Aging, India and Care

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There has been a range of academic literature recently on aging and care in India. Much of the literature take a developing theoretical approach and many take a public policy approach to care and aging. These monographs and research articles are huge in scope and a survey of them would suggest they are comparative in their focus on India in general. However, for this piece, it could be suggested and it is a very contentious point to make, much of such a research literature have neglected urban India, care and old age.

There are several reasons for this. First, for many years, academic/institutional ageism prevented ageing research from being cultivated and disseminated on older people explicitly in urban Urban because of the intense interest of the consequences of polulational control by practitioners, public policy makers and academic researchers.

Secondly, both historically and contemporaneously, to suggest "age" instantly was stereotypically ascribed to children added to the marginality and invisibility of older people as a "hidden" age group in academic research on India and urbanisation; and further reified any holistic understanding of 'age' as a social characteristic. It took many years for public policy makers to turn their careful attention to an "ageing population" (composing, ironically, of an increasingly visible group of older people despite being hidden in terms of academic research on them).

This became crucially important and significant in terms of the paradoxical quagmire of addressing two key inter-related issues for a range of important social actors including the current Indian Administration: (i) how to perpetually stimulate and sustain economic growth in the global market place on the one hand and;

(ii) how to challenge the intended and unintended dynamics of caring for an massively accelerating ageing population in Urban India on the other hand.

Third, because there were hardly any widely subscribed basic training, undergraduate or postgraduate courses in social work in working with older people in urban India until recently, with an overwhelming focus on working with children, there were periodic episodes of inhumanity against older people; known today as "elder abuse"; not just a Western phenomenon but a global issue that affects all nation states including India. It was a forgotten dimension that older people were actually *people*.

Fourth, given above, there was also a chronic shortage of research and knowledge for academics, carers, families and health and social work professions on the vulnerabilities of older people whether if they lived at home or lived in a care home in Urban India. In the UK for example, research has illustrated persistently that care homes are not necessarily benevolent institutions but places were care, occasionally, is in chaos - as carers do not have the sufficient skills, knowledge and experience to work with vulnerable older people.

Fifth, there is much current debate in urban India about the importance of health volunteers for caring for vulnerable older people were younger family members move towards super cities that has fragmented family structures and long held family doctrines of quality care of older people within and across family units has subsided towards marketisation as a consequence of urbanisation. This has led to a significant gap of who then provides the care for older people in urban settings in India if not the family? Henceforth, without adequate training, there are potential and real consequences to measure the effectiveness of such a

volunteer caring infrastructure in urban settings with huge demographic numbers of older people requiring and receiving 'care'. This will take time to disseminate – and correspondingly - to learn the important lessons and experiences that are needed to be acquired for future generations of policy makers, researchers, carers, and of course, older people themselves.

For a long time, in a discipline called Social Gerontology, there was a split between thinkers and doers. Researchers used to implicitly suggest there was some form of exaggerated age wars between thinkers (theorists) and those who empirically investigate older people's experiences (do-ers). The importance of deconstructing and obliterating such assumptions and with a careful synthesis of the importance of undertaking both thinking and doing for effective care practice with older people in urban India, transcends ethnocentric and Eurocentric approaches to ageing and care.

The ability to shed light on the importance of *valuing* older people is also indispensable. This should provide sensitivity to policy makers and carers in recognising that older people are people with human rights and dignity in urban India. Unfortunately, recent research on the very notion of '*aging populations*' in India has lumped 'older people' into an undifferentiated category as though populational constructs based on old age are not differentiated by 'race', gender, sexuality, disability, class and history. Engaging in research *with* older people is important to make researchers and practitioners understand the unique biographies of older people in urban India. There is also a need to surpass the current academic literature on caring for older people in urban settings in India and implore policy makers, researchers and carers to think deep and act on what is means to be *cared about* and *cared for* as an older person.

In conclusion, more research is required in influencing public policy makers to transform their attitudes to older people in urbanised India. This means actually listening to and engaging with older people as service providers to addresses social divisions head on were public policy makers, carers and academic researchers can learn from the narratives and experiences of care from older people in urban India.