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Book Review: Politics of Precarity: Gendered Subjects and the Health Care Industry Contemporary Kolkata¹

By Soumya Kashyap² and Priyanka Tripathi³

Panchali Ray's *Politics of Precarity: Gendered Subjects and the Health Care Industry in Contemporary Kolkata* offers a critical intervention towards understanding the intricacies that bind healthcare, gender, labour and power in a single web. It emphasises on the capitalist trait of securing marginal gains for certain sections of society at the expense of others, highlighting how social, cultural and historical factors are exploited to produce structural inequalities. The book is comprised of seven chapters and address nursing not only as a profession but also as an experience, revealing its commodification in the gendered labour market. The discussion focusses on how the politics of distancing and differentiation are created within the nursing subsector of Kolkata's healthcare industry. The text foregrounds how nursing, despite, being an integral part of healing process, is plagued by stigma, precarity and abjection. Ray vividly portrays the transition of labour from familial space to the public sphere including its repercussions and the politics behind this institutionalisation.

The first two chapters of the book reveal that the nursing sector of Kolkata is neither distinct nor unique. As per social identities, it is generally considered to be pyramidal, a triple-tiered labour market with each layer resonating with political perceptions of skilled, semi-skilled and unskilled labour. Due to the informalisation politics and hegemonic conceptions regarding 'skills', the unskilled labour is devoid of minimal status, benefits, wages and job securities and the supposedly 'skilled' elite workforce are conferred with protection and privileges. Yet, the pyramid is never questioned and is justified as rational. The book raises few important questions on ethics relating to the commodification of women's reproductive labour. When feminine affective labour is evaluated on the basis of its market worth, there arises a tension between identifying emotional and relational content. This issue also leads to inflaming disputes about paid care employment.

Nursing has always been in the quagmire of a conventional women's profession, struggling to be liberated from the label of gendered, submissive and stigmatised work. Though nursing requirements increased the status of the occupation, limiting the skilled professional category to those who have completed formal university education, Ray affirms that the healthcare still hasn't democratized because professionalising nursing led to unintended repercussions as it divided nursing care between skilled and unskilled. While the former dealt with science and management, the latter is associated with handling the body and its detritus. These disparities have promoted occupational hierarchy ensuring that the unskilled/untrained/semi trained nurses continued to be employed at the lower level of the pyramid, whereas the registered nurses perform the elite supervisory functions of assisting the doctors or as administrators and nursing.

Thus, discrimination between nurses based on their caste and class, which are aligned to educational access are also an observable overlap in tasks and status in the nursing hierarchy.

¹ Ray, P. (2019). *Politics of Precarity: Gendered Subjects and the Health Care Industry Contemporary Kolkata*. Delhi, India: Oxford University Press.

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This encourages a differentiated workforce enhancing the stigma associated with the profession. Ray here discusses on the politics of binary between 'bhadramahila' and 'chotolok' to showcase how opposed social groups unite in times of mutual need as well as are separated by societal markers based on caste, class, degree and uniform. The differentiated workspace with its registered and unregistered nurses as well as attendants engaged in interrelated complementary work, exacerbate hierarchies further reinforcing and (re)producing greater inequalities in terms of gender, class and caste. The consistent struggle between defining nursing as 'cure' involving scientific knowledge and, not bodily and affective care performed by unregistered nurses, lays forth how labour is contextualised and precipitated not only by gender but also by other social and external factors.

Following the discussion of discrimination, the discussion turns to ethics governing nursing and the 'caring' role of nurses stressing on the affective bonds rather than on the medical approaches. Ray addresses how conventional nursing ethics are far from being feminist, highlighting the gender-oppressive customs and stereotypical approach towards nursing, including its secondary status compared with a medical.

Associating women's work with 'care' made the doctors distance themselves from such roles as they believed themselves of performing professional roles that had no relation to affective or emotional work. This sexual division of labour in health care centres exposes the hierarchical binaries between subjective and objective, reason and emotion, masculine and feminine where the male doctors practiced medicine and nurses were assigned affective labour, both confirming to the normative gender roles. Ray uses archival and ethnographic techniques to capture the evolution of nursing from colonial roots to its current predicament withstanding the burdens of masculinization.

The inequalities and disparities within the healthcare system cannot be seen in isolation from the family. Chapter 4 addresses the complexities in the family and public sphere. The union, contradiction, consistency and ruptures are all studied to investigate how the 'heteronormative economies' contribute in the making of ideal female subjectivity. Ray portrays the experiences of nurses when they just looked at nursing as an extension of their reproductive labour, linking their preference to low paying labour in private nursing as analogous their excessive familial control over their sexuality. She then takes into context Bourdieu's concept of habitus understand how family is equivalent to an apparatus in producing a docile submissive body, while also promoting the legitimacy of domination. Ray claims that the gendered habitus plays a significant role in shaping not only the experiences of women but also in determining children's future. As per post-structuralist feminist theory the bodies are produced and formed due to the socially articulated norms. Ray here resonates with Foucault as he affirms that biopower plays an integral part in the development of capitalistic society making "the controlled insertion of bodies into the machinery of production and the adjustment of the phenomena of population to economic processes" (118) possible and giving rise to the concept of 'docile bodies' to describe the dominance of politics in producing passive, subjugated and productive individuals which suggest how sexuality serves as the main constituent of power and, it is not imposed upon us by any dominant group but it comes from within 'from below'.

Chapter 5 and 6 explore how hierarchies established due to caste, class and sexualities are (re)produced. These chapters question the creation and sustenance of the 'otherness'. Ray claims that the society works in unison to create universal norms to suppress individualities. This creates a complicated web of dominance and resistance which is almost impossible to disentangle further giving rise to inequalities. Nursing is considered as a stigmatized labour, and thus, the need to differentiate between categories of workers, to identify differences within subgroups becomes essential. The chapters give a detailed description of how 'social identities' and 'spatial politics' are employed to legitimize exploitation. Ray has then spoken on the

‘stigma theory of labour’ which is beyond gender, caste and class and forces us to think as to why certain labour is equated to Dalit labouring body and, more specifically, if it is a Dalit female body. The text highlights Stuart Hall’s claim that “representations play a constitutive role in the construction of identities.” (166) Taking recourse to the postmodern and postcolonial feminist traditions Ray seeks to differentiate between self/other binary and, highlights how the intersection between the two tends to affect identity and social order in a labour market. The text rightfully questions the notion of nursing as a ‘homogenous sector’. Most significantly, she also focusses on the notion of ‘space’ in constructing the identity of women. Ray delves deep and gives a detailed analysis on the daily working of hospitals and nursing homes to highlight how ‘space’ is itself an embodiment of power relations and social hierarchies drawing heavily from Foucault’s idea of discipline and biopower.

The seventh Chapter and the concluding part of the text establishes a link between class and exploitation keeping in mind the analytical understanding of dual economy where the material well-being of one group occurs at the cost of another’s wellbeing. This chapter seeks to examine the emergence of political subjects in order to understand how women act as agents in making choices. The chapter captures the formation of hegemonic norms as well as the resistance to it and, forces an evaluation of social norms that view women’s problems as petty, irrelevant and feminine, which gives rise to questions such as how will women deal with their everyday power struggle? How will they be able to subvert patriarchy coupled with capitalist structure that commodify women and trace their engagement with labour that does not require merit and respect? The unionized movements have been weakened by the excessive bureaucratic and professional interference. According to Ray, nurses often resort to avoidance and non-cooperation to survive unfair labour practices.

Ray’s book successfully portrays how the co-existence of skilled/unskilled nurses and registered with unregistered nurses within the same sector advances continuous struggle between labourers and proves that the framework that governs medical hierarchy i.e., the differentiated working space -be it- in terms of gender, caste or class is reinforced by the pyramidal structure of the labour industry. Panchali Ray through this book has successfully rendered a reconstructed notion on biopower, intersectionality, subjectivity and habitus and the structural hierarchy in relation to the nursing sector. Ray’s work is crucial because it sheds light on the complexities of the nursing profession, which is riddled with conflicts, injustices, and power dynamics and thus, is far from being homogeneous and equitable. A variety of intellectual encounters can be sparked by its anthropological calibrations and current relevance across disciplines. The book attempts to contextualise the nursing sub-sector within a larger framework of globalisation and the labour economy of a post-liberalized India. The book serves as an essential read not just for those involved in nursing education, but the medical fraternity as a whole, including physicians, hospitals and nursing home administrators. Additionally, the book is also crucial for scholars of gender and labour studies.