (2007). Migrant women, social networks and motherhood: The experiences of Irish nurses in Britain. *Sociology*, *41*(2), 295–312. https://doi.org/10.1177/0038038507074975

Ryan, L., Klekowski Von Koppenfels, A., & Mulholland, J. (2015). "The distance between us": A comparative examination of the technical, spatial and temporal dimensions of the transnational social relationships of highly skilled migrants. *Global Networks*, *15*(2), 198–216. https://doi.org/10.1111/glob.12054

Saldaña, J. (2011). *Fundamentals of Qualitative Research*. Oxford University Press.

Sanders, C., & McKay, K. H. (2014). Where have all the young men gone?: Social fragmentation during rapid neoliberal development in Nepal's Himalayas. *Human Organization*, *73*(1), 25–37. https://doi.org/10.17730/humo.73.1.6w0k19208067802p

Sassen, S. (2002). Global cities and survival circuits. In B. Ehrenreich & A. R. Hochschild (Eds.), *Global Woman: Nannies, Maids, and Sex Workers in the New Economy* (pp. 254–274). Metropolitan Books.

Sassen-Koob, S. (1984). Notes on the incorporation of third world women into wage-labor through immigration and off-shore production. *The International Migration Review*, *18*(4), 1144–1167.

Sayer, L. C., & Fine, L. (2011). Racial-ethnic differences in U.S. Married women's and men's housework. *Social Indicators Research*, *101*(2), 259–265. https://doi.org/10.1007/s11205-010-9645-0

Scambor, E., Bergmann, N., Wojnicka, K., Belghiti-Mahut, S., Hearn, J., Holter, Ø. G., Gärtner, M., Hrženjak, M., Scambor, C., & White, A. (2014). Men and gender equality: European insights. *Men and Masculinities*, *17*(5), 552–577. https://doi.org/10.1177/1097184X14558239

Seddon, D., Adhikari, J., & Gurung, G. (2002). Foreign labor migration and the remittance economy of Nepal. *Critical Asian Studies*, *34*(1), 19–40. https://doi.org/10.1080/146727102760166581

Sen, A. (1989). Development as capability expansion. *Journal of Development Planning*, *19*, 41–58.

Shamir, R. (2005). Without borders? Notes on globalization as a mobility regime. *Sociological Theory*, *23*(2), 197–217. https://doi.org/10.1111/j.0735-2751.2005.00250.x

Sharma, J. R. (2007). *Mobility, Pathology and Livelihoods: Ethnography of Forms of Human Mobility in/from Nepal* (Unpublished doctoral dissertation). The University of Edinburgh.

Sharma, J. R. (2013). Marginal but modern: Young Nepali labour migrants in India. *Young*, *21*(4), 347–362. https://doi.org/10.1177/1103308813506307

Sharma, J. R. (2018). *Crossing the Border to India: Youth, Migration, and Masculinities in Nepal*. Temple University Press.

Sharma, J. R. (2021). *Political Economy of Social Change and Development in Nepal*. Bloomsbury.

Shaw, A., & Charsley, K. (2006). Rishtas: Adding emotion to strategy in understanding British Pakistani transnational marriages. *Global Networks*, *6*(4), 405–421. https://doi.org/10.1111/j.1471-0374.2006.00152.x

Sheller, M. (2018). Theorising mobility justice. *Tempo Social*, *30*(2), 17–34. https://doi.org/10.11606/0103-2070.ts.2018.142763

Sheller, M., & Urry, J. (2006). The new mobilities paradigm. *Environment and Planning A*, *38*(2), 207–226. https://doi.org/10.1068/a37268

Shields, M. P., & Shields, G. M. (1993). A theoretical and empirical analysis of family migration and household production: U.S. 1980-1985. *Southern Economic Journal*, *59*(4), 768–782.

Shihadeh, E. S. (1991). The Prevalence of husband-centered migration: Employment consequences for married mothers. *Journal of Marriage and the Family*, *53*(2), 432–444. https://doi.org/10.2307/352910

Siddiqui, T., Bhagat, R. B., Banerjee, S., Liu, C., Sijapati, B., Memon, R., Thinley, P., Ito, M., Nemat, O., & Arif, G. M. (2019). Migration in the Hindu Kush Himalaya: Drivers, consequences, and governance. In *The Hindu Kush Himalaya Assessment: Mountains, Climate Change, Sustainability and People* (pp. 517–544). Springer International Publishing. https://doi.org/10.1007/978-3-319-92288-1_15

Sijapati, B. (2015). *Women's Labour Migration from Asia and the Pacific: Opportunities and Challenges*. International Office of Migration and Migration Policy Institute. https://doi.org/10.1007/s13364-011-0028-y

Sijapati, B., Baniya, J., Choudhary, N., & Bhattarai, A. (2017). *Migration of health workers from Nepal*. International Labour Organization

Sijapati, B., & Limbu, A. (2012). *Governing Labour Migration in Nepal: An Analysis of Existing Policies and Institutional Mechanisms* (Updated ed). Himal Books for the Centre for the Study of Labour and Mobility.

Sijapati, B., Mak, J., Zimmerman, C., & Kiss, L. (2019). Nepali women's labour migration: Between protection and proscription. *Migration Letters*, *16*(4), 611–624. https://doi.org/10.33182/ml.v16i4.594

Sims, J. M. (2008). *Soldiers, Migrants and Citizens: The Nepalese in Britain*. Runnymede. https://www.runnymedetrust.org/uploads/publications/pdfs/TheNepaleseInBritain-2008.pdf

Snape, D., & Spencer, L. (2003). The foundations of qualitative research. In J. Ritchie & J. Lewis (Eds.), *Qualitative Research Practice: A Guide for Social Science Students & Researchers* (pp. 1–23). Sage.

Speck, S. (2017). "They moved to city areas, abroad": Views of the elderly on the implications of outmigration for the middle hills of western Nepal. *Mountain Research and Development*, *37*(4), 425–435. https://doi.org/10.1659/mrd-journal-d-17-00034.1

Subedi, B. P. (2005). The aged and the marginal: Social geography of older people in Nepal. *The Himalayan Review*, *35–36*, 1–18.

Sugden, F. (2009). Neo-liberalism, markets and class structures on the Nepali lowlands: The political economy of agrarian change. *Geoforum*, *40*(4), 634–644. https://doi.org/10.1016/j.geoforum.2009.03.010

Sullivan, O. (2000). The division of domestic labour: Twenty years of change? *Sociology*, *34*(3), 437–456.

Sun, K. C. (2012). Fashioning the reciprocal norms of elder care: A case of immigrants in the United States and their parents in Taiwan. *Journal of Family Issues*, *33*(9), 1240–1271. https://doi.org/10.1177/0192513X12445564

Tamang, S. (2000). Legalizing state patriarchy in Nepal. *Studies in Nepali History and Society*, *5*(1), 127–156.

Tamang, S. (2009). The politics of conflict and difference or the difference of conflict in politics: The women's movement in Nepal. *Feminist Review*, *91*(1), 61–80. https://doi.org/10.1057/fr.2008.50

Tanturri, M. L., Donno, A., Fahlén, S., Henz, U., Pailhé, A., & Solaz, A. (2016). *Fathers' Time with Children at the Crossroads of the Gender Revolution: A Comparative Analysis in France, Italy, Sweden and the UK* (Unpublished Manuscript).

The Health Foundation, The King's Fund, & Nuffield Trust. (2018). *The Health Care Workforce in England: Make or Break?*

THT Online. (2021, May 29). Nepal budget 2021/22: Highlights. *The Himalayan Times*. https://thehimalayantimes.com/business/nepal-budget-202122-highlights

Turner, B. S. (2007). The enclave society: Towards a sociology of immobility. *European Journal of Social Theory*, *10*(2), 287–304. https://doi.org/10.1177/1368431007077807

Turner, J. (2015). The family migration visa in the history of marriage restrictions: Postcolonial relations and the UK border. *British Journal of Politics and International Relations*, *17*(4), 623–643. https://doi.org/10.1111/1467-856X.12059

UK Visas and Immigration. (2016). *Adult Dependent Relatives: Review* (Issue August). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576644/Adult_dependent_relatives-review.pdf

United Nations Development Programme. (2020). *Human Development Report 2020: The next frontier. Human development and the Anthropocene*.

Urry, J. (2003). Social networks, travel and talk. *British Journal of Sociology*, *54*(2), 155–175. https://doi.org/10.1080/0007131032000080186

van Hear, N. (2014). Reconsidering migration and class. *International Migration Review*, *48*(s1), s100–s121. https://doi.org/10.1111/imre.12139

Vertovec, S. (2009). *Transnationalism*. Routledge.

von Furer-Haimendorf, C. (1984). *The Sherpas Transformed: Social Change in a Buddhist Society of Nepal*. Sterling Publishers.

Walby, S. (1994). Methodological and theoretical issues in the comparative analysis of gender relations in Western Europe. *Environment and Planning A*, *26*, 1339–1354.

Walsh, J. (2018). Migrant family display: A strategy for achieving recognition and validation in the host country. *Sociological Research Online*, *23*(1), 67–83. https://doi.org/10.1177/1360780417747286

Walsh, P. W. (2020). *Family Migration to the UK* (Migration Observatory briefing). https://migrationobservatory.ox.ac.uk/wp-content/uploads/2020/04/Briefing-Family-Migration-to-the-UK.pdf

Watts, S. (2014). User skills for qualitative analysis: Perspective, interpretation and the delivery of impact. *Qualitative Research in Psychology*, *11*(1), 1–14. https://doi.org/10.1080/14780887.2013.776156

West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender and Society*, *1*(2), 125–151. https://doi.org/10.1177/0891243287001002002

Whelpton, J. (2005). *A History of Nepal*. Cambridge University Press.

Whelpton, J., Gellner, D. N., & Pfaff-Czarnecka, J. (2008). New Nepal, new ethnicities: Changes since the mid 1990s. In D. N. Gellner, J. Pfaff-Czarnecka, & J. Whelpton (Eds.), *Nationalism and Ethnicity in Nepal* (pp. xvii–xlix). Vajra Publications.

Williams, F. (2010). The transnational political economy of care. In R. M. Mahon & F. Robinson (Eds.), *The Global Political Economy of Care: Integrating Ethical and Social Politics* (pp. 21–38). UBC Press.

Wood, C. H. (1981). Structural changes and household strategies: A conceptual framework for the study of rural migration. *Human Organization*, *40*(4), 338–344.

World Bank. (2022). *Migration and Development Brief 36: A War in A Pandemic. Implications of the Ukraine Crisis and COVID-19 on Global Governance of Migration and Remittance Flows* (Issue May). World Bank Group.

WHO. (2010). *Global Code of Practice on the International Recruitment of Health Personnel.* World Health Organisation. http://www.who.int/hrh/resources/guide/en/

World Health Organisation. (2022). *Human resources for health: Global strategy on human resources for health: workforce 2030*. World Health Organisation. https://doi.org/10.1016/S0140-6736(16)32522-3

Wyss, M., & Nedelcu, M. (2018). Zero generation grandparents caring for their grandchildren in Switzerland. The diversity of transnational care arrangements among EU and Non-EU migrant families. In V. Ducu, M. Nedelcu, & A. Telegdi-Csetri (Eds.), *Childhood and Parenting in Transnational Settings* (pp. 175–190). Springer.

Yeates, N. (2004). Global care chains: Critical reflection and lines of enquiry. *International Feminist Journal of Politics*, *6*(3), 369–391. https://doi.org/10.1080/1461674042000235573

Yeates, N. (2005). A Global Political Economy of Care. *Social Policy & Society*, *4*(2), 227–234. https://doi.org/10.1017/S1474746404002350

Yeates, N. (2009). *Globalizing Care Economies and Migrant Workers: Explorations in Global Care Chains*. Palgrave Macmillan.

Yeates, N. (2012). Global care chains: A state-of-the-art review and future directions in care transnationalization research. *Global Networks*, *12*(2), 135–154. https://doi.org/10.1111/j.1471-0374.2012.00344.x

Yeates, N., & Pillinger, J. (2018). International healthcare worker migration in Asia Pacific: International policy responses. *Asia Pacific Viewpoint*, *59*(1), 92–106. https://doi.org/10.1111/apv.12180

Zechner, M. (2008). Care of older persons in transnational settings. *Journal of Aging Studies*, *22*(1), 32–44. https://doi.org/10.1016/j.jaging.2007.02.002

Zharkevich, I. (2019). Gender, marriage, and the dynamic of (im)mobility in the mid-Western hills of Nepal. *Mobilities*, *14*(5), 681–695. https://doi.org/10.1080/17450101.2019.1611026

Zhou, Y. R. (2013). Toward transnational care interdependence: Rethinking the relationships between care, immigration and social policy. *Global Social Policy*, *13*(3), 280–298. https://doi.org/10.1177/1468018113499573

ANNEXES

Annex 1

Basic demographic data sheet for interview participants in the UK

Name:______________________; Sex: M / F; Age:____; Marital status:_____________;

Religion:______________________; Caste/ethnicity:_________________
Geography/address in Nepal:________________________
Address in the UK:_____________________
Residency status in the UK:________________________

Detail on children:

No.	Age	Sex	Marital status	Accompanying with you: Yes / No	Accompanying since when	Left in Nepal: Yes / No	If yes, with whom?

Have any other family members or you migrated to the UK or other countries before? Yes / No. If yes: pls list down who migrated, when and where, what purpose:____________________

Education and training:____

Year/date of migration to UK:____

Time taken to prepare for and migrate to the UK:
____

Places of residence in the UK (if different from the present):____

Occupations you held in Nepal and in the UK:

Occupations/position in Nepal	Year started and ended	Occupations/positions in the UK	Year started and ended	present occupation/position	Year started

Detail on Spouse:

Occupation	Education /training	Accompanying with you: Yes / No	Accompanying since when	If not accompanying where is s/he

Family members in Nepal (list down the family members – Your father, mother and siblings and your spouse' father, mother and siblings):

Family associated to birth	Age	special care needed? Who looks after them?	Where and with whom they live
Father: Y/N Mother: Y/N Siblings: 1. 2. 3. 4.			

Family associated to spouse	Age	special care needed? Who look after them?	Where and with whom they live
Father: Y/N Mother: Y/N Siblings: 1. 2. 3. 4.			

Annex 2

Interview schedule – migrant women/men involved in care work in the UK

Introduction

You are being invited to take part in a PhD research project which tries to find the effects of migration from Nepal to the UK on family care responsibilities. In this one-to-one interview, we are interested in finding out about your experiences as someone who has migrated from Nepal and providing care services in the UK.

Check for any further questions/concerns and confirm consent to record.

Basic demographic data will be collected before starting the interview. The template is given in a separate piece of paper.

Framing*: As you know, we are looking at the experiences of Nepali women/men who have migrated from Nepal and providing care services in the UK. The research will inform how migration brings about changes in care responsibilities of family members and gender aspects of migration. In a minute, I am going to ask you to please tell me about your experience of migration to the UK and the informal care in your family and care services that you have been providing up to now. Please take the time you need.*

Semi-structured questions – leading questions:

Migration history and process of migration

- In beginning can you please tell me a little bit background on what you had studied, and what you were doing in Nepal before the migration?
- Can you please share on the history of migration in your family?
- Why did you decide to migrate? What made you initiate and decide to migrate to the UK?
- How did the process initiate?
- What were some of the reasons to take the decision? Who were involved in the process and in making the decision and why do you think so?

- Based on your experience, what were the barriers and/or facilitators to your migration and decision-making processes? Why do you think those barriers and/or facilitators were there in the processes for you in particular?
- Based on your experience, are the driving forces for migration or barriers changing over the time? If so, can you explain how and why they have been changing?
- Can you please describe your migration journey – how did you leave Nepal, come to the UK, your trajectories, initial experiences and challenges and how other family members migrated to the UK?
- Who supported you to migrate to the UK and can you describe whether you took any support from agency or individuals in Nepal or the UK? Did you know anyone here before arriving?
- Which visa route did you follow to enter the UK? And why?

Care of family members back home and transnational relationship

- When your children were left behind in Nepal, how were their care managed?
- Based on your experience, can you tell me how your family members both in the UK and in Nepal are being cared or you have been managing the care of your family members while you are providing care services to others?
- Can you please describe whether the migration/care work brought impact (negative/positive) on care responsibilities in your family both in the UK and Nepal?
- What are the factors that causes these impacts?
- When you had baby, how had you managed to maintain the care?
- Did you invite parents to support you? Can you describe the process?
- Can you explain your father's and mother's role when they visit you in the UK?
- How do your parents and family think about you doing the care job? What impact does it have on you?
- How are you connected with your family back in Nepal – way of contact (phone, email, facebook, skype, whatsapp, etc), how often, what kind of things you talk about?
- Do you think that you are able to exchange care in family through communication transnationally? Can you please explain?
- Do you think that you are able to maintain family belongingness while locating separate transnationally? Can you please explain?
- How often you/your family members visit Nepal or visit you in the UK?
- How much and often do you send remittance, and what for?

- What do your family members and others think about you sending or not sending remittance?
- What do you think about sending or not sending remittance? Why do you think you are doing it?
- Can you discuss whether you receive money or financial support from Nepal, and what for?
- Who has replaced your caring role back in the family in Nepal? How the care is being managed by the family back in Nepal?
- How are you connected with your relatives, friends, Nepalese network/groups in the UK? What kind of support do you get from them?

Changes in gender roles

- How are you managing the family care responsibilities and household works in the UK - looking after children and family members, cooking/cleaning etc.?
- Is the roles/responsibilities among the family members changing in the UK? What do you think could be the reasons for the changes or no change?
- How are the roles and responsibilities been divided and performed between husband and wife in your family?
- What do you think should be the roles and responsibilities of husband and wife towards their family? Why do you think so? Has this thinking on the roles and responsibilities been changed?
- How do you come to decision of spending your money / family money? Do you decide yourself, or together with your partner or does your partner decide alone?

Implication of migration and health and social care policies

- Based on your experience, what are the driving forces and barriers to migration and settling in? Please tell me about any barriers that you and your family members have encountered.
- Based on your experience, are these driving forces or barriers changing over the time? If so, can you explain how they have been changing?
- Based on your experience, can you suggest any policy measures (in terms of migration, health and social care) that you think would improve your and family members' situation in Nepal and in the UK in the future?

Perception on care work and care of family members

- What motivated you to work in care work in the UK?

- What kind of health and social care jobs have you done until now? Can you briefly mention about your job history?
- What stick you to care work profession? Do you have any plan to quit the profession or job? If so in which field do you want to move? Which would be your dream job – given your qualification, skills and experience?
- Do you feel that you have got better job in the UK compared to your education/training and previous work experience in Nepal or is it lower? (Feeling of upward or downward mobility in profession due to migration), Why do you feel so?
- What do you think about the pay you have been receiving for the care service you have been providing? Is it low, ok or high? Why do you think so?
- What are the similarities and differences in caring for family members and care service you are providing as your job?
- How you are treated in your institution by managers, seniors, colleagues, service receivers? Is there difference of treatment for you as migrant (from Nepal) and other migrants and natives? Can you give examples?

Additional questions for Male care workers on changing gender relations

- What drives you to work in care work?
- How do you feel about the roles you perform in the job? Are you comfortable? Can you give some examples on your roles?
- What challenges do you face while doing this work which is labelled as 'women's work'?
- What stick you to care work profession? Any plan to quit the profession or job?
- If you find another job with similar or less pay will you be interested in joining it? Why?
- In which field you want to move? Which would be your dream job – given your qualification, skills
- Do you share about the nature of your work you are doing with your family members, friends, family members in the UK and family members in Nepal, friends in Nepal? Why?
- What do you feel similarities and differences in caring for family members and care service you are providing as your job? Can you give some examples on what kind of work you do in your family?

Closing questions

- *Is there anything else that you would like to tell me, perhaps something that you were expecting us to talk about that we have not covered?*

Close

Close and thanks.

Annex 3

Interview schedule – family members in Nepal

Introduction

You are being invited to take part in a PhD research project which tries to find the effects of migration from Nepal to the UK on family care responsibilities. In this one-to-one interview, we are interested in finding out about your experiences as someone whose family members has migrated to the UK.

Check for any further questions/concerns and confirm consent to record.

Framing*: As you know, we are looking at the experiences of Nepali family whose one of the family members has migrated and providing care services in the UK. The research will inform how migration brings about changes in care responsibilities of family members. In a minute, I am going to ask you to please tell me about your experience of how you and family members are managing the care gap up to now once your family member migrated to the UK. Please take the time you need.*

Semi-structured questions – leading questions

- Can you please tell me about your family background and whether any of the family members had migrated internally or internationally prior to the family members' migration to the UK?
- How did his/her migration process start?
- How was the decision been made?
- Why do you think your family member/s migrated to the UK?
- Based on your experience, can you please tell me who used to provide care to the family members before s/he migrated?
- What were the care responsibilities s/he used to bear in the family? What were her/his responsibilities towards each of the family members and how s/he used to perform them?
- How many members of your family migrated [trace the genealogy of migration of the family] and what they used to do in the family – in terms of care responsibilities?
- What are the major changes or challenges you have been facing or feeling difficulties in covering the care to family members after her/his migration?
- How the care to the family members are being managed?

- How do you think about responsible persons in providing care to your children and grandchildren in the UK and care to you and spouse in Nepal?
- Have you visited your family in the UK? Please tell me about the purpose of the visits, duration, visa process and the visits.
- How often do the family members from UK visit you in Nepal. Can you please explain about the reasons for their visits?
- Any major changes occur in your family structure or living situation that has affected the care responsibilities in Nepal and UK?
- How often and through which means you and your family members contact with him/her/family in the UK?
- What kind of issues do you discuss or share or get advice from while talking to them?
- Do you think that you are able to exchange care in family through communication transnationally? Can you please explain?
- Do you think that you are able to maintain family belongingness while locating separate transnationally? Can you please explain?
- Do you feel that the family relation, love and care is changing because of your family member's migration to the UK? Can you give some examples on how do you feel so?
- What alternatives do you suggest so that you get more care, support and love? For example: the migrant family members return back and provide support; sending more remittance and regularly; hiring support/care workers…
- How much and often you receive remittance, and how do you spend the money or what for?
- What do you think about your children sending or not sending remittance from the UK?
- Did you send money to your family in the UK and in what circumstance had you supported them financially?
- Have you recruited any person/s to provide care services in your family? If so, can you describe about the works they perform, about their family, their residence and migration history and how they are managing the care work in their own family?

Closing question

- *Is there anything else that you would like to tell me, perhaps something that you were expecting us to talk about that we have not covered?*

Close

Close and thanks.

Annex 4

Invitation letter for Interview participants

Date:

Dear

Re: Impact of migration on family care responsibilities – PhD Research Project

I am writing to invite you to take part in a PhD research project looking at the effects of migration from Nepal to the UK on the family care responsibilities. Being a PhD student, the project is being conducted by me under the supervision of Dr. Ayse Guveli. An Information Sheet about the project is enclosed with this letter for more detail.

I am sending you this letter and information sheet to invite you to take part in this work. This would involve you talking to me about your experiences and perceptions on migration and its impact. Any information you share would be treated as **strictly confidential** – you **would not** be identified in any reports or outputs arising from this work.

Your participation is voluntary. If you decide to take part, please contact me either by telephone on …………………. or email sa17852@essex.ac.uk

Thank you for taking the time to read this letter. I look forward to hearing from you.

Yours sincerely,

Sanjaya Aryal
PhD student
University of Essex

Annex 5

PARTICIPANT INFORMATION SHEET

Introduction:

You are being invited to take part in a PhD research project looking at the effects of migration from Nepal to the UK on the family care responsibilities. In order to find the effects of migration, I would like to interview Nepali care workers in the UK and members of their families in Nepal. Before you decide whether or not to participate, it is important for you to understand why the project is being done and what it will involve. Please take the time to read the following information and discuss it with relatives and/or friends if you wish.

What is the aim of the study?

The research aims to find out how migration from Nepal to the UK effects family care responsibilities. It also aims to find the role of gender in the migration process and how the gender roles changes among the migrant couples in the UK.

Why have I been chosen?

You are a Nepali woman/man providing care services in the UK or you are family members of a person who has migrated and providing care services in the UK.

Do I have to take part?

Your participation is voluntary. Your decision will not affect any services or support that you receive. If you decide to take part, you should contact me by either:

- Emailing me at: sa17852@essex.ac.uk
- Telephoning me at: ………………[telephone number deleted].

Please remember to keep this information sheet.

What will happen if I decide to take part?

You are invited to take part in a **confidential** interview to talk about your experiences. I would be interested to hear about your experiences and perceptions of migration to the UK, including your life experience before migration, decision of migration, challenges you might have faced and how you manage these, any rewarding aspects, the perceived impact on you and your family members' life.

I will come to see you at a mutually convenient time, either at home or at an agreeable alternative venue, for example, convenient and quiet public place. The interview will take about 90 minutes.

There are no right or wrong answers and the interview can be completed in Nepali or English. The interview may be recorded, with your consent, so that we have an accurate record of what you say, or alternatively, the interviewer will take some written notes.

Will my taking part in the study be kept confidential?

Yes. Your contact details will be stored on a **confidential** database. The information you share will be treated **in confidence.** You **will not** be identified in PhD Thesis, any reports or publications. If, however, you share information that is suggestive of risk to yourself or others, this will be passed on to a designated individual within your Local Authority.

What will happen to my data?

Your data will be used to prepare PhD thesis, academic publications and presentations. The data will be stored in secured storage system.

What will happen if I don't want to carry on with the study?

You are free to withdraw from the study at any time without giving a reason. If you decide to withdraw, your decision **will not** affect any services or support that you receive and you can ask for any or all of your data to be excluded from the study and destroyed.

What will happen to the results of the study?

The findings from this study will inform the scholars and policy makers who are interested and working on migration and gender issues globally and particularly in Nepal and the UK.

What happens if I have any concerns about this project?

If you are concerned about any aspect of this project and would like to speak to someone, please contact Ayse Guveli, Reader, Department of Sociology, University of Essex by telephone on ……[telephone number deleted]…. or by email using ……[email address deleted]….

Contact for further information:

If you would like more information, please contact Sanjaya Aryal by telephone on …[telephone number deleted]…. or by email using sa17852@essex.ac.uk

Next steps:

If you decide that you would like to take part, please contact Sanjaya Aryal by telephone on …………………. or by email using sa17852@essex.ac.uk

Thank you for kindly taking the time to read this information.

Annex 6

PARTICIPANT CONSENT TO BE INTERVIEWED, RECORD RESEARCH INTERVIEW AND FOR DATA TO BE USED IN FURTHER RESEARCH

To be completed prior to interview.

Please tick the boxes that apply to you.

I agree to be interviewed for the purposes that have been explained to me ☐

I agree for this research interview to be recorded and for the recording to be used for the purposes that have been explained to me ☐

I understand that all the information I provide will be treated as strictly confidential ☐

I agree that my data can be used for further research ☐

Name:____

Signature:____

Date:____

Interviewer signature:____

Annex 7

Pictorial Consent form

Yes No

Yes No

Yes No

Signature: ______________________(optional)

Interviewer Signature and date: ________________________

University of Essex

UNIVERSITY OF ESSEX
POSTGRADUATE RESEARCH EDUCATION TEAM

Statement of Authorship

Thesis Title	Mobility of Care: Gendered Migration and Care Inequalities among Nepali Care Workers in the UK	
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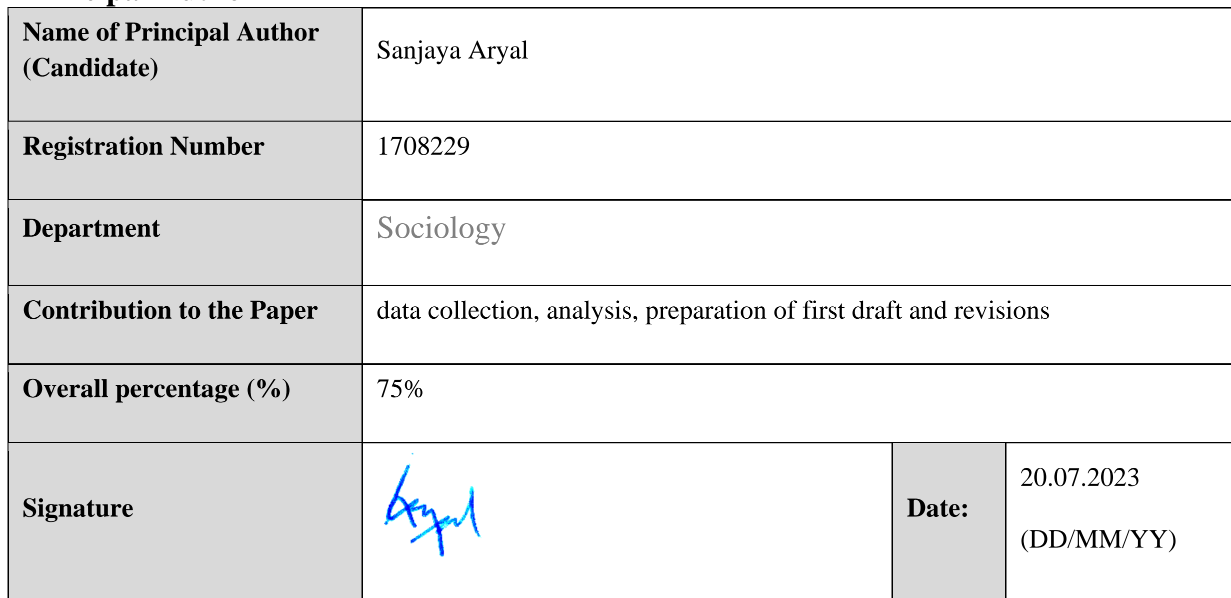
Principal Author



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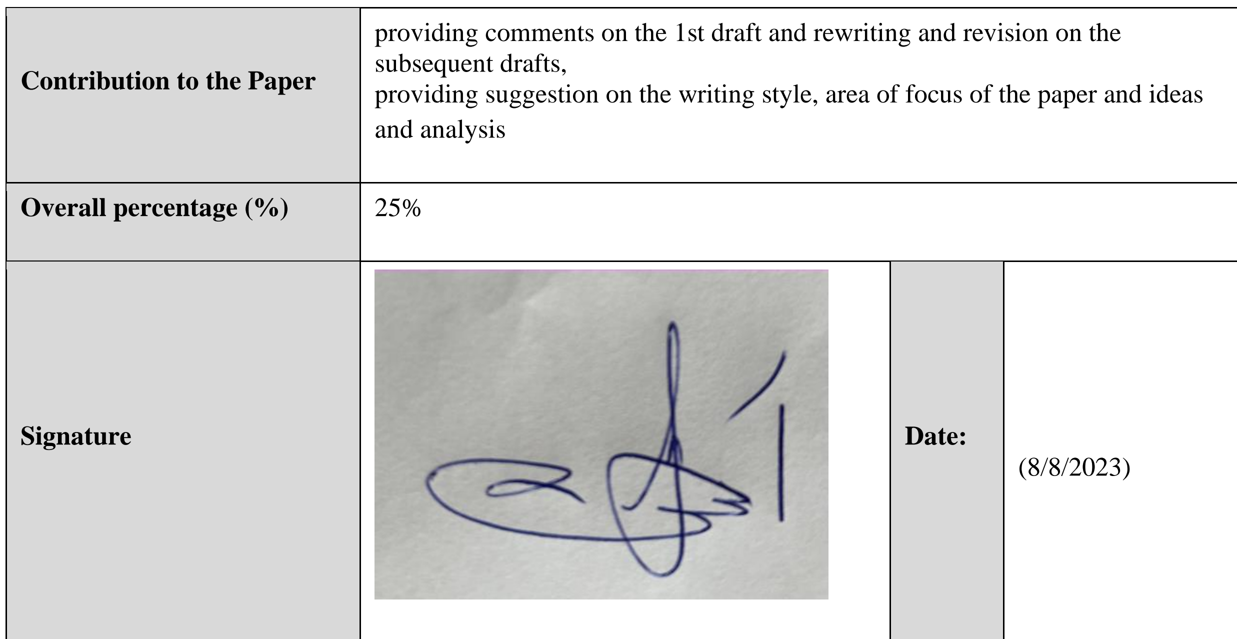
Contribution to the Paper	data collection, analysis, preparation of first draft and revisions		
Overall percentage (%)	75%		
Signature		**Date:**	20.07.2023 (DD/MM/YY)

Co-Author Contributions

By signing the Statement of Authorship, each author certifies that:

i. the candidate's stated contribution to the publication is accurate (as detailed above);
ii. permission is granted for the candidate to include the publication in the thesis; and
iii. the sum of all co-author contributions is equal to 100%, less the candidate's stated contribution.

Name of Co-Author	Professor Ayse Guveli

Contribution to the Paper	providing comments on the 1st draft and rewriting and revision on the subsequent drafts, providing suggestion on the writing style, area of focus of the paper and ideas and analysis		
Overall percentage (%)	25%		
Signature		Date:	(8/8/2023)

Name of Co-Author			
Contribution to the Paper			
Overall percentage (%)			
Signature		Date:	(DD/MM/YY)

Please copy and paste additional co-author panels here as required.