

CHAPTER 2

The Study Framework : Theory, Concepts and Methodology

2.1 Experiences and Visions : Researcher's Views

Everyone is a participant observer, acquiring knowledge about the social world in the course of participating in it. And, in our view, such participant knowledge on the part of people in a setting is an important resource for the ethnographer – though its validity should certainly not be accepted at face value, any more than should that of information from other sources (Hammersley and Atkinson, 2007, p. 98).

Hammersley and Atkinson (2007) in their work on ethnography highlight that the methodological insights are not only learnt or unlearnt but are also experienced as a part of remaking the social personalities and networks of knowledge production for both the researcher and the research participants. Such knowledge can be represented through words, gestures, voices, intonations, stories, symbols, texts and contexts, emerging from ethically engaged human beings (Plummer, 2001) in social research.

The graphing of the methodological design in this research has not been without the echoing of several ‘fundamental dilemmas’ (Lamb, 2000, p. xi) where envisaging the complexities of the life processes of the participants travelled through a mobile layer of interpersonal nuances. Drawing across this, the methodological concerns invoke the social contextuality of exploring the lives of the people involved in the structure and economy of care and care work in Kolkata – *ayahs*, elderly clients, *ayah*-centre managers and the clients’ affinal or consanguineal kin. Rather than only locating the *ayahs* and their elderly clients across certain quantitative indicators like the amount of work they do, the number of *ayahs* the elderly clients book, etc., the focus has been shifted to understand the lived experiences, affective meanings and politics of *ayahs*’ care work and ageing in Kolkata. This further involves the intensity through which the *ayahs* and their clients along with other actors like *ayah*-centre managers and clients’ own kin, mediate *ayah* care to navigate the relationship between personal identities and the transitioning society. This complexity became a part of me over time as my fieldwork experiences were not only my own but also shared with that of the research participants. In the numerous sessions of tasting tea, holding hands for assurance,

learning life lessons and exchanging glances, etc., the participants made me realise that ‘care’ is also a work, therapy, and an element of social system and socialisation that shape our essence of life, space, time, histories, ethics, self-identification and culture.

Delineating the variabilities through which my engagement with research participants evolved, it offered me ways to explore better the intersection between theories and practices in ageing and social care. It is the inspiration to work with the embodied-subjective knowledge and the episodes of joy, pain or responsiveness of the research participants, that paved my pathways towards the ethnographic approach. The further route of ethnographic experiences was maneuvered in the interlinkages of subjective invocations, questions and concerns, aiming to locate the diverse voices within the capitalist accumulations of *ayahs*’ care work and labour.

In many cases, the participants viewed the interactive sessions in the fieldwork as the opportunities to express their enjoyable moments, multiple breakdowns, and coping mechanisms. The ethnographic approach proved efficient for this research, not only as a methodology for understanding social lives, processes and organisations (Lofland, 1995) but also for an exercise of ‘personhood’. So, this chapter elaborates on the framework of methodology, involving the conceptual and theoretical outline, the participants’ profile, research design (data collection and analysis), and the ethical equations of engaging with the research participants in Kolkata.

2.2 Theoretical and Conceptual Engagement

It cannot be discounted that the (re)production of knowledge takes place within a social context, time and geographical space. Brewer (2000, p. 99) in analysing the schisms of identity-making and portraying by the researchers in an ethnographic work writes, ‘The myth that ethnographers are people without personal identity, historical location and personality, and would all produce the same findings in the same setting, is the mistake of naïve realism’. So, not merely identity- realisations, but dualisms in identity-bracketing, cultural climates, national events, the insider-outsider debates, etc., all influenced the fieldwork process in conducting this research.

On the eve of 3rd December 2018⁷, my cancer-stricken grandmother suffered a paralytic attack with an incessant feat of shakes and jolts. In course of notifying her doctor immediately, she was rushed to the hospital nearby where several tests were run on her body and it was vividly identified that she survived a colossal stroke. With such a discovery and a new clinical reality, my aunt and my mother realised the unending pain and struggles my old grandmother have to endure. As a primary alternative for fast recovery, the doctor in the hospital prescribed constant care and monitoring for my grandmother which was again a bothersome routine work for the family, relative to my aunt's schedules, workloads, finances as well as physical stamina. But, over the years, my aunt cared for her alone (as a daughter living nearby, geographically) while compromising her own health and inviting chronic ailments like diabetes and shooting blood pressure. The familial tensions and anxieties followed with the loss of a somatic-social 'person' – my grandmother, turned more strenuous with time until she passed away. For a brief period of six months, my aunt hired an *ayah* to look after my grandmother or just sit beside her while she took some respite in performing her official work. But, the socio-moral and filial affectivity of a daughter towards her mother, who bore hardships for her (aunt) as well as her siblings (my mother and uncle) throughout life, sidelined her long-standing wish of enjoying some rest. As years later, my aunt marked while I interacted with her before the fieldwork, 'Whatever I did, it was for my mother. It was my duty as her daughter. My mother blessed me before dying and that filled my life. Our *ayah* Rita [*part-time ayah*, 30 years] was also extremely helpful'. Such social and temporal relatedness of booking *ayahs* whenever required is not an uncommon scene in cities like Kolkata. In various localities, one can trace an *ayah*-centre with attractive posters and *ayah*-centre managers moving in and out of the centres. Sometimes, managers often take a break to visit their elderly clients' homes nearby, where the peripheries of the homes extend to that of the markets. In a way, *ayah*-centres reconstruct the translocality of the homes where the materiality of homes is not merely bounded within a fixed kinship unity but socially as well as symbolically expands into the practices of the 'market' community.

⁷ In Kolkata, where my aunt was staying (back in 2018).

Through such observations of my grandmother's care routine and interactions with her *ayah* during my college (during my post-graduation) vacations, I survived the understanding of 'care work' as a social, moral, cultural, symbolic and economic practice. In other words, the spirals of caregiving and receiving are generative, transformative and integrative, that is circulated within the social binaries of dependence and independence, agency and structure, personhood and patient(hood). It is these symbolic and material composites of elderly care receivers or clients located across the mundanity of ageing and transactions of care work through *ayahs*, that drove me to Bourdieu's (1990, p. 86) analysis that, 'symbolic systems owe their practical coherence ... on one hand, their unity and their regularities, and on the other, their "fuzziness" ... irregularities and even incoherences, which are both equally necessary'. In the context of this research, where the care work and practices of *ayahs* muddle through complex vulnerabilities and collective intimacies with their elderly clients, Pierre Bourdieu's approach to 'practices' seemed relevant.

Pierre Bourdieu in engaging with reflexive and Marxist sociology, offered a critical thought to understand the relationship between the agencies of the individuals and groups as well as their actions within the social structure. In thinking about the ways in which structures can organise the social universe with symbolic-material manifestations of meanings, some epistemological, ontological and methodological reflections can be forwarded : How the discourses of realities, relations and identities in care work are constructed from the larger social, political and cultural derivations, and how they reproduce power structures? How dynamic agencies and sensualities of the actors involved in care work navigate and redefine the social practices of care? In the context of this research, such questions were used to understand the lived-social experiences as well as the mobilisation of care work for the *ayahs* and their elderly clients, primarily. Although Pierre Bourdieu refrained from settling on a standard definition of 'practices', the epistemic reach of his work is broad and expansive relative to the contemporary era. Swartz (1997) in his analysis of Bourdieu, defines 'practices' as an interrelation established between habitus and the different forms of capital. It can be deployed at the juncture of analysing the cultural practices that shape the social structures and power struggles within it while giving rise to the symbols of individual/group-identity affiliations. In his seminal work titled *The Logic of Practice*, he reveals that 'practices' forms (Bourdieu, 1990, p. 43) :

... the social world, the site of the 'hybrid' compromises between thing and meaning that define 'objective meaning' as meaning-made-thing and dispositions as meaning-made-body, is a real challenge for someone who can breathe only in the pure universe of consciousness and 'praxis'.

Rather than conceiving subjective motivations and objectivity as two different axes of social existence, he sought to understand the intricate interlinkages between them. This was a position in contrast to the positivistic and phenomenological approaches. Bourdieu and Wacquant (1992, p. 7) instead advocate for 'genetic structuralism' that subsumes both the 'mental and bodily schemata' that work as 'object of knowledge within reality itself because human beings make meaningful the world which makes them'.

In the epistemological, ontological, and the methodological debate of uncovering the relational pulses between subjectivity and objectivity, structure and agency, etc., Bourdieu sought 'practices' as a functional route. In his analysis, 'practices' mediate the dialectical relationships between the objective structures and the internalisation of objective structures in different socio-historical contexts. Such internalisation occurs in the form of 'habitus' and the 'cognitive and motivating structures' that function as the 'durable principle of ... production', related to the 'social conditions' in which things are reproduced (Bourdieu, 1990, p. 56). Besides, this occurs with the outlets of 'capital' as an 'accumulated labour (in its materialized form or its "incorporated," embodied form)', that enables agents or groups to appropriate social resources through 'reified or living labor' (Bourdieu, 1986, p. 241). Capital, as defined by Bourdieu (1990) represents the three principal forms, cultural, economic and social. Cultural capital is conceived to be an objectified, embodied, and institutionalised state of generating differentiated value systems and social class through modes of cultural reproduction such as education, music, art, etc. Economic capital refers to the accessibility of wealth and material assets involved in the realisation of aspirations, products and networks. Lastly, the social capital functions as the 'aggregate of the actual or potential resources ... linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition' and the collectively-owned credit (Bourdieu, 1986, p. 248). Symbolic capital is also a form of representative capital that is primarily 'apprehended symbolically, in a relationship of knowledge or ... of misrecognition and recognition' through the 'socially constituted

cognitive capacity’ (Bourdieu, 1986, p. 283). In turn, rather than working as isolated poles, the different forms of capital offer transmutations to different contexts and interstitial spaces. Acknowledging the integrative orbits of ‘habitus’ and ‘capital’ in shaping social actions, this research then explores the dynamic social relativities and interactions involved in the work of care and ageing, aligning with Pierre Bourdieu’s contribution in understanding ‘practices’.

The *ayahs* as the paid caregivers, the elderly as paid care receivers and other actors of care in the social geography of Kolkata, ‘practices’ care (Image 2). If resorted to Pierre Bourdieu’s words, care work practices of the *ayahs* would function within the regime of *transubstantiation* where the materiality of labour and economic capital can be interchanged and converted to the immaterial forms such as knowledge, culture, tastes, choices, skills, relations, etc. (Bourdieu, 1990). Similarly, the *ayahs* and their labour of care, if not an absolute ‘labour of love’ (Finch and Groves, 1983), are institutionalised into the dialectically complex ‘field’ (Swartz, 1997). Field is the arena of production, circulation and distribution of goods and services, monopolised by competitive actors. Relatively, the actors within the *ayah*-centres and domestic households practice their work within a ‘field’. The field then too encompasses as well as personalises the exchange of durable reciprocity such as money, gifts and the sharing of care across care work relationships.



Image 2: *Ayahs* with their manager.

Source : Fieldwork, 2022

Location: Jagatpur, Kolkata

In understanding care and care work as an intricate process mobilising bodies, spaces, assets, and persons, anthropologists like Mol *et al.* (2010, p. 11) depict it through the ‘care practices’. With an inspiration from Bourdieu’s approach, such a concept has been expanded to involve a ‘great variety of activities and interactions typical to care settings’ and invest in the ‘separate “interventions” plus the “relational work” that facilitates their delivery [*care*]’ (p. 12). Such interests inked the relationships of domination and subordination between doctors and patients, and the ‘(public) invisibility of their [*women’s*] (private) care work’ (p. 11). While investigation on care work as driven by Mol and her colleagues articulates ‘care practices’ as a value and a quality cultivated by accepting the fragilities and competencies of different bodies, it is also important to locate the specific historical, spatial, temporal and material collectives in which the care work by the paid caregivers like *ayahs* takes place. ‘Care practices’ might refer to an intricate alignment of living life but it is also imperative to look at the practices of ‘care’ as a material stream and embodied(ness) of consciousness, such as caring for the bodies, caring for emotions, caring for the clients’ behaviour, caring for one’s ‘selves’, etc. This is, however, not unrelated to how social differentiation is reinforced through care and care work.

To uncover the social complexities and power operating within the *ayahs*’ care work practices, another concept, such as Sen and Sengupta’s (2016) ‘pragmatic intimacy’ has been used. According to their analysis, ‘pragmatic intimacy’ as explored in the context of domestic servants and their employers (can be defined for the *ayahs* and their elderly clients too) connotes ‘the paradox of a relationship that is at once dominating and mutual, distant and intimate, exploitative and caring ... Equally, while there is an awareness of subordination and class exploitation, values of affect and mutuality mitigate conflict’ (p. 150). But, while Sen and Sengupta (*ibid*) analyse the changing notions of servitude for domestic workers, particularly the role of part-time live-out domestic workers who disorients the equivalency of family as ‘care’; the *ayahs* and their clients shape a layered interplay of care, family, affective habitus, kinship practices, reflexivity and the cultural attributes of caste, class, gender and religion. The actors of care also elevate the stigmata of labour and the interpersonal code of power relations. Such coordinates lie in the circulation of *ayah* services as ‘capital’, congregated within the ‘socialized subjectivities’ (Bourdieu and Wacquant, 1992). Besides, in the constitutive(ness) and mundane reproduction of *ayahs*’ care

work within the context of Kolkata, it is the ‘practices’ that organise the memories, identities, sensations, coherences, continuity, crises and personhood of *ayahs* and their elderly clients. Hence, in this research, mediated ways of thinking, voicing and acting as prescribed by the actors of care within the regime of ‘practices’ are supported by the concepts of ‘habitus’, ‘capital’ and the ‘field’ (Figure 1).

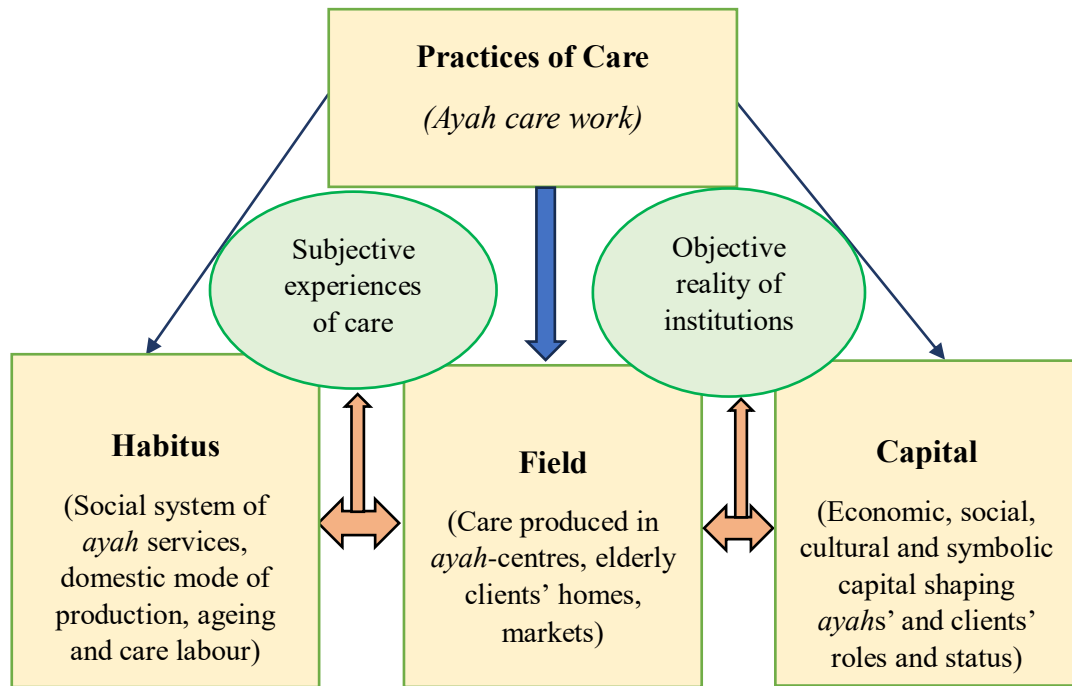


Figure 1 : The Study Model (Source : Researcher’s own)

2.3 Ethnographic Experiences : Contexts and Events

Visuality, memories, moralities and stories often coat the multi-faceted desires to connect with the past while locking into the present. After a year of meeting various people, holding many discussions, enjoying the free flow of conversations, observing the participants mindfully on their day-to-day struggles and the journeys of being patient and teary, I developed a rapport and bond of intimacy with them. In many deep and meaningful ways, we (me and participants) collaborated together in this research. This has been a satisfactory association throughout that made me undertake an ethnographic research to share the ‘practices of reciprocity with people with whom I was learning so much’ (Robbins, 2021, para 49). Such an exchange of perspectives on the production, consumption, distribution as well as idealisation of *ayah* care work across Kolkata, has been explored through this ethnographic research. This research

seeks to move beyond the linear cultural description (Wolcott, 1990) from a social researcher's perspective, instead emphasising on the significance of intersubjective exercises with the participants and reconstructing multiple 'selves' – different from enforced 'selves'. The ethnographic approach functioned as a 'social text' (Potter *et al.*, 1984) in this research, unravelling multiple material and symbolic dimensions of care networks along with the voices and the actions of the people involved within it. As a methodological approach directing intensive fieldwork and unravelling variable contours of socialisation, ethnography :

... is the study of people in naturally occurring settings or 'fields' by means of methods which capture their social meanings and ordinary activities, involving the researcher participating directly in the setting, if not also the activities, in order to collect data in a systematic manner but without meaning being imposed on them externally (Brewer, 2000, p. 10)

In this research, the ethnographic approach has been utilised with a conviction to 'identify with those being studied rather than turning them into objects' (Abu-Lughod, 2000, as cited in Naidoo, 2012, p. 2). Besides, such routines of doing ethnography came with an attentiveness to sense-making activities and participations. Such as, clicking pictures of and with the elderly clients through the essence of a caring touch, combing a client's hair and making ponytails when her *ayah* was busy in the kitchen, supporting elderly clients to move from one room to the other, or cooking a fish curry with a client and her *ayah*, etc. while knowing about their lives and home-making. In such ways, 'sensory ethnography' through touches, tastes, sights, smells and sounds was traced as well as incorporated into this research. As Pink (2009, p. 1) defines 'sensory ethnography' :

thinking about and doing ethnography that takes as its starting point the multisensoriality of experience, perception, knowing and practice ... [*where*] multisensoriality is integral both to the lives of people who participate in our research and to how we ethnographers practice our craft.

Pink (*ibid*) also defines 'sensory ethnography' as taking account of the senses while seeking coordination of the social and material reflexivity in everyday lives. Drawing from the field site, the interviews, participant observation, focus group discussions and the informal conversations conducted incessantly during the fieldwork, ensured

the transformation of data and information into locations revealing social categories, care emotions and the socialisation of ageing in Kolkata. The questions designed in the semi-structured interview schedules were laid out in a flexible manner without falling into an order of numbers. Such a process entreated the agencies of the research participants to choose questions they would like to discuss first. In some cases, the questions were put relative to the transitional situations of their actions, work, familial crises and gestures of acceptance/denial.

A social researcher working in the field and making himself/herself accustomed to the conduct or value systems of the participants involved in a specific occupational group, might not reveal being an 'outsider' or a 'foreigner' immediately. However, in different field settings, a social researcher negotiates the complex associations of being an insider as well as outsider (Griffith, 1998). It is our multiple social identities evoked in multiple situations as well as our personal characteristics, that make us an outsider with constant shifts into the role of an insider. Such as, being in the gendered category of a 'woman' while also being the member of a 'caste' group. In my vivid experiences as a researcher, the nature of this ethnographic research not only enabled me to immerse myself in the manifold voices, gestures, feelings and languages of the participants which offered critical meanings to a phenomenon but also trained my lenses to observe the different layers of socio-economic as well as political realities. Such realities were sometimes apparent or had to be dug out through the timely interactions on social conventions and the sharing of ideas on what is a 'home' or 'homeland' with the participants. This also influenced my access to the research field of Kolkata.

As a Bengali originally belonging to, or born and brought up in Assam, my Bangla dialect has been socially and linguistically shaped through the hybrid connections of *Sylheti*, *Dhaka* and the Kolkata-style *Bangla* versions. Even if Bangla is the regional language of Kolkata, it took me some time to polish my own language and accent relative to the localised colloquial flavour of Kolkata. My habitual Bangla dialect even if was firmly understandable, was not appreciated among the participants, who made symbolic exclusions like making faces, asking me to come some other time and being suspicious of my motive or purpose. With some robust training from my local acquaintances in Kolkata and watching a few Bangla (Tollywood) movies, I learned several words and phrases used in everyday life, such as '*bus e chepe java*' (climbing

a bus), ‘*makhon*’ (butter), ‘*darun* or *besb lagche*’ (beautiful), ‘*hengla*’ (carefree use of the word ‘foodie’), ‘*ota din*’ (give this), ‘*bhaat bolo na*’ (don’t speak nonsense), ‘*ebong*’ (and), ‘*chaap nei*’ (no worries), etc. The learning of these words assured my immersion into the field as the research participants enjoyed my dialect while finding it more comfortable to indulge in the discussions. An elderly client Romen *Dadu* (78 years) once affirmed, ‘Now you look more like a Kolkata person’. So, understanding the life processes and comfortability of the participants required me in a certain way to compromise with my habitability and sense of representative ‘self’. This has also been encountered in the conflictive accounts of my racial, regional, as well as social identity, often ambiguously externalised across Assam (my native state) and in the field of Kolkata.

Not merely about my accent, but also my vocality about my ancestors’ painful forced migration as stateless people (refugees) from East Bengal’s (now Bangladesh) Sunamganj and Bikrampur (now Munshiganj) districts, and their subsequent life of hardships and abject poverty in a small refugee camp set up in Tezpur, Assam (India) against the backdrop of the violent Partition of India in 1947; recurred as a marker of stigmatised identification. This induced contempt from some of the research participants, paralleling me as an infiltrator carrying a foreign gene pool. As a methodological challenge, it induced several complexities in navigating my social and public interactions with some of the participants. For instance, responding to certain comments made by political debaters, leaders and media agencies and my attempts to prove my national identity as an Indian citizen. In some cases, ‘*Bangal*’⁸ as a word was also used as a tabooed expression by some participants who had no histories of cross-border migration and expressed their laments over *Bangals* illegally capturing the lands of the *Ghotis* in West Bengal. In other words, expressing the *Bangals*’ national disloyalty as encroachers. In some cases, even if the elderly participants had their ancestors as the *Bangals* and lived in West Bengal throughout their lives, they

⁸ *Bangals* are referred to as the people who migrated from East Bengal to mainland India during the Partition of India (1947) while *Ghotis* are termed as the ‘original’ inhabitants of West Bengal, India. Such a form of distinction is often used as an intra-group marker of linguistic and social differences amongst the Bengalis themselves.

Refer: <https://www.thequint.com/campaigns/bol/ghotis-and-bangals-decoding-a-very-bengali-rivalry>

too claimed them as like-*Ghotis*. They often disqualified their '*Bangal*' identity. This is primarily rooted within the politico-economic narratives of filtering the structural effect that further shapes perspectives on cross-border mobilities, ethno-racial resilience or ideologies of invader(ship), and the social processes of enforcing blurred victimhood-perpetrator duality. In correlating such ideas and praxis with socio-political discussions on ethnicity and religiosity, I followed a relative formula of self-revelment. I tried to assess the social situation, emotional state, history of regionality, the degree of cross-cultural transfers, political climate, and people around the research participants to strike a balance. This has been sometimes accomplished by ambivalently depicting, '*Ami Assam thekei eshechi* [I came from Assam only]' at an initial stage of interaction while maintaining a certain degree of openness in being acquainted with Kolkata. This was further boosted by learning more about Kolkata and its adjoining areas' history, social culture and architectural grandeurs whenever required, i.e., largely talking about Victoria Memorial, Kalighat Mandir, Belur Math and Babu Ghat. This is quite relevant to what Pryce (1979, as cited in Brewer, 2000, p. 85) writes, '... ethnographers ... slip between the roles of researcher and group member as the occasion determines, ... approach both complete participant and participant-as-observer'.

In my fieldwork, I utilised a complex web of opportunities to build necessary rapport and trust with the research participants. The comfort zone gradually developed with the embracement of the personhood of each, attaching meanings to the existence of each other. Besides, the emotional currents of loss, abandonment, sufferings, and the interpersonal means of its acknowledgment can subdue the sentiments of the rigid hierarchies in a specific time and space. Once as I was strolling near Sarthi *ayah*-centre in Sulanggari being hesitant to intervene in a busy morning, I observed a middle-aged lady walking from near the grocery store and sitting on the wooden bench near the *ayah*-centre. She was tired, gloomy and was having a heavy shortness of breath. I immediately offered her my red water bottle and she thanked me saying, 'Nowadays, no one cares. Thankyou!'. Taking this as an opportunity to start asking about herself, she calmly asked me to sit near her. Later, as we discussed many things on caregiving, I came to know that she is an *ayah* Roshii Didi (long-term *ayah*, 45

years), working and living with her 85-year-old elderly client⁹ for years. Despite having three sons and a daughter (as she is a survivor of child marriage), no one looks after her. Reminiscing the day when she was married off, she fumbled with weighty tears in her eyes, consoling herself :

No one ever asked how I have been and you are the first person to ask me so.

I work as an *ayah* and people think I am a machine ... no emotions, no value, no pain. It's been a month now I am suffering from bad back pain and still ...

I have to work. No rest! I thought my life would be peaceful [*crying!*]. But I think I was in illusion. The children for whom I struggled, even sacrificed my hobbies of doing something, now threw me like an *aborjjona!* [*waste!*].

The ethnographic exercise turned into a vivid space of sharing the familial as well as emotional exclusion of the *ayahs*. It reinstated their personhood while asserting the relationship between class-based identities and their abilities to perform hard physical labour at any age. This can be resonated with Das (1995, as cited in Ramphele, 1997, p. 101) as she would have stated, 'pain is the medium through which society establishes its ownership of individuals'. In this context, it is the action of revealing the pain that the *ayahs* utilise to represent their embodied mobilities and navigate their work 'habitus' within the institutions of power. This too coheres with Roshi Didi's assertion, '*Boroloki mohilara parbe na!* [A rich woman cannot do this! (*care work at an increasing age*)]'. Somewhere, me and Roshi Didi shared the losses of our own lives to carry forward the sensory ethnographic approach – the tragic loss of my grandmother with whom I was very close and Roshi Didi's symbolic-relational loss of her own family members. Even if the nature of losses varied and might float across the empathic dichotomies of caste and class identities, such deliberation of losses also evaded the power asymmetries between the research participants and me as much as possible. While initially participants reserved themselves from speaking about troubled relationships and intimate affairs, later, as I portrayed my own health struggles, my aunt's death during the COVID-19 pandemic, etc., the participants

⁹ Few ageing (ageing according to class markers) *ayahs* offering their care services to the elderly clients have been noted in the fieldwork. This evokes the paradox of care as a work where the quest to access and appropriate 'labour' might normalise the working ageing bodies of the lower-income *ayahs* but however, contextualise the upper or upper-middle-income elderly clients as weaker and tender – to be just cared for. This portrays ageing and care as a socio-economic construction.

became more comfortable with their viewpoints. These exchanges turned into a process of knowing about the caregivers' and receivers' multiple ways of reconstructing their social worlds, like elderly clients sharing about yesteryears, their beauty care, their hobbies, recipes, etc. (Choudhury and Das, 2023) while I was agreeably nodding about it in case it is familiar – turning field activity as an exercise of reconstituting self and social identities.

Besides, being within the formations of power and experiencing the positions of legitimised as well as internalised authority, the *ayah*-centre managers did not voice much suffering. They presented a more formal demeanour. They trapped the discursive socio-cultural orders across the markets of care work while showing concerns about politics, religion, elderly care regimes, social duties, etc. In turn, they enjoyed more flexibility to talk about the larger socio-political and economic codes that produce effects on individuals, group identities, sovereign aspirations and social interactions. Many of the *ayah*-centre managers in course of their interviews uttered, 'Things are changing. Now, it's time to see how the TMC party works. They are providing a lot of schemes and facilities for the lower-income people, if not for us!'. In a way, some of the comments on the regional systems of governance and nationalism turned into an engrossing orbit for the *ayah*-centre managers and their elderly clients. They offered a dualism between the social perspective of the state as a benefactor and welfare agent of the poor while being skeptical of the sources of the economic machinery of the state, i.e., the middle-class taxpayers. The managers often belonging to the upper-middle or the middle-class families introduced their political allegiances and motives of community development works (as volunteers to specific political parties). This also works as a reference to their social identity formations and prestige in the moralising *ayah* care market. Phrases like, '*Ami toh X¹⁰ party follow kori, oraa bhalo kaaj koreche*' (I follow X party, as they accomplished their tasks well), '*Ami age onek actibb kaaj korechi party tein*' (I have been active in 'party' works) and '*Tomar rajye kon party kore, arr tumi ki koro?*' (Your state follows which party and which party do you support?), have been incessantly used by the *ayah*-centre managers, *ayahs* and their elderly clients.

¹⁰ The name of the political party has not been referred to here on the *ayah*-centre manager's request.

In cases where I was not comfortable answering many of the questions on political affairs, I tried to either leave the discussion inconclusive or make participants divert the topic to other issues of discussion. With such innumerable experiences in fieldwork, it is pivotal to cite what Kumar (2016, p. 54) analyses :

Once the time question [*in an ethnography*] is pedagogically negotiated and addressed towards a political project carrying ethical sensibilities on the other's location in the past, then the present has to be shared equally by the subject and object [*though not objects, but participants*] in the real-time interaction in the field as well as in the process of writing.

2.4 Fieldwork and Data Collection

2.4.1 Location : The Field Site

In planning and processing the ethnographic practice and 'reflexive turn' (Emerson, 2001), the fieldwork for this research has been conducted in Kolkata. It is the metropolitan capital city of the Eastern Indian state of West Bengal, facing a significant demographic transition with the burgeoning growth of the elderly population who are left behind by their adult children's out-migration¹¹. On a scale of national and regional comparison, Kolkata is encountering a decline in the working population. So, as the elderly are increasing in Kolkata, the care systems too are turning haphazard with age-old and unsustainable resolutions, such as the old-age homes. In that gap, *ayah*-centres are emerging as a professional venture of care work, specifically elderly care. The *ayah*-centres are not merely accountable for upper and upper-middle income families in Kolkata but also largely opening up a sector of self-employment for the *ayah*-centre managers. With this, the fieldwork was conducted in Kolkata, not as a single-sited but multi-sited deconstruction of care as work, space, economy, social relationship, ideologue, crises and moral reproduction.

Several digital archives and accounts indicated Kolkata as a place for conducting the fieldwork. In its rooted history, the *ayahs* emerged as a workforce for the British homes located in Kolkata, the then capital city of colonial India (around 18th to 19th century) (Datta, 2023). Their lower caste and racial status as the colonised subjects

¹¹ Low-scale investments or developments in corporates, private-sector industries, etc. (Sen, 2019).

made them an ideal force for the British officials to recruit them. Using the digital search engines like Google, I initially took a few notes on the addresses of the *ayah*-centres from various websites. That was the primary route I had at the beginning of the fieldwork conducted in Kolkata (in 2021). Since there was only a scant amount of information and scholarships on the present-day *ayah*-centres, a lack of clarity prompted me to visit the field while following the ethical and legal restrictions prescribed during the COVID-19 pandemic in India.

It was a challenging affair to stay in my acquaintance's home at New Town at the time of the public health crisis. But they were extremely generous to lend me their help and support. They had a room vacant for their security guards on the ground floor of the apartment that was unused for months and my lodging was initially arranged there to prevent the transmission of the virus (as I travelled inter-state). With this, on the very first day as an enthusiastic research traveller, I stepped in to explore the *ayah*-centres with my all-in-one blue notebook. After consulting my acquaintance and following some information on Justdial and Sulekha¹² webpage, I observed and stopped by an e-rickshaw while confirming with him the location of an *ayah*-centre I noted the address of. Boarding the rickshaw and taking turns to an *ayah*-centre near Dhalai Bridge in Sulanggari, I noticed a distinct social, infrastructural and geographical border separating the elite environment of New Town from the crowded lower-income neighbourhood of Sulanggari (Gouranganagar area) – often defined as an area ripe with 'crime' by the people of New Town. Such voicing of prejudiced class and spatial boundaries often enforce the *ayahs* and care labour workspaces to a more fragmented zone of marginalisation as well as symbolic immobility. As initially expecting the *ayah*-centres to be offices with corporate-styled rooms, I was astonished to find one in the form of a small hut with mud floors, wooden chairs, desks, a bed, and bounded by bamboo fences. My first target was the Sarthi *ayah*-centre, the popular *ayah*-centre located near the Sulanggari Police Camp in Sulanggari, Kolkata. The police camp was well-known for the training classes of the West Bengal police personnel and the oral

¹² Digital websites containing information on *ayah*-centres and other services that are available near one's location.

historical romanticization of India's former Prime Minister, Indira Gandhi's visit to the camp after India's Emergency¹³.

The Sarthi *ayah*-centre consisted of a small iron staircase that required visitors to bow down to enter the centre. The *ayahs* often sat in the wooden school-like benches waiting for their work or prayed in a small *aashon* (stack) where the idol of the Hindu Goddess Laxmi was placed. Besides, the *ayah*-centre had a small kitchen, located out of the main room. The bamboo-fenced kitchen included a gas cylinder, steel stove, steel cups, a saucer, some plastic cans for storing biscuits¹⁴, a mopper, etc. Attached in the right corner of the kitchen was a tiny washroom for emergency uses. Often the *ayah* who arrives first in the *ayah*-centre, cleans the floor and makes tea for other *ayahs* and the manager. In the main room, just beside the *ayah*-centre manager's chair and the wooden table (to project an office-like unit), there was a huge wooden bed piled with a bedsheet and mat for *ayahs* to rest in case they felt ill or just sit in congregation for their calls. Often, I encountered *ayahs* sleeping in the bed in front of the manager with their sarees sometimes de-positioned. These acts not merely speak of the symbolic and material practices of *ayah* work as more of an informal habitus but also reproduce a complex fluidity between class and morality. This contrasts with the formal sector work environment where covered-up uniforms are preferred or legalised for both men and women. Once an *ayah*-centre manager confirmed with joy, 'We are all a family'. Even if the mundane processes of care work syntax an aura of product delivery where an *ayah*-centre managers attend calls from various clients and ask the *ayahs* collectively to raise their hands in case they are comfortable, care work is never referred to as a 'delivery'. Instead, it is widely phrased as '*daak esheche*' (call from an elderly client's home) or merely '*kaaj esheche*' (received a work). On many occasions of my fieldwork, the 'calls' from the homes of the elderly clients, such as from New Town, Salt Lake, Ballygunge, etc., provided me with delightful and

¹³ The Emergency period is picturised as an alarming period in India, beginning from 1975 to 1977, when the then Prime Minister of India Ms. Indira Gandhi (from the Indian National Congress) cited the massive breakdown of law and order in the country and imposed the suspension of the fundamental rights by making widespread arrests of the opposition party leaders (Refer: Roychowdhury, 2024)

¹⁴ Often reasonable and easily digestible biscuits like Marie Gold (food and its surveillance, discussed in Chapter 3).

fulfilling opportunities to accompany the *ayahs* in their care work routines. Moving across these several locations with either 20 to 50 minutes (respectively) of travelling distances from the *ayah*-centres in Sulanggari (Image 3), concretised in me both the social role of a researcher and a research participant. Nevertheless, other *ayah*-centres too were explored that presented interesting glimpses during the fieldwork. The popular *ayah*-centres had arrangements of water and washrooms while the *ayah*-centres that just saw the light of the market or are run by the less prosperous managers, offer no such additional facilities. The fieldwork was conducted in 10 *ayah*-centres located in places such as Sulanggari, Kestopur, Jagatpur, Baghajatin, Garia, Bansdrone and Ranikuthi (Map 1). While Sulanggari, Kestopur and Jagatpur areas are located between 5 km to 9 km respectively from New Town, other areas such as Baghajatin, Garia, Bansdrone, and Ranikuthi are located at a distance of 3 km to 5 km from each. The fieldwork was conducted across the six *ayah*-centres from Greater Kolkata (24 Parganas districts) region and four *ayah*-centres from South Kolkata. The localities where fieldwork was conducted are stated below (*ayah*-centres' locations):

1. Sulanggari – Gouranganagar (North 24 Parganas district).
2. Kestopur – Milan Bazar (North 24 Parganas district).
3. Jagatpur – Jagatpur Market and Adarshapally Road (North 24 Parganas district).
4. Baghajatin – Baghajatin Station Road (South Kolkata).
5. Garia – Tentulberia (Garia Station Road) and Boral (South Kolkata).
6. Bansdrone – Vivekananda Park Road, Madhyapara (South Kolkata).
7. Ranikuthi – Ranikuthi More (South Kolkata).



Image 3: Gouranganagar market where *ayah*-centres are set up in a line arrangement.

Source: Fieldwork, 2023.

Location: Sulanggari, Kolkata.

While these areas housed *ayah*-centres which formed a characteristic of daily social life in and around Kolkata, the pattern of demand chains of the *ayahs* and the elderly clients more or less differed in the South Kolkata and the 24 Parganas townships relative to the class identities, the necessities of booking *ayahs*, family organisation and temporal variations in *ayahs*' work. In terms of field observations, the families in the South Kolkata region often consisted of multiple generations while families in township regions (New Town and Salt Lake) consisted more of a nuclear family structure or lone elderly families where adult children often do not stay with or near their elderly parents. But, on the other hand, the *ayah*-centres in South Kolkata and North 24 Parganas district region also resembled each other in terms of everyday operations in *ayah* work, like dispatching *ayahs*¹⁵. Journeying through the lives of the *ayahs* during the fieldwork, the elderly participants were traced in areas such as Garia, Bansdroni, New Town, Salt Lake and Ballygunge. Besides Garia and Ranikuthi, other areas are known to be the posh residential areas of the elites. Such posh areas like Salt Lake, New Town, and Ballygunge today are the easy targets for paid care services such as *ayah* works, old-age homes, home-treatment facilities or testing services, yoga

¹⁵ The differences between the *ayah*-centres located in the 24 Parganas townships and the South Kolkata region were not very stark and have been left out due to the limited scope of this research. This would however be a futuristic attention.

centres, super-specialty clinics, etc., catering to a humongous share of the elderly people. The primary colonies in which the elderly clients' homes were located have been stated below (Map 2):

1. Garia – Boral, Balia and New Garia (Parts of East Kolkata and South Kolkata).
2. Bansdrani – Brahmapur and Subodh Park (South Kolkata).
3. New Town – Action Area I and II (DA, DB and CA block) (Located across North and South 24 Parganas districts).
4. Salt Lake - Sector II (North 24 Parganas district).
5. Ballygunge – Ballygunge Park Road (South Kolkata).

The elite culture of few areas influenced my material appearance and the ways of representing myself when meeting with the elite elderly clients. Apart from the aura of the middle and upper-middle-class residential homes in the South Kolkata region, the residences in New Town and Salt Lake were in stark contrast. Unlike the development of settlements in the South Kolkata regions that have a social history of refugee crowding after the Partition of India in 1947, Salt Lake and New Town have been the planned townships. Salt Lake was formed in 1958 as an extension of urban projects, shaping a new model for 'modernity' and Western infrastructural planning in Kolkata. It comes under provincial administration of the Bidhannagar Municipal Corporation while being called as a part of the Greater Kolkata region. The elite 'intellectual' classes and senior citizens started migrating here since the rule of the Left Front (Pal, 2016). On the other hand, New Town (Image 4) is placed under the jurisdiction of The New Town Kolkata Development Authority Act, 2007, with grand housing projects, entertainment parks, shopping malls, dining eateries, activity centres, etc. This area has been a culmination of two former villages – Rajarhat and Bhangar, that were later contracted to WBHIDCO. Today, both Salt Lake and New Town offer a vivid vision of transnational familial networks and the global curation of class identities.



Image 4: A posh locality in New Town.

Source : Fieldwork, 2023.

Location : New Town, Kolkata.

Once in April 2022 while travelling with an *ayah* to Sector II locality of the Salt Lake City, I felt quite embarrassed in my simple black salwar suit that seemed largely frictional relative to the explicit exhibits of the place. The next day, I went in wearing my finest clothes, which I felt imposed a ‘mechanical’ self but coordinated a socially inclusive sphere for me with my research participants. I later realised that while *ayahs* were not much embarrassed, it was the subjective adaptation of my class socialisation that made me quite uncomfortable. In this case, redefining myself and my social location across the different domestic and public spaces (in fieldwork) reminded me of Laube (2021, p. 61) signifying ‘dual identity of the ethnographer, that is, the simultaneity of belonging to a scientific community and a local community of participants’, deciphered through ‘the dramaturgical participation of clothing, note pad, and camera’. But, in the context of this study, explorations also need to be made not merely for the two communities which Laube (ibid) asserted but also on the ephemeral construction of the communities, which are neither scientific nor as rigidly local. The interactive, perceived and the ideological spaces in fieldwork are global, diasporic and local-national. With this, the segregation of communities retained the multiple complexities, specifically in cases where the research participants gradually turned into acquaintances. For instance, my clothing was simple and regular when a

closeness developed with the research participants. This was very different from the ‘costly branded’ clothes that were worn on the first few visits.

2.4.2 Tools and Sampling

Since the study utilises the narratives, rich stories and the lived experiences of the participants in exploring the socio-moral sensitivities and politico-economic densities of the elderly care in Kolkata, it dwells within the horizon of the qualitative research design. Qualitative research as Ospina (2004) notes, radiates social meanings and processes. Also, scholars like Hennink *et al.* (2011, p. 9) write, qualitative research enables one to ‘study people in their natural settings, to identify how their experiences and behaviour are shaped by the context of their lives, such as the social, economic, cultural or physical context in which they live’. So relatively, in this research, both primary as well as secondary data have been collected and used.

The primary and secondary collection of data, rather than being a divisive phase of organising data, functioned as a concurrent process. During the primary phase of my field intervention in 2021, 2022, 2023 and 2024, I divided my field schedule and formed a habit of reading various articles, research papers, books and online pieces on the *ayahs* and the elderly care services. At night, I would often sit down to organise the transcripts of the data collected while conducting the fieldwork throughout the day, from the early mornings to evenings. Since the *ayah*-centres opened around 7. 00 a.m., I punctually reached the centres (in the East and South Kolkata) by 6. 30 a.m., aiming to observe care practices and work distribution from the scratch. Since *ayahs* dealt with uncertain work dependent on the health stabilities of their elderly clients, their call times often were unstable but had to be before 9 a.m. This scenario was specifically for *ayahs* who were working in part-time or daily-wage mode (as discussed below). Once, an *ayah* Rupa Didi (part-time *ayah*, 25 years) working in the Shikha *ayah*-centre described, ‘*Briddho derr kaaj ki fele Rakha jai. Onek kaaj. Bhor thekei toh shuru hoe. Bathroom e niye jete hoe* [You cannot leave a client’s work like this. Lots of work. You have to start from early morning. You have to take the client to the bathroom]’. Rupa Didi’s acknowledgment of the bio-physical temporality of ‘body work’ reshapes the complex intersections between the natural processes of the clients’ bodies and its translations into the technical routines of the day. Such statements then posed the threading of interpersonal narratives and interactive relationships of caregiving and receiving between the *ayahs* and their elderly clients.

To specify, the primary data for this work was collected through four semi-structured interview schedules¹⁶ (for interviews), unstructured focus group discussion questions (for the focus group discussions), informal conversations and participant observation. The interview schedules were designed in Bangla as well as English relative to the research objectives, research questions, and the aims of the study that tried to uncover the nuances of the moral, social, economic and political imaginations of shaping the *ayahs* and *ayah*-centres as a social resource. The interview sessions were filled with questions on the participants' everyday care routines, work processes, familial arrangements, their relationship to other actors of care, what they like or dislike, why they opted for care work or *ayah* services, their past work, their aspirations, etc. Some questions were also charted on the wages, occupational criteria, *ayahs*' training, etc., but a prominent set of questions emerged out of my experiences in the pilot survey¹⁷ and the primary fieldwork. In some cases, questions were also prepared in the field when an immediate behaviour, statement, or memorable social exchange was taken note of. Since *ayahs* and the *ayah*-centre managers were quite hesitant and shy to respond, the questions were memorised to evade any situations of reading out from the interview schedules in the field. The actions of reading out questions one by one and then looking at the participants' faces, disrupted the flow of the conversations. In some cases when I felt the responses were not properly noted down or some questions were missed, I went back to the field to clarify it from the participants – coping with the temporal disorientation that might transgress the communication of an idea or relational space.

Picking Pickering's (2008, p. 17) words, 'while experience is common to both researcher and researched, the specific experiences we have are always in some degree different and individual to us'. The interview schedules, interview sessions with the participants and numerous editing of questions laid out multiple observances and experiences of understanding 'what a care work constitutes'. To ensure a stronger mutuality, the *ayahs* often used Bangla language with their own village dialect. But it has been observed that elderly participants and their families often used the Kolkata-

¹⁶ For four sets of participants - *ayahs*, *ayah*-centre managers, elderly clients and their family members.

¹⁷ The pilot survey was conducted in February 2021 in Kolkata to grasp information on the *ayahs* and *ayah*-centres which was not sufficiently available through existing literature.

style Bangla versions or English, considering village-based versions as more ‘backward’ – connoting their upward socio-economic status and distinctiveness with linguistic boundaries. This has been largely clear from the ‘emplotment’ of the stories of the participants, shared to locate their social worlds, identities as well as places within it. In Lawler’s (2008, p. 33) analysis, ‘emplotment’ makes a story more than a narrative by producing ‘relations between story, the producer of the story, and the audience for the story, in the context of local rules for what constitutes a meaningful story’. In a way, (re)writing notes and recording such stories in Bangla and English as a part of this research, enriched the tools of data collection as a ‘resource’ in itself. Relatively, interview sessions with 50 *ayahs*, 18 elderly clients, 07 kindred of elderly clients and 10 *ayah*-centre managers have been conducted. The clients who were suffering from physiological health problems or were just appointing *ayahs* to offer them emotional company and some form of security, were included in this research. The elderly people (or clients) with psychological health syndromes were primarily excluded from this research, given the lack of technical and ethical expertise in dealing with the elderly people suffering from sensitive issues while avoiding the risks of perturbing their health and environment.

Furthermore, in utilising focus group discussions, Bangla language was used. Two of the focus group discussions with a group of five *ayahs* were conducted during the fieldwork. Several questions and deliberations erupted during the discussions, shifting from one issue to the other. The first share of discussion took place in September 2022, debating a range of issues like how religious divide and behaviour exist across the care work practices in Kolkata, what kind of political controversies or scams took place in West Bengal, etc. On the other hand, the second discussion in 2024 focussed on the aspirations and expectations of the *ayahs* from the state, influencing their life chances, health and working conditions.

On the first day of my fieldwork, when I travelled to Sulanggari (Gouranganagar), I noted a few observations and statements in English. But this was least preferred by the *ayahs* as they incessantly peeped into my notebook and expressed their massive displeasure with facial movements and argumentative words, such as ‘Ufff!’ (an expression of annoyance), ‘*Ki bepar?*’ (What’s the matter?), ‘*Ingrazi matha betha*’ (English is a headache), etc. Since I was trained in reading and writing Bangla, I gradually tinkered with writing notes in Bangla during the interview sessions. To my

surprise, this encouraged research participants, specifically the *ayahs* and managers, to fondly share more and more stories of their lives and experiences in care work. Since the *ayahs* were largely school dropouts and failed to receive proper educational opportunities (but with some knowledge in Bangla words due to their educational qualification until 8th, 10th or 12th standard) due to poverty, questioning and writing in Bangla turned into a forte of scripting the reflective regimen of their work and bringing emotional self-reflection in the framework of research. This however was different for the elderly participants who were either the highly educated retired ‘professionals’ or had an advanced working knowledge of English. Even if I spoke in Bangla, they categorised my social identity and representation as a student involved in academics and inculcated a range of English statements, words, as well as phrases throughout the interview sessions as well as informal conversations.

The informal conversations took place during the morning and evening walks with the elderly participants and *ayahs* or during meetings with the participants at Durga Puja¹⁸ *pandals* (tent arrangements where masses gather to offer their prayers). The informal conversations were planned to explore a web of relationalities and restructured social realities around care work, expanding to networks of people, public cultures and socio-spatial memories. This also made flexible the voices of the participants who might otherwise have constricted their voices in some form in formal-like interview settings. An analysis of informal conversations can also be made from Lawler’s (2008, p. 37) words as he writes in the context of making experiences as a tool of research, ‘Even memories itself – which is conventionally understood as being ‘owned’ by the individual – can be seen as being produced in complex, intersubjective relationships’. To relate more to care work cross-cutting across several bodies and heterogenous elements of mediating the embodied development of care personalities, a participation observation was also utilised. Participant observation has not been applied through direct material ‘caregiving’ (through like-roles of the *ayahs*) routines by me as a researcher but through ‘participating and observing the people ... with whom we [I] was working’ (DeWalt and DeWalt, 2011, p. 2). This was done by engaging myself in participants’ lives through discussions, sharing and receiving information, observing

¹⁸ Major Hindu festival in West Bengal (or Eastern India), celebrating the arrival of Goddess Durga.

interactions among the participants themselves, joining festivals, understanding their shifting sense of identity as well as their individual and collective crises, etc.

In following the emerging approach or critical-constructivist-interpretivist notion of participant observation, the ways in which the individuals (as the research participants here) are located within the ‘social, economic, cultural, and political environment’ (McGrath and Rudman, 2019, p. 3), brought me closer to them. This has, however, not been unconnected to autoethnographic elements used in this research, that further invested ways of knowing, being and reflexivity. It enabled utilising my own experiences to ‘describe and critique cultural beliefs, practices ... to name and interrogate the intersections between self and society’ while balancing ‘intellectual and methodological rigor, emotion, and creativity’ (Adams *et al.*, 2015, p. 2). In this work, it is the sharing of generational knowledge of survival and migration during the Partition of India in 1947 and observing my own grandmother as an elderly client (discussed above), that taught me to enrich my understanding of ‘care’ as paid as well as unpaid work.

To bring more vivid nuances into understanding the care relationship between the *ayahs* and the elderly clients¹⁹, the possibility was to follow a purposive and snowball sampling technique. The purposive sampling technique was used for the *ayahs* and the *ayah*-centre managers and the snowball sampling technique was used for elderly care receivers or clients and their family members like sons, daughters, daughters-in-law, sons-in-law, grandchildren, etc. The purposive sampling technique enabled to ‘select respondents that are most likely to yield appropriate and useful information’ (Kelly, 2010, p. 317) and fulfill the ‘purpose that is relevant to the study’ (Andrade, 2021, p. 87), while the snowball technique enabled the gathering of information to access specific groups of people (Naderifar *et al.*, 2017) who were otherwise difficult to access, such as elderly clients. It was not only challenging to know who often access *ayah* services but also how to enter into clients’ homes as a stranger. Below provided are the criteria fulfilled for the sampling processes:

¹⁹ Primary participants of the research.

Purposive Sampling

- *Ayahs* - selected on the basis of the type of work, i.e., care work of the elderly clients and being a registered worker in an *ayah*-centre.
- *Ayah-centre managers* - owning and managing the *ayah*-centres²⁰.

Snowball Sampling

- *Elderly clients or care receivers* - ageing individuals who appoint *ayahs* from the *ayah*-centres, and largely participated through the contacts provided by the *ayahs* and my acquaintances.
- *Elderly clients' family members* - involved in the study through the contact numbers or addresses provided by elderly participants or were met in the elderly participants' homes.

Visits made for Additional Information

- Department of Labour, Government of West Bengal.
- Swasthya Bhawan (Directorate of Health Services), Government of West Bengal.
- ESI²¹ Hospitals - Manicktala and Sealdah, Kolkata
- Police station in Bansdronei, Kolkata.
- Kolkata Municipal Corporation, Gariahat.

Since the state record on the *ayahs* has been scanty present due to the gendered construction of care work as 'women's work' that is conceived to be lacking any production utility (Vyas, 2022), the alternative was to conduct a manual headcount of the *ayahs* across the *ayah*-centres. In an expectation to find data on the *ayahs* from the

²⁰ The *ayah*-centres were selected on the basis of contacts from some acquaintances, explorations made, and on the accessibility of the *ayah*-centre managers.

²¹ In West Bengal, the ESI hospitals are administered by the Department of Labour (Government of West Bengal) to provide maternity benefits, sick benefits and the disability rehabilitation scheme to employees (and their families), who are working in organised/formal sectors, preferably the public sectors.

Refer : <https://www.esiwb.gov.in/main/facilities>.

government officials at the Department of Labour, Government of West Bengal, I was however dissuaded by lack of data and the absence of a prompt response. Instead, some of the officials made an ambivalent and recurrent shifting of burdens to other institutions, validating informalisation, casualisation and voluntarism of the *ayahs* as ‘care workers’. One day as I registered my name in the entry sheet of the Department of Labour office and met an official, he stated :

Ayahs are not even employees. The Department of Labour can only upload data when the Department of Health or Hospitals share details of *ayahs* with us through a formal letter. Until now, in so many years, nothing has been shared!

On the other hand, one of the programme officials from Swasthya Bhawan (Salt Lake, Kolkata) with grassroot experiences in healthcare workers, justifies the ASHAs as the legitimised state-accorded caregivers while bewilderingly defining or equating the *ayahs* as the ASHAs²². While it emerged as an enigmatic circumstance for a grassroot worker to be negating any functional values of the *ayahs*, this conscious/unconscious flipping of knowledge on the *ayahs*’ social existence might be a strategy to mystify the polarised state attention on them. Later, on my description of who the *ayahs* actually are, he stated :

Earlier, these *ayahs* were not allowed into the hospitals. Nowadays, I don’t know how they get easy access! They are not legal enough to work in institutions like hospitals. They are just maids who perform the cleaning work for domestic households.

Such an ambivalent and indeterminate attribution of *ayahs* as a force encroaching the sector of healthcare, or in other words as people breaking civic and state norms, further pushes them into the peripheries and zones of social stigma. It is the state enveloped with neo-liberal capitalism that constructs the market as a regulatory force for *ayahs*. Also, in the era of digital governance, the half-filled record of the *ayah-*

²² ASHAs are volunteers of health who work under the aegis of the Government of India. They are often involved in the community-based developmental works such as spreading awareness on immunization programmes for children and other Non-communicable diseases like diabetes, hypertension, etc. They are often literate with a minimum of Secondary-level qualification or beyond while receiving monthly stipends from the state (George and Joshi, 2012).

centres in the government websites threatens the material and symbolic presence of *ayahs* and their collective work entitlements or identities. This resulted in the *ayahs* being discourses and categorised as the ‘informal workers’, with certain standards of differentiating knowledge systems emerging from formal economic sectors. But, in a paradoxical reality, the *ayah*-centres also fill the gaps that erupt between the state and the people (society).

Furthermore, with the approach of working and knowing, the fieldwork turned into a space for vocally contesting the marginalisation of the *ayahs* and disseminating the knowledge to people in positions of power and authority. The mundanity and day-to-day processes of visiting the state offices and putting forward the descriptions of my research, might have produced a conscientious effect on the officials who were quite reserved on *ayahs*. On one of my last days in the field, when I was about to leave the Labour office, an officer there called me and stated, ‘You can start collecting data on the number of *ayahs* working in each *ayah*-centre’. But, with a massive labour pool of the *ayahs* de-represented, the bureaucratic governance on elderly care in states like West Bengal and the larger India, shifts away from the local contexts of care and its dissemination.

2.4.3 Participants’ Profile

The *ayah*-centres recruit a large number of *ayahs* who often migrate from the villages, towns, and semi-urban areas around West Bengal, like Kalyani (Nadia), Krishnanagar, Canning Line, Bangaon, Sundarbans, Deuli, Namkhana, Murshidabad, etc. While it seemed evident that the market economy is driving a rural-to-urban migration, the public health crisis of the COVID-19 pandemic also induced the sites of transition in work, labour and its social practices. After recording the data on the number of *ayahs* from the *ayah*-centre managers of each centres, I simultaneously heard discussions about the COVID-19 pandemic in an *ayah*-centre named Maya *Ayah*-centre. Even if it started with a serious debate on the disastrous effects of the COVID-19 pandemic on *ayahs*’ lives, soon I recovered some information from Riti *Didi* (part-time *ayah*, 36 years). She spoke about the massive shifts in her work, identity, life processes as well as generational ownership. Lamenting it, she speaks :

I have been into farming since many years. It is a generational occupation.

Living my life in Sunderbans [*mangrove forest in West Bengal*], I was

extremely happy to grow crops, vegetables, fruits, etc. But, with the COVID-19 pandemic and strict curfews, I could not sell much into the market. My father was ill and required a kidney transplant. With no other option, I sold my land and joined the centre as an *ayah*.

In an estimation, it has been traced that the popular *ayah*-centres often consist of 70 to 80 *ayahs* while the less popular *ayah*-centres consist of 10 to 15 *ayahs*. Out of the 80 *ayahs* in profitable *ayah*-centres, the proportion of long-term²³ *ayahs* are less than the part-time²⁴ *ayahs*. The *ayahs* who remained unmarried, are young or inexperienced at care work, lack kin living in Kolkata, and do not have enough savings to book a rented room, choose care work as long-term *ayahs* for safe accommodation in their elderly clients' homes. On the other hand, the *ayahs* who have their own families living with them in Kolkata and manage a double shift of work in their own homes and their clients' homes, often find it difficult to work as long-term *ayahs*. In that case, they work as part-time *ayahs* while dividing their work considering the time of the duty, their children's school time and distance to their clients' homes. But it has been observed that the part-time *ayahs* often display allegiances towards multiple *ayah*-centres to arrange work when required, different from the long-term *ayahs* who often show loyalty to a single *ayah*-centre manager for years. The monetary and non-monetary relationship of the long-term *ayahs* with their *ayah*-centre managers often emerges due to the *ayahs* belonging to the same hometown or village as that of the managers, or showing a strong commitment to their work. Sharing their life-stories and struggles with the *ayah*-centre managers also concretises such ties. The number of

²³ Long-term *ayahs* refer to those *ayahs* who have been working with the same *ayah*-centre or often in the same elderly client's household for years. They offer services the whole day while diluting socio-economic boundaries of work and living. Some of the *ayahs* work for a lifetime and their retirement arrives with their depleting health.

²⁴ Part-time *ayahs* often work on a day-to-day basis in accordance to their shifts – either in the day or night. They work for two to three clients in different households while living in rented accommodations across Kolkata. They are however different from *ayahs* working on a daily-wage system (as daily-wage *ayahs*). The daily-wage *ayahs* are not affiliated to any *ayah*-centres but only work to fulfill their specific needs, such as buying milk for their children, saving some pocket money, buying their medicines, or arranging money for other special occasions like *Jamai Shoshti* (a festival to celebrate the honour or prosperity of sons-in-law in Bengali households).

ayahs working across different *ayah-centres*²⁵ surveyed is attached (Table 1). Besides, *ayah-centre* managers (n = 10) involved in this research were predominantly men, belonging to the age group of 30 to 50 years. They often identified themselves with various caste groups such as the upper-caste Brahmins, Vaishyas and the lower-caste Shudras, but with middle and upper-middle class backgrounds. Their monthly income ranged from Rs. 40,000 to Rs. 1,00,000.

Relatively, the *ayah* (n = 50) participants in my research ranged from 18 to 50 years old. A huge proportion of the *ayahs* were married and had an average of two to four children, i.e., their fecundity rate has been high. While the average income of a long-term *ayah* is approximately Rs. 11,000 to Rs. 25,000 per month, with the salaries increasing on the basis of expertise such as specialisation in administering injections, the part-time *ayahs* often earn salaries according to the number of hours worked and reported to the *ayah-centre* managers (Table 2). While a majority of the *ayahs* were Hindu Bengalis (around 42 *ayahs*), four *ayahs* were Muslims and the other four were the Adivasi Christians (Santhals and Mundas). The *ayahs* who lived in rented rooms with their children and husbands or stacked with other *ayahs* on the wooden lodging shelves made by some *ayah-centre* managers within their *ayah-centres*, often had their family members living in the villages. A majority of the Hindu *ayahs* often belonged to lower-caste groups such as the Namashudras, Aguri, Bagdi, Bhogta, Chandala and Bauri. Namashudras and Bauris were the predominant groups.

Surprisingly, 11 out of the 50 *ayahs* came from the upper-caste Brahmin and Kayastha families, indicating that the care work of the *ayahs* is not essentially tied to them being from lower-caste groups. Higher costs of living, penetrating market economy, familial property disputes, public health disorders like the COVID-19 pandemic and the subsequent healthcare costs are largely making porous the norms and boundaries

²⁵ The estimations are based on the *ayah-centre* managers' calculation and the attendance registers they maintained. Pseudonyms of the *ayah-centres* were used to avoid any risk of miscommunication as well as for ethical protection. Besides, the *ayah-centre* managers requested me to refrain from using their real names since many of the *ayah-centres* were not yet formally registered through the Municipal Corporation Office, Government of West Bengal (License Department) of various wards, even if the formal processes were undergoing at that time.

of hereditary caste-based occupations. A Brahmin²⁶ *ayah* whom I met in a Sulanggari *ayah*-centre on March 2022 stated while she was applying talcum powder over her face and hands to evade the smell of her client's body, 'I work as an *ayah*. To save my husband from the pandemic, I sold everything. Now, I am penniless'. The action of applying 'powder' in an institutional space, i.e., *ayah*-centre and mentioning its cost, depicted her social resistance, temporal distantiation as an *ayah* and an attempt to reconfigure her former class-based practice.

On the other hand, the elderly participants (n=18) primarily belonged to the upper-caste, upper- and upper-middle-income families of the *Kulin Brahmins* and *Kulin Kayasthas*, with a share also associating them with the lower-caste upper-income families (as discussed in Chapter 5). While the National Policy for Senior Citizens 2011²⁷ defines 'those of 60 years and above' as senior citizens in India, the pilot survey ensured that most elderly people appointing the *ayahs* were around 70 years and above. The age group of elderly people belonging to 60 years still refer them as advancing into young-ageing if not old-ageing, bereft of the *ayahs*. So, the elderly participants in this research often belonged to the age group of 70 to 90 years. 10 of the elderly participants belonged to an age group of 70 to 80 years, four were in 80 to 88 years and others were in between 88 to 90 years. The participants often lived in their apartments (n = 7) and the bungalow-like old houses (n = 11). Some of them either lived on their property (n = 13) or in their sons/daughters' homes (n = 5). Those in or nearing their 80s were on the verge of legally transferring their wealth, assets and properties to their adult children/kin whereas some were skeptical about it, given the rising news of children throwing parents out of their homes after receiving properties.

²⁶ There exists a hierarchical division among the Brahmins too. *Kulin* Brahmins are considered to be higher owing to their historical heritages in migrating from outside Bengal while the Brahmins involved in conducting the funerals or priestly duties in Bengal are often accorded lower status. Similarly, the Brahmin *ayahs* involved in this research primarily came from the families traditionally engaged in conducting funerals as their occupation and heritage.

²⁷ National Policy for Senior Citizens, March 2011, p. 4.

Refer : <https://socialjustice.gov.in/writereaddata/UploadFile/dnpssc.pdf>

Among the elderly participants, 12 of them lived with their part-time *ayahs*, while their adult children supervised the care work of their parents' *ayahs*. The others lived with their long-term *ayahs* and were primarily supervised by their children from a distance. The elderly participants were mostly the retired government servants (in the departments like consumer affairs, civil services, agriculture, fisheries, etc.), professionals (like chartered accountants, academicians) as well as entrepreneurs (in clothing or food). While most of the elderly participants lived in their joint families throughout their lives, staying with the *ayahs* was an uncomfortable affair at the initial stage, which they later accepted. The salaries of their *ayahs* were either paid by them from pensions, savings and insurance or provided by their children/kin. The pension holders approximately withdrew Rs. 40,000 to Rs. 60,000 as monthly pensions while some insurance holders received monthly insurance payments of Rs. 60,000 or more. In addition, the adult children of the elderly participants ($n = 7$) were either medical officers, engineers, teachers, or MNC professionals in Kolkata, abroad or in other cities of India like Bangalore, Delhi, Hyderabad, Chennai, etc. Their monthly incomes ranged from Rs. 80,000 to Rs. 3,00,000. Of the participants, six of them had their sons' or daughters' families living with them, six of them had their children living in the same city, Kolkata but in different accommodations and the remaining had their children settled abroad in countries like Australia, Canada, Ireland, the U.S. and the U.K.

The adult children who lived abroad often booked *ayahs* for their elderly parents by surfing the Internet or following any recommendations. They made daily calls to their parents' *ayah* and also bought their parents smartphones in few of the cases to make quality video calls and check on them. In some cases, the adult children were interviewed while they returned back from offices and those who stayed abroad were difficult to reach but were largely contacted over phone calls or video conferencing platforms such as Google Meet and WhatsApp video calling facility, etc. With questions about the influences on privacies, family schedules, perspective on *ayahs*, their diminishing roles in elderly parents' lives, their emotional breakdowns, fertility decisions, remorse, guilt, etc. the sons/daughters/kindred of the elderly participants expressed their fulfillment of domestic morality and roles through hard 'supervision' if not direct labour. But some dwelling abroad also exhibited less sensibilities and willingness to take on long-term supervision duties for their elderly parents. So, if

caring is explored as an intimate relationality between the caregivers and care receivers, the relics of neo-liberalism also lie in making care as a product enveloped in familial crises.

2.5 Data Analysis and Interpretation

As this research is inbuilt more into a social process of reconstructing knowledge (in this case the knowledge of care work and the actors involved in it), the fixed or categorical selection of data from the field notes or recordings was not an ideal option. Instead, the narratives, actions, emotions, contexts and apprehensive gestures of the *ayahs*, *ayah*-centre managers, elderly clients and their kin, have been largely interlocking throughout the course of this ethnographic work. But, to primarily offer a systematic proposition, three of the ‘sub-processes’ (Huberman and Miles, 1998) were followed while noting the analytical points for each research objective. The processes are, ‘data reduction’ or selecting the relevant units of data from the whole orbit of data, ‘data display’ or presenting the data as required, and ‘conclusion drawing’ or interpreting the findings (p. 180). Across such processes, the data analysis has been largely conducted in the field as well as in my institution²⁸, with manual scribbles across the field notes or being fed into the digital document while transcribing the data.

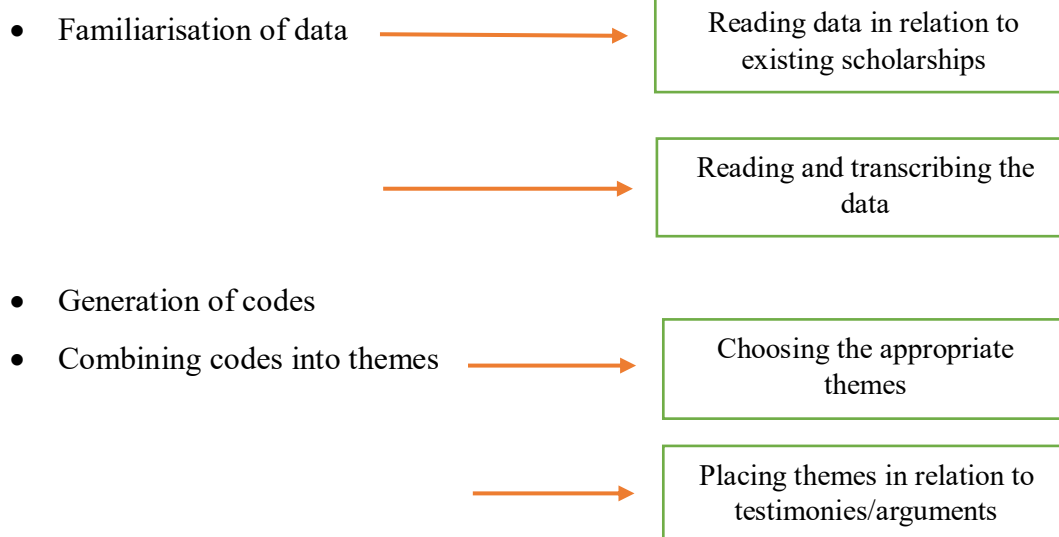
To analyse the data, a thematic analysis was performed. A thematic analysis is used to illustrate data in detail and deal with diverse subjects via the process of interpretation (Boyatzis, 1998). As the interviews, focus group discussions and the informal conversations took place in Bangla with some English usage sporadically, the data collected were transcribed into English for data analysis. The quality of interactions in Bangla poured in and relocated the agencies and social spaces of the participants as actors. While it has been very challenging to translate some Bangla words or phrases that cannot be rightly placed or receive a traction in the English language, the nearest meaning has been described to offer lenses on how language informs the dimension of power, class differentiation, domination-subordination, and the informalisation of care work. In Bangla, ‘a’ is pronounced as ‘o’ or ‘s’ is often pronounced as ‘sh’, which has been depicted through the narratives used in this research. On the other hand, *ayahs* and *ayah*-centre managers also used English words in anglicised accent by learning

²⁸ Tezpur University, Assam, India.

from their elderly clients' usages and by watching television such as '*paesent*' (patient), '*shistar*' (sister), '*biji*' (busy), '*modering*' (modern), '*bishkut*' (biscuit), '*jinch pent*' (jeans), '*iisschool*' (school), '*menjer*' (manager), etc. Relatively, the transcripts were read as well as re-read for a careful scrutiny of the codes and the codes were expanded to arrive at workable themes. Against such a backdrop, this research has been directed by Geertz's (1973) 'thick description' approach to understand how different social, cultural, moral, and political practices intersect in *ayahs*' care work.

Rather than concretising the themes directly during the process of the data analysis, a thematic sketch was prepared beforehand while writing field notes, brief observations and comments. In many cases, the voices, gestures, behaviour, and eye movements of the participants offered cognizance to acts of governmentality, power, control over bodies and affirmations. These were manually marked on the field notes with a highlighter to attest content on the broader areas of care work like organisations, social servitude, religious domination, gendered subordination, etc. in Kolkata. The data eventually transcribed were either placed in a MS-Word Document (MS-Office 2019) or rewritten in the field diaries with the boxes of themes placed adjacent to the pivotal data. The themes were devised relative to the research objectives, questions and the research problem. So, utilising a thematic analysis in this research, I tried to draw the Braun and Clarke (2006) method into a step-by-step guide of involving the themes and testifying the themes with the participants for an ethical production of knowledge. It runs into :

Braun and Clarke Method



- Reviewing themes
- Determining the significance of themes
- Reporting the findings

Apart from the field notes generated from the interview sessions, focus group discussions and informal conversations, the transcribed data also involved notes on the participant observations made in the field. The analysis and observations were written down during some ‘free’ time - when the *ayah*-centres were relatively vacant with one or two *ayahs* sitting with their manager (12 to 1 pm), when the *ayahs* went to grocery shopping or were preparing food in the kitchen for their clients and when the elderly clients went to the washroom or were resting after taking their insulins (some of them as diabetes survivors). Hence, the fieldwork paved through the home of my acquaintances to that of the *ayahs*, elderly clients, *ayah*-centre managers and clients’ kin in the multiple registers of the socio-economic, spatial, moral as well as political associations. Such interplay of care substances and market mobilities will be proposed in the subsequent chapters of the thesis.

2.6 Ethical Considerations

A pivotal yet complex arena of this ethnographic work arises from the varying discussions on ethical practices. Ethics in this research ranged from following the proper ways to obtain the consent of the research participants to reporting fieldwork information/developments to the Supervisor and the Research Committee of the Department of Sociology, Tezpur University at the different courses of time (progress reports). However, a larger debate was to affirm ‘embodied’ ethical sensitivities and research work reflexivity. While arriving from a different state with a varied regional identity contested my positionality in the field, the initial ethical work was to achieve the voluntary permission or consent to talk, converse, explain my work and eventually conduct the interview sessions and group discussions with the participants. On the very first day of my fieldwork when I was extremely worried about being allowed into the *ayah*-centres, I offered my institutional registration receipt (prior to receiving an institutional identity card) to gain their trust and proceed toward the *ayahs* and *ayah*-centre managers formally. Some *ayah*-centre managers were aware of something like research and connoted my work as either a ‘survey’ or ‘project’. Such as, an *ayah*-

centre manager in Garia once introduced me to his *ayahs* sitting in the *ayah*-centre as, ‘*Ohh survey korbe ekhane* [She will do a survey here]’.

Public imaginaries of field visitors and symbols of diaries and pens in slum-like localities not only connote the social position of authority, difference and class citizenship but also risk the offering of an impression for ‘others’ (participants) as the objects of discovery and lacking the fruits of equal governance. So, in my fieldwork, I tried evading as much as possible the situations of authority or spatial diffusions of ‘othering’ and ‘social distancing’ by patiently listening to the participants and then taking notes in between. I also wrote my field notes in Bangla (linguistic affinity in writing fieldnotes) to make them more comfortable while wearing simple traditional clothes without any branded tags, in *ayah*-centres. The performance of Indian identity and constant communication of such an identity was made through clothes/fashion. It is also through several story-telling and listening sessions that I achieved the verbal and informed consent from the participants – in turn developing mutuality and affinity. In my attire with a spectacle, many of the participants initially addressed me as ‘*Office err Madam*’ (a madam from a government office), and I clarified myself as a research student to be called by my first name.

Following the Indian traditional codes of cultural respectability and regional prescriptions of ageing in Kolkata, I often used the addresses like ‘*Didi*’ (elder sister), ‘*Dada*’ (elder brother), ‘*Dadu*’ (grandfather), ‘*Dida*’ (grandmother), ‘*Kaku*’ (uncle) and ‘*Kakimaa*’ (aunty) in Bangla for the participants. *Dadu*, *Dida*, *Kaku* and *Kakimaa* were often used for elderly participants, *Didi* was used to refer the *ayahs*²⁹, *Kaku* or *Dada* was used to address the *ayah*-centre managers and the adult children of the elderly participants were referred to as *Dada* or *Didi*. The *ayahs* were primarily older than me but a noticeable number of them were also younger or in their teenage years. Still, all of them asked me to refer them as *Didi*, given the trajectory of their occupational culture and a certain respectability of *ayahs* in Kolkata. The *ayahs* in turn referred to me as *Bon* (younger sister), even if I was older to some. It indicated that the kinship terminologies govern the socio-economic relationships of care and

²⁹ The social practice of naming often projects elderly *ayahs* as ‘*Mashi*’ (like-maternal aunt) and younger *ayahs* by their first names, used by the clients and their family members (also discussed in Chapter 4). However, *Didi* (elder sister) was an appropriate term to be used by me, relative to my social status as a ‘researcher’ and an unknown person to them.

informal economy in Kolkata. Using words like Madam or Sir generates a subtle stratification between the informal sector workers who conceive them as more rooted and localised to Bengali culture than the formal sector workers who use more English addresses. Such usages enthralled and matured a relationship of trust, convenience and spaces of proximity (Emerson *et al.*, 2001).

On the other hand, the research also hovered over the crisis of my mobilisation between being a ‘researcher’ and an ‘acquaintance’ for some of the participants. In some cases, a few elderly clients complained to me about their noisy *ayahs* and conversely, the *ayahs* complained about their clients’ difficult natures. They asked me to discuss and offer solutions to their problems. Going by the ethics of sustaining a balance in my research approach if not being overpowered by subjectivities, I limited my intrusion by reconfirming participants about my institutionalised role as a ‘researcher’. Even if I asked the *ayahs* and their clients to be patient and empathise with each other, the incidents leading to violence and breaking of trust³⁰ were addressed to the *ayah*-centre managers by the clients or the *ayahs*. So, the work has been conducted with a self and social awareness, accountability and transparency.

Methodically, I prepared a consent form with the nod of my Supervisor, with all the necessary information for the participants while explaining about my research and its dissemination. The consent form was prepared in English for institutional purposes but was honestly and verbally translated into Bangla for the *ayahs* and *ayah*-centre managers. The elderly participants being English-educated, either asked their sons or daughters to read and sign the forms or finished the process themselves. While only a few participants signed the consent forms, others were not comfortable with it, given the increased threat to information today. For instance, cyber-offenders targeting and manipulating signatures. Complementing with it, the participants who signed were assured that the consent forms were not to be used for any visible distribution. Besides, in place of the participants’ original or legal names, pseudonyms were used while writing the thesis. With this arrangement, all of the participants consented to the research. The participants’ narratives were carefully read to them for cross-checking

³⁰ Trust as a social and subjective problem in the relationship of care can be difficult to comprehend. It is often a matrix of power structure and social control that governs the practices of care work. With the entry of strangers-like-*ayahs* into the clients’ families and the *ayahs*’ involvement with their clients’ care, the breaking and building of trust remain to be a pivotal aspect of care work across domestic and public spheres.

any words or statements that they would like me to reframe. Besides, the field pictures were clicked on the participants' consent and they even decided their own poses – side-facing or full-facing. The pictures were taken after being in the field for some time when the participants were much comfortable and developed some trust in me by asking my whereabouts and about my life. In a few cases, *ayahs* were excited to get themselves clicked while some of the participants asked to edit their pictures by blurring their faces or removing confidential information like mobile numbers printed in the slips, names of the *ayah*-centres, etc. Some of the *ayahs* even shared their selfie images with me while I assured them of its safety. Those pictures were edited on the computer (in Windows 10) and shown to the participants later for consent.

Since ethnographic work requires a huge investment of time, the temporal quality of the actions of different participants dispersed words and hesitations, further offering ethical clarifications. In instances where the *ayahs* responded in front of the *ayah*-centre managers, uneasiness was present in their speeches. This led me to also gradually interact with them in their own homes or any tea shops, away from the *ayah*-centres and the clients' homes. The act of respecting their privacies as well as keeping data safe also triggered the sharing of more information, debating structural asymmetries, gender inequalities and marginalisation. Certain tensions too erupted when I was thought of as a social activist, forwarding the plight of the *ayahs* to the state. But, maintaining an ethical standard made me break their aspirations while making them realise the status and scope of my work. In a way, a major ethical sensitivity was tackled – abstaining from any false promises and deceptions. While full disclosure of researchers' aims as well as interests might affect the research validity (Kelman, 1982) or increase the risks of the manipulation of the data and participants' emotions, certain disclosures were evidently required. This enhanced situations where the collective decision-making process turned pivotal. In the fieldwork, I often encountered the collective seating arrangement of *ayahs* in *ayah*-centres that entailed collective communication of the *ayahs*' decision to me; furthering their solidarity and agencies. In some cases, one *ayah* would refuse the other *ayah* to speak on sensitive issues like molestations by twitching or moving their eyes; which was balanced out with one-to-one conversations. So, the gestures and sensitivities one cultivates towards the research participants, shape the balance of subjectivity as well as objectivity in the field for sustaining critical social knowledge.

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