Care-flows: Nature, Categories and Movements in Contemporary Kolkata

Madhurilata Basu

Abstract

Labour mobility consists of changes in the location of workers both across physical space (geographic mobility) and across a set of jobs (occupational mobility). Marx usefully identified the roles of labour mobility and the 'reserve army' under capitalism to explain the workings of capitalism as a system. The present paper seeks to probe a very gendered domain of labour under contemporary capitalism, namely, care-giving: its different categories; its nature of extraction and investment; as well as its pattern of mobility, based mainly on field-studies in Kolkata.

Since time immemorial, the phenomenon of care (and the labour invested in it) is generally associated with women as one of their cardinal virtues. The term 'care givers' refer to a huge number of people working or 'caring' on a paid or unpaid basis at a 'private household' or at an institution. Although, traditionally, the women folk of Indian families (except few very rich/land owning sections) used to take care of the old, infirm and children of their families, in the post-independent scenario, owing to several social and economic causes, the business of 'care' was gradually delegated to 'outside' caregivers, in the big cities, even among the middle classes. Kolkata is no exception, which in the contemporary times of neoliberal globalisation has seen tremendous formal/informal rise of caregivers: in the forms of nurses and ayahs. Nurses and ayahs in Kolkata vary in terms of knowledge, skills, experience, status, nature of the profession. However, both are 'insiders' (as women) of the *idea of care* and 'outsiders' of the *western medical hegemony*.

Fall of rupee vis-a-vis dollar has proved to be advantageous to the patients from Middle East, Africa and SAARC countries to the extent of 35 to 45 per cent on complex surgeries. With a massive flow of 'health tourists', there is an increase in demand for hospitals which in turn requires a steady supply of trained health workers and nurses.Thus, we find a constant flow of nurses from different states of India, to private hospitals and this can also be seen in Kolkata. Though the reputed hospitals employed MSc, BSc and GNM nurses, ANM nurses were not employed and though ayahs worked at the hospital in various capacities or at the behest of the patient's families, their names were not in the payroll. Interviews revealed that out of total nurses currently employed in the hospital, a sizeable section came from Kerala and Andhra Pradesh. After 2-3 years of gaining experience, they tend to move to Dubai, Abu Dhabi, Malaysia. After a few more years they would further try to move to Canada, USA or Europe.

On the other hand, though a part of the industry, ayahs with almost no skills, education, training, are relegated to the margins, compared to trained nurses. Sometimes, ayahs, coming from a (proto-formal) particular 'Centre', begin to work independently based on the personal relationship and good reputation earned during the employment. In many cases they tend to do so in order to avoid the payment of commission to their Centres. While for the migrant nurses, Kolkata is a *transit point*, for the ayahs who are migrating from other districts of West Bengal or are directly commuting from the suburbs, Kolkata, in most cases, is the *destination*. This flow is also found from the 'underdeveloped' to the 'developed' region of the same country. The situation tempts one to say that rich areas within a country are 'extracting something harder to measure, something that can very much look alike love'.