CHAPTER 3

Regime of Care : Organisation, Practices and Meanings

3.1 The Question of Care

'We always live at the time we live and not at some other time, and only by extracting at each present time the full meaning of each present experience are we prepared for doing the same thing in the future' (Dewey, 1938, p. 51). John Dewey's position on the debate of experiences and their translations to communicative discourses, actions and languages, opens up a new arena of thought. The contextualisation of it further directs toward the meaning-making systems of care work that reinforce the intricate embodied nests of people, places and structures in shaping the diverse social worlds. Today, this is evident in the form of the *ayahs* and *ayah*-centres, a web of instrumental and emotional care that facilitates the material as well as social arrangements essential for ageing and human sustenance.

The *ayahs* and *ayah*-centres actively function across the locus of social ageing while deconstructing the dominant discourses on care work as lying beyond the purview of clinical pathology as well as palliation. The caregiving performances by the *ayahs* and their appointments by the elderly clients then portray the entanglements of social relationships and identity-in-making, i.e., the 'interaction in which the action goes back and forth' (Mol, 2008, p.1), further influencing the bodies, families, markets and communities. However, this is not without the influence of neo-liberal principles that entail the gendered commodification of the *ayahs*, the informalisation of their care work and the subordinate status of care work in India's economic graph. Configuring such aspects as the objects of analysis, this chapter explores the multiple meanings, complex worldviews, social conventions, expectations and the subjectivities of care work across various institutional spaces – homes as well as the *ayah*-centres through which *ayahs* work. The chapter also analyses the social construction of the care work of *ayahs*, that reflect the shifting notions of labour, sensoriality, health and making off the actors of 'care', i.e., the *ayahs*, elderly clients, *ayah*-centre managers and clients' family members, in the public context of Kolkata. In a way, the few questions that were addressed through this chapter involve : How do roles, hierarchies, ideologies and prescriptions in the work of the *ayah*-centres influence diverse ways of perceiving

the relationship between the social, moral, material, symbolic and economic processes of care work practices? How do *ayahs* engage with the fluctuations across mundane experiences, power plays and the politics of old-age? And, how the *ayahs* and *ayah*-centres transition the socio-historical and normative physicality of city spaces as well as redefine mobilities associated with ageing in a city like Kolkata?

3.2 Institutionalisation of *Ayahs* and *Ayah*-Centres

The multiple experiences that caregiving entails, mobilise and arrange, formulates the spaces for interpreting the social and cultural transitions today, where elderly care is (re)socialised. In the context of Kolkata's demography and regionalisation of ageing (as discussed in Chapter 1), the transitions involve contested and transient ties – traditional consciousness where elderly expect familial reciprocities and collective cohabitation vis-à-vis modern existence of finding a refuge with the paid care forces like *ayahs*. However, the imaginaries and development of social relations between the *ayahs* and their elderly clients are not merely constricted to the *ayah* markets. It also manifests through entitlements of emotions, fragmentations of existential desires and mutuality of care routines across the domestic modes of production.

Of the scant academic works existing in the area of *ayahs* and their care work functions, Mandal (2013, p. 623) undertakes an analysis of *ayah*-centres based on the nature of social welfare and poverty alleviating role it performs for the marginalised *ayahs* within the epoch of neo-liberal interventions. He states:

> Providing care service to the aged is one such function which is in the process of moving away from the family to outside agency even in a non-western society like India … with the global trend life expectancy … particularly among the upwardly mobile middle class and upper classes due to the availability of improved medical treatment and improvement in the standard of living. However, as people are surviving longer, the quality of life at the very old days of survival, calls for greater demand of caregiver's [*ayah*] service.

However, the notion of social welfare functions as performed by the *ayah*-centres echoes scant addresses on the lived experiences and intersubjective relationalities of care work where the *ayahs* practice care through attuning to domestic moralities, institutional behaviour, complex politico-economic formations, moral currencies and

the expressions of power. Significant attention is also required in exploring care work as resources of social reproduction, organised through reciprocal and redistributive regulations and relations. This tangent of thought has however been less addressed within the discursive enclaves of feminist economic approaches to care, where care work, either as paid or unpaid, has been equalised to marginalisation, vulnerability, gender inequality, inequity, etc. (Nordenmark and Nyman, 2003; Spangenberg and Lorek, 2022). The *ayahs* working through the *ayah*-centres are not merely vulnerable or passive actors of the care economy but process their dynamic agencies in multiple forms as well as spaces. Over the years, interacting with the *ayahs* made me realise their complex contours of emotions, self-consciousness and spatialities. They often referred the *ayah*-centres as their 'temple' of work, addressing hunger and offering them moral integrity as 'care workers'. Once, in sitting down with an *ayah* Bubul *Didi* (part-time *ayah*, 25 years) and sharing a cup of flavoured tea with her, she expressed herself, 'You know, my family was so poor that I was on the verge of becoming a sex worker. I had no option. It is then through my destiny I found this *ayah*-centre … which saved my dignity'. In the context of Kolkata, the significance of *ayah*-centres evolves as they transform the roles, statuses, sensibilities and survival of *ayahs* into reflective social identities. For *ayahs* like Bulbul *Didi*, communication of their trauma stories with the taste of tea exhibits their transitional phases for the construction of new 'selves' and the accumulation of organisational resources.

Today, *ayah*-centres display moral convictions of *ayahs* and managers that underline as well as deconstruct the rigid economic modelling of care 'work'. The *ayah*-centres are the semi-formal institutions rooted within the junctures of formal organisational principles and the informal labour economy. The formalised attributes of the structural processes involve the registration[31] of the *ayahs* in the specific *ayah*-centres through which they work, offering duty slips to the *ayahs* and clients every 10 working days which involves the signature of the managers and residential addresses of the clients, taking appointments from elderly clients and dispatching the *ayahs* in an organised manner, offering replacements of the *ayahs* in case an *ayah* takes leave and partial regularisation of wages relative to the number of hours the *ayahs* work (the part-time or daily-wage workers, specifically). On the other hand, the informal(ness) of *ayah*

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[31] Often, through their governmental or state-issued identification cards and passport-size pictures.

work is reproduced through *ayahs*' high disposability, lying at the sole discretion of the *ayah*-centre managers (as discussed below), lack of sustainable social protection schemes, unequal extraction of commission rates by the *ayah*-centre managers, *ayahs*' migration from rural to urban areas without safe arrangements of accommodation and credit, etc. Some of the *ayah*-centre managers however push the *ayahs* towards other activities outside the immediate boundaries of their care work, such as drawing water for their manager's families or taking manager's children to schools, which implicates internalisation of feminine subordination or what can be referred to as the 'silent moral demand' (Løgstrup, 1997, as cited in Widlok, 2012, p. 196). Such practices become persuasive actions to appropriate care work and claim the public-social or dispositional roles as '*ayahs*'. As once an *ayah* uttered, 'If we don't do these, it is difficult to get suitable client's work'.

Constructing care as a product of the market intermeshed across familial structures, the *ayah*-centre organises the discreet and fluid hierarchisation of care work roles. The highest authority involves the *ayah*-centre managers, who manage the work of the *ayahs* and the quality of care. The managers either own the *ayah*-centres or work in rented rooms, settling themselves in the crowded markets with the processual task of professionalising the *ayah* care work. The second authoritative position involves the managerial assistants who primarily fulfill the other responsibilities of arranging daily transportation for the *ayahs*, taking their appeals, forwarding them to *ayah*-centre managers as well as participating in surveillance-induced transfers of information (as gossip) from the *ayahs* to the managers. The appropriation of their roles expands a 'hierarchy within hierarchy', which socially controls the behaviour and movement of *ayahs* through authorisation of their labour. In a way, labour and even behaviour of the *ayahs* turn into a 'value' product within the socio-economic system of care that sustains the managerial monopolism and *ayahs*' obligations as 'utilitarian' workers. So, the regime of care is not merely about the relationship of the product such as care labour and its dissemination to the clients but also the everyday reproduction of moral hierarchies between the *ayahs* and their centre managerial assistants. Once as I was interacting with an *ayah* Rimpa *Didi* working in the Sarthi *ayah*-centre about the managerial assistants, I observed one of the *ayahs* being humiliated by the manager. Rimpa *Didi* (part-time *ayah*, 30 years) in a tone of vengeance and stern look upon the manager, enough to destroy him by her eyes, suddenly claimed :

See, she [*managerial assistant*] is a demon. She fills the manager's ears …
Just an *assishtantt* [assistant] and she feels she is a queen. She is into all other
work, except her designated work. What a kind of woman she is!

The utterance of 'demon' not merely reflects a position of power for the assistants but
also a covert resistance to them as they represent the symbolic-moral construct of
sanctifying the care workers. A more intricate hierarchisation has been observed
through ways in which the *ayahs* are further divided into long-term *ayahs*, part-time
ayahs and daily-wage *ayahs* (as defined in Chapter 2). These positions further involve
subtle hierarchies and favours of social upliftment or mobility for the long-term *ayahs*
who develop relationships of affinity with the *ayah*-centre managers and their clients.
Consequently, this leads to the earning of more wages, bonuses and the access to
social networks or capital. The rites of passage to being the long-term *ayahs* then also
involve the *ayahs* refusing opportunities of 'direct recruitment'[32] from their elderly
clients' families or reflecting their loyalties in care work ventures by supporting *ayah*-
centre managers in different endeavours.

With the expansion of consumer capitalism and financial markets, the *ayah*-centres
started erupting in Kolkata during the late 2000s. A pivotal reason for this also arose
when creation of jobs and income remained a pertinent issue to tackle the migration of
workers from peripheries (villages or sub-urban areas) to the cities (core). To date,
rural-to-urban migration across West Bengal occurs due to natural disasters like floods
affecting the agricultural farmlands of poor farmers or the farmers' families trying to
save them from debt traps (Dutta and Chakrabarti, 2015). This generated a large-scale
division of labour in urban areas influencing patterns of domesticity and the social
position of the elderly people in their homes – where the market of care workers
influenced transfers of elderly parents from familial to the hybrid market-familial
models. On the other hand, labour migration also enlarges the political economy of
informality where modernisation projects the popularisation of formal-skilled sectors

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[32] Direct recruitment is a negotiation process of capitalising and accumulating care resources
where the clients ask the *ayahs* to leave the *ayah*-centres in return for more wages and perks.
This is often done to reduce the social and material control of *ayah*-centre managers over the
ayahs and the elderly clients' non-marketized intimate homes. This is a paradoxical account
where the elderly clients manoeuvre the market and non-market relationships of care. On one
hand, the *ayahs* resist managers' work-based hegemony and on the other, they suffer the risk
of losing *ayah*-centres as a socio-economic capital.

while categorising the *ayahs* as 'unskilled'. But, *ayahs* in their specialising work of nurturance like taking precautions of hygiene to care for their elderly clients, bathing and feeding the clients in specific ways, pushing injections to the clients when trained, etc. leads to shaping themselves as skilled care workers. This reinforces the complex dialectics of feminine labour which in turn expands the subtle differentiations between the *ayahs* and domestic house helps, referred to as *thikas* in Kolkata. The *ayahs* and their care work practices circulate much beyond the conventional paradigm of domestic work.

In the reproduction of care work through socio-cultural scripts, enigmatic presences and forms of subordination and superordination (including individuals, groups and institutions) across the diverse space-time settings (Sinha *et al*., 2019), the *ayahs* and *thikas* share polarised existences. The social and occupational status of the *ayahs* are not interchangeable with that of the domestic maids or servants. At the outset, the life processes and the externalisation of the informality of *ayahs* might seem coherent to domestic maids, popularly known as *thikas* in Kolkata. But, a deeper engagement with the *ayahs* and a few *thikas*[33] across the personal and impersonal set-ups such as *ayah*-centres, homes of the elderly clients and *dhabas*[34] respectively, ignited subtle boundaries in revealing the social and personal awareness of one's identities. This too arose as a transcendental event for me as a researcher, interacting, locating as well as reflecting upon my speech and behaviour in several spaces and exploring a multitude of micro-perspectives. However, this takes me back to my brainstorming sessions on tracking a research area for my doctoral work.

While coming across the picture of *ayahs* in digital media, I preconceived them to be a history sedimented in the British colonial period of India. Being drawn to the critically-acclaimed 1999 movie 'Earth' (Mehta, 1999), adapted from the poignant

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[33] The *ayah*-centres also register a few *thikas* who are often accorded lower hierarchy and recognition. They are primarily kept as a bank of workers, catering to emergency situations such as the *thikas* taking unanticipated leave for a day.

[34] Some *ayah*-centre managers also established small *dhabas* and food stalls (near the *ayah*-centres) to engage the *ayahs* in those works when free and also enhance the *ayahs*' and managers' income.

Partition novel of Bapsi Sidhwa titled *Cracking India: A Novel* [35], my knowledge and visual imagination of *ayahs* were limited to and influenced by the character of 'Shanta', an *ayah* to child Lenny, played by actress Nandita Das. But, scrolling websites and visiting Kolkata in 2021 when I tracked the names and addresses of a few *ayah*-centres, I found a different interconnected world of care than the one portrayed in the movie. Elderly care, rather than childcare, was in high demand. This intervention and repeated discussions with some of my acquaintances in Kolkata over phone, paved my journey not merely as a researcher but also as a volatile subject of this research. As such unearthing entertained my deepest thoughts, I further travelled to Kolkata without a due while arranging my urgent stay in an acquaintance's place in New Town.

Enthusiastic, one fine morning in April summer, as I sought to take some fresh air on the Action Area II road of New Town, my eye fell on two women sitting with an elderly man on his warm balcony. This was a never-to-leave opportunity to visit the man that I accomplished by making references to my host family with whom the man was a friend. This not only boosted our quality interactions (assuring the elderly man that I am trustworthy, even a stranger) but also processed the reassigning of my social identity as a researcher from a different state, interested in working on the *ayahs* and elderly care. The elderly man, as I referred to him as *Dadu* (elderly client, 80 years), was a retired government officer. Being shifted from Garia to the New Town five years back, he has been a loner since then as his wife passed away and his only son, daughter-in-law and grandson are busy in their own lives. As I was calmly listening to his heartfelt talks in the morning, his gloomy look was evident on his face when he uttered, 'Do you know who am I? An old! As I stay lonely most of the time, I fear crowds and people now!' Through these words, he subtly criticised his son's behaviour and prompted the women nearby to communicate it to the daughter-in-law, where in the next moment he speaks, 'If you both want to share this news with my *boumaa* [daughter-in-law], then do it!'. This revealed the tensions associated with age, the transitions in familial authority, expression of repressed anomalies and social performances of the elderly as the receivers of care (from the *ayahs*).

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[35] Refer, https://www.nytimes.com/1999/09/10/movies/film-review-india-torn-apart-as-a-child-sees-it.html (Holden, 1999).

To neutralise such underlying tensions, I asked him to introduce them to me, to which he replied casually but disparately – 'One is "the" maid and the other is "*amar*" [my] *ayah*'. The extrinsic references to 'the' and 'my' underscore several ways in which the governing of the emotional possessions and care relations using markers of linguistic differences moves beyond the normal etiquettes (McBrian, 1978). The differences in *ayah*'s and maid's sitting arrangements[36] also revealed asymmetries in their social, material and symbolic roles as well as access to economic capital. Such differences were based on the moralising economic relationships with the *ayahs*, workspace configurations and the sensorial habitus shared with the 'elderly' man.

Since the late 1940s post-colonial period, appointing domestic maids migrated from rural areas, invoked elitism and nation-building *bhadralok*[37]modernity for the Bengali middle and upper-caste/class families (Qayum and Ray, 2003; Chakravartty, 2018). While the colonial economy disbursed no qualitative distinctions between the *ayahs* and the domestic maids, the neo-liberal economy and its occupational ideology of professionalisation commodified *ayahs* as a force of care and the domestic maids as a force of household chores. In simple terms, while the maids provide 'household or material services, and often have minimal access to formal and informal organisations', the *ayahs* attain 'upward mobility in terms of ritual and social status, if not on the economic front' (Choudhury and Das, 2023, pp. 613 - 614). The *ayahs* portray allegiance to their elderly clients and provide institutionalised material and empathic *seva* (moral service) like feeding, nurturing, massaging, arranging clients' routines (making them more divine and mobilising their ascetic temperamentality), coordinating with the clients' doctors and roaming with their clients. But domestic maids embed themselves more in reproducing the functional and material visibilities of domestic institutions, like cleaning households and washing utensils while making it presentable for the members of the households to live and exercise community membership. This haze however appeared clean when two of the women in *Dadu's*

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[36] Observations made in the field tracked that *ayahs* are often made to sit at dining tables for tea or with chairs near the elderly clients while the *thikas* are often not entertained in these spaces or preferably stacked on the floors.

[37] The 19th -century elite social group and community that emerged in West Bengal, specifically the Western-educated Bengalis who were active in social and political reforms (Sinha and Bhattacharya, 1969).

home and other *ayahs* I met in the *ayah*-centres affirmed the multiple expressions of care and (re)making off *Dadu*'s household.

In an attempt to deal with the uncertainties of such field observations, I began softly asking the women how they perceive the work practices of an *ayah* as well as a *thika*, as it might appear similar. Triggered, Sokhi *Didi* (long-term *ayah*, 28 years) dramatically replied by keeping aside her tea cup, 'You mean, I am a *thika*? [angry!]. She is a *thika* and I am an *ayah*. I think you will learn about *ayahs* eventually. She cleans the house and I take care of *mesomoshai* [elderly man client]'.That was my first encounter with learning the personalised and emotional sensibilities in care work categories, manoeuvred across the home and the *ayah*-centres, i.e., the private and public domains. While the workspace of Sokhi *Didi* is not only her *Dadu*'s home but also the body of *Dadu* that travels through different episodes of material and symbolic functions and dysfunctions, the *thika*'s work is bounded across the socio-physical anatomy of *Dadu*'s home. This shapes the power and hierarchical configurations between the *ayahs* and the *thikas*, further developing forms of binary relations and ecologies between them and their social roles. While Sokhi *Didi*'s testimony was embarrassing me, I grasped the sight of affinity and ambivalence as *Dadu* looked down at the floor and placed his fingers onto his lips, trying to ease the verbal abrasions between his *ayah* and the *thika*. But, after some time, I encountered *Dadu* turning defensive for his *ayah*, stating in a feat to the *thika*, 'Sokhi has always been there. She did not leave me as my children did'.

Further onto it, Sokhi *Didi* stopped the *thika* from uttering anything, which clearly depicted the thin line of authoritarian act disseminating from her social, systemic and embodied proximities to *Dadu* (the elderly client) while concurrently reinforcing the *thika*'s distantiation. She raised her index finger and shunned the *thika* stating, '*arehh thaamo toh*!' [can you stop!], while being prideful of her work and showing that gesture by holding *Dadu*'s arms. She reinstates, 'I work through the *ayah*-centre and receive an income more than *thikas*. Dealing with a human mind and body is not easy at all, when ill. *Dadu* is very sweet and my job is to whole-heartedly care for him'. Adding onto it, while the *thika* woman was quite apprehensive about indulging herself across the ongoing interaction, a competitive and an unequal relationship between her and the *ayah*, formulated her quick response. This was influenced by the lived communicative practices and the categories of languages, localised by clients' family

members. While her eyes were directed at me, a subtle vocal resistance was made to the *ayah* and *Dadu* through her lip movements (*bhengchi deva*!). As she reminds me, '*Thikas* are actually working on a *mashik* [monthly] basis. *Ghorua kaaj ki soja niki bon?* [Is housework easy sister?]. I know our income is lesser than the *ayahs* since we often do not come from the centre'.

The *ayahs* also differ from *thikas* relative to the control of space, social relations and culturation of mobility. As care workers working with the elderly clients, the *ayahs* appropriate more trust and affective adaptation within their clients' kindred, thus enhancing their physical and social mobility more than the *thikas*. The mobilities of the *ayahs* are sanctioned as well as expanded in accompanying the elderly clients to the temples, charity organisations, NGOs, hospitals and, even participating in warm familial celebrations and festivals like birthday parties. The *thikas* on the other hand, are only expected to perform their jobs and leave by their designated schedules. This is principally due to the evolving nature of relationships shared and the investment of time in *ayah* work.

Upon revisiting my interview notes, I tracked that many *ayahs* are also taken for short trips and drives by elderly clients and their family members in cars – upstaging the *ayahs'* status symbol. This boosts the privileged imaginations and emotions for *ayahs'* social status as 'care-workers', coagulating into an attempt by their elderly clients to mystify the relationship of power on one hand and simultaneously resurrect it by infiltrating the consciousness of patronage and charity for the *ayahs*. Such binary measures of reproducing the worldviews of the people involved in care work networks, produce a paradox between the socio-cultural recognition of *ayahs* vis-à-vis asserting the peripherality of *ayahs* in synthesising their aspirations. If domestic households and *ayah*-centres symbolise institutional prerogatives of care work, then the subtle invocation of the *ayahs'* personal abilities, interacting with their stories and comparing of different elderly clients like showing the gifts given by one client to another client's family, sustains their spaces of emancipatory personification. Such mediation of the *ayahs'* subjectivities through the social, economic, material and political organisation of multiple spaces, reflects how the *ayahs* adapt to physical and mental labour as their lived experiences. The observations made in the multi-locales of the field then depict the personal experiences as well as strategies formulated by *ayahs* in giving rise to care work as a systemic spectre of performative, expressive,

and sensorial catalyst. This further shapes the context of the political economy of care where 'social relations are organised around power' and the accessibility to different forms of capital (Mosco, 1996, p. 24). This also influences the adaptations of care work actors to the dynamic expectations of autonomy.

3.2.1 Making of *Ayahs* and Taste of Labour

If we resonate the *ayahs* as acting individuals attaching meanings to care work, then *ayah*-centres serve as a reservoir through which norms and narratives are continually evoked to construct 'care' as a transactional process and affective product. Such a transactional setup is primarily valued through the *ayah*-centres in Kolkata, consisting of office-like infrastructures, desks, pen, papers, registers, digital payment codes and *ayahs*' seats, etc. (Image 5).

Image 5: An *ayah*-centre manager's desk.

Source: Fieldwork, 2022.

Location : Sulanggari, Kolkata.

The first and foremost task of an *ayah* is to provide her attendance to the *ayah*-centre manager in the morning or in the evening[38] and report the progress of her care work to the manager. The *ayahs* who are assigned new elderly clients are required to take duty slips (Image 6), consisting of the name and the addresses of the clients, the number of days and months they would work and the client's and manager's ('proprietor' as

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[38] The part-time *ayahs* often offer attendance to *ayah*-centre managers on a regular basis while the long-term *ayahs* might arrive in the *ayah*-centres after every 10 days to renew their duty slips. So, there exists a temporal hierarchy between *ayahs* which shapes the intricacies of neo-liberal management in care work.

printed in slips) signature. Such formal processes not only entitle *ayah*-centres and the production of care work as an archetype of bureaucracy but also reinforce and make surreal the bio-political and class surveillance on the *ayahs* – often peripheralized as 'deviants' or the lower-caste/class people in posh gated apartments by their ways of clothing and appearance, which is cross-checked by the apartment security guards of the clients. Such localised forms of governmentality and territoriality then interpose care work practices between the semi-public (controlled entrance across the apartment building) and the private contours of clients' domesticity (relatively intimate).
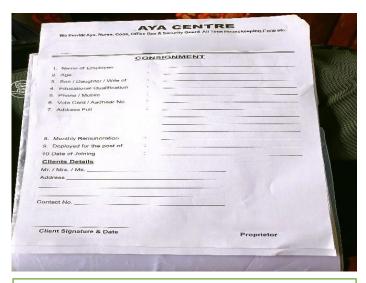

Image 6: An *ayah*'s duty slip to be filled in by the manager.

Source: Fieldwork, 2022.

Location : Baghajatin, Kolkata.

The job of the *ayahs* is then sustained relative to the whims and the suitability of their clients, the clients' health conditions, regular payment of wages and the nature of the relationship they share with the conjugal or affinal kin of their elderly clients – sons, daughters, etc. (Choudhury and Das, 2023). The *ayahs* cannot be conceived as the 'permanent' workers but maintain some form of permanency across time and care practices through the appealing quality of their care work and if they are able to foster healthier relationships with their clients. Such as, the *ayahs* might decide to work in specific homes and refuse the manager if they do not prefer to shift elsewhere. But the *ayah*-centre managers might also use their authoritative force to shift *ayahs* in some

other clients' homes, revealing a conflictive relationship between personal agencies, labour consumerism and market conformity.

Interestingly, a large number of *ayahs* in Kolkata traced transitions in relationalities with their clients and clients' kin through the intake of food or the hierarchisation of dietary cultures. As DeVault (1991) analyses that the biology of eating, eating habits and feeding as the activity and social organisation rooted across the women's work of care, functions as a structure. But, the contextual sensorial experiences (touch, taste, sight, etc.) of *ayahs* are also pivotal in examining how food consumption as a practice constructs the intricately woven socio-economic relations and legitimisation of care work production where the *ayahs*, *ayah*-centre managers and clients – all are linked producers of care and its lived trajectories. This reinforces inequalities, disciplinarity of power and symbolically manipulates the temporality of *ayahs*' work – from one-day distant workers to the associational long-term workers. While this was complex to grasp, my readings of the mercurial kitchens, circulations of the odour of lentil balls and the heat of the black tea made by the *ayahs* in few *ayah*-centres sparked off some observations. Not only tea facilitate interactions within the *ayah*-centres but the hot odours and longing to consume tea and biscuits etc., cues as what Largey and Watson (1972, p. 1027) refer to as 'impression management' where the individuals try to mask their moral stigmatisation and intensely represent an olfactory identity. Relative to it, tasting and interacting with hot-sweet tea in the *ayah*-centres and discussing about the tea's sugar content, symbolically and sensually shapes the work of care. The *ayahs* sip tea to care for their emotional space and collective social 'selves', amidst the monotonous practices of the everyday market of elderly care.

As Sarthi *ayah*-centre in Sulanggari turned into one of my favourite destinations and instilled in me the habit of chatting with milk tea, once, in an ecstatic situation of receiving the news of an *ayah*'s pregnancy, I asked some of the *ayahs* to have milk-tea and sweets with me. One of them smiled and others too joined in unison, 'We cannot [*moments of silence and uneasiness*]… have it. This is our place of work … and now it's time for work. If we have milk tea now, we might turn lazy and … *Dada* [*ayah*-centre manager] might feel *amra kono kaajerei naa* [we are good for nothing!]' (Shogun *Didi*, part-time *ayah,* 33 years). This struck me, as all of them had 'black

tea'[39] relative to *ayah*-centres' normative stereotypes and production of knowledge on milk tea as a form of 'leisure' and black tea as 'hard work'.

Surprisingly, such instances were glimpsed across the other *ayah*-centres too, where milk tea, *pakoras* (fried lentil balls), fried rice, etc. were avoided based on the instructions from the *ayah*-centre managers, depicting care as a work within the patriarchal systems of social reproduction. This is where enculturation of 'taste' is produced beyond the bio-physical stimulus, denoting food and its movement through the paid caregiving bodies of the *ayahs*. The type of food *ayahs* consumes, legitimises them as care workers where food is not merely about pleasure but also the spatiality of power, privileges, and work hierarchy. Such a situation resonates with Foucault's (1978, p. 143) exploration of the politics of the human body where 'bio-power' exhibits 'what brought life and its mechanisms into the realm of explicit calculations and made knowledge-power an agent of transformation of human life'. Drawing from this, I argue that the structuring and refraction of individualised 'taste' of food as the governance of economic processes and the social marketisation of *ayahs*' bodies at their adult life-stage, reflects 'biopolitics' in the context of this research. For instance, some *ayahs* stated that even after occasionally having potato fries or *jalebis* (Indian sweet) at their homes, they do not feel the taste of their childhood as they are used to their managers' orders. They are mostly habituated to consuming the 'odours' than the deliciously or tangibly sited food – reforming the structure of care work where *ayahs*' bodies are marked by morality, society, and market standardization in the neo-liberal times. With socio-economic and reciprocal relationships developed around care work, *ayahs* however transform their subjection into agencies, such as savouring their favourite foods in their clients' homes. So, while power invites repression, desire for belonging(ness) and personhood for the *ayahs* often leads them to contest that power across different spaces.

It is the taste of food which then moulds in a complex and conflictive shape of care work – the *ayahs* controlling their temptations and even digestive processes (hunger)

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[39] Later I learned some of the *ayahs* also stopped having their favourite snacks like chowmein, rolls, etc. so they do not face any issues of digestion and can reproduce their care work well. This alienates the *ayahs* from 'taste' where 'taste' of food is extrinsically sabotaged through hegemonic institutionality. The work enculturation of taste also refers to a range of social relationships, where for some *ayahs* the embodiments of taste are sustained in clients' space while for others it remains a structural enforcement.

to externalise their social and market roles as specialised 'ayahs', which is covertly as well as emotionally taxing. Such as, the ayah-centre managers keeping track of their ayahs' tiffin, which would be taken to the elderly clients' homes. A manager from Shikha ayah-centre in Garia confirmed bluntly when I met him for the second time in the afternoon, speaking over phone in the vacant ayah-centre, 'First, the ayahs will demand milk tea, then bed, breakfast, chicken, fish, etc. *Rajjotto niki!* [Their kingdom or what!]. I have to take care of my income also!'. This seemed to be a nonchalant response as he initially viewed me as an activist for ayahs. This too makes a point for analysing how milk tea emerges as a stereotyping armour for ayahs by the managers, who then translate taste and food as an endowment of professionality and capitalistic accumulation of labour. On the other hand, visualisations where ayahs collectively refrain from having 'milk tea' in their ayah-centres depict a symbolic structure and an absorbing representation of class affiliation and organisation – 'class for itself' (Marx and Engels, 1848) kind of consciousness.

However, milk tea in clients' homes is also utilised by the ayahs as a spectacle of their bargains, transformational social status and an expression of work resilience. This was evident in an ayah Rupa *Didi*'s (part-time ayah, 40 years) voice when I had free-flowing chats with her over black tea. Finishing the daily chores of her home, she visited a street food shop in Sulanggari where we were supposed to meet. Her cherubic eyes looked convincing of the fact that someone asked something about her work. She spoke :

> When I first joined the work back in 2015, *Didi* [her elderly client's daughter-in-law] used to just make me drink some black tea … no biscuits, nothing! I just wanted to prove my *joggota* [calibre] [*emphasis added*].With time, as *Maa* [mother, her elderly client] got better in terms of her walking speed, *Didi* was very happy. It was through time that we invested trust in our relationship. Now, I not only receive milk tea [*happy!*] but biscuits, fried rice, and dosas too!

One day, when I sought to visit and talk to Rupa *Didi*'s client's daughter-in-law living in New Town, I decided to write a letter stating about my research work in detail and send it through Rupa *Didi*. The daughter-in-law, Shobita Roy *Didi* (42 years) hosted me with some sweets and spoke while Rupa *Didi* went back to her home :

My mother-in-law has been ill since a long time. She is suffering from cataracts and vision loss in one eye, so Rupa is caring for her. She stays back whenever I go for a break at my mother's place. My mother-in-law cannot walk, as she fell down once, breaking her hip bone! Since then, Rupa constantly assisted her. The *ayah*-centre saved me since I had no idea about elderly care.

While asking about Rupa *Didi*'s food intake, she casually remarked, 'Rupa is doing her work well!'. Further, she added :

Yes, Rupa not only works but discusses a lot of things with me and my mother-in-law. Whenever I prepare some food, I make her eat, as she worked for a long time and is trustworthy. Milk tea is her love. When she gets milk tea, she is a happy kid to work! But I don't tell anything about food to the *ayah*-centre manager of Rupa. Otherwise, he might think, she eats more and works less!

In a way, it is the milk tea that also sustains Rupa *Didi*'s loyalties to her client's family, which is passed down through the intersubjective and collective materialities of endurance and implicit class-based asymmetry. In other words, milk tea and tasty food for the *ayahs* generate their affective voices for advocating their rights as urban citizens performing care work. In the cases where the elderly clients or their family members do not offer any food to *ayahs*, the emotional suffering of the *ayahs* expands leading to disconcertment, further expressed in the relations of care. So, care work shapes the social bodies of *ayahs* through the complex interrelationship and politics of gastronomy, market behaviour, sociality, work culture and spaces.

3.2.2 *Ayahs* and their Spatial Interactions

Care market turns more demanding with the spectres of *ayah*'s public mobility and the active physicality of their arrivals. An enchanting view of it has been captured in the markets where the *ayah*-centres are established. Wearing colourful sarees, pulling baggage and walking in the streets where *ayah*-centres are located, the mornings in or near Kolkata's local railway stations reflect the nuanced versions of the *ayahs*' life processes. The social representation and caring for fashion statements by the *ayahs* to care for their clients, commences around mobile and interconnected topographies of the markets and public transportation.

Once, I was asked to wait patiently in the local railway station of Baghajatin (Image 7) and trace a woman wearing a bright red-yellow saree. After waiting for half an hour, the local train arrived with heaps of people, swiftly leaping out. An *ayah* stood beside me and stuttered, 'Are you the researcher? Since you look like … you are not really from here'. It has been a known statement by now, as my stays in Kolkata were filled with various intrigues from the research participants marking stereotypical trajectories on my social existence, such as 'your *Bangla* is surprisingly good', 'your tone claims you are from Assam', etc. But I promptly replied, 'Yes' to the *ayah* and we walked together towards a food stall where we sat for a talk. The *ayah* Lila Payne *Didi* (part-time *ayah*, 27 years), arriving from Diamond Harbour, seemed to be cheerful while listing out the number of shops and the new developments in Baghajatin area while informing me more about her client's lifestyle. Her facial expressions and bodily movements heightened her enthusiasm about her care work while projecting a spatial identity and social allegiance to Baghajatin, and its transitioning cultural space – with the construction of 'modern' flats and malls. While the locality of Baghajatin was a picturesque of old houses with bungalow designs, the demographic transition today offers the image of such houses being sold off to the real-estate contractors. Many of the heirless homes are being targeted by local groups or youth workers to be marketed for profits while erupting a business of 'commission' exchanges, like youth workers[40] finding contractors for elderly people's houses. Such practices underlined by fragmented families indicate a political economy of urbanity or urban (re)formations which in turn accommodates the changing environmental meanings of care through *ayahs*. The global diffusional aspiration of 'privacy' coupled with a sense of ownership for self-consumption and the negating of age-old patrilocal authority by younger generations, turns *ayahs* into a status and care symbol for the urban upper-middle/middle-class families.

In a way, such movement of *ayahs* through the local transportation services (arriving by trains everyday), not only reproduces the socio-material as well as ethnocultural geographies of care but also transcends the historicity and past knowledge of many of the Kolkata's localities and neighbourhoods. Today, the embedded production and distribution of care through *ayahs* such as places from where the *ayahs* depart and to

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[40] With linkages to different political parties.

where they arrive; shapes the consumption-based mobilities of ageing and care where the multiple bodies reflect the discord as well as accord of generations, cultures as well as communities. Now Baghajatin, more than valorising the social historical meaning-making in the name of Jatindranath Mukherjee, a freedom activist of the Indian Independence era (1947), is known more by the popular and swarming *ayah*-centres. So, the *ayah*-centres immerse within the markets and the homes through the *ayahs*, their fast-paced arrivals in *ayah*-centres, the gaze of the masses in the markets, their belongingness to evolved spaces of power and alterations in the knowledge-making of places.

Image 7 : Baghajatin Railway Station, where most of the *ayahs* arrive.

Source: Fieldwork, 2023.

Location: Baghajatin, Kolkata.

3.2.3 *Ayah*-centres, Market and the State

The conventional promotion of markets in the contemporary era locates prices, wages, supplies, commodities, demand and competition, which naturalises the *ayah*-centres as centres of trade, owing to their registration through the West Bengal Shops & Establishments Act, 1963. The fact that neo-liberalism functions through the meaning-making systems of feminisation and the social ascription of nurturance through the cultured bodies of women can be relegated from the *ayah*-centres. The *ayah*-centre managers refrain from addressing the *ayah*-centres as workshops but often depict it as

a social association or volunteering organisation (even if *ayahs* are not volunteers, but metaphorically the volunteers of the elderly and society). This is evident through various advertisements pasted across the markets and healthcare clinics in Kolkata's New Town, Garia and Baghajatin areas, which not merely ensure safe healthcare practices for the clients but also promise a better work environment for the *ayahs*. The digital posters and advertisements of the *ayah*-centres often consist of cheerful woman/women serving their elderly clients (Image 8). But, the management of care work across *ayah*-centres bespeaks the spaces and counter-spaces, moving through the nested experiences of *ayahs* at the micro, meso and macro levels. Even if the *ayah*-centre managers claim to follow a partially regulated/standardised wage system conditioned by the Minimum Wages Act, 1948 and Circular issued by the Office of the Labour Commissioner (Government of West Bengal, 2023), they often tend to take more than the stipulated 10 per cent commission amount or their salaries from the money received by the *ayahs*. This depicts a paradoxical and ambivalent reality of the *ayahs* as semi-formal agents of care. The *ayahs* are constructed as the subjects of informality and accumulation on one hand and the social agents of making different forms of resistance, on the other.

It is the sufferings associated with laborious care work and the everyday experiences of work in the form of alienation as well as inclusivity within the *ayah*-centres that however offer the mechanisms for the *ayahs* to appropriate their voices and embodied habitus. In the observations made in the fieldwork, while few of the *ayah*-centre managers had been seen refusing rightful money to the *ayahs* on grounds like *ayahs* throwing tantrums or not conducting their work well, it is the *ayahs* who also contest such dictums by refusing to work for the *ayah*-centre managers. This tactic often reassures them of their socio-economic rights where *ayah*-centre managers in fear of losing workers and their own 'profits', re-appoint them. Within the structure of markets, it is the fear that also dictates the legitimisation of the *ayahs* as care workers and repositioning dynamic locations of the *ayah*-centre managers as managers, (mis)managing the bodies of care and shaping the relations of production. The *ayahs* use their voices and perspectives on social justice to resist not merely the politics of patriarchal power, production and market domination but also communicate innate aspirations, choices and interdependencies with the managers and other *ayahs* in the *ayah*-centres. This serves as a way to appropriate different social networks as well as

infrastructures by the *ayahs*, thereby reproducing occupational affectivity and socio-cultural constructs of Indian 'womanhood' for distributing care labour.
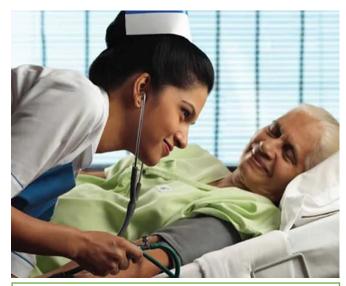

Image 8: A digital poster image of an *ayah*-centre.

Source - https://sonamaayacentre.com/

It then turns more imperative to understand how *ayahs* negotiate with the breaches and deficits of the state where the state withdraws from social welfare interventions on healthcare. Care work when coupled with opaque and (mis)governed utilisation of state apparatuses stakes into the complex relationship between *ayahs* and *ayah*-centre managers. In other words, care work is constituted and publicised as a product of consumption through *ayah*-centres and the distant state. Today, while the *ayah*-centres can be registered through documentation processes in the Municipal Corporation Office, some of the centres are delaying the registrations to refrain from the rules of the state, like offering *ayahs* proper wages. This tunes into a paradoxical political economy of care where the partial observances or liminality of legal rules in sectors like *ayah*-centres might also be constitutive of the politics of excluding *ayahs* from experiencing social citizenship as well as the advantages of a sovereign democracy. Ontologically, 'ignorance' is a social practice of institutionalising workers like *ayahs* that further concretise their structural-economic and material categorisations at care work. It is then the *ayahs* assert socio-relational imaginaries, morality, cohesion, and community-based consciousness with their elderly clients to deal with the challenges in economic sub-structure. This emerged more clearly when I came across an *ayah* named Bubbly Sarkar, often lovingly referred to as Bobby *Didi* (part-time *ayah*, 30

years) in an *ayah*-centre. Bobby *Didi*, has been working as an *ayah* since the last 10 years in the Shusrusha *Ayah*-centre. After sipping in some black tea and assuring her of my linguistic identity as a *Bangla*-speaking woman, she shared a likeness which made the attainment of her consent in the interview process, not very difficult. As I prompted a question, 'What *ayah* work mean to you?', she uttered cheerfully :

> I was on the street as my husband lost all money to gambling. I am now a breadwinner. This gave me a new lease of life and a source of income. With this, I feed my children. Without this work, I don't know if I would have any other alternative.

This asserts the work of the *ayahs* as situated within the life stories of past and present, hopes and despair, expectations, and reality. This also shapes Bobby *Didi*'s social identity and her interaction with and perception of the others. Upon meeting her several times, she revealed :

> While I come to the centre, everyone in my neighbourhood looks up to me. Now, I am independent and able to overcome any adversity. I am going out, serving clients, making contacts with them and earning. *Kintu swami ek moha bekar* [But my husband is a big idle person!].

Bobby's therapeutic performance of care work even within the mundane sufferings, i.e. caring for her emotions, caring for her family and caring for her clients, etc. manifests her active life as an ability to possess hope. Her hope not only recuperates her 'selfhood' but also pushes her to imbibe a value-system of desiring an upward-mobile social standing (Gili and Mangone, 2023). Her work, like the other *ayahs* as bread-winners, scripts a complex juxtaposition between the social acknowledgement of her normative gendered-role vis-à-vis negating her prescriptive domestic-feminine temperamentality to become 'like a man' in earning food for the family. In this case, Bobby *Didi*'s husband serve as a 'middleman' or *dalal* (as known in localised usages) who brought her to the *ayah*-centre and negotiated with the manager to appoint her (i.e., his wife) for performing care work. This reinstates social fluctuations between intimate marital morality and marketizing conjugality in public spaces.

In contrast to Kimmel's (2003, as cited in Radhakrishnan and Solari, 2015, p. 788) 'global hegemonic masculinity' which is played out among the men who have more access to transnational institutions, the different ownership regimes as well as political

capital, the male workers in the informal sectors absorb more complex failures. The failure as breadwinners and being the *dalal* husbands in the context of this research, implies the social practices of power. If not hegemonic, it speaks about the subtle forms of physical dominance where *dalal* husbands experience 'patriarchal confusion' – i.e., involving the radical reproduction of heteronormative patriarchal norms or control but with sites of confusion and dilemmas (Bulmer, 2013). Several *ayahs* referred to the mistreatment they experienced from their unemployed husbands where they often snatch or steal wives' money for alcohol or other pursuits. The *ayahs* (as wives) are brought to the *ayah*-centres by their own husbands, further leading the *ayahs* to subjectively devalue the social bonds of conjugality. An *ayah* Rumki *Didi* (part-time *ayah*, 26 years) once spoke about this, emoting, 'My husband is my *dalal*. That is an indignity in itself'. She further implied the *ayah*-centre managers as the professional actors managing care work practices and sitting at desks with the social prestige/honour of performing paperwork. This also makes the *ayah*-centre managers represent the urban-hegemonic form of masculinity by appropriating the financial, material and social capital in the market neighbourhood as well as communities. Such processes of legitimising ideal masculinity also expand to *ayahs*' elderly clients where the *ayahs* often connote some of their elderly clients as men with attractive social personality, who mystify the sufferings and physical dysfunctions of their age by (re)making statements of fashion. Wearing branded and expensive clothing, and showcasing the embodied sensations of 'youthfulness' with the externalised presentation of 'self' at age, begets elderly clients (or care-receivers) a symbolic capital of masculinity from their paid care workers, i.e., the *ayahs*. So, *ayah* care work practices might not merely reveal a reproduction of femininity and neo-liberal domestication of care, it also socially redefine the private and public discourses of failed, compromised and conventional patriarchy.

3.2.4 Care Work and Creative Capital

With the intersections of market, state, and the multiple forms of relations across care work, the *ayahs* and other actors consolidating care work practices appropriate and harbour different spectres of knowledge and vocational skills, that can be conceived as a 'creative capital'. The 'creative capital' functions as a material coping mechanism and turns critical for the *ayahs*' aspirations to challenge their caste/class peripherality. Learning, experiencing, as well as exchanging the 'creative capital' like painting with

the elderly clients, singing and dancing together, having poetry sessions, etc., socially reconstruct the relationship of care between the *ayahs* and their elderly clients, further deconstructing the rigidities of prejudices and stigmas in care. The *ayahs* who are often conceived to be the menial and exploited workers across feminist scholarships by the virtue of their caste and class memberships (Ray, 2016), often transgress their precarious socio-economic identities by working around 'creative capital' as strategies of social adaptation and skill optimisation. This authorises the multifarious 'creative' experiences to legitimise their care work. In a way, *ayahs* who appropriate 'creative capital' upstage their social hierarchies differently from other *ayahs* who often fail to localise 'creative capital' and interactional spaces with their clients. The *ayahs* who furnish bodies and skill-representation of their clients often acquire more bonuses and acceptance from the managers, leading to the complex materiality of power practices, capitalistic citizenship and politics of care.

Few *ayahs* who were sitting in an *ayah*-centre in Garia once told me that it is not the mere quest for income that brought them to *ayah*-centres. An *ayah* Rita *Didi* (part-time *ayah*, 28 years), overflown with emotions and excitement made me consume an ice cream bar when she spoke, 'You know, I learned to recite a poem. I am happy with *masima* [her client]. She waits for me to make her breakfast tea and after bathing and prayer time, we sit together and recite poems'. In that case, the discursive knowledge that the lower-income women with the material experiences of marginalisation and everyday struggles for livelihood often negate their processes of self-actualisation, can be relooked upon. The linearity of informal sector work as bereft of leisure or entertainment and the appropriation of 'vocation' as a class ideology invoking higher social status markers for the upper/upper-middle class people, can be deconstructed. The *ayahs*' vocational practice denotes their shifting and dynamic realities across their clients' domesticity. This would be analysed by Pathak (2021) as entailing the *ayahs*' 'release as much as repression' (p. 6) and 'veritable act of seeing … unfolds in our [*their*] lives' (p. 22). In other words, through the creative exercises of emotions and replenishing socio-material biographies by the *ayahs*, care work then enables *ayahs* to navigate between established structures of work as well as the consciousness of their life processes.

Discussing about the objectivation and reproduction of 'creative capital' in care work relationships, field observations also made me analyse beyond what has been referred

to as a 'professional distance' (Banks, 2018) in the context of care work across the developed countries and in India's clinical establishments. While tensions exist in the emotional communication between the elderly clients and their *ayahs* in the form of argumentations and the everyday processes of care, the intersubjective relations of mutuality and solidarity also develop. This represents a vivid dialectical constitution of various social worlds where the relations between the personal experiences and the complex structural changes are mediated through care work practices and redefinition of ageing processes.

Positioning my subjectivities into engaging with the sociality of *ayahs* and their elderly clients, *maya*[41] (love and attachment) seemed to have constituted the material as well as the cognitive entitlements to caring and socio-cultural dislocations. Such as, the *ayahs* manoeuvring complex negotiations between the compassion they feel for their elderly clients vis-à-vis movements or their replacements to fill the demands of marketized care. On a fateful rainy day, I was invited to the house of Rita *Didi*. Being a divorced woman with her husband leaving her for another woman, she chose the job of an *ayah* for a source of income and self-dependence. Earlier while she was working in a factory, she received inappropriate sexual advances, connoting 'factories' as a bureaucratic-paternalistic set-up marred with class hegemony and sexual objectification. Furthermore, the regulatory structure of time as well as uniform culture alienated her from the essence of her rightful labouring work and body. In contrast, it is the peace as well as solace of altering time in her clients' homes, lack of uniforms, changing into comfortable clothes like nighties and sharing perspectives with her elderly clients who reciprocate her materially and affectively, that shapes her personhood. Care work then lies between the residues of patronages and compassion as well as the de-centralising essences of public organisational and domestic work, like sleeping in the clients' homes and chatting, often after work hours. It is this fluidity in the surveillance of time and space that leads to the development of Rita *Didi*'s *maya* over one of her elderly clients, *Maa* (elderly woman), *Maa*'s things, her stories, memories, etc. She reverberates :

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[41] Lamb (2000, p. 28) analyses *maya* as the 'web of attachments, affections, jealousies, and love that in Bengalis' eyes make up social relations. These attachments link people (family, friends, neighbours), as well as people and the places, animals, and objects that make up their worlds'.

Patting *Maa*'s back when she is sad, missing her if she goes for a holiday, helping *Maa* to do her make-up, talking to her for hours and hours, etc. takes away my pain and bounds me to her, her life. My *nijer maa* [biological mother] passed away when I was small, so I never received a mother's *mamata* [maternal love] and *maya*. My client [*Maa*] gives me that.

However, the continuum of *maya* extends one's material existence and makes *ayah* care work a repository of memory-making, 'exchanging empathic selves … and a strategy of adaptation to the realities of ageing – ageing in the management of *ayahs* with children [*children of clients*] as "mobile" supervisors' (Choudhury and Das, 2023, p. 612). As I was discussing my research work with Rita *Didi* in her *ayah*-centre once, Shoma *Didi*, an *ayah* (long-term *ayah*, 32 years) was observing me and Rita *Didi* from a distance and intervened in the discussion by inviting me to her home. She told me casually with a glee on her face, 'I wanted to share something'. Later when I proceeded to her home, she not only hosted me but fed me sweets while talking about her aching tragedies. She began precipitously :

Earlier I worked for an elderly client. As a job that I loved doing, I set my life into a routine. But after years of *seva*, she passed away [*sobbing!*]. However, I was lucky that *mashima* [her elderly woman client] stopped breathing in my hands with mouth wide open. In her last moments, I was with her … not her own children! So, in a way, I earned *punya* [gaining virtue after a good deed].

It is however an instance where my identity and social role representation as a researcher from a different state, offered the participants a relative space to express themselves and make research exercise a therapy. It is also explored that in cases where state and civil societies withdraw (in the sector of paid care work), it is by communicating the joys, pain and moral liaisons (*maya*) to their elderly clients by *ayahs* at homes or with me as a researcher, that settles their social, economic, emotional and instrumental mobilisation across structural constraints. An analysis can also be formulated in the way in which the civil societies fail to fulfill the gaps and deficits of the state and further withdraw from the sector of care work relative to lack of funding and barriers erupting from the para-legal actors in the *ayah* market (*ayah*-centre managers' informal associations, authoritarian local people, business partners of *ayah*-centre managers, etc.). This testifies the contradictory relationship between

institutionality and cultural expectations in the sector of care that romanticises women's presence vis-à-vis diffusing an ideological system of maintaining distances and opacity on the long-term welfare schemes that can cater to the *ayahs*. This can be understood in the context of Das' (2022, p. 5) analysis of state and its relationship to people, where 'capitalism which is related to the state' actually 'creates divisions in society'. The state infrastructure also presses complex social identities for workers like *ayahs* who then develop ways like getting bonuses from their clients or even maintaining ties with managers to access resources.

So, the location of the *ayahs* reconnects with Mills' (1959) intersections of 'personal troubles' and 'public issues'. In the context of this research, such complexities also sanctify the care market within the genre of 'moral economy', integrating the neo-classical economic models. There then it circulates the promotion of economic growth (Guerzoni, 2015) and resources through altruistic meanings of socialisation and what Fanthorpe (2003, as cited in Götz, 2015, p.156) would indicate as the active 'implementation of humanitarian projects through an enhanced sensitivity to the moral dilemmas raised by unavoidable political entanglements'. In such a way, it is the performative transaction of bodies, emotions and vocality by the *ayahs* and other actors of care like elderly clients that makes care a denotive space of morality, ethics and asymmetries as well as a source of shifting subjectivities.

3. 3 The Elderly as 'Clients'

With the contemporary developments and the dynamicity of availing paid care work situated by the caregiving routines, ageing is fostered as a layered embodiment of multiple perspectives and socialising contexts of health. Ontologically, such assertion can accrue care work practices as relational calling, constructing it not only as a need-based exchange but also an achievement of later life-course transformations through multi-sited interactions, memories, socio-economic and political forces as well as experiencing the sensorial outlets of power. It is the caregiving of the *ayahs* that connotes ways in which elderly care-receivers envisage alterations that took place throughout their lives, unsettling notions around the collective unity of kin across their domestic arrangements. This secreted more when I perceived the social and material contexts of caring that trained my vision to explore ageing and its multi-vocal processes in urban lives and spaces. However, such mundanity is not merely

about falling into the discourses of ageing as sacralising inhibitions or pathology of distress – bodily and status quo. Instead, receiving of care by the elderly as a moral economic product constituted by the *ayah*-centres and impinged by the changing support structure of families in Kolkata, shapes 'ageing' as a social process of cultivating dependence and independence in different situations.

In the context of the study, the mundane anglicised *Bangla* term used for the elderly clients by *ayah*-centre managers and the *ayahs*[42] is 'party'. Often *ayahs* and their managers speak, '*party phone korechilo*' (party called today). While the literal translation of it does not connote the political parties, the '*party*' in vernacular sense of care marketisation refers to elderly clients, their families or homes – the 'parties' which contract the labouring services and care practices of *ayahs* as well as pay them. But, being a 'party' does not necessarily make the elderly clients a burden to others. This resonates with Buch's (2018) analysis that the elderly in the U.S. often sustain their individual identities by appointing and maintaining their relations with the home care workers, however, within the paradigm of cyclical vulnerabilities for both elderly clients and the home care workers. In the context of this research, relatively, being a 'party' depicts an economic agency for the clients who issue payments and claim care from the *ayahs* while they figure out new forms of living in reality and reconstructing affective-social being(ness) with the *ayahs*. This is however not without the mingling of desires and loss in care relationship.

Meeting Rishoub *Dadu*, a retired octogenarian '*party*' living in a huge and well-sized apartment of Ballygounge's elite lanes, forges a vibrant look into how the *ayahs* symbolise the public and social identities of their elderly clients. Knowing about him from some of my acquaintances who spoke of him as a charming personality involved in experimenting with the diverse fashion statements and organising parties, I was more than eager to meet him. On the day of the meet, watching an elderly man with bright purple-coloured sunglasses and wearing a red-coloured polka dot shirt, made me a little apprehensive about his age. It was when he actually showed me his identity

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[42] The *ayahs* often mobilise their work through the transcending meanings of care, spatiality as well as the web of relatedness. In this context, the *ayahs* often use the official terminology while being present in the *ayah*-centres, such as 'party' for their clients. This however changes when they are in the homes of the elderly clients, referring to the clients as either '*maa*' (mother), '*baba*' (father), '*kaku*' (uncle) or '*kakimaa*' (aunty), etc.

proof all by himself, I realised he was hailing what he responded as a 'healthy ageing'. With some interesting warm-up questions about him and his former work experiences as a manager in a reputed nationalised bank, I casually asked him, 'Why an *ayah* is around him since he looks quite fit?'. In a breathless tone, he uttered, 'For some company and security. If someday I faint, Anima [*long-term ayah, 31 years*] can inform my son about me'. He went on:

> Once, this plot where you are standing today was our *poitrik bhita* [lineage land]. A huge house where my parents, my eight brothers and two sisters lived. The house was full and we divided our works among us. My mother was the matriarch, after my father. And then with time, my sisters also got married, my mother died and we decided to give the land to a promoter for constructing flats. Then, I kept an *ayah*.

Rishoub *Dadu*'s testimony of inter/intragenerational transitions in family grips dichotomies of personal histories, the threshold of familial relations across the idiosyncrasies of sub-familial privacies[43] and urban class-consumerism in ageing. This can also be edged through Samanta's (2018, p. 95) analysis of post-retirement era and the appropriation of upper-class lifestyles by elderly people today, as she writes :

> life-stage is emerging as an increasingly significant source of market segmentation with the rise of upmarket housing communities, vacations, fashion, media and publishing houses - all targeted to the post-retired consumers (ages 60 and above) where "cognitive age" … prevails over the chronological age … [*with an*] emphasis on youthful value-orientation where "feeling", thinking" and "doing" younger things is central in the forms of "generational marketing" is epitomized in upmarket senior housing projects.

In the context of this ethnographic work, it is the appointment of different *ayahs* over time that made *Dadu* experience the categories of being 'old' and 'young' as porous. While an objective indicator of statist rules might represent him as a 'senior citizen', it is the tuning of affectionate relationships, reciprocal caring for each (his *ayah* and

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[43] Privacies for intimate and divisive familiality appropriated and claimed by Rishoub *Dadu*'s brothers.

him) in the micro-contexts of being and receiving admirations from his *ayah* about his zeal to live life, that relates to an intersubjective quotation of affinity. Such shared ties also offer emotional gratification of remaking his home. This also indicates a socio-symbolic marker of 'successful ageing' (Baltes and Baltes, 1990). *Dadu* once looking at his *ayah*, spoke with a cherry smile, 'I am just sweet 16'. This statement expands revisiting of 'successful ageing' (ibid, 1990) which issues the processes of selective optimisation as well as compensations for elderly clients to devise multiple strategies in coping with their losses. In the context of Kolkata, then 'successful ageing' involves focussing on the novel aspirations and developmental opportunities, often with the paid care workers like *ayahs* who shape pluralities at ageing, cultural choices and geographical specificities[44].

In this case, Rishoub *Dadu*'s youth-like 'successful ageing' also proliferates from a deep sense of vacuum(ness) in his family where he experienced the loss of intergenerational proximities, and today fictionalises renewed proximities with his *ayah*. His *ayah* is not merely his emotional support but also exercises herself as a body where his ability to appropriate her as a vital socio-economic resource, further facilitates his achieved ageing. The movement of his *ayah* in his spacious home also reproduces his urban upper-middle class membership as well as aspirations to possess homeownership in an elite urban space like Ballygunge. His *ayah*, on the other hand, dresses quite well to match her elderly client, reinstating the personified absorptions of status symbol to her therapeutic care providence and performing like-managerial role in a globalising space (Ballygunge as an area where Tollywood[45] celebrities often reside or can be seen). In a way, while the scholarships portray workers like the nurses and *ayahs* as victims of inequality and low wages (Ray, 2020), the intricate social and spatial ties of the *ayahs* reconstructing the knowledge of care and turning themselves into human aesthetics can be analysed. Such multi-layered relations formed in an elite environment influence the urban-domestic citizenship of the upper or upper-middle-class elderly clients. An insightful assertion of this lies in the visible movement of *ayahs*, either in the balconies and the drawing rooms of the elderly clients or in

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[44] Today, growing old in Kolkata invites family discussions on whether *ayahs* are to be kept, when and from where.

[45] Bengali regional film industry.

accompanying them during situations of sociability; such as visits made by neighbours when the elderly clients fall ill and the *ayahs* feeding tea and snacks to them. Such hospitality invokes the subtle legitimisation of *ayahs* across the broader social networks and neighbourhood where the politics of urban inclusion for the *ayah-*catering families is manifested at the multiple levels. Jha (2022) in his analysis of cities as a social space would have explored such interrelations of care and urbanity as a webbed practice of consumption, clientelism, objectivations, as well as internalised subjectivities.

3.4 Cityscape, Ageing and Care

Critical attention to delineations of *ayah* care also grinds the relationship between the projects of urbanisation and corporate investments in the property markets. Kolkata's New Town's majestic glances of apartments, residential blocks, sprawling cycle docking lanes, malls, ageing-centres (involving yoga training and herbal medicines), swimming pools, elite clubs, etc., all seem to many a package of comfortable elderly care destinations. The upkeep of the spotless roads and experimental infrastructural developments like that of the arch-shaped sky-rocketed Biswa Bangla Gate, stands as a vibrant family dinner space. But the meanings and significance of the social world of New Town, narrated by elderly participants involved in this research, delivered the notions of complex relationship between ageing, paid care and urbanity. Analysing this, it also turns imperative to signify how the experiential transcendences and the spatial politics of community residences in Kolkata reshape the institutionalisation of ageing and care.

The interactions with the people in the cityscape of New Town, clasps for more testimonies of hope and the social membership of bodies influencing *ayah* care. In the context of West Bengal, the provincialized state measure like Pronam launched in 2009, that leads the police personnel to address the safety and security of the 'senior citizens', in turn, constructed the elderly persons as beneficiaries of urban governance (Kolkata Police, 2023), subjects of formal development and state sustainability. For instance, ensuring the reduction of crimes on senior citizens by the police personnel rather than other care provisions has been the module of this scheme. Besides, having the police personnel verify if *ayahs* are effectively caring for their elderly clients helps establish *ayahs* as legitimate care workers.

The elderly participants who once lived in the sub-urban towns and peri-urban regions of West Bengal like Alipurduar, Bhawanipore, etc. perceive their internal migration to posh New Town Kolkata as the replica of upward social status and mobility, flexible enough to consume *ayah* care. In a way, *ayah* care work practices are dialectically constitutive of class assemblages and consciousness. Sarbani *Kakimaa* (68 years), an elderly participant diagnosed with Depression and Aplastic anaemia, was a resident of Bhawanipore. A few years back, when her son bagged a high-package MNC work in New Town, she along with her husband decided to shift to New Town. They sold their *mati* (land) and brought a three-bedroom flat in the Action Area II of New Town. When I met her, she was in all praise for her decisions. Initially, she missed the more warm neighbourhood relationships in Bhawanipore but was also ecstatic with New Town and visiting several tourist spots here. She then started explaining while showing their family's picture from the Eco Park tour in New Town :

> Since the last few months, I have been suffering with my health and mind. I lost interest in tasks and felt bored. My son was busy and my husband was silent. Then, I lost my appetite. All this led to my Depression. While I was fighting against it, I was diagnosed with lethal anaemia. I require costly injections every month. Now I sense, New Town was the finest decision. Staying in Bhawanipore would have actually killed me![*grim!*]

Kakimaa's words replicate many of the ways in which New Town interspersed her claims of a renewed social identity and personhood. While travelling to healthcare centres in New Town conferred her with a public-clinical objective existence, her claims to live, express the fear of non-treatment possibilities and cure her unhealthy situation, moves across the reflexive mobilisation of her 'self'. She further expresses it through the sensoriality of tasting cuisines in fine dining and reforming her social relationships. Besides the depressive phases she faced, she received the best of benefits and most principally, through her *ayah*. Revealing a sense of deep gratitude towards her *ayah* Sumona (long-term *ayah*, 28 years), she places :

> I feel relieved. Ever since my hospitalisation when the doctor asked me to keep an *ayah*, I was scared that some stranger would live with me. Nor did I ever see my kin keeping *ayahs*. I thought I would be dependent. But Sumona

has been very sweet. She is the best company I have, putting my injections in need and *dekhe-shune rakhe* [take care of me!].

On the other hand, when I met Sumona *Didi*, she expressed, 'Sarbani *Kakimaa* [aunt] is just like my friend'. This enabled me to understand how the care work practices and its everyday circulations across fostering autonomy for each agents – *ayahs* and their clients, often blur the hierarchies of age or juniority-seniority. But this is not without a crisis of accumulation and socialisation where Sumona's own daughter yearns for her attention and friendly conversations, missing her mother who is an *ayah* for an elderly client. This further develops a more complex assimilation of kinship practices and familial models where children from the lower-income families not merely develop distance from their mothers but offer social role-relationships and functional maternal authority to figures like 'grandmothers' (Sumona *Didi's* own mother with whom her daughter stays). So, care work and its practices across homes and public institutions often redefine varying levels of codes for companionship, love, care, and ambivalent sites of kinship organisation.

As I engaged with the other elderly people across Garia, Bansdroni, New Town etc., I gradually realised that *ayahs* by structuring their routines of work and sharing physical and mental spaces with their clients, often intermesh themselves into the life processes and identity formations of their clients. This, however, functions as a reciprocal process where the *ayahs* and their elderly clients often socially recognise each other's ways of being, such as the *ayahs* introducing their work through their clients vis-à-vis the elderly clients' families participating in occasions and birthday treats at their *ayahs*' homes, etc. This though manoeuvres in a relation of paternalism or patronage, extends far beyond in disbursing the ideologues of empowerment on each agent of care. This has been narrated in many ways such as '*nijer jonno lora shikhechi*' (learned to fight for my own), '*aar maar khete hoe na*' (I no longer endure any thrashing), etc., especially by the *ayahs* who have been the survivors of domestic violence. The *ayahs* utilise care work as a form of resilient adaptation and coping mechanism to find respite from their oppressive, violent and dominant husbands. Staying with educated and financially independent clients and interacting with other *ayahs* in the *ayah*-centres then transform into a social, symbolic as well as economic language of emancipation as well as agency, further making *ayah* work a reflective space for community-based activism (Image 9). The collective identities developed by

ayahs and expressed by contesting or discussing any news item in the *ayah*-centres expand far beyond in engaging with the heteronormative or the socially normative structures. Asking for legal help from their clients and travelling in groups to different clients' homes in case the clients create mishaps over dispatching their salaries, etc., shapes the social personalities of *ayahs*. Such processes embed *ayahs* with prestige and power while offering them opportunities to access multiple spatial and temporal configurations of knowledge in the contemporary era. Such scenarios also present a version of care practices as a political act different from what Paterniti (2003, p. 58) discussed about nursing home caregivers in the Western countries. She writes :

> nursing homes homogenize residents' lives so that their separate biographies become the common story of the one-dimensional subject to whom nursing services are provided … [*nursing assistance*] dissolves residents' individuality into institutional identities.

While the nursing home models form a pivotal aspect of care work in the developed economies where geriatric units work through multidisciplinary teams like GEI (Soulis *et al.*, 2021), India still requires a long way to build the viable geriatric facilities and centres (Mahajan and Ray, 2013). Within such structural deficits, the *ayahs* then formulate a potent force of care, even if the state withdraws from welfare interventions to healthcare or *ayah* sectors. Being a functional support system across the local, cultural and political contexts of Kolkata, it is the *ayahs* who then offer the paradigms of understanding health, emotions and care through the externalisation and internalisation processes of their relational care work.

Image 9: Collective space in an *ayah*-centre.

Source: Fieldwork, 2022.

Location: Sulanggari, Kolkata.

3. 5 Transacting Validations in Care

The socio-temporal existence of the elderly people as care-receivers and the *ayahs* as the caregivers also works through the multitude of events, judgements, as well as acknowledgements. While some of the clients have been observed to be involved in their *ayahs'* health decisions such as offering them money to go to the hospitals, the dominant constitutive(ness) and expression of healthcare however spirals in favour of the elderly care-receivers. In a way, it is the discursive meanings associated with the social class and work asymmetries that however portray different implications of care work for different agents.

The physiological progress of the elderly clients' health certifies the care work of the *ayahs*. In 2021, while I met one of the elderly participants at her home in Garia, she was paralyzed in her lower body but was cognitively aware. I was guilt-ridden for perturbing her and reconfirmed from her daughter if it would be fine for me to speak with her mother. She responded saying, 'My mother likes people'. Such assurance helped me to understand the dialectical conjunctions between the client's medicalised and corporeal body. Finally, when I went into the room of the client, her daughter introduced me with some appetizers. The client appreciated my gesture of sitting

beside her on a wooden chair, although her son-in-law seemed very displeased with my presence[46], displaying the behavioural tactics and resistance by placing the tea cup strikingly on the table. But to ease the interactional tension, I loudly started discussing something about Kolkata and its fast-paced life, its weather, her *ayah*, etc. Upon this, Mahadevi *Dida* (elderly client, 83 years) chuckled while savouring some *aloo bhujia* (snack made out of potatoes), saying :

> My *ayah* is good, but sometimes blabbers too much! … I know paralysis will not end. Despite this, Loli [*long-term ayah, 24 years*] helped me in diabetes management. She stops me from eating sweets. Our family doctor is very happy with her. My test reports on kidney, liver, and … blood pressure came fine. Once when my gastric pain was not subsiding with strong medicines, Loli made me *hing* [asafeotida] water. I was cured and my doctor was impressed too!

Mahadevi *Dida*, a retired state government employee, was socialised into a shifting routine of daily care work. While she could grasp the sensibilities of her son-in-law's distress with her, it was her *ayah* who contained such ruptures in familial relationships by encouraging her with several stories of survival and offering her good food to eat, such as diet snacks. This sustains her emotionality, her relational roles and abilities to deal with transformed bodily integrity. It is the consumption of 'diet snacks' that makes *Dida* relish an identity of 'modernity', upper-class care-receiver and self-awareness, stark enough to be communicated across 'other' health-conscious people living around her. Even if *Dida* felt herself to be a burden to her family, she also expected the obligations of kinship reproduced through her cared-for body from her daughter, primarily mediated by Loli *Didi*. This further converged with representative inspection of *Dida*'s known familial doctor, praising Loli *Didi*. Such instances when the doctor visits *Dida*, disseminate the corporeality (of her body) and her intrinsic agency into shared socio-familial operation of medical and non-medical paradigms. The discursivity of 'non-medical' staffs like *ayahs* settled as an informal workforce

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[46] While ascriptive gendered constructions of marital morality make women-wives enforce their own birth parents as 'relatives' after marriage, the sons-in-law are often made to make the 'parents-in-law' a relative of 'avoidance' or people not to be provided with major care responsibilities.
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bequeathed to feed, dress, wash, etc., the patients for their extrinsic management (Basu, 2020; Ray, 2020), can be reviewed to analyse how the domestic homes in which the *ayahs* work, disperses a relational force between the Western bio-medical and community/traditional (Ayurvedic) knowledge systems. In cases of minor health issues of *Dida*, Loli *Didi* often feeds her different local herbs, which *Dida*'s doctor appreciates. For instance, massaging *Dida*'s body with mustard oil in winters, feeding her *Thankuni* (Centella Asiatica) leaves and ginger for improving digestion, etc. Such appreciation from the certified doctor is however embroiled within the social power of masculine hegemony and medical governance that legitimises paid care relationships and ageing within domestic homes.

Once, when I was granted permission to observe the family doctor reviewing *Dida*'s reports in her room, with her daughter, Loli *Didi*, and me present, he was very elated. He spoke, 'Okay, the reports are fine. Nothing to worry. Medicines should continue and Loli's *gyan* [knowledge, chuckled!] Loli, you are taking good care!'. Her daughter also smiled at Loli *Didi*, showing off a pleasing gesture of affirmation. Later when I met Loli *Didi*, she spoke in an excitement, 'I told my *ayah*-centre manager about the doctor's comments. He told me he would recommend me to a different client's home'. Such a response from an elderly male doctor qualified from a *shorkari* (government) medical college, accruing feminine *ayah's* work as legitimate, further drives state power and authority within the micro contexts of familial life. Quoting Brijnath in this regard (2014, p. 165), 'Paid work [*low-paid work by women*] is also a means by which male dominance over the public [*and domestic*] sphere is retained and has been linked to nationalist discourse'; brings clarity into perceiving the *ayahs* as the idealised-virtuous forces of serving the ascetic divine bodies of elderly people and their existentialism as nation-building project. However, this is within the continuous disposition of the differential but shared health, work, choices and the familial experiences of *ayahs* and their clients. While *ayahs* struggle to negotiate their embodied(ness) in consuming tasty food between the *ayah*-centres and clients' homes, the clients also struggle with the clinical dietary structures of contained eating; further reframing the social dynamics and work subjectivities of care work relationships. Ageing as a course of lifecycle then is shaped at the intersection of families, culture and urban-social change that redefines the formations of care and spaces of structural interdependencies.

3.6 From Self to Social : The Relativity of Care Work

Often, care is imagined to be an abstract emotional entity of endlessly serving pale sick bodies. However, the contemporary neo-liberal era denotes care as production of services packed with affective deliberations. This might also entail caring as a task extolled with the material cycles of need fulfillment, bargains, crisis of affinity, socio-economic context of redeveloping agencies and identity realisations for the actors involved in caregiving and receiving.

Today, the *ayahs* working within the junctures of Kolkata's domestic homes and *ayah*-centres depict such social and sensorial realities of care work practices. They offer paid care services to their clients preferably elderly persons, participate in endeavours of making or reproducing care as a professionalised category of work, and articulate economic sustenance by functioning as the socio-cultural symbols in Kolkata. In other words, *ayahs* reshape care work as a social process that invokes complex relativities of empathy, food norms or practices, economy, urban existence, acknowledgements of femininity, power relations, morality and social integration of the elderly clients. But this is not without the relations and structures that connote the moral and political economy of care work in Kolkata. Further related to it are the factors such as the changing familial and household management of care, the lower rate of fertility in Bengali families (Pandey, 2017), participation of women-wives and men in the labour markets, semi-regulatory frameworks in the everyday market of care, dietary exhibits or controls, the expansion of capital in the form of consumers, etc., all moulds the structure of care work. Such practices also influence the complex social, ideological, economic as well as political meanings of ageing and care. In the next chapter, the debates on the changing socio-moral values of familial relations and the contestations of peripherality vis-à-vis centrality of the elderly clients have been discussed. Such analysis expands to exploring *ayahs* as a resource for reorganising domestic spaces and kinship orders.

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