



# “This place is (now) my own home. It is my home till my death”: Older adults (re)creating home through daily rhythms and kinning in formal care settings

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## ABSTRACT

This paper, based on a qualitative study, explores the home-making activities of older adults living in a non-profit, welfare-based institutional care home in Kerala, India. We employed in-depth interviews and observation to obtain rich data on various home-making practices of older adults. Contrary to the stigmatization in India of care homes as places of abandonment and desertion, this study illustrates: (1) the important role of non-profit care homes in protecting neglected older adults especially in non-western contexts; and (2) the performative roles of older adults who utilize, modify, and recreate home in formal care spaces. Our empirical results show that daily rhythmic activities, gender roles, kinning, and cultural practices in a formal care setting contribute to establishing new familial ties and continuity in life as well as a sense of insideness in a formal care home. This paper contributes to the emerging dialogue on the role of rhythm, kinning, and culture in home-making practices in formal care spaces in a non-western context.

## 1. Introduction

Residential transitions at later ages are challenging and often fraught with emotions of loss, abandonment and fear of the unknown. Successful transitions, coping with new living environments, and creating a sense of home contribute to feelings of safety and well-being. In this paper we focus on how older adults cope with these transitions by (re)creating home in formal care settings. Many older adults could be fleeing to formal care homes due to complex family conflicts. Worldwide, older adults are especially vulnerable to abuse and neglect by their families and other caregivers. Desertion or abandonment are the most common forms of neglect faced by older adults. While physical abuse and its implications have been well documented across the world, neglect and its implications have been under-researched (Shankardass, 2020; Stodolska et al., 2019). In an extensive review carried out by Sooryanarayana, Choo, and Hairi, (2013) neglect was widely reported and experienced by older adults. As many countries are proceeding towards a rapidly ageing population, the number of older adults potentially becoming vulnerable to abuse is also expected to increase. This is

particularly the case in Asia where the population is aging at an unprecedented pace. In 2015, 11.5 percent of Asians were 60 years or older, a figure expected to rise to 24.5 percent by 2050 and 33.7 percent by 2100 (United Nations, 2019). The greatest increase in the ageing population will occur in the over 75 age bracket which is predicted to comprise 50 percent of the total older adult population in 2100 (United Nations, 2019). Sebastian and Sekher (2011) observed that older persons who are economically dependent on their children are more likely to experience verbal abuse. In low- and middle-income countries, poverty, disputes about the intergenerational transfer of resources, and patriarchal norms have a major impact on the living situations and rights of older adults (Shankardass, 2020). In this study, we focus specifically on how older adults who have either experienced or have been abandoned by family and have now come to live in care home.

As there are no safeguards to protect vulnerable older groups in India, there is growing concern that elder abuse and older adult mistreatment are increasing (Shankardass, 2020). For example, a survey conducted by HelpAge India (2014) revealed that 77 percent of older adults co-resided with their families and more than 50 percent

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experienced abuse and neglect from their primary caregivers including sons and daughters-in-law. Datta (2017) noted that the pattern of abuse on older adults consists of “psychological abuse in terms of verbal assaults, threats and fear of isolation; physical violence; and financial exploitation” (p.84). Studies also point out that, in order to avoid abuse and mistreatment, older adults may wish to avoid their children (Rajan et al., 2017). This scenario necessitates alternative living arrangements and the provision of safe spaces such as geriatric care homes. In 2007, the Government of India enacted the Maintenance and Welfare of Parents and Senior Citizens Act which envisages the establishment of old age homes in every district of India (Ministry of Social Justice and Empowerment, 2007); however, many older adults are not aware of any legal provisions and many parents are often reluctant to complain against their children. The reluctance is largely due to no-availability of alternative living arrangements, thus they are forced to co-reside with their children, making the situation at home more precarious. The well-being of older adults in care homes is largely determined by how positively they are attached to a new place. Studies have often considered care homes as formal spaces of care provision and care relations (Gupta et al., 2014; Johnson et al., 2018; Kalavar et al., 2013; Pathania et al., 2019, 2018) yet research has largely ignored how informal care relations and daily rhythm contribute to creating a sense of home in these settings. In this study, we examine care homes not as places of abandonment or desertion but as spaces where new relations are established and where residents have new aspirations despite any past trauma. Our aim is to understand the following question: How do older adults (re) create home through daily domestic rhythms and caregiving practices in an institutional care home?

In the Global South formal care services for older adults are relatively new compared to well off welfare states in the Global North; and older adult care is often assumed to be as the duty of adult children in extended family settings (Hanrahan, 2018). Coe (2019) highlights that the emergence of formal care homes in low and middle income countries were considered as the visible signs that a society start to care for its (vulnerable) citizens. Literature has stressed for more empirical insights on aging and care in the global south to realize the potential for directing new policies and programs on geographies of care and aging (McQuaid et al., 2020; Wignall et al., 2019; Yankson et al., 2017).

## 2. Theoretical framework

### 2.1. Home and home-making practices

The concept of home has been used extensively in the literature in connection with theories of place attachment and place identity; place attachment is connection between person and place while place identity is concerned with the process of forming places as part of the self-identity irrespective of qualities and evaluation of places (Moore, 2000). In the literature, home is generally considered to be an active place with social, economic, cultural, and emotional relationships (Chaudhury and Rowles, 2005; Easthope, 2004; Milligan, 2009; Oswald and Wahl, 2005; Stones and Gullifer, 2016). Based on the literature on meaning of home, Clapham (2011) argues that personal well-being is associated with identification and embodied activities. So, in order to promote the well-being of older adults, it is important to understand the important role of both the physical, material world as well as the social world. Home-making is not an independent process disconnected from place attachment. Rather, home-making is “the ongoing process of (re) creating a home” where “people build connections to a significant place, ground their personal experiences and embed their personal identities within it” (Meijering and Lager, 2014p. 861). According to Easthope (2004), a place (home) is constantly linked with the physical, social, cultural, and emotive world. The meaning of home, and its material function, shift according to the changes in the life stages of older adults. For example, a study on older women living in congregate houses revealed that older adults conceptualize and evaluate their life situation

in response to their environment and so try to make a rational judgement according to available resources and the environment (Leith, 2006).

Place attachment is a result of the unique emotional experiences and bonds individuals have with places (Low and Altman, 1992). A place becomes significant for a person when the experience-in-place creates meaning (Manzo, 2005) or evokes emotions such as happiness, pride, and love. For example, religious beliefs and practices associated with a place can result in a sense of attachment with the place (Mazumdar and Mazumdar, 2005; Sahney, 2017). Place attachment helps older adults to identify meaning, security and a sense of identity; it also helps to facilitate successful adjustment in life (Andrews and Phillips, 2005; Wiles et al., 2009). Various important life events change the role of an older adult as well as the value of the place they confront. Furthermore, there are different social norms for men and women in a patriarchal society which affect place attachment.

Personal well-being in a place is a determined by the level of positive attachment to that place. Perhaps not surprisingly, any disruption to the physical, social, cultural or emotive attributes of a place will affect the well-being of older adults. When changes occur, older adults are likely to adopt coping strategies to mitigate the effect of change (Cristoforetti et al., 2011). In turn, older adults develop new place attachments. For example, when an older adult moves to an institutional care setting, the physical and social characteristics of the institution could be totally new and different from pre-institutional life; different strategies are used to adjust to a new living situation and space. Older adults may retain possessions (Pazhoothundathil and Bailey, 2020) or replicate domestic activities to create a sense of home. As abandoned or deserted adults have fewer possessions and private spaces to engage with possessions, they may take on caregiving roles, use cultural practices or perform rhythmic activities on a daily basis to re-create a sense of home. Starting with daily rhythms, each is discussed in the following paragraphs.

### 2.2. Daily rhythms and domestic activities

Various studies show that daily rhythms play an integral part in building a positive aging experience (Cutchin, 2001; Lager et al., 2016; Marhánková, 2011; Rowles and Watkins, 2003). The value placed on time and place are integrated into the habitual routines and behaviors that build up everyday life (Highmore, 2002). Lager et al. (2016) point out that “everyday places are imbued with rhythm. The habitual and routine use of these places confers a sense of familiarity and security” (p. 1569). Rhythm is “an important constituent of the experience and organization of social time” (Edensor, 2010, p. 1). Spatial routines and habits create a sense of physical, social, and autobiographical ‘insideness’ and so play a major role in the life of older adults (Rowles, 1983). When older adults move to a care home, the continuity of daily rhythm can be disrupted (Rowles and Watkins, 2003). Additionally, decreasing energy levels and medication effects can slow down daily rhythm (Lager et al., 2016). In order to counteract the slowed rhythms of later life, and to experience congruity with a new place such as a care home, older adults may adopt new coping strategies—or pursue a ‘remaking of place’—to make everyday life eventful and to secure a sense of insideness (Marhánková, 2011; Rowles and Watkins, 2003). For example, eating together and sharing food are intrinsic daily rhythms that are part of the home and home-making activities. In the context of the care home, we explore the concept of ‘commensality’ which is broadly defined as eating with others or eating at the same table (Fischler, 2011). In institutional settings, the cooking and sharing of food can help older adults recreate the rhythms of the domestic life they had at their former home. Commensality helps to build a sense of community among older adults. The rules of commensality determine who can eat ‘together;’ these rules replicate rules that exist in society at large and so can be exclusionary. In care homes, the practices of commensality can lead to a semblance of family life with non-kin co-residents and care givers.

### 2.3. Kinning as a home-making practice

Kinning is a term used by Howell (2003) to refer to “the process by which a previously unconnected person is brought into a significant and permanent relationship with a group of people that is expressed in a kin idiom” (p. 465). Sahliins (2011) stresses that kinship is relational and performed daily through diverse activities, with caregiving being the most significant. Care negotiations involve mutual regard, emotional assistance, affection, and moral support (Baldassar et al., 2017). Ball et al. (2009) additionally observe that positive mutual regard helps to increase a sense of trust and companionship between caretaker and care receiver.

As older adults who move to care homes are surrounded by non-kin caregivers and fellow residents, these new care relationships may evoke strong emotional bond which cause fictive kin to act like kin (Coe, 2017). These kin idioms with care givers or other care home residents can take the form of ‘sibling,’ ‘daughter,’ ‘son’ or ‘grandchildren.’ The space for kinning between caretaker and care receivers helps to fulfill missing family ties (Ball et al., 2005; Bowers et al., 2000; Gass, 2004; Piercy, 2000). Thus, in this paper we focus on caregiving activities as a process of kinning employed by older adults. In the following sections, we present our research context, methods, and results. Finally, we end with a discussion on the home-making practices of older adults in a care home.

### 3. Research context

According to the national census, Kerala’s population in 2011 was 33,406,061; this accounts for roughly 2.75 percent of the country’s total population (Registrar General of India, 2011). The state has one of the highest proportions of older adults in the south (Registrar General of India, 2011). In fact, the growth rate of the older adult population in Kerala has increased at a rate double the overall growth rate making it higher than any other state in the country. The proportion of the older population was 12.6 percent in 2011 with an expected increase to 18.3 percent in 2026; this is higher than the national projected average of 12.4 percent (Government of India, 2006). At 75 years, Kerala also features the highest life expectancy at birth as well as the highest index of aging among India’s states with 97 older adults to 100 children (Subaiya and Dhananjay, 2011).

In 2006, Kerala was the first state in India to develop a policy for the welfare of older adults. Amended in 2013, the Old Age Policy emphasizes the need for both non-profit and for-profit care homes for older adults (Social Justice Department, 2013). According to the policy, older adult care homes should register with the Orphanage Control Board within the Social Justice Department. As of 2019, a total of 614 care homes were registered under or recognized by the Board: 599 non-governmental care homes (both non-profit and for-profit) and 15 government-run care homes (Social Justice Department, 2019). According to HelpAge India (2009), 14 percent of India’s older adult care homes are located in Kerala, a state which shares only 2.76 percent of the country’s population. For the current study, we collected data through in-depth interviews and observation (both participant and non-participant) between April and August 2015 at Prasanthi Bhavan (a pseudonym), a non-profit care home in the Kottayam District.

#### 3.1. In-depth interviews at Prasanthi Bhavan

In-depth interviews are considered to be one of the most suitable methods for exploring personal experiences (Hennink et al., 2011; Reichstadt et al., 2010; Robertson and Hale, 2011). To obtain rich information about life histories, we interviewed 15 older adults; one caretaker; and one administrator. Topics included home-making practices in Prasanthi Bhavan as well as administrative procedures, rules and regulations in the care home. We recruited study participants with the prior permission of Prasanthi Bhavan administrators; we later obtained

informed consent from each participant. We did not recruit participants who were sick or those with speaking difficulties. An interview guide was prepared in English and subsequently translated into Malayalam (the local language). As research participants in Prasanthi Bhavan shared rooms, interviews were conducted in communal spaces, such as the dining hall, to protect participant privacy. Each interview lasted approximately one and a half hours; interviews were conducted up to the point of data saturation.

#### 3.2. Observation

Observation techniques enable researchers to: 1) systematically document the behavior, action, and interaction of people in a socio-cultural context; and 2) obtain detailed descriptions of social settings and events (Hennink et al., 2011). Home-making practices are cultural behaviors. Observation in this study therefore provided us with a deeper understanding of important areas of enquiry including the day-to-day functioning of a care home; the home-making practices of older adults; and interpersonal relationships in care homes. These observations further helped to contextualize information shared in interviews. Once we received permission to conduct the study, the older adults and the administrators accepted the first author as a member of Prasanthi Bhavan; this allowed him to share lunch and tea every day; participate in serving food to older adults; and receive invitations for celebration such as the Onam festival (a regional festival in Kerala). These opportunities enabled us to conduct participant observation at the festivals and present the day-to-day details of the festival in the results section.

#### 3.3. Rapport establishment process and positionality

To obtain permission for the study and generate rapport with research participants, our first author frequently visited Prasanthi Bhavan and interacted with most of the older adults and caretakers. The author’s status as a researcher and as an educated person helped us to establish credibility and trust among older adults in Prasanthi Bhavan. The researcher also shared insider/outsider characteristics with participants. For example, as a Keralite and native speaker of Malayalam, the researcher was viewed as an ‘insider’ who shared the mother tongue and who had the ability to understand the cultural reference points of research participants. This insider perspective provided significant advantage in recognizing verbal and non-verbal clues and hidden assumptions underlying participant behaviors. For example, as older adults are very sensitive to the way others address them, the researcher called older women *amma* (mother) and older men *acha* (father) which is more acceptable from a cultural standpoint. On the other hand, age, sex, and profession made the researcher aware of his status as an outsider.

#### 3.4. Data analysis

Interviews were first conducted in Malayalam and then translated into English. ATLAS.ti.7, a qualitative software package, was used for data management and analysis. Following the principles of grounded theory which involve various stages such as: developing codes, defining codes, describing and comparing codes across code groups, categorizing and conceptualizing to link back with the theory. We have applied two main cycles of coding (Hennink et al., 2011). In the first cycle, primary codes were developed both inductively and deductively. In primary coding we labeled actions in each segments of data rather than applying pre-existing categories to the data (Charmaz, 2006). In the second cycle, code families were further developed by grouping different codes based on common attributes (see Table 1). In this paper, our empirical data are presented in the form of older adult narratives. In order to protect anonymity, we used pseudonyms for care homes and the participants.

**Table 1**  
Themes and codes identified.

Themes	Codes
Reasons to enter care home	Poverty, destituteness, homelessness, neglect, abuse
Home-making through domestic activities	Day-to-day activity, individual activity, collective activity, cleaning, community dining, washing, roam around, collecting things, farming, rearing domestic animals, preparing hot water, disruption from daily activities. religious rituals, sharing, community level care
Home-making through care and care-giving	Caregiving, care receiving, interpersonal relationship between older adults and caretakers, caring activity within care home, caring activity outside care home, physical care, emotional care, community level care
Home-making through kinning	Interpersonal relationship between older adults, interpersonal relationship between older adults and caretakers, physical care for with respect to ADLs, fictive kinship, emotional trust, intensive personal bonding, feeling of a family member, care reciprocity, wish for long term relationship
Home making through celebration of festivals	Cultural practices, cultural norms, rituals, opportunities for celebration, interpersonal relationship with neighborhood. space to aspire, collective activity, happy moments

**4. Result**

*4.1. Prasanthi Bhavan and its inhabitants*

Prasanthi Bhavan is a state subsidized, non-profit care home for poor and neglected older adults (see Participant Profile in Table 2). Situated in a village 25 km from the city of Kottayam, Prasanthi Bhavan operates out of a rented, double-storied building. At the time of data collection, a total of 22 older adults resided in the care facility (12 men and 10 women). Among them, four women and two men required physical assistance to fulfill daily needs. Administrative staff and caretakers of Prasanthi Bhavan include a superintendent; a female matron; two female caretakers; two cooks; one office assistant; and a security guard.

**Table 2**  
Participant profile, duration of stay and reasons to reach Prasanthi Bhavan.

Sl no	Name	Gender/ marital status	Age	Duration of stay (in years)	Reasons
1	Thankamani	F/ widowed	70+	3	Negligence from family
2	Maheswari	F/widowed	82	9	Homeless
3	Kamalam	F/ widowed	78	3	Negligence from family
4	Meenakshi	F/widowed	80	2	Negligence from family
5	Sarojani	f/widowed	75	3 months	Abuse from family
6	Annamma	F/ unmarried	68	4	Homeless
7	Pankajakshi	F/widowed	82	8	Homeless
8	Remani	F/married	64	2	Abuse from family
9	Kalyani	F/widowed	80+	6	Homeless
10	Thankammal	F/widowed	90	3	Poverty
11	Radhakrishnan	M/ unmarried	76	4	Homeless
12	Mohanam	M/Married	70	3	Negligence from family
13	Bhaskaran Nair	M/ unmarried	86	6	Homeless
14	Surendran	M/widowed	74	2	Negligence from family
15	Chandran	M/ unmarried	78	4	Homeless
16	Arya	Female	26	3	Caretaker
17	Kesavan	Male	55	2	Superintendent

Due to a lack of nursing facilities, administrators prefer to admit able-bodied adults. However, if an older adult becomes bedridden after admission, staff will provide care. Female residents share four bedrooms on the ground floor. The floor also features one room for the matron and female caretakers; an administrative room; a kitchen; a work area; a common dining hall; a bathroom; and two attached restrooms. A narrow corridor between rooms functions as a common space where older female adults watch TV. Male residents are housed in a dormitory-type facility on the first floor. The first floor additionally consists of the superintendent’s room; an Ayurvedic medicine storeroom; a toilet; and a bathroom. Male residents can watch television in the dorm room. Although the care home has a washing machine and hot water for bathing, many residents prefer to wash their clothes and prepare hot water on a small, wood-fired stove in the courtyard. As most of the older adults are destitute or have difficult relationships with their children, very few have contact with family members.

Older adults receive help from the public in the form of food and clothing. To avoid spicy food and any chance of food poisoning, Prasanthi Bhavan does not accept food that has been cooked off-premise. Those who want to offer food must first reserve a date in advance and pay the meal costs at the care home office. Those who offer food and clothes usually visit Prasanthi Bhavan with their family members. These visitors share lunch with care home residents and so provide an opportunity for older adults to socialize with the public. The government additionally provides two medical checkups every month: one modern medicine and one Ayurvedic. A separate medical file, in the form of a notebook, is maintained for each older adult. As per government record, Prasanthi Bhavan is classified as a Grade-1 care home. A Grade-1 care home is supposed to be able to admit 100 older adults. Nonetheless, Prasanthi Bhavan lacks sufficient space to admit more than 25 residents. As Prasanthi Bhavan functions out of a rented building, adding additional rooms is not possible. During the data collection period, administrators were thinking of shifting the care home to a new location with better facilities.

*4.2. Care home arrival*

Destituteness, poverty, negligence or mistreatment inflicted by immediate family members are the major reasons older adults move to a care home. The following paragraphs provide a few examples on how the elderly reach Prasanthi Bhavan.

Kamalam was living alone in her small hut. Although she has three sons, each one lives with his own family and so is not ready to take responsibility for their mother. Eventually, vision problems lead Kamalam to Prasanthi Bhavan. When asked to recall her experience, Kamalam explained:

*It was raining. I went out to buy some betel and I lost my way. Some school children helped me to get into a school, as the rain was getting heavy. The children informed the Principal. Father [the principal] in turn called the police [...] Two lady constables [police officers] came to take me to this old age home.*

Kalyani, another older adult who had no home and no one to take care of her, reached Prasanthi Bhavan through the help of a doctor and a care worker. She recalled:

*I was admitted to a hospital [...] So, Basheer [a caretaker at Prasanthi Bhavan] came to the hospital with someone. The doctor told him about me. When asked, I said I am not going anywhere. I have no one to take care of me. I am not going anywhere. I will stay in the hospital. The doctor said, “There is an old age home nearby, let’s take you there.” [...] Basheer brought me here in a vehicle.*

Destituteness was the reason for Kalyani to reach Prasanthi Bhavan, whereas Kamalam experienced negligence from her children. Neglect in the domestic setting comes in many forms, including: lack of

communication; withholding food; and ignoring health problems or failing to schedule doctor visits. The care gap is due to the unmet care expectations of older adults. When describing his situation, Mohanan stated:

*I became a burden for them [family] and [they] asked me to get out of the house. I worked hard for my family. All my assets, [I] utilized for this family. Now I have become a useless person for my family. They treated me like their slave. They wanted me to become their slave.*

Older women are more vulnerable and so suffer the larger share of abuse. The change in power relations at home make the lives of widowed women in particular more precarious. These women have limited access to income or resources from family property and legal aid; those who do manage to take control of their assets are often abused, cheated, and abandoned by the family. Remani narrates:

*“My husband is a drunkard. I have suffered a lot. After drinking he used to attack me physically. I had to also suffer the assaults of his first son from his previous marriage.”*

A majority of care home residents are women from lower socioeconomic backgrounds as a result of their vulnerability and inability to fight against abuse within a patriarchal family setting. Our findings show how family conflict and mistreatment act as push factors for older adults who seek shelter in care homes.

Older adults view Prasanthi Bhavan as a new space which helps to alleviate the pain and hardships of the past as well as a home that brings a sense of normalcy to the rest of their lives. Kalyani’s words reflect the sense of relief and security she feels in Prasanthi Bhavan. Laughing, she stated, *“This place is my own home. It is my home till my death. With God’s grace, my dear son, here I get good food. There is always non-veg food. It’s a feast every day. Everyday. God brought me here.”* New friendships and increased intimacy with caregivers and other residents become an important source of support and care. Domestic activities help disenfranchised older adults to constitute and maintain a sense of daily rhythm and cultural identity.

#### 4.3. Home-making through daily rhythms

The home-making practices of older adults include domestic activities within and outside the care home. Most activities are linked to past domestic practices performed previously. These practices are both individual and collective. Individual practices include cleaning; doing laundry; and rearing domestic animals (see Fig. 1). Collective practices include dining; praying; cooking; and farming. The gender norms that are prevalent in the society are reflected in these domestic practices.

Here, a 75-year-old resident named Radhakrishnan describes his usual domestic activities in Prasanthi Bhavan:

*I wake up in the morning before five o’clock [...] I do what feels good to do. I don’t stay idle. After a black coffee in the morning, I usually roam around outside, collect firewood, areca nuts, fruit-like things from the nearby grounds [...] We use firewood to make warm water for bathing. I keep one or two areca nuts for myself and the rest of them I keep in the corner of that veranda. Usually Kalyani or Meenakshi [other care home residents] will take them from there.*

It is common practice in rural Kerala to collect the coconuts, coconut leaves and fruit (such as tamarind, mangos, and jackfruit) that have fallen from the trees overnight. Fruit which has dropped in a public area is for public use. Radhakrishnan explains why he goes for walks in the early morning to collect tamarind, a tangy fruit used to make fish curry.

*Those [pointing out the thick Malabar tamarind pods] are found on the street. That’s why I roam around in the early morning. There are many [people] collecting them. If we are late, we won’t get anything. I bring them to the kitchen, so that they can use them for cooking [...] I don’t gather them for myself. They are meant for all of us, right?*

The early-morning practice of collecting things is a strategy older adults use to maintain a daily rhythm in their new setting; it also illustrates the concern older adults have for the well-being of others. Distraction away from such domestic practices creates distress among care home residents. As Radhakrishnan explains, *“Three or four years ago*



Fig. 1. Older adults performing everyday chores of heating water and sweeping the compound.

we had a sir [a superintendent]. He enacted rigid rules: No shopping, no leaving the compound. We must simply sit idle. Is it possible?” Although losing access to daily activities clearly disrupts their rhythms, care home management sometimes overrides the independence of the older adults.

This study also found that the gender roles associated with a traditional patriarchal society are reflected in domestic home-making practices. For example, men collect gas cylinders or go out to shop or pay electricity and telephone bills; Women work in the kitchen; clean the care home and its surroundings; and rear poultry. Resident Pankajakshi’s main daily activity at the care home is feeding the hens. Even though she doesn’t eat eggs or chicken, she tries to recreate the practices she used to perform for her children. Pankajakshi explained:

*I have one son and two daughters. I don’t know where they are now. When I was young, I struggled a lot to take care of these children. I lost my husband when these children were small [...] Although I never used eggs or meat, I used to keep hens for my children. I also don’t use eggs or meat here. But I don’t know why I take care of these hens and roosters [...] Every morning I feed them leftovers from my breakfast. I release the rooster from the cage but keep the hens in, until they give that day’s egg. I keep the eggs in the fridge [...] In the evening, I close the cage when all the hens and cocks are inside.*

Praying, both individually and collectively, is one of the main daily religious practices at Prasanthi Bhavan. As many inhabitants are Hindu, a *nilavilakku* (holy lamp) is lit every evening. According to traditional beliefs, *nilavilakku* represents Lakshmi, the goddess of wealth. Families light the *nilavilakku* in the evening and pray together—an integral ritual practice in a traditional Hindu household. Hindus view their homes as sacred places. As a result, everyday ritual practices on culturally expected auspicious time help to create a sacred ambience and ethos. Meenakshi described this sacred act by stating:

*By six o’clock in the evening, the nilavilakku (holy lamp) will be lit. Usually us four, hmm... me, Remani, Maheswari, and Sarojani sit together in Remani’s room and pray. Remani knows a lot of holy hymns. ‘Sandyanamam,’ Harinamakeerthanam, and all. She chants hymns first, then we repeat it...Arya (a caretaker) also joins us if she has time.*

The domestic activities of women are concentrated within the care home and its immediate surroundings. As per the rules and regulations of Prasanthi Bhavan, older adults are not allowed to go outside alone. The management is more lenient towards men who are generally healthier and familiar with nearby locations. This opportunity gives men more freedom to move around and carry out their domestic practices. Through these domestic activities, older adults are able to link life in the care home to their past life which helps them to maintain a domestic rhythm and sense of continuity.

#### 4.4. Home-making, care and care-giving

Older adults caring for other older adults is a very common practice in Prasanthi Bhavan. Care-giving activities aids in building a common relationship among the older adults. Annamma was a tailor; who has lived at the care home for the last five years. When asked about caring for co-residents, she explained:

*It [a sewing machine] was bought shortly after I came here. I expressed my wish to have a sewing machine to the then superintendent. They (the management) bought the sewing machine for me [...] I used to sew blouses and skirts for everyone here [...] I don’t stitch shirts but I can do small kinds of patchwork and alterations. I did it for most of them (the male older adults). When I see people wearing the clothes I stitch seems to suit them, it’s a kind of happiness, something occupies my mind.*

In the previous section, we showed how older adults create a homely atmosphere through practices that link to domestic activities carried out in the past. Here, Annamma cares for fellow older adults based on her

former profession as a tailor; this helps her to bring meaning into her life, to sustain happiness in the care home, and to build intimacy with fellow Prasanthi Bhavan inhabitants. Other forms of co-care within Prasanthi Bhavan include serving food; administering medicine; preparing warm bath water; and preparing ayurvedic medicine. Older adults also provide toilet and bathroom assistance and ayurvedic oil massages. Outside Prasanthi Bhavan, care services include taking other older adults to the hospital and staying as a bystander, and helping them to get pensions. When asked to describe co-caring among older adults at Prasanthi Bhavan, Mohanan stated:

*In all senses now it’s my home [...] I would accompany the sick to the hospital [...] I would accompany if anyone was sick and needed to be taken to the hospital. Many times, as a bystander. I have been to many hospitals, to the homeo-dispensary, and to the medical college. I would take them to all those hospitals [...] Yesterday I went to Kottayam with Thankamani to get her pension.*

Care relationships provide an opportunity to fill the gap left by broken family ties. As the quality of care involves supporting both needs and preferences, such as emotional support and physical assistance, these kinds of care relationships influence perceptions of care quality.

Care services, not limited to helping others in need, extend to leisure and entertainment activities that create moments of happiness. Older adults in Prasanthi Bhavan regularly watch television and sing songs together. These activities help older adults overcome family neglect and gain confidence around institutional living; they also encourage older adults to hope and dream. This was described by Maheswari who stated, “Once we went for a tour in Vagamon. Two or three years ago. I like it. Now I want to go to see the sea and I want to visit great temples.”

#### 4.5. Home-making through kinning

The previous sections illustrated the different forms of care taking place between older adults in Prasanthi Bhavan. In this section, we focus on the role of kinning in home-making practices. Contrary to the expected uneven power relations that are believed to exist in institutional care homes, managing staff and caretakers at Prasanthi Bhavan treat residents with a filial respect (see Table 3). Elements of kinning can be seen at various levels, starting from naming or referring to older adults as ‘amma’ or ‘ammachi’ (mother); ‘acha’ or ‘appa’ (father); and mama (uncle). To form strong bonds, ‘mother,’ ‘father’ or ‘uncle’ is added to the first name of the care home resident. For example, managing staff and caretakers referred to Kalyani as ‘Kalyaniamma’ (mother Kalyani) while Chandran was called Chandramama, which means uncle Chandran.

While studies often refer to kinning relationships between professional caretakers and care receivers (Baldassar et al., 2017; Ball et al., 2009), kinning relations also occur between two older adults in a care setting. In our study, we observed a relatively younger care home resident taking care of a much older person. Surendran, 72, lost his father when he was a child. He met 90-year old Narayanan in the care home and now takes care Narayanan appan (Father) like his own. to meet his daily needs. As Narayanan appan requires assistance, Surendran helps him with all of his daily needs. When asked about this relationship, Surendran explained:

**Table 3**  
Kinship terms used to build relations inside the care home.

Kinship term	Meaning	Applied to
Amma	Mother	Older women
Ammachi	Mother	Older women
Acha	Father	Older men
Appan/appachan	Father	Older men
Mama	Uncle	Older men
Mole	Daughter	Female care takers

*I lost my father when I was a kid. He is like my father [laughing]. Often, I feel he is very close to me, like my father. I will take care of him in all his needs. I have no problem, whether it's bathing or cleaning. I used to feed him. I will have my food only after his breakfast or lunch [...] It is not only me; everybody here considers us a father and son [laughing] [...] Really, I never felt any hesitation. I am very happy to serve him. If you ask, do you help others like this? My answer is: No. I can't. I don't know the reason.*

Arya, the youngest caretaker in Prasanthi Bhavan, had been working in the care home for three years when she applied for higher studies. During her time there she developed very close relationships with the older adults. On her last day, she bid farewell to each older adult in the home. She recalled:

*I met all of them individually and said I am going for higher studies. I asked for their permission and blessings. All of them cried. I also cried. I am the youngest here. They see me as their child. I also consider them my grandparents [...] They arranged a small farewell get-together for me. I didn't know. Even I didn't know they bought a watch for me. At the farewell, Vargheese appachan [Father] presented me the watch. From their little savings, each of them contributed to buying this watch.*

Reciprocity or care exchange between older adults and caretakers is reflected in the kinning relations. Older adults believe that it is their obligation to present a gift to their caretaker whom they considered to be their grandchild. These obligations motivated each older adult to contribute money from their small savings to buy a watch for Arya. Older adults also wish to continue their relationship with caregivers even after they have left the care home or moved elsewhere. According to Arya, “When class started, we, the new batch of students, were asked to bring a model of a clock. Vargheese appachan made a model for me. A very beautiful one. He told me if I need any such help in the future, he will do it.”

Care relationships, playing the most significant role in the kinning process, are manifested through diverse activities of care exchange and negotiation. The exchange of care develops a feeling of mutual regard and between care providers and caregivers (Baldassar et al., 2017). The feeling of positive mutual regard increases emotional trust and sense of fictive kinship between older adults or between older adults and caretakers (Coe, 2017). Kinning helps both care receiver and care provider to redefine the situation: a neglected person becomes an integral part of a wider family characterized by affection, emotional support, and physical care.

#### 4.6. Home making through celebration

The celebration of festivals is another distinct activity that promotes happiness in the life of older adults. In this section, we discuss the celebration of Onam at Prasanthi Bhavan. Onam, a traditional harvest festival in Kerala to honor the home-coming of the mythological King Mahabali, is celebrated by all ethnic and religious groups. According to the mythology:

Mahabali was a great king. During his regime, Kerala flourished with greater peace and prosperity than in heaven. Gods in heaven, who became jealous and insecure over the prosperity of Mahabali's Kingdom, planned to overthrow the King. The God Vishnu, disguised as a poor dwarf brahmin named Vamana, approached Mahabali and asked for a piece of land, which Vamana could stretch with three steps with his small feet. As soon as Mahabali agreed to fulfil Vamana's desire, the disguised god started to grow and grow until his first footstep covered the Earth and the second covered the sky. For the next step, nothing was left so Mahabali asked Vamana to place the next step on top of his head. Vishnu complied and began to push King Mahabali down into the underworld *Patahala*. Before reaching *Patahala*, Mahabali asked to be able to see his people once a year. Impressed by Mahabali's devotion to his people, Lord Vishnu

granted him his wish: returning to earth once a year to visit his people and his kingdom. Every year, the great King Mahabali returns to his kingdom on *Tiruvonam*, a day during the month of *Chingam*.

According to *Kollavarsham* (the local calendar), Kerala's Onam or Tiruvonam Festival of usually occurs between the months of August and September every year; this is also the season of flowers in Kerala. Onam celebrations last for ten days, starting from the day of *Atham* to *Tiruvonam*. As in every home, Prasanthi Bhavan celebrates Onam for these ten days to honor the King Mahabali. In the following sections, we present our findings derived from participant observation conducted during fieldwork. We focus primarily on four events (see Table 4 for a chorological explanation of the four events) through which older adults, caretakers, and the managing staff of Prasanthi Bhavan celebrate Onam.

During the ten days of Onam, from the day *Atham* to *Tiruvonam*, older adults and caretakers begin their daily activities only after taking a morning bath. As per Hindu custom and tradition in Kerala, bathing purifies both body and mind; people may engage in any of the activities which they consider to be divine only after purifying their body and mind. During Onam, normal daily activities such as cleaning and cooking are considered to be divine. Cultural festival celebrations and the family-connected practices often remind older adults of their own families. Chandran stated, “Here, many of them have their kids and relatives. They never come to see their amma or achan. Not even at least for onam or vishu. No. No. This is today's world.” These words reflect elements of sorrow connected with cultural practices. “This is today's world” reflects the realization older adults have about the need for an alternative care home.

## 5. Discussion

In this study, we examined the home-making practices of poor, destitute and neglected older adults living in a non-profit care home. Literature on older adult well-being emphasizes the benefits of aging-in-place (Black, 2008; Coleman et al., 2016; Stones and Gullifer, 2016; Tang and Lee, 2010). It also frequently links the home and surrounding familiar environment with the physical, social, cultural and emotive world (Clapham, 2011; Easthope, 2004; Moore, 2000). Moving to an institutional care home disrupts the social and emotional engagement older adults associate with their home and other familiar environments. In the Indian context, institutional care homes are often seen as places where older adults are abandoned by family members and where poor and destitute older adults have lesser autonomy and agency in decision making. These living arrangements are also considered to be poor alternatives to co-residing with the biological family.

In care homes, older adult well-being is determined by how the new place satisfies psychological as well as physiological needs. Our study highlights two major roles care homes as institutions play. First, care homes provide shelter for homeless or neglected older adults. Second, care homes provide a conducive environment where older adults can recreate a sense of home through daily rhythm and caregiving activities.

The well-being of older adults in institutional care homes is determined by how well they develop attachments to new places. As old age is connected with lower energy levels (Lager et al., 2016), the place-making process of older adults is more or less limited to care homes and the surrounding environment. Home-making practices help older adults bring normalcy into their lives (Pazhoothundathil and Bailey, 2020; Meijering, Nanninga, and Lettinga, 2016). Our study explores the home-making activities of older adults in care homes including those carried out through domestic activities; caregiving; kinning relations; and the celebration of festivals. Domestic activities in care homes help older adults to build a rhythm into daily life. Home-making through domestic activities are more at individual level, whereas home-making through festival and religious celebrations are at the community level. ‘Home-making through kinning’ and ‘home-making through care and care giving’ are the interaction between individual and community

**Table 4**  
Chronological explanation of the four events of Onam as experienced by the older adults.

Event	Meaning	Activities involved	Memories /Notes
pookkalam	Floor designs with flowers laid out in front of the home	Making <i>pookkalam</i> involve activities such as cleaning the front yard of care home, collecting flowers, sorting out flowers, designing <i>pookkalam</i> and arranging flowers according to the design. These designs are laid every day for 10 days of Onam. Older adults collect flowers from nearby homes.	Maheswari remembers her childhood: <i>During childhood we friends used to go around entire village to collect flowers. After that, here I do it. I liked it when I was a child. Still like it (collecting and laying out flowers).</i> ”
onakkodi	New clothes	In the afternoon on the eight day of Onam new clothes are distributed among older adults. Women get <i>settu-mundu</i> (traditional clothing of women in Kerala), <i>kallimundu</i> (a kind of casual dress) blouse and <i>thoorthu</i> (towel). <i>Settu-mundu</i> consists of two pieces, <i>mundu</i> and <i>neriyathu</i> of white clothes with coloured lines at edges. <i>Mundu</i> is used to cover lower part of the body, worn around the waist; and <i>neriyathu</i> used to cover the upper part of the body over blouse. Men get a shirt, <i>mundu</i> (a traditional dress), <i>kallimundu</i> and a <i>thoorthu</i> (towel).	At the time of the study A local textile merchant donated clothes to the older adults and arranged for two tailors to have the clothes stitched.
onakkalikal	Entertainment and games	On the ninth day morning after breakfast. <i>Onakkalikal</i> include candle light race, lemon and spoon race, <i>sundarillu pottukuthal</i> (adding a dot on the forehead of the face in the picture), musical chair play, and songs. At the end of the game’s prizes are distributed. Prizes include buckets, towels, tiffin boxes, tea cups. After prize distribution teacups were distributed among all the rest of the older to make sure that all the inmates received at least one gift.	Kalyani’s words: <i>“Onam celebration is the happiest event. Huge celebration. Last year I participated in many events. I got two prizes. First prize for chair play. I got a cup and a tiffin box. I am waiting for the next Onam”.</i>
onasadya	Traditional Onam lunch	On the tenth day as per folklore, the king Mahabali visits his	On non-festival days men were not involved in

**Table 4 (continued)**

Event	Meaning	Activities involved	Memories /Notes
		people on <i>Tiruvonam</i> The main activity on <i>Tiruvonam</i> day is preparing <i>onasadya</i> and communal lunch at noon. Older adults wear their <i>onakkodi</i> . Few women go to a nearby temple along with the caretaker Arya. Traditionally <i>onasadya</i> is served on plantain leaf with rice and thirteen vegetable dishes and <i>payasam</i> (traditional rice pudding). Preparing <i>onasadya</i> includes activities such as cleaning and cutting vegetables, as per the required size of each dish, cooking the dishes, collecting banana leaves from nearby banana plants, and cleaning the banana leaves. By noon, the very first <i>onasadya</i> is offered to Mahabali in front of a holy lamp. Then food is served to older adults who are very weak or unable to sit in a group. Then the older adults gather in the common dining hall and are served food by the caretakers and staff. After the older adults have partaken their food, the management staff and care takers were served <i>onasadya</i> by the older adults. The order of serving food is based on the practices of respect they gave to people of older age and sick.	preparing food. But on <i>Tiruvonam</i> day both older men and women, in the care home, actively participated in preparing <i>onasadya</i> .

level.

Older adults maintain daily rhythms through collective as well as individual practices. Collective practices include activities such as dining; praying; cooking; and farming. Cooking and eating together create commensality (Fischler, 2011) which helps to build a sense of family togetherness among older adults. Daily ritual practices, such as praying together during auspicious occasions, helps to create a sacred ambience and ethos in care homes (Pazhoothundathil and Bailey, 2020; Mazumdar and Mazumdar, 2009; Sahney, 2017). Individual practices include walking around care home premises; collecting materials for day-to-day usage; cleaning premises; and caring for animals. As the examples of *Radhakrishnan* and *Pankajakshi* show, their individual domestic activities benefit the whole care home. Moreover, these activities are linked to their past and also reflect gendered domestic roles. Through habitual routines and behaviors in a new setting, older adults build up daily rhythm (Highmore, 2002; Marhánková, 2011; Rowles and Watkins, 2003). Habitual routines linked with the past also create a sense of

continuity and personal identity (Meijering and Lager, 2014).

Care and care relationships play a significant role in deepening interpersonal relationships between older adults (Coe, 2017). Institutional care homes are perceived to be a place of formal care relationships. Within formal care institutions, older adults have largely been seen as simple care receivers. Their role as caregivers, and how caregiving processes contribute to the physical and emotional well-being of an elderly person, is rarely explored. Our study highlights the way informal care relationships that develop between care home residents creates a supportive and homely atmosphere in a formal care setting. Older adults voluntarily embrace the roles of care givers and receivers. These care exchanges create new social support networks and generate feelings of kinship. Through these relationships, older adults exchange physical care as well as emotional and moral support. The everyday experience of exchanging physical as well as emotional care in a domestic space creates a sense of belonging (Baldassar et al., 2017; Howell, 2003); it also aids in healing the trauma of past neglect and abuse. The feeling of being supported and being cared for creates a sense of trust and companionship among older adults thus widens social networks (Ball et al., 2009). Reciprocity of care is also reflected in the kinning process; this process helps older adults to fill the gap of missing family ties (Ball et al., 2005; Bowers et al., 2000; Gass, 2004). Finally, the reproduction of family ties in a formal care setting not only helps to break up the monotony of living in an institution, it also reduces the stigma of living in a care home.

Contrary to the stigmas surrounding institutional life in India (Brijnath, 2012), this study shows that care homes provide safety and hope for older adults. Marked by abuse, negligence, and lack of agency, the past of an elderly person can be painful and traumatic. In care homes, cherished memories are made from shared moments of joy around the celebration of festivals. These opportunities for happy moments and the reproduction of family ties means that older adults perceive care homes as a much safer place than previous homes. Feeling safe, older adults are instilled with hope and so aspire for new experiences in life. Furthermore, the home-making practices of older adults in a formal care home reflect improved agency in constituting physical, social, and autobiographical 'insideness' in a formal care setting (Lager et al., 2016; Rowles, 1983).

## 6. Conclusion

This study, conducted in a non-western context at a non-profit care home in the state of Kerala, is based on rich ethnographic data collected through in-depth interviews and observation on the lived experience of older adults. In this paper, we attempted to answer the following question: How do older adults (re)create home through daily domestic rhythms and caregiving practices in an institutional care home? Taking a micro perspective in an institutional setting, we examined new forms of living arrangements; interpersonal relationships; and the kinning process. Theoretically, this study has focused on how home-making practices—reflected in the daily rhythms, activities, care relationships and kinning processes—help to instill a sense of belonging and 'insideness' (physical, social and autobiographical) in a new place. Toward this end, we explored how different types of daily rhythmic activities, care relationships, and cultural practices, which are often linked with the past and gender roles, help older adults constitute a sense of continuity in the new place. Overall, home-making practices and new family ties help older adults overcome family neglect and break the monotony of being institutionalized. Conversely, when rigid rules and regulations over home-making activities are imposed, older adults feel alienated and are unable to build bonds with the care home or its residents.

This study additionally recognizes: (1) the important role of non-profit care homes in protecting neglected older adults, especially in non-western contexts; (2) the performative roles older adults utilize to modify the care home environment to (re)create home; and (3) need for more research on geographies of aging in global South regions to realize

the potentials for new policies and programs (McQuaid et al., 2020; Wignall et al., 2019; Yankson et al., 2017). Although government policies recognize the importance of care homes, in practice, care homes are still perceived to be places where older adults are abandoned by the family. Our examples of the lived experiences of neglected older adults show that they possess more freedom and agency in care homes compared to their past. To promote the well-being of older adults in a care home setting, care home management must pay considerable attention to the role of home-making practices. Theoretically, this paper contributes to new dialogues surrounding the role of rhythm, kinning and cultural practices in promoting the well-being of older adults in a non-western, formal care setting.

## CRedit authorship contribution statement

**Nikhil Pazhoothundathil:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Resources, Software, Visualization, Writing - original draft, Writing - review & editing. **Ajay Bailey:** Funding acquisition, Conceptualization, Methodology, Supervision, Supervision, Formal analysis, Writing - review & editing.

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## Appendix A. Supplementary material

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