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Title page: Care visits: obligations, opportunities and constraints for Vietnamese grandparent visitors in Australia

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Abstract

In examining the ageing-migration nexus from a Global South perspective, this paper explores the obligations, opportunities and constraints of caregiving performed by Vietnamese grandparent visitors during their sojourns in Australia. Employing a grounded theory approach and care circulation framework, we investigate how grandparent visitors and adult migrant children experience and understand care and ageing in contexts of mobility, including an analysis of how gender, age, socio-economic contexts and culture shape and affect their care norms and practices. The analysis emphasizes the critical contributions that Vietnamese grandparents make to the reproductive labour of their adult migrant children who often face challenges in balancing their family and work life. The resultant ‘informal unpaid care mobility’ of Vietnamese grandparent visitors creates ‘informal care chains’ that underscore the role of mobility as a care resource and the need for unpaid family care in migrant families due to the high cost of formal childcare in Australia. This analysis extends our understanding of the political economy of care, by highlighting the need for greater analysis of South-North *informal* care flows.

Keywords: Vietnam-born grandparent visitor, transnational ageing, Vietnamese migrants, care circulation, immobility regime, informal unpaid care.

Introduction

How happy I was at my home (Vietnam), how busy I am here (Australia). I don't even have time to think or rest. It's just non-stop, bathing this grandson and the other, playing with this grandson and feeding the other. All my efforts are focused on caring for my grand-twins. (Hai, grandmother)

Our daughter and son-in-law applied for visas and bought air tickets for us to come and stay with them. Every day, they keep an eye on us. They care for our sleep and diet carefully and make us feel very content (laughing). The ways they care for us are

sensitive, meticulous and thoughtful, which touches our hearts. That is the way they show their filial piety, (Hung, grandfather)

The two excerpts above provide examples of how family care exchanges are performed in Vietnamese transnational families in Australia. Hai is exemplary of the current growing phenomenon of grandparents who choose to relocate temporarily to provide care for their adult migrant children and grandchildren. Meanwhile, Hung is representative of the grandparents who migrate to meet their aspirations to be cared for (in proximity) by their migrant descendants. While the intersections of migration, mobility, and care have long been investigated through diverse concepts such as feminist ethics of care (Tronto, 1993), moral geographies of care (Liaschenko, 2000), global care chains (Hochschild, 2000), and the global political economy of care (Yeates, 2005), analyses of the intersections of mobility and ageing are more recent (Brandhorst, Baldassar, & Wilding, 2021). Despite significant attention to older parents 'left behind' (Krzyżowski, 2012), relatively little attention has been paid to the growing number of older migrant carers who travel from the Global South to provide informal unpaid care in the Global North (Hamilton, Kintominas, & Adamson, 2021). Moreover, current ageing and migration scholarship tends to overlook the ageing experiences, social transformations and forms of transnational mobility in regions of the South (Sampaio & Amrith, 2022). This paper adds to that literature by examining the complex and shifting ideologies of ageing and care responsibilities of Vietnamese grandparent visitors (from the Global South) who engage in care circulation processes by providing informal unpaid 'hands-on' personal care for their adult children and young grandchildren in Australia (the Global North).

Conceptualizing ageing and care circulation in transnational families

The migration and care literature considers the mobility and 'portability' of two main types of care. Analyses of formal or paid care, where care is a commodity that is bought and sold, tends to feature the experiences of care worker migrants and the political economy of formal care chains. Analyses of informal or unpaid care, where care is exchanged within transnational networks of family and friends, tends to feature the moral economy of family care. This said, the analysis of migration and care often transcend these distinctions. For example, according to Williams' (2018, p.547), care exists as 'relational practice, as policy, as an ethic, and as the basis for making claims, as a commodity, as economy, and as power', which 'operates personally, locally, nationally, transnationally and globally'. Arguably, all types of migration result in some experience of , 'transnational caregiving' that primarily involves informal family care, particularly of young children and ageing adults (Baldassar 2007); 'just like caregiving in all families (whether separated by migration or not) binds members together in intergenerational networks of reciprocity and obligation, love and trust, that are simultaneously fraught with tension, contest and relations of unequal power' (Baldassar & Merla, 2014, p.7). The care circulation framework conceptualises 'the reciprocal, multi-directional 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, 2014, p.22). This approach attends to the care roles and care exchanges within extended networks comprised of a mix of family members, some of whom migrate and others who stay behind. Care circulation is practised in various ways, including proximate care during visits, but also care that relies on information and communication technologies (ICTs), such as co-presence at a distance, or the delegation of personal support to others by proxy (Baldassar, 2016).

The care circulation framework has emerged as useful for conceptualising a range of experiences, including the caring roles of older Filipino migrants in Canada (Ferrer, Brotman, and Grenier (2017), multi-directional and asymmetrical care exchanges in extended transnational Zhejianese families in Spain (Lamas-Abraira, 2019), older Moroccan migrants circulating care with adult migrant children in Belgium (Zickgraf (2017) and older Peruvians using professional and religious capabilities to support adult migrant children in Spain (Horn (2017). Three key concepts embedded in the care circulation framework are featured in this paper to better understand the intersections of ageing, mobility and informal/family care of grandparent visitors: multi-directionality, which is particularly important to capture the transnational extended family and community contexts of grandparent visitors; reciprocity, which helps unpack the critical cultural dimensions of filial piety; and asymmetry, which elucidates unequal care practices and exchanges experienced by grandparent visitors during their sojourns.

These three concepts highlight how care circulation within transnational families is shaped by unequal resources and power relations. For example, the complex intersection of feelings of 'caring about' and practices of 'caring for' has been noted by feminist scholars for decades, who recognise that gendered roles interplay with feelings of 'caring about' to underpin the willingness (of women in particular) to provide informal unpaid 'care for' others (Finch & Mason, 1993). In transnational families, the patterns of 'caring about' are evident in a commitment to kin-keeping across time and distance, including through practices of maintaining contact using communication technologies and visits. These practices also serve to support 'caring for' kin across distance, including the provision of diverse forms of support that include financial, material, emotional, moral, and practical support, 'hands-on' personal care, and accommodation (Baldassar, Baldock, & Wilding, 2007; Finch & Mason, 1993). As with proximate families, caring about and caring for kin are interwoven in complex interactions of emotions, support and resource exchange (Ackers, 2004; Di Leonardo, 1987).

Institutional contexts: a fundamental element regulating transnational care circulation

Institutional contexts, including regimes of migration and mobility, employment and welfare, gendered care, and transport and communication policies of both sending and receiving countries, are fundamental elements that impact essential care resources (Baldassar & Merla, 2014; Kilkey & Merla, 2014). Care resources include communication technologies, social relations, money, knowledge, time and appropriate housing (Baldassar, Nedelcu, Merla, & Wilding, 2016). To this list, we can add mobility as a care resource that is often overlooked (Isaksen & Näre, 2019; Merla, Kilkey, & Baldassar, 2020a). Transnational family members have differential access to mobility and invest this resource in different ways in order to achieve their family care goals. Care circulation is achieved through a balance of ICTs (to provide virtual care) and movement (to provide proximate care). As such, it is helpful to acknowledge that virtual and physical, proximate and distant modes of care 'each play a particular, and complementary, role in the trajectories of transnational care circulation' (Merla et al., 2020a, p.4).

In this paper, we pay particular attention to the role of informal unpaid proximate care, thereby highlighting mobility as a major care resource that constrains care exchange for migrant grandparents. Repeated temporary mobilities (Isaksen & Näre, 2019) should be considered a part of the care practices of grandparent visitors. Mobility is a prerequisite that enables care to be provided. Without mobility, proximate care in transnational families cannot be exercised.

However, Australia, like many other countries in the Global North (for instance, the UK, Belgium, UAE) has applied restrictive migration policies in recent years (Akinici, 2022; Merla, Kilkey, & Baldassar, 2020b; PerezMucia, 2022), including tightening visa pathways for older adults. There are two main routes through which overseas grandparents visit their families in Australia: visitor visas and temporary or permanent parent visas. Both are subject to expensive fees, stringent annual caps, sponsorship, health insurance requirements and long processing times, with temporary visitor visas more widely available (DoHA, 2021; Hamilton, Kintominas, & Brennan, 2018). In addition to slow processing times, the emphasis on temporary visas that support 'short-term' visits severely limits the mobility of older adults into Australia¹. Furthermore, these forms of the 'immobility regime' (Merla et al., 2020a) for overseas parents disproportionately negatively impact those arriving from the Global South. Australian migration policies reflect an assumption that older migrants are an economic burden, overlooking their significant contributions to reproductive labour (Askola, 2016; Brandhorst et al., 2021) and to supporting migrants who struggle to meet the challenges of balancing family and work life while raising young children (Hamilton et al., 2021; Wilding & Baldassar, 2009).

In the absence of grandparent care, migrants in Australia must rely on an expensive and complex privatised childcare system, which requires individual payments by parents and only provides means-tested subsidies to low-income families (Rianne Mahon, Anttonen, Bergqvist, Brennan, & Hobson, 2012; Press, Woodrow, Logan, & Mitchell, 2018). The strict protection of wages and regulation of work in Australia and the relatively expensive and limited places in childcare centres (Baldassar, 2017; Hamilton & Jenkins, 2015; Horsfall & Dempsey, 2015) have a negative impact on labour force participation, particularly on women (Carey, 2021). Furthermore, the formal childcare market has significant gaps in availability, flexibility and appropriateness for the care of babies and children of employees who work irregular hours (Hamilton & Jenkins, 2015). Childcare subsidies are only available to Australian citizens, permanent residents and select visa holders, leaving many migrants, including international students, paying full fees (Services-Australia, 2022). In order to continue paid work, these families face significant financial burdens and time constraints in fulfilling reproductive labour, including caregiving and domestic chores, especially childcare (Duffy, 2007). To address the gap, migrant parents often encourage grandparents to travel from the home country to provide care for their children (Da, 2003; Hamilton et al., 2018). In this way, migrant grandparents have been making significant contributions to informal unpaid care in Australia. However, their contributions remain unrecognized and undervalued in the global care economy (Hamilton & Jenkins, 2015) and are under-examined in analyses of the political economy of care.

Data and methods

This paper builds on qualitative data gathered from ethnographic interviews and participant observation with 20 Vietnamese participants (10 grandparent visitors and 10 adult migrant children) in Perth, Melbourne, and Sydney. The matched samples (Fleiss, Levin, & Paik, 2003), a single grandparent or grandparent couple, together with their adult child, were selected with the aim of gaining in-depth information on grandparent care in Australia. According to their preferences and availability, grandparents and adult children were interviewed jointly (3 interviews) and/or independently (20 interviews). Several participants expressed a preference for coupled interviews, but these proved difficult to arrange due to busy work and care schedules. Comparison of these two types of interviews indicates that

independent interviews enabled participants to disclose 'unspoken' issues such as experiences of generational gaps and family conflicts that coupled interviews were likely to inhibit.

The sample of 13 grandparent participants comprised three married couples and seven widowed or married women aged from 54 to 76. The seven women visited on their own, while all three men visited with their wives. They each made one to five temporary visits to provide care and support for their migrant descendants. Each visit lasted up to 12 months, the maximum length of time a visitor is permitted to stay in Australia. The sample of 10 adult children included eight women and two men aged from 27 to 40. Seven were PhD (5) or Masters (2) students holding student visas. Three others were paid employees completing either a vocational training certificate, a bachelor or a Master's Degree. Only one adult child has Australian citizenship and one has Permanent Residency. Nine adult children were married with one to three children. The remaining was single and applying for citizenship so that she could then apply for a Family Reunion visa that would allow her mother to join her in Australia. The majority of participants ranked themselves in the middling class, defined as '... often, but not always, well educated. They may come from wealthy families, but more often than not they appear to be simply middle class' (Conradson & Latham, 2005, p.229).

Recruitment of participants was conducted using snowball and purposive sampling through the personal networks of the first author. As the first author is a Vietnamese international student in Australia, she easily joined different online social platforms where her compatriots interacted, which facilitated participant recruitment. Data collection was completed during the 12 months of 2020. All ethnographic interviews were conducted in Vietnamese (as per the preference of all participants) either online with the assistance of ICTs or in-person. Each interview ranged from one to four hours, examining life stories, migration histories and experiences, perceptions and use of ICTs and new media, current social support networks and reflections on ageing and aged care policies. Online participant observation was conducted through Facebook profiles of migrant grandparents and/or their spouse/ adult children to explore how they engaged with digital technologies and social media to practise social interactions and care with distant kin and social ties. A digital journal of field notes was kept to record observations of social media use.

Using NVivo 12 software, verbatim transcripts and field-notes were coded for data analysis. Fine-grained analysis for each set of coded data was then undertaken and checked by the authors to clearly identify patterns and examples of care practices and exchanges. The selection of three case studies featuring care circulation was carefully discussed among co-authors. English translations of the case studies and excerpts were double-checked by the authors to preserve the original meanings of participants' narratives. Pseudonyms are used to ensure participants' anonymity.

Research findings

We begin this section with three vignettes of Vietnamese grandparent visitors that portray the complexities of care practices, exchanges and relations in the transnational context.

Thanh and Thao: sacrificing personal life and work to fulfil family care obligation

Thanh (aged 63) and his wife, Thao (aged 60) are grandparent visitors who retired in Vietnam in 2017 and 2015, respectively. They have two sons studying in Australia, the elder son for a PhD and the younger at a technical college. Their daughter-in-law was also doing a PhD. After their retirement, Thanh and Thao applied for visitor visas and began their routine of one-year visits every two years. The couple confided that the factor pushing them to move to Australia temporarily was that their granddaughter genuinely needed their 'hands-on' personal care. In 2016, when the couple could not visit, their daughter-in-law had to invite her younger sister to come and care for the child. The couple then took turns with their daughter-in-law's family members to care for their granddaughter. When asked why they did not send her to childcare, they explained that their family could not afford childcare fees. Moreover, Vietnamese culture favours in-home care for young children.

During their sojourns, Thanh and Thao took primary caring roles for their granddaughter and their adult children's home. Thanh was responsible for doing gardening, minding and playing with his granddaughter while Thao was responsible for cooking, cleaning, washing and caring for their granddaughter in the evening until the parents arrived home. When the granddaughter was admitted to pre-kinder and kindergarten, Thanh was responsible for taking her to and from school, while Thao spent all her time at home. Thao knew no English, and Thanh had experience living overseas, including six-years of study abroad and numerous business trips to nearly 50 countries; however, living in Australia brought both of them new challenges. These challenges were mainly caused by their modest English skills and their adult children's discouragement of Thanh's driving in Australia (though he has a Vietnamese driving license), because they worried about their parents' safety. Thus, Thanh and Thao felt quite restricted in their movement and participation in Australian social life.

As Thanh and Thao are healthy and live independently, they mainly provide 'caring for' activities rather than being 'cared for' by their adult children during their sojourns. The care they do receive includes their children taking them out for sightseeing, fishing, eating out, shopping and attending social events on weekends or public holidays. In addition, their adult children supported them with living expenses and accommodation in Australia. On asking if they intended to keep visiting in the future, Thanh and Thao responded that they would if their adult children needed their help. However, they preferred to spend their old age in Vietnam because '*homeland is a bunch of sweet starfruit*ⁱⁱⁱ' that they, like other Vietnamese people, want to enjoy and relish in their older age.

Hung and Le: repeated short-term visits to provide and receive multi-directional caregiving

Hung (aged 76) and Le (aged 70) have undertaken five one-year visits to stay with Thai, their youngest daughter and her family in Australia since 2005. The couple has three daughters (two in Vietnam and one in Australia) who are all married with two children each. In Vietnam, Hung and Le live in their own house with their second daughter's family. Their eldest daughter's family lives nearby, and both daughters benefit from the grandparents' 'hands-on' personal care for grandchildren. As Thai also needed personal care from her parents, Hung and Le decided to take turns with Thai's mother-in-law to care for Thai's children.

Like Thanh and Thao, Hung and Le took on the main homecare and childcare duties when their grandchildren were young so Thai could work full-time as manager of a small business.

Hung joked that he and his wife sometimes felt like ‘*Osin*’ⁱⁱⁱ (domestic workers) because they helped with domestic work and cared for the grandchildren from ‘head to foot’. They took pride in their ‘caring for’ activities as they supported their adult children to continue their full-time jobs while their grandchildren were fully cared for. They felt that their temporary visits truly facilitated the maintenance of Vietnamese culture in their daughter’s family, helping their grandchildren become more motivated to learn and sustain Vietnamese language, a protection against the common experience of language loss among migrant children (Thomas & Hallebone, 1995; Tran, 2018).

As an adult child, Thai felt less ‘guilty’ when her parents could come and stay with her family. She was able to care for them in proximity, thus sharing ‘hands-on’ personal care responsibilities for her parents with her two older sisters in Vietnam. Thai explained that she had lived and cared for her parents at a distance for a long time until they could undertake short-term visits after their retirement. As shown in the introduction, Hung and Le were carefully cared for by Thai’s family, with which they felt very satisfied. Thai has paid all visa-related costs, air tickets, health insurance, living expenses, and other related costs for her parents’ visits. The couple confided that they would continue their short-term visits while their health allowed. They would like to settle in Australia; however, they do not meet the family balance test required for a Parent visa.^{iv}

Hai – ‘caring for’ as cultural obligation despite its asymmetry

Hai (aged 61) is a widow whose husband passed away 10 years ago. She lives alone in a private house in a southern province of Vietnam. Hai has three daughters who all migrated for marriage or work. Her oldest daughter is married with three children and lives in another province of Vietnam. The second daughter, Hoai, is married to a Vietnamese Australian with a daughter and lives in Melbourne. The youngest daughter moved out to develop her career as an event organizer.

Hai had worked as a factory worker until she retired and went to Australia to help Hoai who was about to give birth to twins in 2018. After their births, Hai took the primary caring role for the twins. She joked that she was a ‘full-time’ babysitter and domestic worker, which brought her both contentment and exhaustion. The contentment mainly came from the twins who were so ‘cute’ and ‘lovely’ and Hai felt ‘meritorious’ when caring for them. She also felt pleased because she could finally spend some time living with Hoai, who migrated to Australia 15 years ago. However, Hai sometimes felt exhausted from long days of cooking, feeding, bathing, and playing with the twins as well as cooking, cleaning, and washing for her daughter’s other family members (13-year-old granddaughter and son-in-law). Hai’s ‘full-time’ job, as she said, often started at 6:30 am and finished in the afternoon when Hoai returned from work. She slept with a twin and woke up at night twice (1-2 am and 3-4 am) to mix the formula and to feed both. Her free time was between 8:00 pm and 10:30 pm when she could make video calls to her family members and friends in Vietnam or watch films or video clips on YouTube.

Hai cannot speak English and she cannot drive, thus, she was completely dependent upon Hoai and her son-in-law to take her out. Sometimes they took her shopping or sightseeing, but Hai mainly remained at home. At the time of the interview (2020), Hai was ‘trapped’ in Melbourne because Australia’s borders were closed due to COVID-19. Hoai applied for Hai’s

visa extension, which was a mixed blessing, providing the opportunity for Hai to stay longer to care for the twins, allowing Hoai to continue her paid work. However, she could not return to Vietnam to care for her 'left-behind' house, family members and close friends.

The experiences of Thanh and Thao, Hung and Le and Hai indicate that caregiving in Vietnamese transnational families is characterised by multi-directionality, reciprocity and asymmetry. A closer analysis of each of these three case studies reveals the nuances of both the political and moral economies of care practices and exchanges in Vietnamese transnational family social fields and highlights the important flow of informal care from the Global South to the Global North.

Multi-directionality as fulfilment of family and cultural care obligations

In Vietnamese culture, families are regarded as units formed and sustained by obligation, love and trust, whereby family members are responsible for mutual support and care when needed (Hoang & Yeoh, 2012; Hoi, Thang, & Lindholm, 2011). Grandparent support is considered a particular obligation to adult children during pregnancy, around the birth of grandchildren, and while they are pre-school age. Thus, grandparenting is a widely practised cultural expectation in Vietnamese families (Huang, Thang, & Toyota, 2012). This obligation continues in transnational migration (Hoang & Yeoh, 2012; Thai, 2010; Tran, 2018). Despite geographical distance and borders, fulfilling grandparent responsibilities is affirmed as an essential moral obligation to sustain kinship. This sense of obligation was affirmed by grandparent visitors as the motivation for their visits. Thanh explains: *'if our grandchild was not so small or didn't need our personal care, we would not come here'*. Similarly, Hai states, *'If I had worked an additional eight years, I would be eligible for a social pension, but I had to retire because my daughter was giving birth to twins and needed my care'*.

The types of care provided by Vietnamese grandparents to their adult children are multi-dimensional, encompassing 'hands-on' personal care, emotional and practical support. However, 'hands-on' personal care is the most 'prized' form, including childcare tasks such as babysitting, feeding, bathing, home tutoring, playing with grandchildren, school drop-offs and pick-ups that adult children could not manage because of time constraints resulting from full-time study and work. It was this type of care requirement that prompted Vietnamese grandparents to move temporarily to Australia, despite the challenges of living in a new country and navigating language barriers. While in Australia, additional practical support was also performed, including domestic duties such as cooking, cleaning, washing, gardening, home furniture fixing, and grocery shopping. Grandparents were also conscious of the need to provide emotional and moral support, which almost all adult children reported receiving. For example, Hai's adult daughter revealed that if Hai had not come, she might not have overcome depression after the birth of her children, confiding, *'since my mother came, I have felt better, happier, and more open-minded ... My mother always supports and cheers me up, making me feel cared for and not alone'*. Other adult children stated that they felt 'reassured' and 'at ease' when their parents lived with them. Emotional support, though, is not the main driving force for Vietnamese grandparents' migration. Rather, it is an added benefit of proximity that assists adult children to cope with stresses following their transnational migration. Grandparent visitors and adult children primarily valued practical support because they perceived it as a parental moral obligation that enabled adult children to focus on work and study.

Reciprocity as opportunities to fulfil filial piety

In Asian cultures, the notion of reciprocity is normalized as 'filial piety', whereby parents care for their children and, in turn, adult children care for their parents when they age (Bengtson & Achenbaum, 1993; Huang et al., 2012). The ideal of reciprocity shapes intergenerational care commitments that build up and maintain connectedness among family members. On examining care practices and exchanges in Vietnamese transnational families in Australia, we observed that the norm of generalized reciprocity manifested as filial piety in various forms. Inviting parents to Australia and caring for them during their visits are two such manifestations. For settled adult children such as Thai and Hoai, these visits enabled them to fulfil their filial piety in proximity, which is impossible if their parents remained in Vietnam. Thai revealed, *"it is so good when my parents can come and stay with my family. If they are in Vietnam, we can only visit them every two or three years"*.

Apart from providing financial and material support in the form of paying for travel and accommodation expenses, adult children purchased clothes, health and beauty care products, and souvenirs, as well as providing food and other necessities for their parents. Notably, perceiving that their parents might face economic hardship while not working during their visits, several adult children paid a weekly or monthly 'salary' or saved 'an amount' for their parents' old age. Hoai disclosed that she gave Hai \$AUD200 weekly; meanwhile, Nhu, another adult child, gave her mother around \$AUD600 monthly.

All grandparent visitors were also provided with accommodation support when living in the same house with their adult children, facilitating their involvement in 'hands-on' caregiving. Due to financial constraints, not many adult children could afford accommodations that included private bedrooms for their parents. Grandparent visitors often shared bedrooms with their grandchildren or slept in living rooms. For instance, Thanh and Thao were given a double bed in the living room; meanwhile, Hai shared a bedroom with her grand-twins.

Being aware of the risks relating to isolation, loneliness and depression that their parents might experience, adult children tried to care for their parents' psychological wellbeing in different ways, including taking them to go sightseeing and on holidays. Adult children also cared for their parents emotionally by making time for daily face-to-face, phone, or virtual conversations with them. Hoai made regular calls to Hai whenever she got breaks at work. She also texted Hai if she came home late from work, so that Hai could feel 'reassured' that nothing had happened to her. Meanwhile, Hung and Le's health conditions were carefully monitored by Thai's family. Knowing that her mother's feet were painful, Thai bought a foot massage machine for her. According to Le, this was not simply material support but emotional support, because the act of 'purchasing the machine' showed that their daughter was caring for both their physical and psychological wellbeing. It gave them a feeling of 'being cared for'.

The reciprocity of caregiving, as perceived by Vietnamese grandparent visitors, is not a 'one-off' repayment but should be 'lifelong-returned'. Vietnamese grandparents believed that if they cared for their grandchildren, their adult children would feel more 'obligated' and/or 'volunteer' to care for them in their old age. Hang, a 58-year-old female grandparent, revealed this expectation;

When I get older and cannot live on my own, I expect that my adult children will take care of me. Even if they do not want that, they have to because that is their responsibility. In Vietnamese culture, there is a popular proverb, 'the small child relies on his father; the old father depends on his adult child'. That is our morality, our trust.

This proverb was repeated in interviews with other grandparent visitors. To intensify adult children's sense of care obligation in their old age, Vietnamese grandparents often try to fulfil their 'caring for' responsibilities when they are healthy. Thus, if their adult children request 'hands-on' personal and practical support from them, most grandparents would agree unless their health conditions do not allow. Grandparents were willing to give up their on-going paid or self-employed work, familiar living environments, or even delay their care obligations to other family members to help their adult children overseas.

The reciprocity of caregiving is also demonstrated through grandparent visitors' expectations for 'kin-keeping', in particular, building and sustaining kin relationships with adult children and grandchildren who have settled permanently or long term in Australia. For instance, Hung and Le had lived far from Thai since 1999, with limited opportunities to be together. Geographic distance became a constraint for them to build and sustain kinship with Thai's children. Despite the assistance of ICTs to provide virtual care and to sustain kinship at distance, Thai appreciated the critical role of grandparents' 'hands-on' personal care in their grandchildren's first years in forming and sustaining kin ties, love, trust, and affection. Hence, when Thai asked them to come and help her, Hung and Le agreed, though they had two other adult daughters with four grandchildren who also needed their care work in Vietnam. Hung explained;

If we had not come here, there would have been certain gaps between us and our grandchildren because they have only come and visited us for a few days in two or three years. But if we stay here with them for some months or some years, there will be no generational gaps between us.

Hung indicated that their grandchildren's affection and love for them were nurtured naturally through their 'caring for' activities. Hung felt 'rewarded' and 'satisfied' to care for his grandson since he was a newborn baby. He confided;

I often embraced him to lull him to sleep. His head rested on my shoulder like this and then we listened to music together. He kept sleeping in my embrace until he grew up. Hence, my warmth has seeped into his heart.

Providing 'caring for' responsibilities is another aim of grandparent visitors to build and nurture kin relations with their descendants. If kinship is formed well, it becomes a future care resource for grandparents in their old age, when that care is reciprocated. Transnational caregiving in Vietnamese migrant families is regarded as a way to achieve life-course reciprocity and intergenerational care.

Asymmetry as inevitable: ageing and aged care experiences in transnational mobility

While care reciprocity is the anticipated ideal, the care flows, in practice, are unequally exchanged because of gendered, generational and socio-economic power asymmetries and limits on mobility (Baldassar & Merla, 2014). Gender roles embedded in cultural and social norms often assign women (of different ages) as primary providers to care for their family members (Tastsoglou & Dobrowolsky, 2017). In our research, asymmetry is observed as grandparent visitors' inevitable ageing and care experiences. During their temporary stays, the

bulk of grandparent visitors' 'caring for' activities are sizeable. They often spend most of their daytime fulfilling these duties. This leaves grandparents often feeling stressed, lonely, and isolated. These feelings are exacerbated when they cannot speak English, drive or navigate public transport on their own. Grandparents often limit their daily activities within their home and nearby areas. Their outings usually rely on their adult children's assistance. Though some learn how to use public transport, they seldom travel for leisure or to access social services. Hai joked that her 'full-time' employment in her daughter's home left her no time to think or rest and that she sometimes felt exhausted. Hai affirmed that she volunteered to provide care for her daughter's family, yet it was clear that Hai suffered from a heavy care burden.

The provision of care by grandparents is expected to be 'repaid' when they age. However, geographical borders and Australia's 'immobility regime' (Merla et al., 2020a) risk preventing them from gaining this reward. Hung, Le and Hai disclosed their anxiety about their old age, as they would have fewer opportunities to 'be cared for' by their migrant children. Though they have two other daughters who could provide proximate care for them in Vietnam, Hung, Le and Hai prefer staying with their adult children in Australia where they feel comfortable and secure due to the safe living environment and generous social safety net. Nonetheless, Hung, Le and Hai have no opportunities to apply for any type of permanent Parent Visas because they do not meet the family balance test (DoHA, 2020). Thus, they are constrained to be 'flying grandparents' as long as their health allows. They revealed that they felt exhausted with flying back and forth and would prefer staying longer than a year. However, that expectation was not practical because of prohibitive visa costs and conditions. Though the newly introduced sponsor temporary parent visa subclass 870 allows them to stay longer than a year, the visa and health insurance costs are unaffordable. Moreover, to be eligible for visa application, their adult children have to meet stringent income test requirements.^v This suggests that grandparent visitors face more limits on their capacity to engage in care circulation as they age. Institutional contexts and migration policies exacerbate existing asymmetries in transnational caregiving.

The asymmetrical dimension of care is also observed in Vietnamese grandparents' access to health care services in Australia. Though most of the grandparent visitors participated in the overseas visitor health insurance scheme with the premium of around AUD150 per month, mainly paid by their adult children, they revealed that this cover was inadequate. The out-of-pocket medical costs for examination and treatment of chronic, dental, and optical diseases are unaffordable in most cases in Australia, even for those who are relatively wealthy in Vietnam. In addition, the different operation of the health system between the two countries regarding the appointment system made grandparent visitors feel uncomfortable. In Vietnam, they can go to health clinics or hospitals and access medical consultations within a day; they can even go directly to pharmacies, telling pharmacists their health problems and symptoms and then they can buy most types of medicines they need. Meanwhile, in Australia, they have to book appointments with general practitioners or specialists some days or weeks in advance; also, access to prescribed medicines is restricted. Consequently, some claimed that their health care needs were not always met. Some delayed accessing medical services until their return to Vietnam. This implies that grandparent visitors may become more vulnerable and at high risk of worsening health problems (Joel, Robert, Stephen, & Arnold, 1991).

Moreover, Vietnamese culture emphasizes traditional gender roles of reproductive work, which assigns women as primary caregivers in families (Bussarawan, John, Vu Manh, & Vu Tuan,

2010). In our research, grandmothers, in particular, biological grandmothers, were likely to participate in the circulation of transnational caregiving more than grandfathers. Kilkey and Merla (2014) refer to this phenomenon as 'gender care culture', i.e., caregiving is governed by gender norms sustained over generations as cultural norms. Women are culturally obliged to provide 'hands-on' personal care not only to their children but also to other extended family members, especially grandchildren. This obligation continues across distance through temporary transnational migration (Merla et al., 2020b). While our research findings showed that Vietnamese grandfathers were involved in providing 'hands-on' personal support, their types of care were assigned based on gender roles. Hung and Thanh provided male-oriented caring roles such as doing gardening, school drop-offs and pick-ups, playing and going out with their grandchildren; meanwhile, Thao and Le's caring roles were more traditionally feminized, comprising cooking, cleaning, washing, bathing and feeding grandchildren. This again reinforces current feminist scholarship on transnational migration that women, in particular older women, continue their gendered care roles in transnational caregiving and continue experiencing unequal care along the lines of age (R. Mahon & Robinson, 2011). Their caring activities are mainly bounded within their homes, which often prevents them from enjoying social lives in the receiving country. We also observed that grandmothers, in particular, biological grandmothers, engaged more in the redistribution of reproductive labour, especially during and after their adult daughters' birth deliveries. This practice can be explained by two elements. First, because of gender roles and lineage relations, biological grandmothers are likely to love and support their daughters by releasing them from family care burdens so that they can continue their paid work and professional development. Second, adult daughters often feel more comfortable and 'at ease' to request and receive 'hands-on' personal care from their mothers, especially their biological mothers. These gender practices continue unequal relations in the circulation of transnational care, where older women experience a greater care burden than their male counterparts and gender inequalities continue contributing to the asymmetry of transnational caregiving.

Another asymmetrical aspect is related to 'depletion through social reproduction' in three sites: individual, household and community (Rai, Hoskyns, & Thomas, 2014). At the individual level, due to 'care burdens', grandparents (like Hai) have no time to rest or join community activities. For example, Hai noted a feeling of exhaustion due to non-stop care tasks, which negatively affected her physical and mental health. At the household level, decreased support among family members and ruptures of family solidarity were not clearly observed. However, the continuity of gendered division of labour is obvious. Grandmothers continue being featured as primary caregivers in transnational families. Despite declining physical and mental health, they are expected to provide care for other family members as a cultural and social norm. At the community level, grandparent visitors' lack of participation in community networks and social life in the homeland influence the development of their homeland community and deplete their social and emotional wellbeing. Grandparents' migration also causes a shortage of care for left-behind family members (old parents, young grandchildren) in the homeland. In the host country, a huge volume of social reproduction work limits grandparents' opportunities to develop new social ties, which are causes of isolation, depression and boredom. Although ICTs and new media can help grandparents to address the consequences of depletion by connecting them with distant social support networks (Baldassar & Wilding, 2020) and digital place-making (Li & Alencar, 2022), individual depletion through social reproduction should be further examined to nuance 'the limitations of relying on individual consent as a norm that legitimates the non-recognition of social reproduction and its costs' (Rai et al., 2014, p.91)..

Differences in social capital, lived experiences and educational attainments between grandparents and adult children is another factor that contributes to grandparents' unequal care exchanges. For example, grandparents' practical and emotional support in terms of giving advice might not be appreciated by adult children because of disparities in their lived experiences. Several adult children defined their parents' lived experiences as 'local' in contrast to their 'international' ones. Many grandparents felt 'low-spirited' when their advice was not valued because in Vietnamese culture, older people's advice should be appreciated by descendants (Thomas, 1999). This led to some in-family disagreements and intergenerational gaps. To address these, parents often chose to keep 'silent' or 'follow' their adult children's decisions, which they might not accept if they were in Vietnam.

Finally, the outbreak of the COVID-19 pandemic at the start of our research is another important factor contributing to grandparent visitors' asymmetrical ageing and care experiences. Eight out of 10 grandparents were 'trapped' in Australia and could not return to fulfil their care duties in Vietnam. Some became seriously stressed because they had to stay longer than expected. As mentioned earlier, Hai could not go back to care for her 'left-behind' house, family members and close friends in her homeland. The pandemic 'kept' her in Australia with the twins, which led to her feelings of isolation and depression. Meanwhile, Hang and Dang, two grandparent visitors, became particularly anxious and uncertain, as they could not return to care for their biological mothers who were so weak and could pass away at anytime. They also worried about becoming infected and creating a burden for their adult children. In particular, Hanh, another grandparent, lost sleep and became heavily depressed for five months because of her fear of getting the virus, which would cause a financial burden to her adult children. In some respects, asymmetrical care experiences by Vietnamese grandparent visitors have exacerbated the vulnerabilities and disadvantages of their overseas ageing experiences. Migrant grandparents, especially, women, are subject to more inequalities in care exchanges and relationships.

Conclusion

This paper highlights the Global South to North informal care mobility of Vietnamese grandparents visiting Australia, which gives rise to informal care chains and a set of processes that have been largely overlooked in the literature on transnational caregiving, including the role of mobility as a care resource. Fulfilling their cultural and moral expectations, Vietnamese grandparents choose to migrate temporarily to provide 'hands-on' personal care for their migrant descendants, particularly in times of crisis (e.g., birth delivery, childcare). Grandparent visitors act as the main caregivers who provide multi-dimensional care, including 'hands-on' personal care, practical, emotional and moral support. They are also simultaneously care-receivers in terms of financial, material, emotional and accommodation support. These care circulation processes are expected to be equally exchanged between generations and follow the rule of 'generalised reciprocity'. Nonetheless, as influenced by a number of factors, including culture, socio-economic contexts, gender, social class, power relations, and welfare regimes, grandparent visitors experience inequalities in the care circulation processes. In particular, the 'immobility regime' of the receiving country, in combination with ageing, impedes their access to equal care exchanges.

Moreover, grandparent visitors are more likely to become vulnerable and disadvantaged because of their low capabilities of adapting to the new living environment in the receiving

country and decreasing possibilities to migrate, as they get older. The low capabilities are caused by language barriers, dependency on their adult children's financial and travel assistance, and care burdens. The decreasing possibilities are influenced by stringent migration policies of the receiving country. To address the challenges faced during the transnational care circulation processes, grandparent visitors applied some strategies to reduce in-family tensions to build and strengthen kinship with their migrant descendants as well as to exercise their care obligations following stringent migration policies of the receiving country. These strategies include providing 'hands-on' personal care for migrant descendants to build intergenerational kinship, following the norm of 'non-interference' to preserve intergenerational solidarity, reducing their expectations for 'being cared for', and using visitor visas to practice transnational caregiving.

The analysis of the care practices, exchanges and relations in Vietnamese transnational families also adds to the current discourse on the role of grandparenting around the world (Timonen, 2019). The significant reliance of the middling migrant class in Australia on informal care arrangements provided by family members, usually grandmothers, leads to an increasing number of adult migrants in Australia seeking informal and unpaid hands-on personal care from their overseas parents, even when they are relatively wealthy. This creates the need for informal care mobility and results in informal care chains that differ from the classical care chain concept, which traces the mobility of poor women from the Global South to provide informal paid care to the Global North (Hochschild, 2000). In other words, overseas grandparents' engagement in transnational caregiving represents informal (unpaid) care mobility from the Global South to the Global North, which highlights the need for the development of a political economy of informal care that features the significant contribution of informal care provided by temporary migrants – transnational family grandparents – from the Global South. This underscores the need for receiving countries to design and implement sound migration policies to support migrant grandparents to effectively engage in care circulation processes. Migration policy reviews should be further carried out with grandparent visitors and adult migrant children coming from different countries in Australia to find out the best solutions to reduce the negative impact of migration on ageing in mobility.

Notes

Visitor visas comprise three streams: Electronic Travel Authority 601, e-Visitor 651 and Visitor 600. Parent visas encompass contributory (about AUD\$50,000) and non-contributory streams (about AUD\$7,000). In response to growing pressure, the Australian Government introduced the sponsored parent temporary visa 870 in 2019, which permits overseas parents to stay in Australia for three (AUD5,000) to five years (AUD10,000) for the first application, with renewability to 10 years, plus health insurance (approximately AUD2,000/year), with a sponsor.

²This is a popular Vietnamese proverb highlighting the central role of homeland in Vietnamese people's mind and heart. Homeland is as sweet as starfruit, a common fruit type in Vietnam.

³The term originated from a Japanese drama series of the same name, *Oshin*, a Japanese woman who worked as a housemaid.

⁴According to Australian Department of Home Affairs, a parent visa applicant must meet the family balance test: having at least half of all children and stepchildren permanently residing in Australia or New Zealand. This test is not waived, even in compelling or exceptional circumstances.

⁵Sponsors will need to have a taxable income of at least \$83,454.80 per year.

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