CHAPTER 7

Conclusion

7.1 Understanding the Changing Trajectories of Emotions and Labour

When we talk about emotions and care, we often seek to decipher its meanings and experiences as a relatively compassionate, relational and sensitive way of living one's life. Either in empathising with one's pain or minimising one's anger, the emotional skills have not merely been fenced across the physiological or neural circuits of the brain. Instead, emotions and care expressed across diverse spatial and temporal sites of social agency and subjugation, depict crossings of embodied worlds, subjectivities of power, organisational influences, culture of care, global-local changes and moral-political transcendences of one's existence. Such understanding however necessitated intensive movements in Kolkata's care work and *ayah* economy. In unravelling such economic and social manifestations of care work, communicating, chatting, laughing, crying, listening, debating, and tasting food with the research participants made their empathy and emotional havoc a part of my research and reflection on life processes. Amidst all the proclamation of differences in patterns of kinship, class/caste, religion, social membership, education and work roles, it is the pain and joy in the participants' voices that made me realise how care work redefines moral, social, economic and the political personhood of the actors of care in Kolkata.

Since the last few years, travelling and conversing with *ayahs*, their elderly clients, *ayah*-centre managers, clients' own kin and other state agents regulating care work, I explored how *ayah* services configure the socio-cultural and structural imaginaries of ageing in Kolkata. Initially, it began as locating the *ayahs* as paid domestic workers offering their labour to Kolkata's upper-middle and upper-income 'elite' families. But through a fieldwork in Kolkata's different areas as well as analysing the politico-economic transitions in care work practices since British colonisation (as discussed in Chapter 1), it emerged that the *ayahs* are not domestic 'servants'. Instead*,* they are the paid care workers who extend the multiplicity of care to different clients (primarily elderly people) by negotiating, learning and bargaining off their work through *ayah*-centres (a public space) and clients' homes (a domestic space). Apart from nurturing the bodies and emotional health of their elderly clients, they also undertake the work of sociability such as accompanying elderly clients to temples, parties, events, etc., or

being with clients in the last moments of their lives. I still remember the darkest hour of October 2023 when an *ayah* Chitra *Didi* (long-term *ayah*, 50 years) working in New Town came running in my acquaintance's place, remarking in a breathless tone, 'Can you come with me, *Maa* [mother, elderly client] is … not moving'. My head was boggling as I knew what might have happened. Without a minute wait, I went into my home clothes to look after Poran *Dida* (elderly client, 86 years) along with my acquaintance (whom I called *Kaku*). As I went there, I touched Poran *Dida*'s feet and tried to shake her hands vigorously. But it was lifeless and cold with no pulse movement. I told Chitra *Didi* that she is no more probably. *Kaku* called an ambulance and we rushed to the nearby hospital where the doctor informed us that she passed away in her sleep from massive heart failure. Chitra *Didi* was not only taken aback but she conceived herself at fault and was constantly asking for forgiveness from *Thakur* (God) that she failed to keep a check on *Dida* at night. Since Poran *Dida* was childless, her nephew who stayed in the Manicktala area was informed and he finished all the formal protocols. After a few days, Chitra *Didi* went to a home for the destitute as she refused to go back to her own son who never contacted her. The incident was of immense agony and I had to see Chitra *Didi* and Poran *Dida*'s separation. Such a case reflected how 'emotional labour' and its fractures are performed through the bodies, spaces, displacements and the life courses of the actors of care.

Borrowing from and moving beyond Hochschild's (1983, p. 7) 'emotional labour' which she depicts as 'the management of feeling to create a publicly observable facial and bodily display' as one transfers one's work from the private to the public (formal) demands; the care work of the *ayahs* make emotions and organisational rules more porous and ambiguous. In most of the cases, the *ayahs* working through semi-formalised processes of the *ayah*-centres express their emotive and health concerns bluntly as they perceive that controlling the emotions jeopardise the embodied sensorial ties, relationalities, therapeutic care providence and the sensibilities of representing different social realities and positions in care work. In turn, the *ayahs* also express their disagreements in care work as a statement of their agency. When I initiated my fieldwork through the *ayah*-centres in 2021, I was largely greeted with statements such as '*ami jaa bolar bole di*' (I say whatever I have to say), '*ami dekhie di*' (I express it), '*chepe rakhi na*' (I don't suppress it), '*raag hole baa bhalo lagle*

bujhie di' (angry or happy, I make them understand), etc. No wonder, this was visible from many arguments and conversations between the *ayahs*, *ayah*-centre managers and their elderly clients.

Within the curves of the care work practices, the death of an elderly client not only disintegrates the corporeal commensality and the aesthetics of the elderly bodies into which *ayahs* work but also threatens the social recognition and the role of the *ayahs*. In other words, *ayahs* who re-oriented themselves to the domestic dispositions and emotivities of the elderly clients' homes, find themselves in a state of precarity, alienation, and spatial exclusion when their clients pass away. This can be traced from a fieldwork observation. When I went back in January 2024, I learned that Poran *Dida*'s flat was sold off by her nephew and Chitra *Didi* was not allowed to take *Dida*'s gold earrings which *Dida* asked her nephew to handover to Chitra *Didi* when she will be dead. In a way, her nephew took socio-legal control not merely of the property but also of the 'home' where Chitra *Didi* claimed her belonging(ness) and accumulated a satisfactory occupational experience. Even if Chitra *Didi* fought with the nephew, the nephew insulted and asked her to leave right away. She also befittingly cursed him. This reflective listening led me to analyse the movements from 'emotional labour' to what can be explored as the 'emotional multivocality at work', primarily in the semi-formal sector of the *ayah* care work where state and civil society interventions are negligible. In this gap, emotions and its multiple materialities function as an instrument of bargain and claiming of social prestige by the actors of care.

A major reflection in this ethnographic research also offered light on the dominant structures and the hierarchies of *ayah* care work in Kolkata. While childcare provided by the *ayahs* or as worded 'nannies' in the upper or upper-middle class homes (English-educated parents working in corporate/formal sectors) presents a dominant picture across the scholarships (Palriwala and Neetha, 2010; Rani and Ravindranath, 2021), the *ayahs* as disbursing elderly care are primarily sidelined or peripheralized in healthcare institutions like hospitals and nursing homes. Over the years, childcare services also turned less popular among the *ayah*-centres in Kolkata while the *ayahs* providing elderly care reached a significant growth relative to an increase in wages and status. Most of the *ayah*-centres offer special perks to the *ayahs* who provide elderly care, such as bonuses, medicines, clothes, etc.

Relative to the field observations made, childcare is less preferred by *ayahs* given the laborious involvement with children, their parents' intervention and their diverse mannerisms. The *ayahs* often refuse childcare work to their managers, as once an *ayah* Moni *Didi* (part-time *ayah*, 25 years) argued, 'No, I will never take childcare work. It is a pain to handle a naughty and unruly child. I have had bad experiences'. On the other hand, creche businesses are turning popular in Kolkata where the working parents drop their children to be secured (given the cases of *ayahs* abusing children) and also facilitate their children to learn creative skills from the creches, like painting, music, sports, etc. This also reshapes their class-based consumerist status (Ghosh and Dey, 2020) in a globalising world. Besides, with the changing demographic picture in the urban Kolkata, the elderly people occupy a major share of the population. This is due to the increase in life expectancies of the elderly, the advancement in medical technologies, the development of super-specialties, youth out-migration (international or internal) due to the political histories of low-scale industrialisation (Gangopadhyay, 2020) and the foreign migration of the youth as the cultural symbols of the Bengali families and its socialisation (Sen, 2019). In such a scenario, the *ayahs* are entrants as the paid care workers for the elderly people in metropolitan cities like Kolkata where the joint or multi-generational families are evaporating and aspirational values for transnational cosmopolitanism are turning the neighbourhood relations as more ambiguous and distant. While neighbourhood has been studied to be a space where dichotomies of gender, caste and class are legitimised as well as socially controlled (Abraham, 2016), the functions of the neighbourhood in ageing and care are drastically reducing. This has been marked through the voices of the participants like *ayahs* and their elderly clients. Once Deboprotim *Dadu*, an elderly client in his 80s and a retired banker living in New Town spoke while asking whether his neighbours support him in any way :

> Not a single person asks how am I doing. My neighbours collect *chada* [money collected from the residents in organising events] and leave. *Ek baar jigeshao kore na, apnar kichu chai*? [They haven't asked me for once, do you want anything?].

In areas such as New Town and Salt Lake, the elderly people often experience the paradox of being visible in a crowded environment while simultaneously feeling anonymous. This can lead to a form of social interaction that is more about superficial

visibility rather than intimate personal connections. New Town and Salt Lake as posh residential units are claiming urban spatiality in promoting luxurious deluxe flats and marketed peace, experienced within a constructed nature (green parks). This is where the individuals take on responsibilities for their health, class-based sustenance and social ageing. Parts of South Kolkata though retained intimate neighbourhood culture owing to its geography and remnants of old houses near or in-between the local markets, the buying off heirless lands by real estate builders to build apartments, is also giving rise to a share of anonymity. This was located when elderly clients in the fieldwork discussed emotional turmoil of seeing their older friends dying and their '*poitrik shompotti*' (paternal property) and houses being demolished for upmarket projects, signalling the loss of generational interchange and collective memory. In that case, the *ayahs* turn into a residential 'fictive kin' (as discussed in Chapter 4) for the elderly clients, even if such a relationship of care is marred by the complexities of gendered ascriptions, caste purity, sexuality, abuse and capitalism.

7.2 Discussion : Revisiting the Ethnography

The thesis explores the social, economic, cultural and political practices of care work disbursed through the *ayahs* and *ayah*-centres that influence the processes of ageing and care in Kolkata. It sought to approach ageing as a social mobilizational force through the care work practices of the *ayahs*, shaped across the multiple institutions of the family, market, state and health. In India, where ageing at the level of the policy formulations has still been emboldened as a stage of docility as well as disability (Kulkarni *et al*., 2018; Himanshu and Arokiasamy, 2021) and to be coordinated by the family members, the transitioning of social life and lacking work-life balance with the changing job structure is turning elderly care as a precarious spectre. Even if old-age homes existed in Kolkata since the British colonial period such as The Little Sisters of the Poor (inhabited by Anglo Indians and destitute elderly people exclusively) (Lamb, 2009), the social and moral stigmas attached to 'old-age' homes as a home for the elderly people whose kin tortured and refused to recognise them, has been at the largest. On the other hand, upper or the upper-middle class elderly people possessing financial resources like insurance, savings, monthly pensions, rent incomes and other assets, often choose to stay in their own homes with the *ayahs* where they experience their life courses and harbour relational personhood (Marriott, 1976). Relatively, in sensing, knowing and re-socialising them and their immediate/distant kin (as the care

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supervisors) to the transitioning domestic culture of ageing, the elderly people often adapt themselves to the socialised moral and economic meanings of *ayah* care.

With this, the thesis draws attention to each of the chapters included within it. The chapters describe the care actors' oscillation between the lived sensorial attachment of domestic relations as well as adapting to the professional and social production of care work in Kolkata. Entangled within the gerontological and socialist feminist approaches, care and care work has discursively been associated with contemporary capitalistic structures and its vestiges of profit, redefining the model of ageing that is individualistic, gendered, extractive and based on unequal production as well as the consumption of labour (Romero and Pérez, 2016; Dungdung, 2018). Such processes either turn actors of care into economic subjects or push elderly people to achieve the health routines for themselves without burdening the youth who are participating in developmental projects. In fact, time for the elderly is often conceived to be plenty and running out for the 'young' who need to achieve formal sector jobs for social mobility. Such debates have been accounted for in the Introductory chapter with research problem, research questions and research objectives, where the discursive knowledge and representation of ageing and elderly care systems at national (India), regional (West Bengal) and international levels have been discussed. In India where the normativity of elderly care is still confined to the clinics, the old-age homes and cash programmes without a sustainable networked approach to the management of health, the *ayahs* emerge as a necessity. However, in delving deeper into the domestic and political economy of *ayah* care work from the British colonial era to the neo-liberal restructuring beginning in the 1990s, transition in the trajectories, natures, stakeholders and socio-economic processes of *ayah* care work has been analysed. While developed countries like the U.K, the U.S., Canada and Poland are taking turns investing in multi-testing and the multi-disciplinary approaches to geriatric healthcare such as home healthcare, neighbourhood-volunteering programmes, coaching for the elderly people, testing centres, the construction of caregivers support groups, etc. (Guth *et al*., 2020; Robbins, 2021; Mate *et al*., 2021), a few metropolitan cities in India such as Kolkata are using *ayahs* and the *ayah*-centres as a community care institution and culture. This is evident from the ways in which the *ayah*-centres are often established in locations that blur the boundaries between the residential and market areas – in small lanes where known markets exist as the expansive domestic,

interactive and moral enclaves. Even if scholarly works exist on *ayahs* working with multiple hierarchal structures in multi-specialty hospitals or nursing homes (Rohini and Mahadevappa, 2010; Basu, 2020) where informalisation of care work is gendered and 'contracted', the lived experiences, paid domestic care work practices, and social processes of caregiving or receiving have been scantly studied. In this endeavour, the Introductory chapter set the stage for this ethnographic research. In a challenging yet satisfying journey of the research and fieldwork, an attempt has been made to uncover the ways in which the *ayahs* and their elderly clients perform everyday care through the entanglement of emotions, debates on wages, time, caste, class, religious and gender identities, and enforced or informed distance. Such a 'meshwork' of care work practices as Ingold (2011) would have described, constructs the varying pathways across the events of care work[96].

The Second Chapter presents the theoretical, conceptual and the methodological frame of the research while locating my personal experiences as a social researcher. It further moves ahead with discussing Bourdieu's (1990) 'practices' (practice theory) and the intersecting concepts of field, habitus, and capital. Furthermore, other intriguing concepts such as Mol and colleagues' (2010) 'care practices' (building on Bourdieu) and 'pragmatic intimacy' by Sen and Sengupta (2016) have been used as a relevant direction to uncover the nuances of the care work of the *ayahs* and the relationship they form with the other actors of care. The integration of theory and concepts in this research has been primarily aligned with the qualitative research methods, focusing on the narratives as well as interactions among the actors of care themselves. The complex fluctuations of the research emerged with the using of the ethnographic approach, further packed with sensory ethnography (Pink, 2009) and auto-ethnographic elements. The agency as well as the containment of the participants have been tracked through the intricate conversations with me as a researcher while connecting the trajectories of their lives and care to the different people, places, things and sensations like touch, taste, etc. This is largely expanded to the Chapter 3 of the thesis, exploring how the *ayahs* as well as *ayah*-centres regulate the social practices,

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[96] Ingold (2011, as cited in Klenk, 2018, p. 316) defines 'meshwork' as 'how individuals and knowledges are "entanglements" that emerge through encounters with others … understand social life as being lived along "lines of becoming"'. Drawing on this, the care work practices also involve a 'meshwork' of sharing social meanings by the actors of care across the transitions of life.

representations, values and space-making for elderly care in Kolkata. Understanding contemporary necessities and social relevance of care workforces, the chapter locates role-playing of the actors of care, their voices, the material structures of caregiving and receiving, and the sensorial modalities of care within domestic homes and *ayah*-centres. However, this works within the complexities of patriarchal control, utilising the bodies of the *ayahs* as a resource. It involves discussions on the gustatory and olfactory surveillance of *ayahs*, 'private' patriarchy[97], divine construction of the elderly bodies into a web of *maya* and care (as relations of love and affinity) as well as the meanings of 'successful ageing' for the elderly clients across the social and clinical approaches to care.

Since the primary tool of analysis has been based on a qualitative thematic approach and taking into account the complex movements of the testimonies and events of care, the research has not been moulded with much of the statistical presentations. In this case, Chapter 4 focuses on the ways in which the knowledge of care work is reinvented across the relational ties of kinship, either consanguineal or affinal ties of the clients with clients' own children or the fictive kinship relatedness of the clients with their *ayahs*. The chapter proposes the ways in which the claims, losses and gratification through the kinship practices shape the ageing processes of the clients and the socio-emotional influences it has upon the *ayahs*. This argument has been presented by detecting the three forms of world-making in kinship and care structures – distanced, mediated and fictive kinship. So, mundane negotiations on sites of kinship function as a tool to coordinate relationships of care work. Expanding the spatio-temporal analysis of care, Chapter 5 discusses the resurgence of the entangled practices of caste, class, gender, and religion in the context of *ayah* work in Kolkata. Rather than analysing these social stratification orders as the mere spiral of hierarchy, the chapter deals with understanding how social structural norms and asymmetries around caste, class, gender, and religion shape the individual and collective emotions of care work processes. It explores the politics of socio-moral-ritual purity as well as

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[97] Sylvia Walby, a feminist social theorist, in her path-breaking work on 'Theorising Patriarchy' denotes 'private patriarchy' through her arguments on the domestic division of labour as different for the men and women where women's labour is also expropriated by their husbands. This not only gives rise to a system of inequality but also affects other social relations (Walby, 1989). In the context of this research, it has been addressed to the situations where few husbands of the *ayahs* often live off their *ayah* wife's incomes.

pollution which reshape the bodies and work of the *ayahs* and their elderly clients, both in localised care work sector and in the context of the global representations. Besides, the narratives of 'other' *ayahs* following Islam also portray the complex negotiations through which overarching religious politics and market agents structure occupational segregation and work demands.

Beyond portraying care work as driven by affection, the final chapter addresses the subtle or inherent paradoxes of crises, pleasure and consensus. It explores the fluctuating dynamics of *ayahs*' and care-receivers' (as clients') social and material lives, emphasising how the relationships of care involve other institutions such as the state and legal authorities. The chapter also deals with the fractures and gaps involved in the policy implementation on care workers like *ayahs* where they are only reduced to quantified 'beneficiaries' of the state. Instead of receiving accommodative social protection environment and recognition as legitimised health workers, they continue to face marginalisation and a certain level of exclusion. The sprouting of inequities in resources for the *ayahs* such as volatile wages and time off work, monotonous work routines, labour of emotional crisis, frustration with the clients' behaviour, etc., often translate into crimes as well as break the legality of care work. This has been further discussed through the voices of the *ayahs*, the clients, *ayah*-centre managers as well as police officials. So, the chapters in this research offer perspectives, visualisations and understandings of care work as relationships of affinity, power, resistance as well as different functions of sociality.

7.3 Ageing and Care : Disciplinary Developments and Global Scope of Elderly Care

With the emergence of the discipline of gerontology in the early part of the 19th century, ageing and care have been largely imbued with the parameters of clinical, biological and demographic phenomena, increasingly populating the world. However, such grander and dominant narratives on reason and objectivity disbursed since the Enlightenment period in the West failed to take into account the diverse socio-cultural experiences of ageing. It was when social gerontology tuned to a sub-disciplinary area in gerontology and began to strengthen its furnace in other disciplines like sociology, the theory of 'disengagement' (Cumming and Henry, 1961) was developed. This theory explored ageing as a stage equivalent to ascetic otherworldliness, leading to the

withdrawal of the elderly people from the social and community productivity or sustaining an alienation from the society. However, such a model also turned obsolete around the later age of 1980s when 'humanistic gerontology' came into being. Drawing from the phenomenological approach, it defines social construction of ageing as different in different societies (Hepworth, 2000). This has been further debated by the cultural sociologists, understanding the diversity of old age phenomena in postmodern world (Vincent *et al.*, 2006). So, social gerontological theories as well as sociology of ageing have been in an interactive relationship with each other.

This research draws inspiration from various gerontological theories but refrains from debates on modernity vis-à-vis post-modernity, influencing the processes of ageing and care. It instead makes references to 'modernity' and its radical dramatic changes (Giddens, 1990) destabilising the social norms across ageing, care and familial living in Kolkata. This is specifically driven through the social roles, cultural accountability and governance of *ayahs* as paid care workers in Kolkata. This research also locates the sociology of care and ageing as a focal point, placing it to understand the influences of *ayah* work on the social imaginaries of ageing. It considers the shifting dynamics of varied institutional norms, emotional work and the commodification of wage labour. In this cycle of flow of care resources shaping the everyday aspects of *ayahs* and their elderly clients' lives in Kolkata, it is imperative to understand how political economy of care work processes shapes intimate domestic cultures, decision-making within families and the reconstitution of the homes in relation to the public *ayah*-centres. In a way, the *ayah*-centres are the relational spheres that consolidate domesticities and a marketized economy. The *ayahs* and *ayah*-centres utilise social, cultural, economic and symbolic capital that shapes the demand and supply of care labour. It also positions 'institutions' beyond what is defined as reproducing the role structures and social control over value-patterns, where 'definite modes of behavior "legitimately expected" and are … ideal but not utopian patterns' (Mercer, 1956, p. 267).

In the frame of this research, the *ayah*-centres can be defined as a generative structure that not merely legitimises the role of *ayahs* but also reflects bureaucratisation of care work influenced by the family, state and the market. This is a complex social reality which is taking place against the backdrop of the fractured Bengali families in Kolkata, where the families are even changing from a nuclear model to a more

ambivalent model of care collectives. Such as, elderly clients staying with their *ayahs,* having no children nearby or even childless. The traditional family as being formed by the proximate physical presence of the affinal and consanguineal kin is much of a debate today. Against this backdrop, it is the *ayah*-centres (through *ayahs*) which is more or less supporting the reproduction and sustenance of the families for the elderly people, living in their own homes or with some of their kin who are mostly busy with jobs and their lives (as discussed in Chapter 4). In other words, 'fictive kinship' relations with the *ayahs* is often maintained and if such relationships of kinship cannot be developed, the elderly clients and their *ayahs* still negotiate social locations, power struggles and care work to sustain each other. So, care work is not merely reciprocal but also about the structural division of labour. This further reshapes the agencies and interdependencies of the actors of care.

In the context of India, the care system still pushes pension policies and provident funds as an alternative for elderly people who might suffer from economic disabilities after their retirement along with the de-stabilisation of their social authority (Bhat and Dhruvarajan, 2001). Secondly, old-age homes are sought to be popular alternatives for the elderly people, even if they often malfunction in cities such as Kolkata without any effective provisions for emergency services, trained workers, security and support groups for disbursing judicious healthcare, etc. (Mukherjee and Devi, 2019). This is primarily very different from 'extra-care housing' residences developed in countries such as Sweden that involve housing for elderly people but with interstitial and intersecting characteristics of home care (the paid day-care) services and residential care. The staff in extra-care housing offer diverse arrangements of care different from the 24-hour services in nursing centres (Nord, 2021). In countries like Poland, the care homes of the elderly people function on the global principles of 'active ageing', hosting a range of physical, cognitive and spiritual exercises for them to recover from the deformities and be productive 'workers'. This has been specifically after Poland's accession to the European Union in 2004 (Synak, 1989). There also exist different tiers of care services, the residential and adult day-care services in Poland. While the residential social welfare homes offer round-the-clock services and accommodation for ill or sick elderly people, the adult day-care homes provide care assistance five days per week and no more than 12 hours a day where the elderly people with health

disorders like cognitive impairment are offered care, workshops and therapies, often free of charge (Leszko *et al*., 2015).

On the other hand, strides across elderly care regimes are also proposed in other Asian countries like China where in 2015 the 'Internet plus' care was charted in the *Report on the Work of the Government*. It reiterates that the 'health service provider should be encouraged to build public information platform based on the technologies such as cloud computing, big data, which could provide long-term tracking, health condition forecasting and other individualized health management service' (Zhang *et al*., 2020, p. 2). In other words, the infrastructural smart homes not merely record the health data of elderly people but also update their positions, lights, images and sounds while forwarding an assistance through information technology services (Da Silva *et al*., 2012). Such smart homes have been primarily covered under China's public reforms. Far more scientific and technical evolutions in the care of the elderly people have also been cued in Japan since the late 2010s as Japan has been developing robots to care for the elderly people with public-private investments. Such as, the machines that can help the elderly people with mobility and exercises or monitor their physical health conditions (Wright, 2023). But such cases of the technical construction of the human body itself fail to take into account the threatening future scenarios where humanistic care and empathy are sidelined and the machines occupy or control the social abilities of humans. Put differently, population ageing and the rise in multimorbidity conditions would require social skilling of people rather than merely technical data processors. For instance, the Government of India is trying to develop India into a 'care capital' by offering rigorous training to the nurses and other allied healthcare professionals – Heal by India (Sharma, 2023). But, such a process of skilling takes within its folds the care workers who are involved in the formal healthcare sectors and receive training through educational courses, excluding the *ayahs* and further making the elderly people more prone to social and health risks.

Of the several forms of elderly care homes discussed, it is imperative to consider how the space of the home including its infrastructure, tangible and intangible elements, positioning of those elements[98], etc., shapes different sensitivities and moralities of

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[98] In some homes it has been observed that the *ayah*s' beds were shifted near the elderly clients' beds so that the *ayah*s could address any emergency hints from their clients at night.

care relationships. The elderly care systems are still in its infancy in countries like India and rather than having variant models of homes, the dementia day-care centres are the popular ones. The dementia day-care centres majorly operate for elderly people surviving with certain health conditions like Alzheimer's or neurological disorders, such as ARDSI. While such institutions might impose a clinical identity, the keeping of the *ayahs* is opted as a preferable alternative by the elderly people who are not necessarily suffering from any major health problem. The *ayahs* are appointed to restore the social, relational, ethical, and the classed personhood of elderly people too. This also emerges as a point to differentiate the 'total institutions' (Goffman, 1968) and flexible domestic habitus where the *ayahs* often work. Even if *ayahs* too are accused of being culprits to elderly abuse, they are often appointed by elderly clients to be able to live in their own homes. Furthermore, *ayahs* are often kept when the elderly people not only turn distant from their own children but also suffer the loss of their elderly spouses. In places like New Town, Salt Lake, etc., a vast majority of the houses are filled with the elderly people, either living alone with their *ayahs* or elderly couples living alone with fear of death and concerns over their future care. Now, the dependence on adult children is losing its cultural institutionalisation where elderly parents (as observed in this research) manoeuvre the domestic decisions to keep *ayahs* or even forge prior contacts and 'social capital' (as discussed in Chapter 2) with the nearby *ayah*-centre managers for banking their care resources. In some emergency cases, the *ayahs* and *ayah*-centre managers help is sought while informing their own children (elderly people's own kin) later. So today, not merely debates on elderly care and an increasing number of elderly people require more space in the context of the Indian scholarships but also works surrounding the *ayahs*.

7.4 Major Findings and Future Directions

Experiencing the everyday organisation of paid care work in Kolkata implicated the most undermined research area in contemporary times, i.e., sensations. The basic human instincts like touch, taste, sight, etc., can shape our sense of self and community. The way *ayahs* and their elderly clients involve themselves in a relationship of sensoriality signifies how care work forms an interpersonal identity for the actors of care that enables them to express themselves as 'social beings'. For instance, while 'touch' might entail security, it might also hover around as a means of 'power' which the *ayahs* and their elderly clients navigate from time to time.

However, the *ayahs* are channelised across the informal(ness) of care work, shaping ageing as a complex affair in Kolkata. This is further underpinned by exhaustion, no proper provision for their leaves, their easy disposability, being beneficiaries but in vulnerable work environment, and experiencing socio-political and economic fragility as the 'unskilled' workers. As a primary locus of this research, the interaction of structures and agencies in the care work practices of *ayahs* across Kolkata then draws on few major conclusions. First, the thesis explores the social, economic, political, as well as the cultural practices of care work disbursed through the *ayahs* and *ayah*-centres, influencing the processes of ageing and its material-symbolic mobilities in Kolkata. Second, the *ayahs* are the care forces sustaining the social agencies, physical capabilities and the adaptive roles for the elderly people in multiple spaces as well as counter-spaces of mutuality, care and the relationality of power. Third, the *ayahs* are a contemporary necessity in the context of India where the elderly care policies are still existing without a holistic and change-oriented approach. The *ayah* care work can be defined as a work of specialisation, socially recognised and diffused through the *ayah*-centres. Fourth, fictive kinship relationships are utilised as constitutive capital by the *ayahs* as well as their elderly clients, further claiming it as sites of agencies, resistances, bargains and aspirations of forming relations and practices of morality in upper-middle and upper-class families. Fifth, *ayahs* (or *ayah* services) are a cultural reproduction or culture in-making, socialising the transformation in the values of care and domesticity among the young or middle-aged future generations of the elderly people. The visibility of the *ayahs* in their clients' homes and communities invokes a system of shared norms, social selves, communication and modification of familial roles where the elderly people represent themselves as parents, spouses, grandparents and 'clients' of public markets. The caregivers, care receivers and care supervisors, all function across the junctures of the market and non-market relations, reinforcing the moral, cultural and political attunement of neo-liberal care work economy. In a way, *ayah*-centres denote the transitional ideas of a 'home' which is not essentially based on blood or affinal kinship-orientations, ties and organisations but rather formed by a collective group that is fluid and evolving the quotients of development, modernity and social change. The families in contemporary Kolkata for the elderly (or the lone elderly people) then constitute not merely kin but also non-kin like *ayahs* and *ayah*-centre managers.

Against the backdrop of neo-liberalism and the businesses of gated apartments that entrap the reproduction of global modernity, *ayah*-centres can be located as a 'social institution' that facilitates people, their productive engagement, their sensibilities of acknowledging differential existences, etc. It entails adaptations to the complex socio-cultural transitions of ageing and care. The *ayahs* provide their care work, engage with various individuals within the networks of care and experience the different embodied spatialities with social hierarchies, thereby reinforcing practices of urban citizenship, cultural modernity, social control, community inclusion and Hindu sub-nationalism. Since the elderly people are often constructed as the 'sacred' people of family and lineage, working with them often leads paid care workers like *ayahs* to appropriate social and economic resources for their recognition and claims to place-making. Such a process is also intricately embedded within the cultural and economic politics of ritual purity and pollution in the Indian context.

Lastly, the thesis advocates for a person-centred and social approach to care work of the *ayahs* which promotes healthy ageing and ensures both emotional and material well-being for the *ayahs* themselves. The relationship between the *ayahs* and their elderly clients though possesses multiple layers, the research reflects on Bourdieu's 'practices' (1990). It argues that even if the structural elements impose constraints on the *ayahs* primarily, they mobilise their agential power to negotiate and create a social space for themselves. The *ayahs* continually improvise their caring skills, abilities and work strategies to oscillate between their elderly clients' homes and *ayah*-centres. So, it would be unproductive to argue that care work is merely a reflection of the Indian notion of *seva*. Rather today, care work, specifically *ayah* work evolved in a different manner as the by-product of neo-liberal economic practice, ideology, familiality and ethics.

Hence, this research explores the changing national and regional landscapes of elderly care systems in India, specifically in West Bengal. The research in addressing the dynamic intersections between families, market, state, labour, social norms and care structures, might offer ways to understand how care work performed by the *ayahs* as care workers shape the complex meanings of social ageing. It is the work of the *ayahs* developed through negotiations between the domestic and public spaces that further configure the transition of caste/class as well as gendered relations. Moreover, care work practices of *ayahs* also underline the multi-faceted identity-making processes of

affirming care personhood – i.e., caregiving and receiving, where the actors of care constitute ageing as a systemic formation of social belongingness, public culture and interconnected lives.

So, as a future direction of expanding research in the area of elderly care and ageing, the care work situation of the *ayahs* and other paid care workers in India and the globe can be explored. The question of 'who cares for the *ayahs* when they are old' can be explored in different contexts and cityspaces. Research can also be conducted on the digital platforms of care that take into account the burgeoning arena of India's home healthcare industries and the collective roles of different cadres of healthcare workers. Besides, researches can be broadened to explore the socio-familial and kinship care dynamics of elderly people from lower-income families in Kolkata and other Indian cities, who cannot afford *ayahs* or long-term healthcare services.

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