CHAPTER 1

Introduction

1.1 Ethics and Production : Care Work

'*Neither we move away, nor we are always together! We not only work for elderly clients but also for restoring values. But this work also takes a lot of energy*' (Shanti, 30 years, part-time *ayah*)

Sitting leisurely in a small tea shop with a cup of warm brewing tea, Shanti *Didi*, an exhausted *ayah* recounted her compelling and emotive experiences on caregiving. Over the decade, the popular writings and discourses on care work claimed validity through two paradoxical camps, one grounded in humanism or culture care theory, i.e., defining care as an assistive and facilitative work aligned with individual's culture, beliefs and ways of life (Leininger, 1991) and the other rooted in repressive stratification. Though the studies on care work located mutuality, relationality, purity, solidarity, and moral co-existences, the edges of exploitation, oppression, burden, and vulnerability also persisted. But the actors involved in care work, moving within and across its structure through their generative powers, i.e., the *ayahs*, *ayah*-centre managers, their elderly clients and the kindred of elderly clients, present a complex reproduction of knowledge, memories, ideologies, activities, responsibilities and fleeting emotions. Today, this is primarily visible in the mundane urban context of Kolkata, the metropolitan capital of the Eastern Indian state of West Bengal.

In the discourse of care work in Kolkata, Shanti *Didi* denotes the shaping of her life-course to the work of an *ayah* that holds her essence, her identity, the quality of her relationship with others and her intrinsic 'self', that reflects her performance across different institutions such as her home, her elderly clients' homes, the *ayah*-centres, etc. The *ayahs* are the paid care workers who offer instrumental, functional, and emotional care to their clients, specifically the elderly. On the other hand, the *ayah*-centres are establishments that organise, marketize and distribute the care work of the *ayahs* under the supervision of an *ayah*-centre manager (discussed in detail in Chapter 2 and 3) (Image 1). Apart from the organisational order, the routine care work of the *ayahs* also implies an intersubjective movement in communication, ethos, socially-expected demands, familialism and meaning-making practices of ageing and care in

Kolkata. Foregrounding this, the chapter introduces the primary elements of this research such as the research problem, questions and objectives. It analyses the socio-demographic and historical context of the development of *ayahs*' care work as well as elderly care in Kolkata and the larger India. To examine the broader knowledge constructs on care, the chapter also traces the existing scholarships that explore ageing, care and care work practices in India and across the globe. It reviews the theoretical and conceptual underpinnings, such as disengagement and active ageing approaches as well as feminist discussions to care work that remodels the linkages between care, gender and labour in the neo-liberal era. Lastly, the chapter discusses the current debates across care work relative to the transnational contexts and the social construction of ageing, which in turn mobilises the consciousness, materiality and practices of care.

Image 1: An *ayah*-centre.

Source: Fieldwork, 2022

Location: Jagatpur, Kolkata

1.2 Statement of the Problem

In a foundational sense, care work involves the instrumental and strategic activities that lead to the maintenance of life processes and the sustenance of bodily functions. Bruhn and Rebach (2014) explore caregiving as the 'dynamic interactive relationship between the caregiver(s) and care recipient' which is further shaped by 'role demands and expectations … established by existing social arrangements' (p. 5). In a way, caregiving and receiving is a multi-level social system that involves bodily care,

emotional care, financial care, and a host of other direct as well as mediated patterns of care such as digital support mechanisms. This can be tracked through the historical-cultural geography of Kolkata where the relationships of paid care like the services provided by *ayahs* to their elderly clients are fashioned through trial and error. Such major-minor experimentations in care work also shape the interpersonal environment for the reclaiming of agencies and empowerment by the *ayahs* and their clients, but within the shared trajectory of socio-cultural asymmetries such as caste/class, gender, and religious markers (as discussed in Chapter 5). The lived distances and proximities between the *ayahs* and their elderly clients within the homes and public spaces evolve the practices of care. Relative to this, the thesis explores the *ayahs* and *ayah*-centres as social resources shaping care work practices, domestic-public politics and relational ageing in Kolkata. It examines the complex moral and political economy of care, labour (work space, time and strata) processes and transitional ageing experiences that redefines the interweaving of families, market (*ayah*-centres) and the state in the neo-liberal era while making paid care work an emerging structure of the society. So, *ayahs*' care work can be explored as a socio-economic, cultural and moral order that is reproduced, institutionalised and de-institutionalised in different times and places.

Locating the paid care work regime, today, the appointment of the *ayahs* is influenced by the rapid demographic fluctuations in Kolkata. The declining rate of fertility, the increasing prevalence of single-child families, out-migration of the adult children or younger population, voluntary infertility, late marriages and increasing life expectancy of the elderly, contributed to a significant number of elderly population trying hard to bridge the gap between the loss of familial care resources (or direct caregivers) and the challenging maintenance of life (Gangopadhyay, 2020). The 2011 Census Report maintained Kolkata's total fertility rate as only 1.2 (Basu, 2014). However, NFHS - 5[1] (2019 − 20) dictated Kolkata's total fertility rate as raised to 1.4 – still much below the replacement level. Such a declining tendency has been observed primarily for the urban population, relative to career aspirations, educational status and awareness of contraception (Das, 2021). This also correlates with the structural effect of population and changing affectivity, enculturing urban families in Kolkata and their participation

[1] Even if the Census Report has not been published in 2021, the extrapolated data shows the total fertility rate as lying between 1 and 1.4, approximately.

in spatial politics, like real-estate developers focussing on luxury flats (often modelled for smaller families). Moreover, the *ayahs* often constitue an important force of work in such flats, indicating a 'modern' urban formation shaped by neo-liberal aspirations and new forms of family-making.

While the greater India is enjoying a 'demographic dividend' with 68 per cent of its population in the working age group of 15 to 64 years (Business Today Desk, 2023), some states are projected to move towards being the ageing states by the 2030s, such as Himachal Pradesh, Punjab, West Bengal, Maharashtra, etc. (Tandon, 2019). This can be chiefly supported through a statistical analysis conducted by the UNPF and IIPS, claiming that the 'one-fifth of population will comprise people above 60 by 2050 … By the end of the century, the elderly will constitute over 36% of the total population of the country' (Livemint, 2023). In relation to the context of West Bengal, enumerations also indicate that the elderly people constitute an approximately 'one-fourth (24.5%) of the household population in West Bengal' and '35 per cent of the elderly (36% males and 34% females) are in the age group of 60-64, and about 27 per cent in the 65- 69 age group'[2] (Alam *et al*., 2014, pp. 5 - 6). This further boils down to its capital Kolkata that consist of a huge elderly population, as Chandra and Baig (2022, p. 83) note, 'Kolkata houses about 11.8 per cent of the population who are above the age of sixty years (highest among Indian cities)'[3].

However, the increasing elderly population and provincialized or centralised policies on elderly care, assemble an inverse relationship. Of the scant policies for the elderly in India, shifting the duties of caregiving to elderly people's family members or adult children legally and socially as well as offering cash support or old age homes to needy elderly, remained to be the primary resolve with no sustainable long-term plans. Such as, The Maintenance and Welfare of Parents and Senior Citizens Act, 2007[4] and

[2] The authors derived their findings based on the survey conducted by Sigma Consultancy Organisation, New Delhi, in West Bengal in 2011.

[3] Census Report, 2011.

[4] It is assigned 'for the welfare of parents and senior citizens as guaranteed and recognised under the Constitution' to maintain 'overall physical and mental well-being, establishment, management and regulation of institutions for senior citizens and services therefor and for other matters connected therewith or incidental' (Ministry of Social Justice and Empowerment, 2019, p. 2).

NPOP, 1999 (Rajan and Mishra, 2011), respectively. So, the lack of potent state and community care models, and the crisis of attuning to the unprecedented demographic changes, offer resonance and grounds for the local markets of care to appear, such as the *ayah*-centres. This can be resonated through what Riley (1993, p. 41) defines as the 'structural lag' or the incompatibility between 'changes in individual aging' and 'the structure of society that influence the ways individuals age'. Riley (ibid) expands that, 'While more and more people live longer than in the past and grow old in new ways, social structures have been slow to make room for them' (p. 41). Even if India entered the ageing and lower mortality scale later than the developed countries of the West, the transition in recent decades has been quite dramatic to ensure an urgent balance. So, the *ayahs* can serve as the professional care workforce in India, though they navigate stark contradictions in their embodied work processes and the burdens of labour accumulation across the neo-liberal economic structure.

Over the years, a prominent share of the socialist feminist and feminist economic scholarships centred care work as a work of stratification. Colen (1995) analysed such realities associated with care work as an injustice based on unequal reproductive labour influenced by gender, race, ethnicity, etc., where affective labour is being extracted from women without enhancing their social dignity. Expanding such a domain of thought, Fraser's (2016) analysis of 'crisis of care' or the strains associated with care workers across financialised capitalism, remains pivotal. She writes, while on one hand 'social reproduction is a condition of possibility for sustained capital accumulation; on the other, capitalism's orientation to unlimited accumulation [*of labour*] tends to destabilise the very processes of social reproduction on which it relies' (p. 100). Such an analysis remains important to understand the transitioning patterns of care work in countries like India where the *ayahs* lie within the complex ties of being exploited for labour as well as struggling to economically sustain their families through their care labour. However, it is also important to analyse 'care work' as the dynamic interplay of social relationships and different arrangements of 'capital' (Bourdieu, 1990) for the actors involved in care. In other words, it is difficult to envisage care work as dominantly constituted by or holistically equivalent to the subjugation of women as the culturally validated care workers in the unequal order of gender.

Though the heteronormative gendered prescriptions cannot in any way be discounted in care, care work can also be explored through the framework of 'practice' theory (Bourdieu, 1990). Relative to this, the thesis moves beyond the feminist approaches to analyse the ways in which *ayahs* and the actors of care work shape their behaviour and actions in their lived experiences to develop the structure of social care. This has been supported by pivotal concepts offered by Bourdieu (1990) like 'habitus', 'field', and 'capital', Mol *et al.*'s (2010) 'care practices' as well as Sen and Sengupta's (2016) 'pragmatic intimacy'. Associated with it, the thesis (and research) examines *ayahs*' care work practices through a qualitative research design, i.e., by utilising 'sensory ethnography' (Pink, 2009) and auto-ethnographic elements. The sensory ethnographic approach along with the recounting of some of my personal experiences in Kolkata (the field site), enabled an exploration of the ways in which the sensorial ties of touch, taste, smell, etc., shape the complex social relationships, ambiguities, belonging(ness), fluctuations of power and affectivity (as discussed in Chapter 2) between the actors of care. The usage of the methodological framework allowed me to move beyond the predominant quantitative determination of *ayahs*' work and care labour, where the existing scholarships focus more on the numerical expansion of *ayahs* in the Indian markets. Often, their structured marginalisation is validated through low wages. In a way, a significant share of the academic resources constructed the imaginaries and the social status of the *ayahs* through their visibility in hospitals and the task of cleaning the 'sick'.

So, the thesis explores how dialectical behaviour in the everyday work of *ayah* care influences the social and physical reproduction of the lives of the elderly across the families, communities and care organisations. Rather than primarily defining 'care' as an inherent contradiction in the capitalist societies, the thesis focuses on the *ayahs* and elderly clients' bodies, lives and being(ness) that function within and across layered social differentiations. In this context, social differentiations though repressive, also play a transformational role around *ayahs*' care, that further shapes the representation, relations, circulations and multi-sited legitimisation of 'personhood' (Marriott, 1976). In geography like India, (re)formation of personhood is often defined by the fluidities and intermixing of different places, objects, people, emotions, essences, etc. A person is not only formed by the biogenetic substances that he receives from his birth parents or as a progeny but 'parts of other people, places, and things become part of one's

own body and person' (Lamb, 2000, p. 39). Such sharing of social-somatic elements affirm diverse experiences of personal, political as well as collective identities. So, exploring this in different chapters of the thesis, it turns pivotal to understand that the *ayahs* and other actors of care negotiate their shifting identities, role-relations, status, the internalisation of changing cultures, etc., that shapes the function of the families and *ayah*-centres as 'institutions' of care. The care work by the *ayahs* further redefines socio-moral ideologies and practices of ageing in an urban space like Kolkata.

Furthermore, the thesis expands the debates around the sociology of care and ageing. Instead of analysing care work as a linear assertion of inequality between the upper-caste/class elderly clients and their *ayahs* (as existing scholarships in India depict), the thesis uncovers ephemeral and ambivalent ways in which *ayahs* too exert social power and control on their elderly clients by virtue of the clients' ageing, lifestyle and health conditions. This showcases complex intersections between demography, hegemonic and plural cultural ideologies, care, empathy, crisis, as well as neo-liberalism – where the capitalisation and consumer aspirations of home and market-making through 'age' circulates across the work of care. In analysing the sociological implications of power across the care work of the *ayahs*, the thesis captures that power rather than solely rooted within the relative as well as dominant institutionalised acts of care work is also interdependent, reflexive, intersubjective and contextual. A deeper exploration of it has been made in the thesis by understanding the fixities and fuzziness of care work and its influences on kinship relations, dynamics of caste-class-religion-gender, and the community-based processes of marketization. The thesis also analyses the crises between the embodied and social representations of caregiving and receiving.

Furthermore, the thesis uses the terms 'elderly', 'elderly people' and 'elderly clients' to connote individuals who are in the later phase of their lives and often coordinate their care with paid care workers like *ayahs*. Given the state-sanctioned vocabulary as used in India and across the Indian governmental reports, the term 'elderly' has widely been connoted as not only a population but also an embedded category with less ageist meanings. Also, as the term 'elderly', applied in this thesis with informed consent from the clients (participants who participated in the research) - they deemed it as a resistance against the term 'older' which implied for them a more stratified/restrictive idea on the complex experiences of their lives. In native Bangla usage, the clients often preferred 'elderly', as for them it meant '*probin/briddho*', a more respectful way

of addressing them in contrast to that of the term 'older' which means '*buro/bura*', an insolent tone of calling them. Besides, the term 'elderly' also relate to the life-stage of ageing individuals and their intricately woven subjective and structural motivations to existence. This has been different from the contextuality of ageing in countries like the U.S., where the drastic population change that occurred even before India, sustained to use the word 'oldness' and its stigmatization as a confluence of medical processes, class memberships and individualization (Lamb, 2019).

While it is challenging to fix a chronological category to define the elderly people, the thesis encapsulates them as a socio-demographic group with pivotal stakes in the changing order, nature, conventions and scope of care work in the neo-liberal era. The term 'elderly' further broadens the ways in which post-retirement lives are lived while also fulfilling the mainstream obligations as parents or as members of the community; influencing ageing, its materialities and varied allegiances to care resources. Besides, locally anglicised terms like *ayahs* and *ayah*-centre managers have been used relative to the usages in literature and in the everyday social life of the people in Kolkata. Lastly, the kindred of the elderly clients was referred to as the 'care supervisors', 'consanguineal or affinal kin', 'family members', etc., in the thesis in accordance with the changing familial and individual roles in the work of elderly care.

1.3 Research Questions

a. How do the *ayahs* working through the *ayah*-centres define their care labour and nurturing work against the backdrop of the domestic functions in the elderly clients' homes?

b. How the social world of the *ayahs*, *ayah*-centre managers, elderly clients and their family members are reconstructed in the practices of caregiving, care receiving, morality as well as economy?

c. In what ways do the possibilities of intimate relationships shared by the *ayahs* with their elderly clients shift the familial equations of the kindred or children of the elderly clients?

d. What symbolic and material contours of social binaries, systems of stratification as well as assimilation in the care market, work for the *ayahs*, the *ayah*-centre managers and their elderly clients?

e. How do the *ayahs* negotiate and bargain care as a normative empathy of shaping persons and care as a work involving timed-labour, payment, orders, registrations, etc.?

f. Why do the ideal practice of moral and personal service (*seva*) and the codes of respect relative to age and social authority become threatened by the crises between elderly clients and their *ayahs*?

1.4 Research Objectives

a. *To analyse the norms, expectations, values, meaningfulness and world-views of the ayahs, as well as the dynamism of relationship they share with actors within the ayah-centres and the domestic households.*

The first objective of this research aimed to explore the socio-cultural views, norms, as well as transitions across ageing and care work in Kolkata. It discusses the ways in which the *ayahs* as the care workers are socially and sensorially shaped through the institutionality of the *ayah*-centres and the emotive mobilisations of the *ayahs* across the clients' domestic spaces. This is materialised through dietary socialisation, power relations and the integrative positionality of *ayahs* in the urban cityscape of Kolkata. Relative to this, the Chapter 3 of the thesis depicts such socio-geographical realities of *ayah* care by understanding the moral-economic, symbolic and material practices of the care work market as well as the social representation of the *ayahs*. This has been further analysed through the *ayahs*' complex negotiations with other actors of care in different times and spaces.

b. *To analyse the changing kinship relationships within the family with the intervention of the ayahs, such as effect on family schedules, degree of closeness and practices related to ageing.*

The second objective of this research aimed towards narrativizing the complex relationship of care work and ageing through multiple contexts and sensibilities of kinship practices in elderly clients' families in Kolkata. Since, the affinal or blood kin today experience constrictive time to care for their elderly parents or even fulfill their normative filial reciprocities, the *ayahs* flashing care might turn into a 'fictive kin' – socially valorised as the like-daughter of the elderly clients. So, Chapter 4 locates the three different modes of inquiring about such dynamicity and intricate modulations of

power across kinship relatedness and distance, such as distanced kinship, mediated kinship and fictive kinship.

c. *To explore the dilemmas of care as an act of social attachment and distance vis-à-vis care as an act of employment.*

The third objective of this research aimed at moving beyond the social discourses of care work as a configuration of empathy, sentiments as well as mutual contact. Rather, this objective delineates caregiving as well as receiving within the rhythms of market professionalism, task differentiation, the work of care and the moral development of the networks of care. Relatively, Chapter 5 analyses converging and diverging stances of *ayahs*' care work through interlocking hierarchies of caste, class, gender, religion and the construction of social and work identities of *ayahs* and their clients.

d. *To explore crises in the relationships of care and the social existence or processing of crises within the normative idyllic construction of ageing and seva.*

The fourth objective of this research is to explore the unpleasant or fractured emotions involved in paid care work relationships that might threaten the agencies and life processes of the *ayahs* and their elderly clients. The multiple crises in care work are processed through the materialities of food preparation and consumption, the burnouts associated with caregiving work, frustrations with one's own dysfunctional bodies, class or caste symbols and the loneliness epidemic among elderly people in Kolkata. Other phenomena or concerns like age-based stratification and segregation of *ayahs* across legal apparatuses also reproduce the socio-economic realities of *ayah* services. Chapter 6 deconstructs such linear flow of domination-subordination dyad from the upper-income elderly clients to the lower-caste/class *ayahs*. It also analyses the state-based policy infrastructure revolving across the care workers like *ayahs* that however reinforces complex identities and implications for the quality of care work provided by the *ayahs*.

1.5 Affective Tradition and Ageism : Care at Old Age

The legacy of care in countries like India is rooted in the historical-cultural context of shaping and socialising ageing. The bodies that age, even if not necessarily inner 'selfhood', experience a shift from the central functions of the household (sustaining heritage, knowledge as well as decision-making) to an enigmatic peripheral social existence. A more valorising account of old age as 'social death' (Králová, 2015) has

been reproduced and recognised across the dominant Hindu structures, influencing the life course of families in India. The practices of power and social existence for the elderly people then are mobilised between the paradoxes of the loss of relationality and the claims of care work from their kin. As Lamb (2000, p. 2) in working on the dilemmas of ageing and familial morality, writes :

> … old age [*in the Indian society*] highlights the perishability of the body and all earthly matters, signaling [*sic*] a time to focus on God, the soul (*ātmā*), and the heavenly sojourns or rebirths that will take place after this evanescent life. But … old age is a time when [*one*] is forced to break her family ties and seek an institutional refuge in a "modern," secular city.

In a way, the process of ageing offers multi-sighted immersion within the society. Such as, with ageing, the more centralised spaces or rooms of the house are often transferred to the 'young' who serve as the valid protectors of the family while the inward or secluded rooms are often allocated to the elderly people who practice a certain form of social ageing distance (as observed in the fieldwork). In scholarships exploring the institutions like the old-age homes as a developmental initiative for the elderly, today 'aging in place' (Rogers *et al*., 2020) also settles as an approach for the socio-physical maintenance of healthy elderly bodies. 'Aging in place' is explored as 'one's journey to maintain independence in one's place of residence and to participate in one's community' (p. 9). But in the context of India, while the *ayahs* enable 'aging in place' against the backdrop of the breakdown of intergenerational or joint families, it also cannot be realised without the disbursement of religious and cultural ideologies. This is primarily conceived through the four stages (*Ashrama*) of a person's life, such as, *Brahmacharya*, *Grihastya*, *Vanaprastha* as well as *Sanyasa*. As a reference to Indian social structure influenced by ancient Hindu ideologies, *Brahmacharya* refers to the first stage of one's life conferring studentship, *Grihastya* prescribes the role of a married householder and highlights the socio-biological obligation of procreation and reproduction, *Vanaprastha* refers to the gradual movement into the ageing period when one retires to a forest for living in a solacing hermitage, further renouncing the responsibilities of a householder, and lastly, *Sanyasa* (*Sanyasin*) defines the life of an ascetic, abandoning the material observances of the elderly body (Kapoor and Kapoor, 2005). Among these four stages, *Vanaprastha* and *Sanayasa* connote the pillars of ageing or social processes of externalising or internalising ageing. *Vanaprastha* has

been idealised to control one's desires and temptations by performing rituals and gaining the spiritual energies to better prepare for the final stage of surrendering mundanity and worldly pursuits, i.e., *Sanyasa*. But such stages also suggest strong conformity to caste-based organisations, socio-economic division of labour, and the interlinked relationships of caste/class power, as *Ashrama* often excludes lower-caste families from participating in the ordained stages.

If looked at critically, the processes of *Vanaprastha* and *Sanyasa* resonate with the theory of 'disengagement' (Cumming and Henry, 1961) used in social gerontology that defines ageing as the gradual withdrawal of autonomy, authority and social engagement. This, however, adds to the 'continuity theory' (Atchley, 1989) of ageing that construes that the elderly often adapt to multiple social roles and behaviour demanded from the present structures by utilising the tactics and skills from their past early adulthood. In a way, this model turns problematic as it forwards the elderly people as the people of the past generations, possessing less compatibility with contemporary knowledge. These dominant models, disengagement and continuity, have over time shaped not merely the social leanings but also the structural policies across ageing and care in India and other countries where families were entrusted with the roles of caring for the passive and dependent elderly. While India accords the elderly care policies specifically for those belonging to the lower-income or the BPL families, it is not without the underlying socio-political diffusion of ageism or an exclusion at ageing. Similarly, in the U.S., the term 'baby boomers' has been promoted to shape the elderly as a burden for the tax-paying youth and the country's financial mechanisms. Knickman and Snell (2002, p. 851) in their analysis write, '…aging shocks represent burdens borne by individuals more than society. In most other countries, these items tend to be financed socially'.

The elderly people are also conceived as the temporally-dissected historical bodies. Wilińska (2010) analyses that the role of the elderly people in Polish society is either being imposed as a quintessential grandparent, a pensioner, or as a person who might work in the labour markets to cope with financial crunches. Weicht (2013, p. 191) in exploring the discursive construction of the elderly in Austria further adds that a distinction is often made between the elderly and the young people. He explores that old age is 'seen not as a continuous process but is rather constructed as a marker between those projecting themselves into the future [*the young*] and those identified

with the past [*the elderly*]' (ibid, p. 191). Such a moral allocation of the elderly people to their past and making them too distant from the imaginations of the youth-dominated contemporary era, normalises 'relational ageism'. Gendron *et al*. (2018, p. 247) in their work on reviewing the segments of the sixth WHCOA, described 'relational ageism' as a process :

> whereby an ageist statement is reinforced through encouraging individual or group behaviour (e.g., applause, laughter, and/or verbal agreement). Relational ageism accounts for both participatory behaviour and interpersonal dynamics and includes the expression of and response to ageism.

Such behavioural complexities and verbal otherings often diffuse the incapacitation identity of the elderly into the work culture of paid caregivers and community care organisations. Banks (2018, p. 173) explores this as 'professional distance' where the institutional regulations of care work produce 'misrecognition'. As she writes further, 'This meant that workers' love and care for clients (and vice versa) went unacknowledged' (p. 173). In case of the *ayah*-centres in Kolkata, this version might offer a contrasting reality of care work and its practices. Even if supervision and surveillance of the elderly clients turn into a manual of the *ayahs*' jobs, the clients' deaths also generate depression and anxiety in some of the *ayahs*. This is however filled with the subliminal ageist consciousness embodied in the *ayahs* and *ayah*-centre managers, staging elderly clients as corporeal bodies that will die out faster. But it would be difficult to say that the relationship of care between the *ayahs* and their elderly clients is distant from love, even if there exists a 'professional distance'. Instead, *ayah* care work facilitates dialectics of shared love, care and struggles between the *ayahs* and their clients.

1.6 Active Ageing and Self-Care : Contemporary Approaches to Care

Evolving through the developmental decades of smart urbanism, the advanced technological structures and political economy of ageing, global movements are now promoting two forms of ageing and care – active ageing and self-care, to counter the problem narrative of ageing in India and other developed countries such as 'silver tsunami' (Patel, 2022). Dogra *et al.* (2022, p. 440) define active ageing as promoting 'regular physical activity and avoidance of prolonged time spent sitting' which results in the 'reduced risk of premature mortality, morbidity, better management of chronic

disease, and a higher quality of life'. Over the years, active ageing and its other versions like 'successful ageing' enclaved the 'Third Age' to ensure elderly people's participation in newer forms of engagement, personal satisfaction and autonomy, and facilitate their physical as well as subjective (or mental) well-being (Tripathi and Samanta, 2023). Such an ideology also guarantees the experience of leisure without a compromise in the personalities of the elderly, which Samanta (2018) links primarily with the urban upper/upper-middle-class and their differential usage of time in the context of India. While 'active ageing' (Havighurst, 1961; Zaidi and Howse, 2017) is contesting the old and parochial approaches to ageing, the recognition of the socio-cultural pluralities and meanings of context-specific 'active ageing' in India are still at far. The notions of 'active ageing' is primarily overshadowed by a hegemonic global version, depicting the need for physical and economical functionality of the elderly.

Sociologist Calasanti (2016) in exploring concerns on 'active ageing', referred to it as a risk of homogenising the experiences of the elderly people across the globe either by forming external norms which the elderly might not be able to conform to or by attributing the elderly (in case of their physical incapacitations to perform much activity) as the fading or failing neo-liberal citizens. Relative to it, she writes, ' … successful aging [*also referred to as 'active ageing'*] is unsuccessful because [*it*] does not challenge … social devaluation and exclusion that accompanies them' (p. 1100). In that place, care work and its practices performed across the *ayah*-centres propose multiple ways to affirm, normalise and challenge the discursive bodies, personalities and the life courses of the elderly people across the process of ageing. The *ayahs* in Kolkata who offer care work in interactional conduits with their clients, often accept as well as contest the decline of their clients' bodies. This, in turn, enhances the social agencies of both the *ayahs* and their elderly clients, mobilising the performative aspects of emotions, activities and resistance.

'Active ageing' and care work as erupting against the backdrop of neo-liberalist-consumerist practices of individualism, utilitarianism and sustainability, also generate ambiguous linkages between the elderly people's loneliness and autonomy. While the activities that 'active ageing' promotes such as The University of the Third Age[5],

[5] The University of the Third Age means the 'gathering of [*elderly*] people' who 'organise their own activities and learn together'. This is often done by drawing different skills,

gyms, music lessons, indoor games and learning classes offer emotionally enriching spaces with the support system of the community networks, there might also be risks of losing its productive purpose if the performances of the elderly people are enforced. Banks (2018) analyses the devaluing or failing interactions taking place between the elderly clients and their care workers as the lack of attunement to the unique needs of each and the negligence on intensity of emotions. In a scenario of mistrust and conflict in care, she asserts that the day-care centres or care homes might impute innovative activities for the physical and mental well-being of the elderly clients but also force the 'clients to take medication and to fit into the schedules and norms of living acceptable to organisations' (p. 172). This entails a complex crisis of distribution, representation and maximisation, where the bodies of the elderly are institutionally subordinated and captured for the profit performances of submission. The imageries of activity and docility (when the elderly people are reduced to pathological and clinical cases) are on the verge of being disseminated across the heterogenous social networks such as, the visitors seeing the elderly in a situation of performing physical exercises even if they might not be willing to do so. This also aligns with the mobilisation of the bodies meeting global consumption-based demands of ageing, where post-retirement income and good health reinforce self-management as well as productive investments (Tripathi and Samanta, 2023). But this does not always take into account reflective self-actualisation.

As described, the socio-cultural accounts in South Asia are tracing a discursive movement from ascetic otherworldliness and deaths in old age (Cohen, 1998) to a regime that promotes worldly healthy or active ageing. Quoting Wadley's (1995, as cited in Simpson, 2022, p. 394) take on the social transitions around ageing and the expectations of care, she writes, 'Women who are successful in this process [*ageing amongst families*] take on spiritual strength, where they shed gendered markers of temperamentality, allowing them to take on new forms of masculine or ascetic authority'. However, today, active ageing processes turned popular in contexts where the channels of caregiving and receiving are no longer enclosed within one's

knowledge, and experiences of each of the elderly members congregating together (Age Action, 2024).

patrilocal joint family but shifted to 'total' or semi 'total' institutions[6] (Goffman, 1968). Such shifts emerged with the transitions in the familial structures, social norms and the sensibilities of care labour, moving from the multi-generational families to the urban nuclear families. This is also characterised by the emergence of the upmarket gated apartments, preference for couple privacy, transnational elitism and increasing class-based aspirations.

Gangopadhyay and Samanta (2017) in exploring the complexities of familial and intergenerational contracts, describe an ambivalence in filial reciprocities where the elderly people sustain their lives and co-existence of their families by performing household chores in Gujarat. This in turn occurs when the elderly people are primarily economically dependent on their adult children. But, the elderly people in Kolkata practice a different form of 'active ageing' as the economically self-dependent people, appointing *ayahs* to facilitate their participation in larger community and sustaining filial obligations (as discussed in Chapter 4). The way in which elderly clients forge their emotiveness, work of care, share memories or stories of wisdom and practice local medicinal knowledge, etc. with their *ayahs*, shapes 'healthy ageing' within the processes of cultural continuity. In other words, while the principles of 'active ageing' in the discourses of the Western countries might connote self-dependency as well as empowerment for the elderly, in India 'active ageing' manoeuvres around reproducing ageing 'selves' within the interdependent/collective and interpersonal communication of the *ayahs* and the elderly people's kin.

Associated with neo-liberal productions and market exchanges, Martínez *et al*. (2021, p. 420) also offer an argument of 'self-care' as a healthcare practice involving the specifications of 'health belief, clarification of values, decision making skills, and the component of self'. Furthermore, it is defined as the 'ability to care for oneself through awareness, self-control, and self-reliance in order to achieve, maintain or promote optimal health and well-being' (ibid, p. 422). Such as, Barnett and Cooper (2009) offer the understanding of 'self-care' as a viable mechanism to cope with the issues of burnout, traumas, ill bodies, or impaired professionalism. This health promotion technique has been disseminated to fill the gaps present in care systems,

[6] Semi-total institutions can be defined as institutions that function within the ties of formal rules and informal processes. For instance, the *ayah*-centres maintain duty slips as rules while also allowing *ayahs* to sometimes visit their clients without the slips.

erupting from the state or lower capacitated community health planning, modelling as well as accessibility. In the 20th century, though 'self-care' emerged as an ideological and material stimulus to inform the health service providers and the care receivers on the expanding crisis of the chronic multi-morbidity conditions, it became challenging over time. Relying on technological advancements and the accessibility of new digital information, 'self-care' often cascades into a type of entrepreneurship that promotes 'individualism' and normalises the warding off kinship expectations.

It cannot be negated that 'self-care' as being developed in the disciplines of medical sciences, nursing studies and business management, might be an emerging area of research to deconstruct the socio-cultural and clinical imaginaries of elderly people as the 'objects' to be taken 'care of' mechanically, in diverse settings (Høy *et al.*, 2007). But attention might also be directed to understand the myriad ways in which the relationships of morality and economy function within the paradigm of 'self-care' or care work. The practices of 'self-care' require dynamic resources and access to human capital like the *ayahs* in India, developing into a transformative system of knowledge, culture and health.

1.7 *Ayahs* and their Care Work : A Historical Background

Over the years, quantifying and increasing the media visibility of domestic workers across the Indian and global reports, overshadowed the complex historical journeys that other workforces like *ayahs* have undertaken since the colonial period. As sociologists like Jan Breman (1976) analysed the socio-economic dualism of stratifying the urban market system across capitalistic culture and the rural subsistence economy of agriculture, the domestic workers remained tied to discourses of precarious jobs, weak regulations, lower social recognition and the imposition of unskilled production. In the late nineteenth to early twentieth century, while domestic work involved housework and care work performed by the married women of the home or the lower-caste/class women workers to sustain middle-class respectability and domesticity (Talukdar and Kikhi, 2023), the scene changed in the contemporary era. Now, care work and housework are distinguished by the type of work time, wages, employer-employee relations, organisational influences, and the growth of the 'nuclear' upper-middle class families hiring various workers for their multiple needs. In a way, it can be argued that neo-liberalism constructs more layers as well as diversification to the cultural, moral and functional practices of domesticity while

reorganising the distinction between the 'inner' Indian domain and 'outer' Western domains (Chatterjee, 1989). In this decade, the inner and outer domains intersect and turn ambiguous to sustain the class status of the middle and the upper-middle class families. The substantiality of it can be analysed by tracing the continuities in the evolution of the *ayahs*, from the colonial to the contemporary epoch.

From the scant and inconsistent literature on *ayahs* in the Indian context, it can be grasped that care work and its idiosyncrasies have long been sidelined from economic-monetary definitions of work and labour. For instance, factory work with tangible production output in a public space was conceived to be a profitable 'work', not the care work associated with women, femininity, and intangible human emotions. The notion of labour and work as the exchangeable objects of production, surplus and flexible consumption across the social constructions of body, space and gender, resulted in a structural effect for the *ayahs* to be elapsed. McDaniel (1988, p. 1) once wrote, 'Women come to be seen as mothers first and workers second, thereby justifying their secondary status in the workforce' where her maternal social status expands to not merely her own children but to others as well – biological and reproductive drive. However, this fosters a different reality while grasping back to the British colonial period of the mid-18th century when *ayah* care work remitted the political economy of race, power, gendered professionalism, white supremacist control and the dominant political-legal regulations.

The terminology '*ayah*' developed into a common parlance or usage in the late eighteenth-century India. It originated from an Anglo-Indian word '*aia*', which literally means nurse, governess of royal babies, or lady's maid (Tiwari, 1963). The *ayahs* were the visible cadre of care workers and have been addressed as the vital or mobile functionaries in the physical and symbolic space of the imperial domestic administration (Sen, 2009; Haskins, 2009); working as exploited colonial-subjects. An overflow of historical and cultural analysis, however, accorded them as non-bonded workers, participating in transnational migration processes and global communication. Robinson (2018, p. 44) in her work states, 'Between 1890 and the 1930s, thousands of ayahs and amahs were recorded on passenger lists for ship arrivals into Britain from South and East Asian ports … ayahs were positioned across different sites of "home" by the dominant colonial culture'. Experiencing a sense of autonomy and social mobility across their foreign tours, the *ayahs* too were exploited in their journeys

where gendered-racial segregation and 'othering' were erected to oppress the *ayahs* through instances of fraud and violence, such as not paying *ayahs* their salaries once they reach Britain. In many covert sexual abuses or the maltreatments of *ayahs* of 'colour' by white officials, the legal liaisons of the primary British Parliament were accorded to truncate such oppressions – further generating ambiguities between the sexualised services of *ayahs* and *ayahs*' services for intimate home spaces.

In authoritative orders to sanctify social prestige and assert the 'white' body purity of the British families, the *ayahs* were publicly de-sexualised (covertly sexualised) as salaried and maternal care workers, serving the British children and *memsahibs* (Chakraborty, 2019). This projected a complex inter-racial relationship turning homes into a space of the colonial and the colonised subjects' contestations while often passing the *ayahs*' bi-racial 'children' as the white children in Europe, even after the strict moral censures from the British society (Dalrymple, 2002). But, from the conventional domestic perspective of British women, the *ayahs* were lower racial and lower-class colonised objects to be infantilised and supervised, uncovering fluctuating social, political and the economic relationships of power. The caste of the *ayahs* was used as a resource for accessing their labour while race and class memberships were the interlocking structures of normalising the oppressive standards of care work and its functions. So, bureaucratic-political centralisation of British colonizers was not only limited to the administrative 'public' contours of hegemony, but also in colonising the mundanity of *ayahs*' lives.

To disaggregate and produce imperial colonised subjects as bodies of labour, the 'brown' male servants in the colonial India also survived a long epoch. Sinha *et al*. (2019) in the context of uncovering domestic sites as shaping the relationship of social power between the masters and the servants, write, 'the spirit of an eighteenth-century Briton in Calcutta … [*was*] "infested" with servants' (p. 12). They further analysed the romanticisation of brown 'male' servants while pointing to the complexities in which 'humour' evolved across the colonial discourses, as they write, 'The large number of servants, as was the case in colonial households in India, provided the context to generate satirical takes on European lifestyles in India' (p. 13). Since Kolkata (then Calcutta) and Madras were ripe places where colonial domestic and political economies developed, the feudal order of material patriarchy in the colonial period retained the male and female servants. Such a work arrangement functioned as a

measure of patronage and obligation within the Indian system of servitude that intertwined with caste, gender, sexuality and class.

While the male servants were often administered by the female women-wives or daughters-in-law of the households, the servants also strived to retain patriarchal work discipline and masculine identity in their own conjugal homes. Within such a context, Qayum and Ray (2010, p. 112) prescribe the 'culture of servitude', where the 'social relations of domination/subordination, dependency, and inequality are normalized and permeate both the domestic and public spheres'. Further, they reinstated, 'Kolkata's culture of servitude had its origins in a colonial feudal patriarchy in which – in its idealized form – the employing family, and especially the patriarch, were meant to have ties of obligation and duty towards the families that served them' (ibid, p. 112) ; forming a generation of labourers. In a way, the performativity of care and household labour was tied to the intimate yet distant relationships developed in the feudal households over years of working, living and maneuvering by the servants through the households' value systems. As anthropologists, Qayum and Ray (ibid) developed their ideas on 'failure of patriarchy' (p. 112) where Indian feudal coloniality de-stabilised ideal bread-winner patriarchy and women from the poor backgrounds had to work in their landlord's houses in different capacities as cooks, maids and *ayahs* – with their husbands as socio-economically unfit to perform the ideal duties of domestic manhood. Such a cultural reproduction has been embedded within the complicities of broader relations of land, diffusion of colonial elitism, power practices and the para-legal domination of feudal lords. Such texts give a glimpse of the systemic devaluation of labours of poor women workers tied to the obligations of reproducing the feudal domestic practices while the '*shahleen bhadramahila*' or the purified and respectable upper-caste or class women were discoursed as the prototype of nation-making project (Moosvi, 2003).

It has been a vital currency where Qayum and Ray (2010, p. 114) analysed 'domestic servitude' as an institution, primarily fulfilling household requirements and necessities in the entrenched dualisms of social inequities. However, their work aligns more closely with historical gendered analysis that confines women's roles to the traditional feminine duties and expectations, rather than addressing the intricate intersections of 'double' patriarchal surveillance and mystification - upper-caste patriarchal ideologies of upper-caste men and women as well as its translations across the lower-caste

households. In the feudal societies, female servants and workers served a specific household, as bounded by ties of pastoral dependence and loyalty. In contrast, in the contemporary era, the *ayahs* moved beyond the socio-economic and political status as mere 'servers'. Instead, they perform the moral-affective role as the salaried workers, working across the dynamic intensities of care work, such as regulating their fixed schedules, receiving wages and resigning from their care work when needed vis-à-vis unsettling the boundaries of work-based relationships formed by mutuality and shared domestic spaces with clients. The modern urban societies brought into account labour commodification, professionalisation as well as increased mobility, revolutionising care work across different homes. Today, the city of Kolkata with its historicity of sustaining domestic servants, including the *ayahs* in structured familial spaces, turned *ayahs* into workforces invested in semi-formal regulations for maximising their work outputs. In other words, the *ayahs* work within the regime of neo-liberalism where the 'capital accumulation [*in here*, *care work*]' reconstitute 'social relations of production in ways that dramatically curtail state investment in public activities, resulting in the reduction of state services and benefits, and the diversion of public monies and resources to develop private service-oriented industries from healthcare to housing' (Schiller, 2009, p. 20).

The *ayahs*, serving with their bodies as well as emotions are not merely involved in material manifestations of production but also, in turn, organise symbolic and cultural value of ageing and care. Hall *et al*. (2003, p. 7) in taking an inclusive approach to culture, register culture as the ideas, knowledge, or the 'products of social action that may be drawn upon in the further conduct of social life'. Similarly, the *ayahs* and *ayah*-centres synchronise a culture where there exists according to Pierre Bourdieu, a structural affinity between the cultural producers and the bodies of produce. Bourdieu (1993, p. 44) expands this as, 'The cultural producers [*colonizers, feudal lords or new-middle or upper-middle class in diverse periods*], who occupy the economically dominated and symbolically dominant position within the field of cultural production, tend to feel solidarity with the occupants of the economically and culturally dominated positions within the field of class relations', while maintaining social dispositional distances such as differences in clothes, different utensils for food, etc. If such an analysis is brought into focus, the *ayahs* then function not merely through

relations of servitude but also through the sites of meaning systems, moral economic patterns of care consumption, and the social changes where power turns transient.

1.8 Care as Women's Work : Feminist Scholarships

The contemporary era, characterised by rapid demographic changes and the gradual evolution of economic systems towards global capitalism, drastically transformed the nature, reach and material aspects of care work. While the colonial and feudal periods depicted *ayahs* as nurse-maids or slaves, the emergence of *ayah*-centres in the city of Kolkata poses a different socio-economic reality. Today, the *ayahs* are professional workforces employed with regulated wages, time or different types of care work, with a focus shifting more toward the elderly stakeholders. This is unlike the colonial or feudal period when childcare was the primary responsibility (Steel and Gardiner, 1909). A significant factor was the burgeoning infant mortality rates during the British colonial period, which have now been addressed through public developmental and health programmes. However, the most challenging twin issue of the contemporary times is the increasing life expectancy and multiple chronic morbidities, tested among elderly people. In a way, it is the complex social, clinical and discursive residues of the demographic transitions that enhanced the popularisation of the *ayah*-centres over time. Now, the *ayahs* are not merely an unorganised force of the domestic maids but model their utility through the *ayah*-centres. Mandal (2013, p. 622) denotes *ayah*-centres as a 'social business', drawing from Yunus (2008), where the *ayah*-centres function as a profitable venture for cost-recovery alternatives and assure few 'welfare service' in reducing poverty for a significant share of the vulnerable people. This can be explored through the range of contemporary works produced across care, care work and the tangled systems of capitalistic accumulations in the market of *ayah* care.

Since the last decade, an explosion of scholarships analysed the desirability of shared domestic labour between husbands and wives, where inflexible demands of household work might affect women's ability to work, make family planning decisions and offer care to others (Chakravorty *et al.*, 2021). As Suero (2023) in examining the Spanish Fertility Survey of 2018 suggests that, with an unbalanced distribution of household work between couples – mothers and fathers, and entry of women into the labour force for better careers, women are less likely to plan a second child. In countries like India, the voluntary and involuntary infertility is implicated as an urban model of the family, enhanced by women's educational attainment and the increasing age of their

first marriage – delayed marriages (Ganguly and Unisa, 2010). The delayed marriages and the resultant impact on fertility rates and health, expounded the uncertainties of caregiving for the elderly. The now young couples reaching their old age in the future might suffer from physical dysfunctions and psycho-social vacuum(ness) in receiving proper care. In Kolkata, with childlessness or no adult children living nearby, elderly parents often have no alternatives but to hire paid care workers like *ayahs*.

The noticeable and vast presence of women in the informal sectors significantly influenced the research produced regarding female labour systems, recruitment and exploitation. Statistically, the 2018 ILO report states that 82 per cent of the working women in India are 'concentrated in the informal sector', like domestic work, home-based work, street vending, etc. (Dey, 2023). The women labourers in the informal sectors are often prone to marginalisation, vulnerability, harassment, and distress with the lower social security mechanisms, incomes and dignity. Their capabilities to enhance their life chances are primarily affected by the gendered practices of 'double burden' or 'second shift' (Hochschild, 1989). This is often determined by women's work and its association with normative social boundaries of gendered duties and behaviour, that pushes women or women from lower-income families to perform both the paid and unpaid work of the household.

In a vast spectrum of literature concerning gendered labour market and women's domesticity, an analysis of the ideologies of power attesting the suitability of women in care and care work, lying at the lower end of the occupational and socio-economic hierarchies (Anderson, 2000; Dungdung, 2018); has been signified. Such notions have been further supported through the concepts like 'time poverty' where the gendered use of time for men and women is differently drawn. Chandrasekhar and Ghosh (2021) in their analysis explore 'time poverty' where burdens of household work for women not merely push them to stress and fatigue but also constrict the quality of goods and services that they can actually access. Recapitulating it, other writings also discuss frictions between women's chances of economic empowerment and their work of care (Aronsson, 2022), reinstating dual positions – gendered occupation and locating elderly's social status as 'dependents'. Also, such frictions have been scantly discussed in relation to the women workers who provide 'care' both as paid and unpaid work, leading to an asymmetry in scholarly attention. So, care work market has been quintessentially labelled as feminine market that shapes gender morality in a

patriarchal society. But scant discussions have been offered on the spaces of authority, agency, local governance and negotiations that women workers such as *ayahs* make from within the market structures. For instance, field observations recorded that *ayahs* who wield more affinities with their *ayah*-centre managers are assigned more clients and are consulted by other *ayahs* too for resolving local disputes. In a way, scholars like McDowell *et al.* (2005, p. 220) explore this in the milieu of care work in countries like the U.S., where she remarks, 'Gendered divisions in the labour market, the home and the community reflect existing systems of financial reward for different kinds of work, as well as embodying and reinforcing widespread ideas about masculinity and femininity'. Expanding this, it cannot be discounted that *ayahs*' paid care work roles as reproducing ideal femininity often facilitate their effective access to the profitable social, economic, cultural and symbolic capital, within and across the *ayah*-centres.

In the context of India, more complex dynamics of care work lie in the burgeoning aspirational values of consumer-oriented societies and class mobilities. Often, the middle or upper-middle-class women in relation to their status symbol, economic capital or hegemonic social authority, appoint domestic workers to perform the tasks of the household such as cleaning, washing, etc. Nair and Hofman (2022, p. 27) in examining the socio-economic values of the domestic labour within the intersectional axis of caste, class and the neo-liberal systems write, 'Historically, in India under the caste system and in the US under slavery, domestic work was enabled through systems of oppression that created a steady supply of labour for the home and home-based economies'. In the social, material and economic contexts where care labourers' identities are often framed to reflect compassionate behaviours within the institutions, families and cultural settings, it is also crucial to acknowledge the complex broader perspective when analysing care as a form of labour. Such a view might incorporate debates on familialism, institutionalisation, and specialisation of care work as an emotion, morality, site of subjectivity or achieving social competency.

Across the domain of discussions on 'paid' care labour and emergence of urban working classes to appropriate such labour, Palriwala and Neetha (2011, p. 1049) described 'care' as framing the feminine values of gendered familialism and comprehending the 'informal and stratified practices of (in)security and care'. In taking a turn onto the social and developmental policies, care as work has been poised as the marketisation of social and economic inequalities which is embedded in the

relationship of the state, market, health and family. This also offers a paradox between the state programmes claiming women empowerment while also rooting care work as an ideal ethic of becoming a 'woman'. This construction is often visible in generating the rural and urban divides as well as the complex division between the formal and informal sectors. As Palriwala and Neetha (ibid) precisely pointed out the residual knits of such discrepancies in altering the familial structures, sensibilities, shared consciousness and the socialisation processes of childcare for the women participating as paid care labourers (in their context, childcare) in the informal labour markets. In scenarios, where many women from the rural areas of India migrate into the urban areas for work, leaving their homes and children, the state policies and political economy of care epochs the remaking of bourgeoise domesticity and the middle-class aspirations in the contemporary Indian context. As they further (ibid, p. 1072) analyse such an extractive duality :

> Among poor and labouring households, where mothers are engaged in paid work, in or away from the home, care is abbreviated and children have to care for themselves. In contrast to this, among the elite and middle classes, changing concepts of childcare have expanded the requirements of adult attention children; 'good' care now includes multiple, organized activities as modern, progressive and an 'investment' in the child's future.

Such a cyclical generation of care labour, with its surpluses and reserves being diverted to the upper/upper-middle income groups, evolves into what they describe as 'stratified familialism' (ibid, p. 1073). A stark dichotomy in lacking maternal care for one's own children and offering it to the clients who require care but surpass their developmental stages; has also been observed among the *ayahs* (in this research). In other words, the dynamicity, motivations and caregiving processes for the elderly clients have been very different from the sociality and instrumentality of childcare. With the scant scholarships on *ayah* caregiving for the elderly in India, existing works often equate 'care' to 'childcare' – such as Anganwadis, ASHA workers, etc. (Palriwala and Neetha, 2010). This also depicts a scenario of divisive femininity where the care tasks and ways of reinforcing functional femininity are often disbursed to lower-income women workers like *ayahs.*

However, the *ayahs* leaving their own families in the village areas are also moulded as the tacit strategy of sustaining rural identity, where the *ayahs*' children work along

with their fathers or grandparents for the management of their familial assets and community farmlands. Of the several interview sessions recorded, an *ayah* Lopa *Didi* (part-time *ayah*, 36 years) stated clearly, 'If I bring my sons here, my land will be usurped by my rivals. So, I cannot! I need to sustain my farm'. While it cannot be negated that a lack of multi-dimensional approach in recognising care work for poor women workers affected their socio-economic status, skill development, prospects of social security and health; it is also pivotal to take into account the ways in which informal or semi-formal (as discussed below) workers like the *ayahs* perform their reciprocities in care work, economic returns, occupational diversities and distanced familial ties. This further reproduces an asymmetrical relationship of power plays and discrimination between the upper-middle/upper and lower-income families.

1.8.1 Domestic Workers, Nurses and *Ayahs* : Analysis of Gender and Work

Today, *ayah* care work shifted from a centralised one-family labour obligation to a multi-family wage labour. In a way, as feudal society disbursed uniformization of domestic 'servants', today the term 'domestic servants' transformed into 'domestic workers' (Wilks, 2022). The division of labour within and across households evolved into a dynamic process. The domestic workers often focus on cleaning the household infrastructures and managing the material aspects while the caregivers like *ayahs* are engaged more with the care of the bodies, emphasising on the ethical and economic ties associated with caregiving (as discussed in Chapter 3). But this differentiation however remains obliterated in existing scholarships where the *ayahs* and the domestic workers are fused into each other's nature of work. While scholars like Ray (2016, p. 61) analysed the presence of the 'hegemonic bourgeois femininity' in 'hiring domestic help to do household menial labour … tasks associated with lower caste occupations', the ways in which women domestic workers negotiate their agencies, autonomy as well as the bargaining competencies, are still scantly explored.

In referring to the nurses as a symbol of professionalisation, formalisation and modernisation, the *ayahs* or attendants are merely identified as the untrained group of workers from working-class backgrounds. In establishments like hospitals, the caste/class hierarchies are reproduced with the entangling neo-liberal bureaucratic orders or administrations where trained nurses enhance their social identities and dignify their pay scales by distancing themselves from menial tasks – washing and cleaning off patients (Nair and Healey, 2006; Philip *et al*., 2019). Instead, their work

now formulates divisive managerial practices, like managing patient records, ordering medicines, dressing the patients, and suggesting prescriptions during the medical emergencies, etc. While the desk job of the nurses is often conceived to be an expression of upward social status or mobility in India, the scenario translates to discrimination, social differentiation, as well as oppression when the nurses immigrate from the 'Global South' (Asian region) to the Scandinavian countries like Sweden.

Behtoui *et al*. (2020) in accessing the working conditions of nurses of 'colour' in Sweden take a stand in remarking that nurses from outside Sweden often juggle with twin problems – their degrees or educational credentials are not much valued in comparison to the Sweden's nursing programmes and their accessibility to supportive social networks often remains constricted. In reference to their analysis on 'care work', they explore that, 'Human capital had a positive and significant impact on wages and position … explains the subordination of migrant care workers … employees who tend to be racialized experience harsher conditions' (pp. 170 -171), affecting the nature of care work. In a similar elaboration, Christopher (2022, p. 222) also analyses ways in which understaffing in healthcare centres, long shifts and overtime of work, constricts and distorts the 'relational labor' or 'relational care work' of the nurses with their allotted patients. In a sense, their positive attitude toward nursing or their care work often remains difficult to be sustained, falling within the juncture of altered life processes and the neo-liberal structuring of care work – where care as a competitive resource acquires high demand scales. In contrast, underlying the surplus-demand zones of nursing work, Yu and Rosenberg (2023) proposed a deconstructive approach to neo-liberalism where the live-in elderly care functions as a process for the nurses to negotiate several norms and boundaries as well as define healthy ageing in the contemporary era. This remains similar to the work environment of the *ayahs* who through care work redefine their identities, defy the gendered norms and reclaim care spaces; within the neo-liberal circuits of labour value production and exploitation. For instance, in this research, some of the *ayahs* remarked that they enjoyed being themselves within their clients' homes by singing as well as practicing dance moves.

But, of the number of scholarships legitimising 'nurses' as care workers, *ayahs* are sidelined. Trained nurses still attain a few privileges on their class positions, formal appointments, and economic securities to make their schedules more compatible with

their familial routines while *ayahs* are more prone to precarious work environments. The *ayahs* often receive lower wages, have uncertain work hours, face complex management and supervision, as well as experience the insecurities of being in the trust-run or formal healthcare institutions. Of the scant literature existing on the *ayahs* in the contemporary era, Basu's (2020) work remains instrumental. She claims that *ayahs* as referred to in the NSSO, form a significant share of the healthcare sector in India. Her analysis reports the complex work profile of the *ayahs* in the institutional sectors like the wages paid by the families and wards of patients, jobs in multiple specialties like maternity, general or paediatric, no proper registration or accounts of their work hours, etc. In exploring the changing nature of hierarchies in the private healthcare institutions located in Siliguri, West Bengal, she states (p. 49) :

> Ayahs considered the doctor-entrepreneurs as their father-figures who gave them a source of livelihood, which helped them to overcome poverty and starvation. However, this paternalistic relationship has undergone changes after hierarchies have become more important for managing the various categories of workers. The nature of domination changed its form from direct to being mediated by other actors, such as senior nurses, matron and the contractor.

However, such works largely focussed on the *ayahs* working in the formal health institutions, consisting of several authoritarian networks of recruitment, surveillance as well as monitoring of *ayahs*' work and behaviour. In contrast, the physical presence of the *ayah*-centres across the Kolkata's bustling markets and the active participation of *ayahs* in these *ayah*-centres such as, fetching water, making tea for their managers, other *ayahs* or guests, using the beds provided for them in *ayah*-centres, and engaging in discussions across news topics, etc. generate *ayah*-centres as a social space. Such spaces exist in the shifting practices of bodies, materialities, communication, and power, without the strict protocols that govern the interactions and care functions in hospitals and nursing homes. It is the complicit relationality between *ayah*-centres, family, caste, class, religion, and kinship, etc., that mediates the transformation of the social status of the *ayahs*, the elderly clients and their family members (making them the care work consumers). This further fosters social changes across the fluctuating structures. This can be resonated with Bondarenko *et al*. (2020, p. 6), who in defining 'social institutions' write :

> People occupy roles in organizations that become constituent parts of institutions, and individuals or their groups can create them consciously and purposefully – people create industrial corporations and universities, political parties and religious communities. So, social institutions should not be anthropomorphized – they do not rise and function on their own but are created and transformed by human agency.

While existing scholarships often take *ayahs* as a passing reference and as similar to domestic servants, their situational structuring and world of care are different. Their intricate care work intersecting with economic exchanges normalise and challenge the processes of ageing. The *ayahs* adapt to the transitional life courses and events of the various elderly clients and their domestic aspirations, which socially mobilises *ayahs* and their elderly clients too. This remains relevant while analysing how the spatial relations and emotional processes are centred around the *ayah*-centres and the domestic homes – transgressing the rigid parameters of the formal organisations. So, borrowing from Devault's analysis of institutional ethnography and its focus on experiential knowledge (2006, p. 294), *ayah* care work can be similarly analysed through the 'examination of work processes and study of how they are coordinated, typically through texts and discourses of various sorts'.

1.9 The Current Debates : Care Practices across the Globe

Until the last decade, social anthropological and sociological research on analysing human bodies attributed care as an archetype of acknowledging the human emotions for an integrated community as well as society. Glenn (2000, p. 86) conceptualises care 'as a practice that encompasses an ethic (caring about) and an activity (caring for)'. She further states, '"Caring about" engages both thought and feeling, including awareness and attentiveness, concern about and feelings of responsibility for meeting another's needs' while '"Caring for" refers to the varied activities of providing for the needs or well-being of another person'. But, in today's period when the domestic reproductive tasks and the partible functions of it are outsourced and recreated in the commercialised market of wages, labour, capital and workers, 'caring' is not bereft of being transformed into a distinctive professional identity for some.

Care is dynamic, embodied and spatially diverse. In the geography of Kolkata, care services offer ways to reconfigure and mobilise the elderly population. The social

construction of ageing as delved into production (taking decisions of care and the requirement of *ayahs*), distribution (the placement of the *ayahs*) and consumption (attainment of care services by the care receivers), etc., is then realised across the labour of care. The *ayahs* not only nurture and nourish elderly people by organising their care across the interstices of the home and the larger social world, i.e., pro-formal *ayah*-centres, but are also involved in running errands, taking the clients to their doctors, arranging clients' wardrobes, etc. (Choudhury and Das, 2023). The connection between the *ayahs* and their clients influences the relationship of power, authority, interdependence, allocation of resources, and shifting perceptions. This dynamic interaction is reflective of the caregiving and receiving relationship of the *ayahs*, their elderly clients (as the care-receivers) as well as the other actors working in the shared niche of the *ayah*-centres in various areas of Kolkata.

Today, social theorists, development planners, clinical practitioners and feminist economists in Western countries like the U.S., Canada, etc. are shifting care debates to 'care revolution' from 'caring'. Winker (2015, as cited in Wichterich, 2020, p. 124) in the context of critiquing neo-liberal discourses addresses 'care revolution' as the 'socio-economic transformation towards a need and community-oriented economy wherein caring for each other and for commons would be the driving force'. While such an approach might invoke similarities to the altruistic model of care, its intensity and practice do not negate the existence of 'acting' individuals within the dominant discourses of neo-liberal class-based identities and categories. This can be reasoned, as 'care revolution' primarily emerges as a Western-centric ideology, being shaped by the forces of globalization and transnational flow of care labour (the migration of care workers to European countries from developing or underdeveloped countries).

At the epoch of the demographic and epidemiological transitions coinciding with the expansion of the 'baby boomers' generation — comprising over 76 million Americans born between 1946 and 1964 who began turning 65 from 2011 (LeRouge *et al*., 2014; Martin and Roberts, 2021), new patterns emerged in healthcare services, care provisions and attention to the chronic diseases. The system of 'care revolution', ensures experiences of primary care and relationships fostered by the shared teams of doctors, patients, technologies and non-physicians (Ellner and Phillips, 2017). Such practices can be observed in developing health initiatives, such as CPFOA (Biasi *et al*., 2020) in the U.S. The programme financed the action-oriented responses of the

local communities to cater to the elderly residents' needs and offer elderly residents services like training the school students to volunteer for them, issuing transportation vouchers for the travelling of elderly residents, and certain other community efforts to ensure safety at home (Black *et al*., 2015).

Similarly, other Asian countries like China and Japan, which are transitioning into super-ageing societies, are making significant strides in medical development (Iijima *et al*., 2021). Where the state-structured demographic policies of one-child and rural-to-urban migration constrained the resources of care, the community care approach is again leading the ageing care models in China. Krings *et al*. (2022) in their analysis and review of China's Five-Year Policy Plans from 1994 to 2020, confirm the community approach to care as a dominant resolve to address the elderly people's delivery of healthcare. Like other Asian countries such as India where filial piety and morality remain to be the cornerstone of the elderly people's care, the loss of intergenerational 'traditional' model of family in China also sabotaged the central political control of the state. In this gap, Krings *et al*. (ibid) locate that the '12th and 13th FYPs [*in China*]… incite family members to live close to their parents and promote intergenerational cohabitation' while vivid smart care technologies like the 'virtual nursing systems, robotics, monitoring and call-service platforms' are involved (p. 7). Aronsson (2024) in her work on Japan's ageing panorama, writes about 'social robots' as the way of intermeshing technologies of emotion into the equation of care, which even if does not provide the sameness of human-to-human experiences, offer a new way of forming relationships of care and addressing shortages of labour.

While the Indian healthcare policies still do not involve many sophisticated digitalapplications of care apart from the e-consultation platforms with various doctors (telemedicine), the home health market has expunged over the years. Today, India's 'home health care industry, estimated to be worth $8.8 billion in 2023' is a growing business to rehabilitate the elderly people after hospitalizations, operative issues and lifestyle diseases. Home-health corporates in partnership with the state is investing in the data-record system for the patients (preferably the elderly people), home-testing, physiotherapies, etc. (Koul, 2024). However, the state of West Bengal (the provincial government) entered into MoU with the big corporates in areas such as cab services, medical infrastructures, urban beautification and tea (Dasgupta, 2023), if not the *ayah* markets. This is further exacerbated by the limited academic attention on

the *ayahs*. Shubham and Joshi (2017, p. 163) in the context of care provisioning in Kolkata discuss :

> … lack of joint family increases the burden of care which can be shared with other members too. In urban areas, there is a lack of assisted care, palliative care, geriatric nursing, and day care centers for elderly persons, where they can be taken care of in the absence of the working caregiver.

Such a reality is difficult to be comprehended as today *ayah*-centres are facilitating ways to offer social, instrumental and emotional support to the elderly people who often live alone or do not have their kindreds' time for them in the urban residential complexes. However, the underlying value system still fosters care collectives for the adult children and their elderly parents through the use of ICT, in case the adult children migrate outside (Ahlin, 2020). This has been primarily observed in research writings from the state of Kerala (in Southern India) as Sreerupa (2017, p. 264) defines 'caring from a distance' that involves 'regular touch, staying connected, sharing of everyday lives, checking on each other, enquiring, advising, monitoring, basically recreating familiarity in a transnational space'. But, the discussions about communities of care in India have largely overlooked situations where the family members or transnational kindred might struggle with providing elderly care in their mundane lives or in managing the traumas and anxieties associated with the elderly kin, which can lead to repressed identities.

In its existing state, the policies on the senior citizens or the elderly in India (above 60 years of age) like the Rashtriya Vayoshri Yojana, etc. have been largely confined to economic security, food security, charity services and the basic social rights to be affirmed by the familial groups of the elderly people. While such an Act perpetuates the stabilisation of a moral community where the growth and development of the 'senior citizens' are ought to be taken care of by their children, it does not shift attention to the complex familial relationships of the contemporary times and the long-distance living. Such an Act along with the pre-existing ones though confer a way of addressing the demographic boom in India, largely sideline questions on the mundane and holistic care of the chronically ill and lone elderly people. This has been kept at bay when the migration of the adult children is taking place at a rapid rate from the Indian state of West Bengal. In this gap, the elderly people are often using their economic reservoirs (as pensions and insurance) to keep *ayahs* as a supportive force

of care. The *ayahs* possess the potential of 'sustaining agencies' of the elderly clients or care-receivers as 'actors', furthering the *ayahs*' social roles as the 'activity agents' (Choudhury and Das, 2023, p. 44).

Now, the question of the *ayahs* as a class fruition of the upper and upper-middle-income elderly clients might arise as a contradiction in the context of the elderly care policies. In the face of such social changes when the old-age homes might not be a rehabilitative choice for the elderly people or their moral aspirations, the *ayahs* offer a way of coalescing intergeneration within the hub of 'care practices' (Mol *et al*., 2010). It has been estimated that the elderly people are often prone to physical, psychological and sexual abuses not merely within their own families (as welfare laws address) but also in the institutional facilities. Moreover, elderly women face more abuses in 'total institutions' (Goffman, 1968) than that of elderly men (Chokkanathan and Lee, 2005). In that case, the expenditure on *ayahs*' appointments might be a viable alternative to address the elderly people's health goals, satisfaction and age-friendly environment in states like West Bengal and the larger Indian topography.

The provision of care in other countries like Mexico also reflects the intricate realities of social, economic and political changes. As the 11th largest populous country, Mexico is starkly facing the challenges of supporting its increasing ageing population. With the share of the country's economic instabilities, the jeopardised social security services for the elderly people and only less than half of the elderly people being supported by the pension schemes, the effective rehabilitative care remains to be only pushing the elderly to work at the end of their time and being socially and financially 'dependent' on their own children or family members (Angel *et al*., 2019). Further, the social transitions on ageing are often mystified by the state providence of housing assistance to the elderly workers who worked in the formal sectors, such as the Mexican Social Security Institute (programme). But, the implementation of such care provisions is a questionable matter, given the varying degrees of intensities and the expansions of physical and psycho-social care in various environments, generations and living arrangements. DiGirolamo and de Snyder (2008, p. 517) in their pivotal work also analyse the gendered socialisation and prejudice in the Mexican societies that valorise the social role of women as the idealised caregivers as well as the unifier of families. Instead of placing their analysis as the exploitative factor of care shaping

feminine identities, they concentrate on how women build their strength and resilience through their care work. They maintain their stance, as they write :

> Mexican women appear to demonstrate personal strength and resilience … resilience … seems to be formed through the interaction of introspection, self-demands, goal setting, and testing one's capabilities and creativity. Also, women seem to gain strength from their own conditions and values that they have built up, and they further develop inner strengths which allow them to recreate themselves as agents of health promotion for their family.

Such an analysis allows for a different perspective while locating women beyond the spectrum of 'care workers' who are often passive, naïve and submissive across the systemic dispositions of lower socio-economic hierarchies. But, DiGirolamo and Synder's (ibid) analysis primarily offered centrality to the women who are the wives and daughters-in-law of economically stable families rather than the poor working-class women who offer care work in double shifts – care as 'work' for clients and care as domestic and instinctual duty for their own familial members. Similarly, in the Indian context, Dungdung (2018) explored that the welfare state interventions in ensuring socio-economic rights for women (by building creches for childcare) were piecemeal and reinforced normative ideologies in their gendered work. The popular report titled 'Towards Equality: Report of the Committee on the Status of Women in India', as prepared in 1974, reproduced the gendered labour market where it was conceived that 'women are suitable for certain kinds of profession leading [*sic*] to women's confinement to lower end of the job hierarchy' (p. 22); affecting their income and career progression. In all such discussions, the lower-income women commodifying their caregiving labour has been amiss. In both India and globally, care policies institutionalise and legitimise the long-established divisions of labour based on class, age, caste and gender. 'Care work', whether paid or supervised, is often viewed as an individual responsibility rather than a subject of state administration to work for more equality and justice, specifically for the lower-income care workers like the *ayahs*. In a way, more impediments are required to analyse the interactivity between 'care' and 'care revolution' – i.e., socially, politically, culturally as well as economically.

Over the years, scholars like Black *et al*. (2015) explored ageing and care at the micro, meso, and macro levels. They explored ageing as influenced by interpersonal

interactions, transitional events in relation to organisation/community life as well as shaped by geographical and global environments, relatively. But ageing and care practiced across multiple embedded institutions are still at a distance to be explored. So, in addition to the informal-worker-feminisation frame, we also require a paradigm to explore care work as a social practice. This has been empirically studied through the *ayah*-centres and the *ayahs* in Kolkata, shaping behavioural models, roles and the statuses of families and healthcare organisations within a multi-layered web of social relationships. This is, however, not within the disjunctions and dissociations involved within the everyday organisation of care work by the paid yet morally institutionalised care structures like *ayah* services; that can be recapped from the chapter plan.

1.10 Chapterization : Structure of the Thesis

Chapter 1

Introduction

The introductory chapter offers critical insights and a review of the social, moral, economic as well as political discourses of care – caregiving and receiving in India and across the globe. It explores the normative affinities and contestations to ageing and care in relation to dominant prescriptions of Hinduism, such as *Vanaprastha and Sanyasa*, while reflecting on the existing academic approaches and meaning-making of ageing and care – from disengagement theory of ageing to active ageing. To locate ageing through the larger framework of care, the perspective of care work as an emotive obligation and racial labour in the context of the British colonialism in India (i.e., the *ayahs*' work) and its transition in the contemporary neo-liberal economy has been primarily reviewed through feminist economic and socialist feminist writings in which dominant accounts are present. Lastly, the chapter explores intergenerational dynamics of care work in different countries to look into the current debates of care.

Chapter 2

The Study Framework : Theory, Concepts and Methodology

The chapter underscores the theoretical, conceptual as well as the methodological framework of the study. It presents the experiences of this research through diverse critical and reflexive perspectives of being a 'researcher' as well as a 'research participant' in the field (Kolkata) while uncovering the stories of losses and memories

that shaped my role in the field. This has been negotiated and subdued with the nuances of 'temporality' and the social context of the field site, Kolkata, as a principle. Besides, the chapter provides an overview of all the pivotal elements of this research such as accessibility into the field, the methods of data collection, the utilisation of ethnographic approach, sampling techniques, participants' profiles and the process of data analysis. Lastly, it presented a few vital debates and discussions on the ethical practices maintained throughout this research.

Chapter 3

Regime of Care : Organisation, Practices and Meanings

The chapter offers an overview of everyday experiences, social perceptions, and the organisational structures of care work for the *ayahs* in relation to the elderly clients and *ayah*-centre managers. The chapter analyses the intricate somatic, social, cultural and material context of mobilities of care work for the *ayahs*, *ayah*-centre managers, and their elderly clients in urban Kolkata. Through different complex nuances such as the rapid demographic transitions, the socio-economic practices of the *ayah*-centres, the gastronomical/dietary politics legitimised through *ayahs*' bodies, *ayah*-centres as a place-remaking project, the successful ageing practices and relativity of locating care work across the intersections of the market, family and state, etc.; the socio-economic construction of the *ayahs* as a force of paid care workers has been explored.

Chapter 4

Distanced, Mediated and Fictive Kinship : Families in Contemporary Kolkata

The chapter examines the socio-cultural institutionalisation and the reconstruction of domesticities of the Bengali households within the context of the *ayahs*' caregiving practices. In this regard, three forms of kinship practices mediated through the care market have been observed through the fieldwork engagements – distanced, mediated and fictive kinship. The 'distanced kinship' refers to the gradual fracture in kinship sensibilities, affinities, transactions, redistribution and habitus of the elderly clients and their own adult children, secondly, 'mediated kinship' offers the ways in which the caregiving actors like the *ayahs* do not merely socialise them with the moral and the everyday norms/boundaries of the elderly clients' homes but also re-establish the kinship relationships or positive emotions between the elderly clients and their kin, thereby enhancing each other's well-being and thirdly, 'fictive kinship' practices

unpacks the quasi or like-kinship commitments, love, care and the transmission of embodied reciprocation between the clients and their *ayahs* through the various forms of capital – social, economic, cultural and symbolic.

Chapter 5

Care, Market and Social Norms : Hierarchy and Politics of Care Work

This chapter analyses the social environment in which *ayah* care work practices assemble itself. It deals with the ways in which the bodies, spaces and movement of the *ayahs* and their elderly clients are punctuated within the compact and fluid discourses of ritual 'purity' and 'pollution' of caste, religion, and its interlocking(ness) with the gender and class identities. The relations of hegemony, proximate or symbolic exclusion, alienation, interdependency, flows of power, and social distance have been explored to deconstruct the ways in which the socialised or the historico-social categorisation between the *ayahs* of lower caste/class and the elderly clients of upper caste/class memberships are often legitimised within the threshold of market behaviour, production as well as demands of care. In other words, *ayah* services in Kolkata are shaped by the dialectical interplay and oversight of caste, class, gender and religious performances in the context of neo-liberal accumulations; which has been presented in this chapter.

Chapter 6

Crises in Care Work : Between Affinity and Disputed Safety

This chapter offers insight into the underlying paradoxes of care work, that imply 'crises'. Such crises not merely threaten relationships between the actors of care such as the *ayahs*, the elderly clients, the clients' own kin, *ayah*-centre managers, etc. but are also entailed across the diverse socio-cultural, legal as well as economic modalities of mundane living. A humongous share of scholarships takes into account the exploitation as well as gendered discrimination meted out to the domestic workers and nurses (if not always *ayahs*), but scantily analyse reverse practices of domination and subordination differing across time, space and the performance of agencies. In other words, the crises between the *ayahs* and their elderly clients or the cases of abuse of elderly clients by their *ayahs* across domestic spaces, remained a sidelined arena to be explored. Apart from media coverage, not many scholarships exist on the mutation of such care relationships. So, this chapter examines how care, empathy,

antipathy, intimacies and the legal frameworks influence caregiving-receiving as well as ageing practices in urban Kolkata. In foregrounding these, the chapter also presents debates surrounding the existing state policies on the *ayahs* and future interventions required to enhance healthy work and care habitus for the *ayahs* and their elderly clients.

Chapter 7

Conclusion

The chapter begins with a discussion on emotions, labour and social change where the care work practices of *ayahs* entail not only the physical manifestation of sustaining the bodies of the elderly clients but also navigating their emotional turbulences across work, families and the larger society. In following such discussions, this concluding chapter revisits all the previous chapters of the thesis while exploring the realms of the elderly care systems in India. Finally, the chapter presents the major findings of this research and discusses the future research possibilities in the domain of sociology of care, care work and ageing in India.

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