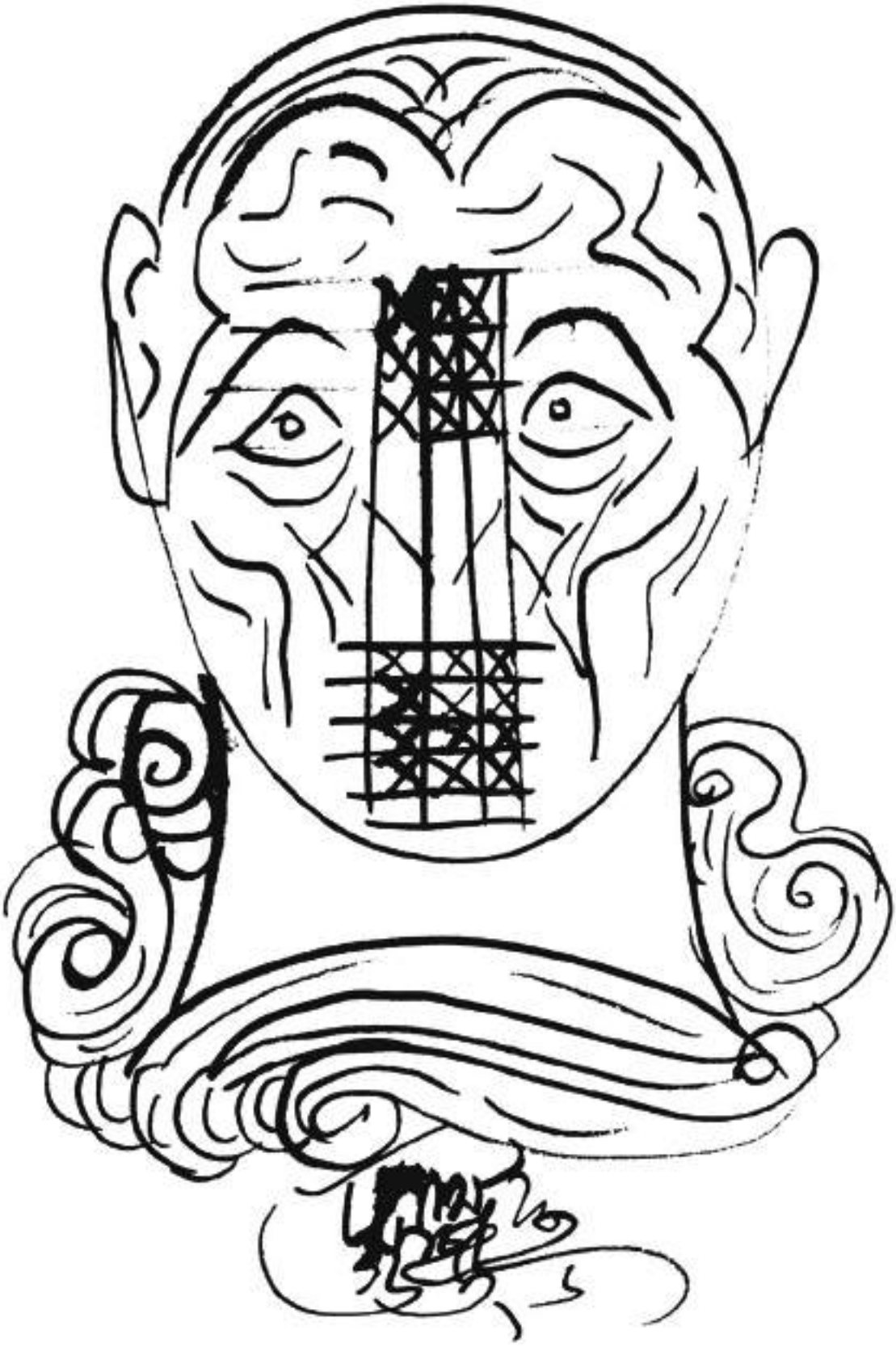

CULTURES OF AGEING



ANJALI

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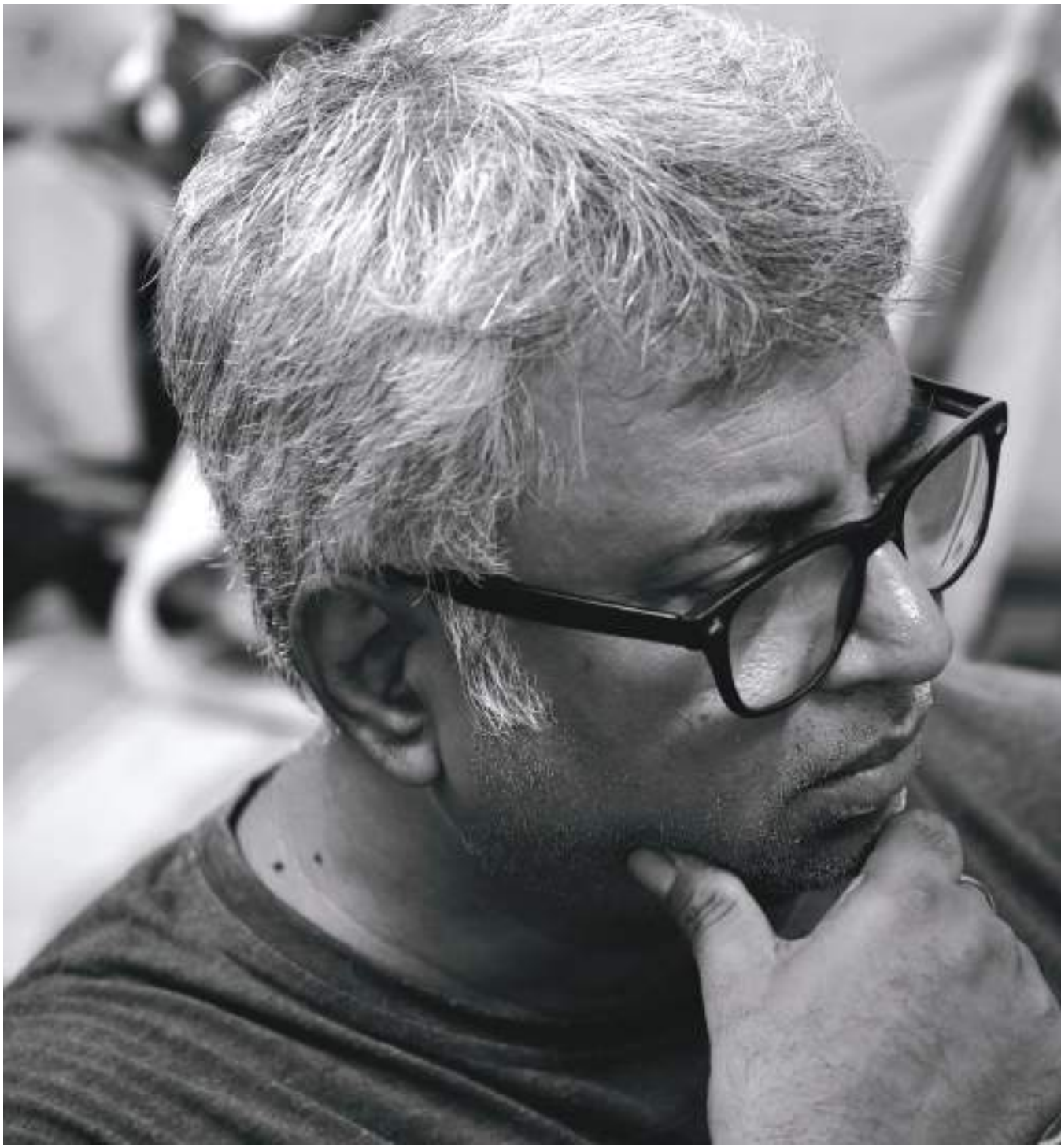

Partha Dasgupta is a multifaceted artist whose practice bridges ceramics, site specific installations, book design, and illustration. His work reflects a refined sensitivity to material, form, and narrative. As a designer-illustrator, he creates visually engaging, concept-driven publications that merge artistic intuition with thoughtful storytelling and cultural depth.

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Boards as well as with international universities on policy related to women's education, empowerment and heath. Dr. Chakravarti is also the founder member of the Ngo "Ebong Aalaap" which works on critical pedagogies and serves as board member of "Anjali" a NGO which works on issues of mental health and is an advisor of Durbar, a sex workers' collective. She is also part of the advisory board of Nirantar, a NGO working on gender and education. She has been working for the last four years on a project on mobilizing single women in Darjeeling with Sappho, a collective of lesbian, bisexual and transwomen. She has redesigned and co-taught Crea's feminist leadership course in South Asia and East Africa for the last five years. She has conceptualized and scripted a short film on the history of sexwork in colonial Kolkata called "Sexwork and the City" which has won two awards at the 13th edition of the Ladli Media and Advertising awards (instituted by Population First to promote gender sensitivity in the media) for both India and South Asia. Professor Chakravarti he has also been an adviser in the seven films launched under the series "Borderlines" on conversations with South Asian feminists produced by Third Eye, a portal on gender and education. Her book *Women Contesting Culture* co-edited with Kavita Panjabi was published by Stree in 2012. Her book on *Shakespeare and Indian Cinemas* was published by Routledge in 2018 and *Asian Interventions in Global Shakespeares* (Routledge) in 2020. *Bengal and Italy: Transcultural Encounters from mid 19th to early 21st century* has come out in 2023 while *Cultures of Ageing and Ageism in India* (Routledge) in 2024.

Dr. Chakravarti has served in the Cell for Gender Awareness and Action Against Sexual Harassment in Jadavpur University for nearly a decade and has also been its convener. She has served on the Anti-sexual harassment cells of several universities and colleges including the National University for Juridical Sciences and IIM, Joka. She continues to serve on the ICC in Shyamaprasad College, National Institute of Electronics and Information Technology, Heritage Institute of Mangement. She has also the external member of the Internal Complaints Committee in the Srei group and in Johnson and Johnson, Sahaj, Quippo, andTIPL, Gainwell, Arohan, Tata Steel Downstream Products (TSDPL). She continues to serve as the external in BHEL, TCS, M Junction, TM International and other corporate groups.

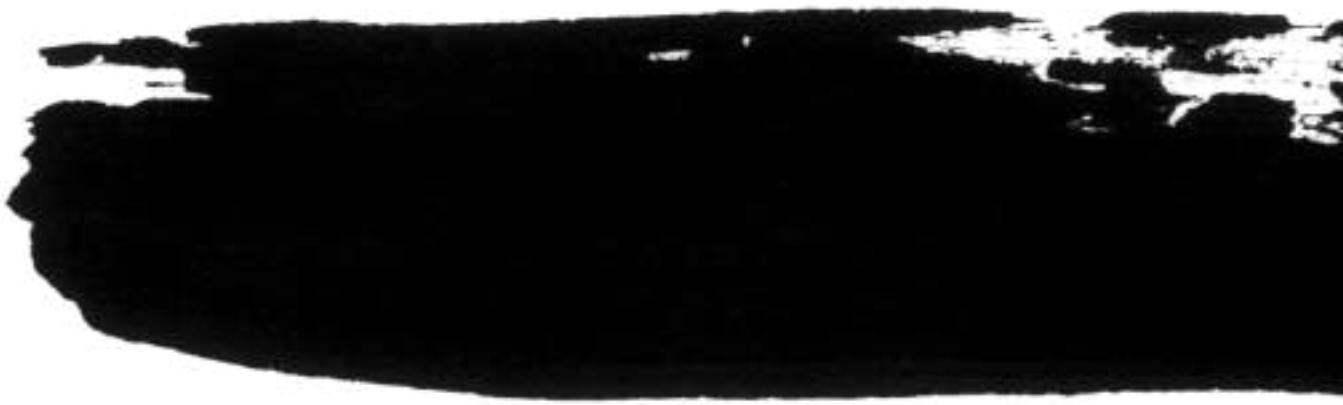
FOREWORD

The conceptual seed of this intersectional study based on oral narratives of older women in Kolkata was sown in Covid times during a chance conversation with my elderly father. During the tense days of the lockdown we spent more hours together than we had ever done and we talked about things that we rarely mentioned in easier times—disease, mortality, vulnerability and mostly Time itself—how it hung heavy during the Covid induced periods of forced inaction but how it also seemed brutally short as we kept losing loved ones, how it had both slowed down and speeded up. In one of these exchanges, as I struggled to persuade my octogenerian father not to meet his friends who had just been exposed to the infection, he responded in an uncharacteristically angry tone: "You young people don't understand us—you have the luxury of pausing life, we don't. We don't have much of it left and must live it out the best we can." He went on to remind me in the language of the popular wisdom of Bollywood films—"*Babu moshai, Zindagi lambi Nahin, badi honi chahiye*" (Life should be large not long—a memorable dialogue spoken by the terminally ill character, Anand in Hrishikesh Mukherjee's 1971 film *Anand*). It was an epiphanic moment— I understood immediately how the two of us were perceiving Time and life differently given our relative locations in the spectrum of age and ageing. I was reminded of Virginia Woolf's description of ageing: "I don't believe in ageing. I believe in forever altering one's aspect to the sun." My father's position on the journey of life had altered vis a vis mine which was allowing him a different view of it which I was yet to have.

I also realized at that moment how the anxieties of care giving and the helplessness in the face of an unknown disease had transformed my personality. I had become an authoritarian gatekeeper who was infantalising fully capable adults and usurping their agency. It brought home how in trying to look after and protect the elderly we often become insensitive to their actual care needs. We stop actually hearing or seeing them while we make sanctimonious assumptions about what might be best for them. As the world ages and the elderly emerge as one of the most significant demographic categories in most of the western world (and Japan), there is growing interest and investment in them in terms of policy framing, care needs, technology requirements and consumption patterns. However much of this remains, like my own response to my father, a top down, assumption driven endeavour serving our own interests rather than attending to the voices of those who we are attempting to help. This study attempts to visibilise and vocalise the lives, loves, worries, irritations and demands of older people by attending to the stories of 54 Kolkata women over the age of 60, spread across diverse class, caste, community locations, livelihood and cultural practices, with varying relationships with the city, technology and care provisions. Our attempt has been not to try to extract sociological data which would fit into a pre-decided schema, but to attend to the tone and timbre of our respondents' voices and capture the textures of elderly everyday living through honest attempts at dialogue. In many ways this has been a listening project of sorts. These "interviews" have startled, distressed and challenged us, compelling us to revisit our own ideas about what constitutes "appropriate" forms of ageing which reflect our biases of class, caste, community, age, ability. This study is thus as much about us as it is about our respondents. It has taught us to rethink the modalities of our engagement with the elderly which is often based on a form of otherization--a binaristic construction of the young and the old as almost separate demographic categories. This is ironic given the fact that we all are in fact on the path of ageing, on a moving spectrum, progressively altering our aspect to the sun, as Woolf asserted. Despite the fact that we now use politically correct vocabulary, referring to the elderly as "older" people, the relative term emphasizing their proximity to rather than their absolute distance from the "younger" folks, this perspective rarely permeates our policy visions or care provisions. These mutually enriching conversations with

older women seek to address that lacuna.

This study unfolds in a time defined by a hyper capitalist market which peddles dreams of immortality, eternal youth and ceaseless productivity. The world's richest and most powerful men like Bryan Johnson and Jeff Bezos are investing billions in anti-ageing and longevity projects for those who can afford it. Yet these times are also marked by environmental disruption, climate change, pandemics which threaten the imminent destruction of the human species. We are aware than ever before of our universal susceptibility to disease, death and decline. Our project is thus also an attempt to understand these strange paradoxes—the coexistence of an obsessive fetishization of youth with a near apocalyptic awareness of the end of things. We hope that this intimate dialogue between younger and older people will facilitate a deeper dive into metaphysical questions as well as give us pragmatic pointers about building a more responsive and sensitive care environment informed by the granularities of elderly living in all its intersectional diversities.



CONTENTS

EXECUTIVE SUMMARY

This report emerges from a simple yet urgent provocation: what happens when we stop speaking about ageing as a problem and begin listening to those who are ageing—particularly elderly women—as complex, thinking, desiring subjects? Against dominant policy and institutional frameworks that render ageing through the narrow lens of pathology, dependency and demographic anxiety, this study insists on a shift—methodological, political and ethical—towards a person-centered, life-history-based understanding of ageing.

Drawing on fifty-five in-depth interviews and a focused group discussion with women aged 60 to 90 across diverse caste, class, religious and occupational locations, the report foregrounds ageing not as a uniform biological decline but as a deeply social, gendered and lived experience. It argues that prevailing discourses—whether in policy, public health or development—flatten the elderly into a homogenous category defined by illness, thereby erasing questions of desire, autonomy, labour, intimacy, and meaning-making. Such flattening not only misrepresents reality but also limits the imagination of care infrastructures and policy interventions.

At the heart of this report is a refusal of the "problem-driven" approach to ageing. Instead, it advances a framework that centers narratives—of work, of the body, of relationships, of leisure and of spirituality—as constitutive of mental health

and wellbeing. These narratives reveal ageing as a site of negotiation rather than decline; of adaptation rather than withdrawal; of agency, even within constraint.

The findings challenge linear associations between vulnerability and wellbeing. Economic precarity does not uniformly translate into poor mental health, just as material comfort does not guarantee emotional security. Women across locations demonstrate complex strategies of survival and self-making: continuing to work in modified forms, forging new roles within existing professions, or reconstituting identity in the face of loss. Work emerges not merely as economic necessity but as a critical site of self-worth, autonomy and emotional sustenance. Its absence, conversely, often intensifies distress—especially for women whose access to income is already structurally limited.

Equally, the report unsettles dominant assumptions around the ageing body. Menopause, often medicalized or stigmatized, is frequently described as a moment of liberation. Narratives of health move beyond clinical conditions to include everyday practices of care, acceptance and adaptation. At the same time, bodily changes intersect with labour demands and financial precarity, producing layered vulnerabilities—particularly for women engaged in physically intensive or informal work.

Perhaps most striking is the report's attention to desire, sexuality and intimacy—domains from which elderly women are systematically erased. The interviews reveal a wide spectrum: from active sexual lives to conscious disengagement; from cautious engagements shaped by risk to unapologetic assertions of autonomy. These accounts compel a rethinking of ageing as inherently desexualized and highlight the continued importance of intimacy, companionship and bodily autonomy in later life.

The question of care—central to both policy and lived experience—is also profoundly reconfigured. While the family is often imagined as the primary site of care, the report reveals its ambivalence: it can be a space of support, but also of neglect, extraction and abandonment. In response, women forge alternative networks of care—through neighbourhoods, workplaces, self-help groups, and even non-human companions. At the other end of the spectrum, the

privatization of care in affluent contexts points to deepening inequalities, where access to care becomes contingent on economic capacity.

Leisure, though often invisible in policy frameworks, emerges as a critical yet unequally distributed dimension of mental health. Its absence—particularly among women burdened by lifelong caregiving responsibilities—underscores the gendered denial of rest and pleasure. Where it exists, leisure takes diverse forms: travel, social media, music, reading, gardening—each offering moments of repair and self-renewal.

Finally, spirituality surfaces as a vital, though often overlooked, resource. Far from being merely ritualistic, it provides language, structure and emotional resilience to navigate grief, uncertainty and mortality. It enables women to make sense of inequity, to endure precarity, and to imagine dignity in death—often articulated as a desire for a painless, non-dependent end.

Taken together, these narratives compel a fundamental rethinking of ageing. They demonstrate that mental health in later life cannot be addressed through biomedical or demographic frameworks alone. It must be understood through the interplay of work, autonomy, relationships, embodiment, and meaning-making—each shaped by broader structures of gender, caste, class and economy.

This report, therefore, is not merely descriptive. It is an intervention. It calls for a shift from data-driven abstraction to lived complexity; from top-down policy to grounded engagement; from treating the elderly as passive recipients of care to recognizing them as agents who continuously negotiate, adapt and create meaning in their lives.

Without centering these voices, any attempt to build systems of care or frameworks of wellbeing will remain partial, inadequate and ultimately unjust.

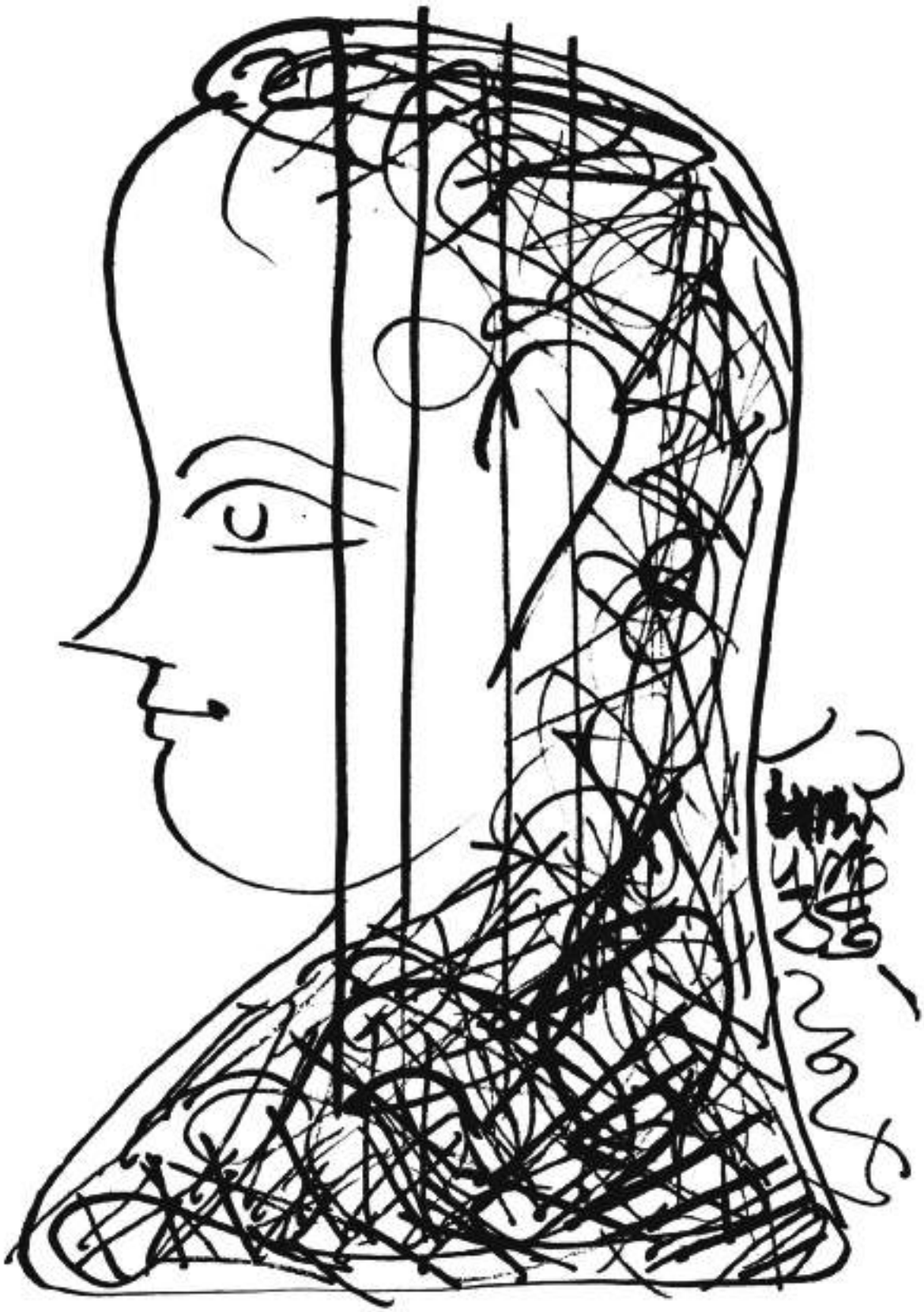
As evening descends, Jharna Sikdar is seized by a melancholy. She misses the adulation she received due to her gymnastic skills as a circus performer. Even though she often gets work offers from different circuses and she is asked to train younger women, she cannot accept these offers because she is stuck with her household responsibilities.

Anasua Sen is a theater director and is passionate about the stage and so in order to be able to work in a post COVID world, she is learning the nitty gritty of conducting online classes.

Sulabha Kapoor recounts that menopause brought her a sense of liberation.

Rochona Maitra reminds us to be careful about surveillance cameras in public spaces, especially on date nights.

Ruhana Bibi finds pleasure and joy in dancing with her sisters-in-law.



The five snippets presented above are seemingly disparate narratives of women from different classes and faiths. We have swiftly moved from gendered relations with work to issues around health and sexual intimacy. What stitches these narratives together, however, is that they come from elderly women, all of whom are above 60. How often have we encountered such stories? How often have we paused to listen to older women speaking about their hunger for work or talking about their tryst with changing technology, their changing bodies and intimacies or what brings them joy? In short, do we treat elderly women as complex subjects whose emotions, opinions and needs demand attention?

Discourses on ageing are saturated by a problem driven approach. The elderly are configured as a population who need care but care that strictly revolves around their bio-medical needs. This is a top-down approach where a population is overdetermined by illness narratives, pathology and diagnosis. At the top are different institutions of the state such as the family, medical establishments, non-profits, think tanks, welfare administering agencies and private organizations administering paid care and at the bottom is a supposed helpless population that are simply the recipients of that care. This is a flattening of subjectivity that has implications for the very way we imagine care and the well-being of the elderly population. What would it mean to shift the discourse on ageing from pathology to a person-centered approach that takes seriously their aspirations, desires, emotions and their strategies of adapting to an ever-changing world? This shift would allow us to take note of diverse experiences of ageing and more importantly, it would allow us to highlight questions that are rarely highlighted. In flattening a diverse set of people into a target population for epidemiological care, we risk ignoring how gender forms a central rubric of how ageing is experienced differently by women and men. Questions of the body, sexuality and desire get disappeared. Yet, in a neoliberal and capitalist economy where migration is an everyday reality, instances of women headed households, elderly people living alone as families move away have become abiding realities, realities that are also marked by power hierarchies of caste, class and faith. Therefore, unless we shift our conversations from being about the elderly to having conversations with the elderly, particularly elderly women, we cannot offer policies or approaches that promote their wellbeing. This report is an

endeavor towards that shift. Before we describe the contents of this report further, let us briefly pause and examine how pathological language creeps into our policies, even when they are unintended.

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The Longitudinal Ageing Study in India (LASI) supported by the Ministry of Health and Family Welfare, Government of India is a comprehensive study about health, economic and social wellbeing of India's growing elderly population. To establish its contextual importance, it states in the introduction itself that as per the last Indian census of 2011, those above 60 constitute 8.6% of the total population. This share is projected to rise up to 19.5% that is 319 million people by 2050. If one expands this demographic to include the pre-retirement population (age 45 and above), this share will be 40% of the total Indian population by 2050. Given the magnitude of these numbers, there is no doubt that it is imperative that the Indian state invest in the overall well-being of this demographic. A press release from the press information bureau dated October 28, 2025 cites this data and states the government's intent to integrate this demographic into the silver economy, that is "the economy driven by goods and services designed to meet the needs of the elderly, typically those over 50 years of age." From coverage by health insurance to access to pension, from diagnosis of illnesses to nutritious diet, the LASI study covers a wide gamut of important aspects constituting a healthy life. However, the stakes of this research study on ageing by Anjali do not lie in these numbers.

As the reader follows the LASI report, one will note this

particular sentence in the introduction, “These alarming population projections and the dramatic shift in age-structure call for robust and internationally harmonized data on ageing.” (executive summary, LASI) Our question is simple but the answer lies beyond the data. We ask what is so alarming about an ageing population in a developing country where birth rates are decreasing? Is it about an imagined loss of a productive population? Yet with improved science and technology, ideas of youth and productivity have gone beyond the biology of ageing. So then, what is so dramatic about a quotidian and normative fact of life, that is ageing? Are there an underlying fear and stigma around ageing that the sentence betrays? How are ideas of ageing socially constructed and imagined? We are not questioning the importance of data and statistics. However, as important as numbers are, what is striking about policy solely driven by quantitative data is that ageing is discursively constructed as a problem that needs to be solved. This solution driven approach easily slides into pathology and stigma about ageing, exemplified by the rhetorical construction of ageing as an alarming and dramatic fact in the LASI report. Even if ageing were a problem, how do we find solutions without contextualizing the numbers in their sociocultural and historical contexts? In short, how do we think of solutions without enfleshing them with the life experiences of the subjects of research, namely the elderly people themselves?

Anjali’s decades long grassroots informed interventions in mental health have always centered the voices and life

histories of its constituents because we believe that both policy as well as theory on mental health emerges from these experiences and that is what should inform clinical practice as well as societal perceptions. In doing so, we have walked against the grain by not taking pathology as our entry point to understand concepts such as madness, cognition and emotional well-being. We extend the same ethic to this particular study on ageing as well. It is commonsense that ageing is often perceived through undesirability, ill health and aggravated levels of vulnerability. Hence, even a study that proposes solutions for the holistic wellbeing of the elderly begins by noting that an increase in the elderly population is alarming. What if we let go of such normative and a priori ideas around ageing?

What would it mean to depathologize ageing, that is to take it beyond its usual analytical entry points of immunity, comorbidity and declining cognition? This is not to romanticize ageing as desirable or wholeheartedly positive. Rather when life experiences become the entry point to study ageing, then we note how quality of life of the elderly are determined by gender, caste, class and differing forms of ability. This is to say that people have different experiences of ageing, depending on their sociocultural and economic locations. More importantly, however, these differences do not neatly correspond to templates of oppression and privilege. Centering the life histories of the elderly, particularly elderly women troubles assumptions of a linear relation between quality of life and different forms of precarity. An economically deprivileged elderly woman could have a rich social life in the neighbourhood that contributes to her emotional well-being even as a retired professional in a gated community could feel her world getting enveloped in uncertainty because she does not experience a similar support network in times of crises. In other words, a fine-grained analysis of life histories reveals complex and multilayered ways in which ageing is experienced. We want to center these narratives of aspirations, hopes, desires and accounts of resilience and negotiations with a changing world. This report argues that without such an analysis, we cannot imagine and build effective infrastructures of care for the elderly and policies that enable them.

METHO-DOLOGY

This report and the analysis you will read here is based on fifty-five semi-structured interviews with elderly women, including one trans woman as well as one focused group discussion. Our oldest interviewee is 90 years old and the youngest is 60. Our participants come from different economic backgrounds and have experiences in different labour practices. Our participants include corporate professionals, retired sex workers, theater artists, circus artists and artists performing indigenous art traditions like Chau. Some of our interviewees are feminist activists including queer feminists, some celebrities in the audio-visual media and theater, some homemakers, others leading successful businesses. Some have experienced homelessness, having been relocated multiple times from one temporary home to another, some have painful histories of migration while some have experienced institutionalization due to mental illness. There are others who live in apartments in gated communities and some in old age homes. Our respondents come from different castes, including both dominant and oppressed caste categories. They also come from different faiths – Hinduism, Islam, Christianity as well as Zoroastrianism. This wide range of participation allowed us to develop a thickly layered understanding of how ageing is experienced across different locations. This helped us track both patterns as well as divergences in experiences of ageing.

We employed a purposive sampling approach, carefully selecting interviewees to reflect a wide cross section of

stories about ageing. Our aim was to gather a diverse range of narratives that would enable us to examine collective concerns and the power dynamics shaping the lived experiences of elderly women. Purposive sampling sometimes led to snowball sampling. For example, if we were interviewing an elderly woman in a gated community, we would request her to direct us to other potential interviewees in the same community or an interview with a circus artist led to us other circus artists. For both the group discussion and in-depth interviews, we utilized a semi-structured format, guided by a set of key questions designed to steer the conversation toward identity-based experiences, with a particular focus on how these experiences impacted their mental health. Sometimes, the question of mental health was explicit but mostly the answers of our interviewees helped us tease out the mental health implications of their responses. Our questions were open-ended, providing respondents the freedom to share their personal stories while also elaborating on broader perspectives regarding family dynamics, self-perceptions of their bodies and desires, professional lives, fears, aspirations, and coping mechanisms. Based on their responses, we posed follow-up questions to explore their experiences in greater depth. Most interviews were conducted in person and recorded with the verbal consent of participants. Subsequently, the recordings from the interviews and discussions were transcribed and translated for analysis.

The guiding questions for the semi-structured interviews were: How do you perceive your age, and what defines it—your body, mind, relationships, sexuality, or career? Are your views of ageing shaped by your own desires or by how others perceive you? How do your feelings about ageing compare to others' views of you? Do you miss being young? Has menopause affected your life and do you feel women's ageing is tied to it? Do you miss pleasures from your younger years, and have your sources of joy changed over time? Have you experienced a midlife crisis, lied about your age, or felt resentment towards younger generations? How does ageing affect creativity, productivity, or your relationship with work—have you retired or pursued new interests? What does ageing "well" mean to you, and how does autonomy, care structures, or class position influence this? Has Covid impacted your perspective on time, health, or caregiving? Finally, how do religion, spirituality, or consumerism influence your experience of ageing?

The rest of the report will address key themes that emerged from the interviews based on these questions. At all points, the reader will note that our theoretical frameworks emerged from the conversations themselves. We did not enter these interviews with any pregiven meta theorization of ageing. Additionally, all names have been changed to protect the privacy of our interviewees.

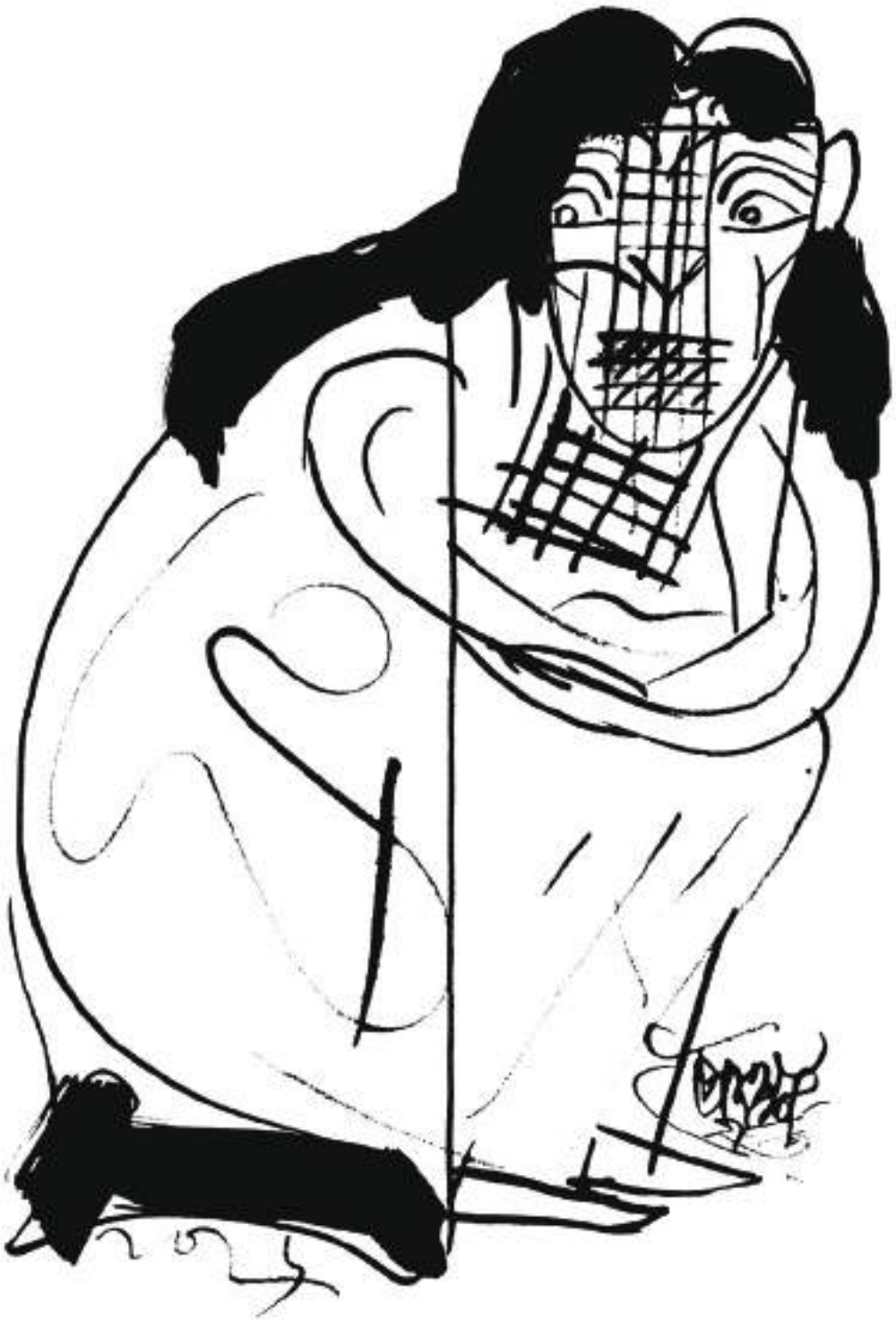
WORK

আমার বাড়ি, ঘর ভালো লাগে না।
I don't like being at home.

In this section of the report, we explore the relationship between ageing, gender and work. More importantly, what is the connection between work and mental health when it comes to experiences of ageing? While we know that women are mostly tasked with performing unpaid care work at home in the name of love and familial duties, the narratives you will find here go beyond these usual tasks. Here there are women who prioritize their working life because work brings them a deep sense of self affirmation, while there are others who have had to give up work due to care giving responsibilities at home. There are also examples of uncertainty and financial precarity of women who can no longer work due to declining health but are still responsible for their families' well-being. Such contrasts often mark the intense societal hierarchies of caste and class in India that produce both constraints as well as opportunities for work. Moreover, some forms of work are more physically demanding than others and more often than not, the former are performed by oppressed caste women. This strenuous nature of work could lead to unemployment for older women, mostly from oppressed castes, precarities that lead to financial insecurity.

Let us begin with a set of experiences where an active work life contributes to an emotionally fulfilling experience of

ageing. Rinka Dutta, 67 teaches English and Economics online. She also gives meditation classes in person, both at home and elsewhere. This work brings her a lot of joy and validation. Bindya Naskar, a senior trans activist who just turned 70 this year paints idols for families. Even though her eyesight has deteriorated, this is work that brings her a lot of satisfaction. Rita Kalingal who founded a nonprofit for the economic empowerment of women is now 70 and continues to be involved with the organization, managing accounts and motivating the youth. Delnaz Taraporevala, one of our Parsi interviewees, finds immense fulfilment in working with a Parsi women's club in Kolkata to help Parsis in need and sometimes other communities as well. Shampa Bose is 75 but finds immense affirmation in her work. She continues to teach at a school as well as offers tuitions at home. Earlier she used to teach children from the most marginalized sections of society and used to even guide their mothers with basic reading and writing skills. For reasons of health, she has cut down on that work. She says that her closest relatives live in Bengaluru and she could relocate there but she does not like spending her time just watching TV and not working. So, she is back in Kolkata to continue her regular work. Anasua Sen, 80, continues to be an active theater director and trainer of actors. This work brings her immense fulfillment.



Rani Pal, 62, a circus performer and with 50 years of work experience, continues to work at the circus. While an ageing body does not allow her to perform the more physically demanding acrobatics such as trapeze or the ladder games, she performs juggling and basketball. She is able to have an active work life because her son and daughter are married and live elsewhere and her husband used to be a circus performer as well and lives with her. Pal says, "বাড়ি গেলে ভালো থাকি না। (I don't feel well when I go home)" However, this is not to romanticize her working conditions. During storms, circus performers often have no shelter if the circus tents get blown away. She remembers the time when she would get drenched in the rains, with a baby in her arms when she had just become a mother. Payments are not commensurate with the risks and intensity of labour but these problems do not override the immense satisfaction and a sense of self-actualization that the circus brings her.

Mousumi Das, 60 works in a sex workers' neighbourhood in Kolkata. She does not perform sex work but she owns several rooms in an old building which she rents out to sex workers. Earlier she used to make plastic containers for sindoor. Though she explicitly maintains distance from sex work by asserting that she has never worked in this profession, she also mentions that her son in law's family and all her family relatives know that she rents out rooms to sex workers. She is proud that she has nothing to hide. In fact, this is work that allows her to claim her own time away from family obligations. She says that if she did not visit the sex workers' neighbourhood daily, she would be stuck home being melancholic.

From teaching and directing plays to philanthropic work to maintaining accounts of nonprofits to painting idols to performing gymnastics at the circus, our interlocutors find emotional well-being in a wide range of professions. Such is the sense of affirmation in work that Shampa Bose would rather live alone and continue working than be in another city with her family. Rani Pal and Mousumi Das explicitly mention that staying bound to home brings distress for them and the workplace offers them a reprieve from their gendered labours. One connecting link through all these experiences is that none of these women are tied down by domestic work or other caregiving responsibilities at home. While Taraporevala enjoys cooking meals for her son and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grandchildren, she does it out of pleasure and not compulsion. She lives separately from them. This frees up time for our interviewees which they can devote to work. The other connecting link across these experiences with work is that the nature of the work is either not physically draining or they are healthy enough to continue working. Bindya Naskar does mention her declining eyesight as an impediment to her work but as of now, she continues to paint. Similarly, Rani Pal mentions declining body flexibility but that has only meant that she has moved to games that suit her changing body. Health, however, could also act as a major deterrent to work and work could simply dry up with age. Let us take a look.

Debikabala Roy, who crossed the border from Bangladesh and came to India during communal violence following the death of Sheikh Mujibur Rahman, found work as a cook for different households as well catering units. She lived through multiple relocations as a refugee. At 85 now, she is physically not capable of performing such intense labour and is dependent on widow pension and rations from the state, which are quite meagre, thus becoming major stress factors in her life. Saraswati Mondal, who just turned 70, used to work as a domestic worker until a year back but her health has deteriorated since then. With complications in the digestive system as well as cardiac issues, she is no longer able to travel to wash utensils and clean households. This is producing a lot of stress for her because her younger daughter and grandson live with her. Her son in law does not provide for his family. Her elder daughter who lives in another district is married but cannot support her because she is quite poor herself. Her younger daughter now does domestic work along with selling saag in the market which Mondal cleans and packs. Rima De, 70, laments the fact that she can no longer find work due to old age. De brought up her daughter single handedly because her husband never supported her. She lived through domestic violence and worked as a tailor to bring up her daughter. Her struggles did not end with age. When she was dismissed without any notice from her work as a caregiver because she could not go for work due to a sudden bout of ill health, she was forced to live with her married daughter because she could no longer afford rent. Her relationship with her daughter was acrimonious. She even attempted suicide and was eventually transferred to an old age home through connections

with a local politician. She misses her younger days, not for any reason other than her financial independence. She remarks that it is easier for men to find work. Some of the male residents of the same home work as security guards but she cannot find work. The only work that she can find are the chores that she is required to perform along with other residents at the home – taking turns to clean its bathroom and different rooms. Rashda Bibi is 62 and used to stitch clothes but can no longer perform this strenuous job because of her arthritis. She cannot sit on the floor and even if she manages to sit, it becomes extremely difficult for her to get up.

These narratives offer us a drastically different state of mental health in relation to work. Due to declining health and old age when work is no longer available, women are much more vulnerable than men as Rima De's narrative demonstrates because older men continue to have more options for work compared to women. So, De remains confined in the old age home performing household chores while her male counterparts can step out and find work. Additionally, physically demanding labour practices such as domestic work are already feminized, which means income is not stable or commensurate with inflation rates. Thus, such labour practices rarely allow savings. So, women like Roy have become completely dependent on whatever little state support that is available. On the other hand, Mondol helps her daughter so that she can simultaneously earn from domestic work and selling vegetables and greens in the market. Such modes of vulnerability are only aggravated if one's natal family is abusive as De's narrative points out. Not, all experiences

with work are so stark, however. Between our first set of narratives about work that enriches emotional wellbeing and the second set of experiences where the absence of work deepens emotional turmoil, are a host of accounts of negotiations, adaptations and creativity, that are neither entirely about an affirmative ongoing relationship with work nor are they purely about dismay and a sense of loss.

Rebati Sahis, who says that her age could be anywhere between 60 and 70, started performing Chau at middle age but now due to old age, she can no longer dance. However, she continues to travel with the troupe helping them dress up, put on the masks and keeping costumes in order. She grew up seeing her family members dance. When she was around 54-55, her elder son encouraged her to start dancing as well. Far beyond the confines of academic and activist discourses of queerness, Sahis tells us in a matter-of-fact manner that she has played male roles, ranging from an oppressive British police officer to male Hindu gods like Shib as well as goddesses such as Saraswati and Lakshmi. Her gender did not matter when it came to the acting opportunities she received, what mattered was how she embodied the character and transformed her body language. She claims that when she played Shib, she felt a divine energy within. At present, she coaches the younger dancers in the troupe, comprised of both male and female dancers who live and work together. The dancing skills that she acquired once continue to help her remain employed. Only that she has transitioned from a dancer to a mentor. Her coworker, Binoti Sahis too trains the younger dancers in the troupe.

Asha Gayen is 60 and continues to be active as a sex worker. She complements that income with hourly rent that she collects from sex workers who rent her room for sex work. Gayen had started off in the construction industry. Very soon she realized that everybody from contractors to her coworkers were sexual harassers. Eventually she entered sex work and started doing it full time. At this age, her clients are mostly around her age and older. Her income from sex work has decreased and she also notes that post COVID, income has generally dwindled. She works in a prominent sex workers' neighbourhood in Kolkata and visits her husband and son's family once a week who know about her work. Though age has brought her confidence and she does not worry about being discovered by neighbours and distant family members

because she no longer feels the shame and stigma that she felt in her youth, her bargaining power has decreased because she does not receive that many clients but renting out has helped close some of the income gap. Jayanti Roy also rents out her rooms for sex work and this is her only source of income. She has no family. She has a niece who she helped bring up and who lives in Nabadwip but Roy cannot guarantee that she will look after Roy if she is ill. So, this income is vital for her. Niyoti Dasi, 70, used to work as a domestic worker and also complemented that income with sex work. Domestic work required her to move from household to household but that has changed now. She works at a snacks cart where she peels vegetable and prepares stuffing for *pakodas*. This work has fixed working hours and breaks.

Jharna Sarkar is now 68. She has an experience of 50 years of working at the circus. She has travelled across the country and even abroad with multiple circuses. Currently she has retired due to a host of reasons, the primary one of which is her caregiving responsibilities towards her granddaughter and grandson. Her son works as a musician at a hotel in South Korea and her daughter in law is no more and so the kids do not have any local guardian, other than Sarkar. The other reason is also her age that does not allow her to take up physically demanding gymnastics. Yet, she continues to get work offers from the circus. She is asked to train young girls, look after them and train birds too but due to her household responsibilities, she cannot leave. Before she retired, she worked as a trainer for 10 years. She intensely misses her work life, the performance stage and the audience that were rivetted on her gymnastics. She recalls with pride that she has worked with film stars such as Surya, Sivaji Ganesan, Mithun Chakraborty among others. She does not like her domestic life at present and says, "আমার বাড়ি, ঘর ভালো লাগে না। (I don't like being at home)". She evocatively notes that she especially feels this loss in the evenings, that is show time.

Ruksana Bibi, 60 used to stitch blouses at her home. Once her daughters in law arrived, they used to work together and earn 40 rupees per dozen blouses but after the birth of her granddaughter, she stopped stitching. Now she looks after her granddaughter and helps with the cooking. Reshma, a resident at a hospital for the mentally ill, enjoys teaching other residents about astrology.

These last set of experiences might seem disparate but what connects them is the complexity of experiences that refuse easy templates of vulnerability or resistance. Here senior Chau performers have lost their acting and dancing roles in plays due to age but have also transitioned to training younger actors which allows them to stay employed. Dwindling income from sex work is complemented by renting income. A circus performer who can no longer return to the stage due to caregiving roles also fiercely owns her melancholia about being away from work and holds onto her memories of glamour. Another woman tries her best to contribute to household duties while another one, who is a resident at a hospital tries to keep her days light by teaching astrology to fellow residents. These are active negotiations within a limited sphere of gendered work that allows one to stay afloat in life. These strategies of survival deserve careful study in any sociocultural research of mental health.

DESIRE, SEXUALITY AND THE BODY

In this section, we are addressing a wide range of concerns that are intimately connected. The throughline here is physical health and appearance and their relation to needs for connection, romantic and or sexual, as a woman ages. Here women speak about their diet, health concerns, how they imagine the quality of their lives vis-a-vi bodily autonomy and how they negotiate their intimacies in a patriarchal society, all crucial factors in defining the state of one's mental health. Financial precarity heightened by caste-based hierarchies continue to form the subtext. So, the reader will find a Dalit sex worker negotiating a hostile workplace that leaves little room for pleasure alongside dominant caste women being cautious about men who weaponize the need for intimacy to extract money. Here lipstick is sometimes a portal of self-care and self-assertion and sometimes a beauty routine that one has left in the past, perceptions that are informed by the sociocultural spaces one finds oneself in. Our settings here move from elite gated communities where most residents are dominant caste Hindus to working class Muslim neighbourhoods, from hospitals to sex workers' communities.

Let us begin this section with how our interlocutors describe their health and health related self-care routines. This is not a catalogue of age-related ailments. Rather these are narratives of how our interviewees perceive their physical health and what routines they employ to be at home in their changing bodies. Jharna Sarkar begins her day with a glass of warm water. She goes for a walk every morning and does squats and push-ups for an hour. She has grown to accept ageing as a fact of life and does not miss her youth. In fact, menopause brought her a sense of liberation. After her brain stroke a few years back, she is very careful about her health. She avoids oily food and informs us with pride that often people mistake her elder son, who has a receding hairline, for her brother. Sharon Fernandez, 69, a retired corporate company employee, eats two meals a day and regularly exercises and dances and does not feel old. She played basketball till 50 and does not drink or smoke. She takes some routine medicines for cholesterol and blood pressure but her sugar is under control. Menopause did not have much psychological or physical impact on her. In fact, she jokes that she gets flushes only when she hears music. Anasua Sen who is 80 says that ageing has been a mixed bag. While on one hand, she has become hard of hearing, cannot sit on the floor and has to watch her steps to not lose balance, she also feels taken care of by the younger generation because of

her senior status. Sulabha Kapoor, 80, a homemaker, like many of our other interviewees, remembers menopause as a moment of freedom from painful periods and like many others, she had her uterus and ovaries removed due to health complications. She sees ageing as a fact of life and tries to make the best of the moment. Anasua Sen reminds us that time is constantly ticking and everything and everyone is getting older. So, ageing for her is another part of that ticking clock.

Besides the usual age-related issues around blood pressure, sugar and cholesterol, Nibedita Ghosh, a retired central government employee and a queer feminist activist, has osteoarthritis. She experienced menopause early in life but did not receive timely medical advice about hormone replacement therapy which adversely affected her knee joints. She will soon require knee replacement surgery. While Deepika Ray, 65, a homemaker, concedes that menopause has brought profound changes in her body, including her appearance and her weight, she talks about it in a matter-of-fact manner, not as a point of lament. Madhura Bose, 70, also a retired central government employee maintains an active lifestyle. She does free hand exercise every day and has a very controlled diet, comprised of rice once a day, no meat or fish and lots of dry fruits. She asserts that she has to be very careful about her health because there is no one to look after her if she were to suddenly fall ill. Moreover, if she is healthy, she will be able to travel. Though Bindya Naskar does not exercise, she maintains an active lifestyle. She conducts a monthly Kali puja at her place for which she does all the cooking and cleaning herself because it brings her happiness and pleasure.

In all these narratives, while we do hear about a host of health concerns, including one account of medical negligence, our interviewees have also devised routines of making the best of their life situations. A balanced diet and regular exercise are common strategies but also orienting one's mind to the fact that ageing is inevitable is also an important strategy that contributes to well-being. Additionally, in a heteronormative economy where a woman's worth is often measured by motherhood and nurturing responsibilities, all these women speak of menopause as a moment of liberation. How often have we encountered such accounts in our policies or representations of elderly women in the media? There were of course some exceptions to this narrative, in terms of health complications induced by menopause. Fatimah Mondal, 67,

says that her menopause came in very late around the age of 50-55 and it was a painful process. Her health has not been the same after that. Her arthritic pain has aggravated and she has put on weight. She cannot walk without a walking stick and this does not allow her to contribute to household chores that makes her feel helpless. However, even here, what we note is not grief about losing one's reproductive capacities or youth but very practical concerns around bodily autonomy and one's household responsibilities.

In the previous paragraphs, the women we encountered mostly come from middle and upper classes and are dominant caste, which also affords them access to nutritious diet and exercise regimens. Jharna Sarkar is an exception in that list but her lifetime experience in the circus has instilled in her a disciplinary ethic which contributes to her active lifestyle. Health, however, can act as a serious deterrent to physical and emotional well-being. For example, Asha Gayen has arthritic pain which has affected her mobility. So, she struggles to climb stairs to the room where she takes her clients. She also says that with age, her body's capacity to deal with the many demands of her clients has decreased. Though she finds it painful, she has to still deal with them because she needs a regular income. She worries that if she is not able to earn, she will become completely dependent on her son and daughter, who might not look after her if she falls ill. Here declining health and compulsions of sex work produce deep stress but Gayen continues working because she wants to remain independent. We get a complex

understanding of independence from Bula Sardar, 64, who is a retired sex worker. Currently, she runs a cart selling evening snacks. While she says that she can cook whatever she wishes because she lives alone and has to meet nobody's dietary preferences, she still thinks that with age, freedom decreases. Declining health and the financial precarity that it entails lives alongside the freedom of a solo life. Sardar neither romanticizes the freedom of ageing nor paints an entirely dire picture of elderly life. She acknowledges her failing health but also having been able to shift to a new job, she is independent as of now.

On the question of physical health, another important point must be remembered. Often, class and caste precarity impede access to timely and affordable treatment for ill health that takes people to pseudo-scientific remedies that might offer temporary emotional reprieve from anxieties around health but in the long term could have adverse consequences on health. For example, Lakshmi Sikdar, 67, like many of our interviewees, hopes for a death without suffering. She does not want to become a burden on her son and daughters. She mentions an ashram that sells roots that are supposed to have medicinal properties, at a nominal price, much cheaper than regular medicines. The ashram has strict rules about visits. Visitors must come bathed and must not consume fish and meat before visiting. Before we jump to easy judgments about Sikdar's lack of awareness on health, we must note that even at this age, Sikdar continues to be a domestic worker and her sons also work in the informal sector, without stable income. Sikdar is mother to three sons and two daughters and migrated from Bangladesh to India due to communal violence. Frequent pregnancies had already affected her health and migration only aggravated her condition. Even though life in Bangladesh was not precarious because they had land, in India, her financial situation never stabilized. Her husband, who is now no more, drove rickshaws and struggled with alcoholism, forcing her to find work. We cannot make sense of Sikdar seeking cheap alternative health remedies without accounting for her prolonged financial crisis, her weak physical health and rising medical costs.

From perceptions of health and its relationship with mental health, we now move to another dimension of discourses on the body – perceptions about one's body image and beauty and routines of self-care related to such perceptions. When Jharna Sarkar goes out, she neatly combs her hair and loves

wearing a bindi but at home, she has no other self-care routine other than her diet and daily exercise regimen. She occasionally dyes her hair and loves the colour, burgundy. She recalls how in the circus, when she started ageing, the audience and her fellow participants often looked at her on stage and exclaimed, "*Aunty aa gaya!* (Aunty has come)" These ageist remarks hurt and so she withdrew from stage and started training girls. Sarkar says that facial make-up can hide one's actual age but the body always gives away. She does not enjoy make-up and dressing up anymore. She says that she has done it all in the past and has now left those days behind. When circus managers remark about her skills and ask young women to train under her, she feels pride for all that she has achieved. What we witness here is a multi-

layered negotiation with one's ageing body. On one hand, Sarkar remembers her sense of hurt from the injurious speech of her colleagues and the audience but she also reoriented her career as a coach that brought her affirmation in her capabilities. While she exercises to maintain her body, she also does not have any other self-maintenance routine for skin care or her hair. She has accepted ageing as a fact of life but also dyes her hair. This is a delicate dance of acceptance and daily negotiation with one's changing body. We find this delicate balance in some other interviews as well.

Mousumi Das too does not feel sad about ageing. However, she also regularly dyes her hair burgundy because she thinks white hair will make her look old. She loves her facial creams, kajal and lip stick. She had an accident during which she fell from the stair and severely injured her back, a pain that continues to come back often but these beauty routines not only make her feel good about herself, they are also a coping mechanism with the recurring pain. As someone who has to supervise her restaurants daily, Helen Liu, 70, does not get much time for self-care but she also does not like wrinkly skin. So, she applies baby lotion when she steps out and loves dark shades of lipstick and nail paint. Sandra Liu who also runs her own successful business does not like the fact that she has put on weight. She loves putting on her red lipstick even as she has stopped wearing her favourite frocks because she thinks those are not "age appropriate." Rinka Dutta, 67, a homemaker, has moved on from darker shades of lipstick to more matte colours. She is comfortable wearing both saris and trousers and tops. She applies henna on her hair. Reshma, a resident of the hospital for the mentally ill, is around 65 years old and worries about deteriorating health with age but also enjoys putting on lipstick and mascara and looking at herself in the mirror when she can. Gita who has lived in this hospital for 19 years now says that she has no complaints about her life. She is doing well but she does not like her grey hairs because she thinks that the whites in her hair make her look old. So, she would love to dye her hair and urges anybody who cares to listen to her to bring her some hair dye.

In these narratives too, we notice a careful negotiation of notions of ageing, self-care and one's self-image. Hence even as certain clothes are deemed inappropriate by these elderly women, dark lipstick is not. On the other hand, some women break down the distinctions between appropriate and inappropriate clothing by choosing to wear trousers and tops but they also harden such distinctions when it comes to makeup by shifting from dark to muted tones. Meanwhile, the need for hair dye coexists simultaneously with a matter-of-fact acceptance of ageing. What these narratives also present is a stubborn assertion for the need for care and for the need to be able to feel beautiful in one's own eyes. Even as she continues to remain institutionalized, Reshma does not forget to look at herself in the mirror and loves her makeup while Gita pleads for hair dye. Amidst all this complex acceptance of ageing, Helen Liu's account is somewhat exceptional because she states unabashedly that she does not like wrinkly skin and has therefore developed a routine to counter an ageing body.

Within a severely circumscribed household economy where there is little autonomy for women and a lot more judgment, we find some quiet acts of resistance as well as quiet submission in working-class Muslim households. Earlier Ruksana Bibi only wore saris but seeing her daughter in law wearing nighties, she has also started wearing them. Though her old age inhibits her from wearing jeans and tops, she enjoys watching young girls wear them. She has tried wearing churidar and kurti but she does not feel clothed enough in them. Sari over the petticoat is what makes her feel completely dressed. She misses her

childhood, especially the time spent outdoors in the fields participating in different games, all of which had to be stopped post marriage. For Ruhana Bibi, 70, hair oil and soap are essential for bathing. She does not worry about the whites in her hair. She misses her youth when she used to dance with her sisters-in-law to keep entertained. She recalls her desire to wear bindis and how she was not allowed to. She says, “My mother-in-law would scream at me saying ‘and what is that you are wearing?’... She would abuse the hell out of me for wearing them.” Now she is more regular with her namaz and has discontinued with practices that seem to spoil the sanctity of prayers, such as wearing bindi and dancing. Rashda Bibi, 70, used to apply lipstick in her youth but now does not because she believes that society will judge her if she applies make-up. The only thing she applies regularly is hair oil.

We also notice loud narratives of self-assertion expressed through sartorial preferences and make up routine in some other accounts. Sharon Fernandez loves her jeans, shiny dresses and wears them according to the occasion. She also enjoys her make-up and uses foundation, mascara, eyeliner and a blusher. When she was at work, she never had time for make-up but post-retirement, she has more time. Even as she has developed these new beauty routines, these are not about looking youthful. These are simply routines of selfcare because she also informs us that she does not dye her hair and she does not crave youth. She loves where she is. Madhura Bose also enjoys wearing trousers and wraparounds post-retirement. At work, she used to only wear saris.

With age, some of our interviewees have also become introspective about how they have always been at the receiving end of patriarchal beauty standards. Deepika Ray says that growing up, there was a normative beauty construct that being thin was desirable. With age, she has realized that it is a goal not worth pursuing. She has also stopped dying her hair and is fine with her greys. Ridhima De, a retired central government employee, 68, has no hangups about make up but she also does not believe in hiding her age or attempting to look younger. She asserts that the idea that one cannot ask a woman's age is a patriarchal notion. With age, writer, Paramita Bakshi, 65, has realized that one's own sense of comfort is more important than pleasing others. She does not worry about ageing because everyone is getting old, she asserts. She does not dye her hair or hide her age. Rochona Moitra, 63, a development professional, believes that heightened consumerism of the contemporary times combined with patriarchal notions of beauty are leading more and more women into relentless beauty regimes. She does not believe in hiding her age and light kajal and body moisturizer are her main go to self-care routines.


and it's
fine silk for wings

Perceptions of body image and make up routines are also bound up with notions of sexual and romantic desirability. Normative notions of ageing, particularly ageing experienced by women involve configuring them as desexualized subjects. Speaking about the sexuality of elderly women is often stigmatized. Our interviews trouble such notions in complex ways. While not all of our participants have active sexual or romantic lives but all of them have strong opinions on sexuality, thoughts that complicate mainstream understanding of gender, sexuality and ageing. Bindya Naskar says that she does not like dressing up anymore. However, this has less to do with age and more to do with her bodily ailments. As a trans woman, dressing up brings her gender affirmation as well as a lot of erotic attention, including attention from men, much younger than her. Yet due to high blood sugar that results in a frequent need to pee, she has simplified her clothes to not impede her bodily mobility. Her health needs have become more urgent than the male attention she can receive if she dresses up. This was not the case even three years back. However, this does not mean that her life is bereft of desire. She interacts with men on social media, including receiving video calls, when she wishes. Thus, it is important to carefully track how one's desires as well as desirability transform with age and not casually dismiss conversations on sexuality and ageing.

Jharna Sarkar had a loving relationship with her husband but also states that their sexual life ended much before his death because they had to share the circus tent quarters with her son and girls who were training under her. She is propositioned even today but sexual intimacy is no longer on her list of pleasures. She would rather be liberated from her domestic duties and travel. Though Sarkar does not express the need for sexual intimacy, her craving for mobility is also a gendered desire. Being bound up in the feminized labours of looking after her grandson and granddaughter, she craves for a time when she can be free to travel, just like the old times when she travelled with her circus.

Care giving responsibilities can also come in the way of intimate relations. Shampa Bose could not marry because throughout her life, she has had to undertake caregiving responsibilities - first, her mother and then her sisters that has allowed little room to process her own romantic and erotic needs. There was a time when Sushmita Choudhury, 70, who is the member of a self-help group and currently lives in an old age home, was

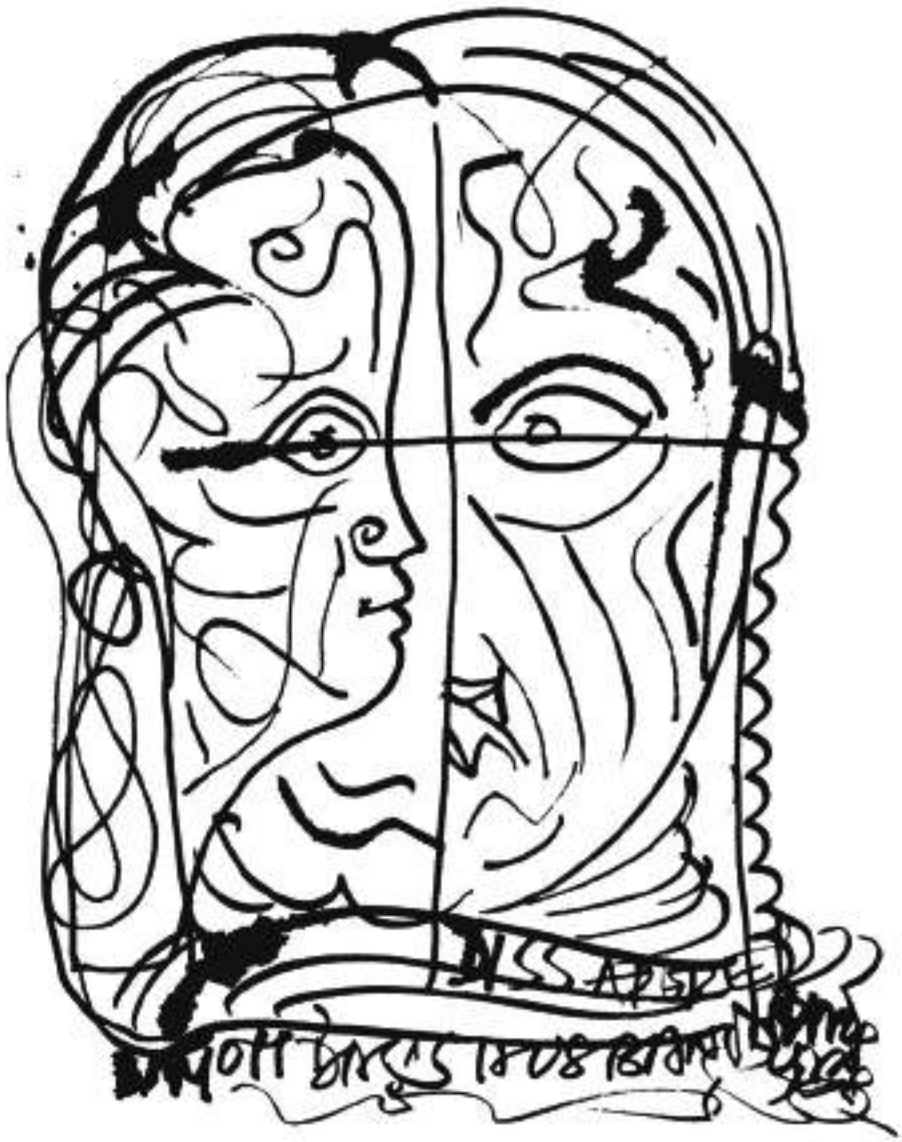
married but could not live with her husband because she was the sole caregiver of her now deceased mother. She says that due to her single status, there have been men who have wanted to be with her but she soon realized that they were more interested in extracting money from her. So, she is wary of male attention.

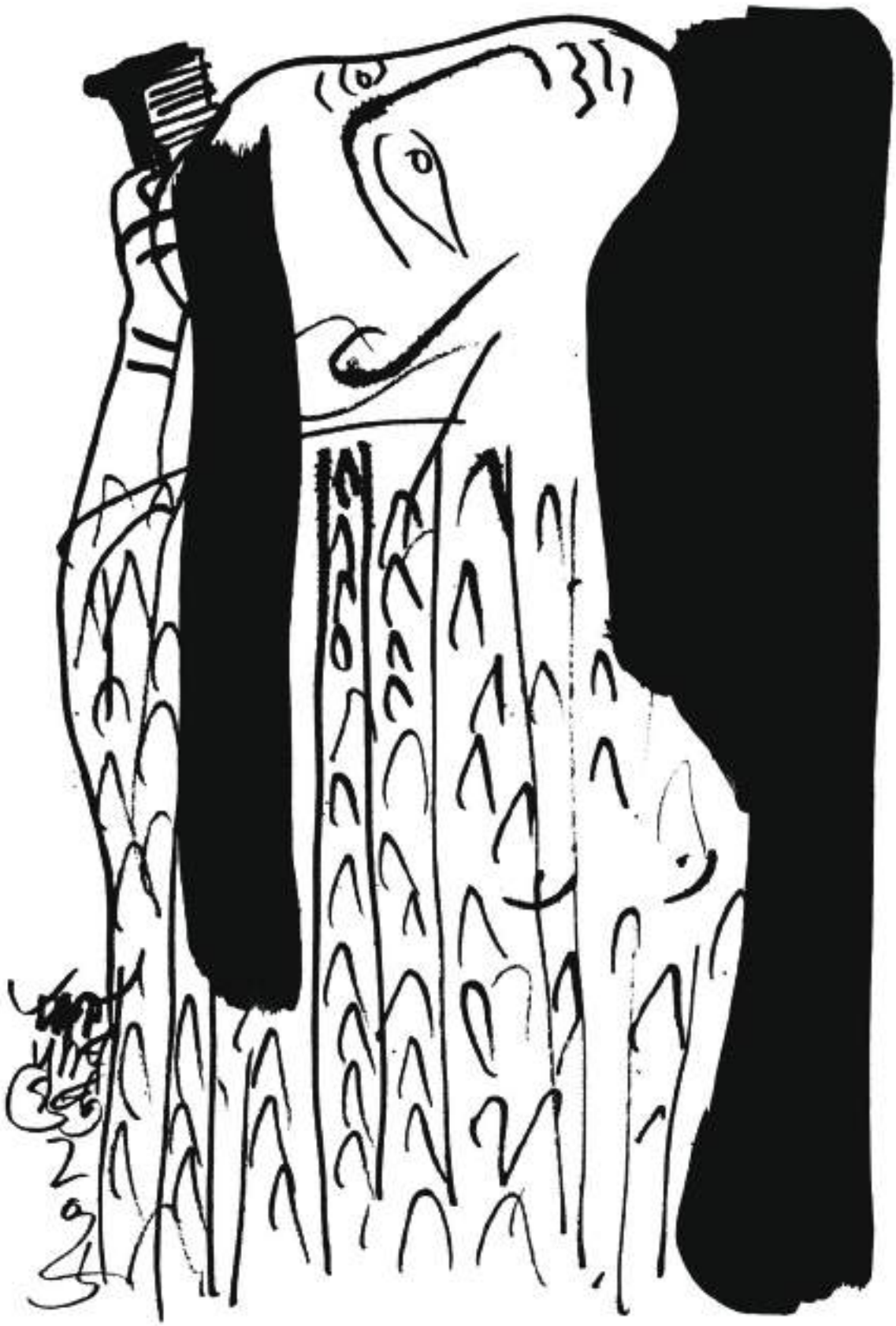
There are also some women such as the retired professional, Rinka Dutta, 67, who misses the companionship of her husband but tries to stay active with work to overcome the loneliness. Dutta has not considered exploring meeting other men. Rita Dasgupta, 70, who lives alone in an apartment in a gated community in Kolkata, has COPD that has worsened with age. Construction related pollution in Mumbai, where her son lives, affected her health and she can no longer live there for long stretches of time. Living away has actually been good for her, she states. This is because she enjoys her freedom living alone, so much so that she cannot imagine finding another partner after her husband's death. Meanwhile Rani Pal abashedly laughs and states that she continues to have an intimate life with her husband who lives with her at the circus. Rashda Bibi looks back at her conjugal life with fondness even though she never had any romantic outings with her husband. She mentions in the same breath that she takes medicines for blood sugar, cholesterol and convulsions regularly and also has to take calcium for her declining bone strength, implying that her weak health is her main point of concern. Niyoti Dasi's experience with marriage is quite a contrast to these experiences. She left the confines of marital life and heteronormativity and struck on her own in the sex workers' community. She had a longtime lover and found her bodily autonomy and economic independence through sex work. She regularly wears sindoor because she likes the look of a married woman even though she escaped the institution long back. This is another form of stubborn assertion of one's sovereignty. Life simply continues for Dasi, a working woman selling pakodas, where she decides its terms.

Sexual and romantic connections do not only revolve around marriage, of course, as Naskar's interview demonstrates. Paramita Bakshi says that though she has never tried to hide her age, she has never had any problems finding men. As a divorced woman who has lived alone for decades, she exudes confidence and power which men find attractive. And Bakshi works out these intimacies on her own terms. Some of our

interviewees also bring up issues of safety around dating, conversations that the mainstream do not expect from elderly women. Rochona Moitra says that women need to be careful about surveillance cameras and technological frauds before meeting new people or being intimate with them, which becomes more relevant for women who meet men from dating apps. Madhura Bose is single by choice. She has had some friendships through social media but those men turned out to be cheats who took money from her and disappeared. So even though she enjoys the attention she gets, she is extremely cautious now.

Overall, on the surface, we do note that most women who spoke unabashedly about their sexual desires come from affluent classes and from caste Hindu communities. However, we must reiterate that it is important to not only go into the details of the sociohistorical and cultural backgrounds of women but more importantly, their current living conditions that also inform how they speak about their bodies, desires and sexual lives.

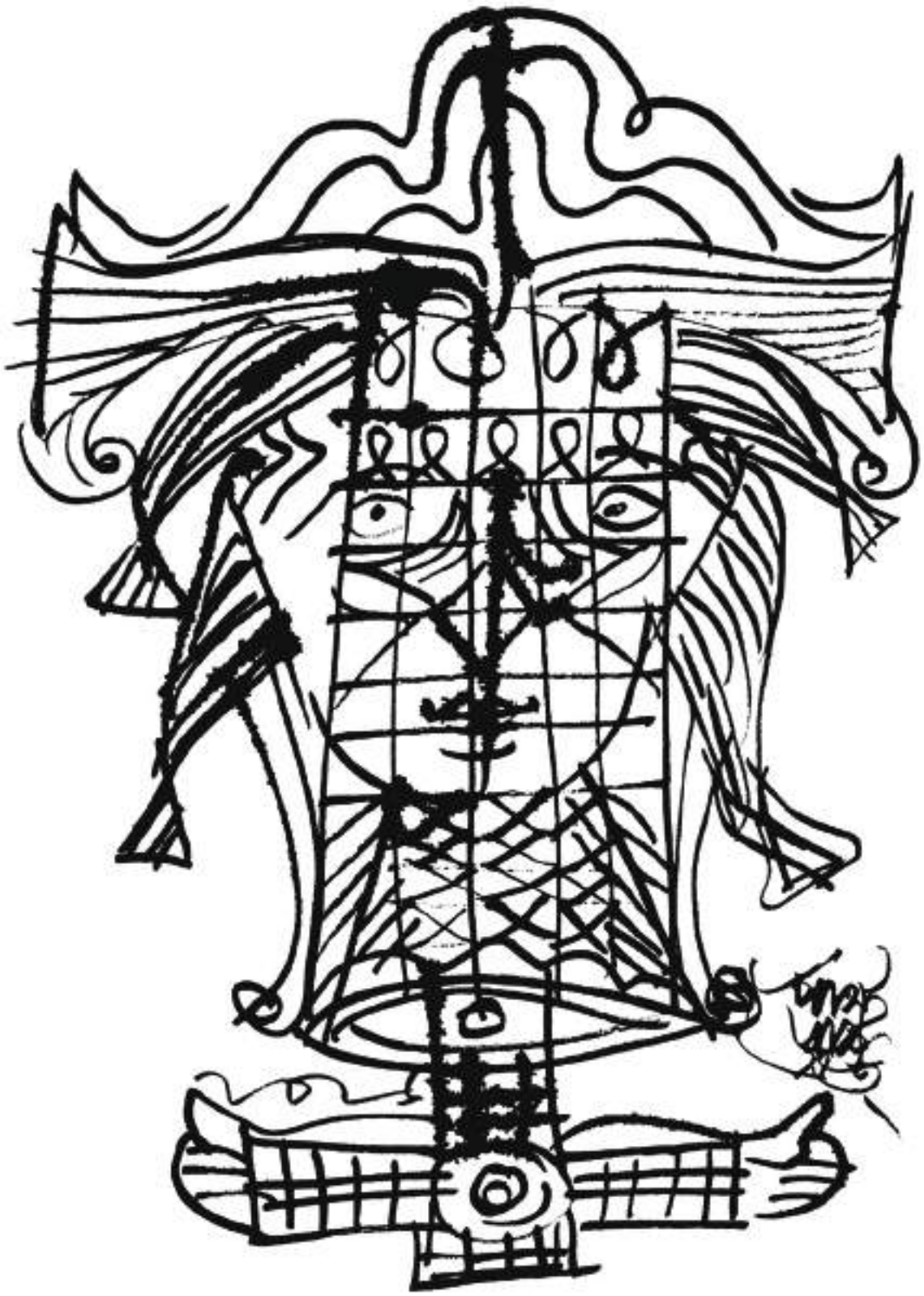




LEISURE

In this section, we present narratives of how our research participants spend whatever leisure time they can manage from their many responsibilities. While there were many participants who did not know how to answer this question because they rarely thought of free time or relaxation, which itself is a very gendered response in a male dominated society, other participants spoke about travel, reading, gardening, cooking and other pursuits. We cannot reiterate enough how important is leisure to mental health. When most women cannot even imagine it as a right while men see it as an entitlement, a gendered conversation on leisure is important, not only in studies of gender but also in the domain of public health. That this is the shortest section of our report is a testament to the fact that these conversations are urgent.

Sharon Fernandez, 69 loves playing crossword puzzles on her I-pad and watching Netflix during her free time. She also teaches English to her grandchildren sometimes, especially Shakespeare, who she loves. Occasionally, friends come over or she visits them to play cards. Fernandez loves rock and roll and every time the Dalhousie Institute advertises a dance gathering, Fernandez goes and dances. Her friends circle has people around her age as well those in their 80s. It is easier to keep in touch with them now, thanks to WhatsApp. Technology, particularly social media has been helpful for a lot of elderly women to stay connected with their friends and find new communities. These connections bring them a sense of joy and relaxation. Those who are technologically savvy have also



found new entertainment on OTT. Rinka Dutta loves watching films on OTT and is subscribed to several networks. Besides enjoying reading, Sohini, queer feminist activist, 63, has a WhatsApp group with her trans femme friends that is a space for gossip and laughter. She also enjoys spending time with her partner, Nibedita. Jharna Sarkar loves to browse Facebook on her phone and is able to keep in touch with many of her friends from the circus on social media as well as phone. Shampa Bose loves music and watches music reality shows and loves quiz shows as well.

The need for leisure has to be balanced with care duties by most women. For instance, before stepping out for her song and dance outings, Fernandez has to ensure that there are attendants present for her husband and brother. Caregiving responsibilities have affected her mobility. She cannot travel at will or invite visitors but she tries to make the best of whatever opportunity she gets. Her husband had multiple strokes and her brother has had polio and they are completely dependent on her. That she does not feel resentment but gets on with life is a comment on how familial duties are seen as essential labours that women must perform. Ruksana Bibi also reminds us about the question of affordance when it comes to leisure. She points out that women with wealth can afford domestic workers and thus have leisure. She cannot afford one but she also adds that she enjoys cooking and serving meals to her family. In speaking about her pleasure of cooking, she comes close to Fernandez's matter of fact acceptance of her daily caregiving duties. Despite coming from two opposite ends of the class spectrum, the undervalued labour of care brings them together.

Travel or the desire for travel was a recurring pattern in our conversations on leisure. Deepika Ray travels once a year with her younger sister. This brings much needed relief from regular family responsibilities and rejuvenates her. Madhura Bose has completed a decade since retirement from her central government job. She is a passionate traveller. Her dream was to see the Aurea Bolis which she has fulfilled and now her next dream is to visit the Antarctica. She travels with travel agencies after researching budgets and track records of different agencies. Ridhima De who retired from her central government job three years back enjoys the fact that she can devote more time to travelling. She treks, hikes and loves visiting places that are yet to become popular tourist destinations.

Health and economic precarity, however, does not allow several of our interviewees to fulfill their desire for travel. Saraswati Mondal has travelled to Puri and Gangasagar and remembers those trips with fondness but her current financial situation does not allow her to take these trips anymore. Rashda Bibi would also love to travel. She loves the mountains but she believes that because of her weak knee joints, she cannot manage such trips. Instead, occasionally she visits her family relatives and her married daughter to escape the daily drudgeries of home. We find this mode of substituting one's desire for travel with a pleasure activity that is more doable in Paramita Bakshi's account as well. Her mobility has been affected by her sciatica pain and so she cannot travel much but enjoys reading and writing. Mousumi Das has fond memories of travel but at present her financial situation does not allow her to plan any trips. In her free time, she enjoys listening to the songs of Lata Mangeshkar and Mohammed Rafi. Sometimes travelling in large groups bring down the costs of travel. For example, Debikabala Roy has travelled to spaces of Hindu spirituality like Gaya, Vrindavan, Benaras and Puri with female friends from her neighbourhood.

Our interviewees also find other modes of leisure. 61 years old Nibedita Ghosh who took voluntary retirement from her central government job a few years back, finds immense pleasure and self-nourishment in growing plants with the support of her gardener at her second home amidst a dense forest, a few hours by train from Kolkata. Debikabala Roy plays ludo with the women in her neighbourhood and sings devotional songs of Harichand Thakur with other women. These songs are as much about spirituality as about finding joy and pleasure in communal singing.

We must reimagine mental health needs of elderly women by taking seriously all these different forms of leisure and relaxation as well as all the constraints that does not allow them any free time to be able to make better policies for the emotional well-being of women across castes, class and faith. Most importantly, in the absence of any organized and structural support of care, these responses alert us to how elderly women develop their own structures of healing and repair, as fragile as these structures maybe.


ON RELATIONSHIPS AND CONNECTIONS

SOCIALITY: ON KINSHIP AND CONNECTIONS

This section of the report aims to offer a glimpse into the dense networks of families, non-human companions, neighbourhoods and the larger community that deeply inform how our research participants experience their lives. Heartbreaking stories of life spent waiting for families to take recovered residents of public hospitals for the mentally ill sit alongside heartwarming stories of women in a self-help group coming together to raise money for a lifesaving surgery of one of their senior members. There are loving sons and daughters, sons who neglect, cats and plants who become family, families that are deeply aware of one's non normative gender embodiments and stories of solo living that form the fabric of the lives of our ageing participants. In short, kinship and connections become important sites that determine the state of their mental health.

When it comes to questions of kinship, natal family is the most discussed unit and it is treated as a presumed good as a caregiving institution. Our interviews, however, trouble such easy associations. To understand the role of family and its connection to the mental health of our participants, we first turn to our interviewees, who have been residents in the hospital for the mentally ill for decades. Runa Dutta shares a troubling relationship with her sister. While her nephew visits her occasionally, what emerges from our conversation with her is that she has a joint bank account with her sister, where her old age pension from the state government gets deposited. However, she only receives a few hundred rupees across the year when the nephew visits her, not the full amount which is

her due. Earlier the police had rescued her from a street and warned her sister that she should not mistreat her. Runa Dutta is still grieving her elder son who suddenly died and even though she knows that she is being deprived of her income, there is nothing much she can do. However, she knows that life goes on. So, she finds pleasure in chatting with other residents and employees of the hospital. Chandrima Laha has been living in the hospital for seventeen years. She is in her 60s now. Even though her son tells her that he will look after her when she grows old, he is yet to take her home. This creates a lot of uncertainty for her. This does not mean that she allows this uncertainty to overwhelm her everyday life. She spends her days carrying out chores in the hospital such as giving medicines to other residents, helping them bathe and so on. She has several friends in the hospital. Pompi who has been living in the hospital for five years looks forward to a time when she can be back home with her son. She was informed of her husband's death over a phone call and her son claims that she will be lonely if she goes back home. However, Pompi insists that she can perform all her chores without anybody's assistance but she just wants to be back home. Some of her friends in the hospital have already left with their families, making her lonelier. She craves for her family. Rumki Devi, 65 was also turned out by her younger son and now lives in a hospital for the mentally ill.

Mental health rights activists have been working on destigmatizing mental health for a long time and continue to work on reintegrating recovered individuals into community. However, these narratives are a statement to a crisis that goes beyond stigma. Here even as individuals are not accepted within the fold of the family, their resources can be extracted. Autonomous individuals can be gaslit into thinking they will be alone if they come back home and their need for companionship and their grieving hearts can be carelessly disregarded. Our interlocutors, however, are also resilient beings. In seeking connection and relations within the hospital, they also find ways to make life within the institution. Not all natal families, however, are violent.

Helen Liu says that her children are her insurance and they will look after her when she becomes unfit. Fatima Mondal has three sons and they are all married. The sons and daughters in law look after her and take responsibility for her medicines. Mondol had a difficult relationship with her mother-in-law who

used to make her slog a lot but she did not want to transmit that trauma to her daughters in law and thus enjoys a caring relationship with them but she also worries that in a poor household, as an elderly person with health issues, she might become a financial burden. Bula Gayen, 63 is well looked after by her sons. They take her to the hospital when she is ill and often the sons are accompanied by men in the neighbourhood. But she worries about their job related precarities. One is a cook and the other works as an electrician. These worries are exacerbated by the fact that they live by a railway line and can be removed from there any day. She has experienced displacement before as well, having migrated to India from Bangladesh due to poverty. Ruksana Bibi is looked after by her son and daughter and she knows that if she is ill, they will look after her. However, she worries that with soaring inflation, they will be stressed looking after her. Her widow pension is barely adequate for her regular medicines for blood pressure and sugar. In these narratives, we witness caring families who look after elderly parents as thus must. This care is often put to test by economic crisis but family care is sometimes complemented by community care that helps mitigate the crisis as we see with the narrative of Bula Gayen. We witness a similar familial and communal care in Bindya Naskar's household as well.

Bindya Naskar has always had an accepting family, which is rare in a heteronormative society that can barely think beyond the gender binary. Her nieces have brought her make up and her sisters have encouraged her gender expression. However, they are all old now because of which they cannot see each other regularly. Her landlord is a kind person who is fond of her and helps her if she needs anything. Sometimes, within the family, also develops bonds that queer expectations of what families can look like. Earlier we read how her mother-in-law never allowed Ruhana Bibi to wear bindis. Between a violent husband and a severely abusive mother-in-law, dancing with her sisters-in-law is the only happy memory Ruhana Bibi has of her husband's family. Now she visits them individually and often they request her to dance, "'Oh Akhtar's wife, why won't you dance for us'...they will keep pleading...I will shake my hips and they burst out in glee." It was very clear from her interview that her sisters-in-law make up her community, her close kin. This is a connection that has been forged through a gendered affiliation, a space of comfort and care within the violent institutions of marriage and the heteronormative family.

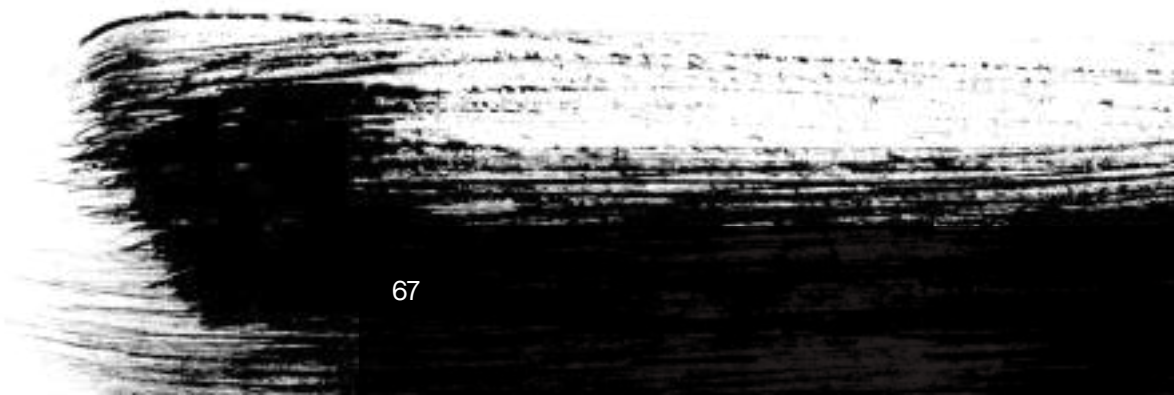
Community and relationality could also be forged outside the family unit. Sometimes a sense of kinship also develops from one's working conditions. Here we move from the circus to a self-help group to a sex workers' neighbourhood and find how communities of care and interdependence are forged in each setting. Our interviewees from the circus tell us that the circus employees have always stood by each other in times of crisis, such as accidents or ill health. In fact, Jharna Sarkar comments that unlike her neighbours who are busy with their respective lives and would rather bring each other down than be in community, she is still very much connected with her friends from the circus, even years after her retirement. When asked if she believes that the quality of care that an elderly person receives depends on class, Sarkar says that fate trumps over class. She gives the example of her younger sister who is very rich but lives alone. She had a bypass surgery recently but has to manage everything on her own. However, Sarkar is confident that if she is in a similar situation, her circus community will support her. The members of her self-help group have been extremely supportive of Sushmita Choudhury. When it was found that her heart had a 90% blockage, they pooled in the resources to help her with the surgery. Even though she could not regularly pay her monthly subscription, they always stood by her. Mousumi Das has an outward stern image that helps her

deal with miscreants and trouble makers in the sex workers's neighbourhood but the locals treat her with a lot of love and respect. Jayanti Roy says that she is completely dependent on her neighbours if she has a health crisis. They call her "thakuma" (grandmother) and she enjoys this respect, which is a welcome change from the stigma of being a sex worker and being perceived disrespectfully by the society.

In our interviews relationality and care do not remain confined to human beings alone. Kinship develops with non-human beings and families are also forged outside relations of blood and the marriage contract. Sharon Fernandes used to have dogs. Eventually they died but now she has cats who were rescued from different public spaces. They sleep on her bed and she can spend hours with them and in fact, sometimes, she prefers their company over humans. Nibedita Ghosh has developed a deep kinship with her plants and every time she leaves her home in the village for her home in Kolkata, she pats them with a promise that she will be back soon. She sits on an armchair in her garden and enjoys solitude with her plants which she finds romantic. Both Sohini and Nibedita state that the members of the queer women and trans men's organization they helped found are also part of their chosen family. During the pandemic, they would regularly check in on each other on video calls. Ruksana Bibi's best friend married in the same neighbourhood as her and so both friends get to spend a lot of time together. They often have their evening tea together.

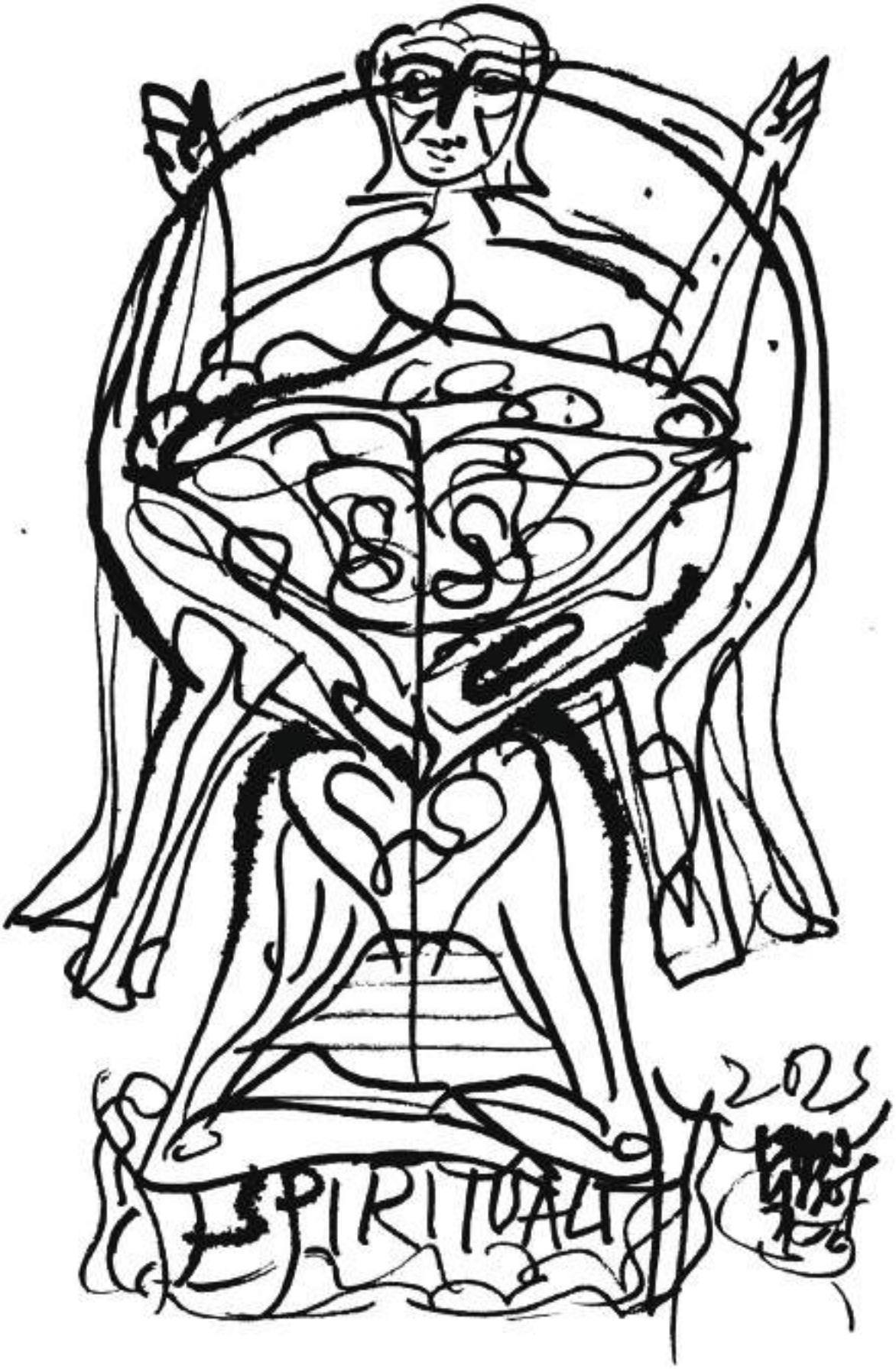
In our interviews, we found another dimension of care. In a hyper individualist and market driven economy, sometimes communities get torn apart. Families migrate for livelihood reasons leading to breakdown of friendships and other relationships. This produces a care vacuum where often paid

professional caregivers enter. Here care becomes part of a contract and those who have the capital can purchase it. Deepika Ray who lives in a gated community rues the fact that she has no community of friends left at the moment. All her friends are elderly. Some of them live in other cities with their working sons and daughters. Others rarely leave home due to health issues. Many in her family have died. Her daughter lives in another city. So, she has hired a care management organization for emergency health support for herself and her husband. Rinka Dutta, 67 likes her life in a gated community. Here Hindu festivals like Saraswati and Durga Puja are held, there is a park for morning and evening walks where the elderly meet. Just at the gate there is a market of fresh supplies of meat and vegetables. There are a swimming pool and a private health clinic as well. In other words, all her needs, from getting fresh groceries to participating in religious festivals, from doctors on call to open spaces for walking and exercising are met within the housing complex. This is perhaps the reason why Paramita Bakshi is not invested in the idea of community. She says that even if she were to depend on a circle of friends, such a group would also face deaths. She is financially independent and hires a care management organization for medical support. Her son lives in the UK and he visits her occasionally but she fiercely protects her own space. Rita Dasgupta is 66 and lives alone in a gated community in Kolkata and divides her time between her Kolkata apartment and her son's place in Mumbai. She loves living in a gated community, because of the same reasons as Rinka Dutta. She also adds that the gated community allows her to hire domestic workers whose salaries are affordable for her. She also observes that there are strict security checks within the housing complex that makes her feel secure. She remembers a time when she had just returned from Mumbai on a late-night flight, took a cab and reached her apartment at 3:30 in the night only to discover that she had misplaced her keys. She called the facilities manager and immediately they sent help to open her apartment door.



Dutta's comments on the affordability of the domestic worker's salary and the security and other infrastructural support that a gated community provides is a testament to a deepening class divide in India where care is privatized and depends on a migrant poor population that is kept ready to perform these essential duties on underpaid salaries. Our interviews with working class women have revealed deep financial precarities and also their negotiations around care support that involves families, friends and the larger community. Taken together, these two starkly different sets of narratives on ageing and care reveals how the elderly are no uniform population and therefore their needs around mental health cannot simply be one size fits all. Either way, however, any serious conversation on mental health must not only address these different narratives but must also be able to imagine care as a universal right that must be accessible to all. To that end, there is much to learn from all these narratives. From the emotional assurance that a loving family and neighbourhood brings to how crucial are open green spaces to a healthy life, the voices of the elderly women must be centered in these policy conversations.

We end this section with a complex take on relationships and community offered by Ridhima De. On one hand, she says that she values relationships and because it takes a lot to build them, she believes in adjustments that prevent them from breaking. On the other hand, she also values her solitude as a single woman. She gives the example of a retired man she knew. This individual had just sold off his property and closed his bank account in Kolkata and was returning home in Odisha to his loving family. However, on the way, he had a massive cardiac arrest on the train and died. De says that despite having a caring family, his final moments were alone among strangers on a train. Therefore, life is too sudden and surprising for easy equations. What De teaches us is that normative and linear associations of the family with emotional stability and a single life with helplessness break down with the complexity of life experiences. This nuance offered by De is also the kind of nuance that our polices must demonstrate.


ESPIRITUAL

SPIRITUALITY

This section offers a multilayered account of how our research participants make sense of religion, rituals and spirituality. One consistent pattern that emerged through our interviews is that our participants have an inner life in which they seek guidance from a spiritual figure, who could be a god or an unmarked force about how to lead a life through grief, mortality and different forms of strife. Apart from one of our participants who is an atheist, the rest of our participants practice different forms of rituals within established religions such as Islam, Christianity, Zoroastrianism and Hinduism. The rituals could range from daily namaz, humble pujas with whatever is available at home to devotional songs sung in communal spaces that are as much about submission to a god as about seeking friendships with fellow devotees. Caste plays an important role here. The reader will note the invocation of the legendary anti caste spiritual leader of the Matua sect, Sri Harichand Thakur whose disciples proudly sing songs to him and assert their anti-caste identity. A common plea in many of these prayers is the desire for a death that is free of suffering. What we must emphasize here is that spirituality often offers the language and the emotional tools to make sense of a deeply unequal world riven apart by violence and inequality. In other words, to pay attention to the spiritual worlds of elderly women, is to pay attention to their coping mechanisms and the connection between their emotional wellbeing and spirituality.

Rebati Sahis is not afraid of death and has immense faith in her Thakur. She thinks that because he has complete control over

the world, when he wishes, he will simply take her away. Debikabala Roy has a profound take on spirituality. She is not invested in ideas of life after birth. Rather, she believes in Harichand Thakur adjudicating if she should suffer for her mortal sins or reap the benefits of good deeds committed in life. This belief gives her strength to live through life without being dogged by fears of an ailing body or mortality. She is not afraid to apologize for any mistakes committed. These apologies could be rendered to Thakur for missing a lyric in a devotional song or to a fellow human for any mistake committed by her. She also thinks of her poverty as a strength rather than a problem. She believes that the wealthy have a lot to lose and so they think twice before donating to a spiritual cause unlike the poor. Bula Bhadra, 80 says that because she is poor and has no savings, she has no worries about losing anything. Rebati Mondol, 70, does not believe in an afterlife and like Roy and many others believes that we will face the consequences of our actions in life itself. This belief also helps her process the inequalities of our society. She says that though the rich have all the material comforts, these privileges cannot guarantee them a painless death. In that sense, death becomes the great leveler. What we find here is how spirituality offers a sense of direction to our interviewees on how to lead a life where they are able to make peace with the world. Spirituality often becomes a way to make life amidst deprivation. Perhaps then this is a form of therapy without the language of therapy.

The only plea that Bula Bhadra has for her god, Gobindo, is that she dies a death without being bedridden. This feeling is present in several of our interviewees. Only the gods change. Adyama is the goddess that Runa Dutta is devoted to. She also does not wish to live long because she is afraid that she might end up committing some sin. A devotional connection, however, does not mean that women give up their autonomy over their lives. Even as they have faith in a supreme being, they also value their freedom to connect with that being on their own terms. For example, Dutta had been to Vrindavan during the pandemic but life was too constricted with specific hours when she could step out. So, she came back and now lives in an old age home. In fact, a connection with a supreme being sometimes gives strength to our interlocutors to live alone. Shampa Bose states that she finds the strength to live alone from God. She relates an anecdote from childhood. When nobody was downstairs at her place, if somebody knocked on the main door, she would have to rush from upstairs to open the door. She would feel

scared of going alone. However, she learnt to chant god's name that occupied her senses and gave her the strength to go downstairs alone and that eventually gave her the strength to lead a life on her own. This does not mean she has any elaborate rituals to worship her God. She offers God whatever she has at home. What is important here is her inner devotion to God and not any performance for an outer world.

We find another striking example of the connection between faith and a single life in Sushmita Choudhury's experience. Before moving to the old age home, she used to live alone. One late evening after guests had left her place and she had wrapped up all the cleaning work post a puja, she started feeling uneasy. She thought it was a case of indigestion but her condition did not improve till late night. She struggled out


স্নেহের
শহরের গৃহহীনদের আশ্র
রাজ্য নগর জীবিকা
নিউ বারাকপু
ওয়ার্ড নং - ৪, নিউ বারাকপু


বন্ধন
য়স্থল (Shelter for Urban Homeless)
মিশন অধীনস্থ প্রকল্প
র পৌরসভা
র, কোলকাতা - ৭০০১৩১

of bed, opened her door and lay on the floor near the feet of her Gobindo and started chanting “Hare Krishna”. She left her fate to her god. Eventually her neighbours heard her loud chants and came over and took her to the hospital. She had a minor attack. Devotion to her god gave her the strength to move through this crisis.

The plea for a death without pain and struggle resonates across faiths. Fatima Mondal, 70 offers namaz five times a day and prays for a smooth transition as well. Earlier when she was immersed in household responsibilities, she rarely offered namaz so regularly but now with age and ill health, she has a lot of free time and she spends that time in prayer. Ruksana Bibi offers namaz five times a day and reads the Quran and hopes that Allah makes her transition smooth. She does not want to suffer a stroke and become bed ridden before her death. Rashda Bibi also does the same and hopes that she goes to Jannat but also, she does not think much about death. She has left it to Allah’s will. Just as with the previous narratives where we observed that a relationship with God is not simply about spirituality but also about one’s relationship with the world and how one lives one’s life, here too we must understand the need to offer namaz five times a day within the context of our interviewees’ specific life experiences. Declining health and financial precarity alongside the availability of time away from household work contribute to an altered relationship with Allah, whereby one’s fate is left to him, since much of life’s circumstances are beyond one’s control.

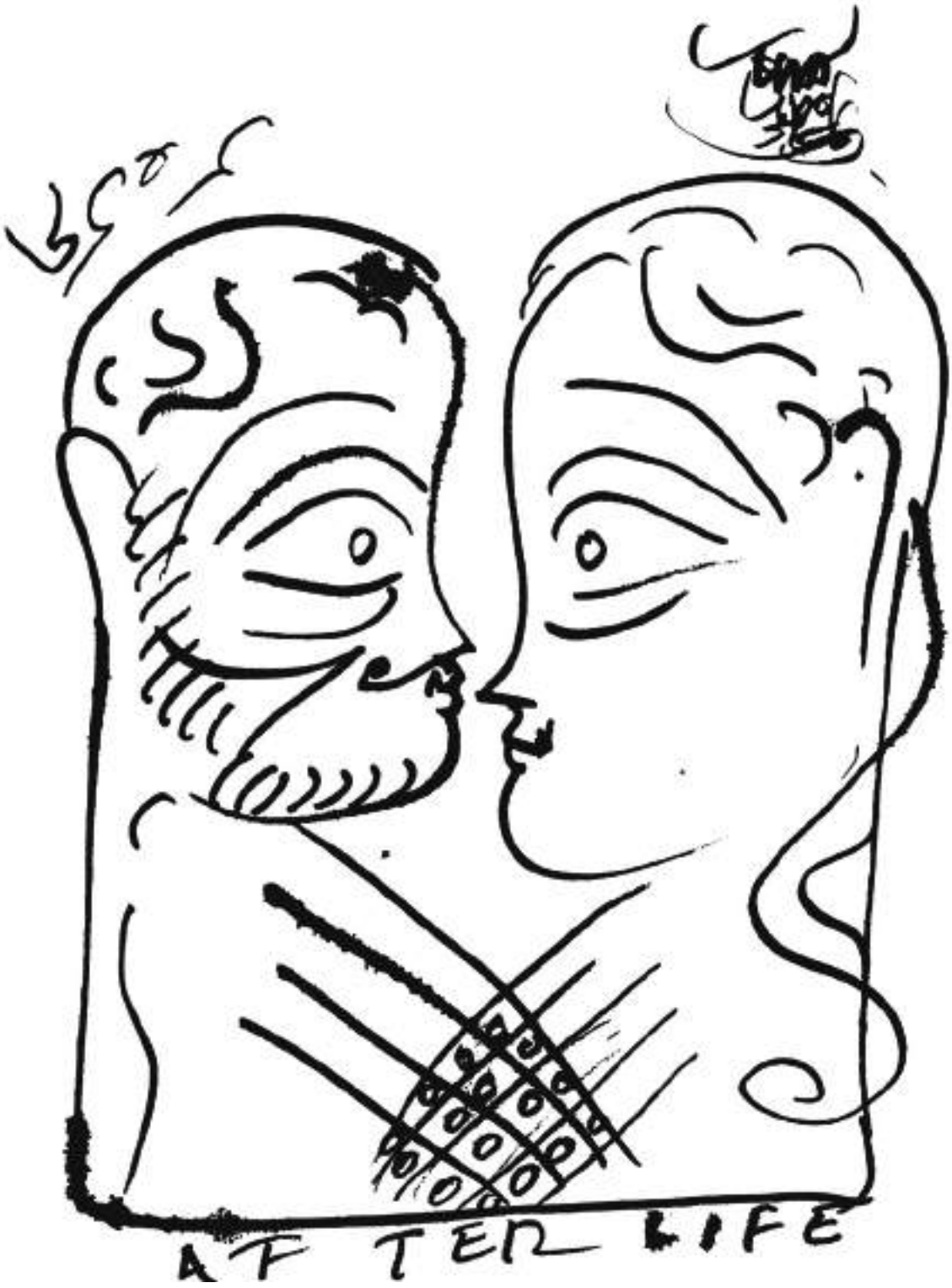
Madhura Bose says that after retirement she has found more time to immerse herself in spirituality. She regularly reads the Gita and believes that everything happens for a reason. Her relationship with ageing is in fact informed by this relationship with this text. One could have lived in youth till one’s death but life is divided into different phases and that ageing is also one such phase. However, this relationship with God is something internal and not to show around. So, she does not believe in elaborate rituals or even visiting temples and paying large sums of money to see God. In fact, she had visited a famous Hindu pilgrimage site and hated the ostentation. On a related note, Rochona Moitra notes the difference between religiosity and spirituality. She is more invested in the latter, which begins with how we treat others and what are our worldviews. Moitra says that she believes that even if we lie to others, we can never lie to ourselves and hence leading an honest life is important. She

believes in karma and believes that spending money in temples is a waste. What resonates among all these narratives is how spirituality guides our interlocutors towards an ethical life.

This orientation towards an ethical life also resonates with the way Fernandez negotiates faith. She grew up in a Catholic household and is a firm believer of Jesus, the Virgin Mary and some other saints. She believes that if she cannot do good for anyone, she will at least not harm anyone. In moments of crisis, she goes into deep prayer and believes that the crisis will pass. She does not need to visit a church to be one with God. In fact, she has often entered into arguments with priests about varied matters such as charity and compassion towards animals.

One of our interlocutors believes in multiple faiths simultaneously. Jharna Sarkar sends money to the Ajmer Sharif dargah, believes in Jesus as well as regularly visits the Kali temple at Dakshineswar. This faith did not develop in old age. As a circus performer, prayers were part of her everyday routine, a plea to the gods that the performances go smoothly without any accidents. When asked about her vision of an afterlife, she says that she also believes in karma and will only go where she deserves to go, a thought echoed by Rani Pal as well. Both of them pray that their end-of-life moments not be filled with suffering and immobility.

One of our interlocutors does believe in the afterlife and has a very specific vision about it. Rita Dasgupta says that if there is an afterlife, she would like to meet her husband and be with him, wherever he is.



Delnaz Taraporevala, our Parsi interviewee highlights the social aspect of religion that makes it an ever-evolving institution, not set in stone. She observes that children of Parsi men married to non-Parsis are accepted and allowed in Parsi communities but when a Parsi woman marries outside her community, she is no longer allowed in the fire temple and might lose her inheritance. However, that is changing. She gives the example of her daughter who is not allowed entry into the Bengaluru fire temple but is allowed in the Kolkata one. The number of Parsis are dwindling and it is important to keep up with the times. This is not to say that Taraporevala is not invested in her religion. During the Parsi new year, she regularly visits the temple for 10 days to honour the spirit of those who have passed on. This devotion has only deepened with age.

Ridhima De is not an atheist but does not believe in any idol worship either. She feels there is a power that oversees life. Paramita Bakshi is an atheist and says that religion is the root of conflict and that all religions must be abolished. Related to her beliefs that makes her a loner in most groups, she also asserts that she is cutting out trivialities from her life such as gossip, people's perceptions of her and societal expectations as she ages.

Across these wide range of experiences with faith, what we get are a social account of spirituality. Sometimes it guides us in leading life outside heteronormativity, sometimes it is one's only resort when economic vulnerability makes life more and more uncertain, sometimes it creates enduring capacities to live in an unjust and unequal world and sometimes it is simply a prayer for a seamless exit. Finally, the sense of calm and stability that spirituality brings makes it an essential site of investigation for any research in mental health of elderly women.


THROUGH AGE SHE HAS
BROUGHT HER CONFIDENCE

PRESENT AND FUTURE

This is a section on how are interviewees perceive the times they are living in and how they are preparing for what lies ahead. Here too the reader will find a whole range of ideas, sometimes even controversial ones. From an elderly queer feminist's ideas of what constitutes gender to a theatre director's dismay about the youth's lack of reading habits, from an elderly trans woman's fears about the manner of her death to an old woman's desires to build an old age home, there are many thoughts packed in the following paragraphs, that are a testament to the wide range of our research participants who have seen the world around them change dramatically through changing political regimes and rapidly evolving technology. This section moves from personal concerns about ageing, financial security, stability of income to macro concerns about the state of politics and changing lifestyles of the youth. One might ask why such a section in a report on ageing conducted by an organization that works on mental health. The reason is very clear. Against the mainstream tendency to treat the older population as a function of ill health that needs intervention, we believe that unless we treat the elderly as fellow citizens with the agency to speak their minds, we cannot address their mental health needs. This is all the more true for women whose voices are often misheard or misrepresented, more so when it comes to the elderly. Therefore, any intervention in mental health must begin with a basic acknowledgment of their autonomy and their right to freely express themselves.

We begin with some larger political beliefs that emerge from

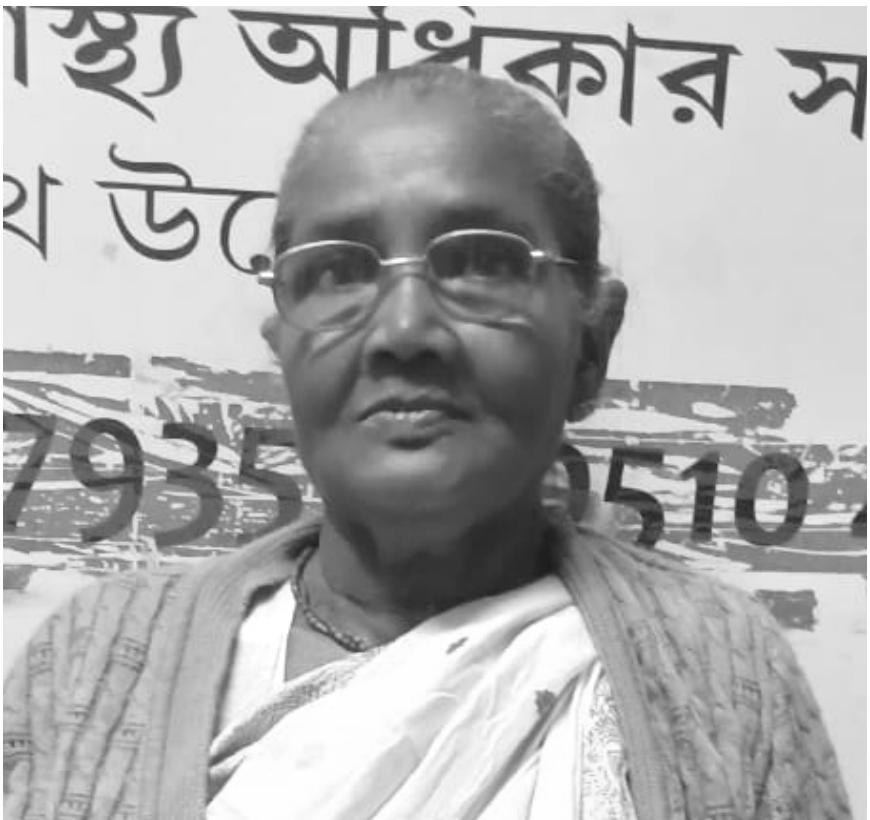
personal experiences. Nibedita Ghosh believes that the earlier generation of queer women had to face challenges of forced marriages and natal family violence just like the current generation, but because there were no activist support networks in her time, her generation of queer women thought strategically about when to come out. Focusing on career and financial independence were the first priorities for them. That has changed now when more and more young women are coming out without thinking of consequences because they have support networks. Additionally, there is a different understanding of gender now. Even though she identifies as non-binary, that gender embodiment does not deny womanhood because much of the oppression and violence she has faced has been as a woman. Ghosh believes that nowadays, one comes into one's transness before developing a political consciousness. Sohini, on the other hand, is proud of the fact that the organization she helped found is now being led by the next generation of queer feminists. Though she feels dismayed by the dominance of social media in contemporary life and activist organizing work, she is happy to have passed the reins. She claims to intervene in the organization only during times of emergency. She is happy to have largely moved on. She looks forward to spending more time with Nibedita because she never had uninterrupted time with her before. She often works pro bono advising new collectives on how to prepare documents for registration and how to maintain accounts. This way her work is also future oriented.

Anasua Sen feels dismayed by the current generation's lack of interest in reading and lack of basic language skills. She is also adapting to the times for the sake of her work ethic, giving online classes on acting but there are some hard boundaries for her – she cannot work in the hybrid mode and demands scripts in hard copy and writes in her notebook. Fernandez says that the complete penetration of social media in our lives alarms her and she does not miss being young, a thought echoed by Sushmita Choudhury. Shampa Bose talks about the difficulty of using apps for daily essentials such as grocery and household chores. She says that the state must provide every citizen with smartphones and free WIFI before expecting them to transition online for even the simplest of tasks. As a teacher, she also worries about the declining reading and comprehension skills of young students.

The thought of the future also brings up some deep anxieties for some of our interviewees. Bindya Naskar has seen many untimely deaths in her life as a trans woman and worries whether she will have a smooth transition when her time comes or will it be a death filled with suffering and immobility. Jayanti Roy is filled with anxiety about the present. While the prices of her regular medicines for high blood pressure, sugar and cholesterol have increased, her income has dwindled. So, she worries about aggravated precarity due to ill health.

The question of the future also brings up dreams for some of our interviewees even as their presents seem precarious. Sushmita Choudhury, 70 continues to nurture a dream which she also concedes is impossible to achieve. If she had the means, she would set up an old age home for elderly women like her where they could live for free and she would name this home after her mother. Chandrima Laha who is now stuck in the public hospital wants to escape this uncertainty and wishes to spend the rest of her life in an old age home where she wants to organize her days around devotion to God. She wants to worship, cook and clean for God.

Apart from the anxiety about the manner of her death, Ruksana Bibi is content with her current life and is happy that she does not have many responsibilities. Rashda Bibi says that she feels free because she does not have any responsibilities anymore. Her sons are working and are all married. While both Jharna Sarkar and Rani Pal agree that the circus offers more facilities now than before – better pay, better working conditions such as attached toilets and fans in their living quarters, their conditions continue to be precarious. The state of West Bengal has no specific allowances, pension or welfare schemes for circus performers which makes life more difficult after retirement. Sarkar compares Bengal with Kerala where the performers are unionized and receive these facilities. Wage rates are also higher there.



Helen Liu, a successful business person who own several Chinese restaurants points out that these are uncertain times where the wealth gap is widening between the rich and poor and it is becoming increasingly difficult to keep independent businesses running with changing tax regimes. She also comments that the market has become more competitive which has an impact on the mental health of the youth as well. As someone who spent five years in a detention camp in Rajasthan during the Indo-China war, Liu has come a long way from being a perceived foreigner to becoming an essential part of the cultural fabric of Kolkata. Yet times keep shifting with new challenges appearing at every turn. Liu signs off saying she is a strong woman and has looked after her family even though she does not have much power.

The present is more uncertain for some than others and often such uncertain presents are made more livable by dreams for a better future such as an old age home for the elderly, an escape from the hospital or a smooth transition. Sometimes, however, the present seems certain while the future looks uncertain, such as the fate of small businesses or one's capability to navigate ever evolving technology. In sum, can our policies and state level reports on an ageing population account for all these conceptions of time and their implications on the mental health of elderly women? If not, how do we understand cultures of ageing?

SOME CONCLUDING REMARKS

The central attempt of this report has been to contribute to a socio-cultural understanding of ageing and its relation to gender. This is to say that we have intentionally moved away from epidemiological and pathological modes of understanding the elderly. By centering the voices of our research participants, we hope to have produced a complex and nuanced understanding of ageing that troubles normative ideas of the elderly as passive and hopeless recipients of care. We must treat them as productive citizens of the country. Here productivity is not only in terms of the labour they perform but also in terms of the ideas they have about the world, which too have a lot to offer. A neat conclusion cannot be the desired outcome of such a report because our interviewees are agential subjects who are continuously negotiating with life and the larger world's changing terms. We cannot highlight enough how important it is to carefully attend to these negotiations. Conversations, arguments and theorizations in policy papers have not, however, paid enough attention to these narratives.

In the introduction to this report, we had offered a close reading of the much-circulated LASI report to underline how the language of pathology and stigma seeps into policy work, even as well intentioned as these studies are. In this conclusion, we turn to another comprehensive research work to understand how discourses of ageing circulate in state institutions. We are referring to NITI Ayog's 2024 position paper, *Senior Care Reforms in India: Reimagining*

the Senior Care Paradigm. In his foreword to the paper, vice chairman of the Ayog, Suman K. Bery notes that this policy think tank is responsible for overseeing the implementation of the Sustainable Development Goals (SDGs) of the government of India. In that capacity, the NITI Ayog has observed that even as India is reaping the benefits of a demographic dividend, its elderly population is also on the rise as fertility rates stabilize across the country. He then goes onto underline the vulnerability of the elderly to various chronic diseases even as he also underscores the need for dignity and respect. Yet how do we imagine dignity and respect for the elderly if our starting point is one of burden and loss of productivity?

The LASI report which was based on a full-scale national survey of an ageing population conducted by the Ministry of Health and Family Welfare stated that every 4th Indian above 60 and every 5th Indian above 45 report poor health and 20% of the elderly population have mental health issues. 58% of the elderly are women and among them 54% are widows. There is no data here on the trans population. The report goes on to give more numbers pertaining to economic status, diet and digital well-being. These numbers are important but even as these reports concede that more than half the elderly population are women, there are no specific recommendations, analysis or research about ageing women that go beyond pathology or questions of women's security. This creates structural gaps within policy documents. Let us give an example of one such structural issue. The *Senior Care Reforms* paper rightfully points out that there are negative stereotypes and stigma about ageing but while diagnosing the reason for such stereotypes, the report states:

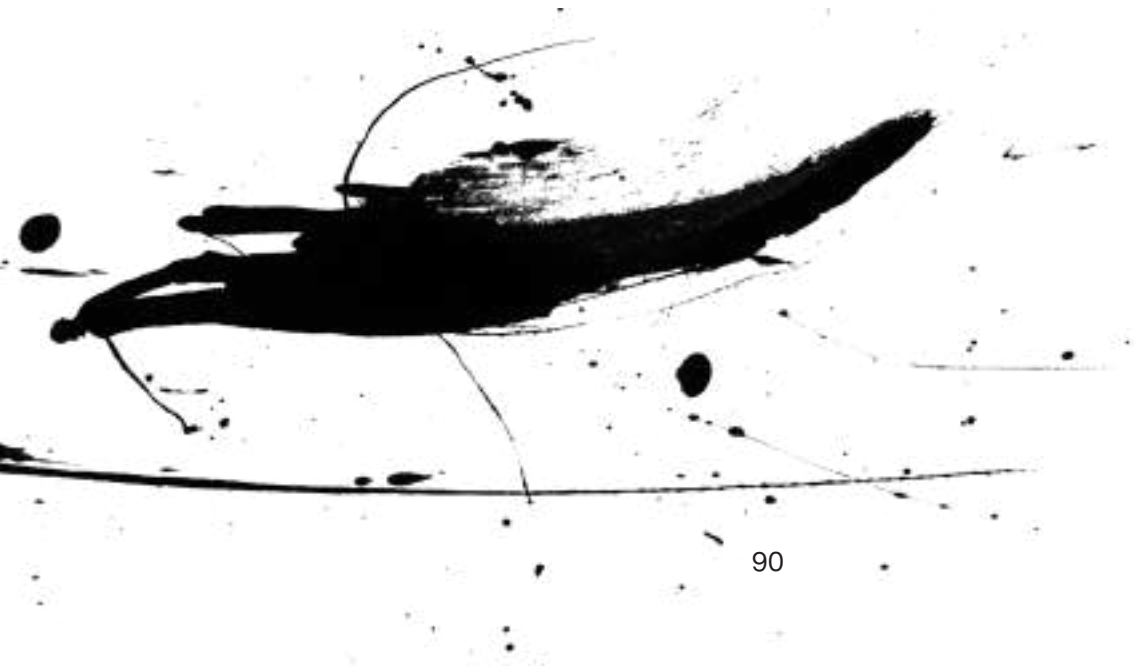
Traditionally, ageing was seen as a natural part of life, and the elderly were respected and valued for their wisdom and life experience. However, in recent years, there has been a shift toward a more westernized view of ageing, where ageing is often associated with decline and loss. The elderly are often viewed as a burden and are marginalized in society. This shift may be due to the influence of media and globalization, which have created a culture that values youth and beauty.... Family is the primary and fundamental source of social support for the elderly in India. It is expected to provide adequate support to the elderly when their functional and intrinsic capacities are compromised due to ageing. However, seniors are now

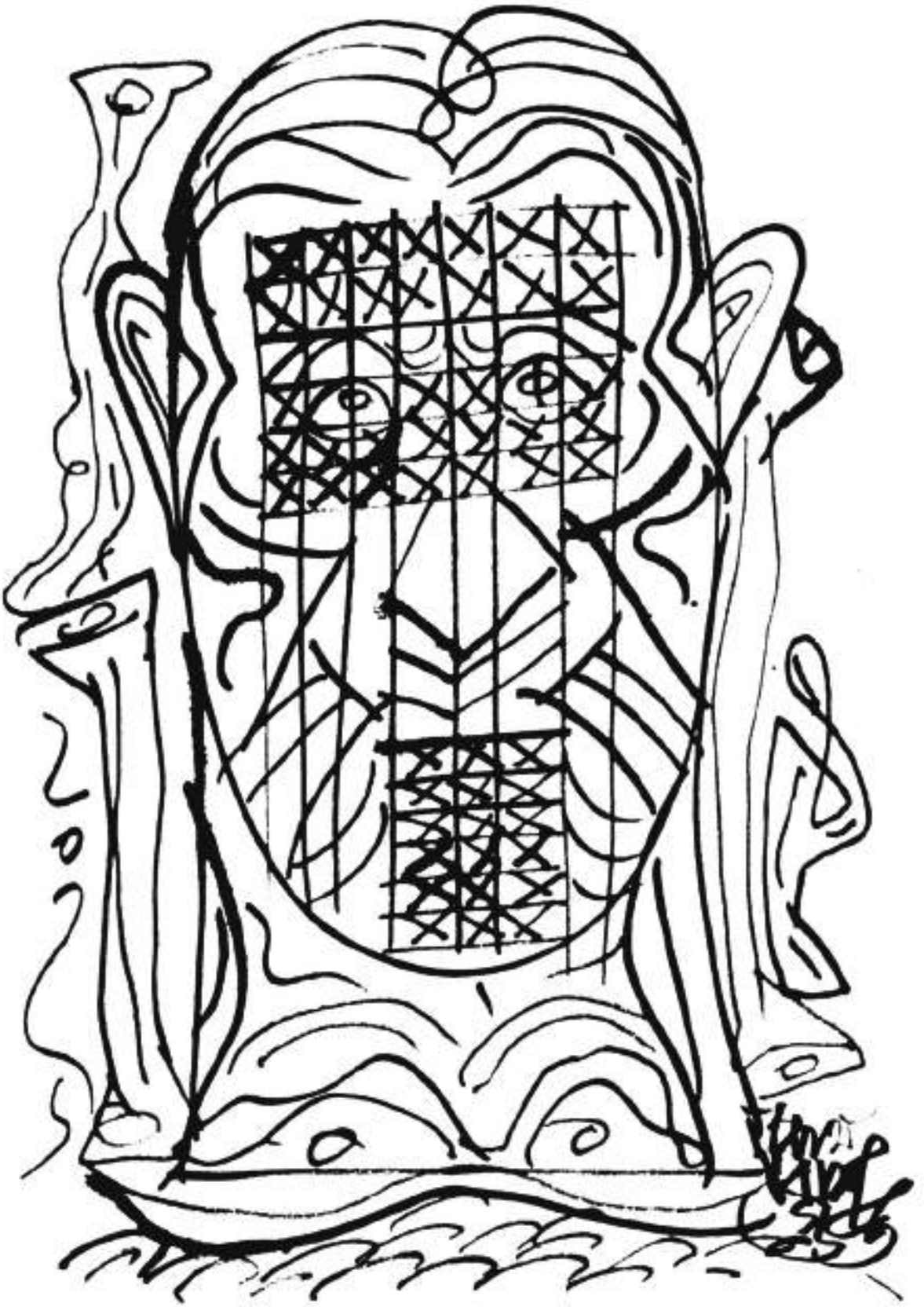
caught between changing and eroding traditional joint families. Consequently, the inter-generational cross-learning of experiences, division of labor, social security, and cohesion among different generations have reduced considerably. (6-10)

Feminists in India have long pointed out that even as joint families have been promoted as spaces of support and care, they have completely depended on the gendered division of labour. Women's role in social reproduction has been unpaid and unrecognized and yet it is the central fulcrum around which families are reproduced. With more and more women entering the workforce and younger people migrating for work, such families are often no longer sustainable. This has also impacted women's social reproduction. While in some cases, such labours are being shared by men, in most instances, women continue to bear the same responsibilities and when they cannot, these labours are outsourced to domestic workers. Hence, how do we take a binary approach to tradition/western culture, given how women's roles across changing economic regimes shift? Remember how Ruksana Bibi reminded us that women who can afford domestic workers find time for leisure. Also, remember the anxieties of so many of our interviewees who continue to work even with a failing health because they do not want to become financial burdens on their families even as some women feel assured about having paid caregivers. Think of how Jharna Sarkar's caregiving role saddens her because she cannot travel or go

out to work versus Rebati Sahis who has adapted her work life with her ageing body. All these interviews give us directions about cultures of ageing, about how the emotional landscape in which women find themselves are a function of a complex set of factors, from labour to family dynamics to bodily autonomy to communal attachments. Unless we take their voices into account, our policies will not be able to offer robust recommendations for the knowledge and need gap that exists around elderly care in India. In some instances, care roles impeded work opportunities and brought distress and in other cases, the absence of responsibilities created conditions for fulfillment from work. In some cases, even as the bodies wish to give up, work must continue to be able to purchase lifesaving medicines while in other cases, work profile is modified in tandem with a changing body. How are these details not relevant to a holistic understanding of the mental health needs of older women? How would our care policies shift if instead of treating them as an idle population in need of care, we perceived them as a productive workforce with diverse needs in workplaces?

Going beyond the paradigms of helplessness and victimhood, our report has presented the hopes, fears, desires and resilience mechanisms of women. Just as we have presented work based precarities faced by ageing women, we have also attended to spaces of communal healing such as the neighbourhoods where Dalit women come together to sing songs of devotion to Harichand Thakur. Just as we have named violent families that refuse to integrate elderly women who have recovered from mental illness even as they extract their resources, we have also witnessed women in self-help groups coming together to look after each other. We have witnessed intergenerational care among mothers-in-law and daughters-in-law where the latter have encouraged the former to break out of gender norms to wear loose fitting nighties even as we have also noted familial strife leading women to old age homes. We have noted women's desires for companionship and also their fears about being cheated in love. These are ongoing conversations that must enflesh our policies.

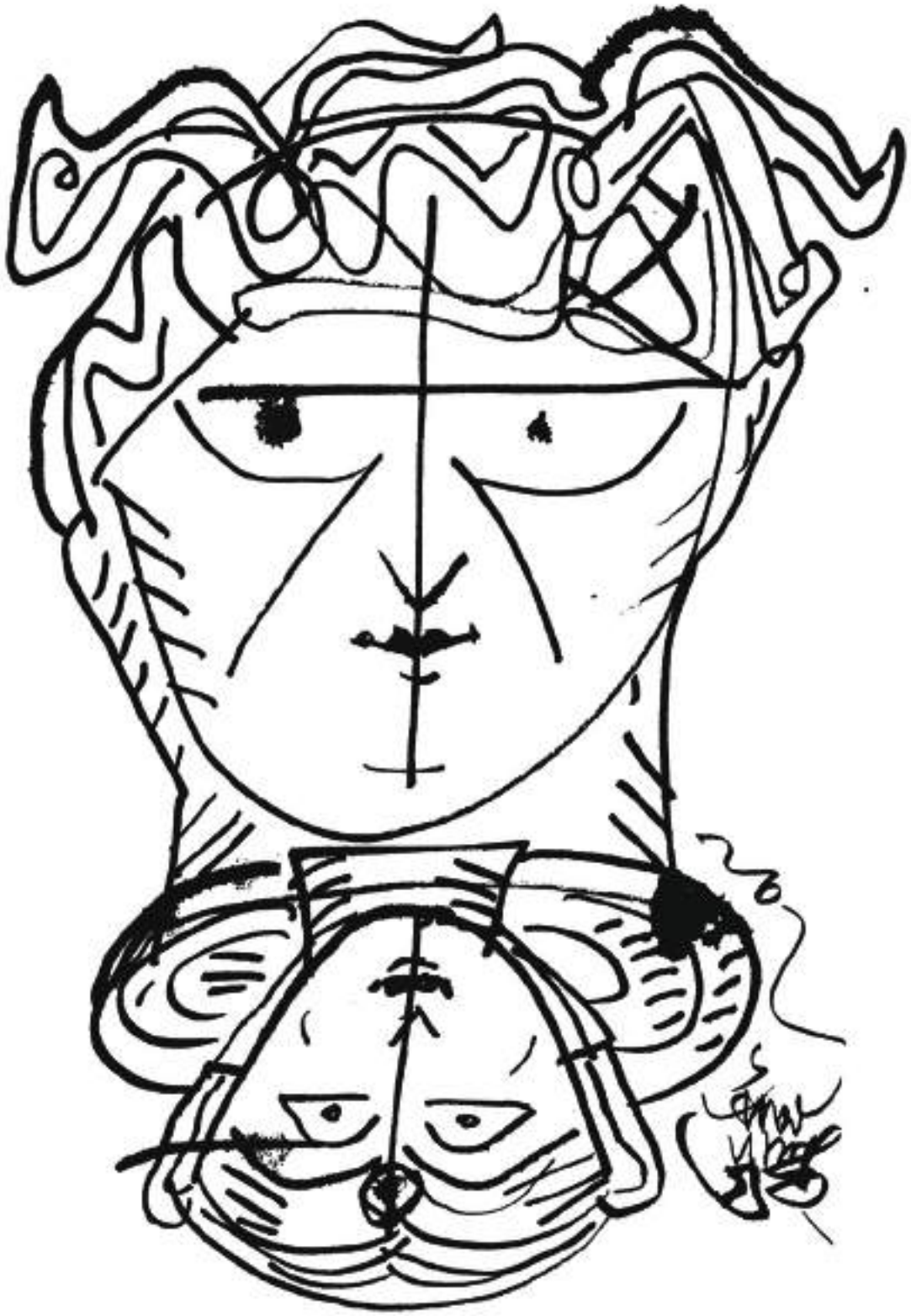




Many of our research participants specifically told us how much they enjoyed their conversations with us. There were also others who were surprised by our questions on ageing because they were never used to reflecting on their lives or their needs. This only speaks to the fact that there have rarely been studies that focused on a nuanced reading of their personhood. If we want to work on the rights of the elderly, it is essential to address this gap. We cannot claim that our report is comprehensive and has been able to address every single aspect of ageing but what the report does point out is that there is immense scope for organizations in the development sector as well as policymakers to conduct more sociological research on ageing. There are several gaps that can be addressed in future studies on cultures of ageing. In this report we have already centered the voices of women from the informal sector such as sex workers, folk artists, domestic workers and circus artists but this report can be extended further to include more women from the informal or the unorganized markets. For example, are our policies addressing the specific precarities of farmers who are women? What impact does climate change have on their mental health? How does work define their lives? How do they perceive their own labouring bodies and desires?

It was striking to note how many of our research participants mentioned that they felt autonomous and taken care of because they lived in a gated community that had doctors on call, attendants, parks and regular cultural activities. These facilities improved their emotional and physical well-being. What if such facilities were not limited to the confines of elite apartment buildings but became a universal good, available irrespective of one's faith, caste position and purchasing power? Current policy level conversations often frame elderly care needs in terms of the silver economy. Foreign Direct Investments are being expanded and more and more private organizations are entering the market to offer professional care. There is a rapidly expanding market for wearables such as GPS trackers, smart watches, emergency response systems and fall detection sensors. These are important products that can enhance the quality of life for the elderly from affluent classes. However, our interviews demonstrate the deep class disparities among the elderly which intimately inform how care is administered. For instance, how do we juxtapose these demand and supply chains of the market with Lakshmi Sikdar's account of her regular visits to an ashram that sells cheap medicinal roots because she cannot afford regular medicines? While privatized care is not accessible to most women, we are reminded of Jayanti Roy, the woman who rents out her room for sex work. She told us how the people in her neighbourhood fondly address her as "*thakuma*" and are supportive and helpful. What would it mean to take these public and communal modes of care seriously? What policies could help strengthen these infrastructures of support that do not individualize care?

Many of our interviewees expressed how secure they feel due to helpful neighbours and friends. What if such support systems were not ad hoc but there were mechanisms and structures in place to assure continuity? To realize such a vision of wellbeing, different institutions of the state need to come forward and partner with organizations in the development sector. Imagine green spaces that are open to the public beyond stipulated hours in the morning and evening. Imagine robust investments in public health that makes physical care accessible. Also imagine a labour market, comprised of skilled attendants who receive competitive salaries for the work they do, beyond the cheap labour that gated communities depend on.

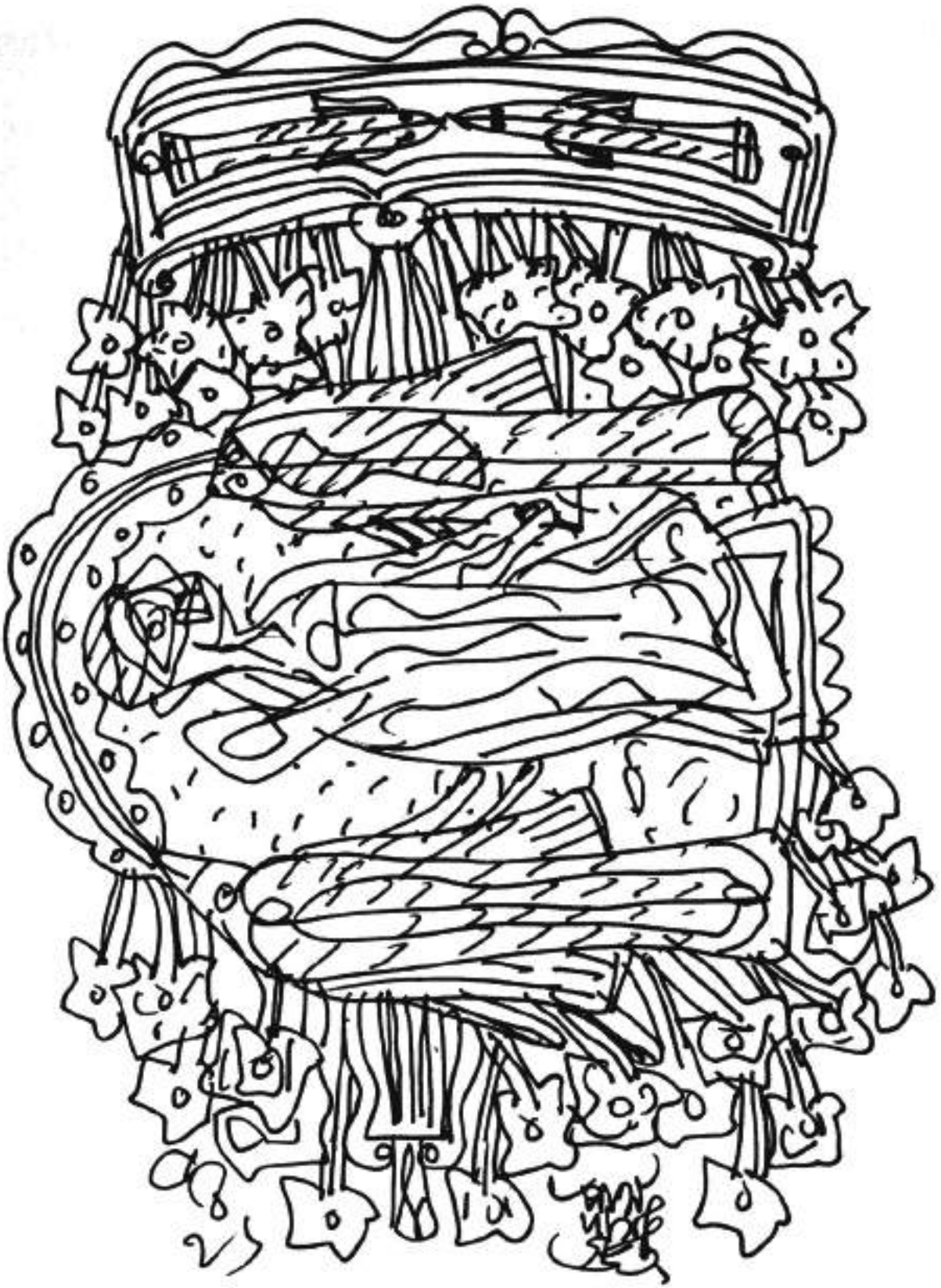


Several of our research participants receive different allowances from the state that are crucial to their everyday life in the absence of any other income due to their declining health. Our research participants from the circus pointed out that there were no specific allowances for them and without unionization efforts, the collective bargaining capacities of these spaces would not be effective. In what ways can developmental organizations facilitate collectivization? There were also others who could not access these allowances because they did not have bank accounts. We cannot emphasize enough how important these allowances are and how much accessibility matters. Perhaps organizations from the development sector can step in to help the elderly access these support systems from the state by helping them with the paper work.

Many of our participants spoke about the difficulty of accessing online apps and portals that have become essential today for everything – from shopping groceries, booking cabs to banking transactions. While some of them are able to manage these processes, most of them have to depend on others to navigate the digital realm. While Shampa Bose had a profound take on digitization stating that there must be universal access to smartphones and WIFI before more digitization, we must emphasize how important it has become to help elderly women navigate the digital realm. There is scope for more research to understand how technology is altering their everyday lives, from one-time passwords for every transaction to seeking identity documents. On a different but related note, some of our respondents also mentioned online scams in the dating market. Hence, digital literacy and digital security are essential and must be made accessible to the elderly as well, in the language and manner they are most comfortable.

Intergenerational dialogues are also very important. Our interviewees have important perspectives on matters ranging from social movement building to the education system, from spirituality to sexuality. We must carefully dialogue with them about their worldviews because any work for their wellbeing must start from a space of respect, dignity and active listening. If we cannot listen to how they make sense of the world, how do we craft policies that are purportedly for their wellbeing?

In one of our interviews, Gita, a resident at the hospital for the mentally ill asked for some hair dye. It would make her feel good about herself. It is a quotidian desire that could be easily ignored and is indeed ignored by the so-called mainstream society. This report, however, believes that it is such desires and demands that must provide policy makers the conceptual frameworks for imagining care for the elderly.



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