
Care and Gender Roles in India: A Sociological Perspective

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ABSTRACT

This paper discusses care-giving and gender roles in family functioning against the sociological view of the caregiving context in India. It elaborates on how traditional gender norms and family structure contribute to shared care responsibility and how it relates to housework. It takes its cue from exciting literature to analyze the changing nature of care giving and care-related works within the households in India in the midst of factors like urbanization, increasing female participation in the workforce, and changing family structures. This paper argues that while the roles of gender may be changing, care remains essentially a women-based job in the Indian context and one that carries important ramifications for their mental, physical, and social well-being, as well as for the economy at large—issues directly or indirectly contributed to by women. The paper concludes with a vivid discussion about the future potential policy recommendations and the social changes necessary to tackle the issue of gender inequality of care both within the domestic space and outside it.

Introduction

Care, being one of the basic constituents of human society, plays a huge role in sustaining a healthy relationship that would promote society to sustain within a healthy physical and social environment. However, a closer and careful look will reveal that caring and care works have not been distributed equally across all social institutions and structures within the society. And family remains the breeding

ground of such inequality. This turns out to be more stringent on countries where strict gender norms are followed, discriminating one gender at the cost of the other. The current paper attempts to analyze the complex intersections that exist within care, gender roles, and family dynamics in India through a critical sociological lens.

For all these years, India has gone through immense social and economic changes, including rapid urbanization, with greater participation from the female labor force. Traditional gender norms in planning an important role in the sharing of care responsibilities within the family are still not eroded by change in these regards. The current piece of paper thus, looks into the principles and beliefs that operate underneath this inequality in the distribution of care work within the household. This paper also tries to delve deeper to see how such unequal distribution of care load contradict with the household chores and what impact this contradiction and differences have on the overall social economic balance of the greater Indian society.

Conceptualizing care

Literature on care is still at its dominant state particularly when explained and reflected through a social science and sociological angle. According to Tronto, care is defined as "a type of action that includes us so to preserve, maintain and repair the world so that we can live in it as much as possible: 103. It highlights not only the physical dimension of care work but also includes the emotional and social labor attached with it.

Hoschschild introduced the term "emotional labour" about management of emotions related to childcare in 2003. According to her, the emotional labour involved in taking care of children and performing works related to childcare has always been and is still undervalued as well as despised. On the same note, England, 2005, posits that care works have always been conceptualized from the perspective of biology and medicine as if care only entails physical needs for assistance. And this latent medical and biological bias within the conceptualization of care often degrades the principles of gender equality and regulation of care as a human responsibility, irrespective of the gender.

The conceptualization of care has chased its boundary beyond its understanding within household and healthcare. Care is now discussed as a central concern in the international organizations particularly in the context of migration. Parreñas 2001 examines care as a global understanding and showed how care

responsibilities are transferred across national borders, often from women in developing countries to developed countries. Very recent literature on care has focused on medical integration to care and has examined how certain factors like class, race, and ethnicity relate to shaping of the gender roles, responsibilities, and experiences related to care (Raghuram, 2012).

Care Context with respect to India

Traditionally, care has been conceptualized and understood as something that primarily thrive within the context of family, with women of the households assumed to bear the caregiving responsibilities (Palriwala & Neetha, 2010). This family system of care is rooted in a culture that emphasizes religiosity and intergenerational support. But in recent years there have been significant changes in Indian Society that has changed the way care has been understood earlier. As the nuclear family structure is the new familial form both in cities and outside and increasing number of women working in the paid labour sectors, the number of full time caregivers at home is decreasing.

Mukhopadhyay and Tendulkar (2006) states that although women contribute significantly to the economy, the distribution of care responsibilities within the family are not always recognized. This has been explained as a “double burden” given by Swaminathan (2004) and experienced by the working women in paid employment sectors who are left to juggle between work and home. And things go scarier when a child is born in such families.

Palriwala and Neetha (2011) argue that in this kind of families care is reinforced by social policies that require women to remain prepared to perform unpaid care-work. However, efforts have been made to address these concerns through programs such as **International** Child Development Services (ICDS) and the National Social **Welfare** Programme (NSAP).

Caring for the elderly members of the family represents an unique challenge in India. While cultural norms emphasize responsibility of older children to care for aging parents, but current demographic dynamics and changes in the structures and patterns of families make this traditional understanding of care further complicated and challenging (Lamb, 2013). This has led to the formation and rise of institutional care facilities, particularly in the urban spaces. However the mere existence of these

institutional facilities does not serve the purpose as most often they are very limited in their number and resources and their service are also underestimated.

Gender Roles and Family Context in India:

Gender roles in India have long been rooted in its historical, religious and cultural traditions that have emphasized on different roles and responsibilities for men and women. Traditionally, men were seen as the breadwinners and heads of the household, while women were mostly associated with domestic chores and caregiving responsibilities (Desai & Andrist, 2010). These principles of inherent inequality and differences on the basis of gender are reinforced by various social institutions, which include family, education, health and media.

The family structure in India plays a significant role in establishing and maintaining gender roles. The joint family system has historically been the dominant family system in many parts of India, although it is less common today. As (Chadda and Deb, 2013) have mentioned that following this traditional gender roles and norms, multiple generations of the Indian family has lived under the authority of one single man, preferably under one elder man. Despite significant social changes in recent years, including increased education and employment of women, traditional gender norms continue to play an important role in family life (Roopnarine et al.).

The persistent preference for male kids in the Indian families reinforces gender inequality in families. This choice is based on cultural and economic factors, including the perception of sons as future care responsibility holders for their aging parents ((Pande and Astone, 2007). Such attitudes can lead to different treatment of male and female children within the family creating a place for gender based difference and discrimination between sons and daughters which further can affect their learning and absorption of gender roles and responsibilities within the family of birth and procreation.

However, it is important to note that gender roles and family dynamics in India are not monolithic and vary greatly across regions, social classes and urban rural divides. Research suggests that while urban communities may exhibit a balanced perception of gender roles, rural and marginalized communities tend to adhere more to traditional norms of gender ((Derné et al., 2014). Recent studies have shown that the impact of globalization and media in changing gender perceptions, especially among urban youth. Cultural encounters with the world have resulted in a difficult negotiation between traditional and

modern values, but have also raised questions about the role of traditional gender as it is expected to express (Mankekar, 2015).

Care vs. Chores: Indian Reality

In India, the distinction between informal care and domestic work is often blurred and both of them are understood as a woman's job. What is important, however, is that these two types of work are distinguished in order to realize their differential impact on gender and social equality.

As stated earlier, care work can be defined as activities that directly provide physical, emotional, and developmental well-being. This includes child-rearing, the care of the elderly, and the sick or disabled family members. Housework entails tasks necessary to keep up the home, like cleaning, cooking, laundry (Razavi, 2007). While both types of labor are necessary to families and households, care work is often more emotionally laden because of cultural expectations of females as caregivers and caretakers. Housework in India is performed majorly by women. Krishnan et al. state that in most societies, this division of labor is one that has its root in traditional cultures and the social expectations that formed the original basis of family practices, which still hold sway today amidst the social and economic changes sweeping through the world.

Some of the serious problems women face in India are that of time poverty, wherein care work and housework with high-paid work become very demanding on their time. Hirway posits in 2010 that Indian women spend more time doing unpaid work compared to men, which reduces their opportunities for education, employment, and leisure. Today, one sees a deeply serious impact of poverty impacting health and economic development in the lives of women. Chakraborty writes about the unequal distribution of care and domestic responsibilities in relation to women's use of space and public health in general, since it is in cities that the pressure to balance work and family responsibilities due to this unequal distribution can often become greater.

The technological gap between housework and housework in India reveals a new level of gender inequality. When the technology advanced, so did the ease of housework in the cities, but care responsibilities remain high. This diversity can entrench the gendered nature of care work, as Lahiri-Dutt and Sil have shown. For instance, washing machines or gas stoves might reduce the time spent in certain housework, but the nature of manual childcare work or care for the elderly remains unchanged.

However, Doron and Jeffrey state that mobile phones have initiated some change in health activities, particularly in communication and connectivity. Although technological changes can open up new possibilities for reshaping responsibilities in the care of patients, they cannot eliminate their gendered implications.

That care and workload have not become reduced for Indian women is indicative of gender and other differences. It is class, caste, and urban-rural difference which is a major determinant of what share of these rests with whom. Ray and Qayum, (2009) explore how women in high-income cities can still manage to keep the core task of childcare—childcare and eldercare—with them while subcontracting others to domestic workers. This leads to a complex set of relationships that sometimes interlinks courses. Raju, 2011 further discusses how caste integrates gender in the process of creating systems for care and housework and underlines the need for informal ways of meeting the diverse needs of Indian women at different levels.

Generational differences with regard to attitudes related to health and home care in India are more visible in urban areas. While young people indeed held more egalitarian attitudes with regard to sharing household chores, women's care work remained highly feminine. Roopnarine et al. (2020) found that even in instances where young couples expressed stereotypes about gender roles, women still did most care work. This mismatch between behavior and performance is indicative of the persistence of deep-seated inequality. Twamley and Sidharth, 2019 describe the ways in which young couples negotiate expectations of social change, elaborating on the interplay between individual desire and social pressure.

There has hardly been any policy in the realm of care and domestic responsibilities in India that looks at care work from the perspective of equity. For example, policies of the government, like making provisions for cooking gas, according to Karat and Ranadive 2013, are aimed toward alleviating the burden of women at home. Such efforts end up depoliticizing the underlying gender inequity in caregiving responsibilities. Rao 2018 contends that comprehensive policies, recognizing and valuing care work, suggest that care is an area key to addressing gender inequalities, not only for women's empowerment, but for a society and economy as a whole.

These differences and challenges need to be understood in the process of making effective strategies toward reducing gender inequalities in care work and domestic responsibilities within the Indian setting. In this regard, the interrelationship amongst cultural attitudes, economic factors, and social changes

demands a multilevel approach that will be all-inclusive and representative of varied experiences of women from different groups and regions in India. Attention toward care work and its demarcation from housework, as presenting special challenges, was

It is then upon the policymakers and the social activists to do the best in coming up with strategies to solve the causes of gender inequality in Indian families and society at large.

Major Reflections:

A sociological exploration of care and gender roles in India unravels a subtle contest between traditionalism, evolving social compounds, and enduring inequities. The multilayered mosaic thus represented mirrors the conflict between an age-old cultural heritage and the winds of change that are sweeping through Indian society as it hurtles towards modernization. One of the most interesting reflection was how traditional gender norms have persisted despite enormous social and economic change within India. These norms still heavily shape responsibility for care and the sharing of unpaid work and household tasks, with women taking on most of both. Chopra and Zambelli (2017) attribute this persistence to embedded cultural values, social institutions, and policy frameworks that perpetuate gendered divisions of labor.

This is because traditional gender roles are retarding while India races into modernity. With the ongoing liberalization of India's economy and the process of urbanization, there is a clash between what has been and what is expected of society. This clash is most noticeable in cities, where the entry of women into the labor market has not resulted in a sharing economy within households. According to Manchanda (2015), many urban middle-class women find it difficult to reconcile their professional lives with the demands that traditional norms place on them as caregivers. This double burden— in addition to having consequences for their welfare, including mental health— also influences their capacity to succeed in their careers and attain economic autonomy.

The intersectionality of care experiences in India makes it even more complicated. Not all women share the burden of care work equally in India. The distribution and experience of care responsibilities are influenced to a large extent by factors such as class, caste, religion, and geographic location. Raju (2011) makes a similar point on how caste intersects with gender in shaping care and domestic work arrangements: lower-caste women are typically assigned a heavier load of care work, both within their

own families and as paid domestic workers looking after upper-caste households. This is where such intersectionality calls for specific approaches that do justice by recognizing the varied realities among Indian women cutting across social classes and regions.

Thirdly, there is the important question of how states manage to deal with care work. The care regime of the Indian state remained premised on women providing unpaid care work in families. While categorical social policies, like childcare programs, do provide support for care provision to some extent (Nelson 1996), such initiatives are limited and not likely able actually address the gendered character of care work. Social policies serve to reinforce a familial model of care work, based around the assumption that women are able and willing to absorb unpaid care-related tasks (Palriwala & Neetha 2011). Not only does this policy vacuum do little for gender equality, it may also serve to further entrench the responsibility of care as belonging primarily in families.

Then there is the question of care dynamics in light of changing family structures even within India. This family structures led many primary parents to turn grandparent-type care arrangements, but this is becoming increasingly difficult as urbanisation has promoted a wholesale shift towards nuclear families. This change affects the care of both children and older people leading to either new care gaps, or replacing one family member by another - usually women. Looking at elder care in particular, Brijnath (2012) suggests that these changes are threatening not only to put some of the older ideals and social norms out of place - like zhi or Filial Piety - but also question how caregiving will be performed so long as many adult sons and daughters continue seeking careers afar urban cores.

Their analyses highlight, above all, the continuing social and economic devaluation of paid and unpaid care work, which feeds into the further feminization of care work, and the twin forms of undervaluation – the lack of recognition of unpaid care (and domestic) work in national accounts, and the continued low pay associated with most paid care work. In her 2007 paper, Razavi points out that the continuing undervaluation of paid and unpaid work has serious implications far beyond the deprivation of social esteem, and impacts on women's entry into the labour market and on overall economic development. A related issue is how women's opportunities to education and work are affected by the extent of care responsibilities. Hirway (2010) demonstrates how time poverty arising from care responsibilities can restrict women's opportunities to educate themselves, progress in their career or participate as a politician. This loss is a loss not just for individual women but also for

society at large, at a time when India urgently needs to harness the full potential of its citizens for development.

Even as the challenges are daunting, there is hope in what is emerging and being proposed. This means the necessity of public care -and infrastructure by building institutions like elder-care homes and child day-care centers are increasingly being understood. But these alternatives can be costly and have social stigma associated with them. Kalavar and Jamuna (2011) explore elder care provision by institutions in India noting that although these facilities are becoming more prevalent, they often have low bed occupancy since family members object to cultural norms of placing their seniors with non-relatives.

Reducing gender inequalities in the care work based employment sector of India will be a multifaceted and multi-layered framework that should consider cultural norms, economic constraints along with existing inequality patterns modified by social shifts as well. It could involve policy responses to value and recognize care, as well as measures that seek to disrupt and change traditional gender norms, such as redistributing caring responsibilities more justly within families or wider society. The conversation reinforces the importance of ongoing research that both examines how different social groups experience care in India and assesses emerging interventions designed to combat care inequalities. Steps toward addressing the gendered nature of care work will not only be instrumental for India as it grapples with modernisation and development, but are also crucial in paving the way for the overall social and economic well-being of the nation.

Discussion:

From a sociological viewpoint, the idea of care and gender roles in India is simultaneously complex: on one hand lies long-held cultural norms equipped with new social realities that are taking over this ancient land; while using another can be an equally strong persistence involving extraordinary inequality. In its struggle to leave behind archaic ties and march on the paths of modernization and development, how India deals with care work is bound to determine whether it means business while striving for gender equality or merely reconfirms its usual superficial commitment when we talk about feminist notions.

The analysis presented in this paper underlines the continuous gendered nature of care work, which now says even as India has witnessed substantial social and economic change during recent decades. This

persistence is a testament to the continued power and dominance of patriarchal norms within family structures that determine futures, expectations and responsibilities around care. The demands of care work borne by women have implications that resonate through their educational and financial choices, health, and overall health status.

The main challenge of addressing the gender inequalities in unpaid work is the strong cultural expectations for women being the carers. The expectations are socialized reinforced and internalized by women themselves; this internalization of gender norm by women supports socialization of women, contributing to a cycle of gender inequality. Policy responses alone are insufficient to challenge the gender norms and work cultures in these societies. Key to unpacking the challenges of addressing the gender norms related to caregiving is to remain cognizant of the inter-connections of changes in the social contract, particularly care giving and earning. This article reviews the challenges associated with the global movements of care routine responsibilities within the context of India associated with the modern care deficit, and the care ethic paradox shaping women's opportunities to support their families.

Intersectionality of care experiences in India adds another layer of complexity to this issue. The responsibility and work of care is not evenly distributed among women, and other socio-cultural factors play a significant role in dividing this work, based on class, caste, religion, and region. We can see that this intricate and intertwined web of intersectionality differences that exist requires thoughtful, context-specific, and nuanced interventions to help and understand women's diverse realities, socio-economic class, and care experiences across different parts of India.

The state's role in addressing care work is both a challenge and an opportunity. Firstly, the policies that exist reinforce the family-based care model, where there is an assumption and expectation that women are readily available to engage in unpaid care work. However, it is necessary that there is a focus on policy and an understanding of engaging with comprehensive policies that value care work, provide support to caregivers, and balance the workload of care responsibilities in an equitable way. This might mean expanding affordable and high-quality institutional childcare and long-term care services, which might alleviate or help to balance care responsibilities that are often held by the family, and more often by women.

Much of the transformation in family structure has taken place through an increasing preference for nuclear units, a phenomenon visible more among urban than rural Indians - throwing up challenges to

how care is organized as families rearrange themselves. There are consequences for child and elder care due to this transition that may lead to care deficits or more residents with shrinking family network on which shoulders of caregiving could be passed down. To meet this challenge, we need to reframe what care models and new forms of support could address our multifaceted family structures.

Changing the social and economic meaning of care work is still an important barrier hampering gender equality. This means that care work, both paid and unpaid is recognised - however it occurs at the expense of frontally addressing this particular challenge. This can range from measures to recognize unpaid care work in national economic accounts, wage and working condition improvements for paid care givers through the development of social dialogue mechanisms and a renewed societal value attached to care as an essential condition of caregiving.

Care - or lack of it -pose as a significant obstacle to women's pathway to opportunities in India, which remain critical for the country social and economic development. Women with care duties can lack the time to pursue education or career, disadvantaging them from competing in political life. Overcoming this dilemma demands not just a more equal allocation of care roles but also policies in both workplaces and schools that allow for women's, as well men's (as viewed by employers), caring tasks.

Although urban settings have started to afford institutionalised substitutes besides family care, the vast majority of those who require these services are excluded due to financial or social factors. Rising above the cultural resistance to institutional care (especially for seniors) and at low cost without compromising on quality is a tough ask.

Policy reform to recognize and value unpaid care work, support caregivers, and promote the fairer sharing of care responsibilities. This might involve family-friendly work policies, such as parental leave and flexible working hours to help achieve a more equitable relation between paidwork and care responsibilities. It is important to challenge and change the traditional gender norms as it impacts everything. This involves encouraging a more equalitarian view of care work and house duties, especially among the younger ones. Public education and support campaigns to change cultural norms about the nature of care work, and how important it is in a society are an essential step towards that

To lighten the care-load of families, particularly that on women, and to facilitate reconciling work with providing assistance in other healthcare settings as well - especially regarding children's outdated homes

or senior facilities require expanding and scaling-up institutional assistances for this segment. Extending is a prerequisite but this will be for naught without addressing the cultural resistance to institutional care and valorizing these services in quality, cost, or both. This paper suggests that further research is required to gain a clearer insight into some experiences of care among varied social groups in India and from evaluation studies about the effects on health outcomes, and how effective are interventions targeting reduction of inequalities in receiving care. This can provide insight on where policy intervention is most needed and likely to be maximally effective.

Conclusion

In particular, addressing gender inequalities in the field of care work is not only imperative for achieving gender equity in India but also significant social and economic development processes as a whole. It needs policymakers, civil society organizations and ordinary people to change deeply entrenched norms and create more 50-50 division of who does unpaid care work. If we understand that care is a social responsibility and not something to be borne predominantly by women, it could well help us move towards being the just and fair society for all its citizens.

The road ahead will no doubt be long, and likely arduous with efforts needed on all fronts of society. Yet the gains and potential returns for ensuring greater equality in care are enormous-not only from a gender perspective but also regarding families, communities, and ultimately our nation. values and strengthens the well-being of its entire collective.

Adopting a sociological perspective, this analysis of care and gender roles in the Indian context brings out an intricate combination of traditional influences, modernization as well as continuities within changing contexts. While social and economic changes have been significant, care work globally is still overwhelmingly feminized because of cultural expectations around the family. The over-representation of women in unpaid and underpaid care work has implications for their educational, economic and personal development but also more broadly on social economy as a whole in India.

The complexities of ending gender discrimination in care work are tied to ingrained cultural norms, policy gaps and ever-evolving familial responsibilities within the society as well as undervalued labour delivered by women. Intersectional care experience manifested amidst class-ridden, caste and regional

divides complicates equitable distribution of the production [and] reproduction process among droplet-like population.

Looking ahead, this work will best be achieved through systemic changes - ranging from policy-level reforms to cultural shifts supported by long overdue institutional initiatives. This means having all people be aware that care is a joint social function rather than being essentially female work. Any commitment to quality job creation must value all unpaid and paid care work, including by putting in place appropriate family-friendly policies that also expand accessible high-quality services. Gender-justice advocacy is needed to permanently undo break free from the patriarchal chains and also changing attitudes takes time through education and awareness.

We will face deeply embedded obstacles on the way forward, but reaping more equal care work distribution is all it takes to change the future. This is not just a matter of gender equality but an essential social justice and economic development issue.

As India continues to navigate the complexities of modernization, reimagining care work and gender roles will be pivotal in creating a more inclusive, equitable, and prosperous society. Ultimately, addressing the gendered nature of care work in India requires sustained commitment from policymakers, civil society, and individuals alike. By doing so, India can work towards a future where the vital work of care is shared more equitably, valued appropriately, and recognized as fundamental to the nation's well-being and progress.

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