

Who Will Care for Me?

Single women across social statuses face a perpetual question, from parents, extended kin, friends, and coworkers: “Who will care for you?” The question serves both to convey a real concern and also to criticize and goad. When addressed toward a younger woman, it aims to convince her to be sensible and marry, part of a broader process of gender socialization, sensitizing girls to feel that marriage will bring them patriarchal protection and security. If chapter 3 spotlights single women’s labors of caring for others, this chapter focuses on the related question of how to be cared *for*.

Despite becoming annoyed at the question, my single women interlocutors also directed the question personally toward themselves: “Who will care for me?” “What will I do when I get old?” This was a matter of real concern and a recurring theme in my fieldnotes. In a society where taken-for-granted, doxic visions see old age as a time for naturally needing, deserving, and enjoying care from kin, single women with tenuous kin connections and no children can feel particularly precarious.

Never mind that even those with children can also feel anxious about where and how they will receive care. The prevailing sense in India today is that families are changing, and people can no longer count on secure old age care from their children.¹ In her introduction to *Single by Choice: Happily Unmarried Women!*—an anthology of narratives by thirteen single women in India—Kalpana Sharma argues that the question of what you will do when you get old, directed at so many single women, “is a question that applies to everyone, married or single” (2019: 5). Sharma suggests that the never-married may even be advantaged, as “they may actually make plans, because they cannot assume that someone will be there to look after them” (2019: 5).

In their everyday conversations and life narratives, my interlocutors spoke of both plans and insecurities about future care. Medha regularly remarked to me and others, “I have no one, so of course I’ll have to go live in an old age home or

something.” She would also convey to me her yearning for some care *now*, even before she reached her “old and ailing age”—such as when she had to have her uterus removed, and when the pandemic lockdown struck and she felt herself coming down with a fever, with no one to offer even one cup of tea. Others would also worry: my sisters are all married, my brothers and their wives don’t want me, an old age home is financially out of reach. Where can I go? Where will I live? What if, even now, before I’m old, I get sick and need some care? Who will care for me?

Sanjaya, the polio survivor who had founded the single women’s support group I attended, commented, “Aging and singleness are connected. . . . At this age, when single and I still have physical strength, I can go around to the market. If I am sick, I can get to the doctor. If I want to eat, I can cook for myself. But what about later?”

Nabami, the older of the two rural unmarried sisters living with their impoverished widowed mother, remarked, “Marriage is necessary. It is crucial. Look, I am looking after Ma. Won’t *I* also get old? Then who will look after me?”

This chapter explores visions, dilemmas, and strategies of securing care in older singlehood. Eric Klinenberg, in *Going Solo*, documents the striking demographic rise in the numbers of people aging alone in nations around the world, from the United States to Europe, Japan, China, South Korea, and India (2012: 157–158). Some gerontologists have resurrected the phrase “elder orphan” to refer to older people who do not have a spouse or children they can depend on, currently about 22 percent of US adults age 65 and older.² How to meet the challenges of later life alone is a key theme in singles studies scholarship.³

In India, singlehood has not received much attention in the broader public discourse on new ways of aging beyond the family. Yet singlehood is highly relevant. For one, solo single women with economic resources are especially well situated to take part in new ways of non-kin-centered aging. India’s metros are witnessing a rise in market-based senior housing and a self-focused ethos suggesting that “the responsibility to ‘age well’ rests with the individual” (Samanta 2018: 94). These trends, concentrated among the cosmopolitan elite, are motivated by social-cultural changes such as the national and transnational dispersal of family for work, and evolving ideals of modern nuclear-family-style living and individualism (Lamb 2009, 2020). Still, approximately 80 percent of older Indians in both rural and urban areas continue to live with adult children in multigenerational households, and much public, state, and everyday discourse still articulates that family-based old age care is normal and best.⁴ For single women in India who live apart from kin (about half those in my study), to plan for and experience growing old solo becomes another way that their lives diverge from normative visions of the life course.

I turn first to examine the old age home as both a conventional site of abjection and a modern site of aspiration and care particularly appealing to single women. I then explore some women’s strategies for cultivating independent forms of

sustaining self-care. I highlight how both these non-family forms of care are greatly facilitated by access to social and economic capital. I view care as simultaneously a resource and a relational practice (Buch 2015), unequally distributed and achieved. As such, care is a critical site for illuminating the ways gender, kinship, marital status, age, and social class come together within local understandings of well-being and singlehood over the life course.

THE OLD AGE HOME AS MODERN SITE OF ASPIRATION AND CARE

In September of 2020, almost seven years after we first met and seven months into the COVID-19 pandemic raging across our two nations, Medha sent me a momentous WhatsApp message:

I have taken an important decision of my life. I have booked a room in the Loving Respect Senior Citizens residence (*bridhashram*) in Shantiniketan.⁵ I can stay there any time. Actually I was very much anxious about my old and ailing age. Nobody is around me anymore. The members of the [senior citizens'] house are friendly and supportive. So I took the decision. . . . I have to give them a handsome amount of money. I agreed. . . . Good night my dear!"

This message was followed by a second one with a heart emoji, and then a third: "You are my strength."

I quickly replied: "Dear Medha, Your plan for your old age sounds very good and practical. I think you made a good decision. It will be great to have the help from the people at the Loving Respect home. I remember visiting [that home] with you last year, right?! . . . I will be excited to visit you there!" Then I followed with a second message: "You yourself are strength!"

Medha had only just turned 60 and was in excellent health. She dedicatedly walked at least five kilometers per day, practiced yoga and meditation to sustain her mental and physical health, and was still at the peak of her career as a university professor. But throughout the years we had known each other, Medha had been worried about how to secure care in old age. She saw herself as having "absolutely no one"—meaning no one whom she could rely upon for care in times of current need or during an envisioned period of frailty and natural dependence in old age. Recall that Medha's parents had both died, her one older sister had long ago married and gone to a different family, and Medha still felt quite estranged from her brother and his wife. The Loving Respect home provided some answers for Medha. After having stayed there for a few days, she sent me another upbeat WhatsApp message: "I am in my new home. 'Loving Respect.' Almost good management.⁶ Caring. The young owner of this Ashram is very helpful. They have taken almost all responsibilities. The room is good. Plenty of natural beauty."

In societies like India with prevailing models of familial old age care, the concept of senior living is relatively new.⁷ It was not until around the turn of the twenty-first century that senior residential accommodations began to proliferate in India, often labeled “old age homes” in English to signal their alien origins. In the early days of their emergence, senior living institutions were often regarded by the news media and wider public as sites of abjection for families “throwing away” their elders and going against Indian values. “Old Age Homes against Our Culture,” read one representative newspaper headline (*Hindu* 2004). In my own research on old age homes in their early days in Kolkata, one resident who had chosen to move into a posh home for the aged remarked in 2005: “Old age homes’ are not a concept of *our* country. These days, we are throwing away our ‘culture.’ . . . ‘Old age homes’ are not our way of life. My parents died right with us” (Lamb 2009: 1).

Still now, some decades later, many continue to think of the old age home as a site of abjection, to which those without sons are especially vulnerable. This is because in majority patrilineal India, it is sons and daughters-in-law who are the primary ones expected to provide care for their parents in later life, as married daughters move out to support their marital families. Utpal Sandesara was struck to find in his research on sex-selective abortion in western India how prominently the specter of ending up in an old age home figured in his interview data. His interlocutors intensely longed for a son both to carry on the family patriline and to avoid the calamity of being thrown into an old age home, or “home for geezers,” as they put it in Gujarati, in later life.⁸

Similarly, some public media and literary discourse continues to represent the old age home as an unethical institution for the forsaken. Such is the case in Sunanda Bhattacharya’s short story “Naxaler Didi Ebong Iswariccha” (Elder Sister of a Naxalite and God’s Wish), published in a collection of Naxalite movement stories sent to me by one of my single women interlocutors (Bhattacharya 2017).⁹ The story centers on an elder sister from an East Bengal refugee family who, like those featured in chapter 3, sacrifices her own marriage prospects while devotedly caring for her natal kin, only to be abandoned ultimately in an old age home for the destitute. The protagonist, Bordi (eldest sister), labors away for her widowed mother and brothers—cooking, cleaning, scrubbing clothes, serving endless cups of coffee and tea to her brother’s political-activist Naxalite comrades, and maintaining both vegetarian and non-vegetarian kitchens to meet the family members’ differing needs—all the while saving only scraps of food for herself. By the time Bordi’s mother passes away, her three brothers have successfully established themselves in lucrative professions, one well settled in America, another living in a big fancy house in the affluent Alipore neighborhood of Kolkata. Gradually the brothers lose all touch with their once-beloved, self-sacrificing sister. Neighbors place her in a government old age home for the destitute. When Bordi finally dies, a sole family friend joins the other old age home residents at her final cremation rites.

The residents look at the visitor with intense rebuke. “All of you together deserted this human being, eh?” The residents describe Bordi’s loving, generous spirit and how her God-gifted singing had sustained them all in the home. “It would make our hearts burn,” as she sang the lyrics: “This world does not know how to love” (Bhattacharya 2017: 930).¹⁰

Yet, residential senior living is gradually becoming a much more positive and aspirational idea in the Indian public imaginary, as more and more people find the option an attractive one for those with no children, or whose children live and work far away, or who desire to embrace a perceived modern system of generational independence (Lamb 2013). The *Silver Talkies* online magazine and social engagement platform for the 55+ in India published in 2019 an inspirational essay, “Retirement Communities in India: An Idea Whose Time Has Come.”¹¹

In my fieldwork, positive views of the old age home were especially common among never-married women with no children—by far the majority among my fifty-four key interlocutors, only three of whom, the three featured in chapter 6, had borne or adopted children. In fact, I had first become interested in the topic of single women after studying old age homes in West Bengal in the early 2000s and finding so many never-married, childless residents.¹² Most of these “unmarried” women and “bachelor” men, as they were frequently called using the English terminology, were highly appreciative of finding care in a novel nonfamily setting, as if the retirement home had emerged as an Answer to the Dilemmas of Old Age Singlehood. Lawrence Cohen, who visited in the 1990s one of Kolkata’s earliest old age homes, named Nava Nir (New Nest), found the majority of residents to be old women without sons, and commented that “the rise of homes like Nava Nir suggests less a sloughing off of parents than the emergence of a different response to old people with weak claims upon family support” (1998: 119).

One major problem, however, is that senior residential living in India is restricted largely to the economically privileged, like those with amassed wealth or, at a minimum, a secure retirement pension from a government or corporate job. Few state-run or charitable elder-care institutions exist for the working classes or poor. Malobika Ganguly, who worked as a clerk in a household goods store and had managed to secure a spot in the inexpensive Government of West Bengal Working Girls’ Hostel after her widowed mother died, often worried about her old age. As she reached her mid-fifties, she worried, “*What* will happen to me when I get old? Who will look after me? . . . Old age homes are so expensive! *Who* would take me there? I have absolutely no one.”

She tied her old age insecurity to her lack of both money and children, remarking to me: “You have children. So, you have nothing to worry about. But me? I won’t be able to do anything about it! I have neither children nor money.” She emphasized a bit later: “The main thing is that you need money. Without money, you cannot do anything.”

Recall that Sukhi-di in chapter 3 also wondered aspirationally if an old age home could be an answer for her future, but remarked skeptically, “It would have to be cheap, though.” As she reached her late seventies, she entreated me to search out an inexpensive old age home that could answer her gaping question of how to secure care in old age.

For those who can afford senior residential living and choose to move in, many describe being delighted by the experience. A mixed group of both never-married and widowed women living in Kolkata’s Rabindra Niketan Retirement Home exclaimed, “We’re all happy here!” “We’re doing tremendously well!” “We have come here willingly!” “There is a long waiting list to get a ‘seat!’” They told of appreciating the security, companionship, stress-free provision of meals and tea, and the family-like atmosphere that at the same time allows for some independence, such as coming and going. One woman joked that the care was almost too good—like how someone comes daily to clean their rooms and wash their clothes—so that it is easy to quickly become too “inactive.”¹³

In exploring singlehood and elder-home living, I also began to see how, in the context of the old age home, the status of being “unmarried” seems to carry some respect and transparency. For the first time in their lives, the unmarried ones in a retirement home are not the ones faced with the puzzling, unanswerable question. The question “Why are you here?” posed to those in old age homes who have children becomes the equivalent of the question “Why didn’t you marry?” posed to unmarried women outside the homes. Each question challenges those whose lives fail to match prevailing kinship and gender norms. The “Why are you here?” query implies a parallel critique, “What’s *wrong* with you that you are here, instead of with your children?” (Lamb 2009: 93ff.). But for unmarried women and bachelor men, the reason for choosing an old age home is clear, transparent, simple.

The relative status of being unmarried in a senior living setting seemed apparent when Medha gave me a video tour of her new retirement residence during the Durga Puja festivities of 2020. A few days after Medha moved into the Loving Respect home—where she planned to stay only off and on until she became very old and in need of care—I video-called her to see how things were going. She was dressed in a bright red-and-yellow silk sari, with a pandemic mask hanging loosely around her chin and neck, excited to be joining the home’s Durga Puja festivities a bit later that evening. As she toured the residence, showing me her freshly decorated room, hallways hung with celebratory holiday lights, lofty Goddess Durga image installed in the main function hall, kitchen bustling with food preparations, and outdoor gardens with walking paths, Medha introduced me to fellow boarders. “This *didi* [older sister] is ‘unmarried,’” Medha smiled as she greeted one woman making her way down the stairs in a lovely green sari. “Oh, and this *didi* is also ‘unmarried’! Oh, and this *didi* is ‘unmarried,’ too!” Medha exclaimed, smiling broadly. I noticed Medha’s positive tone—she seemed to pronounce “unmarried”

in English in her otherwise Bengali dialogue with a sense of mutual pride and almost delight.

Just the winter before, Medha and I had visited together a different old age home in Kolkata, and I recollected how all the never-married women residents proudly introduced themselves according to their former careers—as retired schoolteachers (the most common), a university professor, an engineer, a lawyer. The women residents who had married and were now widows mostly described themselves instead as having been “just a housewife.”

Medha and I ended our video tour in time for her to join the holiday performance commencing at the Loving Respect home. Later, during Medha’s next morning and my evening, I sent Medha a WhatsApp message to try out my ideas: “Good morning! I was thinking, in a briddhabas [old age home] to be unmarried is the best status! Because no one wonders why you are there. If someone was married, people always wonder—why are you in a briddhabas? Why aren’t you with your children? What happened?”

Medha only partly agreed. She replied, “Yes. But in India, especially the Bengalee people always wonder. First day, one male friend of the owner asked me, ‘Don’t you have any family member? Brother, sister, or nephew? Don’t you have good relations with them?’” This gentleman’s questions pointed to the hegemonic sense that everyone is supposed to be part of and live with a family.

I replied to Medha’s message, “I see,” and added a thumbs up emoji. But I didn’t want to relinquish this train of interpretation altogether.

I persisted: “But do you think it still might be better to be an unmarried woman than a person in an old age home who has children?? I was thinking, because you introduced me to three unmarried didis with such a big smile, and they were smiling also. And then I remembered all the old age homes I used to go to, and my sense is that the unmarried women there had a little more status. Especially if they had been working women with professions before, like schoolteacher?”

Medha replied: “It’s true. I will write you elaborately when I get time.”

I responded: “Don’t worry about writing me elaborately. I know you are so busy with your own work! I was just thinking. Enjoy the day.”

It has also seemed to me, over my years of conducting fieldwork in Bengali old age homes, that never-married female residents achieve some implicit respect from having finally achieved (people presume) an entire life of celibate sexual propriety. Crossing age 70 or 80, an unmarried woman is finally no longer deemed sexually dangerous. Further, in the Hindu Indian tradition, asceticism generates spiritual power and prestige, especially for male deities and persons, but with some room for women also to pursue spiritual asceticism while renouncing ordinary domestic and sexual life (Khandelwal 2004). On several occasions, it was my research assistant, Hena, herself never-married and in her sixties, who openly admired the never-married women we met in retirement homes who had rejected marriage while dedicating their lives not only to careers but also to spiritual asceticism.

Finally, some women in old age homes find the never-married to be advantaged emotionally in this setting because of their relative freedom from ties to ordinary family and domestic life (*shongshar*). A group of five never-married and several widowed women residing in Kolkata's Rabindra Niketan Retirement Home discussed this distinction with me in early 2020. One never-married woman, Tapati, remarked, "I'm well off. I never have to look back." Arati, also never-married, concurred: "I have no regrets—that I left my home. I haven't looked back. Everyone who *has* a home (*bari*) looks back and feels a lot of *maya*." The core Bengali concept of *maya* entails attachment, love, affection, bodily and emotional ties to people, places, and things (Lamb 1997, 2000). The women all began to debate at once, affectionately, about who among them has more or less *maya*—"She still has *maya*!" "Yes, she has *maya*!"—pointing to one another while concurring that it's best to have less *maya* in later life and that those who never married are in this way better off. One widowed woman with children commented: "At this age, one *should* reduce *maya*, but I am seeing that it is increasing. I still miss my old home a lot." Another widowed woman with children remarked: "I am also very much 'missing' my home—everything there! The people. The food. I was there for forty years, no? Over that time, I developed a deep attachment, and then when I came away—I miss a lot."

These fieldwork materials help us see how the retirement home can become not only a site for receiving care, but also a place of fit and belonging for single women, where being unmarried finally makes good social sense. What I have been glossing as old age "care" is conveyed in Bengali with the terms *dekha*, "to look (after)," and more formally *seva*, "respectful care and service," which can be offered to old people, deities, and the public, such as through charitable work. As in English, these terms connote both affective concern (caring about) and practical action (caring for) (Buch 2015: 279)—that is, practical acts of care (like preparing and serving food, calling the doctor) carried out with caring feelings of love, affection, respect, and concern.

Contrary to the United States, where people imagine and hope (often unrealistically) that they will not really need so much care in old age or become dependent, in India, people widely take for granted that they *will* need and even desire old age care, and that this need for care is part of being human.¹⁴ The life course entails phases of both caregiving and care receiving, and the intertwined experiences of dependence, independence, and interdependence (Lamb 2014). So, to need and receive care in old age is natural and expected, even (when it all works out well) enjoyable. The old age home as a relatively novel institution in India expands the forms that this care can take, offering sources of care beyond the family.

Sukhi-di, whose story I told in chapter 3, was struck with the novel coronavirus in the fall of 2020, while still living at the Government of West Bengal Working Girls' Hostel, which she had called home for more than thirty years. At age 78,

she was expelled from the hostel and sent to a state quarantine center. The time had arrived that she had long dreaded, when she no longer had a stable place to live. Wonderfully, Sukhi-di recovered, and her surviving siblings came through to set her up in an inexpensive, modest, yet reputable and loving old age home for ladies, Abode of Hope.¹⁵ I spoke with Sukhi-di by phone two weeks after she had moved in. Our connection was poor, but her voice sounded cheerful. She seemed delighted to be no longer climbing up and down the three flights of stairs on injured knees to do all her own daily food shopping and cooking, on tiny savings. She fills her time reading books, sewing, and conversing and watching TV with the other residents and staff. To live in an old age home had been an aspiration of Sukhi-di's for many years.

STRATEGIES FOR SELF-CARE

One evening, Medha, Bipasha, and I were talking over hot tea at a pleasant coffee shop in the Gariahat neighborhood of Kolkata. Bipasha was one of Medha's few other single friends, a journalist in her thirties who was still open to marrying. We ordered a second round of hot drinks and some more snacks to share, a veg sandwich and fish fry, laughing at and enjoying our indulgence. Bipasha commented, "Single women don't usually care well for themselves. They don't think they deserve good food." Medha agreed, "This is true of all women. Women are brought up to think that they should serve others—be it her husband, her elders, her children, or her household members. Not herself. Women are trained not to care for themselves."¹⁶ However, I gradually came to see the ways many single women purposefully worked against the social grain to develop vital strategies for self-care.

A google search for "self-care and singlehood" results in a plethora of upbeat essays offering tips for taking care of oneself even while single, including "One Isn't the Loneliest Number: Self-Care for Singles," "4 Self-Care Tips for Single Women," and "10 Ways to Take Better Care of Yourself While You're Single."¹⁷ Related stories from the *Times of India*, drawing on globally circulating themes, include "Self-Care is the New Empowerment," "5 Ways to Practice Self-Care in 2020 (without spending a lot)," and "Happily Self-Partnered."¹⁸

A few among the more elite women in my study were in tune with such public self-help discourse, striving to implement it in their lives. Others described ways of developing their own strategies of self-care quite independently, perforce. Since taken-for-granted ideas are strong that everyone needs care—not only in old age, but also in sickness and in daily life, to feel both valued and secure—many single women worked hard to cultivate ways of caring for themselves. This was especially true, I felt, for those who lived separately from kin, almost half of the women in my study.¹⁹ I began to see care for the self as a feminist and ethical project, involving both resistance against implicit and powerful social norms—that

women should care for others and not themselves—and a journey of self-transformation: I deserve care. I am valuable. I am strong. I can learn to rely on and care for myself.

Sanjaya, the polio survivor first introduced in chapter 1, was one who had very purposefully developed techniques for her and other single women to cultivate self-reliance and self-care. Sanjaya and two of her friends, the lesbian couple Ajay and Anindita, had founded a support group for both lesbian and heterosexual single women in Kolkata. Sanjaya described the development of her ideas around the need to promote self-care for single women, speaking here mostly in English:

A widow gets some government protections, and if her husband was employed, she may receive a pension. But the government provides nothing secure for an unwed daughter or sister.²⁰ If her father dies, she won't inherit while her mother is still living. Then once her mother dies, if there are brothers, the unmarried sister is a soft target.²¹ . . . Motherhood is so glorified in our society; if you don't give birth to a child, you are nobody, and you have nobody to care for you. So, if an unmarried woman is dependent on her family, this is very difficult for her, almost impossible. . . . The government should offer some security, but the government doesn't bother. . . . There's also the mental and emotional problem of feeling lonely. This has to be addressed in a different way. You can't ask the government to give emotional support.

These concerns about care and precarity were what motivated Sanjaya and her friends Ajay and Anindita, whom she had met while agitating against violence against women, to found their single women's support group.

"We are all trying to create a bond, sharing thoughts and ideas," Sanjaya articulated. She told of how they had each been caring for their ailing widowed mothers when they first met. "But who will take care of me?" we wondered. We three said that we need to create our own support."

Sanjaya went on: "We are each her own independent woman. We all have earnings. So, now we also need to learn how to support ourselves in other ways."

They recruited more members, and one of their first projects was to acquire driver's licenses. "Because in the middle of the night, if an emergency comes up, whom do you call?" Sanjaya asked. Still relatively few women in West Bengal know how to drive, although car sales to women are on the rise in India.²² Ajay quickly attained a license to drive a motorcycle. "I persevered for a few years to learn to drive a car," Sanjaya reported, "and, finally, I got my driver's license last year! We are all working on this. We must be independent." None in Sanjaya's group yet owned a car, but a few were thinking of going in together for one. They also felt that having a driver's license opened up possibilities for borrowing a car from a neighbor or family member in a time of need.

Sanjaya further discussed the value of having close friendships as a form of support for those living apart from kin: "Four or five of us are very close. When my mother was sick, Ajay and Anindita were always with me. . . . And at the end of the day, you just want to talk to someone. So, I look for friends."

Hanvi, too, was very deliberate about cultivating an ethic of self-care and independence. At one point, after meeting Medha through me, Hanvi chided Medha for thinking about family all the time and about how she has no one: “Once you know you are not going to get married and will be alone, you should accept that, come to terms with it, and focus on other things.” Hanvi lived and cooked alone, in her family’s large, crumbling ancestral home in north Kolkata, pursued meaningful work with the blind, maintained friendly relationships with the local vegetable vendors, shopkeepers, and rickshaw drivers, lived frugally, and carefully saved for what she envisioned to be her own self-sustaining and independent old age. She was not wealthy, but was still privileged enough to enjoy sufficient financial security and the wider social-cultural resources provided by her advanced education (MA degree).

Then, when breast cancer struck Hanvi when she turned 65, she carried her independent ethic of self-care to new, deliberate heights. Various kin, such as aunts and uncles, offered to pay for her medical care at a private hospital, but Hanvi resisted. “My relatives said, ‘You should go to a fancy hospital. We’ll collect money to pay for it.’ My aunt insisted. She asked, ‘Why not? We are here.’ But if I don’t have to,” Hanvi explained, “I don’t want to depend on anyone. I’ve been strong and independent (*svadhin*) my whole life. I don’t want to change now.”

So Hanvi chose to go to a free government hospital for her cancer surgery and chemotherapy treatments. There, one pays just 2 rupees (about 25 US cents) per visit. Hanvi would purchase and carry to the hospital her own plastic bedsheet, IV needles, and chemotherapy bag for each chemotherapy session, both to ensure the quality of the supplies and to save the free medicines for those who were even more needy. She told of how the nurses and doctors began to see her as very strong. “Your mind/heart (*mon*) has tremendous strength,” they would say. She related: “Doctors don’t like to talk directly with the patient. ‘Where are your household/family members?’ they would ask. I would reply, ‘There are no household/family members. I am the household people (*barir lok*). You must explain to *me*.’ After that, they offered me much respect.”

When I met up with her several months after her final chemotherapy treatment, as her short gray hair was slowly growing back, Hanvi looked robust, healthy, and cheerful. She was pleased to report that all the tiredness and weakness was now gone. After completing her cancer treatments, Hanvi had quickly returned to her work at the institute for the blind, commuting to and from by crowded bus, buoyed to be with her colleagues doing meaningful work together for an important cause. Hanvi also now made extra effort to carefully prepare nutritious meals for herself, including plenty of fruits and vegetables, and chicken and fish for protein (which she previously didn’t eat much), as well as vitamins and other supplements.

She reflected, “To be frank, I learned a lot from the cancer experiences. I learned that one’s ‘mind-set’ is the real thing. At age 65 now, I want to live an active life, a good life, and then, when it is my time to go, when God calls, I will go—with no

attachments. Until then, I want to be happy, to work, and be independent, and not depend on anyone.”

Daily exercise is another popular means of self-care among several of my interlocutors. About two years after we first met, Medha began industriously exercising to promote both physical and mental health. She began walking five kilometers per day, while hiring an exercise coach to train her in yoga and calisthenics. She became so strong and skilled that her coach encouraged her to enter a local exercise contest, where she was proud to receive first place in the age group for ladies in their fifties. Sukhi-di had long been devoted to keeping her body fit, through swimming, calisthenics, and walking. When she had to get her knees replaced at age 72, she worked assiduously at the difficult physical therapy exercises to foster recovery, and she was soon walking, climbing stairs, and swimming again.

“I don’t want to die, mind you!” Sukhi-di exclaimed whole-heartedly. “I *love* life! This vibrant life, I love it. All the beautiful things—the sky, trees, stars, flowers, birds. I love all the beautiful things in this life!” She continued: “And so I need to keep this one body fit. It’s the only body I have in this life. And I don’t want to become bedridden! I need to keep fit, so I can continue to care for myself.”

Medha and several others also purposefully practiced self-care through preparing for themselves highly nutritious foods. Shortly after we first met, Medha began conducting online research on organic foods and nutrition. She switched over to almost all organics, purchased expensive organic black rice instead of white rice, and concentrated her daily diet on vegetables and *daal*. Each morning, she would awake to first drink a liter of plain water, and then prepare a smoothie of raw carrots, beets, cucumber, tomato, roasted cumin, lime, and wheat grass juice. I loved staying with Medha and eating her nutritious foods, not only because they tasted good and felt nourishing, but also because of the pleasures of companionship and commensality focused on self-nurture and good health. In the mornings after her smoothie, Medha would prepare for us a wholesome delicious breakfast of boiled cabbage and plantains, garnished with a homemade pesto of roasted organic nuts and raw sprouts.

Despite such successes in cultivating sustaining forms of self-care, I witnessed how caring for the self can feel very unfamiliar and unnatural, for Bengalis raised in a cultural milieu where living singly is not a normal, unremarked part of habitus for most people. An interaction with Aarini brought this perspective home to me—a sense of the unfamiliarity and challenges of self-care.

One evening in Kolkata, Aarini and I went out to dinner with a never-married single Bengali man in his fifties, Suvabrata, around ten years Aarini’s senior. Aarini kept turning our conversation toward the topic of care. Suvabrata lived entirely alone; his parents had both passed away, and Aarini was very curious to learn how Suvabrata managed on his own. She had told me before the dinner that she was keen to find out how being single is different for a man and a woman in Bengali society.

“What happens if you get sick?” Aarini asked Suvabrata with some intensity. “Who will look after you or call the doctor? Must you do this on your own? Would your aunt and uncle do it? Do you have any friends who would do it?”

Suvabrata answered simply, “You have to look after yourself.” I wondered how much his simple response might be influenced by his gender. Is it because women are so trained to care for others that some feel so uncomfortable caring for themselves?

“So that’s it,” Aarini probed, unsatisfied with the simplicity of Suvabrata’s response. “You have chosen just to be very independent and look after yourself?”

“Not by choice, but by necessity.”

I asked Aarini, “Would your parents look after you if you were sick?” Aarini’s parents were still alive, living on the two floors below Aarini in their three-story ancestral home.

Aarini paused. “That’s the issue.” She seemed uncertain and disquieted.

Later, as she and I were heading home in a taxi, Aarini confessed that her parents often do not look after her adequately when she is sick, giving the example of how her mother had recently refused to call the doctor for Aarini. Aarini feels that her mother’s reluctance to care is tied to her profound disappointment in Aarini’s failure to marry and her discomfort with the notion that her adult daughter would still be living unmarried in her natal home. I wrote in my fieldnotes that night upon reaching my place: “In the US, I would just call the doctor for myself, although in A’s case there might be some concerns about funds, too. But A in long conversations on this topic seems to focus not on who would be paying, but on the matter of care, affection, love—shown through tangible acts of both practical and affective caregiving.”

Aarini longed for care from others both as a practical resource (summoning a doctor, paying for the doctor’s visit) and even more as an affective practice (demonstrating love and concern, effecting kinship intimacy and human connection). Yet, Aarini also strategically cultivated her own capacities to care for herself. Shortly after our dinner out with Suvabrata, Aarini set off on a solo pilgrimage to the Himalayas. One of her aims, she disclosed, was to cultivate her own independent sense of strength in being alone, planning for a future without even her parents.

MEDHA’S JOURNEY OF SELF-TRANSFORMATION AND CARE

I close this chapter on finding and creating care as a single woman with a portrait of Medha’s self-transformation as she aspired to security and well-being as a person “who has no one” living entirely alone. Over the seven years of my fieldwork for this project, I had grown to know Medha as my closest interlocutor, consultant, and friend. Over this period, I also witnessed Medha’s purposeful journey as a person feeling tremendous precarity as a woman alone, to one who had found

unconventional ways to forge meaningful relationships beyond the family, while learning to care for and value her own self.

I arrived in Kolkata in January 2020 after almost a year's gap and was greeted effusively by Medha. "I have huge important news for you!" she declared with an ebullient smile. "I'm so happy! I've had an absolute transformation! I'm tremendously happy! All the times I cried with you before—now what a transformation. I'm having fun (*moja*)! And I'm really happy!"

We walked over to Kolkata's Rabindra Sarobar Lake Park, to find a sunny bench where we could talk and "loiter" together.²³ Medha had been striving to cultivate projects of well-being and self-transformation since we first met, and she felt that many of these endeavors had finally come to fruition.

First, she told about how she has some good friends now. She is on good terms, as friends, with the man who had been her partner for a year or two, whom we will meet in chapter 5. She described how they now have a "very normal and comfortable relationship," and that they support each other a lot, mainly by talking by phone and sharing meals when she comes from her university town to stay periodically at her Kolkata flat. She had also developed a close friendship with Nayani, the one single woman she had met through my fieldwork with whom she was able to develop a real friendship—mainly, I believe, because of how they each shared a similar incongruous or mismatched class background (chapter 2). They would sometimes spend the night at each other's homes, cook and share feasts together, and talk on the phone—sharing the details of their days and offering support and advice.

Second, Medha had invested in herself by going on a monthlong meditation, yoga, and naturopathy retreat for women. There she had practiced yoga and meditation throughout the day, listened to lectures, and eaten nourishing foods. She described the retreat as a profoundly transformative experience.

"Why I had been so unhappy earlier—" Medha remarked, "I came to the realization that the sadness was mine [i.e., self-generated]. I came to realize that I myself have everything I need. . . . And I only have so many years left to live. I should live well!

"I came to realize that people can't disrespect me if I don't disrespect myself," Medha continued. "And if I don't respect myself, how can others respect me?"

She was pleased to report, "I don't really maintain relations with my *barir lok* [household people, i.e., kin] anymore. All they want from me is money. But I don't spend energy being angry at them either." She had earlier continuously felt yearning for family and profoundly hurt and often angry that no one among her kin really seemed to care for her. "That's the best thing," she shared. "From all this self-care, I'm no longer angry with anyone like I used to be."

All the healthy eating and exercise routines Medha had developed over the past several years had also led to what she described as "a huge change in my body and mind." From dedicatedly eating organic and nutritious foods, concentrating on a plant-based diet, and practicing daily exercise, Medha had lost weight and felt

great. “At our age, so many people have cholesterol, ‘sugar’ [diabetes], and other problems. I have nothing like that!” she exclaimed. “How terrific I feel!

“I am also realizing now that I am so privileged,” Medha divulged. “I got a salary raise. I receive so much salary!” This is someone who was born into a family of poverty, foundational experiences Medha never forgets. “I only need to spend about 10 percent of it!” Medha seemed quite astonished at her level of financial security, while she has also learned to enjoy spending some of her salary on pleasures for herself, including the yoga retreat, lovely locally produced items to decorate her home, pricey organic foods, and occasional treats to stylish clothing.

“I published an editorial in *Anandabazar Patrika* [the leading Bengali daily newspaper],” Medha continued, “and people are praising it a lot! From that, I receive so much pride.” Medha realized that she is both a talented teacher, dedicated to inspiring students to succeed, especially those from underprivileged backgrounds; and that she has much to offer the wider society through her public essays.

Medha continued, describing her past year of self-transformation: “I say to God each day, ‘Good morning, God! Whatever good day you give to me, today I will spend it well. I say this!’” She laughed.

Then Medha made a pronouncement really significant for my own and readers’ thinking regarding this larger project about single women: “I finally realize now that compared to other Bengali women, I have so much privilege. I have a salary, education, a meaningful job, respect, and freedom. I say to myself each day inside: ‘I am a happy soul. I am a peaceful soul.’ And gradually I start to believe it. For these reasons, I am very happy and grateful.”

By bringing to light the many hardships unmarried Bengali single women face, one can lose sight of the myriad hardships that can also come with marrying, and from the forms of structural violence tied to gender, sexuality, social class, and caste experienced by women and men across society.

I recalled how when I first met Medha, she felt so insecure and abnormal about living alone that she had hired the impoverished single mother deserted by her husband to come sleep at night, next to Medha’s bed on a mat on the floor. Medha would tell me over and over how it is “absolutely terrifying” (*bhoyankar*) to be and live alone, especially as one looks ahead to old age. Medha no longer felt the need to hire an overnight companion.

Medha was now claiming her own sense of self-worth and self-strength, while strategically taking the next steps in her pursuit of care and security, by establishing her place in a retirement home—convinced that no one can count on being fully able to care alone for one’s own self while old. At the same time, as I write now in 2021, Medha is pursuing the next project in her journey to give and receive care, and to support the self in community with others. She is working to establish a charitable organization in a village adjacent to her retirement home, where she

and other like-minded senior citizens will offer educational tutoring and career training to local underprivileged girls.

CONCLUSION

Probing the ever-present questions—“Who will care for you?” and “Who will care for me?”—posed to and by single women in India helps us recognize the local workings of care as “a form of moral, intersubjective practice and a circulating and potentially scarce social resource” (Buch 2015: 279), shaped by structural conditions of social class, gender, age, kinship, and marital status. To care and be cared for is central to security, sociality, and being human. To imagine a future of growing old alone, apart from kin, can feel highly precarious.

We have seen how this precarity can be magnified intensely among working-class and poor single women who lack the economic resources to fund forms of care beyond the family. Recall how Nayani’s elite employer Pishi, who herself had never married, became angry each time the topic of Nayani’s marriage was raised, and how Pishi later successfully purchased care in a comfortable retirement home. Medha, who had achieved remarkable professional success after being raised in poverty, first had plentiful economic resources to hire an overnight sleeping companion and then to reserve a room in the Loving Respect home in her quest to craft a sense of security. Medha’s economic and social capital, which included her tremendous access to knowledge and the internet, also allowed her to actively participate in both virtual and in-person communities of like-minded people seeking self-actualization and personal growth, through projects such as yoga retreats, self-help discourse, and organic foods. Tannistha Samanta explores similarly the “cultural possibility of internet spaces as surrogate ‘places’ for later life non-kin sociality” among middle-class and elite professional seniors in India (2020: 114).

Recall in contrast Malobika of the West Bengal Government Working Girls’ Hostel, who exclaimed: “*What* will happen to me when I get old? Who will look after me? . . . Old age homes are so expensive! *Who* would take me there? I have absolutely no one. . . . You have children. So, you have nothing to worry about. But me? I won’t be able to do anything about it! I have neither children nor money. . . . The main thing is that you need money. Without money, you cannot do anything.” As the COVID-19 pandemic raged across India and much of the nation went into lockdown, I came to learn that Malobika had lost her job as a home goods store sales clerk. I reached her by phone, and she was in great distress, with only a few months’ savings in the bank. I and one of my research assistants, who had become very fond of Malobika, wired her some money. At the same time, Malobika’s brother came down with COVID and requested Malobika to come nurse him—another example of the ways the care labor of unmarried sisters is routinely called upon with no secure sense that reciprocal care will be extended in return.

This chapter has also highlighted how living singly and caring alone for oneself can be a highly unfamiliar way of being in the world for women in India, even for those with sufficient resources to manage fairly well. Such a sensibility forms an important counterpoint to the current popularity and familiarity of solo living in places like North America and Europe.²⁴ For many of my Bengali interlocutors, to live and care alone is too individualist, independent, and precarious for comfort.

Yet, the chapter also showcases single women who push against the comfortable and familiar—reconfiguring possibilities for non-kin-based care, respect, and social belonging beyond marriage. In these ways, older single women may be viewed as vanguards in a broader societal reckoning of expanding ways to live meaningfully and achieve security in old age.