

Introduction: Living arrangements and care in India

Ajay Bailey, Martin Hyde and K. S. James

Introduction

India has one of the most rapidly ageing populations on the planet. Given the change in the size and nature of the older population in India it is imperative that we better understand the situation of older people in India. However, India is a complex and diverse country made up of different states, castes, cultures, and ethnic groups. India's older adult population has now risen to 8.57 per cent, however in states such as Goa and Kerala the percentage of older adults is as high as 11.20 per cent and 12.55 per cent respectively (Census, 2011). Recent data from the Longitudinal Ageing Study in India (LASI) show that nearly 12 per cent of older adults were 60+ and that the states of Kerala, Himachal Pradesh, and Tamil Nadu had a higher proportion of older adults (IIPS, 2020). India had, in the past, a predominantly family-based elder care system. However, rapid population ageing, the decline of extended families coupled with decreasing fertility rates, increasing life expectancy, widowhood, singlehood or strained intergenerational relationships, have all raised concerns that an increasing number of older adults in India live alone. These concerns are amplified as India, like many other lower- and middle-income countries, is still struggling in setting up social security and pensions systems (Arokiasamy and Yadav, 2014; Giridhar et al, 2014; Bloom et al, 2015). However, as we show throughout this edited volume, the demographic picture is not uniform as Indian states are at surprisingly diverse levels of demographic transition and vary to a great extent in their cultural practices, social norms and socio-political contexts.

This chapter provides a general introduction to the topic by situating the subsequent chapters within the broad demographic trends already mentioned and gives an outline of the structure and chapters of the book. This chapter introduces the need for focus on living arrangements and care. It highlights the social, economic and cultural contexts that shape the provision of care for older adults. We link the different studies presented and explore the consequences of changing living arrangements on long-term care, and the economic, physical, social and psychological well-being of older people.

Demographic changes and modernisation

Societies across the world are ageing and it is increasingly the case that people are living longer. The UN population division reports that in 2019 there were 703 million people aged 65 and over and in 2050 the number is predicted to reach 1.5 billion (UN, 2019). With this demographic transition we see societies rapidly moving to below-replacement fertility levels and a larger share of the population who are older adults. However, for large countries such as India, there are multiple transitions, with some states such as Kerala experiencing this situation for more than two decades, whereas states such as Uttar Pradesh still has high fertility rates. Modernisation, availability of education for lower socio-economic groups, and urbanisation have weakened some of the earlier traditional structures whereby older adults had more control of the resources and decision-making in the households. For Cowgill and Holmes (1972) modernisation represented a shift from the natural rhythms of ‘family’ time, in which older people were venerated, to the artificial, impersonal dictates of ‘industrial’ time, which privileges the young. They argued that the spread of new technologies would also disadvantage older people by devaluing their skills and experiences, developed during a different time, and creating new jobs for which they are ill equipped. This change in status and a reduced ability to contribute economically – to the family and wider society – means that older adults have shifted from being valued members of the community to being seen as burden and pushed to the margins of society.

Family care, gender and support

Family still remains the primary source of care for older adults. The family composition in modern India has gone through multiple transitions. While moving from primarily agrarian livelihoods to industrialisation and the service economy, household composition has also undergone changes due to migration and reducing fertility. The popular image of a crumbling joint family system is not necessarily true for India as whole. Breton (2021) observes that states in the Indo-Gangetic plain and central India have more joint families, while in states in South India (except Karnataka) such households are rare. Nuclear families are an outcome of rural–urban migration, education and aspiration for non-agrarian livelihoods. Irrespective of the family composition, patriarchal norms have in the past and to the present day influenced the provision of care within the family. In the Western context, adult daughters are more likely to provide filial care compared to adult sons. Campbell and Matthews (2003) note that the type of care and its linkage to traditional gender roles determines who provides more care. In the Indian context the burden of care falls primarily on the daughter-in-law or

spouse (Ghosh et al, 2017; Ugargol and Bailey, 2018; Bhan et al, 2020). As is the case for almost every country in the world, women in India outlive men. Asaria et al (2019) observe that life expectancy at birth for women was found to be higher than for men in every wealth quintile across both urban and rural households. However, in terms of morbidity, women also experience worse health than men (Balchandaran and James, 2019). Moreover, women in India often experience discrimination and neglect as they age, which can be exacerbated by widowhood and dependence on others (Kalavar and Jamuna, 2011; Samanta et al, 2015; Perkins et al, 2016). Loss of spouse in later life can result in greater vulnerability. This is true for both sexes, but it is more frequent for women than men. Census data shows that among older men, 82 per cent are currently married while among older women the figure is only 50 per cent. About 48 per cent of older women are widowed while only 15 per cent of older men are. There are other life course factors that impact this, too. Women in India are much less likely than men to be engaged in employment and, where they are, they are much more likely to be in informal and vulnerable employment (Ladusingh, 2018). This clearly has important implications for access to resources and the receipt of care in later life. To add further to the complexity, India is now witnessing alarming attrition of the few women who do enter the labour market. Chatterjee and colleagues (2018) and Sarkar and colleagues (2019) attribute this to increase in wealth and income of other members of the household, leading to higher chances that women leave jobs.

Urbanisation, migration and ageing

As predicted by the World Cities Report of 2020 (UN Habitat, 2020), the world will further urbanise over the next decade, from 56.2 per cent of the global population today to 60.4 per cent by 2030. Some 96 per cent of urban growth will occur in the less-developed regions of East Asia, South Asia, and Africa with three countries – India, China, and Nigeria – accounting for 35 per cent of the total increase in global urban population from 2018 to 2050. Urban growth is largely fuelled by increasing job opportunities, improvement in education and the inability of rural areas to provide employment opportunities for the young. The reduction in farming- and agriculture-related profits has led to many agrarian families sending their children to work or study in urban areas, hoping that they would enter the service economy (Datta, 2018; Singh and Basu, 2020). Reducing fertility, internal migration, and lack of job opportunities in rural areas has led to smaller family sizes both in the rural and urban centres. The networks created by migration to urban areas often encourage new waves of migration from rural and semi-urban areas (Chandrasekhar and Mitra, 2019). Cities are often projected as spaces of growth, individualisation and modernisation, but due

to different spatial and socio-economic inequalities many urban residents remain in islands of poverty and disadvantage. The WHO (2007) defines 'age-friendly cities' as spaces where older adults continue to live in security, enjoy good health and participate fully in society. This goal, however, is more challenging to achieve in low- and middle-income countries that are marked with rising socio-economic inequalities. Studies on ageing in cities in India show a lack of green spaces (Subramanian and Jana, 2018; Adlakha et al, 2021), high rates of crime and abuse (Mishra and Patel, 2013; Shankardass and Rajan, 2018), social isolation (Pilania et al, 2019) and a lack of subsidised housing (Brijnath, 2012; Datta, 2018).

Living arrangements and care

Despite the fact that many of the tenets of modernisation and ageing theory (Cowgill and Holmes, 1972) have been questioned and often fail to stand up to empirical enquiry, interest in and concern about the living arrangements of older people have proved to be remarkably enduring features of much gerontological research. However, there is a dual discourse on the living arrangements of older people around the world. In the advanced welfare economies of Europe and North America the focus is on supporting independent living in later life, as opposed to the institutionalisation of older people, while when looking at the developing world commentators express increasing concern about the deterioration of traditional, multi-generational family structures. This reflects the fact that the family is often the main, if not the sole, provider of welfare for older people in low- and middle-income countries (Aldous 1962; Nyangweso 1998; Mba, 2007). Hence, any change or challenge to family as an institution has an impact on the welfare of older people.

According to the recent LASI study 41 per cent of older adults aged 60 and above live with their spouses and children. More than a quarter of the older adults live with their children without a spouse and around 6 per cent of older adults live alone (IIPS, 2020). The household composition of older adults also varies across the states: households with members aged 60 and above are higher than the national average in the states of Kerala (56 per cent), Lakshadweep (53 per cent), Puducherry (53 per cent), Tamil Nadu (49 per cent), Himachal Pradesh (49 per cent), Punjab (48 per cent), Rajasthan (45 per cent) and Uttarakhand (50 per cent). However, the proportion of households with only members less than 60 years of age is comparatively higher than the national average in the states of Assam (65 per cent), Haryana (58 per cent), Jammu and Kashmir (59 per cent), Chhattisgarh (65 per cent), Dadra and Nagar Haveli (70 per cent), Andhra Pradesh (58 per cent) and Karnataka (58 per cent) (IIPS, 2020, p 45). This pattern again reflects the differential demographic transition and migration patterns both within and between the states.

The chapters

Chapter 2 explores the ways in which living arrangements and the provision of care for older people in India have been affected by migration. In this chapter we examine both internal and international migration to understand how families establish, maintain, and retain transnational and transregional care relations. In this chapter we situate migration as part of the life course. The life-course approach focuses on life events and transitions of individuals and the ways in which these events define their life trajectories (Elder, 1985). In particular, we will draw on the concept of ‘linked-lives’ to show how older people’s life course transitions, for example into care, are linked to the migration decisions of their offspring. With increasing urbanisation and migration we will see emerging trends of global and transregional chains of care to supplant and complement care deficits for vulnerable populations left behind, especially older adults.

Chapter 3 examines the various living arrangements of older adults in India, the various factors that motivate this choice of living arrangement, and the welfare implications of living arrangement patterns on older adults. This chapter combines unique datasets from the United National Fund for Population Activities (UNFPA), the India-sponsored research project on ‘Building Knowledge Base on Population Ageing in India’ (BKPAI), the National Family Health Surveys, and the Longitudinal Ageing Study of India (LASI). These data reveal that 1) there is an increasing incidence of older people living independently, that is not co-residing with their adult children or grandchildren, in India; 2) older adults who live alone have lower standard of living compared to older adults who live with children, spouses or with others; and 3) living arrangement pattern has no bearing on the subjective well-being of the older persons. No effect of living arrangement on subjective well-being indicates that living alone is not necessarily seen as a burden by older people. Such analysis is new and problematises the cultural norm of co-residence as a pathway to well-being.

Chapter 4 aims to understand the patterns of living arrangements, living arrangement preferences, and the concordance in living arrangements among Indian older adults. The authors apply Person–Environment Fit theories to examine the impact of concordance of living arrangement preferences on the health and well-being of older adults. In this chapter the concordance is defined as the correspondence between the actual and the preferred living arrangement of older adults. The chapter uses BKPAI data and provides new insights into the role of preference and its impact on the health of older adults. One of the key findings is that approximately one third of Indian older adults preferred independent living in comparison to co-residence. Of real interest, however, are the results which show that living arrangement concordance did not appear to be a significant predictor

of self-rated health or better mental health status. This suggests that the Person–Environment Fit model might need to be adapted for use in the context of living arrangements in India.

Chapter 5 takes a longitudinal perspective to ageing and focuses on Kerala. Kerala was the frontrunner in terms of demographic changes and population ageing. Using an extensive longitudinal panel (2004 to 2019) of older adults, this chapter explores how living arrangements have changed among older adults in Kerala and how changes in family size influence living arrangements, and studies if this change in living arrangements or household size is associated with changes in the health and survival status of older adults. The results show that a high proportion of the population aged 60 and over in Kerala still live with their family members. The study also found that older persons who live with one other person had a lower chance of dying whilst those who lived with five or more household members had an increased risk of mortality. This finding remained even after adjusting for daily living activities score, health perception, sex and age. These results are interesting and raise some crucial questions about the assumptions around the impact of demographic change on older adults in Kerala and India more widely.

Chapter 6 applies a qualitative approach to study the evolving nature of care frameworks for older adults in the Indian context through examining the changing household living arrangements and complexities that exist in identifying caregiving motives and primary caregivers to older adults, especially in an emigration context where older adults are left behind. This chapter serves to initiate dialogue on the negotiated intergenerational contract that seems to have evolved in the background of changing family situations and modernisation. Findings from this study indicate that adult children from emigrant households are responsive to parental needs of support and find ways to effect supportive exchanges and care arrangements. The intergenerational care arrangements reflect the emigration event-led adaptation of family and household structure to retain traditional familial ties and enable mutually supportive exchanges between adult children and their parents.

Chapter 7 investigates how life-course obligations, expectations and practices are linked to older adults' sense of well-being. It takes a life-course approach with a specific focus on linked lives, recognising that life trajectories of individuals are socially embedded and closely linked to the transitions of significant others such as family members. Moreover, linked lives are translocal as they include older adults in migrant households, their adult children (co-residing or migrant children), grandchildren, caregivers and non-kin social networks. To explore these issues, qualitative in-depth interviews were conducted with 37 older adults. The participants included couples, widows and widowers. Participants in this study include

both older adults co-residing with kin and older adults residing on their own. The interviews reveal that life stages and expectations of successful transition from one stage to the next was perceived as crucial for the offspring and for the older adults. The chapter observes that economic security, social support, health and better living conditions aid in realising the life course obligations and contribute towards the overall well-being of the older adults.

Chapter 8 contributes to existing debates in the geographies of care by exploring different forms of care for older men received both at home and in care homes. The research is based on 79 in-depth interviews of older men and their caregivers, collected from homes as well as care homes in Delhi and Kolkata. The analysis reveals that older men's care needs, which ranged from personal and economic health to emotional, were perceived to be inadequately addressed in rapidly transforming societies and family structures. However, the practice of intergenerational reciprocal care is strongly gendered and involves inequalities of power. The care relationships between older men and their caregivers are situated within wider socio-economic relations which influence the power of each other. The caring relationships in the Indian context are deeply rooted in filial obligation and intergenerational dependence, where older adults are entitled to receive care from their children in exchange for the care they had provided to them growing up.

Chapter 9 examines home ownership, residential changes and the meaning home has for older adults in Kerala. The chapter addresses three questions: 1) What motivates older adults to retain their (previous) home while currently residing in retirement homes? 2) How do older adults maintain their previous homes? And 3) how do these motivations help to maintain place attachment? Using a unique set of qualitative interviews with residents of care homes, the authors show that health issues, a need for assistance, a lack of security, migration of children, loneliness due to loss of a spouse and a wish to live independently are the major reasons for older adults to seek an alternative source of residence in the form of a retirement home. Cultural schemas of care and obligations towards next generations motivate older adults in retaining and maintaining homes.

Chapter 10 draws on data from 30 in-depth interviews with older male and female residents of nine care homes in three districts of Tamil Nadu and addresses the following questions: 1) What are the decision-making routes leading to relocation to a care home? And 2) How does culture and the political economy influence the care choices available to older people? The chapter states that a majority of care home residents had families that deviated from the social ideal of the 'traditional' joint family. Cultural norms prevented some participants from drawing on support from daughters or other relatives. The chapter suggests that amendments

to social protection, the provision of a carers' allowance, accessible and affordable health and community care would ease pressures on family assistance where this is available and provide alternatives for older people without filial support.

Chapters 3 to 10 present empirical evidence of the different experiences of living arrangements, and their impacts, for older adults. However, it is crucial to understand the broader welfare structures, or lack thereof, in which these demographic changes are occurring. In Chapter 11 the author enumerates the various schemes provided by the Government of India for older adults and other schemes open for older adults. In addition to listing these issues, the chapter goes a step further to discuss the barriers in accessing these schemes. The multiplicity of schemes has resulted in wastage of resources and failure to achieve synergies. The chapter also reports that various evaluation studies have highlighted leakages, inefficiencies and ineffectiveness of programme design.

Chapter 12 draws together the main issues and findings from the wealth of information presented in the previous chapters and reflects on what this means for researchers, social care providers and policy makers in India and elsewhere. Although each chapter makes a unique contribution to our understanding of the impact of the changing living arrangements on the care for older people in India, there are a number of common themes that connect them. The narrative that emerges across these chapters is one that challenges the assumed wisdom about the demographic, industrial and social change on older adults. The chapters in this book tell us a much more complex story about living arrangements and care for older adults in India. Rather than being a single, linear narrative, it is a story about the heterogeneity of families, care and migration experiences.

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