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“Dirty Nurses” and “Men Who Play” Gender and Class in Transnational Migration

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This paper is the product of over two years' fieldwork in two places: Central City, U.S.A., and the state of Kerala, India. In 1994 and 1995 I spent eighteen months in Central City at St. George's, an immigrant congregation with Kerala origins.¹ I visited the homes of thirty couples from the congregation, interviewing husbands and wives separately and jointly.²

In those homes I watched and listened to how couples accommodated to an unusual immigration pattern in which women, recruited as nurses, preceded their husbands. When the husbands arrived, even when they had professional experience or advanced degrees, they had to take up menial jobs. What concessions, if any, did they then make to their breadwinning wives? I studied the variety of new household partnerships in cooking, in childcare, in financial decision-making. To explore how on-the-job experiences might be affecting nurses, I regularly visited a nursing home where many Kerala women were employed. But what of the men? If they suffered downward mobility in the labor market and an erosion of their authority at home, was there another arena where they could recover their lost status? As an active participant in the religious life of the community, I watched men carve out their own preserve in the church. There they assumed positions of leadership and built a sense of community and belonging.

In quite subtle ways, however, their reactive compensation was only partially successful. They could not escape the class and gender stigma that clung to them as the husbands of nurses who were their

families' primary breadwinners. It was as if they had created for themselves their own “little Kerala” in the midst of Central City. How was such a specifically Indian stigma transmitted to and embedded in such a far-away place as Central City? To explore this transnational re-creation of norms I studied the dense flows of meaning, people, and commodities between the two locales. I rejoined the flow myself, traveling to Kerala for six months to seek out the kin of the Central City couples and to see what immigration looked like from the perspective of the sending community. I submerged myself in a Kerala church community to compare it with St. George's. Finally, from individual and group interviews with nurses, I learned how their labor was stigmatized, indeed more stigmatized as their wages became more prized. By recreating this global field for myself, I saw how norms were reproduced in Kerala and from there transmitted and appropriated in the community around St. George's.

All these fieldsites were familiar to me. All my life I had been part of the very process I was studying. Having immigrated to the United States from India as a young girl, I had spent a good part of my childhood years involved in a church community similar to St. George's. Entree into the research site was, therefore, relatively easy but that also created tensions. I often found myself straddling or caught between competing identities. At St. George's I was both researcher and churchgoer, although they regarded me as neither adult nor child (I was in my late twenties, too old to be a child, and unmarried, in a community where adulthood is attained by entering marriage). Having immigrated at the age of twelve, I was neither a first- nor a second-generation immigrant but a “one-point-fiver,” as we are called. In Kerala I was no less a hybrid. I spoke Malayalam fluently, I looked like a Malayalee, and I dressed like other young women, but I could never hide my difference. My cousin said it was the way I carried myself and made eye contact. Still, it was my “in-betweenness” and my “liminality,” which I usually considered an autobiographical headache, that gave me the room to maneuver among different identities and see the field from different points of view. I could associate with both the adults and the teenagers, with both men and women, nurses and non-nurses without being bound to any one group.

But it was not all easy going. The fluidity of identity made it a constant challenge to position myself. I would be asked to follow

scripts that no one else could follow. The priest asked me to organize the young people for a Christmas-caroling venture, which, at St. George's, was an exclusively adult male activity. While I was close to the teenagers and wanted to help the priest, I did not want to be in the limelight of controversy. In retrospect, despite difficulties, it turned out to be a uniquely revealing experience that helped me understand the importance of church participation for the immigrant men. As a young, unmarried woman, my presence among the company of men generated varying expressions of resistance that threw cultural and religious assumptions into relief. If I had taken the safe way out by remaining solely an observer, I would not have seen the significance of caroling—it had been redefined as an adult male domain forged in “reactive compensation” for their loss of status at home and at work. Breaking the rules allowed me to see what the rules were.

Similar transgressions in Kerala brought their own insights into the unstated presumptions at both ends of the migration stream. While traveling in an auto-rickshaw with my aunt, I asked the driver to stop at a particular place. He did not seem to hear me, so I tapped him on the shoulder to get his attention. My aunt was aghast: “He could get the wrong idea about you,” she exclaimed. I had broken one of the cardinal rules of male-female interaction—I had touched a male stranger. From this and other such incidents I began to understand better why immigrant nurses in Central City harbored the view that they were regarded as “dirty” women. I reflected on those young aspiring nurses who, twenty to thirty years ago, left behind a Kerala that probably had even stricter prohibitions against the interaction of the sexes. These same women who were not allowed to enter the living room when male visitors came to their homes had to touch, clean, and nurture hundreds of male strangers as part of their professional duty. My aunt's reaction in 1997 to my touching the driver gave me a momentary insight into the almost tangible gender boundaries among the Kerala immigrants of Central City. Although my study relies heavily on interviews, it is only through the transgressive ethnography of breaking rules and through getting my own hands “dirty” in the fields of Central City and Kerala that I have been able to understand the views expressed by people at both ends of this transnational migration.

At an informal tea party Mrs. Thomas brought up an incident from her last visit to India. After being in the United States for over fifteen years, she was

back in India, traveling by train with her children and her sister-in-law. When they got on the train, there were two empty seats, each next to a man. Mrs. Thomas sat down in one of them but her sister-in-law did not do the same. Eventually, her sister-in-law took one of the children and sat down in the other empty seat. But she made sure that she separated herself from the man next to her by squeezing the child in between. Observing this uncomfortable maneuver, Mrs. Thomas realized that her highly educated sister-in-law must have thought of her as only a “dirty nurse” because she had sat next to a man. When I asked Mrs. Thomas why she thought that, the four other immigrant nurses listening all proceeded to tell me how nurses back home were seen as “loose,” “spoilt,” and having low moral values.

Six months later I am interviewing Mr. Mathen about politics at St. George's, an Indian immigrant congregation in the United States. Surprisingly, to explain the contentious nature of church politics, he refers to the dynamics of the immigrant family:

Most of our people came here as a spouse—rather most of the men—as a spouse of a nurse. . . . In the house, the husband does not have his proper status. In the society, you are an Indian—what status do you have? For men—where are they going to show their “macho” nature? That's why they play in the church. This is what is going on in our churches and I am not just talking about St. George's.

These vignettes capture the gender and class paradoxes facing Indian Christians who immigrate from Kerala, the southernmost state of India, to the United States. The immigration pattern is unusual in that women arrive first as nurses, and only once they are settled do they sponsor their husbands and families. The paradox confronting Mrs. Thomas and all Indian nurses is that despite their professional standing in the United States, despite their influential position as breadwinner, and despite their extended family's dependence on them as sponsor, they are still stigmatized as “dirty nurses.” Mr. Mathen's comments, on the other hand, emphasize a second paradox, that of the “nurse-husband.” Despite their prominent roles as church committee members and their serious devotion to the religious community, men like Mr. Thomas are seen as “playing” in the church. Try as they may, they cannot escape the stigma that attaches to their wives. Given the professional success of the nurses and their families, these negative evaluations of nurses and their husbands do not make sense from the point of view of the wider American society. Rather, they reflect the way the tightly knit immigrant community in the United States absorbs and appropriates meanings from India, meanings that become the undercurrents for the negotiations of class and gender relations.

Sociological literature has difficulty understanding either of these paradoxes. Overall, attempts to theorize the impact of immigration on gender relations do not give enough attention to the important ways in which the

ongoing connections to the native country shape the discourses and practices of immigrants in the United States. The meanings of nursing operating in the opening vignettes illustrate how the point of reference for this immigrant community is Kerala rather than the wider United States society. To be sure, there is an emerging field of "transnational" studies, which looks at the processes by which post-World War II immigrants maintain linkages and identities that cut across national boundaries and that bring two societies into a single social field.³ This literature, however, fails to examine whether transnational connections reaffirm or erode gender and class hierarchies. As the anthropologist Sarah Mahler notes: "Much of the literature to date on transnationalism from below paints it as empowering, democratic, and liberating, particularly in light of other global trends toward the concentration of wealth and power. This subaltern image needs to be tested consistently."⁴

An exception is Pierrette Hondagneu-Sotelo's ethnography of gender relations in a Mexican settlement community in California.⁵ Unlike other migration scholars, Hondagneu-Sotelo examines both ends of the migration stream to see how the originating family promoted or undermined gender hierarchy in the receiving community. Her study in fact upholds the conventional wisdom that immigration promotes a more egalitarian household division of labor, more equal participation in decision-making, and greater spatial mobility for women. She criticizes Patricia Pessar and others who explain the diminution of male dominance in immigrant families as the result of women entering the labor market and men losing economic resources.⁶ Arguing that employment alone is too narrow an explanation, Hondagneu-Sotelo focuses on the social context of the community of incorporation and on resettlement experiences shaped by migration patterns. She argues that when the community of incorporation was mainly one of men, the "bachelor" living style forced them into "domestic work," and so without any sense of emasculation they were amenable to helping their spouses when the latter joined them in California.

While Hondagneu-Sotelo's work captures the connections between native and host societies, and does recognize different realms within the immigrant community, she nevertheless oversimplifies the interrelations between these realms. In particular, she fails to acknowledge the possibility that men may balance the emergent egalitarianism in the household with the reconstitution of patriarchy in other social arenas. She assumes that men lose out both in private and in public spheres, that what happens in one sphere reinforces, rather than counterbalances, what happens in other spheres. Yet it is quite possible that the same Mexican immigrant men who agree to do housework may not be as willing to own up to this in front of their friends, with whom they may instead reassert their masculine prerogatives.

Hence, without detracting from the major contributions she makes, I believe that Hondagneu-Sotelo nonetheless falls into what Yen Espiritu

argues is an all-too-common problem with scholarship on immigration.⁷ Focusing particularly on Asian-American studies, Espiritu writes: "Reflecting sociologists' concerns with economic issues and the structures of immigrant opportunity in the United States, most studies of post-1965 Asian Americans have focused on Asian-American relations with and adaptation to the larger society rather than on relations among group members."⁸ By not examining those exclusively immigrant public spaces, Hondagneu-Sotelo misses a crucial arena where gender and class hierarchies may be contested as well as affirmed. Among Kerala Christian immigrants, the religious congregation plays just such a role, becoming an alternative communal space, counterbalancing both workplace and household.

In this chapter, I will examine a dual set of connections—those to India and those among the different spheres in the immigrant community—in order to understand the paradoxes of the Kerala Christian immigration story. I begin with the sending community of Kerala and how it has reacted to the emigration of nurses, before turning to the process of immigration itself—how it has accorded women greater economic power and changed the division of labor in the home but at the same time upheld the stigma associated with nursing. Whereas men are forced to change and compromise in the domestic sphere, the religious congregation becomes an ideal space where they can reclaim status losses suffered as a result of immigration. Yet, in asserting male privilege within the church, they also reinforce their own gender- and class-based stigmatization because of their connection to nurses.

NURSES IN KERALA: FROM BURDENS TO ASSETS

The story of the Kerala nurses and their immigration is connected to another story about the transformation of women's worth in Kerala. The discourse around the female child in Kerala was one that equated her with a liability. As one of my female respondents put it, investing money in a girl's welfare and education was seen as "watering the fruit trees in your neighbor's garden." In a society where arranged marriage is still the norm, daughters were often seen as "burdens," since the family was obliged to provide a dowry or "streedhanam" for the marriage of daughters, whereas they would receive a "streedhanam" upon the marriage of sons.⁹ As the anthropologist Susan Visvanathan elaborates, "It [streedhanam] expresses the fundamental severing of economic ties for a woman from her natal home, and her incorporation into the conjugal household."¹⁰

As nursing opened up a window of opportunity for young women to earn money and contribute to the family income, there was a concurrent change in their position within the family. From being burdens and liabilities, they became transformed into financial assets. But this transformation was not

without its contradictions. Nursing remained a low-status profession due to "... existing cultural norms deeply rooted in Hindu philosophy" that relegated nursing to the realm of the polluting and the impure.¹¹ Indeed, as the opportunities for nurses increased, their stigmatization, far from diminishing, actually increased.

One community, however, proved to be a partial exception to this rule, namely, the Christian communities of Kerala.¹² Their relative openness to nursing had much to do with the active role that English missionaries and mission hospitals took in representing nursing as noble Christian service. But here it was mostly young women from the less prosperous families who responded to the recruitment efforts of the nursing schools. Many nursing schools provided free education and a monthly stipend to the students they recruited in return for an allotted time of bonded service by the nursing graduate after the completion of her education. A number of women I interviewed admitted that they really wanted to go to medical school but because their families were not able to afford the expense nursing became a substitute.

Often it became a family project to scrape up enough money to send the aspiring nurse to begin her training. In my interviews with the immigrant nurses, many recounted how a father or a brother made the initial long train journeys to register them at the nursing school. As a result, the typical family eagerly awaited the day when their daughter's training would be over and she would find a job that would contribute to the family income. In order to help their natal families for as long as possible, many nurses dutifully delayed marriage. In interviews, some women told me how they postponed their marriage to help their family build a home or to help siblings complete their education.

Conversely, aspiring nurses from families not under economic duress met with resistance, as was the case for Mrs. Philip:

Well, in those days, nursing was associated with the option for the poor, who would send their eldest girl to help save the rest of the family. But I was not in that category, so the family said, "No way." . . . Then a friend of mine decided to go to nursing school. She was real secretive about it. . . . I found out that this friend got the address for the nursing school from the local doctor, so I ran to him and said that I was interested in going to nursing school. He insisted that I not go, pointing out that my friend was the eldest child of many and how she was doing this to save the family. . . .

In addition to being identified as low-status work for poor families, entering the nursing profession had other consequences for young women. Being away from home and having to make choices for themselves made them relatively more independent. Whether or not the nurses abided by family dictates, their increased independence and earning capacity gave them new

means to negotiate control over their incomes and their lives. But their independence and professional choice were also cause for gendered social stigma.

Enrollment in a nursing program required that many of the aspiring nurses leave Kerala and study and work in cities far away from home. Consequently, there was a loss of control over young women's mobility and sexuality. Before marriage, a young woman was expected to live under the control of her father and older brothers, and after marriage control over her life was transferred to her husband and his family. The nurses had clearly transgressed these social conventions.

Furthermore, the profession of nursing requires constant physical contact with unknown male patients and doctors. Traditionally, in Kerala society, it was not appropriate for young women to speak in the presence of males who were not relatives. As Mrs. Philip explained, "I could speak to my mother and even my brothers, but not when other men were around. I was not even allowed to go in the front room when other men were around, like my brother's friends." The working requirements of nursing, which put the women in direct contact with men who were not kin, gave rise to allegations of sexual immorality against nurses in general. Nurses who opted for late marriage were especially vulnerable to suspicions about the purity of their sexual status.

Even for the Christian community in Kerala, it was very rare for young women to work outside the home to make a living. All of the mothers of the fifty-eight immigrant men and women whom I interviewed, with the exception of one, were exclusively homemakers and did not work outside the home.¹³ For the families of these nurses, the wage-earning woman was entirely novel. While the young women and their families worked out the implications of this new earning power, the cultural reverberations of these negotiations earmarked nursing professionals as deviants with respect to the customary gender norms in the Kerala Christian community.

Control over the new income often caused conflict between parents and their nurse daughters. As Mrs. Thomas explained to me, her family did not want her to get married because they assumed that her financial contribution would be cut off when she entered the husband's family. She complained that they wanted to extract as much money as they could from her, and they are angry with her to this day even though since her marriage she has sponsored all her siblings to go to the United States. In some cases, control over income led to spousal conflict, as with Mrs. John, who tearfully told me about her husband's betrayal of a pact she had made with him before their marriage. She claims to have extracted an agreement from her husband before their marriage that she would continue to help her family. The fact that she had to negotiate this explicitly points to the cultural expectation that a woman once married belongs to her husband's family and her natal family no longer has any rights over her. Mrs. John was of course aware

of this expectation, but she felt that this tradition should apply only when women were not working outside the home. As the eldest of her siblings, one of her main purposes in entering the nursing profession was to help her family. Her husband, however, did not keep his word, and this became one of the causes for their severe marital problems. She bitterly observed that he probably assented to her condition before marriage because she was his ticket to the United States. Conflicts such as these, between parents and daughters and husbands and wives, became the grounds for the social evaluation of nurses as too independent, stigmatizing them as deviant.

Nurse money is no longer something new in today's Kerala. Major changes have taken place over the last thirty years. First, nursing education has undergone extended institutionalization, with increasing numbers of nursing schools and the increasing rigor of admission and accreditation requirements. Nursing is one of the few professions in Kerala with the guarantee of a job upon graduation and opportunities to make money abroad. Indeed, admission to nursing programs is so much in demand that, much as with engineering and medical school admission, the prospective applicant now has to pay a capitation fee of thousands of rupees instead of receiving a stipend to attend as in the past. The four-year Bachelor of Science degree (B.Sc.) and the Master of Science degree (M.Sc.) in nursing are now widely available in India, and applicants need high marks in science subjects to qualify for admission.

The second major change concerns the much wider social-class range from which women are recruited to the nursing profession. As one woman in Kerala described the changes, "In the old days . . . only those people with financial difficulties would send their daughters for this job. Nowadays everyone is interested—those who want to go to America, the financially well-off, and even the Muslims. After you study nursing, you can get a job right away."

The third important shift in Kerala is the greater power of nurses to negotiate control over their income. For instance, they have more bargaining power in the transnational marriage market, where it is known that men who marry nurses cannot expect a dowry. Since nurses are in high demand in most places, it is understood that they will more than make up for the unpaid dowry by their earnings and job security. In fact, nurses with degrees and a "good family background" are in such demand that they get "booked up" while still in school.

While nurses are a sought-after commodity in the job and marriage markets, the ambivalence toward nurses in Kerala is stronger than ever. In focus group interviews that I conducted with nurses currently working there, the consensus was that nurses were treated much worse in Kerala than anywhere else—both inside and outside India. One nurse with a lot of work experience outside Kerala explained how they are still saddled with the label of

sexual looseness: "Here, if a nurse speaks to a patient too much, they say that they are having an affair. Outside Kerala they would think that it is a friendship. . . . Even now it is just like it was in the fifties. There is not much change." Mr. Babu, whom I interviewed in Kerala, explained the attitude toward nurses as follows: "It is a sexual kind of thinking. You can get them for anything. They are loose. . . . This is the general talk in our society. 'Oh, she is a nurse from the Gulf—that is how she got her money.' That's how they say it—contemptuously."

Despite their having come from more diverse social origins, despite the greater demand for their professional skills, and despite their transformation from a burden into an asset, nurses are still heavily stigmatized. In Kerala they are still labeled as uneducated, uncouth women from poor family backgrounds, as bossy and ostentatious with their new wealth, or simply as women with questionable sexual standards. Nonetheless, as we have seen, such stigma has not prevented Kerala nurses from continuing to supply their labor to the rest of India and from there to the rest of the world. In the next section, I will look at the factors that shape the demand for this transnational labor force, especially in the United States. I show how the immigration process inverts the occupational status of women and men, nurses and their husbands.

IMMIGRATION AND ITS GENDER EFFECTS

The incorporation of Kerala Christian nurses into the Indian labor force created a reservoir of migrant workers for a global market.¹⁴ As families began to depend on the incomes of their pioneering daughters, many Kerala nurses accepted financially lucrative nursing opportunities in other countries. No sooner did they occupy their new immigrant jobs than they became stepping stones to further migration for the family members they sponsored.

Specifically, in the mid-sixties, the expanding oil economies in the Middle East opened up new opportunities for foreign labor, especially in the service, health, and other professional sectors. Indian nurses were part of such immigrant work forces. Among the women I interviewed in Central City, many had worked in countries such as Kuwait, Saudi Arabia, and Dubai. Others had spent years working in African countries such as Zambia and Nigeria before coming to the United States. They had become part of a process of global step-migration.¹⁵

In the United States, a number of factors contributed to the demand for foreign nurses. The post-World War II expansion of Medicare and Medicaid programs created a greater need for health care professionals. However, there was a decline in the domestic labor pool, as this was a period in which American-born women had attractive alternative career choices open to

them. More importantly, as Paul Ong and Tania Azores explain, "the endemic and recurring shortage of nurses" in the United States "... is tied to wages that have remained below market level because hospitals, which employ 70 percent of nurses, have colluded to set rates."¹⁶ They blame sex-based occupational discrimination, along with poor working conditions, for the high exit rate of those already in the profession as well for the shortage of new nurses.

The liberalization of immigration, specifically the Immigration and Nationality Act of 1965, was an attempt to respond to such labor shortages. The third preference category in this act allowed for the entry of skilled professionals who were needed in the United States. Because this act also increased immigration quotas for formerly restricted areas, it helped to induce increasing immigration of nurses from Asia, and in particular from India. By the late 1970s, immigration of Indian nurses to the United States was only exceeded by that of Filipina nurses, closely followed by Korean nurses. From 1975 to 1979, while 11.9 percent of the nurses admitted to the United States as permanent residents were from India, 11.2 percent were from Korea, and 27.6 percent were from the Philippines.¹⁷

Continuing shortages in the supply of nurses led to congressional hearings on the subject and to the passage of the Immigration Nursing Relief Act of 1989. Although immigrant nurses make up only a small percentage of the nursing work force (4 percent in 1984), they are a critical source of labor, particularly for inner-city hospitals that have difficulty attracting and retaining native nurses. These hospitals have actively conducted recruitment campaigns in countries such as India, leading to what some have characterized as a "brain drain" and others call a "skill drain."¹⁸

Kerala nurses find opportunities abroad especially attractive because working conditions at home are so deplorable. In a focus group interview, nurses talked about the high nursing vacancy rates in Kerala hospitals, leading to a disproportionately low nurse-to-patient ratio and poor quality of patient care. In one hospital, nurses told me that for every forty-five patients they had only two staff nurses. As a result, Keralites who could afford it were seeking health care outside the state. Furthermore, many of the nurses who had worked outside Kerala talked about the markedly different treatment they received from doctors and hospital administrations inside Kerala. Instead of being treated as equals and colleagues, they complained of being shouted at and treated like inferiors in Kerala hospitals.

Along with relatively poor working conditions, Kerala nurses are also unique for their lack of collective organization. As one nurse who had worked outside Kerala explained:

Here they won't strike—they won't open their mouths. The problem is that the people working here either need their bond or they have returned from abroad and they don't want to just sit at home. Low salary is not a botheration

to them. So only we juniors are here for the salary and most are only here for the time being. Most of us are here on a one-year contract. This is just a temporary thing since most of us are planning to go to different places.

Despite the continuous stream of nurses going abroad, hospital administrations do not have to improve conditions to retain a minimal nursing workforce. Kerala hospitals rely on the compulsory bond that requires newly graduated nurses to serve up to a three-year period in the particular hospital designated by the nursing school. Consequently, as long as the nursing schools are filled with students, Kerala hospitals have access to fresh batches of low-paid apprentice labor. One nurse summed up the reasons why she wants to immigrate: "Why struggle here and get no money? We can go abroad, make some money, and come back. Staying here, we don't get any respect and we don't get any money." The result is a transitory transnational workforce with little motivation to fight for better conditions.

Spurned at home but in high demand abroad, nurses found themselves caught up in an unusual immigration process. Whereas for most immigrant groups to the United States the men come first, in the case of Kerala nurses it was the women who arrived first and only later sponsored their husbands and families. Typically, the men waited in India with their children until they were allowed to join their wives, who were already working in the United States and supporting the household through remittances. In some cases, single women went back to India with their green cards and found husbands with whom they could return. In this immigration experience, conventional roles were reversed for men and women.¹⁹ The immigrant men experienced loss of status in two ways: both in terms of their relations to their wives and in relation to their positions before immigration.

While their nurse-wives and sisters experienced upward economic mobility and increased status, Kerala immigrant men faced the prospect of perhaps never making as much money or gaining equivalent professional standing. Although many of the women had worked in India and had contributed financially to the household income, they had not been the primary breadwinners they became in the United States.

Immigrant men also lost status with respect to their previous social and economic positions. As immigrants they had limited access to the political and social structures of the wider American society. Low incomes and unstable employment in secondary labor market jobs left men with few opportunities for civic participation and access to leadership positions. The difficulty in transferring Indian academic degrees, credentials, work skills, and experience to the United States often meant that men had to start their careers all over again.

They typically had to relocate to suit their wives' nursing careers and re-educate themselves in new trades and professions. Raymond Williams, in his study of immigrant groups from India and Pakistan, reports that most

Kerala Christian men "who followed their wives took positions in machine shops or factories, or used the connections their wives had in the hospitals to get training as medical technicians."²⁰ In both an informal survey and in interviews I conducted at St. George's, many men were hesitant to disclose the exact nature of their employment, and used such vague terms as "business" or "office."

Since the women were the primary agents of immigration, their husbands and male kin were dependent on them when they joined them. The dependence of the men on the women often went beyond the financial aspect to include all manner of adjustments to American society. The downward mobility of the men raises questions about what happens in the domestic sphere and how men compensate for their loss of status. In the next section, I will deal with the domestic division of labor in the immigrant households, and in the following section with men's use of the church to compensate for their losses.

TRANSFORMATION OF THE DOMESTIC DIVISION OF LABOR

In order to assess the degree to which the domestic division of labor had changed as a result of immigration, I first asked each of the thirty couples I interviewed to describe the gender division of labor in the households of their parents. It turned out that, with one exception, all their mothers were homemakers, so that women performed exclusively household chores, cooking, and childcare, whereas financial affairs, breadwinning, and the disciplining of children fell within the paternal realm. I next asked them about the gender division of labor in their own households. While their responses fell across a spectrum, nonetheless in all cases the men were forced to adapt by doing at least some household chores and childcare while also sharing financial decision-making with their wives.

Housework and Cooking

In most of the households, the women were still primarily responsible for the daily cooking. Some men, however, who had lived away from home in their bachelor days had some experience fending for themselves and even admitted to enjoy cooking. For example, Mr. Thomas, who left home at sixteen for technical training in north India, maintained that he does all the cooking in the house. Mr. Samuel, who has a similar story, asserted that he enjoys cooking and entertaining so much that his wife has trouble resting before her night shift because there are too many people around. Mr. Thomas and Mr. Samuel, however, are exceptional.

Most men appeared uncomfortable when talking about their contributions to household work. For instance, Mr. Eapen talked about the tension of the lifestyle, especially in relation to housework. As he explained, "Here

I had to do cooking. I had to do the cleaning—I don't mind doing that. I know some Indian men are thinking they shouldn't do this work. I do it. . . . If she will end up having to do everything, she cannot do it, right?" Here, he expresses his discomfort at being caught between the prescription that "Indian men shouldn't do this work" and the practical reality of the limitations of his wife's time and energy after working nights. His wife elaborated on the "tension" that her husband experienced as follows: "Here life is more frustration, more tension. He came in 1979 and we had a baby in 1980, so more tension developed. . . . Because my husband had three sisters and he was the one son, I think he found it more difficult here. He said he made a mistake. He should have never come here."

While the large majority of the men I interviewed aligned themselves around Mr. Eapen's position, their wives had varying responses to the changes in the male immigrant's role in the household. For instance, Mrs. Eapen's assessment of the conditions of work in the United States led her to have very democratic expectations for the division of housework. As she put it,

In India, you leave the dishes in the sink, the lady comes and washes. Here you can't do that. Because you work—everybody works, so everybody has to help. Before I go to work, I leave everything neat and tidy so I expect the same thing when I come back from work too. The floor where I work, it is so damn busy. Sometimes I don't get out even [at] midnight, sometimes only [at] two o'clock in the morning. So I don't want to come at two o'clock in the morning to find the whole sink is full of dishes.

In a similar vein, Mrs. Philip describes the initial shock and consequent adjustment in her household around the issue of housework.

I came first, and after eleven months my kids and my husband came. O God! That was the time I was studying for the psychiatric courses [for the licensing exams] and we had little kids. My husband did not do any work. By 4 A.M. I had to get ready, get the milk ready. At that time, I had a newborn baby. Then I went to work. At noon I needed to go to classes at [the] hospital. I took the bus there. By 10 P.M., I would come home and see all the dishes, the kids sleeping in dirty clothes. My husband then was not used [to it] and did not know how to do the work. I managed for about two weeks and then burst out crying. I was like a mad woman. I told him that I get up at 4 A.M. and between work and school get back at 10 P.M. . . . If I have to cook and clean till 12:30 A.M. at night, how long do I have to sleep? This is when he realized how I was doing all the work. So he slowly started to help and do the chores around the house. Things started to get better after a month.

In contrast to the position taken by Mrs. Eapen and Mrs. Philip, there were some women who voiced their disapproval of the male contributions in the domestic realm. For example, Mrs. Papi explained why she did not

like her husband cooking: "If I am sick, he will cook. Otherwise, I will do everything. I don't like him to do on a daily basis. . . . When I am not here, for the kids he makes [meals]. This is not the way men in our country do. . . ." She believes that to keep up tradition she must not let her husband cook. Given the lack of auxiliary support from relatives or servants, even Mrs. Papi is sometimes forced to ask her husband for help, and he has no alternative but to acquiesce.

Childcare

While a few of the families immigrated at a stage when their children were older and could take care of themselves, the vast majority had to solve the problem of babysitting for their infants. The most popular solution was to juggle their work schedules to make sure one of the parents was always home. Because shift work was available to nurses, many women I interviewed worked evening or night shifts while their husbands worked during the day.

A few families opted to take their infant children to India where grandparents or other relatives took care of them until they were ready to attend school. A number of people said that relatives they had sponsored had helped out with childcare.²¹ A majority of the couples, and especially the men, complained about the difficulty of dealing with childcare issues. Couples lived like strangers for years—hardly seeing each other as they handed off the childcare baton to each other between their work shifts. The men I interviewed talked about their involvement in childcare as one of the major changes relative to their own fathers' roles in the household. Mr. Elias exemplified this view when he bemoaned the loss of a past where mothers were the exclusive caretakers of children.

Back home taking care of the kids means, when they get back from the school, ask them to go and study. That is it. Here you have to change diapers, give them bath[s], help them dress, and the day is gone. Back home, even if the father and mother are there, mother stays at home and father works outside. Mother takes care of the kids. Mother is the one who forms the character of the kids. Here, the mother works outside the home and so that is left to the father. That is the biggest difference here. Back home it is the mother's sole responsibility. Isn't it? Mother gives baths, and tells them to study, since she is the one at home. Here it is the opposite.

Additionally, in Kerala, the role of the disciplinarian was the jurisdiction of the father. It appears that the mother has now taken this over. In an informal discussion with four immigrant nurses, disciplining children became a topic of discussion. All the women agreed that the kids came to them for permission to do things, causing conflict with husbands who were consistently more conservative, especially when it came to daughters. One woman thought that perhaps mothers were better able to relate to their American-

born children because they had studied American psychology for their registered-nurse licensing exams. Mrs. Simon described the dynamics of the erosion of paternal authority:

Actually, my husband is very strict with the children. See, he was disciplined such that if his father had said to him, "You stop right there!" he would stop. He was scared to stand in front of his father. That is the way it was in his family. . . . So the same way he tells my children too [she corrects herself]—our children. "Do this and do that." Of course, the children who live here don't listen all the time. . . . I tell him, "Don't be so strict with them. With them you can't get too strict." And then he gets angry and says, "You are the one who spoils them."

At the same time that they face greater responsibilities for childcare, Mr. Simon and his contemporaries discover that they have lost their prerogatives as patriarchal disciplinarians.

Financial Decision-Making

In addition to housework and childcare, I asked the couples about how they divided up the work around financial decision-making. Couples typically fell into one of two camps. First, there were those who professed an egalitarian approach to dealing with their finances. For example, Mr. Varkey claimed that "Both of us take part in making decisions. Sometimes she will say something. I may or may not agree. She has no problem with that. Both of us take part in making decisions. When she disagrees, then I have to convince her, showing the reasons. The same way she will also do to me."

Then there were other couples who staunchly claimed that the husband was in charge of all the finances. Both husbands and wives in this category independently made statements such as the following: "She doesn't even sign her own paycheck," or "I [wife] don't even know how much I make." In this respect Mrs. Thambi is typical:

Mrs. Thambi: He does not know the ABCDs of cooking. On the other hand, I don't know anything about billing.

S.G.: You don't know?

Mrs. Thambi: No.

S.G.: Is that by choice?

Mrs. Thambi: Maybe I don't want to learn.

S.G.: Why not?

Mrs. Thambi: I don't like it.

S.G.: You don't want to learn about it?

Mrs. Thambi: I just go to work and get my paycheck. I don't even know how much I make a year. I don't want to know anything about money. . . .

Later on in the interview, as we discussed the different experiences of men and women in the immigration process, Mrs. Thambi explained her cultivated ignorance regarding money matters.

Mrs. Thambi: . . . I think they [the men] feel a little insecure when they don't have jobs. If they don't have jobs—if they have jobs, I don't know . . . If he [her husband] makes much less money, he may [feel insecure]. I never give him a chance to feel that way.

S.G.: How do you think you do this?

Mrs. Thambi: I mean—I don't know—in the first place, I don't talk about salary—"You make this much?" or "I make this much."

S.G.: He takes care of all the money issues?

Mrs. Thambi: Yah, I don't ask him about that. I don't tell him about that. When the income tax comes, I ask, "So how much did I make?" I don't know exactly how much I make. I don't know where the bank accounts are. Like sometimes I say, "If something were to happen, I don't even know where the bank is." I don't think he feels that way [insecure].

S.G.: You consciously make an effort to not make him feel that way?

Mrs. Thambi: Yes.

Despite Mrs. Thambi's concerted effort to leave financial matters to her husband, he and most of the other men whom I interviewed were all too aware that the fact that their wives worked outside the home changed the balance of power. As Mr. Cherian, who claimed to take care of all financial matters in his household, put it, "Here both husband and wife work. Over there, the ladies stay home, so they don't know what the hell is up. So here we have to discuss with them. Otherwise, they don't feel equal." Unlike their fathers, men like Mr. Cherian had to recognize their wives' financial contributions and take their opinions into consideration even if their wives chose not to sign their own paychecks.

In addition to their knowing "what's up," there are additional factors which require women to participate in financial decision-making. Mrs. Punoose gave one such example when she explained why she argued and fought with her husband in a way very unlike her mother.

Mrs. Punoose: My father deals with everything. My mother does not know anything. She knows just cooking only. My father, whatever he does, he does not even tell my mother. . . . Yes, she never argued. But here we have to. Here you can't do anything yourself. If you buy, both of you have to sign. Both are working and both are responsible for the payment. Everything should not be in one person's name. It won't happen anyway. Everything is shared.

S.G.: Do you think that's better?

Mrs. Punoose: I think that's better. If everything goes to one person, you end up with nothing. Everything is not controlled by one person. Everything is equal. Equal responsibility. If I need money, I have money. If he needs money, he has money.

Financial transactions require the participation of both husband and wife. While a woman may choose not to sign her own paycheck, she has to participate in all major credit-based transactions, such as the purchase of a home or a car. Since her salary may be the larger and the more stable of the two, her husband usually needs her signature on all major loan applications. Thus, Mrs. Punoose confidently asserted, "Everything should not be in one person's name. It won't happen anyway." In the United States both members of the couple are responsible for payments. Another factor leading to female participation in financial matters is the greater facility that some women have with English. One such example is Mrs. Thomas, who talked about how she was still in charge of finances in their household:

. . . Most of the things are still under my name—it did not change—phone bill, credit cards, and all other things. He is not good at checking and writing but he used to do it when it was necessary. He managed. When he had some problem and he could not do it, he would give it to me. I am better at talking in English. When you come from a rural area of India, there is a problem in talking. There was only Hindi in that part of the country where he was working. So I took the responsibility of dealing with all kinds of matters.

In summary, immigration has brought in its wake changes in the household division of labor. In a way their fathers would never have imagined, Kerala Christian men contribute to housework, cooking, and childcare, while at the same time sharing financial decision-making with their wives. While there is no space to examine this question here, I observed different compromises between husbands and wives, all the way from reassertion of a strict patriarchal order to radical egalitarianism.²² The specific balance depended on a number of factors, including the relative earning power of men and women, the constraints of the specific jobs, and the availability of childcare—whether from visiting kin or by sending children home to Kerala. Whatever the variation, all the immigrant men faced a loss of both patriarchal authority within the family and of social and economic status in the wider society. The question we must tackle next is how men attempted to compensate for this profoundly difficult change in their lives.

REASSERTION OF MALE PREROGATIVES IN THE CHURCH

When the immigration literature considers the relations among spheres—work, household, and community—it assumes that changes in one sphere,

such as the gender reversal in employment status, will translate into parallel changes in other spheres. We have just seen that this is indeed the case: the rising labor market fortunes of nurses relative to their husbands lead to a more egalitarian domestic division of labor. In the sphere of community, specifically the religious congregation, however, we find the opposite tendency. Instead of changes parallel to those in household and work, there is a "reactive compensation." Here, Kerala Christian men seek out opportunities for participation and leadership that counterbalance their diminished powers at work and at home.

With limited opportunities for civic participation in the wider American society, the religious congregation becomes the ideal place for immigrant men to recover their lost status. In the first place, back home in Kerala leadership roles in the church are reserved for socially and economically prominent male members of the community, so that lay leadership is associated with high status. Mr. Lukos, for example, was proud to be from a family that could trace its active role back to the first churches of Indian Orthodoxy in the seventh century.²³ Just as it is for Indian Syrian Christians in Kerala, so the church in the United States is the umbrella under which family and individual identities are formed and reputations are won or lost: for Syrian Christians in Central City, St. George's became a venue for status claims.

Second, many immigrant congregations endeavor to forge a social and religious space in the new setting that reproduces what has been left behind in the imagined homeland.²⁴ In many ways, St. George's attempts to create an untainted "little Kerala"—an "extended family" for its members who are experiencing alienation in the wider American society. During both happy and sad times, individual members share the events of their lives with the church family. Beaming parents bring huge birthday cakes for the whole church to celebrate the important first birthday of their child. The housewarming party is usually a communal celebration that takes place after the house-blessing ceremony conducted by the priest. Death or illness—even of relatives in Kerala—summons an immediate network of support: church members gather together at the home of the bereaved or sick member to offer spiritual consolation and material aid.

Mrs. Simon's complaint about her husband explains the importance of church participation for immigrant men. "As for me," she said, "I told my husband, 'Don't join all these [political] parties and groups in the church. Just go to church, pray, and come back. Why go for these parties? I don't like that.' My husband replied, 'I have to have a niche here somehow. At least I have three to four people with whom I can talk now.'" Without extended family or friends, and often without a satisfying job, "having a niche" becomes crucial for the men.

The congregation offers leadership to some men and a sense of community to others. More generally, and this is the third compensatory role, the congregation has always been a place of male privilege. The gender

roles and ideology in the Orthodox Church are starkly delineated. Men and women are physically separated during the three-hour-long Sunday morning service, and women have no official role other than joining in communal responses and hymns. Women and girls must cover their heads during the service, and they receive communion and final blessings only after all the men and boys have taken their turn. After they have been consecrated as deacons or acolytes, only men and boys can be altar helpers or assistants to the priest. Because they are polluting by nature, the women in the church cannot enter the altar area or touch the garments of the priest. Their menstruation is defiling and they are therefore barred from contact with all that is holy.²⁵ Women are excluded from positions of leadership. Only men over the age of twenty-one can vote in the meetings of the General Body. Women only organize the more peripheral activities: child education, food preparation, and their own groups. Even in the women's own service and prayer groups, such as the Martha Maria Samajam, the local priest presides over their meetings. Women can become Sunday school teachers, but they cannot be elected to the managing committee of the congregation.

Thus, the immigrant congregation offers a unique setting for men to restore their lost identity, and their self-esteem. To compensate for demotion in the labor market and the family, they use the church in three significant ways: to assert their leadership, to develop a sense of belonging, and to secure their exclusiveness. The congregation does not merely reproduce gendered patterns found in Kerala; it appropriates those patterns in order to deepen and extend male prerogatives. This "reactive intensification" can be found in the three areas referred to: the search for leadership leads to the phenomenon of church splitting, and the creation of new congregations; the need for communal belonging calls for new activities for men, such as preparing and serving food on public occasions; and the claim to exclusiveness is displayed, for example, in the organization of caroling. Let me deal with each in turn.

One way of expanding the opportunities for leadership is to multiply the number of congregations.²⁶ While not conventionally understood as a response to the devaluation of men in work and family life, church splitting, as it is called, certainly caters to this need.²⁷ Because the split-off congregations tend to be small, the vigorous participation of male members becomes crucial to their survival. Mrs. Simon told me that the reason her family had left their first congregation to join a splinter group was because her husband was given the chance to serve at the altar there.²⁸ Her husband was not getting along with the priest at their home congregation, and so it was not difficult to persuade him to join a newly formed congregation where he could realize his ambitions more easily.

If forming new congregations provides new leadership opportunities, the creation of new roles within the congregation fosters a sense of belonging.

In Kerala there is a tradition of low-status men cooking for wedding banquets and other communal social events. This, however, does not extend to the serving of food in the congregational setting. The typically large congregations in Kerala do not have weekly refreshments after the service. At St. George's, on the other hand, eating and drinking after service is the norm not only because members often travel great distances to attend church, but also because the social aspects of congregational life are central to the immigrant community. Mr. Elias puts it well:

Back home, if someone is visiting, your relatives will invite you. If there is death, your relatives will invite you. . . . For the death anniversary of a loved one, you would invite your relatives to your home and serve food. Here, since you don't have relatives, the church members become your relatives. So church is the center of social events. Cooking, serving, cleaning, and everything—we are like one family.

What is striking about these communal gatherings is that they are controlled from start to finish by men—from the planning, to the collective preparation, to the serving of food. At St. George's, men take over what are typically female responsibilities and derive much satisfaction from their public contribution even though it involves menial labor. As Mr. Samuel explained:

I never did anything in India, you know—cooking and things like that. . . . Members of the church—poor people—are there to do it. It kind of looks small. The tradition over there is that if you go and cook for the church, you will look—you are cheap or small in the society. They look down on that. Here also, maybe people think about it, but I don't care. . . .

For the men, therefore, their participation in this regular public ritual gave them a collective identity that outweighed in importance any misgivings about the low status of cooking and serving.

If splitting congregations propagates new leadership roles, while cooking and feeding the congregation creates a sense of belonging, caroling is a way of establishing the church as male territory. Immigrant congregations, like St. George's, form caroling groups, which go to the homes of both members and nonmembers, including those of Hindus in the Kerala immigrant community. These groups bring the "good news" in the form of carols, often written to the tunes of Malayalam film songs.²⁹ The expectation is that each home they visit will make a monetary contribution to the congregation. Because donations from caroling are an important source of income, the caroling groups put in long hours to cover wide areas of the city.³⁰

Besides providing an opportunity for sharing the gospel and fundraising, caroling at St. George's promotes exclusive male participation and camaraderie. Whereas in Kerala the caroling groups of the Orthodox congregation tend to be made up of young people chaperoned by Sunday school

teachers, the same groups at St. George's were limited to adult men. Mr. Samuel considered singing as part of the Kerala Christmas: "It is an old tradition. During Christmas time everybody expects caroling to happen. If there is no caroling, you don't feel like it is Christmas." However, when the teenagers of the church voiced their desire to participate, men put up a great deal of resistance.³¹ In making caroling an exclusively adult male activity, the men of St. George's were serving the community but they were also carving out a terrain of male exclusivity.

We have so far considered the church from the standpoint of men, but how do women regard their own exclusion? First, and most obviously, irregular schedules imposed by nursing work make it difficult for most of the women to attend church consistently and participate in its affiliated activities. Still, there are a number who would like more active roles and a voice in church-related, decision-making processes. Mrs. Philip explains why she curtails her own inclination to vocally participate in the meetings of the General Body.

Mrs. Philip: In fact, I have felt like talking at times, but I know that they [the men] are going to talk about me.

S.G.: Whom do they talk about? You or your husband?

Mrs. Philip: You know what. They will talk to the husband and say, "See how your wife is." This leads to a fight at home. But when they [the women] are at work, they argue and talk, but because they don't want to fight with their husbands or have people talking, they just keep quiet [in church].

Here potential public censure and domestic discord are the cause of Mrs. Philip's silence.

Because nursing is a marker of deviant femininity, it is even more important for the "dirty" nurses to stay otherwise within gendered boundaries, guarding their carefully forged respectability in the public forum of the church. Women police their own bodies when they choose clothing, when they decide where to stand in the church. Mrs. Mani, whom I met at a national church conference, told me how she agonizes over what to wear for her visits to the home of the bishop. Whereas she usually wore a skirt and blouse to her nursing job, on the days that she had to stop by the bishop's home, she would either wear an Indian outfit or take a change of Indian clothing with her to work. She then related an incident in her church that indicated just how sensitive she was to questions of body surveillance. Once, when her daughter wore a nice, dressy pair of pants to church, the priest's wife pulled Mrs. Mani aside and asked her why her daughter wore pants to church. Mrs. Mani's answer drew on conventional norms and highlighted the detailed patrolling of the female body: "Yes, my daughter tucked her shirt in her pants. But wearing a skirt with your blouse tucked in and wearing pants—both ways your behind is visible to the same extent."

Mrs. Mathai, who left home at the age of sixteen for nursing, explains how easy it is for women to have their reputations besmirched.

If some girl was sent for nursing, the feeling was that she was lost. But people just made up those things. Even now, our people are like that. If I speak to somebody, even though I am married, our people will make up things to say. They don't look at age. They will say whatever they want, especially our men. Even if we smile at somebody or say "Hi," immediately that information goes to the Indian store and they start talking about you. It is just like in Kerala—that's how our people are. There are many stories like that around here. This is why I don't send my daughters anywhere without their father. I am actually scared.

The need to guard her reputation against the stories that people make up "even now" about "lost" nurses defines Mrs. Mathai's behavior no less within the immigrant community than in Kerala. Even her daughters' mobility has to be monitored to prevent disrepute to the whole family.

Fear of a soiled reputation and of unwelcome gossip are important reasons for the nurse's subservience in church. This fear inspires voluntary compliance. Like her husband, she too is reacting against gender reversals at work and in the home. She too seeks to compensate for her husband's loss of status by making sure she does not cause him to lose face by transgressing acceptable behavior. She knows that she can be stigmatized as a "dirty nurse" and is therefore that much more careful to uphold expected gender norms in public spaces. In this way she becomes an accomplice in the consolidation and extension of male prerogatives.

THE PARADOX OF "MEN AT PLAY"

Ironically, the male attempt to gain back status in the community turns out to be self-defeating. If the splitting of congregations opens up new positions in the church hierarchy, at the same time—by making them more common and mundane—it also devalues those positions and thus the men who occupy them. Their increased participation only attracts the resentment and disdain of displaced onlookers, who talk of them as children "playing" in the church.

The most profound element in this entire dynamic remains the wives' independence in their role as nurses. Try as they might to elude it, nursing operates as a marker to undermine the status of the husbands. The shift in power in the domestic sphere comes back to haunt the men in the communal sphere, where their connection to nurses becomes the most salient feature of their identity. Recall what Mr. Mathen, whose wife is not a nurse, had to say in the vignette that opened this chapter, dismissing the status claims of husbands in the church as mere "play." Because of their secondary role in the immigration process, because their wives immigrate first and

then send for them, the husbands initially lose much of their personal identity. They become known as "Annie's husband" or "Molly's husband" when they first arrive in Central City.

Within the community, the husbands of nurses are frequently identified as "frustrated men" while "nurses are the bosses." Mrs. Itoop, herself not a nurse, referred to the common perception that "It is the men, who are not allowed to say anything at home or at work, who come and shout at church." Mr. Itoop elaborated:

There [in the church] the wife will not say anything. At home she might, but not in church. . . . It is considered very bad to be a controlling wife back home [in India] because men are the bosses. If it is the opposite, it is a very bad thing. . . . The wives won't try to control openly. His masculinity is shown inside the church. The idea is to show the wife and others. He may be able to get rid of what is inside. "Even though I am insignificant, I am not bad"—he wants to show that to others.

Thus, the deviant femininity attributed to their wives turns into the emasculated stereotype of the "nurse-husband" who is forced to put on a show in church.

Mr. Mathen claimed that even the husbands recognized their participation in the church as, in part, a compensation for their loss of status in the domestic sphere, as witnessed by their domination of the congregation's management committee.

Mr. Mathen: You take any church [in America]—you take anywhere, it is a fact. I will tell you right now—in our church, the trustee—Mr. Varkey—his wife is a nurse; the secretary—Mr. Paul—his wife is a nurse. . . . [He went on to name all of St. George's committee members.] See where it stands—eight of them already out of ten. There are [only] two more.

S.G.: I see your point.

Mr. Mathen: It is not my point. Even Varkey, Patrose, Paul—they all say the same thing. Oh, I am not saying this behind their backs or anything. This is the fact.

S.G.: Do they say that at home, that their wives are in control?

Mr. Mathen: No. I am not saying these men have problems in the homes. They are all happily married, and they are my friends too. If you take a church, this is what you see. Kunju—his wife is not a nurse. He was never on a committee.

More concretely, as I recounted in the previous section, one of the ways husbands attempted to use the church to reclaim status was to develop a sense of collective belonging by preparing and serving food on ritual occasions. But this reactive compensation through "female work" identified them even more closely with their stigmatized wives.

Interestingly, it is not only their gender status but also their class status

that is denigrated by their connection to nurses. In the absence of class identifiers that operate in Kerala, nursing is transformed into an explicit marker of class in Central City, tying husbands to the presumed pre-immigration lower-class origins of their wives. To understand this process we need to turn back to India. In Kerala, caste, class, and religion are all important indicators of identity. There, Christians are themselves separated into different denominations, castes, and classes. Most Keralite Syrian Christians choose to separate themselves from the "lower castes" by claiming that they are directly descended from the Brahmin caste, although Christian theology does not even allow for internal caste differentiation. And while Syrian Christian churches began accepting lower-caste converts in the late nineteenth century, almost all the churches maintain separate places of worship, separate congregations, and separate cemeteries for their few lower-caste converts. Keralite Syrian Christians are a strictly endogamous pseudo-caste group, in that marriages and other affiliations are limited to their own kind. Class differences within this group are therefore an important means of social differentiation. While marriages take place among members of different Syrian Christian denominations, as between Catholics and the Orthodox, class differences are critical to the regulation of these alliances.³²

I will consider three markers of class in Kerala—material wealth, family name, and community leadership—and show how they recede in importance and in some cases disappear altogether in Central City. Let us begin with material wealth. Immigration and the resulting enrichment for most families homogenizes consumption patterns, rendering differences in material wealth less visible. Whereas in India it is only the rich who own large homes or cars, in Central City almost every nurse and her family can afford these items. Mr. Cherian, whose wife is not a nurse, explained how "nurse money" makes it difficult to distinguish between the rich and the poor.

Mr. C: Here the difference between the rich and the poor is much less. In India, you can differentiate the rich and the poor much quicker.

S.G.: Can you still recognize who is rich and poor?

Mr. C: No, here you can't tell. Nurses make good money, so they can buy the stuff to look rich. So you can't tell who is rich. In India, the rich have a good education—you know, doctors, engineers, and lawyers. They don't marry nurses; they marry from good families, only the educated. . . . That is what we see in our church at least. Do you see any doctors working in our kitchen?

The nurse's income allows immigrants to "buy the stuff to look rich." Although you cannot tell the rich from the poor in Central City, Mr. Cherian is suggesting that you do know who is married to a nurse. Men from wealthy "good families" would not marry nurses and would not be working in the church kitchen. Thus, despite fancy cars and big homes, their mari-

tal affiliation with nurses ties the immigrant men to a lower-class background.

Family name is another indicator of social class in Kerala. In Central City it is not necessarily recognized because members of the immigrant community are not from the same parts of Kerala. Family name seemed to be an issue for those who claimed to possess a prestigious heritage. For example, Mr. Lukos claimed he knew all the top people in his community, because he himself came from one of the top families. "You ask anyone if they know this family and they should know us." Mr. Varkey similarly claimed that his family was one of the original Brahmin families to be converted to Christianity by St. Thomas about two thousand years ago. He boasted about his high standing in his natal village. When he was studying at the engineering school in Kerala, his fellow villagers referred to him as the engineer from "so and so" family. In Central City it is less likely that Mr. Lukos or Mr. Varkey would get the type of "recognition" to which they are accustomed in their home communities.

In the absence of recognition through "family name," nursing once more steps into the breach as the stamp of class origin. Both the husbands and the children of nurses are tied to the putative class status of nursing. Mr. Lukos observed:

So many of my cousins—they are all trying to find a proper match for their boys, and they all tell me that they do not want the marriage if there is a nurse in that family. That is what is called class consciousness. They said, "Can you find a match for my son? He is a doctor, so we are looking for a doctor, and her parents should not be nurses for any reason."

Even if they are doctors in the United States, daughters of nurses are not eligible for high-class husbands from Kerala. The stigma against nursing is transmitted directly to the immigrant community, where it affects not just nurses and their husbands but their children too.

Given that his wife is a nurse, I asked Mr. Lukos if his children would have qualified as marital options for people like his cousins in Kerala. He responded: "Then again, they [my cousins] are all rich, and they are all well placed in society, and because I was the oldest [child], I married a nurse. I am very inferior to them because I married a nurse and two of my sisters are nurses. The feelings are still there." Despite his own high-class origins, Mr. Lukos was not sure that his children could climb back up because their mother and aunts were nurses. In requiring that the prospective bride not be the child of a nurse, the cousins of Mr. Lukos were employing the only class-control measure at their disposal. We see here how connections back to Kerala reconstruct, within the immigrant community, patterns of class around the marker of nursing.

Finally, leadership positions in the church and community represent another symbol of upper-class status in Kerala. In the immigrant community,

at least at St. George's, leadership is linked to the disreputable nurses and their putative lower-class origins. Men from upper-class families are either crowded out or hold themselves aloof from the politics of the immigrant congregation. Mr. Cherian explained: "Here, people who are well-off do not do church politics. Look at all the committee members: they are all nurses' husbands. Professionals do not get involved. In India, it is the opposite."

In Kerala, material wealth, family name, and community leadership are the symbols of class. In the immigrant community, it is difficult to tell the difference between the rich and the poor, family names do not elicit "recognition," and leadership in the church is no longer the preserve of the upper class. In this context, nursing becomes the telltale signifier that undermines the husbands' effort to gain back the status they lose after immigration.

GENDER AND CLASS IN THE CONTEXT OF TRANSNATIONALISM

The incorporation of Kerala Christian women into the Indian labor market as nurses was the catalyst for tremendous changes in the Christian community in Kerala. The new earning power for women not only translated into trickle-down prosperity for many around them, but it also challenged the gender norms existing in Kerala, leading to the discursive construction of the "lost" and "dirty" nurse.

In an era of global demand for nurses, these pioneering women took the opportunities that came their way to become the tickets for international migration for entire families and even villages. On the face of it, this is a story of economic mobility and professional achievement. It tells of men and women who overcame many obstacles to build new communities in the United States as well as to help their families left behind. Gauging by the fairly affluent immigrant community in Central City, they represent the quintessential American success story.

A closer look, however, reveals that behind the success story lies another story about the complex reconfiguration of gender and class relations, showing how gender and class are inseparable. As they lost gender power in the immigration process, male immigrants attempted to gain back status in the only place available to them. Because their participation in the wider American society is constricted, they created new roles for themselves at St. George's. Because of their implicit identification with their wives, these men experienced a de-classing effect. Similarly, the nurses' upward mobility had immediate effects on their gender status. They became known as "bosses" and therefore had to surveil their bodies, movement, and speech ever more carefully in such communal spheres as the church.

At first it seems that the separate spheres of family, work, and community are reconfigured to help maintain equilibrium in gender relations. It appears that the church is a space where the men successfully compensate

for their diminished status at work and at home. In the case of the nurses, their increased professional status and upward economic mobility seem to give them greater power in the household. However, paradoxically, the gender relations in these spheres end up undermining each other. For the men, identification with their spouses and their low-status positions in the labor market return to haunt them in their assertion of male domination in the church. Similarly, policing their bodies and their behavior in church translates into nurses' sensitivity to the predicament of their husbands. Nurses themselves make great sacrifices to bolster the self-esteem of their husbands by minimizing adjustments in the household. In other words, for both men and women the attempt to compensate within spheres is severely constrained by influences across spheres.

Finally, it is the connections to Kerala that re-create the old oppressive gender and class relations in the immigrant community. It is on her visit to Kerala that the specter of the "dirty" nurse becomes resurrected for Mrs. Thomas in her interactions with her well-educated sister-in-law. Mr. Lukos feels that his children would be excluded from marrying into the circle of his high-class cousins in India because their mother and aunts were nurses. In the immigrant community, these meanings of nursing are the ever-present backdrop that informs ongoing negotiations of gender and class relations within and among different spheres.

NOTES

I am deeply indebted to the members and the priest at St. George's, who welcomed me into their church and homes and generously shared their lives with me. I thank Raka Ray, Leslie Salzinger, and R. Stephen Warner for their insightful comments on multiple versions of this chapter. There are many people in the Berkeley community who have read and commented on this chapter. They are too many to name individually but I am grateful to them. I would be remiss in not thanking my family members, who have encouraged and inspired me throughout this process. I was supported by the New Ethnic and Immigrant Congregations Project, the American Institute for Indian Studies, The Louisville Institute, and the Sloan Center for Working Families during the course of my research. A version of this paper won the 1999 Cheryl Miller Award, for outstanding contributions to the field of women and work, from SWS (Sociologists for Women in Society).

1. All the names of individuals, cities, and institutions have been changed.
2. While I contacted thirty couples, I interviewed only fifty-eight people, since one woman's husband had died and one man refused to be interviewed.
3. See Nina Glick Schiller, Linda Basch, and Cristina Szanton Blanc, *Towards a Transnational Perspective on Migration: Race, Class, Ethnicity and Nationalism Reconsidered*; Michael Kearney, "The Local and the Global: The Anthropology of Globalization and Transnationalism"; and Michael P. Smith and Luis E. Guarnizo, eds., *Transnationalism from Below*.

4. Sarah Mahler, "Theoretical and Empirical Contributions toward a Research Agenda for Transnationalism," p. 92.
5. Pierrette Hondagneu-Sotelo, *Gendered Transitions: Mexican Experiences of Immigration*.
6. Patricia Pessar, "The Linkage between the Household and the Workplace in the Experience of Dominican Women in the U.S."
7. Yen Le Espiritu, *Asian American Women and Men: Labor, Laws and Love*.
8. *Ibid.*, p. 62.
9. Although the Indian government in 1961 officially banned the practice of giving and receiving dowries, it is still widely practiced in Kerala and among immigrants in the United States.
10. In "Marriage, Birth and Death: Property Rights and Domestic Relationships of the Orthodox/Jacobite Syrian Christians of Kerala," Susan Visvanathan argues that whereas "streedhanam" was ideally viewed as a premortem inheritance, it has become a means of contracting marriages into desirable families, with different rates for each economic class. In addition to the economic status of the families, the educational and employment qualifications of the bride and groom as well as the woman's complexion are important factors in the negotiation (p. 1341).
11. Ranjana Ragavachari, *Conflict and Adjustments: Indian Nurses in an Urban Milieu*, p. 15.
12. This religious distinction continues to shape immigration to the United States. A directory of Keralite immigrants in the United States shows that 85 percent are Christian. See Kunnuparampil Punnoose Andrews, *Keralites in America: Community Reference Book*. A survey of the Kerala Christian community in Dallas found that 49 percent of adults reported nursing as their occupation. See T. J. Thomas, "The Shepherding Perspective of Seward Hiltner on Pastoral Care and Its Application in the Organizing of a Congregation in Dallas of East Indian Immigrants from the Mar Thoma Syrian Church of India."
13. It is quite possible that some of the mothers may have participated in an informal economy, such as helping out in the homes of more affluent community members, although this was not reported to me.
14. Saskia Sassen-Koob captures the dynamics of this process in "Notes on the Incorporation of Third World Women into Wage-Labor through Immigration and Off-Shore Production," where she notes that the large-scale entry of women into the labor market may have the effect of disrupting unwaged work structures in a community, minimizing the possibilities for women to return to their communities of origin and consequently creating a pool of migrant workers.
15. While there is a global demand for health professionals, the global distribution of nurses to meet the demand is far from equitable. In *Physician and Nurse Migration: Analysis and Policy Implications*, a study conducted for the World Health Organization, Alonso Mejia and his colleagues report that of 3.6 million nurses worldwide, 3.1 million (85 percent) are in "developed" countries which contain only a third of the world's population. Furthermore, developed countries continue to receive 92 percent of migrant nurses.
16. In "The Migration and Incorporation of Filipino Nurses," Paul Ong and Tania Azores state that since the economic crisis of the late 1970s hospitals have been under tremendous pressure to cut costs, including efforts to keep nurses' wages low (p. 167).

17. Tomoji Ishi, "Class Conflict, the State and Linkage: The International Migration of Nurses from the Philippines," p. 288.
18. See Keiko Yamanaka and Kent McClelland, "Earning the Model-Minority Image: Diverse Strategies of Economic Adaptation by Asian American Women," p. 86; Mejia et al., *Physician and Nurse Migration*.
19. A feminist critique of the conceptual use of "sex roles" argues that functionalist assumptions are inherent in the language of roles. See Barrie Thorne and Marilyn Yalom, *Rethinking the Family: Some Feminist Questions*, and R.W. Connell, *Gender and Power*. As my analysis will show, I am very aware of the power differences between men and women and the conflict that can result from such differences. I do not use "roles" here as descriptive of social reality but as indicators of social expectations—similar to social scripts.
20. Raymond Williams, *Religions of Immigrants from India and Pakistan: New Threads in the American Tapestry*, p. 108.
21. Of the thirty couples I interviewed in Central City, ten couples left their children for varying amounts of time in Kerala with family members or in boarding schools under the supervision of family members. Four couples received some help with childcare from family members they sponsored to the United States.
22. I examine the household division of labor in these families at length in "Gendered Ideologies and Strategies: The Negotiation of the Household Division of Labor among Middle-Class South Asian American Families." I also elaborate on this topic in my dissertation titled "Gendered Spheres in a Transnational Context: The Interaction of Work, Home, and Church among Indian Christian Immigrants."
23. Most of the Kerala nurses in the United States are Syrian Christians who claim their descent from the early converts of the apostle Thomas, who, tradition has it, was martyred in southern India in 72 A.D. These Christians of Kerala are called Syrian not because they have Syrian ancestry but rather because they use Syrian liturgy. Syrian missionary influences, starting in the seventh century, led to the establishment of the church under the patriarch of Antioch with a liturgy that still retains some Syriac. Over the centuries the Syrian Christians became divided into different denominations. There are Catholics and Eastern Orthodox as well as Protestants of every stripe who claim a Syrian Christian ancestry. The Orthodox Syrian Christian church of India is one such denomination in this tradition. It broke ties with Antioch in 1912 and is currently led by a patriarch from Kerala. For an in-depth description of the history and organization of various Christian groups in Kerala as well as the immigrant congregations in the United States, see Raymond Williams, *Christian Pluralism in the U.S.: The Indian Immigrant Experience*.
24. Will Herberg, *Protestant-Catholic-Jew: An Essay in American Religious Sociology*.
25. In 1987, the church synod revised the constitution to permit girls under the age of five to be brought to kiss the altar along with male children during the baptism ceremony. That the church chose the age of five is not accidental. Females under the age of five are seen as nonsexual.
26. The tendency for congregations to split over non-doctrinal issues is a growing concern among many church leaders. While I do not have the exact numbers of congregations that have formed from splits, informed church members at national meetings indicate that it is a common pattern in most metropolitan areas where there is more than one congregation.
27. According to immigration scholars, schisms are prevalent in Korean immi-

grant congregations as well. Furthermore, it appears that male competition for status-enhancing staff positions in the face of postimmigration loss of status is one of the major reasons for the prevalence of such schisms. See Won Moo Hurh and Kwang Chung Kim, "Religious Participation of Korean Immigrants in the United States"; and Eui Hang Shin and Hyung Park, "An Analysis of Causes of Schisms in Ethnic Churches: The Case of Korean-American Churches."

28. While "parish" is the official designation for these immigrant religious gatherings, I am using the term "congregation" because I believe that this is a case of what the sociologist R. Stephen Warner calls the "de facto congregationalism" that is prevalent in the American religious open market. In "Work in Progress toward a New Paradigm for the Sociological Study of Religion in the United States," Warner argues that religious organizations in the United States favor the face-to-face, locally controlled congregational form over geographically based units—such as parishes—designated by higher ecclesiastical authorities. In Kerala, membership in a parish is determined by where the member lives. In the United States, immigrant Orthodox churches seem to be organized around the congregational model, since churchgoers like Mr. Simon choose among different options.

29. These songs are sometimes written by members of the community in the United States using the tunes of secular film songs from Kerala. Additionally, songs from the growing Christian popular music scene in Kerala are also used. Having songs set to the latest tunes, with instrumental accompaniment, becomes a matter of pride among the caroling groups from the different congregations, as they try to outdo each other in the caroling and in the annual Christmas ecumenical program, where the Kerala Christian congregations in the area have the opportunity to represent their respective singing talents.

30. For example, in 1994, the donations from caroling made up one-third of St. George's total income for the year (1994 year-end financial report presented at the General Body meeting).

31. I analyze this incident at length in "Caroling with the Keralites: The Negotiation of Gendered Space in an Indian Immigrant Congregation."

32. See note 10 for an example of how class differences play a part in potential marital alliances via the different rates of dowry for each class.

Net-Working for a Living

Irish Software Developers in the Global Workplace

Seán Ó Riain

In 1992, I took the path followed by many young Irish people at that time and emigrated to the United States. In my case I left Dublin for Berkeley, California, to get a Ph.D. in sociology. Within a year or two I found myself beginning to study the Irish software industry from six thousand miles away in Silicon Valley. Through interviews with managers in Silicon Valley companies with operations in Ireland, I investigated the dynamics of foreign investment in the Irish software industry. E-mail correspondence with managers of Irish companies in Dublin directed me to their Silicon Valley offices, where I learned the basic history of the emergence of an Irish-owned software industry which was now itself becoming increasingly globalized. These contacts and other Irish people I knew in California put me in touch with Irish software developers working in the Silicon Valley area.

In the mid-1990s many of the young emigrants of the late 1980s and early 1990s were returning home, encouraged by the booming "Celtic Tiger" economy. In early 1997 I followed these global connections and returned to Ireland to carry out more detailed research. It was time to live for a while inside one of the global workplaces that constituted the industry I was studying. I spent twelve weeks as a technical writer and sometime tester on a software development team in USTech, a United States transnational corporation well established in Ireland. During this time I participated fully in the work of the team and wrote a user guide for our product which was installed on the system as on-line help for users of the system. I sat in the same cubicle as the rest of the team, attended team meet-