

Living Arrangements and the Quality of Life of the Elderly in Vadodara City: Implications for Social Work Practice.

Abstract

The current context of ageing across the developed and developing countries has been characterized mainly by two phenomenon-- population ageing and rapid social change. The phenomenon of 'population ageing' is characterized by an increase in the proportion of the elderly in the total population. More specifically, there is an increase in the proportion of the oldest-old and the older widowed women due to the increased life expectancy. In the developing countries like India, since the 1900's it is assumed to have begun at a smaller pace (Mujahid, 2006). As more number of the elderly live longer, they face higher levels of morbidity for longer periods in the later life. This led to increasing demand for care and support of the elderly for extended periods within the family, as the government cannot intervene in this situation due to financial constraints.

About the same time, the social, economic, and technological factors of development leading to increase in women's work participation, changes in the nature of occupation and lifestyle, imitation of the western culture, and the breakdown of traditional values and norms of the Indian society --have changed the structure and functioning of the family in India (Indian Planning Commission, 2001; Visaria, 2001; Zachariah, 2001). As a result, there is decline in the joint and extended family systems. This fragmentation of the traditional family network led to the erosion of the available support systems for the elderly within the immediate and extended family. The position of and roles for the elderly have been reduced to the minimum in the nuclear setting, and they are seen as a burden to the family (Agarwala, 1962; Cohen, 1981; Niranjana, Surender & Rao, 1998). In the extended family, though the elderly may get monetary support from the child, the relationship is individualistic and intimacy remains only from a distance (V.S. Kumar, 1999).

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(SMITA BAMMIDI)

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Therefore, the scenario of ageing in India was transformed due to the occurrence of these processes, and ushered in alterations in the traditional patterns of living arrangements of the elderly by their families, which may be adversely affecting the well-being of the elderly. Thus, while the need for care and protection of the elderly has been increasing due to the demographic trends in the elderly population, the rapid social change has led to the decline of the informal supports for the elderly within the family. Hence, the occurrence of both the phenomenon around the same time in a developing country like India has contributed to a 'crisis in caring' and a debate about who has to care for the elderly (Prakash, 2005).

In this context, living arrangement is identified as a basic determinant and an indicator of the care and nature of informal supports available to the elderly within the family, and therefore of their quality of life (Domingo & Casterline, 1992). The living arrangements of the elderly emerged as a parameter of great importance for understanding the actual living conditions of the elderly population in the developing countries within the contemporary ageing scenario, affected due to the lack of public institutions and social security nets (Sen & Noon, 2007). Still, in the developing countries the data collection for obtaining the statistical profile of the current living arrangements of the elderly, and an investigation into how they influence their well-being was not examined in depth.

From the literature review it can be seen that there is some consensus about the common types of living arrangements among the elderly and the similarity as well as variance in the way they are classified. A review of the factors that determine the living arrangements of the elderly leads to interesting insights. While the trends in the patterns of living arrangements (e.g. shift away from coresidence, increase in solitary living) or transitions into other types of arrangements tend to reflect the impact of population ageing and social change, it is observed that the adaptation to specific life situations and emergence of alternate (non-conventional) living arrangements are sometimes according to the preferences and attitudes of the elderly. Finally, the importance of the living arrangements as an entry point to understand the care they receive and their quality of life is examined. An effort is also made to provide conceptual background about quality of life in general and in relation to the elderly.

The importance of the study is conveyed based on the research gaps identified. The literature argues that all type of living arrangements of the elderly may be studied to assess the requirements they fulfill for the elderly and how they influence their QoL, rather than focus on why coresidence is on the decline as it is assumed to lead to better QoL. Similarly, the scope for emergence of alternative living arrangements based on the older persons' individual preferences is already indicated; how such arrangements may influence the well-being needs to be studied. This will help in identifying and updating institutional supports or interventions to improve both LA's and QoL of the elderly in the long run. The implications of the study findings for providing policy suggestions and in enhancing opportunities for professional social workers to work in this area are immense.

Older persons require support and assistance from their offspring or kin at some point during their later life. In the context of 'crisis of care' predicted for the elderly population due to the altered living arrangements caused in turn by population ageing and the rapid social transformation, this study makes an attempt to explore about the types and nature of living arrangements, and to understand how the current living arrangements of the elderly influence their quality of life, and its related variables such as loneliness and adaptation to old age. Apart from exploring the association between living arrangements and quality of life, the mediating effects of socio-demographic variables on the main relationship between these two variables have also been investigated. The study also covered a number of other aspects such as living environment, family relations, social interaction, leisure time activities, preferential living arrangements etc. in the context of the current living arrangements of the elderly, and their association with the socio-demographic variables, the type of living arrangements, and the quality of life variables.

The specific objectives of the study are:

1. To explore and describe the current living arrangements among the sample elderly.
2. To assess the relationship between the current living arrangements and the domains of quality of life of the sample elderly.
3. To study the association between current living arrangements and quality of life (QoL) and with loneliness and adaptation to old age that are closely related to QoL, mediated by the socio-demographic variables of the sample elderly.

4. To identify implications of the study in terms of advocacy and policy level change and the scope for social work practice with the elderly in this area.
5. To make suitable suggestions, based on the findings of the study, for improving the living arrangements and quality of life of the elderly.

The brief description of the measures used in the study are:

a. Quality of Life. It is the subjective rating of personal well-being and life-satisfaction of the elderly in relation to specific domains such as physical health, social relationships, psychological well-being and environment. A WHOQOL-BREF questionnaire has been used to measure this dimension (WHOQOL Group, 1998b).

b. Loneliness. It is a feeling expressed by a person defining his or her form or level of relationships with others as inadequate (Lopata, 1969, Weiss, 1973). Such feeling is an expression about the presence of relative deprivation, looking at one's own lifestyle, situation, or relationships as socially and emotionally inadequate in comparison to the past or in anticipated future, or in comparison to other people who are assumed to be satisfactorily engaged. The Version 3 of University of California and Los Angeles (UCLA) Loneliness Scale (Russell, 1996) is used to ascertain this state of feeling.

c. Adaptation to old age. Adaptation to old age refers to the evaluation of the older person's adjustment to life along the sub domains of health comparison, self-control, self-efficacy and generativity. The Adaptation to Old Age Questionnaire (Efklides, Kalaitzidou, & Chankin, 2003) is used to measure this.

d. Activities of daily living. Refer to a set of common, everyday tasks, which are required for personal self-management, maintenance and independent living such as bathing, eating, dressing, toileting, and transferring (Chadha, Chao, Bhatia, Rohatgi, & Mir, 2006). Katz Independence in activities of daily living Index (Katz, Down & Cash, 1970) is used to measure the level of functioning of the respondent elderly.

Study Setting

The Vadodara (urban) Municipal Corporation (M.corp) area was taken for the purpose of the present study. Vadodara, previously known as Baroda is a cosmopolitan city. It is one of the cities within the Vadodara district, in Gujarat state. The total population of Vadodara city (M. Corp) is 1,306,227 with 6,84, 013 (52.4 per cent) men and 6, 22,214 (47.6per cent) women (Registrar General of India (census), 2011). The population of the aged (60+) in the city is 89,941 (6.9 per cent), comprising 41,822 men and 48,118 women (Registrar General of India (census), 2001). During the period of 1971–2009, the municipal limits of the city have expanded. For administrative purposes, in 1998the Vadodara city was divided into 4 zones comprising of 13 wards. They are: the east zone wards are 1, 2, 9 and 13, the west zone wards: 6, 10 and 11, the north zone wards: 7 and 8, and the south zone wards are 3, 4, 5 and 12.

Research Methodology

The present study is exploratory and descriptive in nature. The broad aim of the study is to explore the nature and the kind of living arrangements of the elderly and describe its relationship to the quality of life of the elderly living in such arrangements. Thus, the study helps us to understand the extent to which the current living arrangements impact the quality of life of the elderly within the context of their socio demographic characteristics. The study also makes an effort to map the reasons given/perceptions of the elderly regarding their preferential living arrangements in the light of their quality of the life in their current living arrangements. A combination of quantitative and qualitative methodologies was used in the study.

An Interview Schedule was used to collect information from the elderly respondents. The schedule comprised of questions covering socio-demographic and family details, work and economic background, financial security, living arrangements, family relations, interaction with family members, social interaction, nutrition and access to food, leisure time and daily routine activities, preferential living arrangements and life preparatory measures.

Measures like WHOQOL-BREF Questionnaire (WHOQOL Group, 1998b), Index of Independence in Activities of Daily Living (Katz, Down, & Cash, 1970), University of California and Los Angeles Loneliness scale (Version 3) (Russell, 1996), and Adaptation to Old age Questionnaire (Efklides, Kalaitzidou, & Chankin, 2003) were incorporated into the interview schedule to collect information on the key variables of the study. Both fixed end and open ended questions were used.

A brief checklist of questions was used to interview respondents for the case studies. The checklist of questions and probes was prepared to gain an in-depth understanding of the life situation of the elderly, the changes and shifts that occurred in the living arrangements of the elderly respondent in the past three decades, and the relationship of different dimensions of his/her current living arrangement with the quality of life of the respondent. Questions also asked about the aspects in the current living arrangement which make him/her happy or the opposite, what changes if made during the next decade from now in the current living arrangement can make their lives better, and whether they foresee any changes in their living arrangement.

The universe of the study comprises of all the persons above the age of 60 years residing in the 13 wards in the Vadodara city Municipal Corporation (VMC). The study sample comprised of 243 elderly drawn through a multi-stage sampling method from the Vadodara city. First the map of Vadodara with the 13 wards was divided into equal sized grids equaling to 26 grids. The 22 grids that covered the residential areas were included for the present study. Next, 26 enumeration areas were selected covering the 13 wards and falling in the 22 grids. Using a Preliminary data sheet, the elderly from each of the enumerated areas were listed to give a total of 650 elderly. Around 40 per cent of the respondents from the total list were randomly selected, arriving at the sample of 250 elderly for the study. After checking for incomplete schedules, 7 schedules were discarded making 243 respondents as the final sample for the study.

The data collection took 9 months i.e. from November 2010 to July 2011. The respondents were informed that the participation in the study was voluntary and that they could ask the researcher to stop the interview at any point of time and express their unwillingness to continue the interview, without giving any explanation. This ensured that the elderly were informed of the purpose of the visit and their verbal consent was taken before proceeding to administer the interview schedule. Most of the elderly who were approached for the interview, on being explained the purpose of the study, have readily agreed to participate in the study. The reasons for the willingness may be because it is for an educational/learning purpose, as it is seen as an opportunity to convey their viewpoints and opinions, and also as they felt that the findings of the study would be useful for others to understand the life of the elderly in this area.

After cleaning the data for any errors, relevant statistical methods such as measures of central tendency, cross tabulations, correlation and inferential statistics such as Chi-square, t-test and ANOVA were used to understand relationships between the study variables. Relevant tables, graphs and other data displays as needed were developed from the data. Some qualitative data collected was presented in verbatim form in the case studies and observations were made wherever needed during the discussion and for the suggestions. Nine case studies have been prepared from the qualitative data collected and where applicable the technique of event-ordered matrix was used.

Results

The profile of the sample elderly is as follows: they comprised of 51 per cent women and 49 per cent men, and the mean age of the sample elderly was 69.2 years. A majority of the sample were married (69 per cent) followed by those who were widowed (23 per cent) - with more men in the married and women in the widowed category, respectively. A majority of the elderly belonged to other castes, and they were from the Hindu religion.

With regard to the types and nature of the living arrangements, according to the data, parent-child coresidence emerged as the major type of living arrangement for the sample. More than half of the total sample (64 per cent) lived in parent-child coresidence, followed by those living with spouse only (23 per cent). A small percentage of the elderly lived with relatives, lived alone and with assistance. Parent-child coresidence included the arrangements of living with married son (s), married daughter (s), unmarried son (s) and unmarried daughter (s). Living with relative (s) means those respondents who were living with their sibling, grandchild or daughter-in-law. Living with assistance means living with a hired help who stayed at the elderly persons' house.

In terms of the *explanation given for their stay in the current living arrangements*, a majority of the reasons put forward by the elderly who live with child (ren) are emotional in nature, followed by traditional ones such as it is the son's obligation to take care of parents during their old age. The reasons given by a majority of the elderly for staying with married son(s) are that it was the choice of the respondent /son and that it was in keeping with the tradition. The instrumental reasons mentioned are financial and other dependencies of respondent/son. The frequent justification given by the elderly for living independently with spouse is: it is the choice of the respondent/spouse/child. Also, parent (s) staying with married daughter is not a custom has figured as one of the traditional reasons mentioned by the respondents. The other reasons mentioned are mostly instrumental such as: attachment with place/social network, have independent lifestyle, and that they are still physically active and healthy. The reasons given by elderly who are living alone or with assistance are mostly instrumental in nature such as loss of spouse, low family support, do not wish to burden family, attachment to place and social network, desire for privacy and autonomy, financial independence etc. The reason of not being able to stay with married daughter due to prevailing customs is mentioned as one of the reasons by those who are living alone.

The important question of *how the domains of quality of life or loneliness or the adaptation to old age that was reported by the sample elderly varied* depending on the type of living arrangements they were in was explored.

It was found that, respondents living with spouse and in parent-child coresidence reported better physical health and psychological well-being, and it was reportedly poor (on both these domains) for those respondents who lived alone and with assistance.

When it came to social relationships and environment, respondents who lived with relatives reported poorest adjustment compared even to those who lived alone. This showed that the elderly who were living with relatives were most constrained in terms of social relationships and their external environment. And the elderly who lived with assistance (though small in number) reported greater satisfaction with the environment.

Next, the analysis of the relationship between loneliness and adaptation to old age, and the type of living arrangements brought up interesting details. It can be seen that the respondents who lived alone reported highest levels of loneliness and those who were in parent-child coresidence reported the lowest. The next lower levels of loneliness were reported by those living with the spouse. Those living alone reported the lowest levels of adaptation to old age and those living in parent-child coresidence showed better adaptation to old age. Though the elderly living with assistance showed highest levels of adaptation to old age, in view of their small number ($n=3$), these results need to be considered with caution.

A one way between the groups ANOVA was used to test whether the living arrangements made a difference to the quality of life of the elderly and adaptation to old age. It was observed that, the level of adaptation to old age, physical health, social relationships, and environment were different for the elderly living in different types of living arrangements.

For instance;

- a. In terms of physical health, those elderly living with spouse were better off than those living in parent-child coresidence.
- b. In the area of social relationships, elderly who were living with spouse could maintain better social relationships compared to those living either in parent-child coresidence or with relatives.
- c. In terms of adaptation to old age, elderly who were living with spouse were better as compared to those living alone.

In summary, it can be concluded based on the findings from the sample that living with spouse followed by living in parent-child coresidence were found to be better in terms of quality of life -especially the physical well-being, social networks and adaptation to later life among the elderly.

Other explorations of data included the influence of socio demographic variables on each of the major variables and on the direct relation between the two.

The association of the socio-demographic variables such as sex, age, family income p.m., marital status and duration of stay in the living arrangements was explored.

A majority of the elderly in all age ranges were seen to cluster in parent-child coresidence, followed by living with spouse. Elderly in the 85 + years age range were not represented in the categories of living alone and with relatives.

Except for the elderly living alone and with assistance, in other living arrangements higher median family incomes than respondents' incomes were reported.

A majority of the elderly belonging to all categories of marital status lived in parent-child coresidence, except for those who were unmarried. Elderly of all marital statuses, except for those who were remarried lived with relatives. Only widowed and separated elderly reported living alone, and with assistance. The unmarried elderly reported living mostly with relatives.

The mean duration of stay was longer at 12.72 years for those who lived in parent-child coresidence followed by those who lived with assistance i.e.12.67 years. The shortest duration of stay i.e. 11.17 years was for those who lived with relatives.

Next, *the association of certain socio-demographic variables of the sample elderly with the quality of life, loneliness and adaptation to old age* was explored.

Family income was significantly positively correlated ($p < 0.01$) with the three domains of quality of life with the exception of physical health. It means that those 3 domains of quality of life of the elderly with higher incomes seemed to be better.

It was seen that physical health ($r = -0.208$, $p < 0.05$) and social relationships ($r = -0.213$, $p < 0.01$) were inversely related to age. It appears that social relationships become weak as one grows older. Same was the case with physical health and its variation with age.

A look at the relationship between loneliness and the four domains of quality of life showed negative correlations that were strong and statistically significant ($p < 0.05$). This indicated that the respondents who were low on these 4 domains reported experiencing a greater degree of loneliness. The adaptation to old age was positively correlated with the four domains of the quality of life ($p < 0.05$) indicating that better performance on these four domains was linked to successful adaptation to old age.

It is important to note that loneliness and adaptation to old age have a strong negative correlation ($r = -0.529$, $p < 0.05$) indicating the fact that better the adaptation to old age, lower was the feeling of loneliness reported. Therefore, the elderly who reported a better quality of life also tend to report a lower degree of loneliness and a better adaptation to old age. Thus, it throws light on the significant relationship of quality of life with loneliness and adaptation to old age.

It was analyzed further to see whether gender differences exist in terms of the quality of life and its related variables for the elderly. Elderly women exhibited consistently lower scores on the quality of life domains with the exception of psychological well-being. Further, they reported experiencing higher levels of loneliness and a lower adaptation to old age as compared to men. These differences of mean scores for these variables by sex were found to be statistically significant on a t-test, except for psychological well-being. It was also observed that the marital status of the elderly influenced the quality of life and related variables of the sample elderly. It is clearly evident that married elderly reported better on the three domains of quality of life, lower levels of loneliness, and a better adaptation to old age than those of other marital statuses. Hence, being married made a difference to the well-being among the sample elderly.

Next, it was explored whether *the QoL varied in the types of living arrangements due to sex and marital status* of the respondents.

The data revealed the mediating effects of sex of the respondents on the main relationship between the living arrangements and quality of life. On the whole, in all types of living arrangements for the four quality of life domains, men fared better than women, with a few exceptions. That is, women living with spouse only reported better psychological well-being better, social relationships and environment than men in the same type of living arrangement. On the other hand, elderly men who lived alone reported better physical health (mean=16.57, $SD=0.57$) and psychological well-being (mean=17.33, $SD=1.15$) compared to men and women in the other types of living arrangements.

While women in the sample were lonelier (mean= 46.59, $SD= 9.6$) than men (mean= 43.88, $SD= 8.9$), even in the different types of living arrangements they continued to report being lonelier. Moreover, the experience of loneliness was greater among women when they were living alone, followed by living with relatives and in parent-child coresidence, in that order.

Elderly women living with spouse showed better adaptation to old age (mean= 64.58, $SD=9.6$) followed by those who were staying in parent-child coresidence (mean=59.45, $SD=9.2$), than those living in the other arrangements. The next better group was the elderly men living in parent-child coresidence. Thus, parent-child coresidence though second in order, seemed to be a better living arrangement for both women and men, in terms of adaptation to old age.

An exploration of how QoL & its related variables differed with the type of living arrangements due to the marital status revealed that married elderly living in parent-child coresidence and with spouse fared better in terms of the mean scores on the three measures used.

Following are the brief details with regard to *other aspects such as living environment, family relations, social interaction and health care studied in the context of living arrangements*.

The findings show that most of the sample elderly have a room of their own in the house, and most of them have ownership of the dwelling. It may be noted here that ownership of the dwelling during old age may lead to a sense of security and an opportunity to age in place. But there are more men than women in this category. Therefore, to that extent women become more vulnerable on this aspect, especially after the death of the husband.

Under the family relations, three aspects are examined: a) the number of children, child(ren) living away from the elderly respondents, frequency of visits made and the modes used by the child(ren) to keep in touch with them, and c) older parents' conflict with child(ren) and other family members in the context of the living arrangement. These aspects give a picture about the nature of intergenerational relations of the sample respondents.

Studies show that more positive relationships with adult children and regular contact with the outside world improve the quality of life of older persons. Going out to places, having visitors and friends, engaging in leisure time activities, daily routine and religious activities are some of the ways through which the elderly keep in touch with the world outside their home. It is found that the intensity and the nature of engagement of the elderly in these activities varied with the sex, age, the type of living arrangement etc. Some of these variables and their inter-relationship with living arrangements and the quality of life variables of the sample elderly have been explored in the present study. The results show that there is a positive relationship between higher participation in these activities and the well-being of the older person.

There is evidence to show that the opportunity for health care of the older person is associated with the type of their living arrangement (see Sen & Noon, 2007). A majority of the elderly said that they found it possible to have a proper diet as they are living in parent-child coresidence. More than half of the elderly said that they adopted measures, after attaining 60 years, to retain their health in old age. With the increasing age, the educated, the financially well off, and the married followed by the widowed elderly seem to adopt measures in order to keep healthy.

Discussion and Conclusions

The major findings of the study are discussed under six broad headings: i) Contextualizing current living arrangements of the elderly; ii) Current living arrangements and the quality of life of the elderly; iii) Beyond current living arrangements- The mediating effects of demographic variables; iv) Justification behind preferential living arrangements; v) Tradition or change?; and vi) Way forward.

With regard to the living arrangements of the sample elderly, it was found that the socio-demographic variables of the sample elderly such as sex, age, marital status, family income, and caste determine the types of living arrangements they were in. Also, sex, age, family income and marital status of the elderly sample were seen to affect the quality of life, loneliness and adaptation to old age experienced by them. Most of the married elderly in parent-child coresidence and those living with spouse only, reported experiencing a better quality of life.

However, a further analysis showed that sex and marital status of the sample elderly exhibited a stronger association with the quality of life and its related variables and the types of current living arrangements. Further, in the elderly women compared to men from almost all the living arrangements reported a lower quality of life, higher degree of loneliness and a poor adaptation to old age, with the exception of women living with spouse only where they fared better than men on some of the quality of life domains and adaptation to old age. This highlighted the implications of gender to these dimensions of the elderly.

With regard to the two dominant types of current living arrangements i.e. living with married son (s) followed by living with the spouse only, which were also frequently mentioned as the preferred living arrangements by the elderly, the most frequent justifications given were emotional, followed by traditional and instrumental reasons. Instrumental reasons figured more often with reference to the other types of living arrangements. Though the study findings cannot be generalized in view of the nature of the sample, these justifications reflected a declining hold of customs/tradition with regard to the motivation of the elderly to stay with children, more specifically with son (s). However, it is evident that, a majority of the sample elderly still prefer to live with child (ren) for emotional and instrumental reasons.

The study further indicated that during the course of their life, the elderly move from one form of living arrangement to another. This was due to a variety of reasons such as loss of spouse, retirement of the older person, mobility, unwillingness to stay with parents and marriage of children and so on. It seemed that the independent forms of living arrangements such as living alone and with assistance fulfilled the needs and requirements of the elderly who did not have family support. However, it was the parent-child coresidence that emerged as a secure arrangement to fall back upon, provided it was an option open for the respondent. Interestingly, none of the living arrangements were shunned by the elderly, though they felt that the independent forms required institutional supports from the state and civil society, to make them viable. In the current study it is found that the elderly living in the independent forms of living arrangements i.e. living with spouse experienced a better quality of life and adaptation to old age.

It is also evident from the study that a majority of the respondents felt that the elderly feel secure in the family setting, though institutionalization may be a last resort. The quality of life, the degree of loneliness and ability to adapt to old age varied with the types of living arrangements, with living with spouse only and in parent-child coresidence figuring at the top. The findings also highlighted the vulnerable status of elderly women in terms of quality of life. Therefore, the policy shall give priority to services that strengthen the family support so that older persons can continue to live in the family. The policy needs to promote the concept of aging in place, as this thrust has clearly emerged during the study.

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 is welfare oriented, and does not envisage the families as willing partners in the care of the elderly and seeks establishment of institutional settings. Also, the social and cultural context in India is not conducive for parents and senior citizens to apply for or seek maintenance from their children and family members. That is the reason why there is not much progress in the implementation of the act. What needs to be done in this context is that the family and community be made aware and sensitized to the rights and vulnerabilities of the elderly.

The study findings brought up concerns and challenges faced by the elderly pertaining to the declining care, and varying levels of quality of life experienced by them according to the type of living arrangement they are in. As a helping profession, social work has an immense scope for working with the elderly and their families, as well as with the community and state--to improve the living arrangements and quality of life of the elderly. Though studies on ageing in India have been done extensively during late 1960's, not much focus was given to study living arrangements of the elderly and more specifically their impact on the physical and mental well-being of the elderly. An effort is made in this study to explore the relationship in great detail. More studies are needed in this area.

Appendix I
Living Arrangements and Quality of Life: A Study on the elderly in Vadodara city, Urban Gujarat.
Faculty of Social Work, Maharaja Sayaji Rao University of Baroda, Vadodara.

1. Schedule No _____ 2. Area _____
3. Ward No. _____ 4. Date _____
5. Type of House: (Tick) (1) Slum / Kutch dwelling (2) Street / Pule / Chawl (3) Housing Society
 (4) Individual House (5) Low -rise flat (6) multi storied building (more than four floors)

Socio- demographic Details

6. Age :
7. Sex :

Male - 1	Female -2
----------	-----------
8. Religion :

Hindu-1	Muslim-2	Christian-3	Jain- 4	Others -5
---------	----------	-------------	---------	-----------
9. Caste Category:

SC- 1	BC- 2	OC- 3	ST- 4	N.I- 5
-------	-------	-------	-------	--------
10. Mention caste name: _____
11. Physical disability: _____ (Note down if the Resp has any)
12. Marital Status:

M-1	W -2	D -3	S -4	UM -5	RM -6	
↓	↓	↓	↓	↓	↓	
Ask	Q13	Q 14	Q 15	Q 16	Q 18	Q 17
13. If Married :

_____ years	N. A- 99
-------------	----------
14. If Widowed :

_____ years	N. A- 99
-------------	----------
15. If Divorced :

_____ years	N. A- 99
-------------	----------
16. If Separated :

_____ years	N. A- 99
-------------	----------
17. If Re-married :

_____ years	N. A- 99
-------------	----------
18. Educational Level:
- | | | | |
|---------------|----------------------|-----------------|-------------------------|
| Illiterate -1 | Can read & write - 2 | Primary - 3 | High school - 4 |
| College - 5 | Technical – 6 | Professional -7 | Other (mention)_____ -8 |

19. Respondent Family Details: (with whom the respondent is living for the last one year) N.A- 99

No.	Relationship with respondent	Sex	Age	Edn.	Marital status	Occupation	Income p.m	Place of stay
19.1								
19.2								
19.3								
19.4								
19.5								
19.6								

20. No. of Earners _____	21. Family Income _____		
22. Size of the household _____	23. Type of Family _____		
24. Are you a native of Vadodara? :	<table border="1"> <tr> <td>Yes -1</td> <td>No -2</td> </tr> </table>	Yes -1	No -2
Yes -1	No -2		

24.1 If No, when did you migrate? : _____ years back

Work and Economic Background

25. What was the nature of work you were engaged in, prior to your attaining 60 years of age?

(Last Job / Work)

Cultivation- 1	Agricultural labor - 2	Caste based occupation -3	Daily wage- 4	Salaried- 5
Professional- 6	Business- 7	Other (mention) _____ -8		

26. What was your income per month from this work (approx.)? Rs _____

27. What is the work that you currently do?

Not working - 0 (Go to Qn. 29.)	Cultivation- 1	Agricultural labor - 2	Caste based occupation -3	Daily wage- 4
Salaried- 5	Professional- 6	Business- 7	Other (mention) _____ -8	

28. How much do you earn per month (approx.) from the above occupation? Rs _____ p/m

29. Do you have any assets on your name?

No assets – 0	House (s)-1	Land (s) (Agricultural) - 2
House site (s) – 3	Savings – 4	Any other (Specify) _____ 5

30. Income (p / m) on these sources Rs _____ None - 0

31. Are you receiving any pension? Yes – 1 No – 2 (Go to Qn 32)

31.1 After retirement from job Yes - 1 No – 2

How much Rs. _____ (31.1.1)

31.2 Old age/widow pension Yes - 1 No – 2

How much Rs. _____ (31.2.1)

32. Total Income of the respondent (p / m) Rs _____

33. Do you have any debts? Yes – 1 No – 2 (Go to Qn 35)

33.1 If yes, could you tell how much (approx) Rs _____

34. Reasons for the debts?

35. Type of ownership of your present dwelling:

Owned by Resp. - 0	Owned by spouse – 1	Joint owned by resp. & spouse – 2
Owned by child - 3	Owned by other relatives - 4	Use permitted - 5
Any other _____ 6		

36. If rented:

Rented by Resp. - 0	Rented by Spouse - 1	Rented by child – 2
Rented by other relatives - 3	Any other _____ - 4	

Financial security

37. Could you please tell what are the sources of your living?

(This question can have ‘**more than one response**’. Mark all responses which are applicable to respondent).

37.1 Income from Resp. present employment	Yes – 1	No - 2	N.A-9
37.2 Income from Resp. past savings	Yes – 1	No - 2	N.A-9
37.3 Income from Resp. spouse’s past savings	Yes – 1	No - 2	N.A-9
37.4 Pension from the Resp. job	Yes – 1	No - 2	N.A-9
37.5 Resp. spouses’ job pension	Yes – 1	No - 2	N.A-9
37.6 Support from children residing in the house	Yes – 1	No - 2	N.A-9
37.7 Support from children living elsewhere	Yes – 1	No - 2	N.A-9
37.8 Support from other relatives	Yes – 1	No - 2	N.A-9
37.9 Support from charitable organizations	Yes – 1	No - 2	N.A-9
37.10 Old age/widow pension (from the government)	Yes – 1	No - 2	N.A-9
37.11 Others (specify)_____	Yes – 1	No - 2	N.A-9

38. Could you mention broadly whether you get ‘**one or more**’ of the following from your children, family members and relatives? None – 0

Type	Yes	No
38.1 Money	1	2
38.2 Food	1	2
38.3 Clothes	1	2
38.4 Medical care	1	2
38.5 Gifts	1	2
38.6 Any other (specify_____)	1	2

Living arrangement

39. Please tell me which of your family members constitute the household you are currently living in? (Tick which ever is relevant to the respondent)

Type of living arrangement		Self	Spouse
39.1 Parent and child Co- residence	Married Son (s)		
	Unmarried Son (s)		
	Married Daughter (s)		
	Unmarried Daughter (s)		
39.2	Why:		
39.3 Living with spouse only			
39.4	Why:		
39.5 Living Alone			
39.6	Why:		
39.7 Living with relatives	Sibling (s)		
	Grand children		
39.8	Why:		
39.9 Living with non-relatives	Friend (s)		
	Neighbor (s)		
39.10	Why:		
39.11 Assisted Living	Hired persons: cook / maid / gardener / errand boy / Nurse Mention:		
	39.12 Why:		
	39.13 Timings: 39.14 Payment:		

40. How long have you been staying in this living arrangement? _____years

Living environment

41. Do you have a separate room for yourself in the house?

Yes - 1	No - 2
---------	--------

42. Do you have bathroom and toilet facility to use in the house?

Yes - 1	No - 2
---------	--------

43. Where do you normally spend most of your time at home during the day?

My room – 1	Living room - 2	Verandah - 3	Other (Mention)_____ - 4
-------------	-----------------	--------------	--------------------------

44. Where do you normally sleep in the night?

My room – 1	Living room - 2	Verandah - 4	Other (Mention)_____
-------------	-----------------	--------------	----------------------

45. Is your living space in the home cleaned regularly, and kept clean and ventilated?

Yes – 1	No - 2
---------	--------

Family Relations: Visiting by Children

46. Do you have children? Yes – 1 None – 0 (*Go to Qn .51*)

46.1. Sons__ 46.2. Daughters __

47. If your children are not staying with you currently, where are they?

Child	In Baroda	Within state	Outside state	Outside country	Reasons for being away
Sons					
47.1					
47.2					
47.3					
Daughters					
47.4					
47.5					
47.6					

48. Do your children (who live away) visit / keep in touch with you?

Yes – 1	No - 2
---------	--------

(*Go to Qn. 49*)

48.1. If No, why?

(*Now, Go to Qn. No. 51*)

49. Tell me about the frequency of visits from your children during the **previous year**?

Daily - 1	Once in a week - 2	Once in a month -3	A few times in a year - 4
Once in a year - 5		Less than once in a year -6	N.A - 7

50. How have you kept in touch with each other during the **previous year**?

Through telephone - 1	Through e-mail - 2	By letters - 3
-----------------------	--------------------	----------------

(Use the codes given in Qns 49 & 50 for recording the answers given by the respondent)

Child	49. Frequency of visiting	50. Mode of keeping in touch
Son		
1	49.1	50.1
2	49.2	50.2
3	49.3	50.3
Daughter		
1	49.4	50.4
2	49.5	50.5
3	49.6	50.6

Interaction with family members (FOR BOTH: With whom the respondent is currently staying. If living alone, resp. answers by keeping the family members in mind)

51. Do you think that your family members are interested in your well-being?

Interested- 1	Somewhat interested-2	Not interested- 3	Indifferent- 4
---------------	-----------------------	-------------------	----------------

52. In family, people have disagreements with one another or problems in getting along with each other. If you had to choose, which **one** of your family members, you find it *hardest* to get along with?

Spouse- 1	Son- 2	Daughter- 3	Son in law- 4	Daughter in law -5	O.R _____ - 6
-----------	--------	-------------	---------------	--------------------	---------------

53. Is she/he the person who primarily takes care of your needs?

Yes - 1	No - 2
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54. Since how long have you been living with this above person? ____ Mnts / Yrs N.A – 99

55. How often does this person whom you find hardest to get along with creates tensions/ had arguments with you during the last one year?

Almost daily	10 times	20 times	More than 20 times	Refused
4	1	2	3	4

56. Thinking about it right now, which **one** of the family members, you find it *easiest* to get along with?

Spouse- 1	Son- 2	Daughter- 3	Son in law- 4	Daughter in law -5	O.R (mention) _____ - 6
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Independent activities of daily living

57. (Interviewer to fill this section by asking relevant questions to generate a score)

ACTIVITIES	INDEPENDENCE: (1 POINT) NO supervision, direction or personal assistance	DEPENDENCE: (0 POINTS) WITH supervision, direction, personal assistance or total care
BATHING	(1POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back.	(0 POINTS) Needs help with bathing more than one part of the body, getting in or out of bath room/bathing place. Requires total bathing
DRESSING	(1POINT) Gets clothes on his or her own and puts on clothes and outer garments complete with fasteners.	(0 POINTS) Needs help with dressing self or needs to be completely dressed.
TOILETING	(1POINT) Goes to toilet, can arrange clothes without help.	(0 POINTS) Needs help in transferring to the toilet, cleaning self or uses bedpan or commode.
TRANSFERRING (Mobility)	(1POINT) Moves in and out of bed or chair unassisted. Support aids are acceptable.	(0 POINTS) Needs help in moving from bed to chair or requires a complete assistance.
CONTINENCE	(1POINT) Exercises complete self-control over urination and defecation.	(0 POINTS) Is partially or totally incontinent of bowel or bladder.
FEEDING	(1POINT) Gets food from plate into mouth without help. Another person may do the preparation of food.	(0 POINTS) Needs partial or total help with feeding or requires parenteral feeding.

57. Score = _____ 6 = High (Patient independent) 0 = Low (Patient very dependent)

Social Interaction

58. How often do you go out to some place in the neighborhood or outside of it?

(If respondent is chair/bed-bound, tick 'unable to move', skip to Qn. No. 59)

Unable to move-0	Every day-1	A few times in a week-2	Once in a week-3
A few times in a month-4	Once in a month-5	Less than once in a month-6	Any other --- -7

59. If you go out, normally where do you go? (can be multiple) _____

60. Do you have any friends?

Yes - 1	No - 2
---------	--------

60.1 If yes, please mention how many? _____

61. Did any visitor(s) come to see you during the last week?

Yes - 1	No - 2
---------	--------

61.1 If yes, how many visited you during the last week? _____

62. Are you a member of any social or religious group?

Yes - 1	No - 2
---------	--------

63. Are you engaged in any community voluntary work?

Yes - 1	No - 2
---------	--------

Quality of Life

64. The following questions ask how you feel about your life, health, or other areas of your life. I will read out each question to you, along with the response options. While answering these questions, please keep in mind your hopes, pleasures and concerns. Please think about your life **in the last four weeks**. Please listen to each question, assess your feelings and choose the response option that gives the best answer for you. If you are unsure about which response to give to a question, the first response you think of is often the best one.

	Very poor	Poor	Neither poor nor good	Good	Very good
1. How would you rate your quality of life?	1	2	3	4	5
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2. How satisfied are you with your health?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last four weeks.

	Not at all	A little	A moderate amount	Very much	An extreme amount
3. To what extent do you feel that physical pain prevents you from doing what you need to do?	5	4	3	2	1
4. How much are you dependent on any medical treatment to function in your daily life?	5	4	3	2	1
5. How much do you enjoy life?	1	2	3	4	5
6. To what extent do you feel your life to be meaningful?	1	2	3	4	5
	Not at all	A little	A moderate amount	Very much	Extremely
7. How well are you able to concentrate on any activity?	1	2	3	4	5
8. How safe do you feel in your daily life?	1	2	3	4	5
9. How healthy are your physical surroundings?	1	2	3	4	5

The following questions ask about how completely you experience or were able to do certain things in the last four weeks.

	Not at all	A little	Moderately	Mostly	Completely
10. Do you have enough energy for everyday life?	1	2	3	4	5
11. Are you able to accept your bodily appearance?	1	2	3	4	5
12. Have you enough money to meet your needs?	1	2	3	4	5
13. How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14. To what extent do you have the opportunity for leisure activities?	1	2	3	4	5
	Very poor	Poor	Neither poor nor good	Good	Very good
15. How comfortable are you with your physical movements?	1	2	3	4	5
	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16. How satisfied are you with your sleep?	1	2	3	4	5
17. How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18. How satisfied are you with your capacity for work?	1	2	3	4	5
19. How satisfied are you with yourself?	1	2	3	4	5
20. How satisfied are you with your personal relationships?	1	2	3	4	5
21. How satisfied are you with your sex life?	1	2	3	4	5
22. How satisfied are you with the support you get from your friends?	1	2	3	4	5
23. How satisfied are you with the conditions of your living place?	1	2	3	4	5
24. How satisfied are you with your access to health services?	1	2	3	4	5
25. How satisfied are you with your transport?	1	2	3	4	5

The following question refers to how often you have felt or experienced certain things in the last four weeks.

	Never	Seldom	Quite often	Very often	Always
26. How often do you have negative feelings such as mood changes, despair, anxiety, and depression?	5	4	3	2	1

64. Score _____

64.1, 64.2, 64.3, 64.4 (Four sub domain scores)

Nutrition and access to Food

65.	How good is your appetite?	Very good	Good	Lack appetite
66.	How many meals do you eat in a day?	_____		
67	Do you need to skip meals in a day?	Yes- 1	No - 2	
67.1	If yes, why?			
68.	Are you a vegetarian or a non-vegetarian?	Vegetarian - 1	Non-vegetarian - 2	
69.	Do you feel that the food portion that you eat is adequate for you?	Yes - 1	No -2	Cant say-3
70.	Are you advised any diet restrictions or supplements?	Yes - 1		No - 2
71.	Do you prepare your own food?	Yes – 1 (<i>Go to Qn. 76</i>)		No – 2
72	If No, who prepares the food? (More than one option is applicable)	72.1 Spouse – 1		72.2 Children - 2
		72.3 Relatives - 3	72.4 Cook - 4	72.5 Others - 5
73.	Do they cook food of your choice as often as you wish?	Yes – 1		No - 2
74.	Do you like the taste of the food served?	Yes – 1		No - 2
75.	Do they serve your meal/snacks generally on time?	Yes – 1		No - 2
76.	When you are not feeling like cooking, does someone cook a meal for you?	Yes – 1		No - 2 (<i>Go to Qn. 77</i>)
76.1	If Yes, who?	Relationship_____		
77.	Do they prepare the food on time?	Yes – 1		No - 2
78.	Does your family (and you) go to eat out?	Yes-1		No-2

Leisure time and Daily routine

Please tell us how often you spent your leisure time for doing the following during the last week ?				
		Never	Sometimes	Often
79. INDOORS				
79.1	Sitting alone and thinking			
79.2	Watching T.V / video			
79.3	Listening to Music / Radio			
79.4	Time for any hobbies			
79.5	Playing with grandchildren			
79.6	Playing cards/ chess/caroms/ other			
79.7	Reading books/ newspapers/magazines			
79.8	Gardening			
79.9	Exercise / yoga / meditation			
79.10	Praying/religious rites			

80. OUTDOORS				
80.1	Go for a walk / exercise			
80.2	Go to park			
80.3	Go to movie			
80.4	Visit friends/relatives			
80.5	Go to temples/ church/mosque etc			
80.6	Go to picnic/tours etc			
80.7	Join activities of a club / group etc			
80.8	Involving in social service/politics			

Daily routine

81. Could you please tell us about your daily routine on a typical day? (In the home context)
81.1 Activities before noon: (from the time you are up to lunch-time):
81.2 Activities before dark:
81.3 Activities later : (Until going to bed):

Loneliness

82. Generally, people feel lonely at one time or other in their normal lives. We ask the following questions which are often associated with feeling lonely. There is no right or wrong answer to these questions. Please choose the best option that is close to your feelings you have been experiencing during the **last one week**.

	Statement	Never	Rarely	Sometimes	Always
1	How often do you feel that you are .in tune with the people around you?	1	2	3	4
2	How often do you feel that you lack companionship?	1	2	3	4
3	How often do you feel that there is no one you can turn to?	1	2	3	4
4	How often do you feel alone?	1	2	3	4
5	How often do you feel part of a group of friends?	1	2	3	4
6	How often do you feel that you have a lot in common with the people around you?	1	2	3	4
7	How often do you feel that you are no longer close to anyone?	1	2	3	4

8	How often do you feel that your interests and ideas are not shared by those around you?	1	2	3	4
9	How often do you feel outgoing and friendly?	1	2	3	4
10	How often do you feel close to people?	1	2	3	4
11	How often do you feel left out?	1	2	3	4
12	How often do you feel that your relationships with others are not meaningful?	1	2	3	4
13	How often do you feel that no one really knows you well?	1	2	3	4
14	How often do you feel isolated from others?	1	2	3	4
15	How often do you feel you can find companionship when you want it?	1	2	3	4
16	How often do you feel that there are people who really understand you?	1	2	3	4
17	How often do you feel shy?	1	2	3	4
18	How often do you feel that people are around you but not with you?	1	2	3	4
19	How often do you feel that there are people you can talk to?	1	2	3	4
20	How often do you feel that there are people you can turn to?	1	2	3	4

82. Score _____

Life Preparatory Measures: Adaptation to old age

83. When you were young, did you believe that children should look after their old parents when they are old? Yes – 1 No - 2

84. What measures did you adopt after you have attained 60 years of age, to keep in good health? None - 0

84.1 Gave up use of substances Yes – 1 No - 2

84.2 Started exercise to keep fit Yes – 1 No - 2

84.3 Started eating appropriate diet Yes – 1 No - 2

84.4 Any other (mention) _____

85. All of us are aware that when one enters old age that is above 60 years of age, generally there will be changes in our health, in our senses and ability to do certain activities. Sometimes, people may enjoy their leisure, devote more time to activities and to family members. Thus they do many things to adjust to the old age. Here are some questions which ask about what you think about the way you are adjusting with old age. There is no right or wrong answers. Please give the answer that comes first to your mind.

	1- I do not agree at all	2- I agree a little			
	3 – I agree quite a lot	4 – I fully agree			
No.	Item	1	2	3	4
1.	I have health problems but others have more serious health problems than me				
2.	There are things I am doing better now than when I was young				
3.	Although I have less friend now than when I was young, I do not feel lonely				
4.	I have health problems, but all people my age have similar problems				
5.	Although I cannot do some of the things I used to do when I was young, there are many other things I can do now.				
6.	Although I have less friends now than when I was young, I am having a similarly good time with them				
7.	I have health problems but I do not feel sick				
8.	Even though I used to do some things better when I was young, I feel I can still do them.				
9.	As time goes by, I all the more appreciate small, every day pleasures of life.				
10.	Although I am doing some things almost every day, I do not feel bored.				
11.	As time passes, I feel all the more the need to offer all I can to my children or grand children.				
12.	I want to plan what I am going to do rather than leave it to chance.				
13.	As I grow, I feel I can control my feelings better				
14.	It is very important for me to do things that give pleasure to my children or grandchildren.				
15.	It is very important that my children and grandchildren have things from me.				
16.	I have scheduled what I am going to do tomorrow or the next few days.				
17.	Although I need help from my own people in many things as I grow older, I do not feel useless.				
18.	As years go by, I feel all the more that how I feel about my self is more important than what others believe about me.				
19.	Although I often need help from my own people I do not feel I am a burden to them.				
20.	I think it is important to stand by my relatives and friends when they are in need.				

85. Score _____

(85.1, 85.2, 85.3, 85.4 four sub scores)

Preferred Living arrangement

86. Leaving aside, your current living arrangement, given a choice, what 'one' living arrangement would you prefer?

1 Living alone	Yes – 1	No - 2
2 Living with spouse	Yes – 1	No - 2
3 Living with unmarried son (s)	Yes – 1	No - 2
4 Living with unmarried daughter (s)	Yes – 1	No - 2

- | | | |
|--|---------|--------|
| 5 Living with married son (s) | Yes – 1 | No - 2 |
| 6 Living with married daughter (s) | Yes – 1 | No - 2 |
| 7 Living with relative (s) | Yes – 1 | No - 2 |
| 8 Living with non- relative (s) | Yes – 1 | No - 2 |
| 9 Living with companion | Yes – 1 | No - 2 |
| 10 Living with assistance to take care of me | Yes – 1 | No - 2 |
| 11 With any one who would take care of me | Yes – 1 | No - 2 |
| 12 Living in the home for the aged | Yes – 1 | No - 2 |
| 13 Any other (Mention) _____ | | |

87. Could you tell me the reasons for the said preference?

88. Do you believe in God? Yes – 1 No – 2
(If No, go to Qn. 91)

88.1. If yes, do you visit religious places? Yes – 1 No - 2

89. Which religious places do you visit? _____

90. How frequently do you visit these places?
Daily- 1
Once in a week- 2
Once in a month – 3
Specify _____ 4

91. If No. What do you believe in?

92. What are your suggestions for the younger generation with reference to their treatment toward older people in the family?

Thank the respondent for his/her cooperation and reassure him/her about the confidentiality of the answers given.

Time: From _____ To _____

Signature of the Investigator

Appendix II

Scoring Instructions for the Measures

a) Scoring instructions for Independence in Activities of Daily Living Index (IADL)

The Independent Activities of Daily Living Index ranks adequacy of performance in six functions of bathing, dressing, toileting, transferring, continence and feeding. Clients are scored “Yes/ No” for independence in each of the six functions. A score of 6 indicates full function, 4 indicate moderate impairment, and 2 or less indicates severe functional impairment.

b) Scoring instructions for the WHOQOL-BREF questionnaire

The WHOQOL-BREF produces a quality of life profile. It is possible to derive four domain scores. There are also two items that are examined separately: question 1 asks about an individual’s overall perception of quality of life and question 2 asks about an individual’s overall perception of their health. The four domain scores denote an individual’s perception of quality of life in each particular domain. Domain scores are scaled in a positive direction (i.e. higher scores denote higher quality of life). The mean score of items within each domain is used to calculate the domain score. Mean scores are then multiplied by 4 in order to make domain scores comparable with the scores used in the WHOQOL-100. Explicit instructions for checking and cleaning data and for computing domain scores, using SPSS are given in Figure 1.

Figure 1: Steps for checking and cleaning data and computing domain scores

Steps	SPSS syntax for carrying out data checking, cleaning and computing total scores
1. Check all 26 items from assessment have a range of 1-5	RECODE Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12 Q13 Q14 Q15 Q16 Q17 Q18 Q19 Q20 Q21 Q22 Q23 Q24 Q25 Q26 (1=1) (2=2) (3=3) (4=4) (5=5) (ELSE=SYSMIS). (This recodes all data out with the range 1-5 to system missing).
2. Reverse 3 negatively phrased items	RECODE Q3 Q4 Q26 (1=5) (2=4) (3=3) (4=2) (5=1). (This transforms negatively framed questions to positively framed questions).
3. Compute domain scores	COMPUTE DOM1=MEAN.6 (Q3, Q4, Q10, Q15, Q16, Q17, Q18)*4. COMPUTE DOM2=MEAN.5 (Q5, Q6, Q7, Q11, Q19, Q26)*4. COMPUTE DOM3=MEAN.2 (Q20, Q21, Q22)*4. COMPUTE DOM4=MEAN.6 (Q8, Q9, Q12, Q13, Q14, Q23, Q24, Q25)*4. (These equations calculate the domain scores. All scores are multiplied by 4 so as to be directly comparable with scores derived from the WHOQOL-100. The [‘.6’ in ‘mean.6’ specifies that 6 items must be endorsed for the domain score to be calculated).

4. Delete cases with >20% missing data	COUNT TOTAL=Q1 TO Q26 (1 THRU 5). (This command creates a new column 'total'. 'Total' contains a count of the WHOQOL-100 items with the values 1-5 that have been endorsed by each subject. The 'Q1 TO Q26' means that consecutive columns from 'Q1', the first item, to 'Q26', the last item, are included in the count. It therefore assumes that data is entered in the order given in the assessment). FILTER OFF. USE ALL. SELECT IF (TOTAL>=21). EXECUTE. (This second command selects only those cases where 'total', the total number of items completed, is greater or equal to 80%. It deletes the remaining cases from the data set).
5. Check domain scores	DESCRIPTIVES VARIABLES=DOM1 DOM2 DOM3 DOM4 /STATISTICS=MEAN STDDEV MIN MAX. (Running descriptives should display values of all domain scores within the range 4-20).
6. Save data set	Save data set with a new file name so that the original remains intact

c) Scoring Instructions for the University of California and Los Angeles Loneliness Scale (Version 3)

The UCLA Loneliness scale (Version 3) consists of 20 items rated on a 4 point likert scale (Never-1, Rarely-2, Sometimes-3, and Always-4). The responses on items/questions 1, 5, 6, 9, 10, 15, 16, 19 and 20 should be reversed. Then, the sum of responses for all the 20 items gives the total score for loneliness that ranges from 20 to 80. Higher total scores indicate greater degree of loneliness.

d) Scoring instructions for the Adaptation to Old Age Questionnaire (AOAQ)

The measure has 20 items and comprises of 4 sub-domains. Each question in the measure is rated on a 4 point likert scale (I do not agree at all - 1, I agree a little- 2, I agree quite a lot- 3, I fully agree- 4). The questions that fall under each sub-domain that are mentioned in the scoring instructions are indicated in Table 1 below. The AOAQ total score is the sum of all responses for the 20 questions and falls between 20 to 80 and higher scores indicate greater adaptation to old age. The sub-domain scores are obtained by adding the responses for the questions that fall under each sub-domain, and higher scores indicate greater levels of adaptation on that sub-domain.

Table 1: Sub-domains of the Adaptation to Old Age Questionnaire (AOAQ) and the questions that fall under them

Sr. No.	Sub-domain	Questions
1	Health comparison	1, 3, 4, 6, & 7
2	General Adaptation / Self-efficacy	8, 10, 17, 18 & 19
3	Self-control	9, 12, 13, 16 & 20
4	Generativity	2, 5, 11, 14 & 15

Sub-domains of AOAQ (Efklides, Kalaitzidou, & Chankin, 2003)

1. *Judging one's health compared to others / Health comparison* sub-domain comprises items denoting that the health problems the older adult has are serious but others have the same or more serious health problems, that even if health problems exist one does not feel ill, that even if friends are fewer now than before one does not feel more lonely and has a good time with them just as was the case in the past and, finally, that there are things which were done well in the past but the older adult can also carry them out now

2. *General Adaptation / Self-Efficacy* sub-domain comprises of items denoting that even if an older adult often needs the family's help he/she does not feel useless and does not feel becoming a burden to them, that as one grows older it becomes more important how he/she feels about himself/herself rather what the others think about him/her, that the older adult does not feel bored with everyday tasks, and that there are things which were done well in the past but the older adult can also carry them out now.

3. *Self-Control* sub-domain that comprises of items denoting that things which one considered worthless when was younger give now pleasure, that as one grows older he/she feels having better emotional control, that the older adult appreciates more and more the small joys in life, and that he/she wants to plan what is going to do.

4. *Helping children and grandchildren / Generativity* sub-domain comprising of items denoting that it is of great importance that an older adult's children get things from him/her, that as one grows older he/she wants more and more to offer what he/she can to children/grandchildren, that there are things which are better manageable now than in the past, and that even if he/she can't do some of the things that he/she did in the past, there are still many things that can be done now.

Appendix III

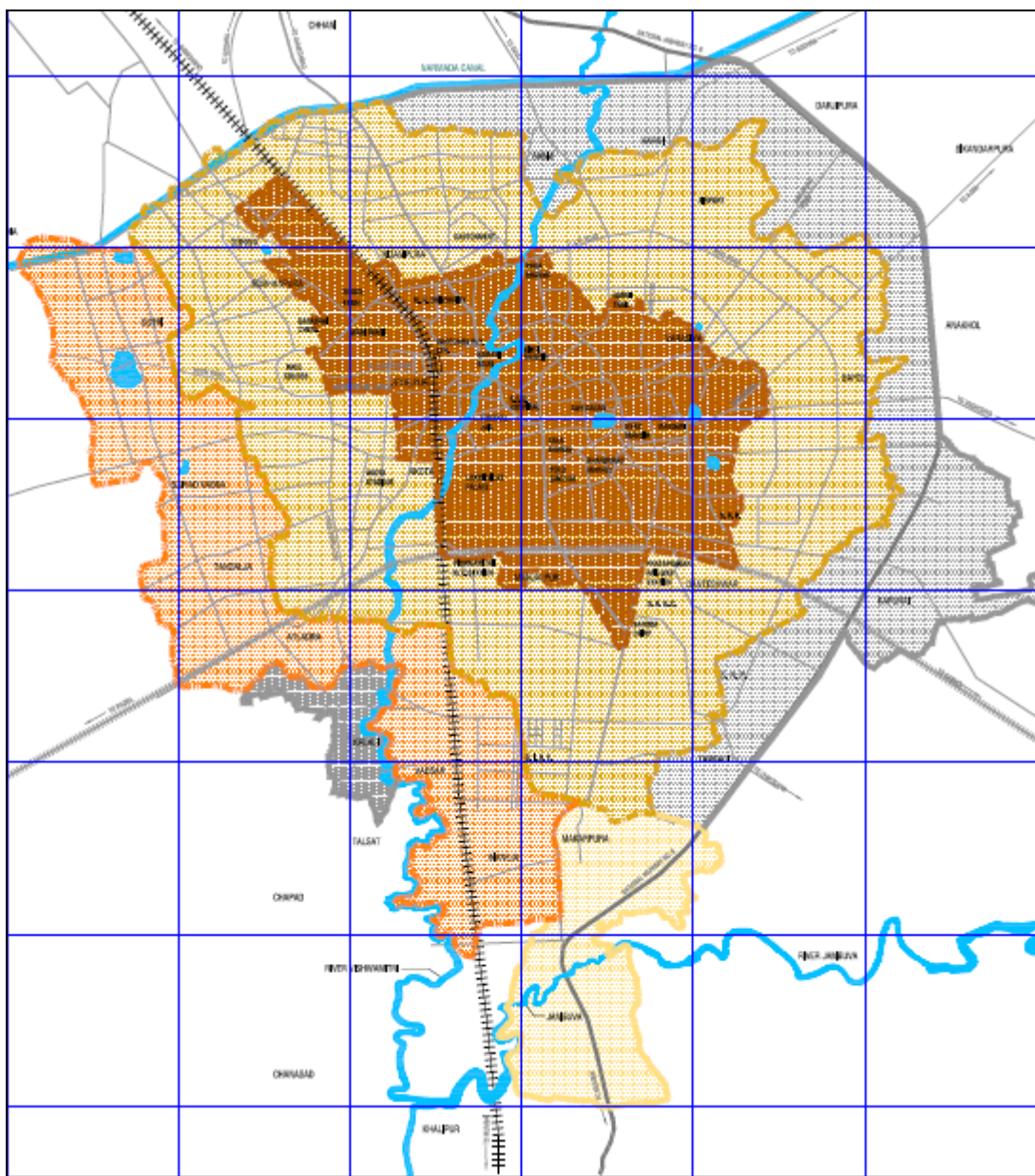
Table 2: Distribution of the sample elderly by their caste/sub-caste

Sr. No.	Name of caste/sub-caste	Total (N=243)
1	All Brahmins (OC)	58 (23.9)
2	Patel (OC)	35 (14.4)
3	Baniya (OC)	22 (9.1)
4	Maratha Gaekwad (OBC)	2 (0.8)
5	Aggarwal (OC)	3 (1.2)
6	Higher caste Rajput (OC)	4 (1.6)
7	Darbar/ AtakKhanaji (OBC)	3 (1.2)
8	Catholic (OBC)	3 (1.2)
9	Lohana (OC)	4 (1.6)
10	Makhwana (SC)	3 (1.2)
11	Valmik/ Harijan (SC)	2 (0.8)
12	Vaghela (SC)	1 (0.4)
13	Vasava (ST)	2 (0.8)
14	Sheikh (OC)	4 (1.6)
15	Pathan (OC)	7 (2.9)
16	Ansari (OBC)	1 (0.4)
17	Madig (SC)	1 (0.4)
18	KhatikChandel (OBC)	1 (0.4)
19	Dhariwan (OBC)	2 (0.8)
20	Vaishnav (OC)	3 (1.2)
21	Vora (OC)	1 (0.4)
22	Sensei (Parsee) (OC)	2 (0.8)
23	Thakkore (OBC)	4 (1.6)
24	Patalwawi (OBC)	1 (0.4)
25	Rana (OC)	2 (0.8)
26	Soni (OC)	1 (0.4)
27	Chauhan (OC)	1 (0.4)
28	Mistry (Khatiyawadi) (OBC)	2 (0.8)
29	Bhagat (OBC)	1 (0.4)
30	Maratha Yerapale (OBC)	1 (0.4)
31	Lohar/ Luhar (OBC)	3 (1.2)
32	Darji (OBC)	2 (0.8)
33	Waghari/Wagri (OBC)	3 (1.2)
34	Baria (ST)	2 (0.8)
35	Hajuri Rajput (SC)	2 (0.8)
36	Jain (OC)	10 (4.1)

Sr. No.	Name of caste/sub-caste	Total (N=243)
37	Gadariya (OBC)	1 (0.4)
38	Koli (ST)	1 (0.4)
39	Sunni (OBC)	1 (0.4)
40	Nayi (OBC)	2 (0.8)
41	Vishwakarma (OBC)	1 (0.4)
42	Vanker sadhu (OBC)	2 (0.8)
43	Mahera Rajput (OBC)	1 (0.4)
44	Solanki (SC)	6 (2.5)
45	Parmar (OBC)	2 (0.8)
46	Bhangi (SC)	1 (0.4)
47	Saini (OC)	2 (0.8)
48	Syed (OC)	3 (1.2)
49	Rohit (OBC)	2 (0.8)
50	Kahar (OBC)	1 (0.4)
51	Pinjari (OBC)	2 (0.8)
52	Patni Sunni Vora (OBC)	2 (0.8)
53	Khureshi (OBC)	2 (0.8)
54	Marathi Kulbi (OBC)	2 (0.8)
55	Gohara (OBC)	3 (1.2)
56	BajadiyaNayak (ST)	3 (1.2)
57	Rajput (Raval) (OBC)	1 (0.4)
58	Thakkar (OC)	1 (0.4)
59	Baniya (Laad) (OBC)	1 (0.4)
60	Bakshipanch (OBC)	1 (0.4)
Total		243 (100)

Appendix IV

Figure 1: The map of Vadodara city prepared by dividing into equal sized grids



VADODARA MUNICIPAL CORPORATION

CITY DEVELOPMENT PLAN

Appendix V

Check list for in-depth interview

1. Tell me about yourself...about your family members... and how are you getting along in life?

(To establish rapport)

2. Please could you recall the details of the different living arrangements you have been in from 1980 to 2010. (Link them to major life events / factors / reasons)

Probe for: What factors you had control over and which were not? By choice, by plan, by chance, by force, by turn of events or by default.

3. Do you feel that in the current living arrangement you have status, role and decision making power?

Probe for: Does it serve your requirements? How.

4. According to you, which aspects in your current living arrangement are contributing to happiness in your life?

Probe for: What they feel after reflecting on this.

5. In the next 10 years what changes would you make in your life (with whom you are living) to make you happier than now?

Probe for: Whether they want to make any change in CLA or not. Why?

Appendix VI

About the Research Setting

The Gujarat State

According to Census 2011, the total population of Gujarat is 60,383,628 comprising of 31,482,282 men and 28,901,346 women. The percent decadal growth rate of population during 2001-2011 is 19.17. The female sex ratio for the state of Gujarat is 918. The literacy rate is 87.23 for men and 70.73 for women. Out of the total population of the state, 42.58 percent population stays in urban areas. The population in rural areas comprises of 17,802,975 (9.10%) men and 16,867,842 (9.37per cent) women; and 13,679,307 (35.87per cent) men and 12,033,504 (35.78per cent) women reside in the urban areas (census 2011).The state has an elderly population of 3,489,009 which is 6.9 of the total population of Gujarat. Of these, men and women comprise 46.5per cent and 53.5per cent respectively (Govt. of India (Census), 2001).

Vadodara District

According to Census 2011, the total population of Vadodara District is 4,157,568 of which men are 57.1per cent and women are 42.9per cent. The population of Vadodara district is 6.89 percent of the total population of the state of Gujarat and it ranks 3rd by population size. The percent decadal growth rate of population of the district during 2001-2011 is 14.16. The female sex ratio is 934. In the Vadodara district the male and female literacy rates are 87.59 and 74.40 respectively. The district ranks 10 among the 25 districts of Gujarat for the literacy rate of the population (Census, 2011).

The length of the Vadodara district from north to south is about 109.3 km and from east to west is 148.1 km. It is bounded in the North and West by Kheda and Anand districts, in east by Panchmahals and Dohad districts and in the south by Bharuch and Narmada districts. Also the boundaries of the district touch the boundaries of States Madhya Pradesh and Maharashtra. The area covered by the district is 7,550 sq.km. Vishwamitri and Mahi are principal rivers of the district. The climate is characterized by a hot summer and dryness in the non-rainy seasons. Economic resources are an important means for subsistence of the working people of the district. The economic resources are from the important sectors such as forestry, minerals and mining, soil and cropping pattern, land and land use pattern.

The Vadodara City

The ancient town of Vadodara was once called *Chandanvati* after the name of Raja Chandan of the *Dor* tribe of Rajputs who wrested it from the Jains. The name of *Chandanvati* that meant the ‘City of Sandalwood’ was afterwards changed to *Viravati* meaning the ‘Abode of Warriors’ and then again to ‘*Vatpatra*’ which means the ‘Leaf of the banyan tree’. One belief is that the flourishing Ankottaka (Modern Akota) developed one of its suburbs on the left bank of the Vishvamitri where Banyan (*Vad*) trees were in predominance. The suburb near the ‘Banyan Tree’ means *Vadapatraka*. Much of the old walled city area was developed during the successive Muslim rule. The Moghal rule over the city came to an end in 1732, when Pilaji brought the Maratha activities in Southern Gujarat to an end and captured it.

Except for a short break, Vadodara continued to be in the hands of the Gaekwads as their capital town from 1734 to 1949. Maharaja Sayajirao III (1875-1939) who did not come from the direct line of the ruling Gaekwad dynasty was the architect of modern Vadodara. It was the dream of this visionary ruler who was educated under English tutors and local teachers, to make Vadodara an educational, industrial and commercial centre. Under his rule Baroda showed tremendous progress and constructive achievements in all fields.

Sayajirao initiated a series of bold socio-economic reforms. He attached great importance to economic development and started a number of model industries to encourage initiative, and then handed over the industries to private enterprise. He started model textile and tile factories. It is as a result of his policy of industrial development that Vadodara is today one of the most important centers for textile, chemical and petroleum industries. He introduced a number of social reforms, more so in the field of education. He introduced compulsory primary education and a library movement (the first of its kind in India) to augment his adult education scheme. He also visualized a general scheme of development in all branches of knowledge at different stages, with the Maharaja Sayajirao University of Vadodara at the apex. Modern Vadodara owes its beauty, its educational institutions, cultural uniqueness and architectural masterpieces to the insight and vision of Maharaja Sayajirao Gaekwad III. Vadodara is also popularly called as a ‘Sanskar Nagari’, that is, a ‘city of culture’. It is also referred to as ‘the cultural capital’ of Gujarat. The city has rich traditions of composite culture and is cosmopolitan in nature.

Unique Features of the Vadodara City

Cosmopolitan and cultural diversity: Vadodara is considered as one of the intellectual hubs in the state of Gujarat and is considered a cultural center. The city has welcomed a wide variety of people from all over India and also from all over the world. The city upkeeps rich cultural traditions and people have quite a full and hectic cultural life throughout the year. Thus, the culture of the city is not just history or heritage; it is dynamic, ever-changing and alive.

Prominence of education: Vadodara is synonymous with education. The patronage of education started with Maharaja Sayajirao and the city has built further on the academic infrastructure established by him. Maharaja Sayajirao University is the only university in Gujarat with English as the medium of instruction. It has 13 faculties and 17 residential hostels, 4 of them for women students. The university caters to over 30,000 students.

Industry & commerce: Vadodara enjoys a special place in the state of Gujarat. Till the early 1960's Vadodara was mainly considered to be a cultural and educational centre. Now the industrialization of Vadodara has attracted entrepreneurs not only from Baroda but also from all over Gujarat and India. The first modern factory (Alembic Pharmaceuticals) was established in Baroda in 1907 and subsequently companies such as Sarabhai Chemicals, Jyoti, etc., came up in the 1940s. By 1962 there were 288 factories employing 27510 workers. In 1962, Baroda witnessed a sudden spurt in industrial activity with the establishment of Gujarat Refinery. The discovery of oil and gas in Ankleshwar and North Gujarat led to the industrial development of Gujarat in a big way. Vadodara is no exception and the city and the surrounding areas are today humming with industrial activity.

Migration to other countries: In order to pursue higher education or starting business, increasingly more individuals from the state of Gujarat and especially from the Vadodara city have been migrating to other countries. The presence of the Gujarati diaspora in countries such as UK, South Africa, USA, Canada, and Australia is phenomenal. Most of them eventually take citizenship and settle abroad by becoming Non Resident Indians (NRI) and their frequency of visiting India becomes less over a period of time. Hence, this is seen as one of the important factors influencing the living arrangements of the older generation in the state and in India in general.

**Living Arrangements and the Quality of Life of the Elderly
in Vadodara City:
Implications for Social Work Practice**

By

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**THESIS SUBMITTED TO THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA
FOR THE AWARD OF THE DEGREE OF
DOCTOR OF PHILOSOPHY IN
SOCIAL WORK
2012**

DECLARATION

I hereby declare that this thesis entitled, “**Living Arrangements and the Quality of Life of the Elderly in Vadodara City: Implications for Social Work Practice**” is an original research work done by me and submitted for the award of the degree of Doctor of Philosophy in Social Work in the Faculty of Social Work, The M.S University of Baroda, Vadodara. No part of the thesis has formed the basis for the award of any other degree or diploma or similar title from any other University or Institution. References borrowed from other sources have been duly acknowledged.

Vadodara

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CERTIFICATE

This is to certify that the doctoral thesis titled **“Living Arrangements and the Quality of Life of the Elderly in Vadodara City: Implications for Social Work Practice”** is a genuine and bona-fide work of Ms. Smita Bammidi, Research Scholar, Faculty of Social Work, Maharaja Sayajirao University of Baroda, Vadodara done under my close supervision and guidance for the award of PhD degree in Social Work.

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Chapter I

INTRODUCTION

Chapter II
REVIEW OF LITERATURE

Chapter III

RESEARCH METHODOLOGY

Chapter IV

RESULTS

Chapter V

**MAIN FINDINGS, DISCUSSION AND
SUGGESTIONS**

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CHAPTER I

Introduction

Ageing is a multi-faceted process that is determined not only by the passage of time, but also by certain physiological, psychological, social, economic, and cultural factors. Hence, the experience of ageing by individuals differs across the countries and regions. Moreover, there are variations in the experience of ageing even among the elderly within a country or region due to factors such as age, gender, marital status, health, place of residence, economic status, attitudes, work and retirement policies, importance given to social security, living arrangements, level of family support and the sexual orientation (Calasanti & Slevin, 2001; Virpi, 2008). In general, old age is seen both as a time of decline and fulfillment, depending on the individual and generational resources, and opportunities to which persons have access during their lives.

While in the 1940's some efforts to address the challenges of ageing have begun, the active debate on the economic and social consequences of ageing was initiated by the United Nations (UN) after its inception in the 1970's. In 1978 the UN General Assembly passed a resolution making a decision to convene the first World Assembly devoted to the issues of ageing. The intention was to formulate an International Plan of Action on Ageing to address the needs and demands of the elderly, as well as to analyze the relationship between population ageing and economic development. As a consequence, in 1982 the UN's first World Assembly on Ageing was held at Vienna. The Vienna plan of action was formulated that identified three priority areas: (a) the sustainability of development in a world where the population is increasing in age (b) the maintenance of individuals' health and well-being to an advanced age, and (c) the establishment of an appropriate and supportive environment for all age groups. The plan of action along with its 62 recommendations called for international exchange and research cooperation as well as promotion of data collection in all the fields having a bearing on ageing, in order to provide a rational basis for future social policies and action.

Subsequently, in 2002 the second World Assembly on Ageing was held at Madrid to review the implementation of the Vienna plan and the recommendations made by the first World Assembly, and to come up with the Madrid International Plan of Action on Ageing. This plan of action called for changes in the attitudes, practices, and policies at all levels and in all sectors, so that the potential of ageing could be harnessed. The recommendations for action are organized according to three priority directions similar to that of the Vienna plan. The focus was to guide policy formulation and implementation towards the specific goal of the successful adjustment to an ageing world, in which success is measured in terms of improvement of the older persons' quality of life and in the sustainability of the various systems- formal and informal that underpin the older persons' well-being throughout the life course (Zelenev, 2008).

In the Indian context, in keeping with the developments at the global level, and the Government of India being a signatory to the initiatives by the UN, a policy for the elderly and several interventions to enhance the quality of life of older persons were initiated. It announced the National Policy on Older Persons (NPOP) in January, 1999. In particular, the policy has identified a number of areas of intervention and envisaged State support to ensure financial and food security, health care, shelter and other needs of the elderly, equitable share in development, protection against abuse and exploitation, and availability of services, to improve the quality of life of the elderly in the country. While recognizing the need for promoting productive ageing, the policy also emphasized the important role of family in providing vital non-formal social security for the elderly (Government of India (NPOP), 1999).

In view of the changing trends in demographic, socio-economic, technological and other relevant spheres in the country, the Ministry constituted a committee under the Chairpersonship of Smt (Dr) V. Mohini Giri in January 2010 to draft a new National Policy for Senior Citizens (NPSC), 2011 based on the NPOP, 1999. The committee constituted for formulating the draft NPSC, 2011 advocated priority to those needs of the senior citizens that impact the quality of life of those who are 80 years and above, elderly women, and the rural poor (Government of India (8th NCOP), 2010).

The focus of the draft NPSC, 2011 would be to promote the concept of ‘ageing in place’ or ‘ageing in own home’. From this angle, housing, income security and home based care services, old age pension, access to healthcare insurance schemes, other programmes and services are needed to facilitate and sustain dignity in old age. This draft policy recognizes the need for intergenerational bonding, so that care of the senior citizens remains vested within the family which may partner with the community, government and the private sector for provision of informal supports. Hence, it emphasizes institutional care as the last resort (Government of India (NPSC Draft), 2011).

One of the most influential factors in peoples’ lives is the environment in which they live. For the elderly this is particularly true as they spend most of the time in their home, as compared to other groups in the society (Van Solinge & Esveltdt, 1991). Living arrangement is a basic determinant and an indicator of the care and nature of informal supports available to the elderly within the family, and therefore of their quality of life (Domingo & Casterline, 1992). The living arrangements of the elderly emerged as a parameter of great importance for understanding the actual living conditions of the elderly population in the developing countries within the contemporary ageing scenario, affected due to the lack of public institutions and social security nets (Sen & Noon, 2007). Still, in the developing countries the data collection for obtaining the statistical profile of the current living arrangements of the elderly, and an investigation into how they influence their well-being was not examined in depth.

In view of this, exploring the above aspects has important implications for social work practice with the elderly- in improving their living conditions and quality of life within the rapidly changing contexts. Hence, in the current study, an attempt is made mainly to explore and describe the living arrangements of the elderly in the Vadodara city and to assess the relationship between the living arrangements and the quality of life of the elderly. Information regarding the shifts/transitions in their living arrangements, details about the factors in the living arrangements that affect their quality of life and its related variables such as loneliness and adaptation to old age was also obtained through the in-depth interviews.

Organization of the Thesis

The thesis is divided into five chapters as per the following description.

Chapter 1-Introduction: This chapter introduces the background of the study, states the problem and outlines the conceptual frame work along with the conceptual map for the study. In order to have a holistic picture, this chapter includes an overview of the context of ageing and provides the different theoretical perspectives in this field. It also gives a brief demographic profile of the elderly population at the global level as well as in India, followed by information about the national level government programmes for the elderly.

Chapter 2-Review of Literature: This chapter reviews the existing literature pertaining to the living arrangements of the elderly and their quality of life. The review focuses on understanding the scope, meaning, classification, determinants, trends and importance of the living arrangements of the elderly, and about the concept of quality of life and its measurement. It also reviews the studies that indicate the ways in which living arrangements may influence the quality of life of the elderly. An attempt is made here to identify the gaps in research.

Chapter 3- Research Methodology: This chapter describes the research setting, states the objectives of the study and the importance of the study followed by giving information on the nature of the study, sampling plan adopted for the study, and research methods used. It also includes the descriptions of the measures used for the study, and the plan for data collection, data reduction and analysis. Further, the experiences during field work, and strengths and limitations of the study are mentioned.

Chapter 4- Results: This chapter presents the results under the broad heads such as profile of the sample elderly, current living arrangements: types and nature, current living arrangements and quality of life and the related variables i.e., loneliness and adaption to old age, and further analysis. It is followed by a section on case studies developed on the basis of the in-depth interviews conducted by the researcher with nine respondents during the study.

Chapter 5- Major Findings, Discussion and Suggestions: This chapter begins with presenting the major findings from the study (and the case studies), and discusses the broad themes that emerged out of the results such as contextualizing the living arrangements of the elderly, current living arrangements and quality of life of the elderly, beyond current living arrangements- the mediating effects of demographic variables, justifications behind preferential living arrangements, tradition or change?, and way forward. Results are discussed critically in the light of earlier literature. Specific suggestions are provided for advocacy work that can be taken up to bring policy level and legislative change. Implications are drawn and suggestions are given for social work practice with the elderly, and the directions for future research in the area of study are given.

Background of the Problem

What are the types of living arrangements of the elderly, and their determinants? Does the type of living arrangement they are in affect their quality of life, loneliness levels and how they adapt to old age? An exploration of these questions would throw light on the need to study the relationship between living arrangements of the elderly, and their quality of life and the related variables.

Ageing without the family anchorage does not make a pretty picture anywhere in the world. Above all other institutions, the family has provided the elderly with chief essentials for prolonged physical existence and the basic conditions for social security. It has also constituted a central focus around which extra-familial supports for ageing have tended to cluster (Simmons, 1962). In the ancient times and in contemporary India up till the 1900's, the family played an important role in the care of the elderly.

Ancient Indian texts such as the *Vedas*, *Upanishads*, *Puranas*, laws of *Manu*, epics such as *Ramayana*, and *Mahabharata*, and mythological folklore such as *Panchatantra*, *Jataka* tales have represented the elderly as bearers of immense knowledge and wisdom. These treaties have also indicated the attitudes, values and duties possessed by the family and society towards elderly. They are to be treated with respect, compassion and affection by the family. The filial duties on the part of the son such as fulfilling basic needs of the elderly parents, ensuring their care and dignity have been extolled in many ways. Lord Rama in the epic *Ramayana* had undergone the 14 years of exile imposed on him by his father Dasharatha, without uttering a word. Shravana Kumar has attained the glory as an ideal son, as he fulfilled the wishes of his ailing and blind parents' to go on a pilgrimage by carrying them on his shoulders. These examples indicate how filial responsibilities towards old parents were given immense importance in Indian culture. The elderly without a family or those belonging to poor families were taken care of within the neighborhood, as there was presence of extensive kin networks during those times.

In contemporary India, family has been the traditional social institution providing support and care to the elderly. As per the prevailing values and social norms, family members especially the younger generation are expected to take care of the elderly. Hence, the elderly can legitimately, and by tradition depend on the son and other kin relationships for receiving care during old age. However, for a number of reasons, there has been a marked change in the ageing scenario during the 1900's and, not infrequently, these changes have serious consequences for the elderly.

The phenomenon of 'population ageing' is characterized by an increase in the proportion of the elderly in the total population. More specifically, there is an increase in the proportion of the oldest-old and the older widowed women due to the increased life expectancy. In the developing countries like India, since the 1900's it is assumed to have begun at a smaller pace (Mujahid, 2006). As more number of the elderly live longer, they face higher levels of morbidity for longer periods in the later life. This led to increasing demand for care and support of the elderly for extended periods within the family, as the government cannot intervene in this situation due to financial constraints.

About the same time, the social, economic, and technological factors of development leading to increase in women's work participation, changes in the nature of occupation and lifestyle, imitation of the western culture, and the breakdown of traditional values and norms of the Indian society have changed the structure and functioning of the family in India (Indian Planning Commission, 2001; Visaria, 2001; Zachariah, 2001). As a result, there is decline in the joint and extended family systems.

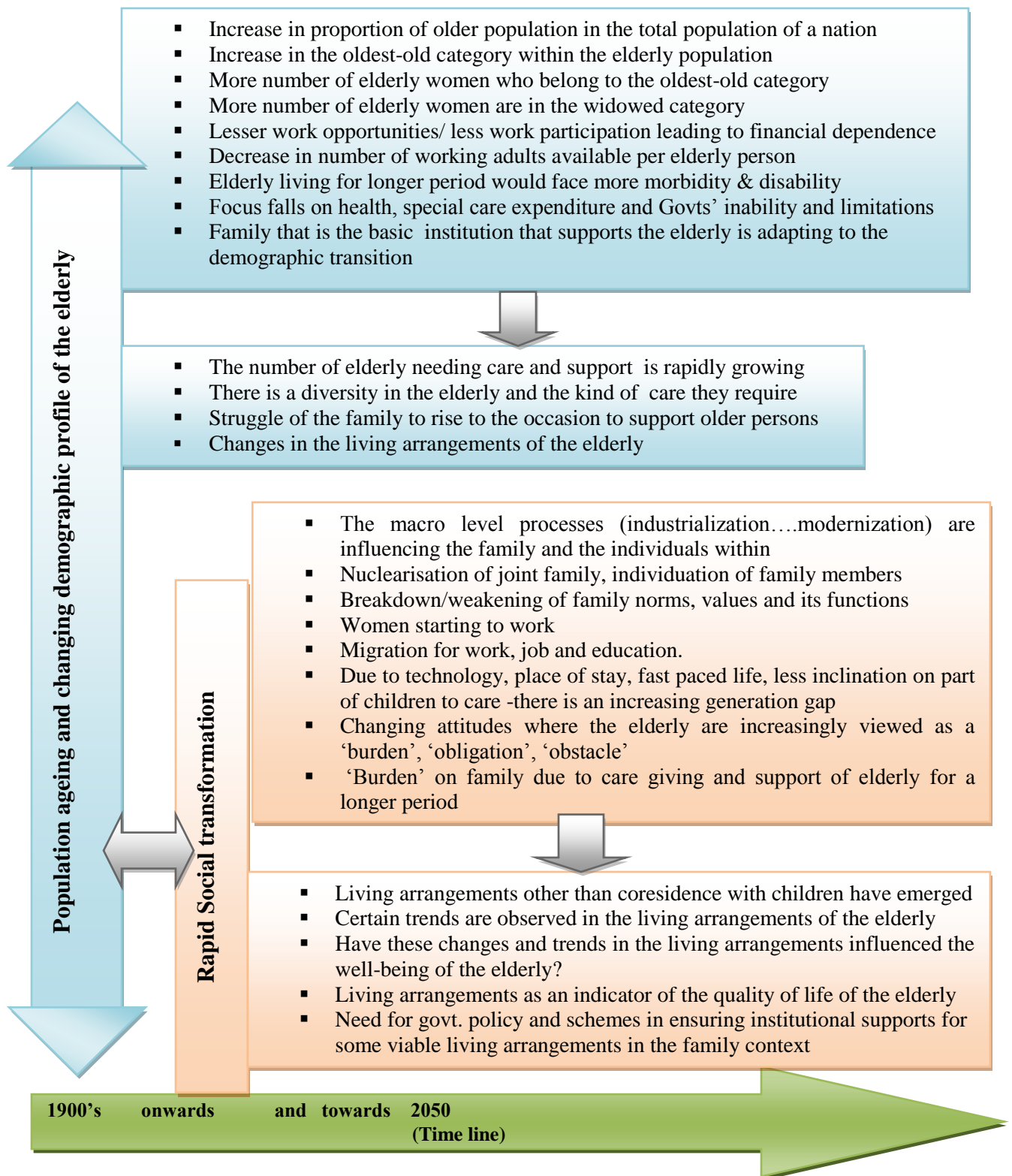
This fragmentation of the traditional family network led to the erosion of the available support systems for the elderly within the immediate and extended family. The position of and roles for the elderly have been reduced to the minimum in the nuclear setting, and they are seen as a burden to the family (Agarwala, 1962; Cohen, 1981; Niranjana, Surender & Rao, 1998). Women going out to work, migration of the younger generation from rural to urban areas and from one urban center to another and even transnational migration in search of employment, resulted in the younger generations' inability to take care of the elderly -leaving them alone to fend for themselves at a time when family support is needed the most. Though the elderly may get monetary support from the child, the relationship is individualistic and intimacy remains only from a distance (V.S. Kumar, 1999).

There is a change in the attitude of the younger generation towards the elderly by their being more individualistic, and their inclination to look after them during the old age has declined (Siva Raju, 2002). The growing generation gap is also contributing to the divide between the youth and the elderly, leading to conflicts and lack of mutual respect. There is evidence of decline in the authority of the elderly and instances of increasing neglect, exploitation and abuse, especially in case of the oldest-old and elderly women (Bagga & Sakurkar, 2011; Devi Prasad & Vijaya Lakshmi, 2008; Latha, 2008; Sanwal & Kumar, 2011; Sebastian & Sekher, 2011).

The elderly expect economic, social and emotional support from the family members, as their productivity and physical strength decline with advancing age. In the absence of a well-developed system for providing social services to the elderly by the Government, they have to rely on caregivers in the family. The impoverishment of the ageing process is further exacerbated by urbanization that has dislodged the tradition of family support for the elderly (Haber, 2009). Thus, while the need for care and protection of the elderly has been increasing due to the demographic trends in the elderly population, the rapid social change has led to the decline of the informal supports for the elderly within the family. Hence, the occurrence of both the phenomenon around the same time in a developing country like India has contributed to a 'crisis in caring' and a debate about who has to care for the elderly (Prakash, 2005).

Figure 1 shows how the broad socio-demographic trends have affected the role of family and its support systems, thus impacting the care received by the elderly. The scenario of ageing in India was transformed and ushered in alterations in the traditional patterns of living arrangements of the elderly by the families, which may be adversely affecting the well-being of the elderly. The concept of living arrangement refers to the family setting and household composition in which the older person lives. A living arrangement also encompasses interactions, kin relationships, facilities, allocation of resources, living environment and the interaction with the outside world of the older person. Therefore, it provides some indication of the level of actual support available to them, and becomes an important constituent of the overall well-being of the elderly (Rajan & Kumar, 2003; Wolf, 1994). Although the living arrangements of older persons have always been an important dimension in the study of ageing, it is only during the past few years that researchers in social gerontology began paying attention to this aspect of ageing (Schafer, 1999).

Figure 1: The double impact of population ageing and rapid social transformation leading to changes in the living arrangements which may influence the quality of life of the elderly



The available informal supports in the family are shrinking, and undergoing stress and strain. Due to paucity of resources, neither the government nor civil society is in a position to ensure safety nets for the large number of the elderly. The emergence of the more independent types of living arrangements among a large number of the elderly is witnessed. At this point, the study of living arrangements of the elderly assumes great significance in our attempt to assess the status of the elderly in the society.

Conceptual Framework

Given this understanding, what factors determine and change the living arrangements of the elderly?, and what should be the framework to study living arrangements and their relationship with the well-being of the elderly? These processes are captured in the conceptual map (see Figure 2) which shows that in the past, the predominant living arrangement of the elderly was coresidence with the son (s) or relative (s) in the joint or extended family. Subsequent changes due to population ageing, social change and other factors led to the widespread adaptation to other types of living arrangements such as living with spouse only, living alone and living with assistance among the elderly. Taken together, these changes have quite profound implications for the relationships and activities in later life.

Although it is difficult to chart why and how these changes in living arrangements have happened, some explanations can be given. For instance, some scholars have put forward reasons for the recent increase in the incidence of living with spouse only. According to Philipson, Bernard, Philips and Ogg (2001), with increased life expectancy, smaller family size and closer spacing of children, the average couple can now expect to live for some 20 years after the last child has moved out. This period linked with the age of retirement and changes in the household composition made it possible for the elderly couple to spend more time with each other during old age. As children become deeply embedded in their careers, in bringing up their children and frequently move away from the places of stay of their old parents, it will lead to decline in coresidence between parents and their adult children.

Thus, over the years, several trends have been observed in the living arrangement patterns of the elderly, as well as transitions to other types of living arrangements during their life course. Moreover, the experiences in their current living arrangement may influence the development of attitudes and preferences for certain types of living arrangements by the elderly- termed as preferred living arrangements. Not many studies have focused on studying the living arrangement preferences among the older persons, though a few studies throw light on the types of living arrangements that the elderly might think would be better for them. The preferred living arrangements may indicate the emergence of alternative options in future that meet the expectations of the elderly. This concept will be discussed in some detail in the next chapter.

Therefore, stated more specifically, (see Figure 3) the main focus of the present study is to examine the relationship between the different types of current living arrangements (CLA) (as the independent variable) and the domains of quality of life (QoL) and its related variables such as loneliness and adaptation to old age (as dependent / outcome variables). It would also be interesting to understand the influence of the socio-demographic characteristics (as the independent variables) on each of the two major variables of the study i.e. current living arrangements and the quality of life, and their mediating effects (as meditating variables) on the relationship between the two. In addition to this, the association of the other aspects in the context of the current living arrangement (i.e. living environment, family relations, social interaction, leisure time activities etc.) with the socio-demographic characteristics, the types of current living arrangements and quality of life & its related variables will also be explored. Also, an attempt would be made to see whether the quality of life and the related variables experienced by the older persons in their current living arrangement may influence which arrangement they would mention as their preferred living arrangement.

Figure 2: Shows the conceptual map of the study

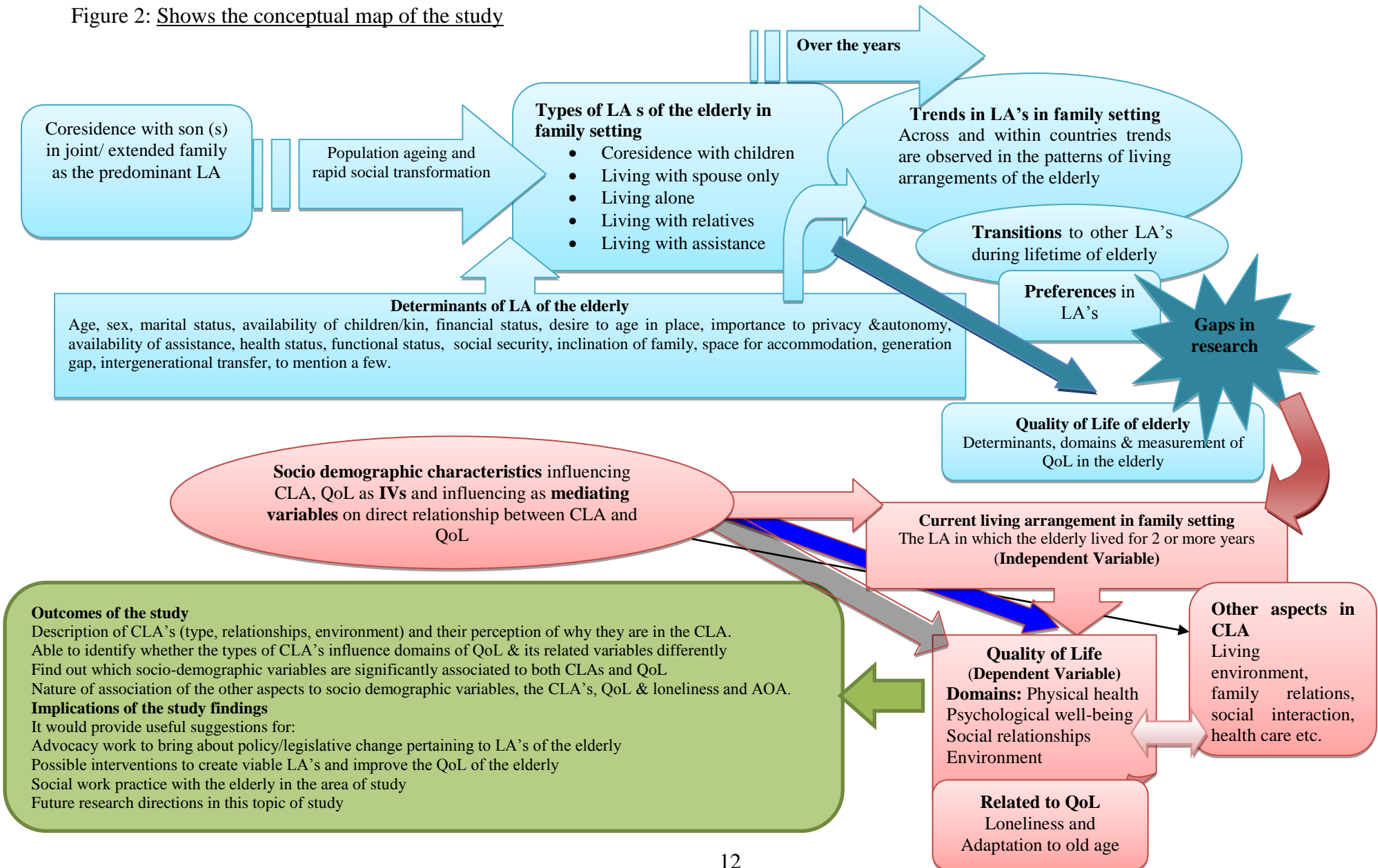
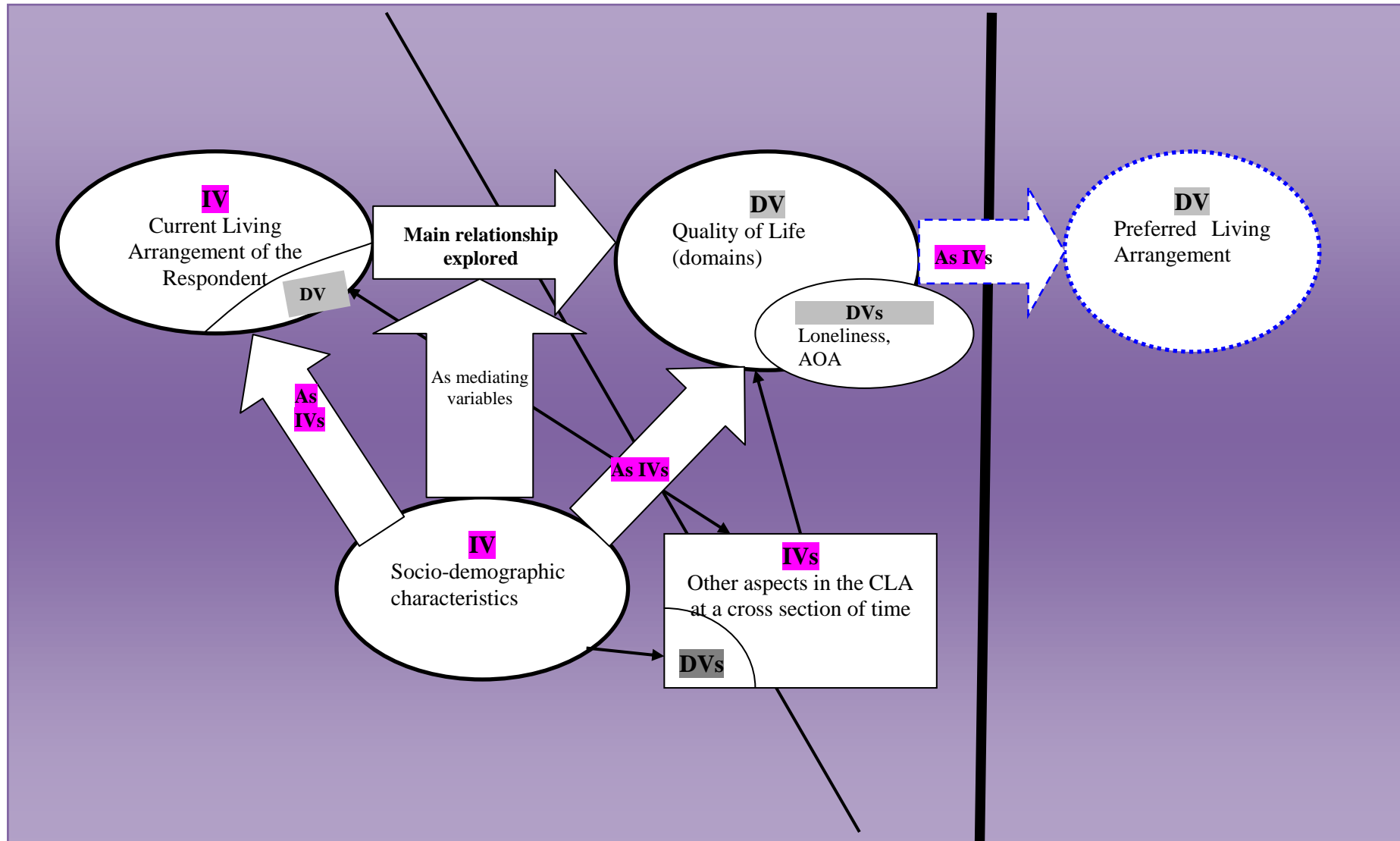


Figure 3: Changing direction of relationships between the variables of the study



Old Age and Ageing: An Overview

Definition of Old Age

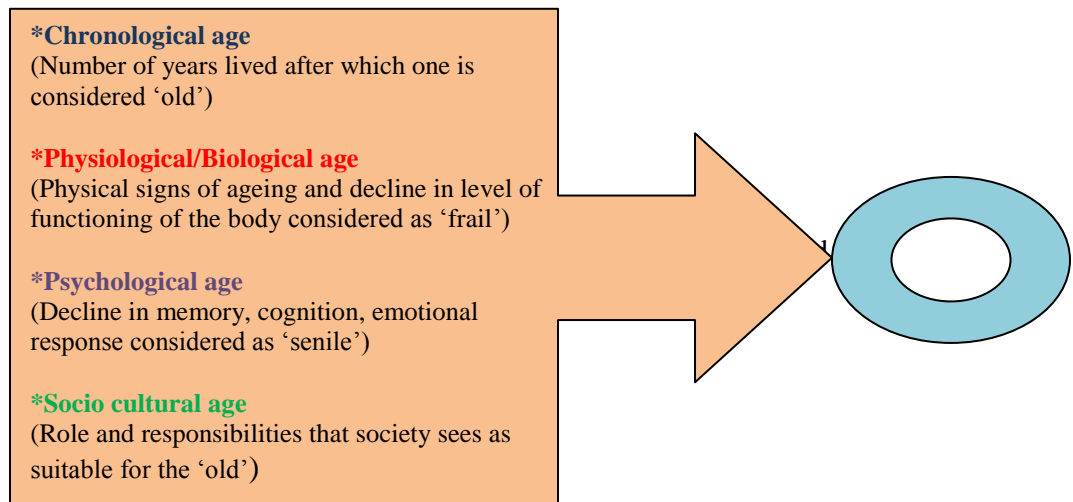
Old age has no uniform definition. But an approach to define old age is by using three viewpoints based on chronological, physiological and social factors that are interrelated.

According to the first view, age is an objective fact and can be defined chronologically by the number of years a person has lived. When this criterion is used, old age is defined as beginning at 60 or 65 years and is often set by the law to categorize ‘older adults’ or ‘senior citizens’. This age threshold is on debate and has changed more than ever in recent years, so it is difficult to set a definite age at which a person is said to be old. Many responsibilities and privileges especially those associated with employment are determined by a persons’ chronological age (Arber & Ginn, 1995). In India, persons who have completed 60 years or those who have reached the retirement age have been defined as old or the elderly (Visaria, 2001). However, as the life expectancies are increasing and there are dramatic changes in the quality of life of the elderly across the globe, the conventional definition of old age based on chronological age does not adequately reflect the meaning of the concept (Laz, 1998).

With regard to physiological/biological age, it is determined by the physical ageing process which although linked to chronological age, cannot be equated directly with a person’s age as measured in years. This definition of age refers to the functioning of the body and its component parts. Peoples’ bodies ‘age’ at different rates, determined by a complex mix of external and internal factors (Goffaux et al., 2005). Old age is also associated to the term ‘frailty’ and refers to the physical and/or mental deterioration that occur with the passage of time experienced by people, which prevents them from continuing to lead a normal social and private life, but there is no fixed threshold age (Arber & Ginn, 1995).

Psychological age when used define old age refers to the level of an individual's memory, intelligence, feelings and motivation. Persons who are much older according to their chronological or biological age might be younger by their psychological age if they are capable of participating in many activities by exercising their psychological faculties.

Figure 4: Diverse markers used for defining old age



Lastly, most descriptive of all definitions of ageing is the one based on the socio-cultural dimensions of an individual. Society imposes certain 'age appropriate' roles (like retirement, grandparenthood, membership in senior citizen club), and 'suitable' patterns of activity or inactivity (going for walks, not going to movies, withdrawing from sexuality, going for pilgrimage, not going to a party) as per the existing age norms (based on chronological age) for those who are 'old'. These social expectations and attitudes shown towards a person by ascribing old age-specific roles or activities often determined by his/her chronological age, may differ from the elderly persons' own.

Social institutions such as the family, media, education, medicine, and religion prescribe and promote such definitions of old age (Virpi, 2008). In the field of ageing, research on care giving (e.g., Abel, 1991), housing and living arrangements (e.g., Margolis, 1990), and nursing homes (e.g., Gubrium, 1977; Hazan, 1994) showed that formal and informal attachments within and to social organizations and networks influence one's feelings about one's age.

Thus, an older person can be defined as a person who is ageing continuously through an irreversible biological process, chronologically with the passage of time, economically by retiring from the workforce, and socially perceived by the members of the society as ageing (Cavanaugh & Whitbourne, 1999). Some researchers use measures of ‘functional’ or ‘social’ age to account for the disjuncture between the number of years lived and a person's actual physical functioning, psychological health, and social roles. While such measures do incorporate social factors, the distinction between ‘subjective’ (functional) age and ‘objective’ (chronological) age is nonetheless maintained, assuming that chronological age is more unambiguous (Kasterbaum, Valerie, Paul & Steven, 1980; Rose, 1980).

Old Age as a Phase in Life

Both in India and in the West, an individual's age-specific role expectations were outlined for each of the stages or phases across the human life course. Hence, this approach would provide an idea of the social norms, expectations and roles for the persons in the late adulthood phase. In the following pages, a few models under this approach will be presented.

a. The four ashrams. In ancient Indian tradition, the human life span was considered as 84+ years and divided into four *ashrams* or stages of 21 years each (*Brahmacharya*-student, *Grihasta*-householder, *Vanaprastha*-hermitage and *Sanyasa*-renunciation). The assigned purpose to be fulfilled during each *ashram* is mentioned alongside (see Figure 5).

Interestingly, the *Vanaprastha* and *Sanyasa ashram* of life concomitant with old age were characterized by social disengagement, focusing on the inner-self and spirituality. In the former phase they were expected to take on the role of a mentor in the family and in the later as a teacher of spiritual knowledge in the society.

Figure 5: Age designated *ashram* along with the assigned purpose

<i>Ashram</i>	Purpose
Up to 21 Years: <i>Brahmacharya</i>	For the celibate student it is the time for learning the foundation of life. The focus is on healthy and positive training with discipline, and learning about spiritual, community and family life.
21 to 42 Years: <i>Grihasta</i>	The householder stage when one lives with spouse and children, fulfilling worldly interests and duties. It is a time of giving, living, learning, loving the family and community. Religious and spiritual practices are followed in the context of worldly life and in service to others.
42 to 63 Years: <i>Vanaprastha</i>	This is the time for shifting the focus towards the inner spiritual practices of meditation, contemplation and prayer. In relationships with grown up children and community they play the role of a mature mentor. Lifestyle is simpler and the couple may retreat to a quieter place for deeper spiritual contemplation. The phase of social disengagement begins.
63 to 84 + Years: <i>Sanyasa</i>	The older person retreats from active involvement in worldly goals, seeking only spiritual goals in this final phase. No longer having political, professional or social engagements, there is a further shift towards being a teacher of spiritual knowledge.

Source: Website: <http://nurosphere.hubpages.com/hub/ashrams-A-guide-to-India-ancient-culture>.

b. Life span developmental perspective. Originating in the west, the psychosocial development model articulated by Erikson gives the eight stages and psychosocial crisis events that a healthy human being should pass at particular age-ranges across the life span. At each stage the person confronts and hopefully masters new challenges. Each stage builds on the successful completion of the earlier stages (Erikson, 1963/1997). According to this approach, in the age range of 65 – death i.e. old age, the psycho social crisis faced is ego integrity vs. despair, and the task to be fulfilled is reflection on life (see Figure 6). As can be seen, the stages in Erickson’s model have similarities to the ashrams enunciated in the ancient Indian literature.

Figure 6: The eight stages of life span in Erikson's model of psychosocial development

Approximate age	Virtues	Psycho-social crisis	Significant relationship	Existential question	Tasks
0-2 years	Hopes	Basic trust vs. Mistrust	Mother	Can i trust the world?	Feeding, Abandonment
2-4 years	Will	Autonomy vs. Shame and doubt	Parents	Is it ok to be me?	Toilet training, Clothing themselves
4-5 years	Purpose	Initiative vs. Guilt	Family	Is it ok for me to do, move and act?	Exploring, Using tools or Making art
5-12 years	Competence	Industry vs. Inferiority	Neighbors, School	Can i make it in the world of people and things?	School, Sports
13-19 years	Fidelity	Identity vs. Role confusion	Peers, Role Model	Who am i? What can i be?	Social relationships
20-24 years	Love	Intimacy vs. Isolation	Friends, Partners	Can i love?	Romantic relationships
25-64 years	Care	Generativity vs. Stagnation	Household, Workmates	Can i make my life count?	Work, Parenthood
65-Death	Wisdom	Ego integrity vs. Despair	Mankind, My Kind	Is it ok to have been me?	Reflection on life

Source: Morgan and King, 2004.

c. Family life cycle developmental perspective. This approach with its origins in the west focuses upon the developmental stages in the family life cycle. The earlier models were proposed in the late 1940's for studying families to account for regularities in family life over time. The Duvall- Hill model of family life cycle stages (1977) was derived directly by the application of the Erickson's psychosocial development model (1963) with its life span perspective, to families. It describes the journey of families through eight clearly definable sequential stages (Duvall, 1977) and the 9 common transition points that must be achieved (Barnhill & Longo, 1978), and also predicts the approximate time when each stage is reached

The last developmental stage of the family life cycle in this model relates to the ageing family members in the empty nest, who are in the process of accepting old age by coping with bereavement, living alone, adjusting to retirement and closing the family home (see Figure 7).

Figure 7: Family life cycle developmental stage and common transitions points

Duvall stage	Major transition to be achieved
Married couple	Commitment to each other
Child bearing family	Development of parent roles
Preschool children	Accepting child's personality
School children	Introducing children to institutions (school, religious places, sports' groups)
Teenagers	Accepting adolescence (social and sexual role changes)
Launching children	Experimenting with independence
Middle aged parents	Accepting child's independent adult role
Ageing family members	Letting go- facing each other again
	Accepting old age

Source: Based on Duvall, 1977, and Barnhill and Longo, 1978.

The major criticism of the early family life cycle developmental models was that they were centered on an individual's development and omit the importance of connectedness and relationships. Beginning in the 1980's, Carter and Mc Goldrick broadened the family life cycle concept to include a multi-dimensional, multi-cultural and multi-generational perspective. The concept was further expanded by Carr (2006) to include individual, family and socio-cultural perspectives. Of recent origin is the Gladding family life cycle model (2009) that focuses on growth and development of families and its individual family members. In the final family life cycle stage of 'families in later life', persons are expected to accept shifting generational roles, and age successfully while dealing with senescence and loss (see Figure 8).

Figure 8: The Gladding family life cycle model

Family life cycle stage	Major task	Second-order changes in family status required to proceed developmentally
Leaving home: single young adults	Disconnect & reconnect with one's family while being own person	Differentiation of self in relation to family of origin Development of intimate peer relationships
Joining of families through partnership	Adjustment & adaptation	Formation of a partner system Realignment with family & friends to include partner
Families with young children	Accepting new members into the system	Adjusting system to make space for children Joining in child rearing & realignment with family
Families with adolescents	Flexing boundaries for children's independence & grandparent's frailties	Shifting of relationships for adolescents to move on Refocus on midlife career issues Shift towards caring for elders
Launching children & moving on	Accepting exits from & entries to family system	Renegotiation of partnership as dyad Realignment of relationships Dealing with disability and death
Families in later life	Accepting shifting generational roles	Maintaining functioning while facing senescence Support for more central role of middle generation Dealing with loss

Source: Gladding, 2011.

Stereotypes about the Elderly

Said the little boy, "Sometimes I drop my spoon."
Said the little old man, "I do that too."
The little boy whispered, "I wet my pants."
"I do that too," laughed the little old man.
Said the little boy, "I often cry."
The old man nodded, "So do I."
"But worst of all," said the boy, "it seems
grown-ups don't pay attention to me."
And he felt the warmth of the wrinkled old hand.
"I know what you mean," said the little old man.
(Silverstein, 1981)

The stereotypes conveyed about older persons in the above children's poem differ from the hostile, aggressive kind that we are used to hearing about. The elderly face complex forms of prejudice due to both negative and positive -beliefs/assumptions held about them, attitudes shown to them and the resultant behavior toward them by the younger generation (Cuddy, Norton & Fiske, 2005). What are the major stereotypes about, attitudes held and behavior with the elderly, which we come across in society?

There are many popular negative stereotypes of the elderly which are reflected in terms like ‘puckered’ ‘fading fast’, ‘over the hill’, and ‘out of date’, indicating that as the physical and mental faculties during decline old age, the elderly become vulnerable and dependent on others for care. Coming to the positive stereotypes, people speak of looking forward to their ‘retirement years’ and elderly are described as ‘senior citizens’ or ‘golden agers’ indicating them as examples of how to ‘age well’ or ‘age gracefully’. As it is wrong to assume that the elderly are uniformly dependent, it is also wrong to paint an overly bright picture of old age that could lead to overlooking of the genuine need for support of the elderly (Butler, 1975).

Coming to the attitudes held about them, across studies and populations, the older persons have been portrayed as high on warmth and low on competence (Fiske, Cuddy, Glick, & Xu, 2002; Fiske, Xu, Cuddy, & Glick, 1999). Consistently, the group ‘elderly persons’ ended up next to people who are disabled and retarded. Further, in another study participants predicted the loss of competence-related traits (independent, industrious, intelligent, productive, self-confident, and smart) about nine years earlier (age: 72.3) than warmth-related traits (affectionate, friendly, good natured, kind, and trustworthy (age: 81.3) (Heckhausen, Dixon & Baltes, 1989). Hence, older persons are categorized as senile, rigid in thought and manner, and old-fashioned in morality and skills.

The content of the elderly stereotypes and negative attitudes translate into the kinds of discrimination directed at them. Ageism can be seen as a systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplishes this with skin color and gender (Butler, 1975). Ageism allows the younger generation to see older people as different from themselves; thus they subtly cease to identify with their elders as human beings. Ageism manifests in a wide range of phenomena, on both individual and institutional levels in terms of stereotypes and myths, outright disdain and dislike, simple subtle avoidance of contact, and discriminatory practices in housing, employment, and services of all kinds (Butler, 1989).

Studies were conducted in India with youth and middle aged persons to ascertain their attitudes and behavior towards the elderly, and the causal factors for the same. Poverty, generation gap and lack of coresidence with the elderly figured as important factors for the negative attitudes such as considering them as dependant, burdensome or ridiculous. There is evidence to show that integrating the elderly with family or the social fabric, and bringing the younger generation closer to them would lead to positive attitude towards the elderly (Devi Prasad & Avataramu, 2000; Devi Prasad & Indira Rani, 2007). It was also argued that equipping the youth with knowledge on the ageing process and related problems would allow them to empathize and develop a more tolerant attitude towards the elderly (Adiga, 2011).

Dependency and Family Support in Old Age

Some of the parental protection of the dependent child is attributed to biologically determined factors termed as ‘instincts’, and believed to be inborn in the parent. However, there is no evidence to support the position that the security of the dependent elderly at the hands of their off springs is insured on similar biological grounds. In general, what do the elderly seem to want out of the rest of their life? According to Simmons (1962) the five fundamental interests of elderly were found to be longer life, release from exhausting physical effort, social prerogatives, some kind of continuing participation, and a timely and honorable closure. These can be further reduced into the two words i.e., influence and fulfillment.

Growing old often entails a gradual shift away from being a productive member of the family and entering a category in which one has undiminished and possibly even enhanced rights of consumption (Dore, 1958). Although the elderly would become dependent with their advancing age, it is expected that they can rely on their children for economic and social support (Contreras de Lehr, 1992).

Thus, the elderly having accumulated social and symbolic capital on the basis of contributions made to family and society over the life course are seen as a group that can legitimately expect protection, and to some degree depend upon others in the later years of life (Hashimoto, 1996). This legitimized dependency is formally expressed within the context of the father-son relationship in kinship organizations that define obligations within the family in terms of parent-child succession and inheritance that reciprocally makes the successor responsible to care for his or her parents (Traphagan, 1997).

On the contrary, avoidance of becoming or causing burden to the family is a central theme in the ways in which older people talk about their ageing process. With the onset of physical and mental decline in the elderly person, the dependent relationship may be increasingly perceived by the care-giving child as burdensome (Devi Prasad & Indira Rani, 2007). The form of dependent behavior which the elderly wish to avoid is the unilateral dependency that arises with functional decline, particularly in conditions like senile dementia or being hospitalized or bedridden (Traphagan, 1998). In such situations though the elderly know it is legitimate to seek assistance, because they do not want to burden the child, they prefer to depend on hospitals, nurses and attenders.

In the past, the family values and norms more freely allowed the elderly and children to legitimately engage in dependent behavior, though this has been changing during the recent times due to the impact of forces such as urbanization and modernization (Rajan, Mishra & Sarma, 1995b; Jatiya, 2002). Now, within the family the elderly keep limits on how much burden they can cause and on how willing they are to burden to others. In future, with children (and the elderly) preferring to live on their own by giving importance to their privacy and autonomy, one expects that the ability of the elderly to depend upon and potentially 'burden' children and others would be greatly limited in contexts that lack well established social bonds.

Elderly Women as a Vulnerable Group

In India, in terms of literacy rates, work participation, health care, property rights, political participation, other rights etc., women still lag behind men. The demographic trends show that in the elderly population, the percentage of elderly women is slightly more than that of men, and they also live longer. In terms of marital status, more per cent of elderly women are unmarried, widowed, separated or deserted and coming to their living arrangements, they may live alone or with the kin in the family (Rajan, 2004; Rajan, Mishra & Sarma, 1995c).

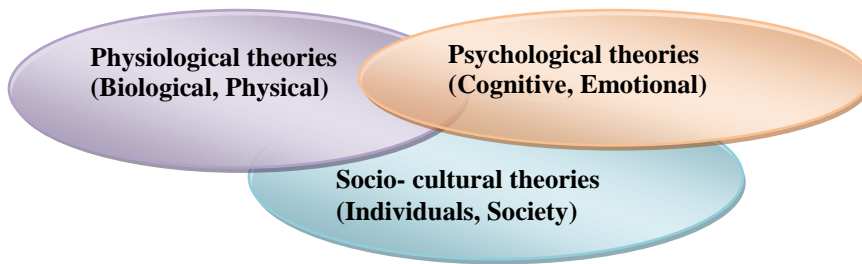
Although social security for the elderly covers a gamut of needs, it is clearly enmeshed in notions of the family where women are dependent on men who are the breadwinners. Women involve in unpaid work at home throughout their life and well into old age, but this is not recognized. Many of the elderly women in productive labor in the unorganized sectors or those who are self-employed hardly have any protection or privileges. As unorganized labor elderly women do receive social security benefits but as destitute, and this is outside the ambit of the family (Neetha, 2006). Hence, due to this discrimination elderly women fare poorly than their male counterparts even in the family, in terms of receiving supports. As a result, elderly women become dependent on other family members, and they are vulnerable to abuse and neglect. Further, the review of state and national initiatives for providing social security to the elderly women points to this serious lack of will to address the concerns of a silent yet vulnerable section (P.V. Kumar, 1999; Meena, 2006).

Due to the above conditions, elderly women are marginalized, experience loneliness, face financial constraints, and this adversely affects their well-being (Arber & Ginn, 1995). This forms the background for advocating change in the attitude of the family members and to step-up efforts of the government in provision of assistance and safety nets to the women in later life.

Theoretical Perspectives on Ageing

Gerontology is the study of the social, psychological and biological aspects of ageing. It is distinguished from geriatrics, which is a branch of medicine that studies the diseases that affect the aged. As ageing is a process, its study falls in the interface of many disciplines such as biology, medicine, sociology, economics, psychology, cultural anthropology and so on. Therefore, gerontology emerged as a multi-disciplinary subject area. Hence, a majority of the theoretical frameworks/approaches discussed in this section are drawn from different disciplinary backgrounds, and they seek to explain the physiological, psychological and social processes related to the phenomenon of ageing.

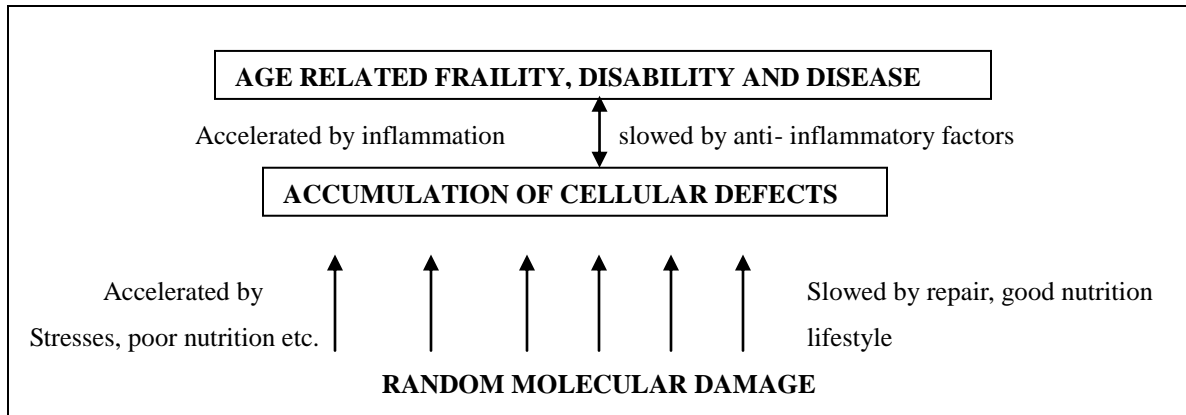
Figure 9: Theoretical perspectives on ageing



i) Physiological Theories

They summarize the physical and biological changes that take place as a person grows older. From a biological perspective, ageing is an extremely complicated process affecting the functions of the body at all levels- from molecules to populations. Ageing is seen as a continuous process starting early and developing gradually, instead of being a distinct phase that begins in middle to late life. Proponents of the disposable soma theory state that the ability of a body to repair and maintain is limited and hence it does not last infinitely. This evolutionary explanation of ageing (Kirkwood, 2005) brings clarity about its life-course nature (see Figure 10). Many adhere to the view that ageing and death are simply the terminal phases of the human growth process driven by genes. However, there is scant evidence of ageing playing such a role (Bond & Coleman, 1993).

Figure 10: The Evolutionary explanation of ageing



Source: Adapted from Kirkwood (2005).

Other physiological theories suggest that ageing happens due to the accumulation of late acting deleterious germ-line mutations (Medawar, 1953). But tests of mutation accumulation have largely proved negative (Kirkwood & Austad, 2000). More theories are being constructed in an attempt to explain the biological basis of the ageing process in human beings.

ii) Psychological Theories

These approaches look at the psychological mechanisms that operate during the later life of an individual, that reflect on the ageing process. Erickson's theory of psychosocial development (1963/1997) identifies late adulthood as the last developmental phase in the human lifespan. It outlines the psychosocial crisis that the elderly face and the developmental tasks that they need to fulfill, to accomplish successful ageing.

Brandtstadter and colleagues (Brandtstadter & Greve, 1994; Brandtstadter & Rothermund, 1994) presented a theory of assimilation and accommodation to describe and explain how the elderly may succeed in maintaining a positive self-concept and outlook on life. There are certain underpinning strategies for both assimilation and accommodation that act as immunizing processes for the mechanisms that influence the process of receiving information about the self. Using these strategies they may be more open to positive messages about themselves rather than the negative inputs.

Baltes, Lindenberger and Staudingers' (1998) model looks at ageing as a change in adaptive capacity. It provides a prototype strategy of both adaptation and successful ageing through the use of selection, optimization and compensation. The processes involved to change adaptive capacity were:

- Growth (behaviors aimed at reaching higher levels of functioning or adaptive capacity)
- Maintenance/recovery (resilience- behaviors aimed at maintaining levels of functioning in the face of challenges, or returning to previous levels after a loss)
- Regulation of loss (behaviors that organize adequate functioning at lower levels when maintenance or recovery is no longer possible)

Thus, the model views ageing as part of the process of development that is always associated with gains and losses.

iii) Sociological Theories

Now, examining and understanding the social context of ageing involves a look at questions related to the adaptation of individuals, and the impact of ageing on the social structure and vice versa (Saxena, 2006). The four major social perspectives on ageing along with the theories proposed under them are discussed here.

1. Functionalist structural perspectives on ageing. To date, it would appear that the most influential approach to theories of ageing in social gerontology is structural-functionalism. They provide a macro-level view of the ageing process in which the elderly are subject to norms requiring them to disengage, to remain active or to cope with reduced status because of modernization, while the larger society remains functional and relatively unaffected by the large numbers of the elderly. Because they emphasize social order, equilibrium and the maintenance of *status quo*, the functional perspectives and the resulting theories of ageing are seen as conservative.

Disengagement theory was the first explicit social theory about ageing (Cumming & Henry, 1961). According to this theory, independent of other factors such as poor health or poverty, ageing involves a gradual but inevitable withdrawal of the individual from his/her social context and this process is mutually beneficial. Thus, disengagement would be seen as functional or useful because it facilitates a smooth transfer of power from the old to the young. The main criticism leveled against this theory is that in its proposal for a universal pattern of disengagement it generalizes too much and it also paints a picture of the elderly as passive actors who have very low expectations of old age.

Diametrically opposed to the notion of disengagement is the Activity theory. Activity theory that was developed by Havighurst (1963) maintains that normal and successful ageing involves preserving for as long as possible the attitudes and activities of the middle age. To compensate for the activities and roles that the individual surrenders with ageing, substitutes must be found. Therefore, it is equally judgmental and prescriptive as the disengagement theory. But the policy implications of this perspective are positive than the disengagement theory, as it argues for the integration of elderly as fully participative members of the society.

The Modernization theory proposed by Cowgill and Holmes (1972) argues that the status of the elderly is inversely related to the level of industrialization and urbanization. In pre-industrial societies the elderly had control over the valued knowledge of tradition, history and rites. Increase in educational opportunities and literacy levels meant there was lesser dependence of the young on the older generation on account of these marketable skills. Modernization improved the healthcare and living standards leading to the increase in the life expectancy. As a result, the number of elderly increased and they are under pressure to retire from active roles to give way to younger people at home and workplace. Economic changes led to new technology driven occupations causing the elderly to lose jobs, income and status. Urbanization led to the breakdown of extended families, and decline of respect and concern for the older family members. The criticism leveled is whether the status of the elderly in all societies was in fact as high in the pre-industrial society as the theory suggests. Moreover, these changes could also be interpreted as growing egalitarianism and individualism rather than declining respect for the elderly.

Continuity theory proposed by Atchley (1999) aims at understanding the later life from the biography and life course of the person and as such is a person centric approach. It suggests that as a person grows old, s/he will strive to preserve the habits, preferences, and lifestyle etc., acquired over a life time and there will be a process of evolution of substitute activities. The decision regarding the roles that are to be discarded or maintained would be determined by individual's past and preferred lifestyle, and by factors such as income and health. The adaptation may occur in several directions according to how the individual perceives her/his changing status. Therefore, continuity theory has the advantage of offering a variety of patterns of successful ageing through which individuals may go through. However, the disadvantage is the inability/difficulty to build a generally applicable theory on the basis of its proponents.

On the other hand, Age stratification theory is concerned with the adaptation of groups, rather than an individual. Thus, it examines social integration from the point of view of age based groups and uses chronological age as the defining and role allocation variable (Riley, 1987). These age norms may originate in tradition, factual regularity or negotiation. Riley argues that each age group can be analyzed in terms of the roles that the members take up and how these are valued within the society. The theory which emphasizes norms, balance, and integration remains essentially functionalist. The critique for the theory is that age grading of roles leads to differences, inequalities, and unequal distribution of power and prestige across the age groups. Even if such roles are designated, there may be variations due to factors such as gender and socio-economic status for the different social groups. Riley also developed the structural lag theory to suggest that social institutions do not respond quickly to the social change on issues concerning the elderly, thus resulting in a gap between change and response to change. For example, retirement and formal completion of education have to be replaced by extended work life and lifelong learning (Riley & Riley, 1994).

2. Conflict theory perspectives on ageing. This perspective offers a sharp contrast to the ‘victim blaming’ and ‘bio-medical’ philosophy of old age, and views later life as a time of loss and decline. According to the conflict theory approach, the inequalities that characterize the earlier phases of the life cycle continue into later life. The following two theories elaborate this perspective.

According to Structured dependency theory, society is structured in ways that make the elderly dependent, but in ways that lead some of them to be considerably more dependent than others. Lack of work opportunities, poor pensions and institutional care make the elderly powerless and dependent. Poverty and gender may serve to exacerbate this powerlessness and dependency in the case of the women (Walker, 1980; Townsend, 1981). The Political economy of ageing approach has commonalities with the structured dependency theory as it stresses the way in which political, economic (‘capitalism’) and in particular social policy structures serve to render the elderly weak and marginalized (Philipson, 1982). For instance, the forced or perceived need to exit from work is portrayed as a major cause for older people’s marginalization in society (Walker, 1981; Evans & Williamson, 1984).

Hence, both these approaches integrate the elderly into the society rather than excluding them, and locate the problems faced by elderly as existing within the society and the state. Therefore, the society and state have to accommodate the elderly and respond to the situation with sound policies. A possible criticism of both the theoretical perspectives is that they tend to present older people as powerless victims.

3. Interpretist perspectives on ageing. In contrast to the theories of ageing discussed so far that focused on the macro level i.e. the society, the symbolic interactionism, labeling, and social exchange theories based on the interpretative tradition in social science have a micro level focus i.e. the individual, in explaining the phenomenon of ageing.

Symbolic Interactionism which is a key anthropological theory was developed by Mead (1956). This approach sees ageing as a dynamic process that is responsive to both structural and normative contexts and individual capacities and perceptions. Proponents of this view argue that communication with others is a means of both transmitting and receiving cultural norms and values. Elderly, like other social actors construct their own social reality in a process of interaction with others. According to this theory, an understanding of the impact of ageing requires information about the meaning and interpretation that the elderly give to events which accompany old age.

In a youth and health – conscious society, old age may be labeled as a deviant and stigmatizing condition. Indeed those who work with the elderly may also be attributed this identity because of their association with the ‘stigmatized’ group. The basic assumption of labeling theory is that people derive the concept of self, get their sense of worth and identity from how others in the social environment react and interact with them. Hence, the behavior of the elderly depends on the reactions of significant others, which in turn depend on how they define, classify and value the elderly. If their interactions communicate a stereotypical image of the older person as useless, dependent and marginal, then the older person who accepts this negative label starts acting that way and loses previous skills, confidence and independence. In the same way, adopting a positive labeling could have the opposite effect. However, as of date, attempts to rebadge old age as a positive and rewarding phase of life have met with little success.

The centrality of exchange in the relationships of the elderly with others is well recognized. This theory provides a more detailed explanation of why individuals behave as they do in particular situations. The notion held is that social behavior or interaction is an exchange of material and non-material goods and services. The four key assumptions which underpin this theoretical stance are: 1. Individuals choose interactions which maximize benefit and minimize cost, 2. Individuals use past experiences of exchange to predict the future, 3. Interactions will be sustained only if they are beneficial, and 4. Power is derived from imbalances in social exchange- if an individual becomes dependent upon other, he/she loses power and the other party gains it.

4. Life course perspectives on ageing. It is obvious that many of the theories in social gerontology are still in the formative stage as it is a new field and awaits the accumulation of more rigorous research evidence. However, there is a realization that research concerning ageing should include longitudinal or long term studies of people as they age, to explain the changes in behavior that come with age. In this direction, the life course perspectives have emerged to explain the ageing process.

Age is an important organizing factor within society, used to allocate social roles and to determine entry into these different social activities such as driving, voting, marriage and so on. The 'formal' age related roles that are supplemented by a series of sets of informal social norms and expectations form what Neugarten (1974) termed a 'social clock'. This is now more commonly referred to as the life course. Individuals are aware of such roles and norms in their own timing of life events and make role transitions when they think they have reached the most appropriate age or when they think they ought to. There are however problems in operationalisation of this theory due to variations in cultural and historical definitions of different ages.

Based on this perspective, to describe someone as old, they are to be located within a specific social environment, which expects particular roles and provides differing opportunities, rights, privileges and barriers. A more recent concept is the notion that the later years may be divided between the third age and the fourth age. Third age is the period where older people who are affluent and free from shackles of work and family responsibilities are able to pursue leisure and freedom. In contrast the fourth age is a time of decrepitude, dependence and ill health before death (Laslett, 1976).

Theoretical Perspectives Applicable to the Present Study

The theories under the three approaches i.e. biological, psychological and sociological have provided different angles to understand the experience of the ageing process by the older persons. However, the frameworks used to understand the social context of ageing are more relevant to the present study.

The functionalist approaches that talk of disengagement, continued participation or substitution in activities as paths for successful ageing, and the drastic changes in the lives of the elderly mentioned in the modernization theory actually play out in the lives of the sample elderly. The conflict theory approaches of structured dependency and political economy of ageing are useful to understand the ageing experience of persons from lower income groups, elderly women, the oldest old etc., who have been marginalized by the society and the state. The interpretive perspectives were useful to gain insights on how the elderly perceive the attitudes of others towards them, the labels that are attributed to them based on the nature of interaction with others, and use these in the construction of their reality. The life span approach was useful to understand the age norms for roles played, and the transitions that are to be made in later life and the fact that these norms and roles change with space and time.

Demographic Scenario of the Elderly: Global Level

It is estimated that at the global level, the number of elderly (age 60+) would double from 322 million in 2000 to 705 million in 2025 (UNFPA, 2002). The age distribution has been shifting gradually towards older ages which are reflected in rising median ages of populations, increasing proportions of the elderly and decreasing proportions of children in the total population. All regions of the world are experiencing this change and those most advanced in the process are already facing the challenge of providing for the needs of a growing elderly population.

Changing Age Distributions: Underlying Causes and Implications

Over the past two centuries a gradual transformation pertaining to the aged population has been taking place across the world; there has been a growing trend towards greying of the population due to the on-going decline in fertility coupled with increased longevity. This global phenomenon will continue to dominate the 21st century even though different world regions are undergoing demographic change at different rates. It is predicted that in the developed countries of the world, a third of the population will be aged 60 years and over by 2050, while in less developed regions the older population will make up almost 20 per cent (United Nations, 2002). Gradually, the number of older people will exceed the number of younger people, and amongst the older population there would be an increase in the oldest old.

This is not a recent discovery; the Population Division of the United Nations has reported on this trend over the past 50 years (United Nations, 1990), identifying the important need for recognizing population ageing as an ‘unprecedented’ and ‘pervasive’ phenomenon (United Nations, 2002). While population ageing is unique to every country and is characterized by specific cultural experiences to older people occupying particular roles as leaders, experts, and grandparents, the global nature of ageing will also lead to some common experiences of their being exclusively senior citizens. These and other demographic changes will influence different aspects of human life such as family composition, living arrangements, social support, economic activity, employment rates and social security and transfer of resources between generations.

These changes also mask dramatic differences among the regions. The developed world will have gradually gone through population ageing supported by relative socio-economic advantage, while within less developed regions this process would have evolved at a much faster rate and within a far less well developed infrastructure.

Population Ageing in the World: Regional Differences and Commonalities

The growth rate of the elderly population is much faster than that of the total population in practically all regions of the world – and the difference in growth rates is increasing.

Table 1: Absolute and relative numbers of population aged 60 years and over and population aged 80 years and over for the world, major areas and regions, 1950, 2000 and 2050

Major areas	<i>Population aged 60 years or over</i>						<i>Population aged 80 years or over</i>					
	Population(millions)			Proportion over total population. (per cent)			Population (millions)			Proportion over total population. (Per cent)		
	1950	2000	2050	1950	2000	2050	1950	2000	2050	1950	2000	2050
World	205	606	1907	8	10	21	14	69	377	7	11	20
More developed regions	95	232	394	12	19	32	9	37	113	9	6	29
Less developed regions	110	375	1514	6	8	20	5	32	265	5	9	17
Asia	95	322	1191	7	9	23	4	29	224	5	9	19

Source: United Nations (2003).

According to the United Nations estimates in Table 1, by 2050, it is proposed that the proportion of the world's population aged 60 years or over will be 3 times as large as it was in 2000. That means by 2050, the number of persons aged 60 years or over in the more developed regions will be 1.7 times as large as in 2000; in the less developed regions it is projected to be 4 times as large as it was in 2000. By 2050, the proportion of the world population aged 80 years or over is projected to be 5 times as large as it was in 2000. Similarly, the number of persons aged 80 years or over in the more developed regions will be 3 times as large as in 2000; in the less developed regions it is projected to be 8 times as large as it was in 2000.

Coming to the pace of growth in the elderly population across the regions of the world, though currently the more developed regions of the world have relatively high proportions of the elderly, the older population is concentrated in the less developed regions and is growing at a faster rate.

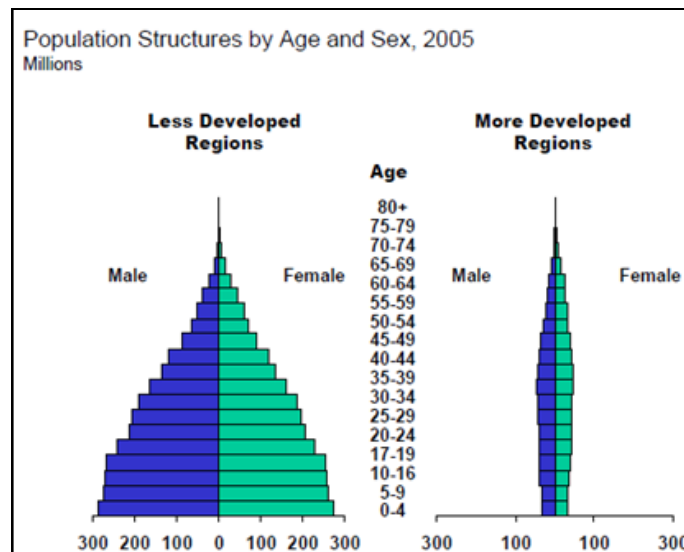
Table 2: Life expectancy at birth (2000- 2005) for elderly in the World and its regions.

World and its regions	Total	Male	Female
World	66.0	63.9	68.1
More developed regions	75.6	71.9	79.3
Less developed regions	64.1	62.5	65.7
Less developed countries	51.4	50.6	52.2

Source: United Nations (2002).

The life expectancy at birth shows that people are living longer in the world but variations remain in the regions of the world that are more, less and least developed (see Table 2). Greater variations in life expectancy exist within the less developed regions. Gains in life expectancy are expected to be higher at older ages i.e. not only are more people surviving to old age, but once there, they tend to live longer.

Figure 11: Distribution of the world's population by age and sex



Source: United Nations, 2003.

Currently, the age structure in developing countries is generally younger than that of the developed countries. Age-distribution changes in the less developed regions have been slow, but will accelerate over the next 50 years. In more developed regions, the proportions of older persons already exceed that of children and by 2050 it will double.

Further, it is expected that all countries irrespective of developed or developing will undergo substantial ageing of their population in the coming decades, accompanied in most populations by steady declines in the proportions of children aged 0-14 (see Figure 11).

The median age of the world's population is projected to increase from 26 years in 2000 to 36 years in 2050. This will lead to increase in parent support ratio and decrease in potential support ratio in all regions of the world. The parent support ratio is the ratio of number of persons aged 80 years and above per 100 persons aged 50- 59 years and is a measure of the available support for older parents from their family. It means that more and more people in their fifties and sixties are likely to have surviving parents or other very old relatives (United Nations, 2002). Also, the number of working age adults per older person i.e. the potential support ratio is expected to drop globally by more than 50 percent during the period between 2000- 2050. These trends are more evident in the more developed regions where the median age is more than 13 years higher than in the less developed regions and almost 20 years higher than in the less developed countries.

A notable aspect of the global ageing process is the progressive demographic ageing of the older population itself. For most nations, regardless of their geographic location or developmental stage, the 80 or over age group is growing faster than any of the other younger segments of the older population. At the global level, the average annual growth rate of persons aged 80 years or over (growth rate: 3.8 percent) is currently twice as high as the growth rate of the population over 60 years of age (growth rate: 1.9 percent).

Another important feature in the ageing scenario at the global level is the feminization of the elderly population. Women constitute the significant majority of the older population, and the female share increases with age (see Figure 11). Though the sex-ratios (i.e. the number of women per 1000 men in the elderly population) at older ages are significantly lower in the more developed regions than in the less developed regions, they are expected to rise globally over the next half century i.e. there will be more women in the oldest-old age category.

Demographic Scenario of the Elderly: India

During the last two decades, the phenomenon of population ageing has become a major concern for the policy makers all over the world for both developed and developing countries. In India though the ageing of population in terms of proportional increase is not high, due to its population size, the size of the elderly population in terms of its absolute numbers is a huge challenge. The feminization of the elderly population is clearly evident, with women constituting a higher percentage in the elderly population and especially in the older age categories (Registrar General of India (Census), 2001). There may be regional, rural and urban differences, uneven graying of population in different states, and with more elderly women facing critical issues including poverty in old age (Rajan, 2006; Visaria, 2001). In order to study the implications of an ageing population, the changing Indian demographic configuration needs to be highlighted first.

Age and sex. A look at the age distribution of the total population over time shows not only the growing proportion of the aged (60+) (i.e. from 20.1 million in 1950 to the projected number of 324.3 million) at a faster rate, but also the changes in terms of the composition by age-groups (see Table 3).

Table 3: Number and proportion of the children, adults and the elderly (60+ years) in total population in India, 1950- 2050

Indicators	1950	1975	2000	2025	2050
<u>Population (millions)</u>					
Total	357.6	620.7	1008.9	1351.8	1572.1
0-14	139.2	247.1	337.9	314.1	309.0
15-59	198.3	335.1	594.2	869.2	938.7
60+	20.1	38.5	76.9	168.5	324.3
<u>Population (%)</u>					
0-14	38.9	39.8	33.5	23.2	19.7
15-59	55.5	54.0	58.9	64.3	59.7
60+	5.6	6.2	7.6	12.5	20.6
<u>Median age (years)</u>					
Median age (years)	20.4	20.0	23.7	31.3	38.8
<u>Potential support ratio</u>					
Potential support ratio	17.2	14.7	12.4	8.2	4.4

Source: United Nations (2002).

It can be seen from Table 3 that the proportion of the elderly in the total population has increased from 5.6 per cent in 1950 to 6.2 per cent in 1975, and a further increase is also seen from 7.6 per cent in 2000 to 12.5 per cent by 2025 and to 20.6 per cent by the year 2050. The median age for the total population has increased consistently from 20.4 years in 1950, 23.7 years in 2000 and will be 31.3 years by 2025 and 38.8 years by 2050 indicating that the older age group will overtake the younger age group in the total population. In India, the potential support ratio, i.e. the number of working age persons per older person has been consistently decreasing, and is expected to further decrease to a low of 4.4 by 2050. Thus, with increasing proportion of the elderly in total population, there will be fewer persons of working age to support them during old age.

Table 4: Percentage distribution by sex of the young-old and old-old of the elderly in India in 1991 and 2021

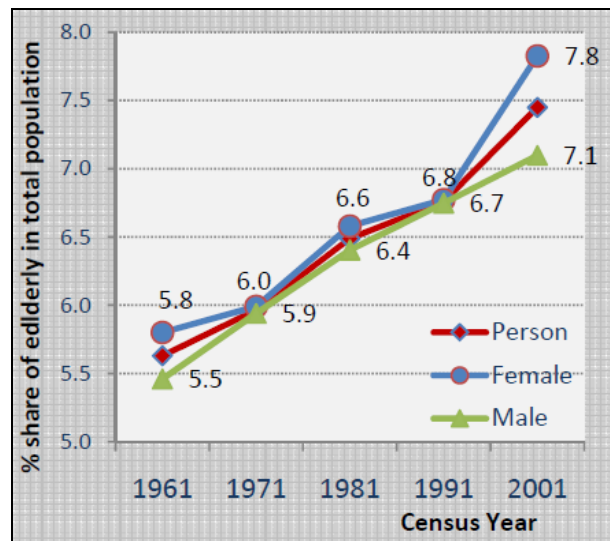
Age Group	Males		Females		Both Sexes	
	1991	2021	1991	2021	1991	2021
60+	26.34 (100.0)	72.59 (100.0)	28.18 (100.0)	76.93 (100.0)	54.51 (100.0)	149.52 (100.0)
60-64	10.13 (38.4)	24.87 (34.3)	10.02 (35.5)	24.21 (31.5)	20.15 (37.0)	49.07 (32.8)
65-69	7.44 (28.2)	18.65 (25.7)	7.70 (27.3)	18.85 (24.5)	15.15 (27.8)	37.50 (25.1)
70-74	4.67 (17.7)	13.16 (18.1)	5.15 (18.3)	13.95 (18.1)	9.82 (18.0)	27.10 (18.1)
75-79	2.53 (9.6)	8.80 (12.1)	3.06 (10.8)	10.03 (13.0)	5.59 (10.2)	18.83 (12.6)
80+	1.57 (6.0)	7.19 (9.9)	2.25 (8.0)	9.90 (12.9)	3.81 (7.0)	17.01 (11.4)

Source: Visaria, 2001.

According to long- term population projection, the process of ageing will gradually lower the share of the young-old (60- 69 years) and raise that of the old-old (70 years and above), over the next 30-year period. The former share will drop from 65 per cent in 1991 to 58 per cent in 2021, while the share of persons aged 70 and over will rise from 35 to 42 per cent, as shown in Table 4. In terms of absolute numbers, the number of the young-old will rise i.e. from 35 to 87 million, whereas the ranks of the old-old will swell more than three-fold from 19 to 63 million. Women would constitute a higher share in the elderly population mainly in the old-old age categories (see Table 4).

The ratio of the dependent population to that of the working age population is defined as the dependency ratio and is an important indicator of the economic burden carried by each worker. The old age dependency ratio in India shows an increasing trend and is expected to increase by about 7 percentage points by 2026. The parent support for India in 2001 was about 5 and is expected to increase to 14 by 2026. The parent support ratio is the ratio of number of persons aged 80 years and above per 100 persons aged 50- 59 years and is a measure of the available support for older parents from their family. An increase in this ratio would mean that those who are reaching later age would have more aged relatives/ parents to care for (Registrar General and Census Commissioner of India, 2006).

Figure 12: Percentage share of the elderly in the total population over the decades by sex

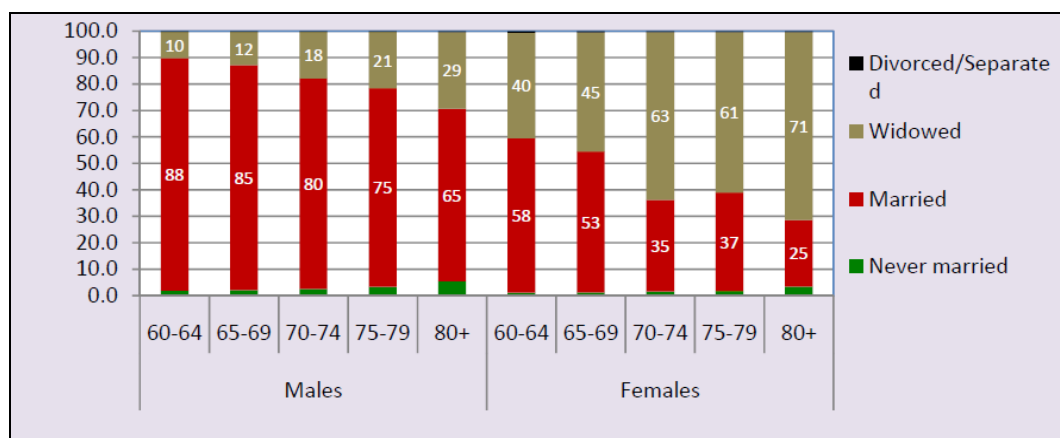


Source: Central Statistics Office, 2011. (Report on situational analysis of the elderly in India)

Figure 12 shows the decadal increase in the share of the elderly population (aged 60 years or above) in the total population, from 5.6 per cent in 1961 to 7.4 per cent in 2001. For men the rise was more modest from 5.5 to 7.1 per cent, while for women there had been a steep rise from 5.8 to 7.8 per cent during the five decadal censuses from 1961 to 2001.

Marital status. Interesting observations emerge from the data on the marital status of the elderly (Figure 13). In all the age-groups the percentage of elderly women currently married was markedly lower than the percentage of married men. Obviously for both the groups, this is found to decrease with the increasing age. The proportion of widows is much higher compared to widowers. This is due to the prevalent practice of men getting married to women who are much younger and to the fact that women tend to live longer than men.

Figure 13: Marital status of the elderly population

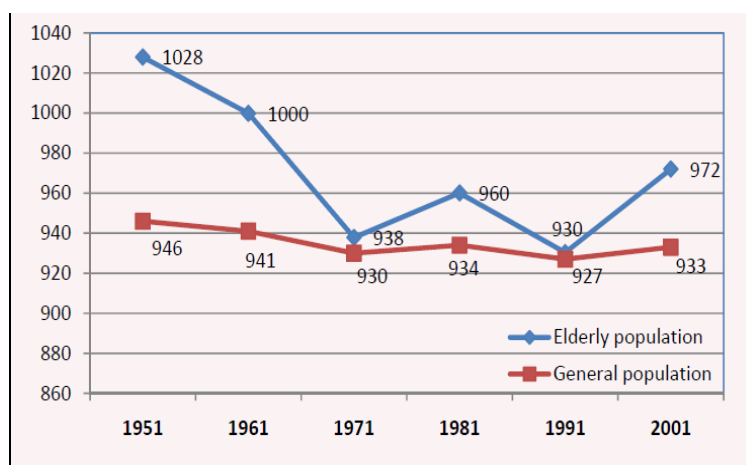


Source: Central Statistics Office, 2011. (Report on situational analysis of the elderly in India)

Sex- ratio. India is one of the few countries in the world where men outnumber women in 60 + age category. In India, the sex-ratio of the young-old as well as that of the old-old favors men (Rajan, 2006). However, the sex-ratio shows an increasing trend from 940 women per 1000 men in 1991 to 1050 in 2011 (Central Statistics Office, 2011). Generally, the sex-ratio will be higher in the later age cohorts. Among the oldest old, the sex-ratio is expected to be as high as 1360 women per 1000 men by 2026 (Registrar General and Census Commissioner of India, 2006). Hence, the feminization of the elderly is indicated by the growing number of women in older age cohorts compared to men and is an important concern for policy relevant research.

According to Figure 14, the sex-ratio among elderly people (60+) was as high as 1028 in 1951, subsequently dropped to about 938 in 1971, but has finally increased again to about 972 in 2001.

Figure 14: Trends in sex-ratio among the elderly population



Source: Central Statistics Office, 2011. (Report on situational analysis of the elderly in India)

Life expectancy. The life expectancy at birth for men was longer than that of women till 1980 and from then a reverse trend has been observed and this is expected to continue till 2050. The life expectancy at age 60 was longer for women compared to men from 1951 and the same trend is expected to continue till 2050 (see Table 5). This means that in years to come, the elderly women would live longer and much longer than men.

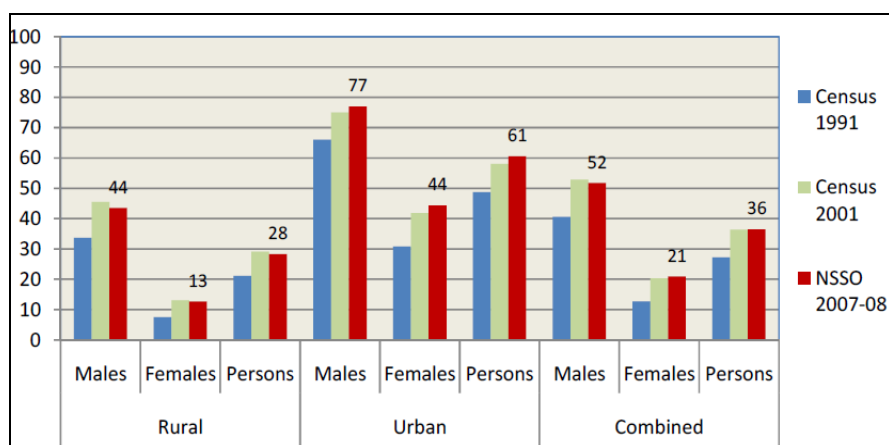
Table 5: Life expectancy at birth and at age 60 for the elderly, India, 1951- 2050

Period	At birth		At age 60	
	Men	Women	Men	Women
1951- 60	41.9	40.6	11.8	13.0
1961- 70	47.1	45.6	13.0	13.4
1970- 75	50.5	49.0	13.4	14.3
1976- 80	52.5	52.1	14.1	15.9
1981-85	55.4	55.7	14.6	16.4
1986- 90	57.7	58.1	14.7	16.1
1991-95	59.7	60.9	15.3	17.1
1996-00	61.0	62.7	-	-
1998-02	61.6	63.3	16.6	18.3
2025-30	69.2	73.4	18.1	20.7
2045-50	73.5	77.4	19.4	22.2

Sources: Registrar General of India (Census for 1951-70); (Sample Registration System for 1970-2002); United Nations (2002).

Literacy levels. As can be seen in Figure 15, the literacy rates among elderly women are lower compared to that of men both in urban and rural areas. On the whole, literacy rates are lower for the elderly (especially women) residing in rural areas. But over the years there is an increase in the literacy rates of the elderly men and women.

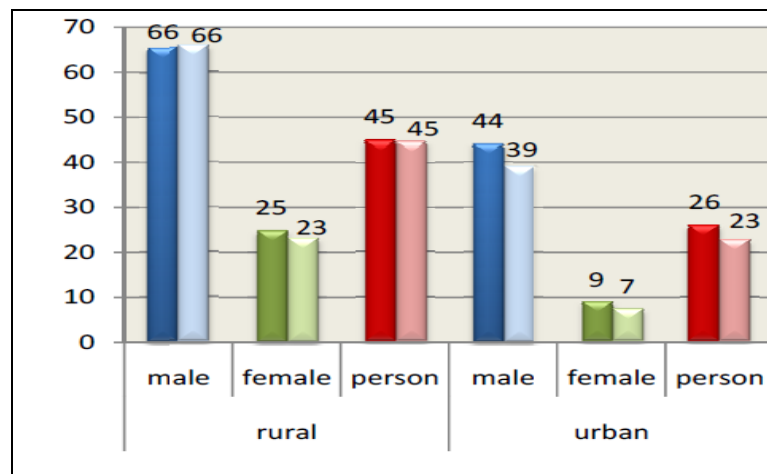
Figure 15: Percentage of literates among the elderly over the years in different surveys



Source: Central Statistics Office, 2011. (Report on situational analysis of the elderly in India)

Work participation rates. What are the work participation rates of the elderly? In India, both Population Census 2001 and NSSO Survey on Employment- Unemployment (2007-2008) revealed that nearly 40 per cent of the persons aged 60 years and above (60 percent men and 19 percent women) were working. In rural areas a higher proportion of men (66 per cent) and women (23 per cent) were reported working as compared to the work participation rates of men (39 per cent) and women (7 per cent) in urban areas after the age of 60 years (see Figure 16).

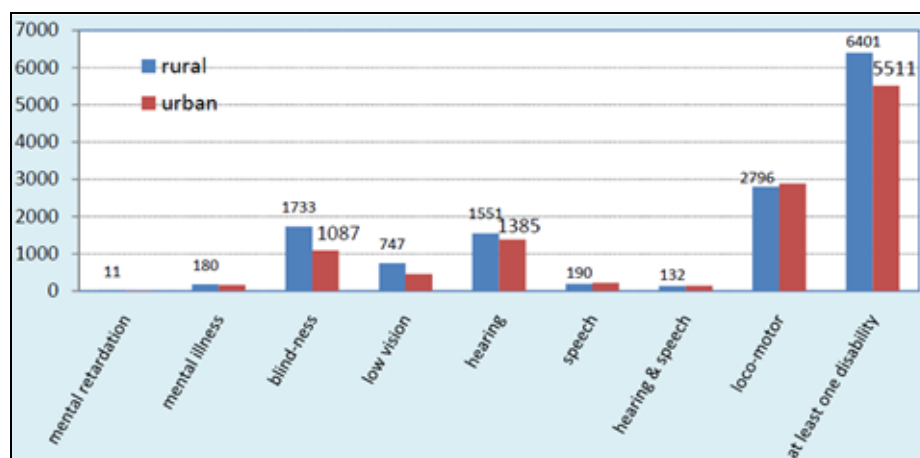
Figure 16: Elderly population who are working



Source: Central Statistics Office, 2011. (Report on situational analysis of the elderly in India)

Disability. Data on the presence of disability among the elderly population show that about 64 per 1000 elderly persons in rural areas and 55 per 1000 elderly persons in urban areas suffer from one or more disabilities. Most common disability reported among the elderly was due to locomotor impairment (3 per cent) followed by loss of hearing (about 1.5 per cent) and blindness (1.7 per cent in rural areas and 1 per cent in urban areas) (see Figure 17).

Figure 17: Types of disability in the elderly population



Source: Central Statistics Office, 2011. (Report on situational analysis of the elderly in India)

Living arrangements. Tables 6 & 7 show the distribution of the elderly by their living arrangement for the period between 1992- 1996, based on two national surveys i.e. NFHS, 1992-93 and NSS, 1995-96 respectively.

Table 6: Percent distribution of the elderly by living arrangements and sex (India) 1992- 93

Living arrangement	Sex		Total
	Male	Female	
Living alone	1.4	3.4	2.4
With spouse only	6.8	4.8	5.8
With spouse, children & grandchildren	70.8	36.3	54.4
With children and grandchildren	18.67	50.6	33.8
With other relatives	2.0	4.5	3.2
With non-relatives	0.4	0.4	0.4
Total	20,115	18,170	38,291

Source: Rajan and Kumar, 2003.

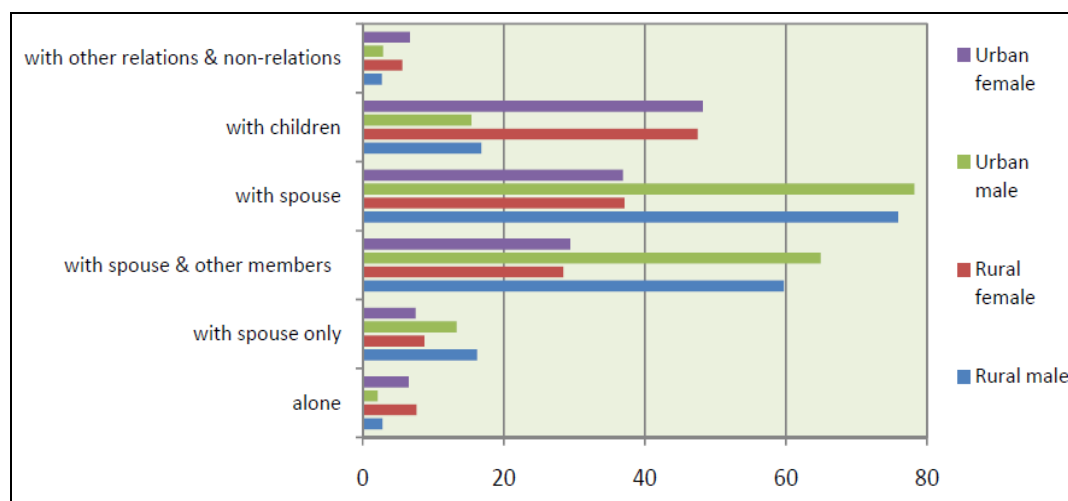
Table 7: Percent distribution of the elderly by living arrangements and residence (India) 1995-96

Living arrangement	Rural India			Urban India		
	Male	Female	Total	Male	Female	Total
Living alone	2	6	4	3	6	4
With spouse only	14	8	11	10	6	8
With spouse, other members	75	39	57	75	35	55
With children	18	48	33	18	51	35
With others	4	6	5	4	6	5

Source: Visaria, 2001.

As seen in Table 7, a higher per cent of elderly men (75 per cent) compared to women (39 per cent in rural and 35 per cent in urban areas) live with spouse and kin. A higher per cent of women (48 per cent in rural and 51 per cent in urban areas) compared to men (18 per cent) live with children and grand children. Higher per cent of men compared to women live with spouse only, more in the rural areas compared to urban areas. More importantly, both the surveys show that a high per cent of elderly women compared to men live alone.

Figure 18: Type of living arrangements of the elderly population



Source: Central Statistics Office, 2011. (Report on situational analysis of the elderly in India)

More recent information on the living arrangements is provided in Figure 18. More than 75 per cent of elderly men and less than 40 per cent of elderly women live with their spouse. As for women, this reflects the differences in their proportional representation in the marital status. Less than 20 per cent of men and about half of the women live with their children. About 2-3 percent of elderly men live alone while another 3 per cent live with other relations and non-relations. Among elderly women, a slightly higher per cent i.e. 7-8 per cent live alone and another 6-7 per cent reported living with other relations and non-relations. Thus, except for 'living with spouse only' which registered an increase, the other trends seem to be stable over the years.

The demographic data about the elderly population at the global level shows the characteristics and implications of population ageing, its variations across the regions of the world, and what to expect for the developing countries. Closer to home, the discussion of certain demographic trends based on data in India such as increase in life expectancy, widowhood, increasing sex-ratio, increasing disability, changes in living arrangements etc., helps to visualize a holistic picture about the current ageing scenario, and the problem it throws up for families and the Government.

State Initiatives for the Elderly in India

a) Constitutional Provisions and the Designated Ministry

Article 41 of the Constitution provides that the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want. Further, Article 47 provides that the State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties.

The Ministry of Social Justice and Empowerment, which is the nodal Ministry for the issues relating to the elderly focuses on policies, acts and schemes for the senior citizens in close collaboration with State governments, Non-Governmental Organizations and civil society.

b) Policy and Legislation

National Policy on Older Persons (NPOP), 1999. The NPOP, 1999 was announced in January 1999 to reaffirm the commitment of the government to ensure the well-being of the elderly. The policy envisages State support to ensure financial and food security, health care, shelter and other needs of elderly, equitable share in development, protection against abuse and exploitation, and availability of services to improve the quality of their lives.

The primary objectives are:

- To encourage individuals to make provision for their own as well as their spouse's old age
- To encourage families to take care of their older family members
- To enable and support voluntary and non-governmental organizations to supplement the care provided by the family
- To provide care and protection to the vulnerable elderly
- To provide adequate healthcare facility to the elderly

- To promote research and training facilities to train geriatric care givers and organizers of services for the elderly, and
- To create awareness regarding elderly persons to help them lead productive and independent lives

National Council for Older Persons

In pursuance of the NPOP, a National Council for Older Persons (NCOP) was constituted in 1999 under the Chairpersonship of the Minister for Social Justice and Empowerment to oversee implementation of the Policy. The NCOP is the highest body to advise the Government in the formulation and implementation of policy and programs for the aged. The Council was re-constituted in 2005 with members comprising of representatives from Central and State governments, NGOs, citizen's groups, retired persons' associations, and experts in the field of law, social welfare, and medicine.

Inter-ministerial committee on older persons

An Inter-Ministerial Committee on older persons comprising twenty-two Ministries/ Departments, and headed by the Secretary, Ministry of Social Justice & Empowerment is another coordination mechanism in the implementation of the NPOP. Action Plans on ageing issues for implementation by various Ministries/ Departments concerned are considered from time to time by the committee.

The increasing concern over the issues and needs of the elderly lead to progress in policy initiatives and research, and also to legislation concerning the elderly in India. As the government cannot take on the welfare of this large section of population, and keeping in view the Indian culture and tradition that has considered family and kin on the forefront as providers of support in old age, the State has come up with the following act.

Maintenance and Welfare of Parents and Senior Citizens Act, 2007. It was enacted in December 2007 to ensure need based maintenance for parents and senior citizens and their welfare. It entitled the family members and adult children as responsible for the care and support of the elderly.

The Act provides for:

- Maintenance of parents/ senior citizens by children/ relatives is made obligatory and justifiable through tribunals
- Revocation of transfer of property by senior citizens in case of negligence by relatives
- Penalty for abandonment of senior citizens
- Establishment of old age homes for indigent senior citizens
- Adequate medical facilities and security for senior citizens

c) Programmes and Schemes by the Ministry of Social Justice and Empowerment

Central sector scheme of Integrated Programme for Older Persons (IPOP). It was implemented since 1992 with the objective of improving the quality of life of senior citizens by providing basic amenities like shelter, food, medical care and entertainment opportunities. The scheme is flexible enough to meet the diverse needs of elderly including reinforcement and strengthening of the family, awareness generation on issues pertaining to elderly, popularization of the concept of lifelong preparation for old age, facilitating productive ageing, etc. Under the scheme, financial assistance up to 90per cent of the project cost is provided to NGO's for establishing and maintaining old age homes, day care centers and mobile Medicare units.

Several innovative projects have also been added for assistance under the scheme. Some of them are:

- Programmes to sensitize children about the elderly particularly in schools and colleges
- Awareness generation programmes for elderly and care givers
- Help-lines and counseling centers for the elderly
- Physiotherapy clinics for the elderly

- Regional resource and training centers of caregivers to the elderly
- Formation of senior citizens associations etc.
- Running of day care centers for Alzheimer's disease/Dementia patients
- Maintenance of respite care homes and continuous care homes
- Old Age Homes - for the destitute elderly

The scheme has been revised recently in the year 2008. During 2007-08, Government has spent more than 16 crore rupees for assisting 660 such programmes around the country which covered around fifty thousand beneficiaries.

Construction of old age homes. A non-plan scheme of assistance to Panchayati raj institutions/ voluntary organizations/ self-help groups for construction of old age homes and multi service centers for the elderly were started in 1996-97. Grant-in-aid to the extent of 50per cent of the construction cost subject to a maximum of Rs. 15 lakhs was given under the scheme. However, the scheme was not found attractive by implementing agencies and was discontinued at the end of the X Plan (2006-07).

Section 19 of the Maintenance & Welfare of Parents & Senior Citizens Act, 2007 envisages provision of at least one old age home for indigent senior citizens with a capacity to accommodate 150 persons in every district in the country. A new scheme for giving assistance for the establishment of old age homes for indigent senior citizens in pursuance of the said provision is under formulation. However, there is a debate around this issue as this may lead to a drift towards institutionalization of the elderly as a residential choice.

International Day of Older persons. It is celebrated every year on 1st October.

d) Schemes provided by other Ministries/ Departments

The Ministry of Health and Family Welfare provides for senior citizens:

- Separate mandatory queues for the elderly in government hospitals
- Two national institutes on ageing have been set up at Delhi and Chennai
- Geriatric departments have been set up in 25 medical colleges

The Ministry of Rural Development has implemented the National Old-age Pension Scheme (NOAPS) – for persons above 65 years belonging to below poverty line households. Central assistance is Rs. 200/- pension per month, which is to be supplemented by at least an equal contribution by the states. The monthly pension amounts in various states between Rs 200 to Rs 700.

The Ministry of Railways provides the following facilities to senior citizens:

- Separate ticket counters for senior citizens of age 60 years and above at various PRS (Passenger Reservation System) centers if the average demand per shift is more than 120 tickets;
- 30per cent and 50per cent concession in rail fare for male and female senior citizens respectively of 60 years and above respectively.

The Ministry of Civil Aviation: The National Carrier, Air India, provides concession up to 50per cent for men who are 65 years and above and women who are 63 years and above in air fares.

The Ministry of Finance extends facilities such as:

- Income tax exemption for senior citizen of 65 years and above up to Rs. 2.40 lakh per annum.
- Deduction of Rs 20,000 under Section 80D is allowed to an individual who pays medical insurance premium for his/ her parent or parents, who is a senior citizen of 65 years and above.

- An individual is eligible for a deduction of the amount spent or Rs 60,000, whichever is less for medical treatment (specified diseases in Rule 11DD of the Income Tax Rules) of a dependent senior citizen of 65 years and above.

The Department of Pensions and Pensioner Grievances: A pension portal has been set up to enable senior citizens to get information regarding the status of their application, the amount of pension, documents required, if any, etc. The Portal also provides for lodging of grievances. The Sixth Pay Commission recommended that additional pensions shall be provided as per details given in Figure 19.

Figure 19: Additional pension to be provided to elderly as per recommendation of the Sixth Pay Commission

Age Group	% Pension to be added
80+	20
85+	30
90+	40
95+	50
100+	100

The Govt. old age pension is for the elderly who fulfill certain age criterion and belong to the BPL category. It differs across the states and the age categories among the elderly, and may range between Rs 200- Rs 700.

Summary

In this chapter, a brief introduction is given followed by outlining the background of the problem and coming up with a conceptual framework for the research study. The impact of socio-demographic changes leading to changes in the residential arrangements for the elderly is covered. In addition, an overview of the situation of ageing, the theoretical perspectives on ageing and a brief demographic description of elderly (both global and in India) is provided to visualize the ageing scenario and probable issues that arise. Further, a brief account of the state's initiatives in India for the elderly is given to provide a constitutional context to the discussion thus far regarding the elderly.

CHAPTER II

Review of Literature

In this chapter, the review of literature pertaining to the study with the elderly is presented in three sections. The review on Living arrangements in Section I give the meaning and a background on the living arrangements of the elderly followed by the classifications, determinants, etc. Section II covers the definition and concept of quality of life, its measurement and a review of studies conducted on the quality of life of the elderly. Section III comprises research linking both the major variables, focused on the association between these two variables. Therefore, information from the literature was used to construct a logical understanding of each of the variables and their inter relationship, by drawing insights from the studies done in the major regions of the world and in Indian context.

Section - I

Living Arrangements

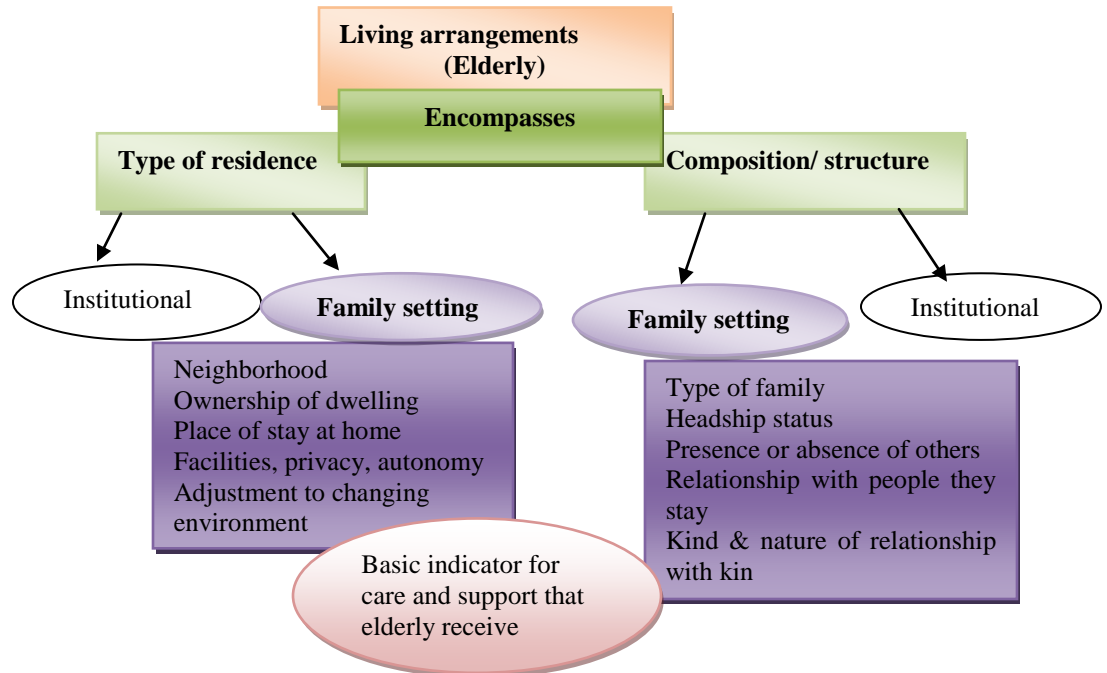
Living arrangement is the residential arrangement and care and support that the elderly receive in the family or non-family context. It is seen as an important area for research because of their influence on the well-being of the elderly. Most of the older people live with family, and this proportion has remained constant for a long time. Even the very oldest of the elderly in the age group 85 years and over are resident in the family and experience ageing within this context. Only a minority of older people ever experience old age in an institutional context.

Meaning

Living arrangements may be seen as ‘a variable that collects the familial and non-familial relationships of persons to all the other people with whom they usually reside’ (Statistics New Zealand, 1995). Rajan & Kumar (1995c) further elaborate it in terms of ‘the type of family in which the elderly live, the headship they enjoy, the place they stay in and the people they stay with, the kind of relationship they maintain with their kith and kin, and on the whole, the extent to which they adjust to the changing environment’.

The term living arrangement is also used to refer to ‘one’s household structure’ (Palloni, 2001). When used in connection with the older population, the ‘type of residence’ encompasses mainly the distinction between institutional and private dwellings and ‘household composition’ means the presence or absence of others in the dwelling and the type of kin relationships which exist among coresident individuals (Wolf, 1994). The living arrangements of the elderly are often considered as the basic indicator of the care and support provided within the family. However, it must be noted that this practice is more culturally based rather than development dependent (Martin, 1989). The meaning and scope of living arrangements of the elderly is presented in Figure 20.

Figure 20: Meaning and scope of the living arrangements of the elderly



Living Arrangements of the Elderly- A Background

Based on the literature, an attempt is made to situate the changes in the patterns of living arrangements of the elderly from the past to present across the major regions of the world including India.

Many scholars have offered interpretations regarding living arrangements and the forces that shape them. For example, coresidence of older and younger family members has been viewed as an arrangement of a lifetime reciprocity (Antonucci & Jackson, 1990; Parrott & Bengston, 1999; Wentowski, 1981) in which children traditionally helped their aged parents in exchange of parental support that they received at various stages in their lives (Albert & Cattell, 1994; Cowgill & Holmes, 1972), and of an attachment (Bengston & Roberts, 1991; Stein et al., 1998). A body of research assumes that most people in affectionate relations behave altruistically (Becker, 1981; Kalmijin, 2005) which may explain coresidence.

Cultural traditions and expectations that obligate adult children to remain with and support aged parents have been reported to exist in a wide range of societies in all the regions of the world (Bengston, Lowenstein, Putney, & Gans, 2003; Lee, Netzer & Coward, 1994), although they may vary with respect to the availability of children to reside with the parents — oldest or youngest, sons or daughters (Biswas, 1985; Cowgill, 1986). However, in actual practice coresidence may not match the cultural expectation for certain reasons. For example, some elderly have no children, and hence, they may stay with other relatives. Thus, it is natural that the elderly will be found in a variety of living arrangements in all societies, and the relative incidence of these types of arrangements may vary.

It has been argued (Kaplan, 1994, 1997; Kobrin, 1976a; Turke, 1991) that pre-industrialized societies were characterized by strong kin networks and household extension, which operated as mechanisms to spread the high costs of childbearing and sustain a high-fertility regime to offset high infant and childhood mortality. These arguments stressed the role of the grandparent generation as an important source of support to younger relatives. The idea that industrialization and economic development affects family living arrangements dates back to the mid 1800's, when Frederic Le Play declared that he 'deplored the rise of the 'unstable' family', which he attributed to the 'rise of manufacturing in the West' (quoted in Ruggles, 1987; p. 13). Le Play's idea of an unstable family corresponds to the type that is now described as nuclear, in which a couple and their unmarried children form a separate household, away from the older generation.

Most of the scholars who have commented on trends in intergenerational coresidence emphasized the impact of economic development and the process of modernization in producing such large scale changes in the family arrangements, but the interpretation of the mechanisms of change and their judgments of the desirability of such change may vary (Goode, 1968; Gore, 1968). Early commentators tended to focus their attention on European societies but later researchers, notably Cowgill (1986) identified similar forces at work in other regions of the world. It is concluded that modernization seemed to undermine the support for extended-family living, and more generally decreases the degree of authority and control of the older over the younger generation. Though different researchers recognize that the changing trends in living arrangements are implications of modernization or concepts such as development, they may not necessarily have the same combination of causative forces in mind. Interpretations differ, for example, in the degree of emphasis that is placed on particular economic factors, or on cultural traditions (United Nations, 2005).

Despite the available literature on other aspects of the topic, the historical transition of the living arrangements in most of the developed countries remained poorly documented in terms of research studies. Some researchers as recently as in the 1990s were debating whether in the past the elderly in the West and in Europe normally lived with their children at all (Hareven, 1996; Kertzer, 1989; Kobrin, 1976b; Laslett, 1972; Ruggles, 1987, 1988, 2001; Smith, 1993; Wachter, Hammel & Laslett, 1978; Wall, 1989b).

The findings of studies show that in various parts of Europe during the mid-nineteenth century, a majority of the elderly did live with children. The patterns of coresidence in the past contrast with those observed in the same parts of Europe today, with a decline in such arrangements (Andorka, 1995; Guinnane, 1996; Wall, 1995). While the proportions of elderly living alone have risen, the proportions of those living with kin outside the nuclear family have decreased (Michael, Fuchs & Scott, 1980; Murphy & Grundy, 1994; Van Solinge & Esveltdt, 1991).

Historical changes in living arrangements among the developed countries of the West have been most thoroughly documented by Ruggles (1987, 1988, & 1994). According to his studies, in 1850, about 70 per cent were living with a child or child-in-law among those aged 65 years or over. Of those who did not live with a child, an estimated 30 per cent had a child living next door, and the rest i.e. about one fifth of the total did not have any children, either because they never had any or because their children had died. The percentage of the older persons living with children declined at a moderate pace during the remainder of the nineteenth century, but began to decline rapidly after 1920, and especially between 1940 and 1980. Also, they were less likely to live with relatives other than children or with non-relatives. Thus, living alone or living as a couple became the dominant living arrangement. Living in an institution, such as a nursing home or an old-age home also became more common as time passed. According to Ruggles, the shift during the course of development from an economy centered on family farms and businesses, to one where most workers hold jobs outside the family household is responsible for the decline in the extended-family living arrangements.

It is important to note that these changes in living arrangements have occurred independent of the establishment of the country's social security system and before the private employment-based pensions became widely available (Ruggles, 2001). Although Ruggles' work refers to the trends in the United States, the causal factors cited potentially apply to other contexts in the world as well, where the process of economic development has involved a shift towards wage labor and away from small family farms and businesses. There is evidence to show that even the non-Western societies, including Asian societies such as Japan, the Republic of Korea, Singapore, Taiwan Province of China where the Confucian ethic of filial piety has been strong, have been undergoing such transformations (Chan & Cheung, 1997; Cho & Yada, 1994; De Vos & Lee, 1993; Hermalin, Ofstedal & Chang, 1996).

There is less evidence of marked change in societies of Latin America and the Caribbean (De Vos, 1990, 2000; Palloni, 2001; Palloni & De Vos, 1992; Solís, 1999) and even less for those in Africa (Apt, 1996, 1998). Nevertheless, the studies imply that there are similar social forces at play in these contexts as well. In India also, there is a shift in the traditional living arrangements due to demographic trends, structural changes, and the concomitant disintegration of the joint family system (Amin, 1998; Indian Planning Commission, 1963; Panda, 1998; Rajan, Mishra & Sarma, 1995c; Visaria, 2001). Studies have demonstrated how due to the reduced family support, the elderly had to live a marginal and precarious existence (Rajan, 2001, 2004; Visaria, 2001).

It is evident that social ideals and expectations regarding extended family living are undergoing changes in many societies. In developed countries, parent-child coresidence has become less widely practiced, and also less desired. Whatever the ideal might have been in the pre-industrial past, by the 1990s, a large majority of elderly in many developed countries expressed a preference for living independently of their children, often mentioning a desire to avoid being a burden on children (Walker & Maltby, 1997; Wenger, 1992).

In some countries in Asia the attitudes have also been changing, with Japan showing the most marked and the best documented changes. In 1963, when Japanese married women of childbearing age had been questioned about their attitudes towards caring for aged parents, about 80 per cent thought that it was either 'a good custom' or 'a natural duty'. But by 1992, only 49 per cent thought so. When the women were asked whether they expected to depend on children for support during old age, about 67 per cent of those questioned in 1950 had expected to rely on children, but by 1992, only 16 per cent did (Ogawa, 1994; Ogawa & Retherford, 1993). In Japan and the Republic of Korea, between 1981 and 2001, there had been a marked decline in the inclination towards living in an extended family, and by 2001 only a minority of the elderly in both countries thought it was best for the multigenerational family to live together (Sagaza, 2003).

In Thailand, although both in 1981 and in 1995, about 60 per cent thought that the generations should live together, there was a decrease in the number thinking that the older generation should expect to rely on children for financial support (Knodel, Amornsirisamboon & Khiewyoo, 1997; Knodel & Chayovan, 1997; Knodel & Saengtienchai, 1998). At the same time, there is still a large difference in attitudes between elderly in these relatively economically advanced Asian countries which is more collectivistic and family oriented as compared to those in the United States of America who are more individualistic in orientation.

A few researchers in India have stated that the joint family was never a dominant form and that all types of families (joint, nuclear, single and other) existed in India (Goode, 1968; Rao, Kulkarni & Rayappa, 1986). Sociologists and anthropologists (e.g., Goode, 1963; Parson, 1992) have argued that in India, the family type functionally consistent with modern, urban industrial economy has been the nuclear family. It was predicted that older persons would eventually be cut off and isolated from their off springs (Sharma & Dak, 1987).

In reaction to this idea, other studies in India indicated that many functional relationships with non-residential members are maintained and did remain strong despite changes in family structure into a nuclear set-up (Agarwala, 1962; Desai, 1964; Gore, 1968; Treas & Bengston, 1998). Current research also indicates that intergeneration relations like the other familial ties are now characterized by ‘ambivalence’ i.e. a combination of ties that are seemingly opposite in nature for e.g., affection along with tensions (Luescher & Pillimer, 1998).

Researchers across the countries have pointed out that the elderly living apart from adult children often have them living nearby, and that the strong ties of affection and feelings of mutual obligation continued to persist between them (Hermalin & Yang, 2004; Lawton, Silverstein & Bengston, 1994; Walker & Maltby, 1997). Studies from developed countries have shown that older parents often relocate in order to be close to their children, without necessarily moving into the same household (Wolf, 1994). Many older parents who live separately interact with children every day or at least several times a week, which is termed as ‘intimacy at a distance’ (Rosenmayr, 1977).

This way of thinking taken to the extreme might lead to the conclusion that household composition is of little significance, since children and parents living nearby or far apart may interact nearly as often as those who were actually coresiding. This line of argument may actually erode the collectivistic family values, the importance given to intergenerational relationships, and filial responsibility. Although many elderly maintain daily contact with children who live separately many others do not, thus, leading to situations of neglect. For example, European countries where the highest percentages of elderly live separately are also the sites where elderly are least likely to have frequent contact with children and other relatives (Treas & Cohen, 2001). While such situation may adversely affect the well-being of the elderly, it also places the burden of care on the Government. Thus, at least in Europe, it seems that ‘intimacy at a distance’ does not compensate for the higher incidence of living alone. On the contrary, lower incidence of parent-child coresidence is an aspect of a broader pattern of less frequent contact with kin (Walker, 1993).

Classification of the Living Arrangements

Though the discussion so far indicates the contours of different patterns of living arrangements and their emergence due to changes in the society, no uniform classification of living arrangements of the elderly was attempted till late 1990's. Such classification makes it possible to understand the diversity in living arrangements. Also, categorization is important as it allows for observation of changes in the patterns of living arrangements, and permits for flexibility to include new forms that may emerge. Several typologies have been in use in cross-cultural and cross-national research. For instance, DeVos (2003) has discussed these typologies in detail. Based on review of extant studies, it is suggested that there are 5 basic types of living arrangements of the elderly, though the nomenclature and the sub-categorization may differ slightly according to the purpose of the study and the theoretical framework used by the researcher.

Shanas et al., (1968) suggested a classification which was later modified by Palmore (1975) who excluded the marital status of adult children and arrived at five mutually exclusive types of living arrangements. They are: 1. living alone; 2. living with spouse only; 3. living with a child (including adopted children) and grandchild; 4. living with relative (other than a spouse or children), and 5. living with unrelated people. A variant of this classification would be if living with children, with spouse and close relatives are clubbed under- living with families.

Wolf (1994) has concluded that most researchers have identified 4 types of living arrangements of the elderly i.e. 1. living alone; 2. living with a spouse; 3. living with other relatives (especially children), and 4. a residual 'other' category. The classification developed by the Statistics New Zealand in the year 1995 (later modified in 1999) enabled surveys to utilize the classification in varying amounts of detail. It is a hierarchical classification with three levels.

According to Maddox (2001) the categories of elderly coresiding in non-institutional households are given as: a) coresidence- elderly who live with their family members in the household; b) two person- married couple only household; c) multi-generational coresidence- elderly living in a household comprising more than one generation, and d) coresidence with non-kin elderly- who live exclusively with non-kin. A classification given by United Nations (2005) gives a fourth category i.e. non-familial residential setting comprising other relatives and non-relatives, in addition to the existing three categories of living alone, living with spouse only, and living with children/grandchildren. Similarly, Gaymu et al., (2006) in their study in Europe used secondary data and identified four categories of living arrangements of the elderly bringing in the category of non-private household. They are: 1. living alone; 2. living with a partner (who may be the spouse or a cohabitee); 3. living in one parent family or other forms of coresidence in private households, and 4. living with all persons in a collective household that is an institution and not a private household.

Sivamurthy and Wadakannavar (2001) gave a wider classification of the living arrangements of elderly based on their study in Karnataka and they are: a) living alone; b) with spouse only; c) with unmarried children; d) with married sons; e) with married daughters; f) with other relatives, and g) with other's family, which is similar to the one already given by Bose (1982) who sub-classified the relatives into siblings, grandchildren and other relatives, and gave an additional category of non-relatives. Rajan and Kumar (2003) based on the NFHS data (1998-1999) suggested broadly 6 types of living arrangements of the elderly such as: 1. living alone; 2. with spouse only; 3. with spouse, children & grandchildren; 4. with children and grandchildren; 5. with other relatives, and 6. with non-relatives. Similarly, Rahman, Tareque and Rahman (2007) in their study in Bangladesh classified living arrangements broadly into living alone, with unmarried children, with married children and with spouse.

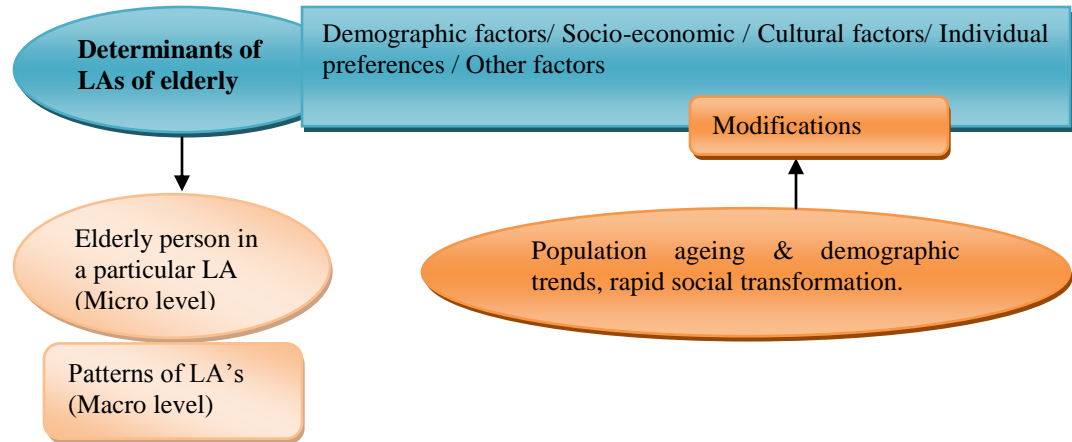
A few of the classifications were a little more complex. Bansod (2009) classified the living arrangements of the elderly as those who a) live with spouse only; b) with spouse and unmarried son (s); c) spouse and married son (s) -in addition to living alone, with married son (s), and with other relatives. Ravishankar (2010) classified the living arrangements based on who supports the older person in the family- spouse, own children, grandchildren and others. Sen and Noon (2007) in their study classified the four family coresidence patterns, based on the household structure. They are: 1. Single: where the elderly live on their own; 2. Couple: who live with a spouse; 3. Nuclear: who live in a nuclear family with their children; 4. Joint family: three generations reside together where the elderly reside either as the head or as parents of the head of the household, and 5. Collateral joint: elderly live in joint families, in which not only three generations reside, but married brothers with their wives and children live together.

Hence, it can be seen that over the years, researchers have come up with typologies of living arrangements of the elderly that are more inclusive of the changes occurring in the family structure, and contexts (for e.g. living in non-familial residential settings such as with cohabitee, with non-relatives, with other's family and living in institutional settings) and at the same time exclusive to an extent (for e.g. based on coresidence patterns only, based on persons supporting them only, excluding gender and marital status of children and based on the household structure alone). The efforts towards classification of living arrangements in India are more recent compared to the developed countries. They focus on the existing patterns of living arrangements and a few of the classifications include living in unconventional, non- familial residential and institutional settings. The typology suggested by Sivamurthy and Wadavankar (2001) is more close to the patterns of living arrangements observed in Indian context. More or less similar living arrangements have been observed irrespective of the region.

Determinants of the Living Arrangements

The next focus is about the factors that are associated with different patterns of living arrangements of the elderly, observed across or within countries and regions at a given point of time.

Figure 21: Factors determining the living arrangements of the elderly



Several factors are found to determine the living arrangements, and also lead to shifts in the arrangements of the elderly (see Figure 20). A brief exploration of how these factors are associated with the living arrangements of the elderly is provided in the following pages. It may be mentioned here that the influence of the different kinds of factors on the forms of living arrangements of the elderly is not linear. A combination of factors may determine the trends observed in these arrangements, and the nature of its influence may vary depending upon region, country and other factors such as culture, norms, policy etc. Therefore, a brief exploration of the factors influencing the living arrangements of the elderly covering different geographic regions (such as the West, Europe, Asia and India) which is based on studies mostly using secondary data such as census data is given under the following sub-headings.

a. Demographic factors. Within the older population, *age* is an important determinant of the living arrangements. It has been observed that in a wide range of countries the proportion of the elderly who live alone increases as age advances, until older people reach their late seventies or early eighties. This proportion often decreases thereafter. With increasing age there is likelihood of morbidity, widowhood and financial difficulties that may lead to an increase in their coresidence with adult children. Similarly, the age of the older person, the sex and birth-order of the child and cultural norms may in combination determine who among the elderly live with spouse, alone or if need be, in institutions. (United Nations, 2005; Wilmoth, 1998). Living alone or with a spouse are the most frequent living arrangements during the early stages of later life, whereas for the oldest-old, living with a child was found to be figuring as the stable living arrangement (Wilmoth, 1998). In many countries age will influence the shifts in the types of living arrangements as they grow older (Legare & Martel, 2003) and the transitions during their lifetime into more than one living arrangement of living alone, living with spouse only, living with a child, and living with a spouse and child etc.

The *gender* of the older person is another important factor which is likely to throw light on the variations in the living arrangements found among them. The vulnerable status of women due to their lower levels of literacy, lesser possession of assets or lack of control over resources, and cultural beliefs interact and lead them to some of the disadvantageous living arrangements such as living alone (Wolf, 1995). A good proportion of elderly women are more likely to live alone, in extended families or in institutions, while their male counterparts live with the spouses- a phenomenon explained by the longer life expectancy for women, their being widowed, facing morbidity more often than men, and the age differentials between men and women who marry (with men being much older than women). Mba (2002) explored the demographic and socio-economic correlates of the living arrangements of elderly women and found that they face poverty, discrimination, and constraints due to patriarchal norms. Moreover, when the distribution of the older population across types of living arrangements is considered, the differences by sex are so pronounced that some scholars insist that issues of men and women should be discussed separately (Legare & Martel, 2003).

Marital status is another important factor to be considered when studying living arrangements of the elderly because most societies accord special status to the conjugal unit. Researchers have thus traditionally categorized the living arrangements of the elderly in part according to their marital status. It is a strong predictor of living arrangements, as nearly all married elderly live with a spouse and if needing care they would be looked after by the spouse (De Vos & Schwartzman, 2008). The unmarried elderly tend to live with relatives (Burr & Mutchler, 1992) or alone (Costa, 1999), and the widowed with the adult children (Soldo, Agree & Wolf, 1989) or alone (Macunovich, Easterlin, Schaeffer & Crimmins, 1995). The divorced or separated elderly are more often and married elderly are more rarely institutionalized, respectively. Also, the divorced elderly women are less likely than widows to live with their children, all other factors being equal (Dolinsky & Rosenwaike, 1988; Grundy & Glaser, 1997; Martel & Carriere, 2003; Ricci, 1991).

Elderly with *many living kin* have more opportunities for coresidence compared to those with few or no living kin. Available evidence shows that those with more living children and with more living siblings are correspondingly more likely to coreside with kin (Burch, 1967; Wolf, 1994). As a result of the rise in nuclear set-up, a small family norm, the increased participation of women in the workforce and the mobility of adult children, concern is expressed that the elderly will no longer receive the care traditionally provided to them in families. However, as Cantor (1985) noted, the dilemma of conflicting demands in most cases is handled not by denial of responsibility but through considerable personal sacrifice. In the Indian context it is observed that even though the trend in the urban setting is the nuclear family where both men and women go out to work, the functional relationships rendered by the family members have not changed much (Agarwala, 1962; Gore, 1968).

Various studies in the West, Asia and India explored the emergence of new types of living arrangements among the elderly, and why the elderly in coresidence moved into the other types of living arrangements. The key demographic variables were found to be age, marital status and income of the elderly. For example, Schafer (1999) using secondary data from a longitudinal survey of a representative sample of the elderly in the United States who were 70 + years found that age, sex, income and marital status of the elderly were determinants of their living arrangements. Similarly, drawing on secondary data for the United States, Gurak & Kritz, (2010) showed that demographic characteristics such as age, sex and income are the major determinants of the immigrant elderly's extended living. The Federal Interagency Forum on Age Related Statistics (2008) for America states that 'living alone' is determined mostly by income, among other variables. Palloni (2001) and Ruggles (1987, 1988, 1994, 2001) documented, about the living arrangements of the elderly in the United States. They showed how age, sex, marital status, income, headship status, family size, and the number of children they have are responsible for the trends observed in the forms of coresidence, living with spouse and living alone.

In Europe a few studies focused on the demographic determinants of the solitary and other independent forms of living arrangements that are prevalent in that region. De Vos and Sandefur (2003) used census data from the European countries like Bulgaria, the Czech Republic, Estonia, Finland and Romania and found that increasing solitary living among the elderly in these countries is associated among other factors, with age, marital status and the number of living kin of the elderly. Similarly, Gaymu et al., (2006) used national survey data for the elderly in a selection of European countries such as Finland, the Netherlands, Germany, Belgium, the United Kingdom, France, Italy, Portugal, the Czech Republic. They found that income, marital status and number of children determined the probability of living in one of the types of living arrangements.

In Asia and India a few studies focus on the demographic variables that determine coresidence, as it is the predominant form of living arrangement among the elderly in these regions. Teng (2007) used secondary data and found that age, sex, marital status are determinants of coresidence of the elderly in Indonesia, Thailand, Malaysia, Vietnam and Singapore. Zhang, 2004 cites income while Cooney and Shi (1999) found age, marital status, income and number of sons as the factors determinant of coresidence among the Chinese elderly. Similarly, Hiroshima (1992) in his study found that demographic variables along with other factors determine coresidence in Japan. Martin (1989) found the sex and marital status of the elderly as the factors that determine the living arrangements of the elderly in Fiji, Korea, Malaysia and the Philippines i.e. being male and being married increased and decreased the likelihood of coresidence with children respectively. Studies on the living arrangements of the elderly in the Indian context by Rajan and Kumar (2003), Rajan, Mishra and Sarma (1995c), Panda (1998) and Panigrahi (2009) have found that age, sex, marital status and income of the elderly are interrelated and play an important role in determining the type of living arrangement they are in, in bringing alterations the arrangements, and also cause them to shift to the other types.

b. Socio- economic factors. It is believed that changes in income of both parents and children are influential in determining living arrangements and there are regional differences. Just as rising per capita *income* over time led to smaller households, income differences at a point in time influence living arrangements, with higher income elderly being more likely to live with spouse or alone. For example, Costa (1997), investigated the factors that fostered the rise in separate living for the aged Union Army veterans even prior to provision of social security. It seemed that that prior to 1940's, higher income was an important factor for the elderly to live alone. Moreover, research shows that elderly with higher incomes and greater net worth display a higher probability for independent living (Lundberg & Pollak, 1993; Treas & Chen, 2000).

Contrary to the above findings, the percentage of elderly coresiding with the children was found to be higher in the districts in East Java and Indonesia which are in more advanced stages of economic development. This was because coresidence between the elderly parent and children may allow for mutual financial support or domestic services (Arifin, 2006). Kuntz (2003) in his study on Chinese, Japanese and Korean American elderly found that financial and structural factors such as adult child's income and the parent's need for assistance significantly influenced both the frequency of an adult child's support for the parents and the living arrangement. V.S. Kumar (1999) compared the living arrangements of the elderly in two Indian states- Kerala and Uttar Pradesh and found that low income of the elderly was a determinant for the prevalence of coresidence living arrangements of the elderly. On the other hand, Mishra (2008) based on the study conducted in four coastal districts of Orissa in India found that the poverty and lack of money was one of the prime reasons for conflict with children and often led to the elderly living alone or as a couple. Similarly, Rajan and Kumar (2003) and Rajan (2004) found that 6 per cent of the elderly in India who reported economic insecurity and poor emotional health are living alone.

Education neither increases nor decreases the likelihood of living alone for the elderly. In most cases, differences according to education were in the same direction and of similar nature after controlling for age, sex and rural/urban residence (Schafer, 1999). However, educational attainment enhances the socio-economic status which seems to enhance the possibility of living alone and reduces the chances of living with a child or grandchild (Federal Interagency Forum on Age Related Statistics, 2008).

Health and functional status play a chief role in influencing the autonomy of the older person especially as the person becomes older. There is considerable evidence to show that health is associated with living arrangements for the elderly. A study conducted on the oldest-old in china indicates that functional limitations and need for assistance are more strongly associated with living arrangements than are other health indicators (Schafer, 1999; Zimmer, 2005).

It is found that the elderly in better health and those with the greatest capacity to provide for their own personal care are more likely to live either alone or with a spouse (e.g., Hays, Pieper & Purser, 2003). On the contrary, a study on living arrangements and health status of the elderly in rural China, Jun (2002) found that the elderly who lived alone have the poorest health status compared to others. The elderly with poor physical and mental health along with restrictions in the activities of daily living have the likelihood of coresidence with other adults (Waite & Hughes, 1999; Worobey & Angel, 1990). Similarly, declining health and functional status of the elderly are associated with increased chances of living with children or others, and the increased need for care leads to their transition into nursing homes (Soldo, Wolf & Agree 1990; Worobey & Angel, 1990). Therefore, the elderly who are disabled are more likely to live with others or in nursing homes (Dostie & Léger, 2005; Sen & Noon, 2007; Shapiro & Tete, 1988; Stinner, Byun & Paita, 1990).

Krivo and Mutchler (1989) pointed out that one should not ignore the *community context* in which individual decisions are made concerning the living arrangements. Measuring community context as ‘demographic and normative environment, housing affordability, and social service support’, they found that the availability of social services increased the likelihood of the elderly to live alone within a community, for those with a low mean personal income. An extension of this study by Krivo and Chaatsmith (1990) further found that availability of specific types of social services such as personal care, home-delivered meals, transportation, and congregate meals were more closely related to a greater likelihood of the elderly persons’ independent living. Similarly, using census data of the United States it was found that areas with higher levels of geriatric health care services increased the likelihood of residential independence of the elderly (Burr & Mutchler, 2007). On similar lines, Kim and Lauderdale (2002) found that Korean immigrants in New York preferred independent living only in areas with availability of subsidized housing, and the concentration of Korean business communities.

Policies may also influence the living arrangement decisions of the elderly. Teng (2007) used secondary data in different Asian countries to highlight how the policies adopted by some countries encourage coresidence. He also gave some policy suggestions to encourage at least ‘intimacy at a distance’, if not the other forms of independent living arrangements. Hoerger, Picone and Sloan (1996) state that policies which subsidize community living have increased the probability of living independently. Rajan, Mishra and Sarma (1995a) discuss the agenda for national policies for the aged based on the aging scenario in India that may influence the forms of living arrangements of the elderly. Rajan comments that a suitable policy needs to be framed towards restoring familial care of the elderly in view of the drastic social changes that have taken place in the wake of modernization.

The increase or reductions in *social security system related benefits* would alter living arrangements significantly (Engelhardt, Gruber & Perry, 2005; Rajan, 2001). Some scholars have argued that receipt of social security income is a key element in the rising residential independence (i.e., living alone) of elderly during the 20th century (Costa, 1999; Mc Garry & Schoeni, 2000). China's ageing population depended on the traditional role of family to remain strong. It is assumed that Chinese elderly prefer to live with their adult children. But there is increasing evidence that the Chinese elderly for various reasons prefer (autonomy) to live independently (Chan & Lee, 2003). In explanation, Zhang (2004) showed that economic transition coupled with an underdeveloped social security system led to decline in parent-child coresidence in urban China.

In the Indian context Bhat, Dhruva and Rajan, (2001) reiterate that due to the *changing economic and social milieu*, the older generation is caught in between the decline in traditional values on the one hand and the absence of an adequate social security system on the other, that is causing a dilemma among those in coresidential living arrangements. Another study in the India in a rural setting in Orissa by Panda (1998) investigated the family structure and the support systems for the elderly, mainly focusing on the living arrangements. He found that poverty and economic stress had been eroding the relationships within the family and hence the available care and support.

Housing shortage is another factor which could influence the living arrangements of the older persons (Li, 2009; Vander Hart, 1994). Mutchler and Burr (2003) found that older persons and couples tended to live in non-nuclear households or in group quarters or an institution located in areas with high housing costs whereas, housing availability and affordability are positively associated with the likelihood of living alone or as a couple.

c. Cultural factors. The cultural factors such as the collectivistic family values, customs and traditions, the expectation of filial duty from adult children, changing attitudes of adult children towards the elderly, nature of intergenerational relationships, transfers and bonds etc., (Costanzo & Hoy, 2007; Sudha, Rajan & Sarma, 2004) are another set of determinants likely to influence the living arrangements of the elderly.

The *family structure* in the past in most regions of the world was that of the extended family that catered to the economic, physical, psychological, emotional support of members (Goode, 1963; Hiroshima, 1992; McDonald, 1992; United Nations, 1973) and anchored the family values and norms of interdependence, obligation and mutual support (Becker, 1991; Kuznets, 1978; Ravishankar, 2010).

Few studies in the west focus on the *cultural traditions and expectations* as the factors influencing the living arrangements of the elderly. Burr and Mutchler (1992) studied the influence of cultural preferences on living arrangements for a sample of older unmarried Hispanic and non-Hispanic white females and found that coresidence appeared to be experienced as part of ongoing exchanges between parents and adult children. Sudha and Mutran (1999) examined attitudes toward rest homes among elderly African Americans and Whites and their caregivers and found that the cultural preference for family care is often determined by dislike for institutionalized care.

In Europe, clear country group profiles emerged: living with kin is lower in northern Europe than in Southern and Eastern Europe, and with regard to levels of institutionalization the opposite is observed (Iacovou, 2000; Pampel, 1992; Tomassini, Glaser, Wolf, Broese van Groenou & Grundy, 2004). The differences are attributed to the survival of ancestral family systems, with Northern Europe characterized by weak family links and southern and Eastern Europe by strong ones (Reher, 1998). However, evidence shows that such family set up and context has been changing towards a more individualistic nuclear family system embracing the values of individualism (Goode, 1963; Ruggles, 1987).

In the Asian countries and in India, studies showed that the cultural forces, customs and traditions in the society play a vital role in determining the living arrangements of the elderly in the sense that even in the face of change, the elderly and their families continue to maintain the traditional coresidence patterns or change at a slower pace (D'Souza, 1989). Ravi Shankar (2010) attributed coresidence which is the popular form of living arrangement in India to the strength of Indian customs and values of respecting and taking care of the elderly. Studies have reported that a large percentage of the elderly in Asian countries like India, Singapore, Thailand and South Korea coreside with their children (Hashimoto, 1991). The high levels of coresidence of parents with married adult children in China, India as in much of East Asia is generally understood as a manifestation of the prevalence of traditional family values in this region (Logan & Bian, 1999; Martin, 1990; Nydegger, 1983; Wu, 1994). For instance, a majority of the Chinese follow Confucian ethics, which stress filial piety towards elders. The Hindu ideal with regard to parent-child relations is dependence and Hindu elders are expected to rely on their sons, especially with regard to provision of care during old age.

It was reported that in Brazil, older persons expect that their daughters, not sons, would take care of them in old age. A similar division of labor between sons and daughters has been observed in some countries of Asia, although in others the daughter-in-law traditionally provides most day-to-day assistance (Mason, 1992). In Thailand a majority of the elderly coreside with their adult children or live in residences adjacent to them (Sobieszczyk , Knodel & Chayovan, 2003) and in Bangladesh the married children often reside in a separate household but within the same compound (Amin, 1998).

V.S. Kumar (1999) found that an overwhelming majority of the elderly in the two study areas of Kerala and Uttar Pradesh lived with their children. Sivamurthy and Wadakannavar (2001) found that in the study area of four villages in Karnataka state of India, about 80 per cent of the respondents were living with their children reflecting the traditional value system of family and younger generations taking care of the elderly. The National Sample Survey Organisation (2004) showed only two categories of living arrangements for the persons of age 60 years and above namely- with spouse, children & grand-children, and with children & grand-children. Ravi Shankar (2010) used secondary data and found that in south India more than 95 per cent of the elderly people were supported by their spouse, children and grandchildren, irrespective of their sex and place of residence. Mishra (2008) conducted a study in four coastal districts of Orissa and found that the elderly preferred living with adult children and not ‘intimacy-but-at-a-distance’ as a form of living arrangement.

However, of late the preferences about the living arrangements of the elderly are moving towards living independently or in an institution. Takagi and Silverstein (2006) observed a high prevalence of coresidence between older parents and adult children in Japan which they interpreted as a manifestation of the *traditional family norms*. This study revealed that coresidence with married children and traditional normative beliefs mutually reinforce each other, whereas coresidence with unmarried children strengthens normative beliefs, but not vice versa.

During recent times the *attitudes towards the elderly and their care* in the society have been undergoing change, with children feeling lower levels of obligation towards the older parents (Goldstein, Schuler, & Ross, 1983). Hiroshima (1992) found that besides demographic factors, links to family contacts or functions of family determined living arrangements of the elderly in Japan but that the nature of coresidence of parents and children was gradually undergoing change. Thus, coresidence was becoming more flexible, a give-and-take relationship, rather than urged by traditional ideology. Irrespective of the economic situation, it was moving away from being an obligatory behavior based in customs. Hermalin and Yang (2004) used secondary data to examine the expectations of the elderly for living with married sons (or children) about young people's willingness to live with parents after marriage. Expectations and willingness varied for coresidence and other independent forms of living arrangements.

Influence of modernization on the value of privacy, use of economic resources, individuation or a combination of these were seen to cause changes in the living arrangements of the elderly (Cowgill & Holmes, 1972; Martin, 1990). Aykan and Wolf (2000) investigated the patterns and correlates of currently married adult children's coresidence with their parents in Turkey and found that social changes due to economic development reduced the prevalence of parent-child coresidence in Turkey.

Martin (1990) suggests that the *diffusion of so-called Western values and practices* of individualism and independence is in conflict with the earlier Confucian ideals of Japan and Korea and led to decline of multigenerational coresidence in China, Japan, and South Korea. Trends due to modernization such as increases in divorce, cohabitation and women's labor force participation, also limited the willingness or the capacity of children to provide support to parents through coresidence (Choi, 2003; Da Vanzo & Chan, 1994; Gaymu, 2003). Logan and Bian (1999) found that, coresidence is maintained in urban China in spite of a mix of both traditional and non-traditional norms.

Migration is another factor which influences living arrangements. The trend of rural to urban migration or transnational immigration is commonly found in many developing countries. For instance, Zimbabwe and Thailand have the highest percentages of skipped-generation households, where the elders reside with their grandchildren or other young relatives as a result of adult children's migration. In the Zimbabwean rural community of Manguwende, the grandparent and grandchild household was the most frequent living arrangement for older adults that reflect heavy migration patterns (Sokolovsky, 1997). At the place of destination, recent immigrants are more likely to exhibit coresidence pattern of living arrangement as compared to older immigrant families. For example, high levels of coresidence was observed among recently arrived Mexican immigrants that represent 'traditional' household/family structures in Mexico (Van Hook & Glick, 2007). The daily life of the immigrant elderly is dependent on these living arrangements particularly because of cultural and language barriers and limited economic resources confronted by them. Thus, the apparent propensity of immigrant elderly to live in extended households has been explained by cultural tradition and economic needs (Angel & Tienda, 1982). Hays and George (2002) in their study described race differences in the stability of living alone.

The *prevailing characteristics of children available to coreside* and their ability to support are also important in determining living arrangements (Gaymu, 2003; Martin, 1992; Rajan, Mishra & Sarma, 1995a, 1995b, 1995c). Lin, Goldman and Weinstein (2003) in their study in Taiwan examined the patterns and determinants of four types of support provided by adult children to their parents, with particular attention to differences in the helping behaviors of sons and daughters. It is found that while one of the adult children in a family provided help with daily activities, the responsibility for financial or material support was shared among the siblings. Sons generally carried major responsibility for taking care of their older parents with daughters taking over son's roles when sons are not available.

Studies have also shown that in poorer sections in south India, the elderly may choose to live alone not only because sons' attitudes might have changed, but also because of the likelihood that their sons find it difficult to support their wife and children. Therefore, the elderly with a view not to become a burden to their adult children might prefer to live alone or independently with their spouse (Devi Prasad & Indira Rani, 2007; Dharmalingam, 1994).

Frankenberg, Chan, and Ofstedal (2002) in a longitudinal study focusing on Indonesia, Singapore, and Taiwan examined the trends in coresidence of older persons with their adult children. They focused on how *life-cycle characteristics* of older adults and their children are related to maintaining coresidence over time and to transitions into and out of coresidence. While the results showed that coresidence provided support for parents as they age, the needs of children also played an important role in arriving at the decision to coreside with older parents.

One reason for examining data on coresidence in the living arrangements of the older population is because it is viewed as one type of *intergenerational transfer*. Often, there is an assumption that coresidence is based on the needs and preferences of the older person, but research has shown that coresidence is typically mutually beneficial arrangement to both generations (Casterline et al., 1991; Chan, 2005). Klaus, (2010) studied the intergenerational relationships in Germany and in this investigation the factors underlying adult child's helping behavior towards old parents were found to be under the effect of attachment, obligation, reciprocity, and altruism. It was found that the amount of resources and support flowing from parents to adult children is the most decisive predictor of the help they gain in return.

In another study Ward and Spitze (2007) used secondary data to assess gender differences in *intergenerational exchanges and relationships* for adult children residing with parents. Daughters report doing more house work and sons are more likely to pay room and board, and are unrelated to the reported quality of parent-child relations. Aquilino and Khalil (1991) used secondary data and found that a majority of parents were highly satisfied with the coresident living arrangement and described mostly positive relationships with their adult children. However, children's financial dependency and unemployment were associated with increased parent-child conflict. The returning home of divorced or separated children and the presence of grandchildren in the home decreased parents' satisfaction with the coresident living arrangement. Sun (2002) drawing on survey data in China explored the links between support during old age mediated by the characteristics of both parents and children. The results indicate that intergenerational support within families was the major source of old age security in Chinese society and living away from children did not affect whether the elderly parents received economic help, but did constrain their receiving help on daily activities.

Natividad and Cruz (1997) examined living arrangements among the Filipino elderly in terms of gender, marital status and place of residence and found that although it was common for the elderly to live with their children, they were not passive recipients of support. DaVanzo and Chan (1994) analyzed the secondary data from Malaysia and showed that coresidence is influenced by the benefits, costs, opportunities, and preferences for coresidence versus the independent living arrangements. Mishra (2008) found that elderly in India did not attach any negative meaning to physical and economic dependence on the children in old age since it was culturally accepted that the adult children will take care of their elderly parents in old age.

The *strength of bonds* established with the children earlier in life may affect the living arrangements of the elderly, and childlessness was seen as significantly associated with their living as a couple, alone or in institution (Freedman, 1996; Himes, Wagner, Wolf, Aykan & Dougherty, 2000).

d. Individual preferences in living arrangements

Preference is defined as the real or imagined choice among the alternatives based on satisfaction, gratification, enjoyment and utility they provide (Sen, 1982). The individual's choice in any society is the central point to estimate the preference based on his/her interests, and is more likely to lead to a feeling of wellness. Studies on living arrangements may presume that the elderly are actually staying in an arrangement they prefer to live in. But in reality, this may not be true of most cases as the elderly are unable to exercise that 'choice based on preference' due to various factors like socio demographic variables (Elman & Uhlenberg, 1995; Kim & Rhee, 1997; Rudkin, 1993; Zimmer & Kim, 2001), level of dependency, availability and gender of adult children (Panigrahi, 2009) and facilities etc.

In a study conducted in Orissa it was found that the reasons on which preference for a living arrangement is based may be desire for privacy, autonomy and independence, while dependency on others for financial, emotional and physical needs as well as cultural values are other reasons (Panigrahi, 2009). For example, often elderly give preference to continue living in the same house they were living and in the same way they lived (Prakash, 2004). The *preference to age in place* is now recognized as an important determinant of living arrangements and useful in the design and implementation of support services for the elderly as they age (Prakash, 2004; Schafer, 1999). *Attitudes* towards and perception about the living place and space (Chen, 1998), the costs, benefits and opportunities (Arifin, 2006) are also reasons which may decide which arrangement they prefer to live in.

Grundy (2000) used census data from UK to study the reasons for decline in adult children living with the elderly in England and Wales and found independent forms of living as a preferred option among the rich. Researchers highlight attitudes toward institutional care as important predictors of placement of elderly persons (Mui & Burnette, 1994). Goldscheider and Lawton (1998) tested whether close kin would still offer housing to those in need, influenced by their attitudes about coresidence among young adult children and ageing parents. They found that the kin's experiences in past living arrangements had strong effects on their attitudes about coresidence.

Szinovacz (1997) explores whether childhood living arrangements (living with single or remarried parents, exposure to extended households) impact attitudes toward and implementation of parental coresidence. The results indicated that positive attitudes toward coresidence with parents were less common among those raised by single fathers and more common among women exposed to traditional extended households. Further research in this area may indicate what interventions could facilitate elderly to live in an arrangement of their preference.

e. Other Determinants

Considerable research on living arrangements focused on studying person-specific determinants with less focus on environmental forces. Living arrangements are in fact equally influenced by spatially defined resources, as well as by political and economic environments which are aggregate or contextual in nature (United Nations, 2005). Therefore an analysis of the combined effects of personal and spatial contexts as a factor influencing older persons' living arrangement may offer scope for further theory development.

Trends in Living Arrangements

Descriptive information about the living arrangement patterns of the elderly at a global level has been collected from several sources (including Kinsella, 1990; Ruggles, 1987; Schwartz, Danziger & Smolensky, 1984; Wall, 1989a, 1989b). As can be seen, the regions for which living arrangements of the elderly have been studied in great detail are in North America, Europe, and Asia where population ageing has been proceeding rapidly. On the whole, three major trends in the living arrangements of the elderly can be identified. They are: a) decline in intergenerational coresidence, b) increase in independent living and living in institutions, and c) preferences of the elderly in living arrangements. A brief description of these trends is presented in the following pages.

a. Decline in intergenerational coresidence. The benefits of intergenerational coresidence range from companionship, emotional and social support to the fulfillment of the physical and financial needs of parents and adult children. If adult children coreside with their parents they may be able to provide goods and services that their parents otherwise might have to purchase. This may be especially important for seniors who are poor, older, or who are in poor health. Indeed, greater physical disabilities among the elderly have been found to be associated with increased coresidence (Panda, 1998). Elderly who are not currently married are more likely to coreside with an adult child because they lack the companionship and the emotional, financial, and physical support of a spouse. Also, widowed elderly may have a greater need for assistance from children and kin: unmarried men may need help especially with domestic household activities, whereas unmarried women may need emotional support and financial assistance (P.V. Kumar, 1999; Ravi Shankar, 2010).

Adult children also may benefit from coresidence as their parents may be able to provide help with child care or with other household services. This may be especially important as more young women work outside their homes. Furthermore, if parents and adult children work together in a family enterprise (e.g., on a farm or in a nonagricultural family business), coresidence may reduce the transaction costs of working separately. Coresidence also economizes on the cost of living as parents and adult children can save money by living and eating together. This point is especially relevant when housing costs are high or increasing as is the case with many developing countries. Thus economies of scale as well as the ability to consume household public goods provide an added incentive to coresidence (Rajan & Kumar, 2003; Rajan, Sarma & Mishra, 1999; Ravi Shankar, 2010).

Previous research has shown coresidence to be more prevalent in urban areas than in rural areas in a number of Asian countries. These differences may be due to the greater housing costs in urban areas. (Andrews, Esterman, Braunack-Mayer & Rungie, 1986; Casterline et al., 1991; Kim & Choe, 1992). Andrews et al (1992) who noted this possibility commented that coresidence may be more a matter of necessity than of tradition; while, in rural areas children's out-migration may lessen the opportunities for coresidence. Similarly, Chen (1987) notes that land availability in rural areas makes it easier for the elderly to maintain separate households. Their children may live nearby, and parents can thus obtain help easily.

On the other hand, for a number of reasons, most researchers working in this area argued that many developing countries have reached a point beyond which the traditional living arrangements of the elderly are being eroded. This shift away from the traditional living arrangements has occurred in the developed countries as a result of transformations in the economy, beginning of industrialization, and changing family norms and values- the same forces are believed to have been operating in developing countries as well. However, the said changes are occurring more rapidly in developing countries as the generational gap in education and earnings- two other factors thought to be important are even wider in many developing countries than it has ever been in the West (for e.g., Ruggles, 1987; Visaria, 2001).

In the developed world, industrialization, modernization and population ageing may have eroded the family structure and familial bonds but they have simultaneously fostered a system of social transfers such as social security and physical care towards the elderly. Such institutionalized transfers may itself have reduced even further the need for and discouraged the continuation of family transfers, including coresidence (Engelhardt, Gruber & Perry, 2005; Palloni, 2001). But this is not the case in the developing countries, and if the family does not support the elderly it leads to increased poverty and to marginalization of the elderly (Alam, 2006; Biswas, 1985; Rajan, 2001).

Frequently it is contended that notions of ‘individualism’, ‘independence’ are less prevalent in non-Western societies and that reciprocity, companionship, filial obligation, and social support are still highly valued (Rajan & Kumar, 2003; Sudha, Rajan & Sarma, 2004). Hence, the prevalence of elderly coresiding with adult children and kin continues to be high—usually over 80 per cent—and these levels have changed very little in the past few decades. However small they may have been, indications during the decade 1980-1990 towards higher levels of living alone may point to the beginning of a major shift in the living arrangements of the elderly in the developing countries as well (Bogaarts & Zimmer, 2002; Sudha, Rajan & Sarma, 2004; Visaria, 2001).

Cohorts who will become the elderly of the 21st century in the developed and the developing regions are on the leading edge of the family changes because of the rapid decrease in fertility and quick rise in divorce rates. These changes are influencing the attitudes about coresidence between parents and married children as being ‘burdensome’ or a ‘constraint’ (Bansod, 2009; Tomassini, Glaser & Stuchbury, 2007). Trends pointing to dissolution of traditional living arrangement patterns of coresidence are often seen as worrisome. This situation is of particular concern in the case of developing countries like India where public sector transfers towards elderly are either non-existent or not well established, and where the need for tight fiscal discipline conflicts with attempts to reform the situation (Knodel, Amornsirisamboon & Khiewyoo, 1997; Martin & Kinsella, 1994; Rajan, 2001; Ravishankar, 2010; Reddy, 1996; Reher, 1998).

Other researchers (for example, Palloni, 2001; Schafer, 1999) took a different stand about this trend and question whether it is advisable to pay too much focus on retaining coresidence patterns among the elderly. Instead, they suggested more research about the factors influencing coresidence and the other living arrangement patterns with the focus on their relationship with the well-being of the elderly.

b. Increase in solitary, independent, and institutional living arrangements. Legare and Martel (2003) have highlighted the differences and similarities in the living arrangements of the elderly in Canada, Switzerland, United Kingdom and Finland, and explored their relationship with the demographic variables. Living alone is becoming popular although gender, class and ethnicity differences do exist. The reasons may be increase in number of unmarried, widowed and separated elderly and those who continue a solitary form of living from their middle age into later life (Grundy & Glaser, 1997; Kinsella, 1990). Current levels of living alone among the elderly in the United States of America and in Western and Northern Europe are the result of changes that may have begun in earnest before 1900 but whose full effects are felt only after 1950s. (Gaymu et al., 2006; Ruggles, 2001).

By contrast and with only a few exceptions, the observed changes in the levels of living alone in Asia, Latin America and the Caribbean are of recent origin and of considerably lower magnitude. The two noticeable exceptions are Japan and Taiwan Province of China. In Japan, a society with traditionally high levels of elderly coresidence, the proportion living alone has increased steadily since 1960, at an estimated rate of about 1 per cent per year, and has reached close to 0.30 in 1990. It is projected to increase even more (Hiroshima, 1987). Similarly, in Taiwan Province of China and the Republic of Korea, two Asian populations with traditionally high levels of coresidence, the trend is towards higher levels of living alone (Hermalin, Ofstedal & Chang, 1996; Hermalin, Ofstedal & Lee, 1992). Based on the National Family Health Survey (1998-99) data, Rajan & Kumar (2003) stated that though the percentage of elderly who live alone in India small, it has been increasing from the past to now.

An equally important aspect of the changing living arrangements of the older people is the increase in number of married couples maintaining independent households from either children, siblings or other relatives. Some of the reasons cited in the studies are: the adult children want to live separately, increase in the longevity for the couple, and older people's expectations to grow old together and to age in place (Kinsella, 1990).

Living arrangements in later life are not the result of a simple linear relationship with age, sex or marital status of the elderly; the three variables are interrelated and it is not clear which is the key influence. Living alone or with the spouse is found to be the most frequent living arrangement for people who are not too old, whereas for the oldest-old, living with child (ren) or grandchild (ren) has been found to be a prevalent form (Wilmoth, 1998). With a few exceptions, the prevalence of the elderly coresiding with children (or kin) is less in the group of 50 - 75 years and then increases again in the older age (Kinsella, 1990).

Over time, the increase in living alone has been proportionately higher among the oldest-old (over 85 years) than among the young-old (Tuma & Sandefur, 1988). Such variations in age pattern for living alone are exhibited among the elderly in the United States micro census data from 1880 onwards (Ruggles, 1994), and among elderly widows in the 1960-1990's (Macunovich, Easterlin, Schaeffer & Crimmins, 1995). This age pattern is less pronounced but still detectable in Canada (Legare, Martel, Stone & Denis, 1998), in Japan (Hiroshima, 1987) and, in a number of European countries (Kinsella, 1990).

Though there is considerable diversity among the countries of the world regarding living arrangements of the elderly, two generalizations which are supported by available evidence can be stated: first, older women are substantially more likely than older men to live alone; and second, only a small percentage of the older population lives in institutions (Kinsella, 1990; Rajan, 2006). The increase in solitary living among older women is associated with demographic changes such as falling male-female ratios among the elderly, which translates into a relative shortage of spouses and kin with whom to coreside (Kobrin, 1976a; Wolf, 1994). In terms of marital status, divorced/ widowed/ never married persons are likely to live alone (Rajan, 2006).

Similarly, economic forces like increase in pensions, subsidies and schemes for the elderly increase their likelihood of living alone (Engelhardt, Gruber & Perry, 2005). Numerous studies have shown a positive association between income and living alone, whereas income and institutionalization is found to be negatively correlated (Carriere & Pelletier, 1995; Ruggles, 2001). In east Java, it was found that the elderly who were well-off were in coresidence with their adult children (Arifin, 2006). However, the dramatic increases in living alone in late life have been associated with higher incomes and better health, obscuring the risk to subgroups with diminished health and socioeconomic resources who are living alone (Hays & George, 2002).

Childlessness is another factor significantly associated with living with spouse, alone and in an institution. Greater availability of younger kin, on the other hand, is associated with significantly lower percentages living alone or as a couple or in an institution and significantly higher probability of living with a child or grandchild (Freedman, 1996; Himes, Wagner, Wolf, Aykan & Dougherty, 2000).

c. Preference for ageing in place

Assumptions that are often made about the preferences of the elderly regarding their living arrangements would depend on the traditional expectations or on past norms. This is particularly true in the developing countries, where it is often assumed that the preferred living arrangement for older people is coresidence with adult children. Recent research in the Philippines found that many older people, although coresiding with adult children would prefer to live alone or with a spouse only. They live with adult children either because of their needs or the needs of their children or a combination of both (Natividad & Cruz, 1997). The largely neglected issue of the demand for autonomy and privacy by the East Asian elders is now in focus with its implications for social policy (Chan & Lee, 2003). Thus, there is a need for more research on the actual rather than the assumed preferences in terms of living arrangements of the elderly.

Some of the preferences such as desire to age in place (Gilleard, Hyde, & Higgs, 2007; Prakash, 2004), need for privacy and autonomy, inclusion or avoidance of a family member and requirement of institutional supports may operate in selecting a particular living arrangement that is closer to their expectations and requirements. As the physical and mental well-being of the older persons is closely related to the type of living arrangement they are in, it would be helpful to explore further their preferences and attitudes about the different types of living arrangements. This would assist in designing policies and providing supports that would facilitate their stay in the living arrangement of their preference (Kinsella, 1990; Myers, 1996; Panigrahi, 2009; Prakash, 2004).

Two frameworks have been used to explain the reasons for the observed trends in living arrangements of the elderly (Palloni, 2001).

1. Caldwell's (1976) framework. Caldwell's theory of intergenerational flows suggests that in the past, the intergenerational flows were more from the young to the older generation. With industrialization and urbanization, the site of production shifted to outside of the household. As a result, the direction of intergenerational flows got reversed and alternative forms of social support acquired importance as compensating mechanisms, thereby freeing the younger generation from their obligations towards the elderly. The whole ideological super structure was revamped. The nuclear family instead of being seen as a deviant behavioral alternative became a legitimate living arrangement. This new arrangement rests on an individualist ideology that replaced strong familistic tradition and asserts individual welfare and self-development over the kin group or the clan.

2. Burch & Matthews (1987) framework. The authors identified a number of factors that could account for the persistence or change of a particular type of household arrangement. Their suggestion is to define key principles, stipulate a few axioms and formulate testable explanations for observed changes. The main disadvantage of this framework is that it lacks generality as it is intended to account only for household arrangements and overlooks the totality of intergenerational flows, of which coresidence is a part.

In summary, while there is a global concern about the trends in the living arrangements which are impacting negatively on the lives of the elderly, some studies show evidence regarding continuance of care of the elderly in the family. Intergenerational solidarity and a sense of obligation towards elderly continue to be strong in many regions or at least it appears so from available studies about preferences in living arrangements. Only in a few of the societies, demographic and economic transformation have led to rigidities in the life cycle of younger generation owing to career demands, dual-earning couples and marital disruption, that reduce the field of choice for living arrangements of the elderly.

Importance of Living Arrangements

Living arrangements offer a wide scope for study and is an indicator of several processes. There is a broader scientific interest in understanding major shifts in family and household composition over time and place and their effect on the patterns of living arrangements (Velkoff, 2001; Wolf, 1994). There are two main reasons why such an understanding is important. First, the living arrangements have spillover effects i.e. individual decisions about joint or separate living are affected by social and contextual characteristics and vice versa. They have an impact on aggregate demand for housing and housing services as well as on the size and type of demand for social services and care-giving for the elderly. Second, it is widely argued that living arrangements is one factor, among others, that influence elderly' well-being (Panigrahi, 2009; Rajan, 2006; Turlapati, 2011; United States National Institute on Ageing, 2000). Such projections may be helpful particularly when the mechanisms and resources for non-familial support for the older population are few and mainly, if the trend is towards independent or solitary living (Palloni, 2001).

Furthermore, living arrangements reflect the extent to which the individuals and family members achieve some degree of independence and also reflect changes in the flow of resources within families and the society as a whole. Living alone (e.g. for those with no spouses) and living in a nursing home (e.g. for those who are frail and have no family support) can be taken as representing extreme opposites i.e. independent and dependent living arrangements.

Elderly who coreside may be considered to be at the receiving end of support and care. However, coresidence of elderly parents and child often serve the needs of the child (Aquilino, 1990). It is widely acknowledged and confirmed in many studies (e.g., Day, 1996), that elderly prefer to live independently as long as possible. There is a situation of the elderly preferring ‘intimacy at a distance’ (Rosenmayr & Kockeis, 1963), that is, to have family members living in close proximity but not under the same roof with them. In fact, shared living arrangements are often adopted in response to older persons’ needs for personal care, and it was pointed that children who care for an elderly parent need not necessarily live with the parent (Soldo, Wolf & Agree, 1990).

Each potential living arrangement considered by an older person or couple offers a distinct set of ‘component’ household goods, among which are privacy, autonomy, domestic services and support. The decision makers seek to achieve the best possible combination of these goods, taking into account available opportunities, their preferences, and relevant constraints (Burch & Mathews, 1987). Thus the elderly and family members are assumed to make decisions about living arrangements by taking into account the above mentioned factors (Worobey & Angel, 1990). Hence, the emergence of newer types of living arrangements that checked the monopoly of coresidence.

While dealing with the well-being of the elderly, it is important to study their pattern of living arrangement. The elderly, being less independent need the care and support of others in several respects. While ‘taking care of the elderly’ refers mainly to emotional support, ‘support given to the elderly’ often refers to financial and material support. The former type of support is expected from family members or persons who are close to the elderly, whereas, the latter is supposed to be a joint effort of the immediate family and society (Bhat & Dhruvarajan, 2001; Biswas, 1985; Soldo, Agree & wolf, 1989). Therefore, the study of elderly within their living arrangements provides an opportunity to explore the dimensions of care available to them from these perspectives (Rajan & Kumar, 2003).

The study on the nature of intra-family transfers (Stecklov, 1997; Stein et al., 1998; Sudha, Rajan & Sarma, 2004) and their relationship to the system of pensions and social welfare (Reddy, 1996; Rajan, 2001) is very useful. The young- old are more likely to be in good health, can be economically active and may provide substantial assistance—both financial and personal (e.g., child care)—to their children and grandchildren. With advancing age and with the onset of disease or disability, the older generation is more likely to depend on others for both financial support and personal care. Such phases in the life course influence many aspects of the lives of the elderly including their living arrangements and their well-being. It is also possible to investigate the role of kin living elsewhere, since relatives, and even non- relatives living nearby may be an important source of emotional support and financial assistance. There is a demographic context of the living arrangements that is relevant as well (Singh & Yesudian, 2007; Visaria, 2001).

Alternative Living Arrangements

Living arrangements of the elderly have altered while the elderly and their families made attempts to cope with the socio-economic and cultural changes in the contemporary society due to the shifting family context. For example, living alone but with a companion (cohabitation) appears to be increasingly common among widows and widowers in Europe. Another instance is the young couple living with wives parents in some parts of England. It is difficult to predict whether such living arrangements would become widespread, and we do not understand what conditions (availability of housing; pension systems) make them feasible (Gaymu et al., 2006). However, these changes bring in additional dimensions to understand the nature, diversity and context of the living arrangements of the elderly.

The following is a list of such situations which the author has come across during the literature review. The list does not however indicate prevalence or distribution of the living arrangements.

- Living with spouse or living alone: with children staying in the same neighborhood/city.
- Living in the same house /under the same roof but eating food from independent kitchens.
- Supported living: Living alone with help from a fulltime attendee/cook/maid who does not stay in the household.
- Assisted living: A person generally a major, unrelated to the older person moves in with the older person for the purpose of providing care and he/she receives payment.
- Living alone or with spouse in his/her native place of residence and with occasional or regular visits to adult child in another city for a considerable part of the year.
- Living with non- relatives (friends, neighbors, flat mates, paying guests).
- Living with a companion/ partner of opposite sex (companionship / cohabitation).
- Group living communities designed for elderly within or close to central cities. This form of living arrangement is coming up as an alternative in the more developed and in some developing countries (Palloni, 2001).
- A supported housing arrangement is one where the elderly person receives help in their home from an organization or from an individual who is not a family member (Schafer, 1999).
- Even in countries where the admission into nursing homes and institutionalization of elderly is still a stigma, such options are emerging to provide care to the disabled and infirm elderly, as a last resort. However, they are linked to financial status of the elderly. Institutionalization as an alternative supported by the state is present and accommodates only a minor percentage of the elderly who are destitute and in need. Private initiatives in this area in Indian context are yet to develop on sound lines (Rajan, 2004, 2006).

On a final note, as different types of living arrangements have different impacts on the condition of the elderly, policy supporting any one of them without research evidence is not advisable. (Maddox, 2001; Mishra, 2008; Panigrahi, 2009; Rajan, Mishra, Sarma, 1995a; Townsend, 1981).

Section II

Quality of Life

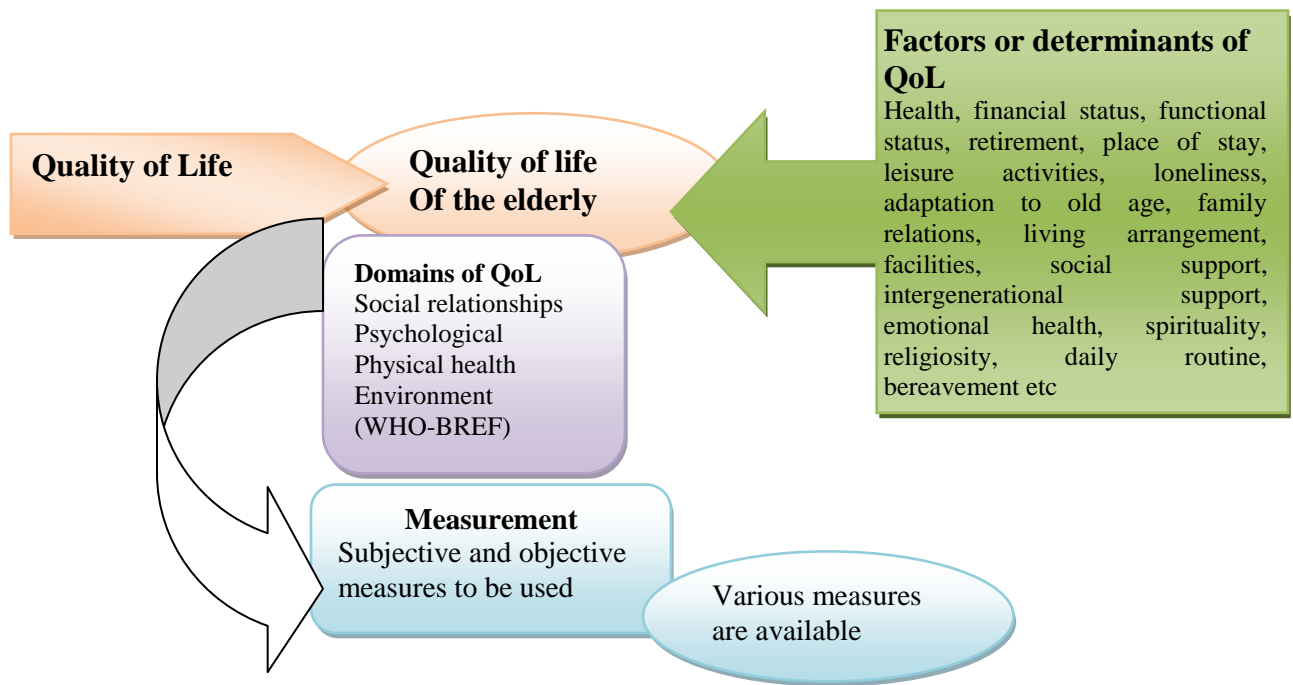
In recent years enhancing the quality of life of individuals and populations has become one of the strategic goals for the governments of different countries in the world, and multi-national organizations such as World Health Organization and the United Nations. Quality of life is a concept that is also widely used as a measure of well-being in gerontological, health and policy research (Bond & Corner 2006). Quality of life is also linked to related concepts such as mental well-being, life satisfaction, and happiness. As a research concept, however, it has been marked by persisting problems of definition and measurement (Kahn & Juster, 2002). Many researchers over the past five decades have been striving to define the core concept of quality of life, its dimensions and domains and to arrive at how it can be measured with varied populations in a range of contexts (Sirgy, Lee & Bae, 2006).

Definition and Concept of Quality of Life

Quality of life (QoL) is a broad concept that covers many different domains of a person's life. Health is a predominant domain, although economic status, physical environment, social life, psychological well-being, and spiritual needs are other important contributors to the QoL. Hence, understanding the nature and processes involved in QoL of an individual requires a multidisciplinary approach. In the following pages, an effort will be made to review the concept of quality of life, issues involved in its measurement followed by studies on quality of life and its relationship to certain variables including living arrangements of the elderly.

Quality of life (QOL) can be defined as ‘dynamic interaction between the external conditions of an individual's life and the internal perceptions of those conditions’ (Browne et al., 1994). The WHOQOL Group (1998a) defined quality of life as ‘the individual’s perception of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns’. It was also defined as the ‘notion of good life’ with reference to material, physical, spiritual and mental well-being of a person. QoL is considered by some authors a subjective rating on a continuum from poor to good levels. It may be an overall rating of life domain in terms of personal well-being and life satisfaction or in terms of specific life domains such as family, work, marriage, health etc. (Maddox, 2001). The Figure 22 shows the relationship of the domains and determining factors of the concept of QoL.

Figure 22: Domains and determining factors of QoL and its measurement



Browne et al., (1994) raised the debate regarding whether the domains of QoL are to be generic i.e. they are seen common for all irrespective of age, context and personality of a person or do they need to be based more on the discretion of the individual i.e. the individual will decide which domains matter to him/her most in evaluating their quality of life.

In the subsequent decade or so, different researchers came up with frameworks to understand the concept of QoL. Ryff (1989, 1995) demonstrated that there were three streams of research which were relevant to understand well-being: theories of human development, clinical psychology, and mental health- especially positive mental health. Drawing from these sources, she proposed six defining components of well-being or QoL: i) self-acceptance, ii) purpose in life, iii) environmental mastery, iv) autonomy, v) personal growth, and vi) positive relationships with others.

In an attempt to conceptualize QoL, Kahneman, Diener, and Schwarz (1999) proposed five conceptual levels as relevant for research on QoL. In descending order from molar to molecular, they are: i) External conditions (e.g. Income, neighborhood, and housing); ii) Subjective well-being (e.g. Self-reports of satisfaction and dissatisfaction); iii) Persistent mood level (e.g. optimism, pessimism); iv) Transient emotional states, immediate pressures or pains (e.g. joy, anger); and, v) Biochemical, neural bases of behavior. Coming up with another framework, Kahn and Juster (2002) proposed that the life of a human being may be divided into subjective domains (e.g. feelings, ideas, perceptions, attitudes) and objective domains (e.g. income, health, marital status, gender and age). Through a systematic evaluation, a person's level of happiness and satisfaction on the various domains can be ascertained and the score would give the level of quality of life of the person. They added that the debate between objective and subjective definitions of well-being is mistaken, as both are required to understand QoL.

In an interesting study, Leung, Wu, and Lue, (2004) used focus groups to understand the components of QoL. The study yielded 15 dimensions of QoL grouped into six domains: i) physical health (physical well-being, impact of illness, medical care), ii) psychological health (mood states, life attitude and retrospection, philosophy of living, self-efficacy), iii) social function (connectedness, exercise and leisure activities, social activities and services), iv) living environment (living environment and arrangements, institutional factors), v) economic status, and vi) beliefs about (religion and death).

In a more holistic outlook, Bond and Corner (2006) argued from a broadly constructivist perspective that quality of life is a subjective lived experience which exists in multiple realities that are constructed and reconstructed time and again by the individual elderly within the context of their unique lives and life histories. Their framework attempted to build linkages between agency as reflected in individual subjectivity, and structure, particularly the nature of social order and structural change.

Broadly, some of these frameworks have influenced the understanding of the QoL concept, and in evolving instruments to measure the phenomenon.

Measuring Quality of Life

Till recently, instruments developed to measure QoL followed the standard needs model wherein there are three essential elements for its measurement. They are: (1) the domains into which life may be divided (e.g. physical health, social relations, and family life), (2) the criteria which are used to assess different domains and the levels such as higher and lower QoL, and (3) the weights to be placed on different domains to distinguish areas of higher and lower importance. Here, the individual's subjective view is not taken into account. QoL is treated as though it were an objective characteristic of the person concerned. In essence, the approach to QoL measurement has been to construct a generic model of what constitutes 'the good life' by averaging the responses of samples thought to be representative of the target population, or by the collation of expert knowledge. Individuals are then assessed for their 'goodness of fit' according to this model (Barrett, 1999).

In recognition of the shortcomings of the standard needs model discussed above in the measurement of QoL, other approaches have been developed to reflect the subjective aspects involved in QoL evaluation. However, the ethical issues concerning the conduct of quality of life research is another area of concern. Similarly, the validity of the domains used in the instruments to assess a person's quality of life and their ability to discriminate (as high or low) between individuals and groups was also under debate (Browne, O'Boyle, McGee, McDonald, & Joyce, 1997; Kreitler & Kreitler, 2006).

Thus, the growing interest in studying the quality of life (QoL) during the last decade has brought a number of measures into the field. These measures adapted different approaches to study the phenomenon. Some asked direct questions about sense of well-being and life quality; others inferred well-being from indicators of morbidity, mortality or ability to perform specific tasks etc. while, still others drew inferences from more general societal characteristics (Cohen, 1969; Kahn & Juster, 2001; Orley, 1995). The effort has been to free QoL assessment from the specific context of health, and to get as close as possible to providing a holistic measure reflecting the person as a whole (Kreitler & Kreitler, 2006).

Examples of holistic measures developed are the Multidimensional Quality of Life (MQOL) by Kreitler and Kreitler (2006). This measure covers domains which encompass a person's QoL such as life and standard of living, education and learning, productive and valued activities, individual, family and social life, identity, expression and self respect etc. The recognition of the multi-dimensional nature of quality of life is reflected in the WHOQOL-100 (World Health Organisation, 1995). However, the WHOQOL-100 was found to be too lengthy for practical use. Hence, the WHOQOL- BREF Field Trial Version (World Health Organisation, 1996) was developed by retaining its nature but providing a short form for assessment of quality of life.

Review of Studies on Quality of Life

The present review makes an effort to provide a conceptual background about quality of life in general and of the elderly in specific. The following are some studies undertaken over the time, across the countries including India mainly focusing on the factors that influence or determine the quality of life of the elderly. It is observed that many of these factors may be located and studied within the purview of the living arrangements of the elderly such as intergenerational support, living environment, social interaction, loneliness, activities of daily living etc., focusing on the living arrangements as one of the important factors influencing the quality of life of the elderly.

In the following pages studies are reviewed on a range of factors such as life satisfaction, health, loneliness, age, economic status, support networks, resilience, intergenerational support and spirituality which impact on QoL of older persons in both negative and positive ways. Following this discussion, an attempt will be made to review studies relating living arrangements and quality of life of the elderly.

Gilleard, Hyde, and Higgs (2007) conducted a study using secondary data in England and the results of their study indicate that age, place, ageing in place, and the attachment to place interact in complex ways to affect levels of well-being of the elderly. In a study on life satisfaction by Ramanamurti (1970) on the elderly between 50- 70 years of age, results indicated decline of life satisfaction around the 55th year (due to retirement effects) and also beyond the 61st year (due to psychological and physical effects of old age) and an improvement in between these two phases. In another study in 1996, he found that good mental health, life satisfaction and adjustment were important to ensure a happy old age. The factors that relate to happiness in later life for men (self-acceptance, flexibility of behavior etc.) and women (self-acceptance, belief in the philosophy of *karma* etc.) were found to vary.

In the Indian society, old age is often seen as a stage of weakening health, loneliness due to death of loved ones and separation from children. Turlapati (2011) examined the levels of life satisfaction among the elderly and its determinants in an urban setting. In her study, the life satisfaction of the elderly variable was studied in relation to a set of causal variables such as physical and psychological health, loneliness, social supports and spiritual well-being. All the four predictor variables had statistically significant relationships with life satisfaction. Elderly with good physical and psychological health, higher levels of social supports and spiritual well-being had reported higher levels of life satisfaction. A similar study by Momtaz (2009) identified seven significant predicting variables namely, health, disability, religiosity, social support, gender, housing quality, and employment status as predictors of psychological well-being. The results of the study indicated that increase in chronological age is not related to decline in psychological well-being. If their social and physical needs are well met, the psychological well-being can be maintained by the elderly.

A study by Anantharaman (1980) revealed that among the elderly, those who were young, active, and adaptive to different situations and environments rated their health as good and those elderly who were in opposite to the features mentioned above rated poor health. Joshi and Sengupta (2000) state that the physical and psychological problems that the elderly experience due to ageing and associated socio-cultural, nutritional and environmental factors affect their quality of life. Other studies showed health as moderately positively correlated with quality of life (Forsyth, Roberts and Robin, 1992; Rowe & Kahn, 1997).

One of the significant factors that influence the quality of life of the elderly is the loneliness experienced by them. Loneliness is a sentiment expressed by a person defining his or her form or level of relationships as inadequate (Lopata, 1969; Weiss, 1973). Older persons, who are generally at a risk for experiencing loss and a shrinking network of family and friends as they age, are at a high risk of experiencing loneliness. According to Dykstra, Tilburg, and Gierveld (2005), older persons become lonelier as time passes wherein the increase is greater for the oldest. The elderly who lost their partner by death showed greater levels of loneliness while, entry into residential care does not affect loneliness. Hence, the elderly who move into independent forms of living arrangements may face more loneliness, which subsequently affects their well-being (Peters, 2004).

However, not all elderly become lonely. Those who continued to be physically active and made efforts to expand their social network reported lesser levels of loneliness. Research by Lopata (1969, 1979) suggested that education is one of the most important factors encouraging the kinds of social engagement & networks among the elderly which are more likely to reduce loneliness. Similarly, individuals who were able to engage in newly emerging social roles were found to be less lonely (Inkeles and Holsinger, 1974).

For life satisfaction the significant predictors are the marital status and social support. A study by Kaur and Kaur (1987) revealed that the social supports network of the elderly was an important contributor to their sense of well-being in spite of the problems they face with advancing age. Similarly, Chadha and Aggarwal (1990), Chadha and Nagpal (1991), and Nathawat and Rathore (1996) found that social supports of the elderly and their quality of life were significantly positively related to each other. Barrett (1999) examined the role of social support in determining life satisfaction among the never married. The results indicate that age moderates the effect of marital status on social support such that the negative effects on QoL due to being never married are greatest among the elderly. According to Ballesteros (2002) social support is a key concept in gerontology. There is evidence to show its relationship with health, well-being and quality of life in old age. The density of an individual's social relationships, the reciprocity shown in relationships for the support and services are associated with health indicators, subjective well-being, and quality of life measures.

Adaptation to changing conditions in one's life is a fundamental component of subjective well-being (Diener, Suh, Lucas, & Smith, 1999; Power, 2003). Adaptation to old age is a complex interactive process between the ageing adult and his/her environment (Moraitou, Kolovou, Papasozomenou & Paschoula, 2006). Adaptation is a condition characterized by two criteria: First, the individual meets the demands of the environment; and second, the individual experiences a sense of general well-being in relation to the environment. Hence, the factors in the living arrangements that are predictors to the well-being of the elderly may be related to this variable (Power, 2003). The process of adaptation may take the form of habituation, that is, of an automatic passive biological process. However, there are also effective coping strategies, 'mature defence' mechanisms, and 'positive illusions', which are seen to be consistently related to better adaptation to ongoing-changing conditions and high subjective well-being (Diener, 2000; Diener, Suh, Lucas, & Smith, 1999; Gana, Alaphilippe & Bailly, 2004; Whitty, 2003).

Activities of daily living refer to a range of common activities whose performance is required for personal self-maintenance and independent community living. The activities of daily living include i) physical: most basic of personal tasks; ii) instrumental: more complex activities needed for independent living and mobility (Katz & Akpom, 1976). Chadha, Chao, Bhatia, Rohatgi & Mir (2006) reported that the morbidity and physical function of the elderly could be seen as indicators for determining the wellness of the aged. The findings of the study showed that educational level, marital status, age and health influence the activities of daily living of the elderly which in turn would have a bearing on their quality of life.

Leisure time activities are taken up to relax, and for recreation when one is not at work (Murphy, 1981). For the elderly after 'retirement', more time is available for leisure activities. These activities provide the elderly the context for social and emotional interaction, intellectual stimulation, and physical activity. Therefore they have an association with the quality of life of older people (Riley & Foner, 1968). Silverstein and Parker (2002), drawing on Rowe and Kahn's (1998) notion that 'engagement with life' is a critical component of successful ageing, examined the relationship between the changes in leisure activities over a ten year period with associated changes in quality of life among elderly in Sweden. It was found that those who had active participation across domains tended to experience an improvement in their quality of life. This impact was particularly strong among older adults who became widowed, developed functional impairments, and had relatively low contact with family. The results further suggested that maximizing activity participation was an adaptive strategy taken up by the elderly to compensate for social and physical deficits in later life.

Several studies also showed that greater involvement in leisure activities was reported to be linked to reduced mortality risk (e.g. Glass, De Leon, Marottoli & Berkman, 1999), reduced risk of cognitive impairment (e.g. Wang, Karp, Winblad & Fratiglioni, 2002), improved physical health (e.g. Seeman, Berkman & Charpentier, 1995), greater life satisfaction (Menec & Chipperfield, 1997), lower stress (e.g. Patterson, 1996), and reduced levels of depression (Herzog, Black, Fountaine, & Knotts, 1997).

A study by Butler and Ciarrochi (2007) examined the influence of psychological acceptance about old age on the quality of life in a sample of 187 elderly from a home nursing service. As hypothesized, the data indicated that people who had higher psychological acceptance of old age also had higher quality of life in the areas of health, safety, community participation and emotional well-being. In addition, individuals high in psychological acceptance had less adverse psychological reactions to decreasing productivity. Therefore, it may be concluded that interventions that increase psychological acceptance may lead to improved quality of life amongst the elderly.

Resilience is another positive attribute that is correlated to quality of life. It is the ability to recover from negative, stressful and threatening life events. It is an important attribute at any age and assumes additional significance as people age (Seligman & Csikszentmihalyi, 2000). The more common experiences of ageing are accidents and illnesses, losses and bereavements, involuntary retirement, moves from a longtime home and the like. High incidence of such events in later life raises the question of how such events affect well-being in the short time and beyond (Dohrenwend & Dohrenwend, 1974; French, Gekoski & Knox, 1995; Kahn & Byosiore, 1992). Holmes & Rahe (1967) developed a broad inventory of such negative life-events which was widely used with the elderly. They state that in all cases the correlation between life event scores and well-being measures were stronger for women than for men. Regarding the outcome, for women, positive events are associated with better well-being. For men, negative events were related to more physical illness and psychiatric symptomatology and positive events were related to better life satisfaction, and perceived physical health.

Hope is one of the ways through which people manage their goals and adapt to everyday life challenges. For this reason, it is identified in positive psychology as a human strength (Danner, Snowdon & Friesen, 2001; Kashdan et al., 2002; Krause and Shaw, 2000). Moraitou, Kolovou, Papasozomenou & Paschoula (2006) studied a sample of healthy older adults with a focus on hope as one of the positive emotions. It seems that dispositional hope, contrary to negative affect, offers resources that facilitate coping with life challenges imposed by old age, thus contributing to the quality of life of older persons.

Intergenerational relationships are interactions between individuals of different generations or cohorts, that is, thousands of people who share similar but not identical experiences by the virtue that they are born, live and die within a common historical period but not at the same time. Chen and Silverstein (2000) explored the relationship between intergenerational social support and the psychological well-being among older Chinese parents. Findings revealed that ability to provide instrumental support to children and their satisfaction with children's behavior directly improved parents' well-being. The positive effects of providing functional support are magnified among parents who adhere to more traditional norms regarding family support. It was shown that older parents' satisfaction improved when children expressed affection or gave emotional support. However, support from children in terms of provision of information was associated with decreased satisfaction among parents. The study by Lowenstein, Katz & Gur-Yaish (2007) used a cross national sample of elderly to replicate and extend the study by Lee, Netzer and Coward (1994) which examined the effects of aid exchanged between generations- older parents and their adult children. The findings highlight the importance of reciprocity in intergenerational relations. The results showed that the capacity to be an active provider in exchange relations enhanced older persons' life satisfaction.

Religiosity, spirituality and engagement with work are linked to quality of life of the elderly. Jain and Sharma (2004) suggested that human beings had an innate urge towards personal growth, to evolve through a deeper self-knowledge and to feel that they were valuable elements within the grand scheme of things. The findings suggested that the productive engagement in work, gender and quality of life in combination with the resurgence of religiosity in old age, brings one to the conclusion that religiosity as well as productive engagement in work do play a pivotal role in individual's quality of life. A study by Teichmann, Murdvee and Saks, (2006) revealed that spirituality occupies an important place in the person's perception of their quality of life in a changing socio-economic environment.

Section – III

Research Linking Living Arrangements and Quality Of Life

Living arrangements have major consequences on the quality of life in older people's lives. Studies reviewed in Section I have shown that older people lived predominantly in the family/community setting rather than institutional settings. The types of living arrangements of the elderly and the factors that determine them at a point of time were reviewed. Further, the factors that led to changes in patterns of living arrangements of the elderly (trends) over time, or the transitions from one to another arrangement during their life time were highlighted. The review of studies in Section II showed the various factors that influence the quality of life of the elderly. It is argued that though living arrangements is one of the factors among many others that influence the quality of life of the elderly, not much research has been done in this area (United Nations National Institute on Ageing, 2000). Available studies, however scant, have been reviewed here in the following pages.

Independent living is not possible for some of the elderly due to some problems relating to health problems, need for assistance with activities of daily living in advanced age etc. (Bond & Coleman, 1990). At the same time, living with family members and other people can sometimes have negative consequences such as lack of emotional support, privacy, independence and may lead to neglect & abuse (Kobrin, Anetzberger & Eckert, 1989). Though long-term care options for the frail elderly in institutional settings are generally avoided, they may be a viable option to support the elderly, provided the institutions are demedicalised and homely (Gillick, 1996). In these three forms of living arrangements i.e. independent living, living with family and long term institutional care, the determining factor for the living arrangement decision for the elderly is- in which type of arrangement and with what informal supports their quality of life would be at its best?

There are other important reasons why the association between living arrangements and Quality of life of the elderly be studied. First, living arrangements may influence the material and psychological well-being and health status of the older generation. Second, because of their low rates of participation in the formal labor market, women are most vulnerable economically and their well-being may be more dependent on their living arrangements than is that of men (United Nations, 2005).

Review of Studies on Living Arrangements and Quality Of Life

Although information on living arrangements is useful, such data do not necessarily reveal much about the nature of social and/or intergenerational relationships that pertain to elderly, and whether those relationships enhance elderly's well-being (United Nations National Institute on Ageing, 2000). Also, the frequency of occurrence of a type (s) of living arrangement should not lead us to assume that it is a better arrangement or leading to better quality of life among the elderly. There is a need to go beyond the descriptive statistics on living arrangements and to investigate the impact the different types of living arrangements on elderly's lives. To measure this, subjective measures of well-being or quality of relationships between coresident family members and other qualitative methods may be useful. Further, unless one has longitudinal observations, it is difficult to decide as to what extent a particular type of living arrangement impacts the elderly well-being (United Nations National Institute on Ageing, 2000).

Velkoff (2001) emphasizes that changing family structures will have an impact on the well-being of the older population over a period. There are several alternative forms of family and generational structures that are shaped by changes in marital status, fertility, mortality and migration. Much of the research has focused on the traditional paths through the life course (e.g., marriage, bearing children and widowhood) but did not consider the alternative pathways through the life course, and their consequences on living arrangements and well-being in later life. This is emphasized as an important dimension for consideration.

The study by Gee (2000) examines the influence of living arrangements on the quality of life of community-dwelling migrant Chinese elders (aged 65 and over). Three dimensions of quality of life - satisfaction, well-being and social support were examined for married men and women [living with spouse/alone vs. living intergenerationally] and widowed women [living alone vs. living intergenerationally]. Analysis indicated that living arrangements were not significant in explaining changes in life-satisfaction or well-being for married men and women. For widows, living arrangements determine well-being but not life satisfaction. Overall, age, health status, and social support (having friends/confidante) are found to be better predictors of quality of life for elderly Chinese Canadians than are living arrangements.

The study by Kim and Kim (2003) looked at the relationship between the patterns of support exchange across generations and the subjective well-being of the elderly as measured by the overall life satisfaction index. The findings suggest that the elderly as well as the younger generations in coresidence with better life satisfaction put more value on two way intergenerational relations based on mutual care and assistance, rather than simply following the traditional norm of filial obligation.

Prakash (2004) pointed out that elderly may prefer to continue to live in their own place rather than relocate to be with their children. For the elderly who desire to age in place, concerns about progressive decline in health and threat of loneliness caused anxiety. While ageing in place may be a preferred option, in the absence of appropriate, affordable, community based long term services it may prove to be a difficult option for the elderly as it may negatively affect their quality of life. Similarly, in a study conducted (Lee, 2005) on the quality of life of Chinese elderly who are living alone, it was revealed that mental health status, number of days staying in hospital, life satisfaction, age, and self-esteem were significant factors in predicting their quality of life. Gilkeard, Hyde, and Higgs (2007) conducted a study using secondary data in England and showed that age, place, ageing in place, and the attachment to place interact in complex ways to affect levels of well-being among the elderly.

Das and Satsangi (2007) in their study found that there is a significant positive effect of companionship of spouse upon the life satisfaction experienced by the elderly i.e. those with higher companionship of spouse were more satisfied in comparison with those who enjoyed less companionship with their spouse.

Bodur and Dayanir (2009) conducted a study in Turkey using the WHOQOL-BREF to assess and compare the quality of life of older people living at home and those who were living in public assisted-living facilities for the elderly. The results suggested that social and environmental domains of quality of life are low for the elderly and physical & psychological health was low for the women compared to men living in assisted living facilities. They further suggested that the social activities should be diversified for the elderly staying in assisted living facilities to improve social relationships. Physical and psychological health of women in assisted living facilities should be comprehensively supported by professionals. Alternatively, the elderly may be professionally supported to live in their own homes.

Importance of the Study

Due to the recent prominence of the phenomenon of ‘population ageing’ the declining care of the elderly in the family settings due to changes in Living Arrangements (LA’s), and its impact on the Quality of Life (QoL) of the older people has assumed greater importance. On the basis of the review of the literature undertaken by the researcher regarding the major variables and , certain gaps in research have been identified such as a) the need to explore in detail about different dimensions in the living arrangements of the elderly, b) understanding the impact of the living arrangements of the elderly on well-being of the elderly, as not many studies have explored this relationship, and c) the need to explore the preferential living arrangements of the elderly and the reasons for such choice. The study findings may come up with relevant implications for policy, social work practice and future research in this area of research, and provide useful suggestions to improve the living arrangements and quality of life of the elderly.

Summary

This chapter serves to provide an understanding about the concept of living arrangements and quality of life in general and in specific to the elderly, and serves to comprehensively review the studies regarding the major variables of the study.

It can be seen that there is some consensus about the common types of living arrangements among the elderly and the similarity as well as variance in the way they are classified. The review on the array of factors that determine the living arrangements of the elderly and the recognition that new factors tend to emerge over time leads to interesting insights. While the trends in the patterns of living arrangements (e.g. shift away from coresidence, increase in solitary living) or transitions into other types of arrangements tend to reflect the impact of population ageing and social change, it is observed that the adaptation to specific life situations and emergence of alternate (non-conventional) living arrangements are sometimes according to the preferences and attitudes of the elderly. Finally, the importance of the living arrangements as an entry point to understand the care they receive and their quality of life is examined. An effort is also made to provide conceptual background about quality of life in general and in relation to the elderly. The studies conducted over the time in various countries about the various factors including the living arrangements that influence the quality of life of the elderly have been reviewed

Evidently, more research on living arrangements has been carried out in the West, followed by South East Asia, including India. Research on living arrangements in Europe are mostly based on data from National census surveys. Generally the focus was on the types and trends in living arrangements over the years, and implications for policy. Skipped generation households comprise of grandparents living with the grandchildren due to reasons like outmigration, death, and imprisonment etc. of the middle generation. Two studies one each in Africa and Turkey described the skipped generation households and decline in coresidence respectively.

Coming to the studies in India, they are quantitative and qualitative, though a few are based on secondary data from United Nations reports and other nationwide surveys. The review of studies on the living arrangements in India from the 1900- 2011 highlighted the impact of population ageing and rapid social change on the family structure thereby leading to decline in one of the traditional arrangements for the care of the elderly namely, coresidence. Due to absence of social security for the elderly in India, an understanding of the reasons for decline in coresidence with children and about the emergence of alternate living arrangements may be relevant to policy and for the welfare of a large section of the elderly.

The importance of the study is conveyed based on the research gaps identified. The literature argues that all type of living arrangements of the elderly may be studied to assess the requirements they fulfill for the elderly and how they influence their QoL, rather than focus on why coresidence is on the decline as it is assumed to lead to better QoL. Similarly, the scope for emergence of alternative living arrangements based on the older persons' individual preferences is already indicated; how such arrangements may influence the well-being needs to be studied. This will help in identifying and updating institutional supports or interventions to improve both LA's and QoL of the elderly in the long run.

CHAPTER III

Research Methodology

Research Design

The present study is exploratory and descriptive in nature. The broad aim of the study is to explore the nature and the kind of living arrangements of the elderly and describe its relationship to the quality of life of the elderly living in such arrangements. Thus, the study helps us to understand the extent to which the current living arrangements impact the quality of life of the elderly within the context of their socio demographic characteristics. The study also makes an effort to map the reasons given/perceptions of the elderly regarding their preferential living arrangements in the light of their quality of the life in their current living arrangements. A combination of quantitative and qualitative methodologies was used in the study. Keeping in view of the nature of problem under study, a triangulated approach¹ was adopted to study the phenomenon. Triangulation is the use of two or more different methods in studying the same phenomenon as the use of multi method approach would give more conclusive assessment of the phenomenon. Later, the information obtained by these methods of data collection is collated so as to increase the reliability of the explanation arrived at regarding the issue under study (Denzin, 1970; Kelle & Erzberger, 2004).

In the present study, a household survey of sample respondents in the Vadodara (Urban) Municipal Corporation (VMC) limits was taken up using an interview schedule, as part of the quantitative approach and as part of qualitative approach the case study and observation methods were used. In addition, secondary data such as census reports, the Vadodara district handbook other government reports and the VMC web site were consulted to ascertain the information about the elderly and their living arrangements in the state, the district and in the city.

¹ Triangulation or use of multiple methods is a plan of action that will raise social research above the personalistic biases that stem from use of single methodologies. By combining methods in the same study, observers can partially overcome the deficiencies that can flow from one method.... In this respect triangulation of method, investigator, theory and data remains the soundest strategy of theory construction (Denzin, 1970:300).

Aim of the Study

The aim of the study is to understand and describe the current living arrangements (CLAs) of the elderly and to explore their influence on the domains of Quality of Life (QoL) such as physical health, social relationships, psychological and environment and on the variables closely related to QoL such as Loneliness and Adaptation to Old Age (AOA). The study also made an attempt to explore the association of mediating variables like the socio demographic characteristics with the CLAs and the QoL, Loneliness and AOA of the elderly. In addition, the association of the aspects in the context of the current living arrangements such as financial security, living environment, family relations and interaction with family members, social interaction, leisure activities and daily routine, life preparatory measures etc., with the socio-demographic variables, the CLAs, and the QoL, Loneliness and AOA of the elderly.

The specific objectives of the study are:

1. To explore and describe the current living arrangements among the sample elderly.
2. To assess the relationship between the current living arrangements and the domains of quality of life of the sample elderly.
3. To study the association between current living arrangements and quality of life, and with loneliness and adaptation to old age that are closely related to QoL, mediated by the socio-demographic variables of the sample elderly.
4. To identify implications of the study in terms of advocacy and policy level change and the scope for social work practice with the elderly in this area.
5. To make suitable suggestions, based on the findings of the study, for improving the living arrangements and quality of life of the elderly.

The study addressed the following research questions:

1. How do the type of living arrangements (mediated by the socio-demographic characteristics) impact on the domains of quality of life of the sample elderly?
2. What are the perceptions of the sample elderly based on the reasons given by them for their stay in current LA and for the choice of preferential living arrangement?

Operational Definitions

The following terms were used in the study as per the definitions given below.

Older person. One who has attained the age of 60 years or above at least 6 months prior to the date of the study.

Living arrangements. Living arrangements in relation to older population refers to two aspects i.e. the type of residence, whether institutional or private dwelling, and the household composition, which comprises of the presence or absence of others and the kin relationship among the coresiding individuals (Wolf, 1994). Keeping this in view, the definition given by Rajan & Kumar (2003) was considered for the study. According to them, living arrangement is the type of household/family setting in which the elderly live, the headship they enjoy, the place they stay in and the people they stay with, the kind of relationship they maintain with their kith and kin, and on the whole, the extent to which they adjust to the changing environment. After careful reading of the literature, the following scheme of classification of the types of living arrangements of the elderly was identified to be adapted for the study. This classification was suggested by Shanas et al., (1968) and modified by Palmore (1975).

- a) Coresidence with children: The household is comprised of the elderly person or couple who are living along with son (s) or daughter (s) (married or unmarried)
- b) Living with spouse only: The household is comprised of the elderly married couple.
- c) Living alone: The household is comprised of the elderly person who is staying alone.
- d) Living with relatives: The household is comprised of the elderly person living along with siblings/grandchild (ren) or other relatives of the family (paternal/ maternal).
- e) Living with assistance: The household comprises of the elderly person living with the assistance of a full-time hired person who takes care of household maintenance, physical support, nutrition, health needs and personal care of the elderly person.

Current living arrangement. The living arrangement in which the elderly person has been living for 2 or more years.

Preferential/preferred living arrangement. This denotes the preference to a particular living arrangement mentioned by the elderly respondent, if given a chance to choose among the LAs, in a hypothetical sense. Here preference is defined as the real or imagined choice among the alternatives based on considerations of happiness, satisfaction, gratification, enjoyment and utility they provide (Sen, 1982).

Type of family

- a) Nuclear family: A married couple living without children or with unmarried children (who are under 18 years of age), and without any other extended relatives living in the household with them.
- b) Joint family: Two or more generations of members (for e.g. parents and their married sons) who are adult coparceners living together under one roof and sharing food from a common kitchen.
- c) Extended family: A married couple staying with unmarried sisters, brothers or other extended relatives such as for e.g. unmarried sons/daughters in the household.
- d) Living alone: Only the elderly person staying alone.

Work. Work is defined as participation in any economically productive activity with or without compensation or remuneration.

Family income (p.m.) Family income per month (as told by the respondent) is the combined income of all individual earners in the family including the elderly respondent. In the case of the elderly couple, only the income mentioned by the husband (and validated by the wife) was taken as family income and care was taken to include wife's earnings as well.

Respondents' income (p.m.) Respondents' monthly earnings if any, from work, job pension, old age pension (if applicable) and income from assets such as land, house, savings etc., and other sources. If the respondent reported 'no income', it was recorded as such. In such cases the elderly are dependent on family members with whom they stay for monetary and other forms of assistance or resort to begging to obtain money or food.

Head of the household. The head of household for the study purposes is defined as a person who is recognized as such by the household. The head of household need not necessarily be the oldest male member or an earning member, but may be a female or a younger member of either sex. She or he is generally the person who bears the chief responsibility of managing the affairs of the household and takes decisions on behalf of the household.

Physical disability. Refers to any impairment either single or multiple (in hearing, vision or movement) that is restricting the normal social functioning of the older person.

Living environment. Refers to the number of rooms in the house, the space used by the respondent for spending time during the day and sleeping at night, and about the availability and the condition of facilities used by the older person in the house.

Interaction with family members. Refers to the information about the respondents' relationship with the hardest and easiest person to get along with in the family and the elderly person's perception of the level of interest of their child (ren) and family members about their well-being.

Social interaction. Refers to the purpose/place and the frequency of visits of the elderly to the neighborhood and farther, and their engagement with friends, visitors and community voluntary work.

Nutrition and access to food. The food habits and routine for food intake of the elderly based on the presence or absence of arrangements in the family for ensuring access to food.

Leisure time and daily routine activities. Leisure activities refers to indoor and outdoor activities that the older person engages himself / herself in during their free time or unobligated time (Murphy, 1981). Whereas, daily routine includes all the activities that are carried out by the elderly person on any typical day from morning to evening till they go to bed, to maintain the household and their life.

Life preparatory measures. The changes in habits, routine, decisions and resolutions taken and followed by the older persons after they attained the age of 60+ years in order to maintain a healthy life in the old age.

Measures Used in the Study

a. Quality of Life. It is the subjective rating of personal well-being and life-satisfaction of the elderly in relation to specific domains such as physical health, social relationships, psychological well-being and environment. A WHOQOL-BREF questionnaire has been used to measure this dimension (WHOQOL Group, 1998b).

b. Loneliness. It is a feeling expressed by a person defining his or her form or level of relationships with others as inadequate (Lopata, 1969, Weiss, 1973). Such feeling is an expression about the presence of relative deprivation, looking at one's own lifestyle, situation, or relationships as socially and emotionally inadequate in comparison to the past or in anticipated future, or in comparison to other people who are assumed to be satisfactorily engaged. The Version 3 of University of California and Los Angeles (UCLA) Loneliness Scale (Russell, 1996) is used to ascertain this state of feeling.

c. Adaptation to old age. Adaptation to old age refers to the evaluation of the older person's adjustment to life along the sub domains of health comparison, self-control, self-efficacy and generativity. The Adaptation to Old Age Questionnaire (Efklides, Kalaitzidou, & Chankin, 2003) is used to measure this.

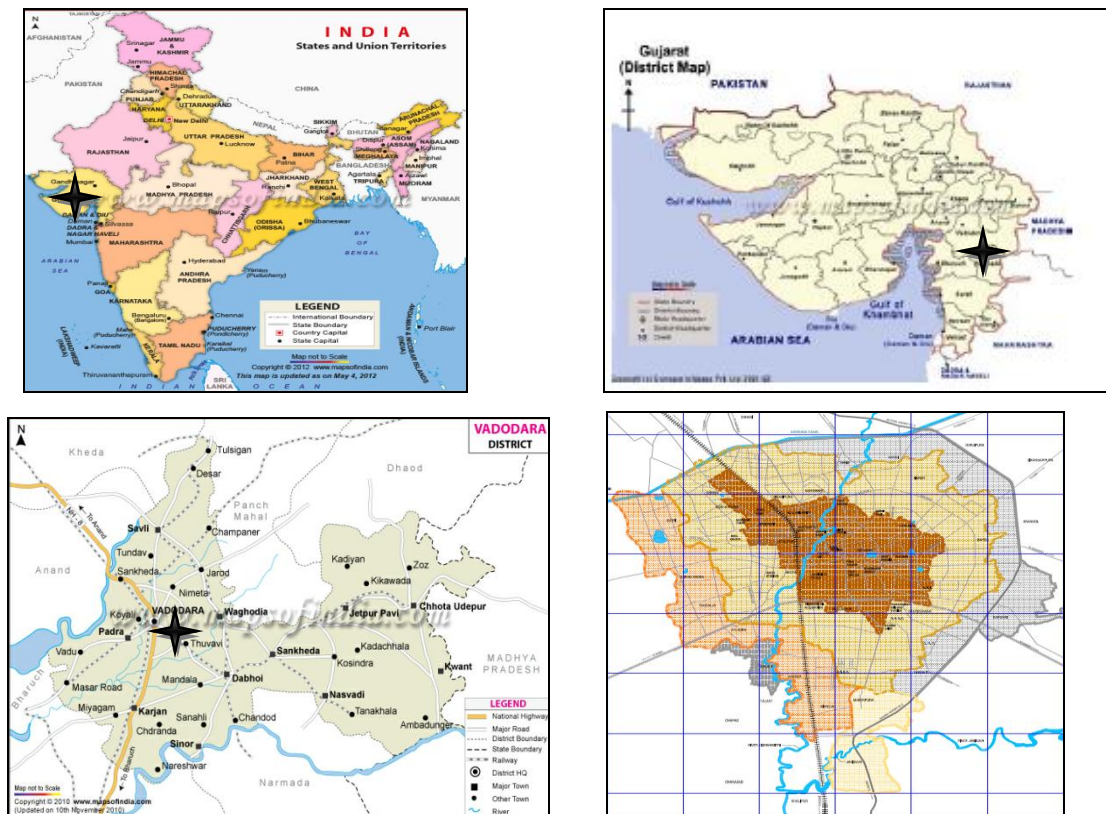
d. Activities of daily living. Refer to a set of common, everyday tasks, which are required for personal self-management, maintenance and independent living such as bathing, eating, dressing, toileting, and transferring (Chadha, Chao, Bhatia, Rohatgi, & Mir, 2006). Katz Independence in activities of daily living Index (Katz, Down & Cash, 1970) is used to measure the level of functioning of the respondent elderly.

A more detailed description of these measures will be given later in this chapter.

Research Setting

The Vadodara (urban) Municipal Corporation (M.corp) area was taken for the purpose of the present study. Vadodara, previously known as Baroda is a cosmopolitan city. It is one of the cities within the Vadodara district, in Gujarat state. The total population of Vadodara city (M. Corp) is 1,306,227 with 6,84, 013 (52.4 per cent) men and 6, 22,214 (47.6per cent) women (Registrar General of India (census), 2011). The population of the aged (60+) in the city is 89,941 (6.9 per cent), comprising 41,822 men and 48,118 women (Registrar General of India (census), 2001). During the period of 1971–2009, the municipal limits of the city have expanded. For administrative purposes, in 1998 the Vadodara city was divided into 4 zones comprising of 13 wards. They are: the east zone wards are 1, 2, 9 and 13, the west zone wards: 6, 10 and 11, the north zone wards: 7 and 8, and the south zone wards are 3, 4, 5 and 12. (Details about the location of the research setting i.e. City, District, and State, and the unique features of the Vadodara city are provided in Appendix VI).

Figure 23: Research setting: India- Gujarat State- Vadodara District- Vadodara City (M. Corp)



Universe of the Study

The universe of the study comprises of all the persons above the age of 60 years residing in the 13 wards in the Vadodara city (Urban) Municipal Corporation.

Criterion for Sampling

The following criteria were kept in mind while selecting the participants.

Inclusion criteria:

- a. In the age group of 60 years and above
- b. Staying in a household in a family context (for more than 2 years) prior to the date of the study
- c. Who can speak Gujarati, Hindi, or English

Exclusion criteria:

- a. Elderly living in institutional settings
- b. Elderly diagnosed as having mental impairment and illness
- c. Elderly having high level of impairment in hearing, sight and speech

Sampling Procedure

A multi-stage sampling method was used to select the sample for the study. A caveat needs to be mentioned here. Though care was taken to avoid investigator bias in selecting the sample for the study by using a random sample, the sample turned out to be purposive in view of the mobility and non-availability of some of the respondents when approached during data collection.

The following steps were taken at each stage to select the sample for study. As indicated, the Vadodara city (M.corp) has four zones- North, South, East and West with 13 administrative wards. The map of the Vadodara city was obtained from the town planning office of the Municipal Corporation of Vadodara. This map with the 13 wards already outlined, was divided into equal sized grids and then the grids were serially numbered. Thus, it resulted in 26 grids. Out of the 26 grids, only 22 grids covered residential areas (see Table 8) and the remaining 4 grids covered the industrial, non-residential areas like G.I.D.C, O.N.G.C, airport, E.M.E defence land and the railway station (see Appendix IV). Therefore, they were excluded from the study.

Table 8: Ward-wise distribution of the residential areas that fall in the grids

Ward number	Residential areas with grid number
1	Mandvi (17)
2	Harni (3)
3	Wadi (18)
4	Manjalpur (20), Tarsali (21)
5	Khanderao market (16), Raj Mahal road (16)
6	Akota (15), Jetalpur (15), Mujmahuda (19)
7	Nizampura(6), Sama (2), Fatehgunj (6), Pratapgunj (11), Behind shastri bridge (11)
8	Raopura (13), Karelibaug (7)
9	Kisenwadi (13)
10	Gorwa (4) , Gotri (9), Subhanpura (5), Ellora park (10), Alkapuri (10)
11	Vasna (14)
12	Makarpura (22)
13	Nava yard (1)

Further, in the 26 areas which have been identified falling in the 22 grids covering the 13 wards (see Table 9) older persons living in the family context were enumerated using the preliminary data sheet. The preliminary data sheet covered details pertaining to basic socio-demographic details of the elderly, information about the convenient time for them to be contacted during the day, and contact address and telephone number. In each of the enumerated area, those elderly (60+ years) who are available and willing to participate in the study were enumerated using the Preliminary Data Sheet. In this manner, a list with a total of 640 elderly was enumerated from all the 26 areas.

Next, keeping the constraints of time and manpower in view, it was decided to select randomly around 40 per cent of the elderly from the list thus generated. Thus the researcher arrived at a sample of 250 respondents. During the data collection, wherever a respondent was not available, the next name in the total list was used to fill up the gap, till 250 elderly were interviewed. While finalizing the filled interview schedules, 7 schedules were found to be incomplete and therefore were discarded thus making 243 elderly as the final sample for study. The final distribution of the sample elderly by the enumerated area is shown in Table 9.

Table 9: Distribution of the sample elderly across the 26 enumerated areas

S. No.	Area	Frequency
1	Harni	1
2	Wadi	4
3	Manjalpur	6
4	Khanderao Market	8
5	Raj Mahal Road	3
6	Akota	12
7	Jetalpur	3
8	Mujmahuda	2
9	Nijampura	21
10	Tarsali	15
11	Kisenwadi	15
12	Sama	22
13	Makarpura	7
14	Fatehgunj	20
15	Mandvi	5
16	Pratapgunj	15
17	Behind Shastri Bridge	3
18	Raopura	3
19	Karelibaug	17
20	Gorwa	7
21	Subhanpura	10
22	Gotri	14
23	Ellora park	13
24	Alkapuri	6
25	Vasna	2
26	Nava yard	9
Total		243

While selecting the elderly for the case study, care was taken to include respondents on a matching criteria based on sex, age, type of living arrangement and marital status. The respondents were selected from among elderly who were already interviewed for the study. Detailed information was ascertained by conducting further in-depth interview with them, which was used for developing case studies. Event-ordered matrix technique was used to illustrate the impact of certain factors and events in the respondents' life on the LAs and their QoL.

Data Collection Instruments

A. An Interview Schedule was used to collect information from the elderly respondents. The schedule comprised of questions covering socio-demographic and family details, work and economic background, financial security, living arrangements, family relations, interaction with family members, social interaction, nutrition and access to food, leisure time and daily routine activities, preferential living arrangements and life preparatory measures. Measures like WHOQOL-BREF Questionnaire (WHOQOL Group, 1998b), Index of Independence in Activities of Daily Living (Katz, Down, & Cash, 1970), University of California and Los Angeles Loneliness scale (Version 3) (Russell, 1996), and Adaptation to Old age Questionnaire (Efklides, Kalaitzidou, & Chankin, 2003) were incorporated into the interview schedule to collect information on the key variables of the study. Both fixed end and open ended questions were used (see Appendix I for the Interview Schedule used in the study).

The detailed description of the four measures is given here under:

a. Katz Index of Independence in Activities of Daily Living. Katz, Down and Cash developed the index in 1970. The Katz Index of Independence in activities of Daily Living, commonly referred to as Katz ADL, is the most appropriate instrument to assess functional status as a measurement of the elderly's ability to perform activities of daily living independently. The index ranks adequacy of performance in six functions of bathing, dressing, toileting, transferring, continence and feeding.

In the thirty five years since the instrument has been developed, it has been modified and simplified and different approaches to scoring have been used. However, it has consistently demonstrated its utility in evaluating functional status in elderly population. Although no formal reliability and validity reports could be found in the literature, the tool is used extensively as a flag to signal functional capabilities of older adults in clinical and home environments. The detailed scoring instructions are provided in Appendix II.

b. WHOQOL-BREF Questionnaire. The WHOQOL-BREF, one of the generic health related quality of life measurement tools, is a shortened version of the WHOQOL-100 to comply with situations having time restraints, the need to minimise burden on respondents, and where much detail is not needed. India was one of the field-centres included in the development of the WHOQOL-BREF measure. The reliability and validity of the English version of the WHOQOL-BREF was found to be high. As the instrument was developed cross-culturally, WHOQOL assessments were found to be sensitive in cross-cultural settings. The WHOQOL-BREF contains 2 items from the overall quality of life and general health facets, and one item from each of the remaining 24 facets of the WHOQOL-100. These 24 facets are categorised into four domains of quality of life in the WHOQOL-BREF measure, as given in Figure 24.

Thus, the WHOQOL-BREF produces a quality of life profile for a person. The measure provides four domain scores. There are also two items that are examined separately: question 1 asks about individuals' overall perception of quality of life and question 2 asks about an individuals' overall perception of their health. The four domain scores denote an individuals' perception of his/her quality of life in each particular domain. Domain scores are scaled in a positive direction (i.e. higher scores denote higher quality of life on that domain). The Cronbach's α coefficient for the four domains of the measure in the present study are: physical health: 0.81, psychological well-being: 0.78, social relationships: 0.55, and environment: 0.77. The detailed scoring instructions are provided in Appendix II.

Figure 24: The facets that fall under each of the four domains of QoL in the WHOQOL-BREF measure

Domain of QoL	Facets incorporated
1. Physical health	<ul style="list-style-type: none"> ▪ Activities of daily living ▪ Dependence on medicinal substances and medical aids ▪ Energy and fatigue ▪ Mobility ▪ Pain and discomfort ▪ Sleep and rest ▪ Work Capacity
2. Psychological	<ul style="list-style-type: none"> ▪ Bodily image and appearance ▪ Negative feelings ▪ Positive feelings ▪ Self-esteem ▪ Spirituality / Religion / Personal beliefs ▪ Thinking, learning, memory and concentration
3. Social relationships	<ul style="list-style-type: none"> ▪ Personal relationships ▪ Social support ▪ Sexual activity
4. Environment	<ul style="list-style-type: none"> ▪ Financial resources ▪ Freedom, physical safety and security ▪ Health and social care: accessibility and quality ▪ Home environment ▪ Opportunities for acquiring new information and skills ▪ Participation in and opportunities for recreation / leisure activities ▪ Physical environment (pollution / noise / traffic / climate) ▪ Transport

c. UCLA Loneliness Scale (Version 3). The (University of California and Los Angeles) Loneliness Scale was developed to assess subjective feelings of loneliness or social isolation. Items for the original version of the scale were based on statements used by lonely individuals to describe feelings of loneliness (Russell, Peplau, & Ferguson, 1978). The questions were all worded in a negative or 'lonely' direction, with individuals indicating how often they felt that way described on a four point scale that ranged from 'never' to 'often'. Due to concerns about how the negative wording of the items may have affected scores (i.e., response sets), a revised version of the scale was developed and published in 1980 that included 10 items worded in a negative or 'lonely' direction and 10 items worded in a positive or 'non-lonely' direction (Russell, Peplau, & Cutrona, 1980). Since then, the UCLA loneliness scale has clearly become the most widely used measure of loneliness, with over 500 citations of the 1980 publication on the measure in the Social Science Citation Index.

Recently, Version 3 of the UCLA Loneliness Scale has been published (Russell, 1996). It consists of 20 items on a 4 point likert scale (1- Never, 2- Rarely, 3- Sometimes and 4- Always), which is used in the present study. For each question in the list, the respondents have to indicate how often they feel as though the statement applies to them on the 4 point likert scale. In this most recent version of the scale, the wording of the items and the response format has been simplified to facilitate administration of the measure to less educated or frail populations, such as the elderly. Scores on the UCLA loneliness scale have been found to predict a wide variety of mental (i.e., depression) and physical (i.e., immune competence, nursing home admission, mortality) health outcomes in research.

The psychometric properties of the UCLA Loneliness Scale (Version 3) have been evaluated by Russell in 1996, using data from prior studies of college students, nurses, teachers, and the elderly. Analyses of the reliability, validity, and factor structure of this new version were also conducted (Russell, 1996). Results indicated that the measure was highly reliable, both in terms of internal consistency (coefficient α ranging from 0.89 to 0.94) and test-retest reliability over a 1-year period ($r = 0.73$). Convergent validity for the scale was indicated by significant correlations with other measures of loneliness.

Construct validity was supported by significant relations with measures of the adequacy of the individual's interpersonal relationships, and by correlations between loneliness and measures of health and well-being. Confirmatory factor analyses indicated that a model incorporating a global bipolar loneliness factor along with two method factor reflecting direction of item wording provided a very good fit to the data across samples. The reliability coefficient (Cronbach's α) for the UCLA loneliness scale (Version 3) in the present study is 0.87. The detailed scoring instructions for the scale are provided in Appendix II.

d. Adaptation to Old age Questionnaire (AOAQ). Efklides, Kalaitzidou, and Chankin (2003) developed and used the Adaptation to Old age Questionnaire. It is a 20 item, 4 point likert scale (1- I do not agree at all, 2- I agree a little, 3- I agree quite a lot, 4- I fully agree) and includes items related to the ways in which the elderly respondent responds to his/her prominent concerns and interests namely concerns about health, social connectedness, generativity towards children and grandchildren, self-control, and self-efficacy.

Efklides, Kalaitzidou, and Chankin (2003) used exploratory factor analysis and found that AOAQ consisted of four factors which explained 45.6per cent of the total variance of the measured phenomenon. These are identified as the four sub-domains of the adaptation to old age (AOA). The reliability coefficients (Cronbach's α) reported (Efklides et al, 2003) for the respective sub-domains of the scale are: Health comparison- 0.79, General Adaptation/ Self-Efficacy- 0.75, Self-Control- 0.63 and Generativity- 0.58. In the present study, the Cronbach's α for the total measure is 0.83. The reliability coefficients (Cronbach's α) for each of the sub-domains are: Health comparison- 0.46, General Adaptation/ Self-Efficacy- 0.60, Self-Control- 0.68 and Generativity- 0.71. Detailed scoring instructions for the measure are provided in Appendix II.

Standardisation of the translated tools. The three measures i.e. WHOQOL- BREF questionnaire, UCLA Loneliness Scale (Version 3) and the Adaptation to Old Age Questionnaire have been translated into Gujarati language (by an expert from Department of Gujarati, The M.S University of Baroda) and was pre-tested with 15 Gujarati speaking respondents during the pilot study. On the basis of their feedback necessary changes in the language were made to the measures. Other items of the interview schedule which were mostly ascertaining factual details about the socio-demographic data are simpler and can be asked using basic words and sentences in the Gujarati language without much difficulty. Hence, they did not require translation. All information and verbatim for open ended questions in the interview schedule was recorded in the English language.

Pre-testing of the Interview Schedule. Before finalizing the interview schedule, a pilot study was carried out to pre-test the interview schedule, with 15 respondents who were selected from the pool of the elderly generated during enumeration using the Preliminary Data Sheet. Respondents for the pilot study were selected taking into consideration the variables such as sex, type of living arrangement and economic status.

Necessary modifications were made and the final interview schedule was prepared based on the feedback from the pre-test. A few words in the questions of adaptation to old age questionnaire and the loneliness scale were modified by replacing with simpler phrases to enable the elderly to understand the meaning easily, taking care that the implicit meaning is not lost. Similarly, based on the observations made by the respondents, the sequence of the sections in the schedule was rearranged to create a better flow during its administration. Further, certain questions were included such as information about the number of rooms in the household and whether there is report of abuse and neglect etc. Under the sources of respondents' income, 1-2 additional items were added and items that seemed similar were clubbed together.

B. A Checklist of questions was used to interview respondents for the case studies. A brief checklist of questions and probes was prepared to gain an in-depth understanding of the life situation of the elderly, the changes and shifts that occurred in the living arrangements of the elderly respondent in the past 3 decades, and the relationship of different dimensions of his/her current living arrangement with the quality of life of the respondent. Questions also asked about the aspects in the current living arrangement which make him/her happy or the opposite, what changes if made during the next decade from now in the current living arrangement can make their lives better, and whether they foresee any changes in their living arrangement (see Appendix V for the checklist of questions used for the in-depth interview).

Data Collection

The data collection took 9 months i.e. from November 2010 to July 2011. On an average it took one hour to one and a half hour to administer the interview schedule (Median: 1 hour). The interviews for the case studies were done simultaneously on prior appointment with the respondents. For the in-depth interview for the case studies, the researcher spent around 2-3 hours per visit.

Ethical Considerations. The researcher carried a formal letter signed by the research guide and the Dean, Faculty of Social Work stating that the researcher is pursuing the PhD degree at the Faculty of Social Work and that the findings of the study would be used for educational purposes only. The letter assured full confidentiality, and that the researcher would make one visit to spend an hour for the interview and if needed would make another visit of one hour for the in-depth interview for the case study. The respondents were informed that the participation in the study was voluntary and that they could ask the researcher to stop the interview at any point of time and express their unwillingness to continue the interview, without giving any explanation. This ensured that the elderly were informed of the purpose of the visit and their verbal consent was taken before proceeding to administer the interview schedule.

Data Management

The interview schedules filled during a field visit were checked by the researcher daily after returning from the field. In case some data was missing, the researcher made another visit to the respondent to fill in the missing data. This ensured that the interview schedules were complete and also decreased the number of schedules that were to be discarded at the end. Despite these precautions, seven schedules had to be discarded due to incomplete information.

Analysis of the Data

The data obtained from open ended questions in the interview schedule were categorized into broad themes and after giving appropriate labels, they were coded under that respective question. A code book was developed for the interview schedule and the codes were entered in the interview schedule across each item. The codes for each schedule were fed into SPSS data file and the data of the 243 respondents was fed into the SPSS programme. After cleaning the data for any errors, relevant statistical methods such as measures of central tendency, cross tabulations, correlation and inferential statistics such as Chi-square, t-test and ANOVA were used to understand relationships between the study variables. Relevant tables, graphs and other data displays as needed were developed from the data. Some qualitative data collected was presented in verbatim form in the case studies and observations were made wherever needed during the discussion and for the suggestions. Nine case studies have been prepared from the qualitative data collected and where applicable the technique of event-ordered matrix was used.

Experiences during Field Work

Most of the elderly who were approached for the interview, on being explained the purpose of the study, have readily agreed to participate in the study. The reasons for the willingness may be because it is for an educational/learning purpose, as it is seen as an opportunity to convey their viewpoints and opinions, and also as they felt that the findings of the study would be useful for others to understand the life of the elderly in this area. Some of the elderly were keen to know the main findings of the study pertaining to the topic. The researcher promised to send them a brief note of the findings. While there was a general willingness, some elderly who had agreed to provide the interview later declined because they did not have time, were not interested, fell ill or were on a tour. Their privacy and decision was respected and the researcher moved on to the next respondent.

The researcher experienced several emotions and feelings due to the myriad observations, situations and contexts that she encountered during field work. These experiences gave the researcher valuable insights. She also maintained a journal of these excerpts from each day's field visit experiences and regularly debriefed with the guide. Some of these observations were used for explaining the results and while writing discussion. Two entries from the researcher's journal are given here as an example.

“My sons and daughters (five in all) are all settled abroad since 1991. I have supported them as I wanted them to do well in life. Gradually, they wanted us to visit them as they got busy and did not like to visit India, though we have all the facilities for them when they are here. When we visit abroad, we live with the families of our five children turn by turn based on their plans, vacations and as they all wish to have us live with them. Eventually, it became too difficult for us and we are sometimes left with having no say in the matter. Not to complain but we are roped in for care giving for their grandchildren and other tasks full time that drains our energy. My wife clearly told me that she would not want to visit abroad and the children may come if they can. Though my wife and I have green cards we have eventually surrendered them as we could not visit our children abroad any longer as our health did not permit (Cont'd).

Now that I am 89 years old, my children have asked us to wind up our home, settle the property deeds in India and shift our base permanently to stay with them. This is mainly because we have reached advanced age and if we die, all our children need to make arrangements and come here. So if we go there, it will be easier. And if I die earlier than my wife, who is there to look after her in India? She does not trust hired help to assist us even at this advanced age. Even now, my wife is against this decision of going to abroad and says we can manage somehow, but i have convinced her for it". Social support is poor and living arrangement options are few for older people whose children have settled abroad. The longingness they feel for their children in this phase of life that cannot reciprocated by the children in the same measure is conveyed here.

The interview was complete and the researcher was about to take leave. The elderly woman insisted to me "*Beta*, have dinner with me. I am making plain *khichidi*. It is simple and a poor persons' meal, but join me". This woman is 76 years old, neglected and abused by her two sons and working as a domestic help to make her ends meet. I declined gently as I could see that the food she prepared would be barely enough for her dinner that day. It made me wonder how her children did not imbibe from her, these very values of altruism and consideration for others—or was it her craving for human company that prompted her to make that offer?

Be it rain or sun, there was this intrinsic motivation which prompted the researcher to meet and interview the next older person, as there was always something new to experience and learn in each encounter on the field.

Few elderly who have been neglected and abused have asked the researcher for address of old age homes in Vadodara and in such cases, addresses have been provided to them.

The stereotypes and prejudices held about the nature of people, about the elderly and their families were relooked at during the fieldwork which led to positive growth in the researcher.

The hospitality and affection bestowed by the elderly had a humbling effect and increased the positive regard held by the researcher toward the elderly.

Strengths and Limitations of the Study

As explained earlier, though random sampling was used, the sample turned out to be purposive, and hence the findings of this study cannot be generalized. However, as the sample reflects the approximate composition of the population of the city in terms of caste, religion etc., the findings may be useful in developing insights into the nature of the problem in terms of the important variables such as living arrangements, sex, age, marital status and economic background of the elderly respondents.

Not many studies are available examining the relationship between the types of living arrangements and quality of life of the elderly in Gujarat. The detailed manner in which the different aspects relating to the current living arrangements of the elderly, their preferential living arrangements and the impact of living arrangements on the quality of life of the elderly have been studied has brought in valuable insights.

The case studies reveal additional information about a respondent at a personal and in depth level pertaining to the current living arrangements and how it may influence their quality of life, mediated by several factors, in a kind of longitudinal perspective that enriches the quantitative data.

Summary

This chapter outlines the research design based on the nature of the study topic and envisions the aim and specific objectives of the study. Both qualitative and quantitative methods will be used to obtain data. The details about the operational definitions of the concepts and the measures used are provided. The brief description of the research setting of the study as well as the universe of the study sample is defined and proceeds further to the sampling procedure and the steps used to arrive at the study sample. A description of the data collection instruments used in the study was given. The processes of data collection, data management and data analysis are discussed in brief, followed by sharing of the field work experiences of the researcher. The strengths and limitations of the study are duly mentioned.

CHAPTER IV

Results

The chapter is divided into two sections. Section I consists of the presentation of the results of the study from data that was analyzed using appropriate statistical methods. It is presented in the form of tables, graphs and by using other appropriate means. Section II comprises of 9 case studies that were prepared based on the in-depth interviews with the elderly respondents.

Section I

Presentation of the results

1. Profile of the Sample Elderly

The sample elderly were interviewed at their home/family setting in the Vadodara city. This facilitated the observation of their living arrangement and the living environment. A description of the socio-demographic, family, work and economic background is provided to contextualize the elderly sample.

a) Socio-demographic details. The summary of some of the socio-demographic characteristics of the sample elderly like age, caste, religion, education, marital status etc. by a sex-wise distribution are given in Table 10. In the total sample, elderly men and women constitute 49 and 51 per cent, respectively.

Age: The sample mean age was 69.2 years ($SD=7.06$). The mean ages of the elderly men and women were 70.32 ($S.D=7.08$) and 68.11 ($SD=6.8$) and median ages were 69.5 and 66 years, respectively indicating that women were younger compared to the elderly men in the sample. More than half of the sample (52 per cent) was in the age range of 65- 74 years, with a slightly higher per cent of elderly men (55 per cent) as compared to elderly women (50 per cent) in that age category. In the 60- 64 years age category, women were represented in higher number (32 per cent) as compared to men. Very few elderly (3.7 per cent) were reported in the age category of 85 + years. The age distribution of the sample was slightly positively skewed (see Figure 25 & 26).

Table 10: Socio-demographic profile of the sample elderly

Characteristic	Sex of respondent		Total (N=243)
	Male (n=120)	Female (n=123)	
<u>Age</u>			
60- 64 years	24 (20)	39 (31.7)	63 (25.9)
65-74 years	66 (55)	61 (49.6)	127 (52.3)
75-84 years	25 (20.8)	19 (15.4)	44 (18.1)
85 years +	5 (4.2)	4 (3.3)	9 (3.7)
<u>Caste</u>			
Other caste	81 (67.5)	84 (68.3)	165 (67.9)
Other backward caste	28 (23.3)	26 (21.1)	54 (22.2)
Scheduled caste	8 (6.7)	8 (6.5)	16 (6.6)
Scheduled tribe	3 (2.5)	5 (4.1)	8 (3.3)
<u>Religion</u>			
Hindu	93 (77.5)	101 (82.1)	194 (79.8)
Christian	1 (0.8)	3 (2.4)	4 (1.6)
Muslim	16 (13.3)	13 (10.6)	29 (11.9)
Jain	8 (6.7)	4 (3.3)	12 (4.9)
Other (Parsee and Sikh)	2 (1.7)	2 (1.6)	4 (1.6)
<u>Education</u>			
Illiterate	9 (7.5)	39 (31.7)	48 (19.8)
Primary	26 (21.7)	28 (22.8)	54 (22.2)
High school	17 (14.2)	14 (11.4)	31 (12.8)
College	30 (25)	34 (27.6)	64 (26.3)
Technical	19 (15.8)	-	19 (7.8)
Professional	19 (15.8)	8 (6.5)	27(11.1)
<u>Marital status</u>			
Married	99 (82.5)	70 (56.9)	169 (69.5)
Widowed	13 (10.8)	43 (35)	56 (23)
Separated	1 (0.8)	4 (3.3)	5 (2.1)
Unmarried	2 (1.7)	4 (3.3)	6 (2.5)
Remarried	5 (4.2)	2 (1.6)	7 (2.9)
<u>Head of the household</u>			
Self	113 (94.2)	48 (39)	161 (66.3)
Spouse	4 (3.3)	61 (49.6)	65 (26.7)
Son	2 (1.7)	9 (7.3)	11 (4.5)
Other (sibling, son-in-law)	1 (0.8)	5 (4.1)	6 (2.5)
Total	120	123	243

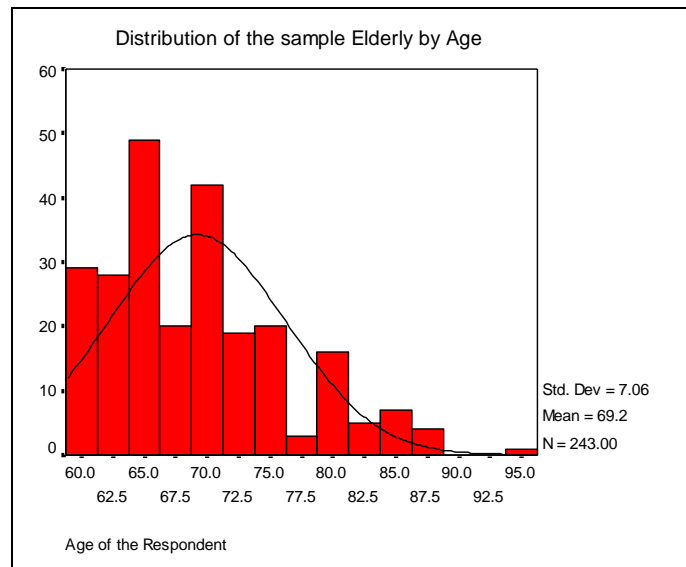
Figure 25: Stem and Leaf showing the age distribution of the sample elderly

[illegible]

N=243

Note. Stem width is 8 and each leaf represents 1 case.

Figure 26: Shows the age-wise distribution of the sample elderly



Caste: As can be seen, 68 per cent of the sample elderly belonged to other castes (OC), followed by those from other backward classes (OBC), scheduled castes (SC) and scheduled tribes (ST) – in that order.

Religion: In accordance with the pattern of distribution in the general population in Gujarat, around 80 per cent of the sample were Hindus, followed by Muslim (12 per cent) and Jain (5 per cent) categories. The ‘others’ category includes elderly from Parsee and Sikh religious groups.

Education: The distribution of the sample respondents by education showed a varied pattern. Of the total sample, the presence of college educated (26 per cent) followed by the elderly with primary educational qualification (22 per cent) were in a considerable percentage than the other levels. However, more elderly women (32 per cent) compared to that of elderly men (7 per cent) were found to be illiterate. Similarly, representation of elderly women with primary and college level education (23 and 28 per cent respectively) was more, compared to those with similar education levels among elderly men (22 and 25 per cent respectively). At technical and professional levels, elderly men were more as compared to women respondents.

Marital status: The distribution of the sample by marital status also reflects the pattern among the general population. As can be seen, of the total married respondents who were in the majority (70 per cent), a higher per cent were men (83 per cent) compared to that of women (57 per cent) whereas, among the widowed elderly, women (35 per cent) were more in number compared to that of men (11 per cent). With the exception of the remarried, a slightly higher per cent of the elderly women were seen in both unmarried and separated categories (3.3 per cent each) compared to that of men.

Head of the household: Among the 66 per cent of the elderly who said that they were heads of the households, men were more (94 per cent) as compared to women (40 per cent). Added to this, another 50 per cent (n=61) of the elderly women said that their husbands were the heads of the households.

As regards *physical disability*, very few (about 15 per cent) reported as having any physical disability. Of those who reported some disability, a slightly higher per cent of elderly men (5 and 6.7 per cent) compared to that of elderly women (2.4 and 4.9 per cent) reported hearing and limb impairment respectively. Slightly more elderly women (4 per cent) reported vision impairment as compared to men. Also, a few (2.1 per cent) elderly indicated disabilities such as hip fracture, stroke/paralysis, Parkinson's disease.

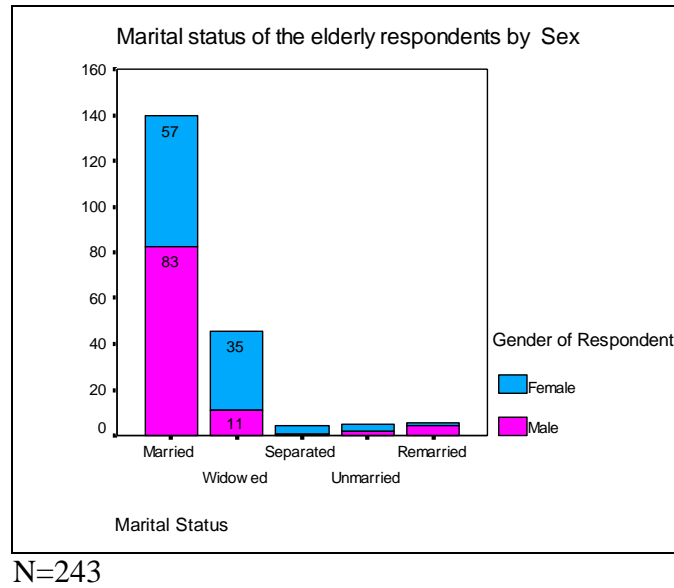
Further exploration regarding the association between certain socio-demographic variables such as age, sex, marital status and its duration yielded useful insights about the composition of the study sample.

Table 11: Distribution of the sample elderly by their marital status and age

Marital status	Respondent's age				Total N=243
	60-64 years (n=63)	65-74 years (n=127)	75-84 years (n=44)	85 years + (n=9)	
Married	49 (77.8)	91 (71.7)	24 (54.5)	5 (55.6)	169 (69.5)
Widowed	8 (12.7)	28 (22.0)	16 (36.4)	4 (44.4)	56 (23)
Separated	3 (4.8)	2 (1.6)	-	-	5 (2.1)
Unmarried	2 (3.2)	2 (1.6)	2 (4.5)	-	6 (2.5)
Remarried	1 (1.6)	4 (3.1)	2 (4.5)	-	7 (2.9)

A cross tabulation of the marital status by age showed that there were a higher percentage of married elderly in the lower age category of 60-64 years, and their percentage decreased with the increasing age. Similarly, widowed were more in the higher age categories. The elderly who reported as separated, unmarried or remarried seem to be less in number with increasing age and there was no one belonging to these three categories in the 85+ age group (see Table 11).

Figure 27: Sex-wise distribution of the sample elderly by their marital status



As explained earlier, the sex-wise distribution of the sample elderly by their marital status showed that there were more men (83 per cent) than women (57 per cent) among the married whereas, among the widowed there were more women compared to men (see Figure 27).

Next, an attempt was made to explore the relationship between the sex of the respondent and duration of marriage and widowhood.

Table 12: Duration of the marriage by sex of the sample elderly

Duration of marriage	Sex of respondent		Total (n=169)
	Male (n=99)	Female (n=70)	
35 years and below	15 (15.2)	5 (7.1)	20 (11.8)
36-40 years	20 (20.2)	17 (24.3)	37 (21.9)
41-45 years	19 (19.2)	12 (17.1)	31 (18.3)
46-50 years	26 (26.3)	24 (34.3)	50 (29.6)
51 years and above	19 (19.2)	12 (17.1)	31 (18.3)

As can be seen from Table 12, of the 169 respondents who reported being married, more than a quarter were married for a period of 46- 50 years, followed by another 22 per cent for a period of 36-40 years. Women were more in number in both these categories as compared to men. In fact, a look at the mean duration of marriage for both men and women of the sample indicated that as compared to elderly men (mean 45 years), elderly women were having a slightly longer duration of being married (mean= 46 years).

Table 13: Duration of widowhood by sex of the sample elderly

Duration of widowhood	Sex of respondent		Total (n=56)
	Male (n=13)	Female (n=43)	
5 years and below	5 (38.5)	8 (18.6)	13 (23.2)
6-15 years	5 (38.5)	21 (48.8)	26 (46.4)
16-25 years	3 (23.1)	10 (23.3)	13 (23.2)
26 years and above	-	4 (9.3)	4 (7.1)

As can be seen from Table 13, around 46 per cent of the widowed respondents reported the duration of their widowhood as 6-15 years, followed by 23 per cent who stated the duration as 16- 25 years. In terms of the average duration of widowhood, elderly women were widows for a longer period (mean=13.5 years; median=10 years) as compared to men (mean= 10.2 years; median= 7 years). Though none from the study sample reported divorced status, there were 5 separated, 6 unmarried and 7 remarried respondents. Of those who were separated, 4 were women. The median duration of separation reported by these women was 28 years, whereas, for the men it was 10 years. In the remarried status there were five men and two women. Of these, men reported as being in remarried status for 27 years (median) whereas women said it was 31 years (median).

An exploration into the relationship of headship status with some socio-demographic variables was attempted and the findings are given below.

Table 14: Distribution of the sample elderly by headship of the household (HOH) and their current work

Sex of resp.	HOH	Current work of respondents (after the age of 60 yrs)								
		Not working	Home maker	Daily wage labor	Salaried	Professional	Business	Retired	Domestic help	Other ^b
Male n=120	Self	24(92.3)	-	4(100)	4(100)	2(100)	19 (95.0)	52 (92.8)	-	8 (100)
	Spouse	2(7.7)	-	-	-	-	1 (5.0)	1 (1.8)	-	-
	Son	-	-	-	-	-	-	2 (3.6)	-	-
	Others ^a	-	-	-	-	-	-	1 (1.8)	-	-
Female n=123	Self	7(58.4)	27(32.1)	1(100)	-	1(50)	1 (25.0)	4 (40)	6 (85.7)	1 (33.3)
	Spouse	3(25)	49(58.3)	-	-	-	2 (50.0)	5 (50)	-	2 (66.7)
	Son	1(8.3)	6(7.2)	-	-	-	1 (25.0)	-	1 (14.3)	-
	Others ^a	1(8.3)	2(2.4)			1(50)	-	1 (10)	-	-

Note. ^a Include sister, brother and son-in-law.

^b Include cattle tending, tuitions, paper agent, free-lance, honorary member, volunteer work, part time work.

As can be seen from Table 14, while elderly men reported as being heads of households irrespective of their work status, in the case of women, they heading the household was found to be less frequent if they were home maker or have retired. However, if an elderly woman was engaged in some work, she reported being the head of household.

Current income p.m. refers to money earned from work by the elderly person. In terms of the relationship between current income of the respondent and headship of the household, it was found that of the 55 respondents who reported current income, elderly women were less in number and they fell within the income ranges of Rs 5000 and below and Rs 5001 to Rs 10000. While most of these women reported their spouse or son, and a few reported self as head of the household, it was mostly the elderly men from across the current income p.m. groups who were found to be heading the household.

b) Family background. A summary of the details such as family size, type of family etc., along with the nativity and migration status of the study sample is presented (see Table 15).

Table 15: Summary of family background characteristics of the sample elderly

Characteristic	Sex of the respondent		Total (N=243)
	Male (n=120)	Female (n=123)	
<u>Type of family</u>			
Nuclear	50 (41.7)	37 (30.1)	87 (35.8)
Joint	49 (40.8)	34 (27.6)	83 (34.2)
Extended	16 (13.3)	45 (36.6)	61 (25.1)
Staying alone	5 (4.2)	7 (5.7)	12 (4.9)
<u>Family size</u>			
One member	5 (4.2)	6 (4.9)	11 (4.5)
Two members	35 (29.2)	34 (27.6)	69 (28.4)
Three members	18 (15.0)	18 (14.6)	36 (14.8)
Four members	7 (5.8)	11 (8.9)	18 (7.4)
Five members	19 (15.8)	21 (17.1)	40 (16.5)
Six members	17 (14.2)	17 (13.8)	34 (14.0)
Seven members and above	19 (15.8)	16 (13.0)	35 (14.4)
<u>No. of earners in the family</u>			
One member	55 (45.8)	55 (44.7)	110 (45.3)
Two members	42 (35.0)	50 (40.7)	92 (37.9)
Three members	19 (15.8)	11 (8.9)	30 (12.3)
Four members	3 (2.5)	6 (4.9)	9 (3.7)
Five members	1 (0.8)	1 (0.8)	2 (0.8)
<u>Family income (p.m.)</u>			
Rs.5000 and below	20 (16.7)	28 (22.8)	48 (19.8)
Rs.5100-10000	27 (22.5)	22 (17.9)	49 (20.2)
Rs.10100-20000	19 (15.8)	28 (22.8)	47 (19.3)
Rs.20100-40000	19 (15.8)	20 (16.3)	39 (16.1)
Rs.40100-60000	10 (8.3)	10 (8.1)	20 (8.2)
Rs.60100-80000	8 (6.7)	5 (4.1)	13 (5.3)
Rs.80100-100000	7 (5.8)	4 (3.3)	11 (4.5)
Rs.100001 and above	10 (8.4)	6 (4.9)	16 (6.6)
<u>Type of house</u>			
Slum / Kutch dwelling	21 (17.5)	19 (15.4)	40 (16.5)
Street / Pule / Chawl	20 (16.7)	20 (16.3)	40 (16.5)
Housing society	18 (15.0)	29 (23.6)	47 (19.3)
Individual house	39 (32.5)	39 (31.7)	78 (32.1)
Low-rise flat	12 (10.0)	6 (4.9)	18 (7.4)
Multi- storied (4+) building	10 (8.3)	10 (8.1)	20 (8.2)
Total	120	123	243

Note. Data on Family size and No. of earners in the family include the respondent.

With regard to the type of family that the sample elderly belonged to, it can be seen that around 70 per cent of the sample elderly reported belonging to nuclear (36 per cent) and joint families (34 per cent), and more elderly men were in these two types of family settings as compared to women. However, a higher per cent of elderly women were living in extended family settings (37 per cent) as compared to men (13 per cent). Around 5 per cent of the respondents reported as staying alone.

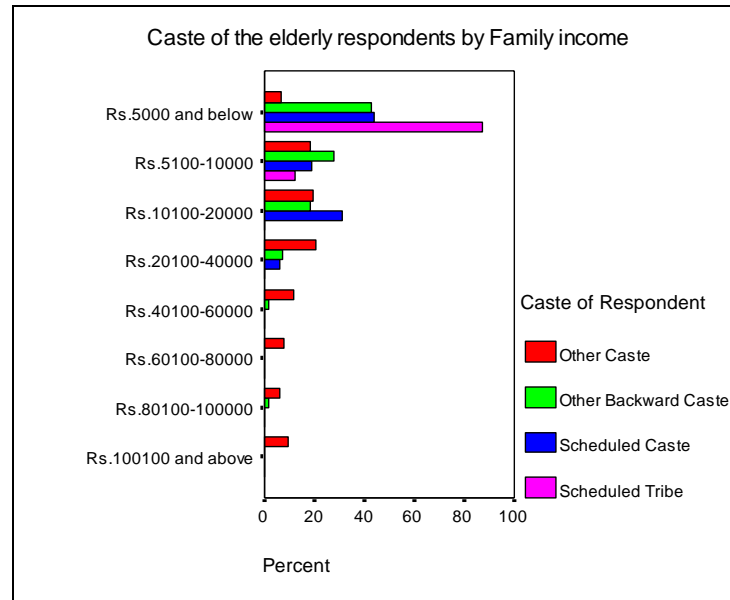
Coming to the size of the family (including the respondent) the average size came to 4 members ($SD=2.6$). The largest family size reported in the sample was 16 members. Evidently two, three and five member families were reported in a higher percentage. In terms of the number of earners in the respondent's family (including the respondent if he was earning) the median number was 2. More than 70 per cent reported having either one or two earning members in the family. Around 4 per cent of the respondents' mentioned having 4-5 earning members in their family.

The family income (p.m.) comprised of the combined income of all the earning members in the family including that of the respondent. More than 75 per cent of the elderly fell in the income ranges from Rs 5000 and below to Rs 20100 - Rs 40000, with around 40 per cent of the sample falling in the income range of Rs 5000 to Rs10000. It appeared from the data that among the sample elderly, more women belonged to families with comparatively lower incomes. However, a few elderly women were from families with higher family incomes. Compared to women (20 per cent) more men (29 per cent) reported a family income in the range of Rs 40,100 to Rs 100001 and above per month.

The type of house in which the sample elderly lived reflected their economic status. Around 33 per cent of respondents reported living in areas identified as slums, streets and in dwellings specified as kutcha/pule/chawl. Further, 32 per cent of the elderly sample (almost similar per cent of men and women) reported that they lived in individual houses, followed by 19 per cent in housing societies.

A further exploration about the association of family income (p.m.) with caste and religion of the sample elderly provided useful information.

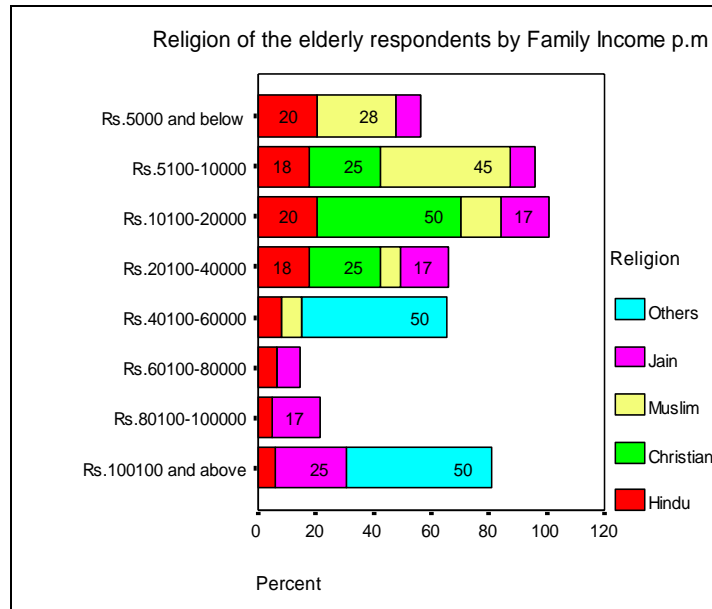
Figure 28: Caste-wise distribution of the sample elderly by their family income (p.m.)



N=243

The distribution of caste by family income (p.m.) (see Figure 28) showed a clustering of Scheduled Caste and Scheduled Tribe categories within the lower income levels. Thus, more of the Scheduled Tribe respondents fell in the income categories of Rs 5000 and below and Rs 5100 -10000 whereas, those who belonged to Scheduled Caste fell mostly in the income ranges from Rs 5000 and below to Rs 10100- 20000, though a few spilled over to the next income level (Rs 20100- 40000). Next, the presence of the elderly from the other backward castes (OBC) was found more in the Rs 5000 and below and Rs 20100- 40000 family income levels. Only the elderly belonging to the other castes (OC) were seen in the higher income categories i.e. beyond Rs 60000. Very few respondents from the other backward castes (OBC) reported their family incomes in the categories of Rs. 40100 - 60000 and Rs 80100- 1 lakh.

Figure 29: Religion-wise distribution of the sample elderly by their family income (p.m.)



N=243

A look at the association between family income (p.m.) and religion (see Figure 29) indicated that the sample elderly who belong to Hindu religion were distributed across all the income categories whereas, more Muslim elderly fell in the income ranges of Rs 5000 and below and Rs 5100- 10000, with a negligible presence in other income categories. As regards Christian respondents, they fell in the income levels of Rs 5100- 10000, Rs 10100- 20000, and Rs 20100- 40000. Jain elderly respondents were predominantly from higher income categories (Rs 80000 and above), though a few of them were seen in lower income groups as well. The elderly from Parsee or Sikh communities mostly belonged to the middle and higher family income (p.m.) categories i.e. the Rs 40100- 60000 and Rs 100100 and above.

Nativity and migration status: Of the total sample, 60 per cent (n=146) were reportedly from places outside Vadodara but have settled here, and the remaining elderly were natives of Vadodara.

Table 16: Duration of migration status by sex of the sample elderly

Duration	Sex of respondent		Total (n=146)
	Male (n=70)	Female (n=76)	
10 years and below	6 (8.6)	6 (7.8)	12 (8.2)
11-20 years	11 (15.7)	12 (15.6)	23 (15.8)
21-30 years	8 (11.4)	15 (19.5)	23 (15.8)
31-40 years	23 (32.9)	20 (25.9)	43 (29.4)
41-50 years	15 (21.4)	16 (20.8)	31 (21.1)
51 years and above	7 (10)	7 (9.1)	14 (9.5)

Table 16 shows the duration of the migrant status of the sample elderly who came from places outside Vadodara. Of these, a majority (60 per cent) had migrated to Vadodara between 31- 40 years and 51 years and above.

c) Work and economic background. What was the work and economic background of the sample elderly? The aspects such as previous and current work, income p.m., pension earned, indebtedness, assets possessed etc., are explored.

Previous and current work and income (p.m.)

Table 17: Sex-wise distribution of the sample elderly by their previous work (before they were 60 years of age)

Previous work	Sex of respondent		Total (N=243)
	Male (n=120)	Female (n=123)	
Home maker	-	83 (67.5)	83 (34.2)
Agriculture based occupation	4 (3.3)	2 (1.6)	6 (2.5)
Salaried	72 (60)	14 (11.4)	86 (35.4)
Daily wage labor	8 (6.7)	6 (4.9)	14 (5.8)
Professional	12 (10)	1 (0.8)	13 (5.3)
Business	18 (15)	2 (1.6)	20 (8.2)
Domestic help	-	13 (10.6)	13 (5.3)
Other ^a	6 (5.0)	2 (1.6)	8 (3.3)

Note. ^a Includes cattle tending, tuitions, car driver, masseur, paper agent, part time work.

According to the data in Table 17, 35 per cent of the sample was in salaried jobs. This was followed by respondents (34 per cent) all women, who were home makers. While only 16 per cent of the elderly women were in salaried jobs, none of the elderly men reported as being domestic help. A clear cut division of male work (outside of home) versus female work (in the home) was seen in the study sample that reflected the patriarchal social context that existed 6 decades ago.

Table 18: Sex-wise distribution of the sample elderly by their current work status

Current work status	Sex of the respondent		Total (N=243)
	Male (n=120)	Female (n=123)	
Not working	26 (21.7)	12 (9.8)	38 (15.6)
Homemaker	-	83 (67.5)	83 (34.2)
Daily wage labor	4 (3.3)	1 (0.8)	5 (2.1)
Salaried	4 (3.3)	-	4 (1.6)
Professional	2 (1.7)	2 (1.6)	4 (1.6)
Business	20 (16.7)	4 (3.3)	24 (9.9)
Retired	57 (46.7)	10 (8.1)	67 (27.6)
Domestic Help	-	8 (6.5)	8 (3.3)
Other ^a	7 (5.8)	3 (2.4)	10 (4.1)

Note. ^a Includes cattle tending, tuitions, paper agent, free-lance, honorary member, volunteer work, part time work.

With regard to their current work status, (see Table 18) out of a majority of the men who reported previous work status as salaried job (60 per cent), 47 per cent reported to have retired. However, it seems that the home makers and those who worked as domestic help in their previous work status, who were exclusively women, continued to function in the same capacity and retirement did not appear to apply to them as in the case of men. Almost 66 per cent of the total respondents (120 men and 40 women) reported that they were in paid employment before they attained 60 years of age. Of them, only 34 per cent (37 men and 18 women) reported as in paid employment at the time of the interview. Hence, the sample elderly who reported previous and current earnings (p.m.) were 160 and 55 respectively and the details are shown in Tables 19 & 20.

Table 19: Sex-wise distribution of the sample elderly by their income (p.m.) from previous work (before attaining 60 years of age)

Previous income (p.m.)	Sex of the respondent		Total (n=160)
	Male (n=120)	Female (n=40)	
Rs.5000 and below	40 (33.3)	30 (76.2)	70 (43.8)
Rs.5100-10000	22 (18.3)	3 (7.1)	25 (15.6)
Rs.10100-20000	20 (16.6)	5 (11.9)	25 (15.6)
Rs.20100-40000	24 (20)	1 (2.4)	25 (15.6)
Rs.40100-60000	5 (4.2)	1 (2.4)	6 (3.7)
Rs.60100-80000	2 (1.7)	-	2 (1.3)
Rs.80100-100000	5 (4.2)	-	5 (3.1)
Rs.100100 and above	2 (1.7)	-	2 (1.3)

Of the 160 sample elderly who reported being in paid work before attaining 60 years of age, only 25 per cent were women. A majority (76 per cent) of these women reported lower earnings per month of Rs 5000 and below. The remaining 19 per cent reported incomes that fell between Rs 5100 to Rs 20000. Only 2 elderly women reported their income as falling between Rs 20100 to Rs 60000. None of the women were having an income in the categories of Rs 60100- 80000 to Rs 100100 and above. Compared to them, 7.6 per cent elderly men reported an income in that range. Also, more men were represented across the income categories (see Table 19).

Table 20: Sex-wise distribution of the sample elderly by their income (p.m.) from current work

Current income (p.m.)	Sex of the respondent		Total (n=55)
	Male (n=37)	Female (n=18)	
Rs.5000 and below	13 (35.1)	14 (77.8)	27 (49.1)
Rs.5100-10000	7 (18.9)	2 (11.1)	9 (16.4)
Rs.10100-20000	3 (8.1)	1 (5.6)	4 (7.3)
Rs.20100-40000	5 (13.5)	-	5 (9.1)
Rs.40100 and above	9 (24.3)	1 (5.6)	10 (18.2)

Table 20 shows that of the 55 elderly who were in paid employment at the time of the interview, a majority (49 per cent) earned an income of Rs 5000 and below (p.m.) (78 per cent women as against 35 per cent men). A higher percentage of the elderly men compared to women were represented as earning in all the other income categories.

Pension details: Of the total sample elderly, only 27 per cent (n=65) reported receiving a monthly pension of some kind, with men outnumbering women (34 per cent men as against 23 per cent women). Out of the 72 elderly men who have previously worked in a salaried job (see Table 17) 57 men retired (see Table 18) of whom 41 reported receiving a job pension (see Table 21). Of the 14 elderly women who worked previously in a salaried job (see Table 17), 10 retired (see Table 18), of whom 9 reported receiving a job pension (see Table 21). Fifteen elderly women reported receiving their deceased husbands' pension (see Table 21) and another 4 received a Govt. old age pension.

Table 21: Sex-wise distribution of the sample elderly by the job pension (p.m.) received by them

Job pension (p.m.)	Sex of respondent		Total (n=65)
	Male (n=41)	Female (n=24)	
Rs.2000 and below	13 (31.7)	2 (8.3)	15 (23.1)
Rs.2100-5000	6 (14.6)	9 (37.5)	15 (23.1)
Rs.5100-8000	6 (14.6)	4 (16.7)	10 (15.4)
Rs.8100-11000	7 (17.1)	4 (16.7)	11 (16.9)
Rs.11100-14000	4 (9.8)	2 (8.3)	6 (9.2)
Rs.14100 and above	5 (12.2)	3 (12.5)	8 (12.3)

Note. In the case of women, 15 of them received their deceased husbands' job pension.

As can be seen from Table 21, of the 65 respondents, all the 41 men and only 9 women reported receiving a job pension. More than a quarter of the elderly men (32 per cent) and women (37.5 per cent) reported a pension of Rs 2000 and below and Rs 2100-5000, respectively. In the total sample, only four women who were 65 years or older received a government old age pension of Rs 400, as applicable in Gujarat.

Possession of assets: Almost 75 per cent of the sample, comprising of 43 per cent men and 32 per cent women reported possessing some type of asset on their name. In some cases, possession of more than one type of asset was reported. However, it has to be kept in mind that not all of them might be earning income on the asset (s). The type of asset (s) owned by the sample elderly is given in Table 22.

Table 22: Sex-wise distribution of the sample elderly by the type of asset (s) possessed by them

Type of asset	Sex of respondent		% *
	Male (n=103)	Female (n=78)	
House (s)	84 (70)	47 (38.2)	131 (53.9)
Savings	88 (73.3)	58 (47.2)	146 (60.1)
Investments	27 (22.5)	22 (17.9)	49 (20.2)
Land (s)	27 (22.5)	5 (4.1)	32 (13.2)
House site (s)	12 (10)	4 (3.3)	16 (6.6)

n=181

Note. * Multiple responses and hence the percentages do not add to 100.

With regard to the type of assets being reported (see Table 22), a majority of men (73 per cent) and women (47 per cent) were having savings and 70 per cent men and 38 per cent women had house(s).

Table 23: Sex-wise distribution of the sample elderly by the monthly income earned from asset (s) possessed by them

Income from asset (s) (p.m.)	Sex of respondent		Total (n=87)
	Male (n=63)	Female (n=24)	
Rs.1000 and below	2 (3.2)	-	2 (2.3)
Rs.1100-5000	29 (46)	13 (54.2)	42 (48.3)
Rs.5100-10000	12 (19.1)	8 (33.3)	20 (23)
Rs.10100-20000	14 (22.2)	3 (12.5)	17 (19.5)
Rs.20100 and above	6 (9.5)	-	6 (6.9)

Note. Though 181 respondents reported possessing assets, only 87 of them reported earning an income and the remaining (n=94) did not earn any income on the asset (s).

As indicated above, of the 181 elderly, almost 52 per cent (n=94) possessed asset (s) but did not earn any income on them, of which a majority were women (69 per cent). The remaining elderly reported a monthly income that fell in the categories of Rs 1000 and below to Rs 20100 and above, on their assets. Almost half of the elderly men and 54 per cent women earned Rs 1100- 5000 p.m. as income on their assets. Elderly women who earned in the range of Rs 10100- 20000 were less in number, compared to men (see Table 23).

Respondents' income (p.m.): It refers to their exclusive earnings constituting income from work, pension, and assets. Out of the total sample, 61 per cent respondents (n=149) reported monthly income under this head (more men compared to women). The remaining elderly were completely dependent on their children, relatives or others. Except for the income category of Rs 2000 and below, men were represented in all other income ranges. A majority of the women reported an income that fell in the ranges of Rs 2000 and below to Rs10100-20000. In the categories above Rs 20100, very few or none of them figured (see Table 24).

Table 24: Sex-wise distribution of the sample elderly by the Respondents' income (p.m.)

Respondents' income (p.m.)	Sex of the respondent		Total (n=149)
	Male (n=82)	Female (n=67)	
Rs 2000 and below	-	25 (37.4)	25 (16.8)
Rs.2100-10000	33 (40.2)	26 (38.8)	59 (39.7)
Rs.10100-20000	26 (31.7)	14 (20.8)	40 (26.8)
Rs.20100-40000	12 (14.6)	1 (1.5)	13 (8.8)
Rs.40100-60000	2 (2.5)	-	2 (1.3)
Rs.60100-80000	5 (6.0)	1 (1.5)	6 (4)
Rs.80100-100000	2 (2.5)	-	2 (1.3)
Rs100100 and above	2 (2.5)	-	2 (1.3)

Indebtedness: A majority (94 per cent) of the total sample elderly reported that they did not take a loan of any kind. Out of the 15 who took a loan, 4 took it for the child's marriage, 2 for children's' education, and 9 for other needs such as purchasing a car, renovation of their home, and during medical emergency.

Present income sources: In the organized sector the age of retirement falls between 58-60 years and in some cases it is 65 years at which age the elderly have to retire from their job. However, if they are not in organized sector they might continue to work till their physical capacity and/or the health and/ or the norms in the society permit them. Further, elderly who are self employed usually handover family business, property etc. to their child (ren) after reaching the age of 60 years or more, and would no longer be active participants in economic affairs of the family. Hence, from this point onwards sources of financial inflow of the older person start reducing, and other sources from the children or relatives may emerge. Therefore, information about the sources of income for the sample elderly would help construct an idea about their economic status.

Table 25: Sex-wise distribution of the sample elderly by their sources of income for a living

Source of income	Sex of respondent		% *
	Male (n=120)	Female (n=123)	
From children in the house	70 (58.3)	72 (58.5)	142 (58.4)
Respondent's past savings	75 (62.5)	33 (26.8)	108 (44.4)
Spouse's past savings	17 (14.2)	50 (40.7)	67 (27.6)
Income from resp. employment	37 (30.8)	18 (14.6)	55 (22.6)
Pension from respondent's job	43 (35.8)	11 (8.9)	54 (22.2)
Pension from spouse's job	4 (3.3)	42 (34.1)	46 (18.9)
From other relatives	11 (9.2)	24 (19.5)	35 (14.4)
Spouse's employment	12 (10)	18 (14.6)	30 (12.3)
From children elsewhere	14 (11.7)	15 (12.2)	29 (11.9)
Govt. old age/widow pension	-	4 (3.2)	4 (1.6)
Other ^a	5 (4.2)	3 (2.4)	8 (3.3)

N=243

Note. ^a Other sources include income through livestock, share of income from harvest, share of income from common property, opportunity to earn extra money.

* Multiple responses and hence the percentages do not add to 100.

Table 25 indicates multiple sources of income for the respondents. An equal per cent (58 per cent) of elderly men and women responded that the children they stayed with were the source of their income. Around 62 per cent elderly men and 41 per cent women told that their past savings and their spouse's past savings respectively were the sources of their income.

A substantial number of elderly men (36 per cent and 31 per cent) reported job pension and income from their employment as sources of livelihood compared to women (9 per cent and 15 per cent). Interestingly, more women (34 per cent) compared to men (3.3 per cent) reported their source of income as the job pension of their spouses. It was clear from the data that more men (62 per cent) than women (27 per cent) had past savings to rely upon during old age. This is because women's employment was less during the earlier times. On the whole, more women were dependent on sources such as spouses past savings, job pension of spouse and monetary support from child (ren) & other relatives. Only 4 women reported govt. old age pension as a source of income.

Table 26: Sex-wise distribution of the sample elderly by forms of assistance received from family/children/other relatives

Form of assistance	Sex of respondent		% *
	Male (n=120)	Female (n=123)	
Money	75 (62.5)	82 (66.7)	157 (64.6)
Food	69 (57.5)	80 (65)	149 (61.3)
Medical care	66 (55)	81(65.9)	147 (60.5)
Clothes	65 (54.2)	75 (61)	140 (57.6)
Gifts	43 (35.8)	49 (39.8)	92 (37.9)
Other ^a	4 (3.3)	3 (2.4)	7 (2.9)

N=243

Note. ^a Other includes use of brother's car, taking services of child's servant/driver for household chores/shopping, support in travel arrangements and going out.

* Multiple responses and hence the percentages do not add to 100.

Coming to the form of assistance received, more than 50 per cent each of the elderly men and women reported receiving money, food, medical care and clothes. All the forms of assistance (except 'other') were received by more per cent of elderly women compared to men (see Table 26).

2. Current Living Arrangements: Types and Nature

The major focus of the study was to explore the types of current living arrangements of the elderly (including the sub-types of parent child coresidence) in the Vadodara city and how they were associated with the socio-demographic and other variables of the sample elderly. The reasons stated by the elderly respondents for their stay in their current living arrangements are presented herein. Further, relevant aspects in the context of the living arrangements such as the living environment, type of ownership of dwelling, family relations, social interaction etc., that provided a deeper understanding of the current living arrangements of the elderly have been included in this sub-section.

Table 27: Distribution of the sample elderly by the type of living arrangements

Type of living arrangement	Frequency	Percent
Parent-child coresidence	156	64.2
Living alone	9	3.7
Living with spouse only	57	23.5
Living with relatives	18	7.4
Living with assistance	3	1.2
Total	243	100

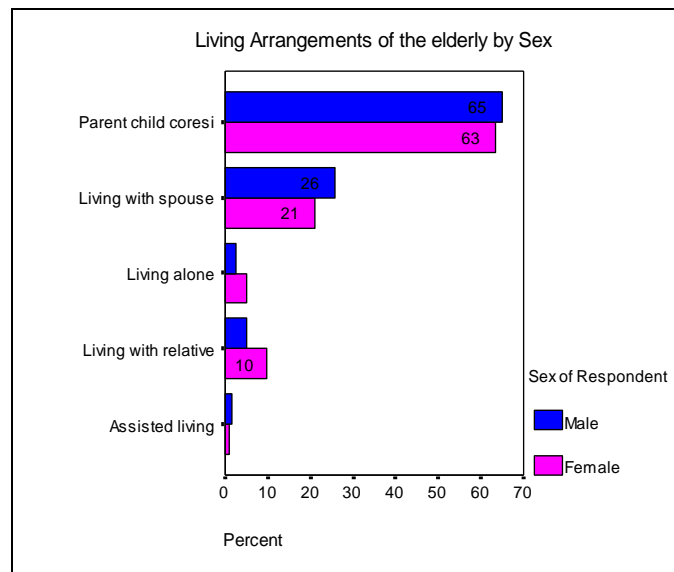
The five types of living arrangements, into which the sample elderly have been distributed, are shown in Table 27. According to the data, parent-child coresidence emerged as the major type of living arrangement for the sample. More than half of the total sample (64 per cent) lived in parent-child coresidence, followed by those living with spouse only (23 per cent). A small percentage of the elderly lived with relatives, lived alone and with assistance. Parent-child coresidence included the arrangements of living with married son (s), married daughter (s), unmarried son (s) and unmarried daughter (s). Living with relative (s) means those respondents who were living with their sibling, grandchild or daughter-in-law. Living with assistance means living with a hired help who stayed at the elderly persons' house.

a) Socio-demographic variables and the current living arrangements. A further examination of the five living arrangements of the sample elderly in relation to select socio-demographic variables, and the duration of stay in the living arrangements has been done and presented in the following pages.

Table 28: Sex-wise distribution of the sample elderly by the type of living arrangements

Characteristic	N	Type of living arrangement				
		Parent-child coresidence (n=156)	Living alone (n=9)	Living with spouse only (n=57)	Living with relatives (n=18)	Living with assistance (n=3)
<u>Sex</u>						
Male	120	78 (65)	3 (2.5)	31 (25.8)	6 (5)	2 (1.7)
Female	123	78 (63.4)	6 (4.9)	26 (21.1)	12 (9.8)	1 (0.8)

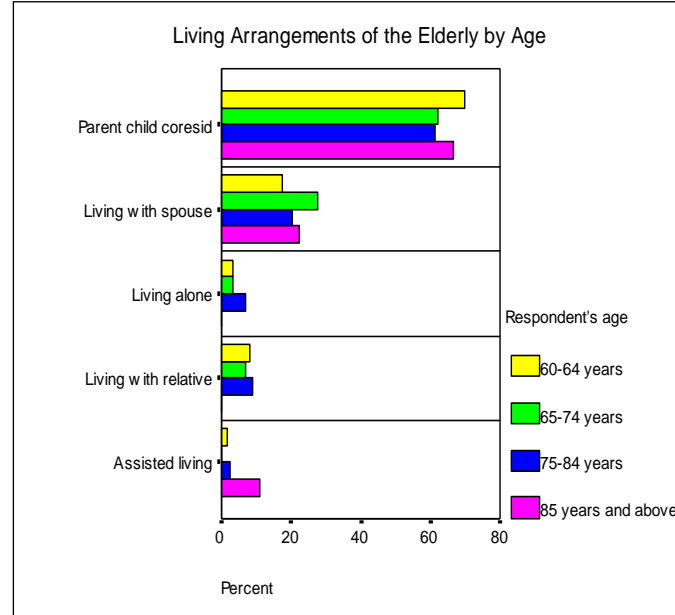
Figure 30: Sex-wise distribution of the sample elderly by type of living arrangements



N=243

A majority of the elderly men and women live in parent-child coresidence, followed by living with spouse. Compared to men, more elderly women reported as living alone and with relatives (see Table 28 & Figure 30).

Figure 31: Distribution of the sample elderly by the type of living arrangements and age



N=243

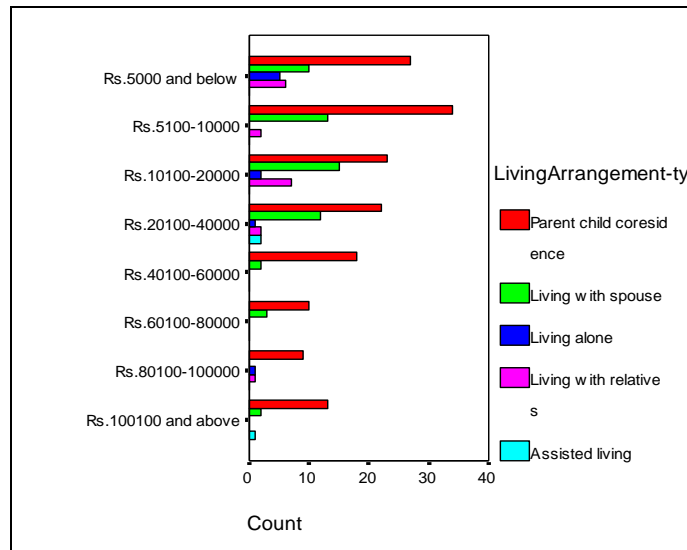
Figure 31 indicates that a majority of the elderly in all age ranges were seen to cluster in parent-child coresidence, followed by living with spouse. Elderly in the 85 + years age range were not represented in the categories of living alone and with relatives.

An examination of the sex- wise distribution of the elderly respondents by type of living arrangements and their mean ages revealed that the respondents living with assistance (mean=78, $SD=17.5$), alone (mean=71, $SD=8$) or with spouse (mean= 69.5, $SD=6.3$) were older compared to those living in the other arrangements. Further, the respondents in parent-child coresidence were younger in age (mean=68.8 years, $SD=7.08$). Interestingly, elderly women who stayed with assistance and alone were much older to men (see Table 29).

Table 29: Sex-wise distribution of the sample elderly by type of living arrangements and mean ages

Type of living arrangement	Sex	n	Respondent's age	
			Mean	S.D
Parent-child coresidence	Male	78	69.9	7.15
	Female	78	67.8	6.91
	Total	156	68.8	7.08
Living with spouse	Male	31	71.3	6.15
	Female	26	67.4	5.89
	Total	57	69.5	6.30
Living alone	Male	3	69.3	12.7
	Female	6	72.0	5.97
	Total	9	71.1	8.02
Living with relatives	Male	6	71.0	8.37
	Female	12	66.9	4.58
	Total	18	68.2	6.17
Assisted living	Male	2	69.5	13.44
	Female	1	95.0	--
	Total	3	78.0	17.52
Total	Male	120	70.3	7.09
	Female	123	68.1	6.89
	Total	243	69.2	7.06

Figure 32: Distribution of the sample elderly by the family income (p.m.) and type of living arrangements



N=243

It is shown in Figure 32 that the elderly from all categories of family income (p.m.) were represented in the living arrangement of parent-child coresidence.

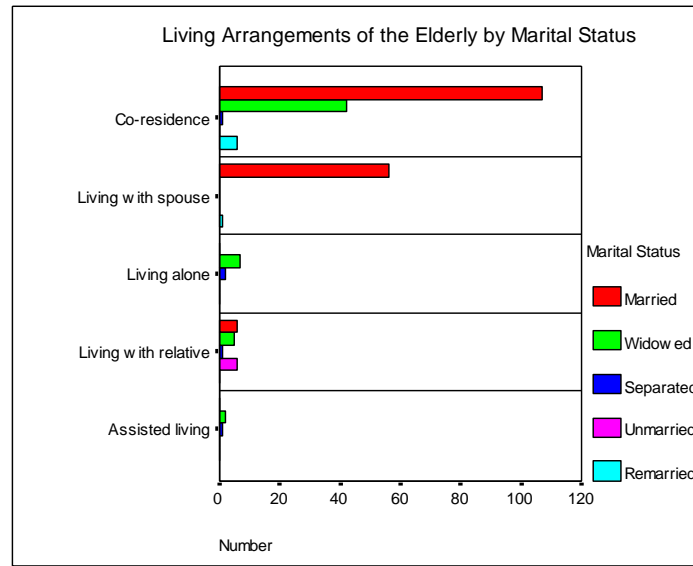
In order to examine the relationship of family income p.m. and respondent income p.m. with the types of living arrangements, the median incomes (both family income and respondent income) of the elderly living in the different living arrangements were calculated. The median incomes were taken into consideration in view of skewed distribution of the incomes of the respondents. Table 30 shows the median family and respondents' incomes by type of living arrangements.

Table 30: Shows median Family and Respondent incomes (p.m.) of the sample elderly by type of living arrangements

Type of living arrangement	N	Family income(p.m.)	Respondent's income(p.m.)
Parent-child coresidence	156	18000	450
Living with spouse	57	14000	6000
Living alone	9	5000	5000
Living with relatives	18	13000	3000
Assisted living	3	30000	30000
Total	243	15000	2500

As can be seen, the elderly living with assistance reported highest on both median family and respondent's incomes (Rs 30000). For those living in parent-child coresidence, Rs 18000 was the median family income p.m. and even the elderly with lowest respondent's income (median=Rs 450) reported living in this type of arrangement. Except for the elderly living alone and with assistance, in other living arrangements higher median family incomes than respondents' incomes were reported, indicating that in these arrangements the respondents' income shrink.

Figure 33: Distribution of the sample elderly by the type of living arrangements and marital status



N=243

Figure 33 reveals that a majority of the elderly belonging to all categories of marital status lived in parent-child coresidence (except for those who were unmarried). Elderly of all marital statuses (except for those who were remarried) lived with relatives. Only widowed and separated elderly lived alone, and with assistance. The unmarried elderly lived only with relatives. Obviously, married and remarried elderly were found living with the spouse.

Table 31: Distribution of the sample elderly by their marital status and the type of living arrangements

Marital status	Type of living arrangement					Total
	Parent-child coresidence	Living with spouse	Living alone	Living with relatives	Living with assistance	
Married	107 (63.3)	56 (33.1)	-	6 (3.6)	-	169 (100)
Widowed	42 (75)	-	7 (12.5)	5 (8.9)	2 (3.6)	56 (100)
Separated	1 (20)	-	2 (40)	1 (20)	1 (20)	5 (100)
Unmarried	-	-	-	6 (100)	-	6 (100)
Remarried	6 (85.7)	1 (14.3)	-	-	-	7 (100)
Total	156	57	9	18	3	243

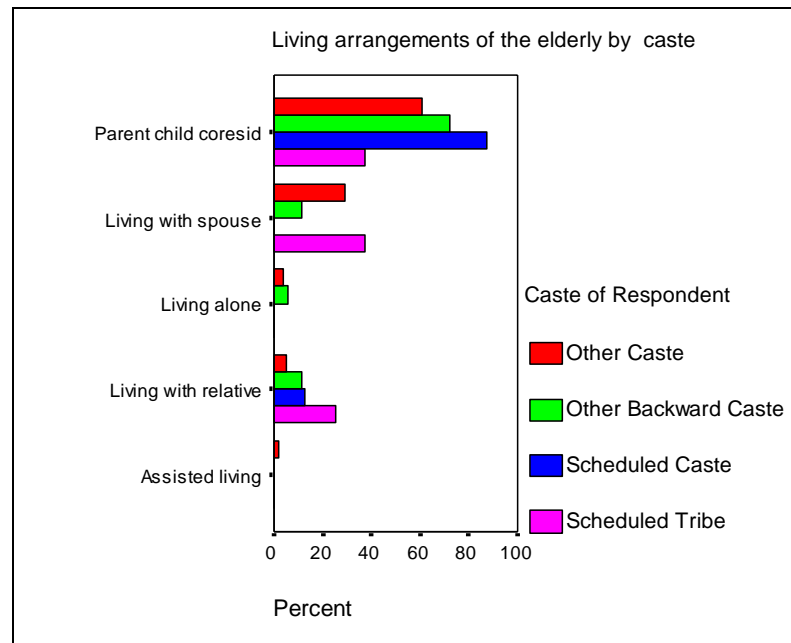
Table 31 provides specific details in addition to Figure 33. As can be seen, a majority of the elderly who were remarried (86 per cent), widowed (75 per cent), and married (63 per cent) lived in parent-child coresidence. A considerable number of the separated elderly (40 per cent) and elderly who were widowed (13 per cent) were living alone.

Table 32: Distribution of the sample elderly by caste and the type of living arrangements

Caste	Type of living arrangement					Total
	Parent-child coresidence	Living with spouse	Living alone	Living with relatives	Living with assistance	
Other Caste (OC) ^a	100 (60.6)	48 (29.1)	6 (3.6)	8 (4.8)	3 (1.8)	165 (100)
Other Backward Caste (OBC)	39 (72.2)	6 (11.1)	3 (5.6)	6 (11.1)	-	54 (100)
Scheduled Caste (SC)	14 (87.5)	-	-	2 (12.5)	-	16 (100)
Scheduled Tribe (ST)	3 (37.5)	3 (37.5)	-	2 (25.0)	-	8 (100)
Total	156	57	9	18	3	243

Note. ^a Comprises of castes which are not included in OBC, SC and ST categories.

Figure 34: Distribution of the sample elderly by type of living arrangements and caste



N=243

As can be seen in Table 32 & Figure 34, the predominance of parent-child coresidence followed by living with spouse (except for the SC's) type of living arrangements continued irrespective of caste. As expected, the elderly from SC and ST categories were not found living alone or with assistance.

The duration of stay of the elderly seemed to vary depending on the type of the current living arrangement. Keeping in view of skewed data for duration of stay of the respondents in the current living arrangement, both mean and median of the duration of stay were calculated.

Table 33: Distribution of the sample elderly by the mean duration of stay in the current living arrangements

Living arrangement	Mean duration	S.D	N
Parent-child coresidence	12.72	9.23	156
Living with spouse	11.21	9.12	57
Living alone	11.78	7.46	9
Living with relatives	11.17	8.88	18
Living with assistance	12.67	9.71	3
Total	12.21	9.08	243

As can be seen from Table 33, the mean duration of stay was longer (mean= 12.72 years; $S.D=9.23$) for those who lived in parent-child coresidence followed by those who lived with assistance (mean=12.67 years; $S.D= 9.71$). Further, the shortest duration of stay (11.17 years, $S.D=8.88$) was for those who lived with relatives.

Table 34: Distribution of the sample elderly by the median duration of stay in the current living arrangements

Living arrangement	Median duration	N
Parent-child coresidence	10	156
Living with spouse	10	57
Living alone	12	9
Living with relatives	9.5	18
Living with assistance	15	3
Total	10	243

The median duration of stay in parent-child coresidence, with spouse as well as for the total sample elderly was 10 years. Further exploration found that for both elderly men and women, the median duration of stay in the current living arrangement was 10 years. The longest i.e. 15 years was reported for those who lived with assistance, followed by 12 years for those who lived alone (see Table 34).

b) Socio-demographic variables and sub-types of parent-child coresidence. Now, within parent-child coresidence among the sample elderly, 4 sub-types such as living with married son, unmarried son, married daughter and unmarried daughter were identified. The association of these sub-types with some of the socio-demographic variables, and the duration of stay in these sub-types was explored and presented in the following pages.

Table 35: Sex-wise distribution of the sample elderly by the sub-types of parent-child coresidence

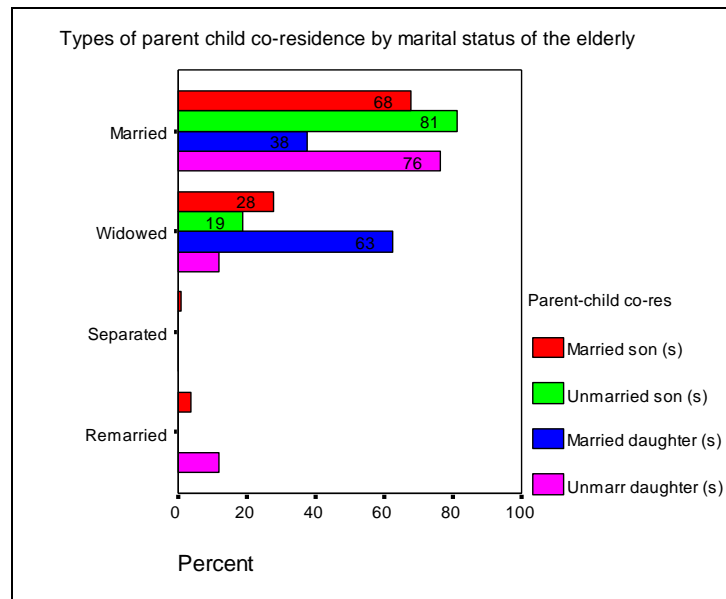
Sub-types of parent-child coresidence	Sex of respondent		Total (n=156)
	Male (n=78)	Female (n=78)	
Married son (s)	59 (75.6)	56 (71.8)	115 (73.7)
Unmarried daughter (s)	10 (12.8)	7 (9)	17 (10.9)
Unmarried son (s)	8 (10.3)	8 (10.3)	16 (10.3)
Married daughter (s)	1 (1.3)	7 (9)	8 (5.1)
Total	100	100	100

As shown in Table 35, of the 156 elderly who stayed in parent-child coresidence, a majority (74 per cent) lived with married son (s) followed by 10 per cent who stayed with unmarried son (s). Also, 13 per cent of elderly men and 9 per cent women reported staying with their unmarried daughter (s). Compared to men (1.3 per cent) more women (9 per cent) reported staying with their married daughter (s).

Table 36: Distribution of the sample elderly by the sub-types of parent-child coresidence and marital status

Sub-types of parent-child coresidence	Marital status of the respondent				Total (n=156)
	Married (n=107)	Widowed (n=42)	Separated (n=1)	Remarried (n=6)	
Married son (s)	78(72.9)	32(76.2)	1(100)	4(66.7)	115(73.7)
Unmarried son (s)	13(12.1)	3(7.1)	-	-	16(10.3)
Married daughter (s)	3(2.8)	5(11.9)	-	-	8(5.1)
Unmarried daughter (s)	13(12.1)	2(4.8)	-	2(33.3)	17(10.9)

Figure 35: Distribution of the sample elderly by the sub-types of parent-child coresidence and marital status



N=243

As can be seen from Table 36 & Figure 35, a majority (74 per cent) of the elderly under all the 4 marital status categories lived with married son(s). Thus, a majority 76 per cent of the elderly who were widowed and 73 per cent who were married stayed with married son (s). Married and widowed elderly were seen staying with married and unmarried daughters as well.

Table 37: Distribution of the sample elderly by the sub-types of parent-child coresidence and medians of age, family income, and duration of stay in the living arrangement

Sub-types of parent-child coresidence	Median		
	Age of the respondent (Yrs)	Family income (p.m.) (Rs.)	Duration of stay (Yrs)
Married son (s) (n =115)	68	20000	11
Unmarried son (s) (n=16)	65	18000	8.5
Married daughter (s) (n=8)	66	4750	10
Unmarried daughter (s) (n=17)	65	18000	8
N=243			

The elderly sample respondents who had been staying with married son (s) were much older (68 years), reported a relatively better income p.m. and they also reported longer duration of stay in their current living arrangement (median=11 years). Respondents who live with unmarried son (s) and daughter (s) though for a shorter duration (approximately 8 years), reported slightly lesser median income (Rs 18000) (see Table 37).

c) Reasons given for their stay in the current living arrangement. The elderly respondents were asked to give reasons for their stay in the different types of current living arrangements. The range of answers given by them reflected their perceptions about why they stayed in a particular type of living arrangement.

As can be seen from Table 38, 115 respondents gave multiple reasons for stay with married son (s). Of these, the most frequent reason of the elderly (97 per cent) was that it was a choice made by them or the son (s). Substantial percentage of the elderly gave reasons such as willingness to adjust, to avoid being lonely, emotional attachment with son's family (which are emotional related), due to expectation of care from son based on custom/tradition, belief in the joint family system (which are tradition related). Comparatively, the reasons such as space availability, dependency on son for basic needs, medical care, finances, physical support or the married son (s) financial dependency on the respondent (which are instrumental related) figured less frequently.

Table 38: Distribution of the sample elderly by the reasons for staying with married son(s)

Reasons	% [*]
Choice made by respondent/son (s)	97.4
Willing to adjust with each other	85.2
Respondent's wish to avoid being lonely	80.9
Care and service are expected of son (s)	77.4
Benefits of living in the Joint family	75.7
Son (s) taking care of parents is the custom	74.8
Emotional attachment with sons' family	71.3
Space is available for accommodation	68.7
Dependent on son (s) for basic needs	54.8
Financial dependency of respondent	53.9
Dependent on son (s) for medical care	45.2
Dependent on son (s) for physical support	23.5
Financial dependency of married son (s)	8.7
Other ^a	22.6

n=115

Note. ^{*} Multiple responses and hence the percentages do not add to 100.

^a Includes reasons such as death of spouse, have only one son, no circumstances calling for change in existing living arrangement, and life is fun if we live with sons' family.

Table 39: Distribution of the sample elderly by the reasons for staying with unmarried son (s)

Reasons	% [*]
Son (s) was unmarried	100.0
Son (s) was working in Vadodara	68.8
Choice made by respondent/son (s)	68.8
Financial dependency of respondent	56.3
Financial dependency of son (s)	37.5
Searching for a bride for the son (s)	37.5
Son (s) studying in Vadodara	25.0

n=16

Note. ^{*} Multiple responses and hence the percentages do not add to 100.

All the 16 elderly respondents living with their unmarried son (s) said that they did so because their son (s) was yet to marry. This was considered normal in a nuclear household. The next frequently figured reasons (69 per cent each) were that their unmarried son (s) was working in Vadodara, and that it was a choice made by the respondent or the son. The other reasons that came up were financial dependency of the respondent (56 per cent), the financial dependency of the son (s) etc. Mostly, instrumental related reasons figured for staying with unmarried son(s) (see Table 39).

Table 40: Distribution of the sample elderly by the reasons for staying with married daughter

Reasons	% [*]
Daughter/son-in-law wanted resp./spouse to move in	71.4
Daughter's concern with our needs requiring support	57.1
Emotional attachment with the daughter	14.3
Being a progressive family	14.3
Other ^a	100

n=7

Note. ^{*} Multiple responses and hence the percentages do not add to 100.

^a Includes daughter got separated from husband, respondent /spouse need physical support or medical care, daughter's husband remarried in Dubai.

Only 8 respondents said that they stayed with married daughter, of which seven mentioned reasons. The most frequently mentioned reasons for staying with married daughter were emotional related, as shown in Table 40. Most of the elderly cited that their married daughter /son-in-law wanted the respondent to move in (71 per cent) and due to their daughter's concern with the parents needs requiring support (57 per cent). Emotional attachment with the daughter was another reason mentioned by a few. Though staying with the married daughter is not the custom, a few respondents who did so gave the reason that theirs was a progressive family.

Table 41: Distribution of the sample elderly by the reasons for staying with unmarried daughter (s)

Reasons	% [*]
Unmarried daughter (s) was expected to stay with parent	94.7
Unmarried daughter (s) need respondents' protection	84.2
Choice by respondent/ daughter (s)	84.2
Daughter (s) was working in Vadodara	78.9
Financial dependency of respondent	57.9
Financial dependency of daughter (s)	36.8
Respondents' other children married and moved out	36.8
Daughter (s) was studying in Vadodara	15.8

n=17

Note. * Multiple responses and hence the percentages do not add to 100.

The different reasons given by 17 elderly respondents for staying with their unmarried daughter (s) are shown in Table 41. The most frequently figured reasons were (which were emotional related) that the daughter (s) was expected to stay with their parents till she got married, she needs protection, and the choice was made by respondent and/or unmarried daughter (s). Other reasons (that were instrumental related) mentioned by a small percentage of the elderly were that daughter (s) was working in Vadodara, financial dependency of respondent/daughter (s), the other children married and moved out etc.

Fifty seven respondents were staying with their spouse at the time of the study and gave the reasons for doing so (see Table 42). The prominent reasons were: choice made by the couple/child, married daughters moved out and custom forbids staying with married daughter, attachment to place and social networks, have financial independence and autonomy, non-availability of son (s)/ child (ren) , and because they had no other option.

A small percentage of the elderly mentioned not having/considering the option to live with available son (s)/child (ren) due to reasons such as -they don't wish to interfere in child (ren)'s family life, to avoid conflict, to prevent abuse and neglect, need for privacy, unavailability of space etc. Hence, it appears that tradition and instrumental related reasons figured with more weight than the emotional related reasons for staying with spouse only.

Table 42: Distribution of the sample elderly by the reasons for staying with spouse only

Reasons	% [*]
Choice made by respondent/spouse/child	71.9
Daughter (s) got married and moved to in-law's place	68.4
Custom forbids to stay with married daughter (s)	59.6
Attachment to native place/social network	57.9
Respondent/spouse had financial independence	43.9
Respondent/spouse desired to continue an independent lifestyle	38.6
No other option	38.6
Respondent/spouse was active and healthy	35.1
No son (s)	33.3
Child (ren) study/employed abroad	26.3
Child (ren) study/employed outside Vadodara	24.6
Respondent did not wish to interfere with the family life of child (ren)	19.3
Respondent/ spouse/child (ren) needed privacy	17.5
Child (ren)'s family wished to stay separately from respondent	15.8
Space unavailable to accommodate both families	15.8
Conflict with son (s)/daughter (s)-in-law	12.3
Respondent/spouse was neglected	10.5
Respondent/spouse was verbally abused	3.5
No living child (ren)/ childless	3.5
Other ^a	28.1

n=57

Note. ^{*} Multiple responses and hence the percentages do not add to 100.

^a Includes children are too busy or tired when they return from work in abroad, cannot be independent while abroad, siblings passed away, generation gap, unwilling to adjust, can manage on their own.

Nine elderly reported they were living alone and gave reasons for the same presented in Table 43. The most frequent reasons that figured were: death of their spouse, daughter (s) got married and moved to in-law's place, desire to age in place. Need for independence, it was not customary to stay with married daughter (s), prefer privacy, and could not trust were also mentioned. A considerable percentage of respondents mentioned the reason for living alone and with spouse only as the non-availability of kin, and hence they 'did not have any other option'. It might be that those who were living with the spouse may end up living alone after the spouse's death. A few of the respondents stated that their son's who were in Vadodara itself wanted to live separately from them. Abuse, neglect and conflict with children and kin in the past were reported as reasons for living alone now.

Table 43: Distribution of the sample elderly by the reasons for living alone

Reasons	%*
Death of spouse	88.9
Daughter (s) got married and moved out to stay with in-laws	77.8
Desire to age in place	66.7
Need for independence	55.6
Not the custom to live with married daughter (s)	55.6
Preference for privacy	55.6
Separation/desertion by husband	55.6
Unable to trust relatives/ servants	55.6
Child (ren) settled abroad	44.4
Not having any other option	44.4
Neglect and abuse by son/daughter/daughter-in-law or son in-law	33.3
Conflict with children	33.3
Children settled outside Vadodara	22.2
Son's family wanted to live separately	22.2

n=9

Note. * Multiple responses and hence the percentages do not add to 100.Table 44: Distribution of the sample elderly by the reasons for staying with relatives

Reasons	%*
Respondent/spouse dependent on relative (s)	66.7
Family members moved out or died	61.1
Continued to stay in paternal home with unmarried sibling (s)	61.1
Respondent /relative (s) took in the other	38.9
Respondent was unmarried/widowed/ separated	33.3
Relative (s) was dependent on respondent	27.8

n=18

Note. * Multiple responses and hence the percentages do not add to 100.

Among the reasons cited by 18 respondents who lived with relatives (see Table 44), a majority (67 per cent) mentioned that respondent/spouse was dependent on the relative. Other reasons cited were that the respondents' family members moved out or died, and respondent continued to stay in paternal home with unmarried sibling (s). Some mentioned reasons such as respondent or the relative took in the other to avail support, respondent was unmarried/widowed/separated so she/he chose to live with the relative, and the relative was dependent on the respondent.

The elderly who lived with assistance (n=3), did so mainly because they could afford the full-time help. The top reasons cited by them to be in this living arrangement were: they did not have family support, did not wish to burden their married child (ren), and their immobility made full-time help a requirement. They had also mentioned reasons such as lack of willingness to stay with relatives and problems in adjustment with children, child (ren) moving out, and child (ren) themselves had arranged for assistance. Most of these reasons were also related to their reaching an advanced age. They further expressed that living with assistance worked out fine as it ensured some kind of human presence. With regard to the kind of help hired, 2 elderly who lived with assistance had a full-time help, a maid, driver and a gardener. The third had a full-time help who did chores and also cooked. The payments for the hired help ranged between Rs 3000 to Rs 8700 per month.

3. Aspects in the context of the current living arrangements related to quality of life and the related variables

a) Ownership of the dwelling. Out of the 243 elderly, only 19 lived in rented dwellings. The remaining though not living in rented dwellings, the nature of ownership differed. As can be seen in Table 45, of the nearly 34 per cent of the sample who reported staying in their own house, only 17 per cent were women as against 50 per cent men. Of the nearly 22 and 8 per cent of the elderly who lived in a house owned by spouse and their child (ren) respectively, there were more women than men. Relatives as owners of the dwelling, and respondents in joint ownership with spouse or relative (s) were reported by a few elderly.

Table 45: Sex-wise distribution of the sample elderly by the type of ownership of dwelling

Type of ownership	Sex of respondent		Total (n=224)
	Male (n=113)	Female (n=111)	
Owned by respondent	57 (50.4)	19 (17.1)	76 (33.9)
Owned by spouse	10 (8.8)	39 (35.2)	49 (21.9)
Jointly owned by respondent & spouse	9 (8.0)	9 (8.1)	18 (8)
Owned by child	6 (5.3)	12 (10.8)	18 (8)
Owned by relative (s)	6 (5.3)	2 (1.8)	8 (3.6)
Jointly owned by respondent & relative (s)	3 (2.7)	3 (2.7)	6 (2.7)
Own house built on encroached land	22 (19.5)	27 (24.3)	49 (21.9)

With regard to the sample respondents who reported as living in rented accommodation (n=19), more than half (63 per cent) lived in dwellings rented by the child. About 21 per cent of the elderly said that they lived in houses rented by them.

b) Living environment. During the later years the living environment i.e. living space for the older person in the house, and how the house was kept —made a lot of difference to their quality of life. Moreover, the kind of space they have in the house may be linked to their current living arrangements, marital status and so on. From this point of view, data regarding the living environment of the sample elderly in their current living arrangement in terms of number of rooms in the house, facilities available, the condition of their home premises and the spaces available to spend time during the day and sleep at night is presented below.

Table 46: Distribution of the sample elderly by the number of rooms in the house

Number of rooms	Sex of respondent		Total N=243
	Male (n=120)	Female (n=123)	
One room	12 (10)	19 (15.4)	31 (12.8)
Two rooms	17 (14.2)	18 (14.6)	35 (14.4)
1BHK (3 rooms)	20 (16.7)	20 (16.3)	40 (16.5)
2BHK (4 rooms)	37 (30.8)	38 (30.9)	75 (30.9)
3BHK (5 rooms)	18 (15)	12 (9.8)	30 (12.3)
More than 5 rooms	16 (13.3)	16 (13)	32 (13.1)

Note. BHK- bedroom, hall and kitchen

Majority of the sample (31 per cent) lived in a two bed rooms, living hall and kitchen type of house followed by 16 per cent in 1BHK houses (see Table 46). Around 13 per cent each of the elderly lived in houses with five and more than 5 rooms. Among the elderly living in one roomed houses there were more elderly women (15 per cent) than men (10 per cent). Around 63 per cent of the elderly in the sample reported that they have a separate room in the house ensuring privacy.

In terms of the available facilities and the conditions in the house, close to 71 per cent of the sample elderly reported having a bath and toilet facility in the house, to which they had access. In the case of around 73 per cent of the respondents, the houses they lived in were well-ventilated and were kept clean.

Next, the respondents were asked about the space/area where they generally spent their time in the house during the day, and slept during the night. Tables 47 & 48 provide details about this.

Table 47: Sex-wise distribution of the sample elderly by the area in the house where they spent time during the day

Area where time was spent during the day	Sex of respondent		Total N=243
	Male (n= 120)	Female (n=123)	
Own room	12(10.0)	9(7.3)	21(8.7)
Living room	76(63.3)	79(64.2)	155(63.8)
Verandah	26(21.7)	29(23.6)	55(22.6)
Balcony	-	1(.8)	1(.4)
Other ^a	6(5)	5(4.1)	11(4.5)
Total	(100)	(100)	(100)

Note. ^a Include office room at home, study room, cot under a tree, outside the house, across the home on the pavement.

Evidently, most of the elderly (64 per cent) spent their time in the living room during day time, though some reported sitting on the verandah. Very few reported (9 per cent) spending the day confined to their own room.

Table 48: Sex-wise distribution of the sample elderly by the area in the house where respondent slept in the night

Area where they slept in the night	Sex of respondent		Total
	Male	Female	
Own room	77 (64.2)	68 (55.3)	145 (59.7)
Living room	37 (30.8)	45 (36.6)	82 (33.7)
Verandah	2 (1.7)	5 (4.1)	7 (2.9)
Outside the home	1 (0.8)	1 (0.8)	2 (0.8)
Other ^a	3 (2.5)	4 (3.3)	7 (2.9)
Total	120	123	243

Note. ^a Includes the pavement, and the kitchen.

Coming to the space they slept in during the night (see Table 48), more than half of the respondents (60 per cent) reported sleeping in their own room. Here, differences between men and women could be seen. Less number of women mentioned sleeping in a room of their own and more women slept in their living room, compared to men. Sleeping in the verandah, which is a space outside the house, was also reported by more women as compared to men.

c) Characteristics of the respondent's children. It would be interesting to explore the relationship between the characteristics of the respondents' child (ren), living arrangements and the quality of life. To assess this more specifically, the number, sex of the children, their place of stay, whether the children visit or keep in touch with the elderly, frequency of such visits & the modes of communication were studied.

Number and sex of the respondent's children: Out of the total sample, 233 elderly reported having children. The rest of them had no child (ren) either because they were unmarried or had married but did not have children or had no living child (ren) at the time of the study. In terms of total number of children, 37 per cent and 24 per cent of the sample respondents had two and three children respectively, followed by 12 per cent who reported having one child. The median number of children for the sample (n=233) came to be 2. About 191 (82 per cent) and 170 (73 per cent) of the respondents reported that they had living son (s) and daughter (s) respectively. The maximum number of living sons and daughters reported by the sample were 4 and 7, respectively.

Table 49: Distribution of the sample elderly by number of living son (s) reported by them

Number of living son(s)	%*
One	84 (44.0)
Two	83 (43.5)
Three	18 (9.4)
Four	6 (3.1)

n=191

Note. * Multiple responses and hence percentages do not add to 100.

Out of the 191 respondents who reported having sons, almost an equal percentage i.e. 44 per cent and 43.5 per cent of them had one and two sons respectively (see Table 49).

Table 50: Distribution of the sample elderly by number of living daughter (s) reported by them

Number of living daughter(s)	% *
One	79 (46.5)
Two	44 (25.9)
Three	29 (17.1)
Four	12 (7.1)
Five	2 (1.2)
Six	3 (1.8)
Seven	1 (0.6)

n=170

Note. * Multiple responses and hence percentages do not add to 100.

Similarly, of the 170 respondents who reported having daughters, 47 per cent and 26 per cent reported having one and two daughters respectively (see Table 50).

An attempt was made to see the mean and median number of children of the sample by certain relevant variables (see Table 51). According to the data in the table, elderly who were much older had more children. Elderly who were Christians, followed by Muslims had higher number of children. Similarly, elderly who belonged to the Scheduled Castes followed by Other Backward Castes reported more number of children compared to the remaining 2 caste categories.

With regard to the education levels of the elderly, higher the education, lower were the mean and median number of children reported. The two categories of respondents i.e. those who lived with assistance and those in parent-child coresidence had more children (mean and median were 3) while, elderly living with relatives reported a fewer children (mean and median were 2).

Table 51: Distribution of the respondents by mean and median number of adult children and certain related variables

Characteristic	N	Mean	(SD)	Median
<u>Age</u>				
60-64 years	61	2.72	1.53	2.0
65-74 years	122	2.75	1.47	2.0
75-84 years	41	3.07	1.67	3.0
85 years +	9	4.11	2.31	4.0
<u>Religion</u>				
Hindu	186	2.71	1.43	2.0
Christian	2	4.50	3.53	5.0
Muslim	29	3.86	2.11	3.0
Jain	12	2.58	1.31	2.0
Others (Parsee & Sikhs)	4	2.00	0.00	2.0
<u>Caste</u>				
Other Castes ^a	160	2.72	1.33	2.0
Other Backward Castes	50	3.18	1.71	3.0
Scheduled Castes	16	3.62	2.87	3.0
Scheduled Tribes	7	1.71	0.95	1.0
<u>Educational level</u>				
Illiterate	45	3.48	2.26	3.0
Primary	54	3.16	1.70	3.0
High School	31	2.74	1.31	3.0
College	59	2.49	1.07	2.0
Technical	19	2.47	0.96	2.0
Professional	25	2.32	1.02	2.0
<u>Living arrangement</u>				
Parent-child coresidence	156	3.07	1.76	3.0
Living with spouse	55	2.45	0.99	3.0
Living alone	9	2.55	0.88	2.0
Living with relatives	10	1.80	0.91	2.0
Living with assistance	3	3.33	1.52	3.0
Total	243	3	100	2

n=233

Note. ^a Includes all castes that do not fall in the other 3 categories.

Place of stay of adult child (ren) who did not coreside with the elderly: The adult children of most of the sample elderly were seen to be in various developmental stages of their lives such as completing their studies, getting into a job or moving out because of marriage or to settle in career. Due to these reasons, it might not be possible for all the children of a respondent to continue to coreside with him/her. Hence, the place of stay of the son (s) and daughter (s) of the sample elderly were examined. The next question asked to the respondents was about the reasons why their children moved out and stayed away from them outside the city/state or outside the country or in Vadodara itself. The reasons were that either the children settled outside or moved out for business, further studies and because of marriage in the case of daughter (s).

Table 52: Distribution of the sample elderly by the place of stay of their son (s) not staying with them

Place of stay	n	% [*]
Staying in Vadodara	68	62.4
Outside the country	55	50.4
Outside Vadodara/state	42	38.5

n=109

Note. ^{*} Multiple responses and hence the percentages do not add to 100.

Of the 191 sample elderly who had son (s), 109 elderly (57 per cent) reported that their son (s) was not staying with them at the time of the study. Of the 109 elderly, 62 per cent mentioned that the son's family stayed separately from the respondent in Vadodara itself. Similarly, around half of them said that their son was abroad. In 38 per cent of the cases, son was staying outside Vadodara/Gujarat (see Table 52).

Table 53: Distribution of the sample elderly by the reasons mentioned by them for their son(s) not staying with them

Reasons	n	%
<u>In Vadodara (n=68)</u>		
Son (s) wanted to move out with his family	39	57.4
No space for accommodation	14	20.6
Conflict with son (s)/daughter in law	10	14.7
Son (s) family needed privacy	3	4.4
Son (s) did not prefer joint family	2	2.9
<u>Outside the country (n=55)</u>		
Settled abroad	31	56.3
Shifted for job/work	16	29.1
Moved out for further studies	5	9.1
Started business abroad	3	5.5
<u>Outside Vadodara/state (n=42)</u>		
Settled outside Vadodara/Gujarat	22	52.4
Shifted for job/work	17	40.5
Started business outside Vadodara/Gujarat	2	4.8
Moved out for further studies	1	2.4

n=109

Of the 68 elderly whose son (s) were reported as staying in Vadodara but not with them, a majority (57 per cent) said that their married son (s) wanted to move out with his family. Another 21 per cent mentioned space constraints, while conflict with son (s)/ daughter-in- law was the reason mentioned by 15 per cent elderly, as the reason for their son (s) not staying with them. Of the 55 elderly who gave the response that their son (s) were staying outside the country, the most frequent reason (56 per cent) stated was that their son (s) settled abroad followed by the reason that the son (s) shifted abroad for job/work (29 per cent). Of the 42 elderly who said that their son (s) were staying outside Vadodara/Gujarat, a little above half (52 per cent) said that the son (s) settled outside Vadodara/Gujarat or shifted for job/work (40 per cent). Son (s) studying or having a business outside Vadodara/state were other reasons (see Table 53).

Table 54: Distribution of the sample elderly by the place of stay of their daughter (s) not staying with them

Place of stay	N	% [*]
Staying in Vadodara	150	94.9
Outside Vadodara/state	88	55.7
Outside the country	43	27.2

n=158

Note. ^{*} Multiple responses and hence the percentages do not add to 100.

Of the 170 elderly who had daughter (s), 158 of them stated that their daughter (s) did not stay with them. Of these, about 95 per cent cited that their daughter (s) stayed with her husband/in-laws family in Vadodara and more than half of them (56 per cent) said their daughter (s) stayed outside Vadodara/Gujarat. Quite a few (27 per cent) stated that their daughter (s) stayed outside the country (see Table 54).

Table 55: Distribution of the sample elderly respondents by the reasons mentioned by them for their daughters(s) not staying with them

Reasons	n	%
<u>In Vadodara (n=150)</u>		
Shifted to husbands'/in-laws place in Vadodara	143	95.3
Living in proximity to respondent	4	2.7
Parents and married daughter (s) living together was not the custom	3	2.0
<u>Outside Vadodara/state (n=88)</u>		
Shifted to husbands'/in-laws' place outside Vadodara	85	96.6
Shifted for job/work	2	2.3
Moved out for further studies	1	1.1
<u>Outside the country (n=43)</u>		
Married to NRI and moved abroad	22	51.2
Settled abroad	17	39.5
Started business abroad	4	9.3

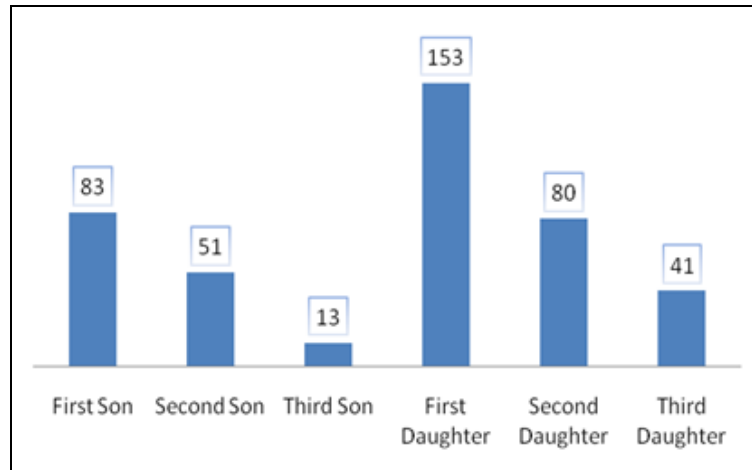
n=158

Coming to the reasons given by the 150 elderly who reported that their daughter (s) stayed separately though they were in Vadodara itself, the most frequent reason was (95 per cent) her shifting to husband's / in-law's house after marriage. A small percentage of the elderly stated the reasons that the prevailing customs forbid married daughter (s) and their parents living together, and the daughter (s) lived in proximity. Of those 88 elderly who said that their daughter (s) stayed outside Vadodara/State, the frequent reason (97 per cent) stated was that their daughter (s) got married and shifted to in-law's/ husband's place located outside Vadodara/ State. Of the 43 elderly who told that their daughter (s) were away abroad, the frequent reason was that either their daughter (s) had married a NRI and moved abroad (51 per cent) or they settled abroad (39 per cent) (see Table 55).

Children visiting or keeping in touch with the elderly: An attempt was made here to examine how often the adult children (ren) visited the elderly parents, and the modes used to keep in touch with them.

As indicated earlier, of the 243 sample elderly, 233 reported having living child (ren). Of them 191 (82 per cent) and 170 (73 per cent) of the elderly reported having son (s) and daughter (s) respectively. Of the 233 elderly, about 156 reported they coreside with at least one child and, the remaining 77 elderly though having child (ren), were not residing with them. Also, 130 out of the 156 elderly did not coreside with their other child (ren). Thus, these elderly (n=207) who did not coreside with any of the children (n=77) or with their other children (n=130) were asked if their adult child (ren) visited/ kept in touch with them. Of the 207 elderly, 192 (i.e. 93 per cent) responded that their adult child (ren) visited/kept in touch with them. The remaining 7 per cent of elderly respondents said that their child (ren) did not visit/keep in touch with them for reasons such as the child had disagreement/conflict (53 per cent), was not keen to visit (20 per cent), was unable to visit due to visa problem (20 per cent), and due to the indifference or disengagement developed due to child's long stay abroad with no visits in between (7 per cent).

Figure 36: Distribution of the sample elderly who reported adult child (ren) visited them by sex and birth order of the child



As can be seen from Figure 36, the first born daughter (s) visited most frequently followed by first born son (s), then the second born daughter (s) followed by the second born son (s). The younger child (ren) visited least frequently.

How frequently did the children visit them? From the responses of the sample elderly (n=97) about the frequency of visits by their sons (s) who did not coreside with them, it was seen that about 38 per cent and 37 per cent reported less than once in a year and once a year visits respectively. A considerable number, i.e. 30 per cent and 28 per cent reported daily and weekly visits respectively by their son (s) (see Table 56). The data indicated that 47 per cent of the daughter (s) visited their parent (s) yearly, and 43 per cent and 37 per cent visited monthly and weekly, respectively (see Table 57).

Table 56: Frequency of visits by the son(s) reported by the sample elderly

Frequency of visits by son(s)	n	%*
Daily	29	29.9
Weekly	27	27.8
Monthly	18	18.6
Yearly	36	37
Less than once in a year	37	38

n=97

Note. Out of the 109 respondents who reported that they did not coreside with son (s), 97 of them gave multiple responses about the frequency of visits by their son (s).

* Multiple responses and hence the percentages do not add to 100.

Table 57: Frequency of visits by daughter (s) reported by the sample elderly

Frequency of visits by daughter (s)	N	%*
Daily	31	20.0
Weekly	57	36.8
Monthly	66	42.6
Yearly	73	47.1
Less than once in a year	47	30.3

n=155

Note. Out of the 158 respondents who reported that they did not coreside with their daughter (s), 155 of them gave multiple responses about the frequency of visits by their daughter (s).

* Multiple responses and hence the percentages do not add to 100.

Of the 207 elderly who reported that their children did not coreside with them, 187 elderly indicated about the different modes used for keeping in touch with the child (ren) during the previous year. A majority (93 per cent) used telephone/mobile, and the remaining 7 per cent used telephone/mobile and email/chat.

d) Relations with family members. The hardest and easiest persons to get along with for the respondents' could be associated with their age and current living arrangements, and the respondents' perception about the level of interest shown by the family members about their well-being may vary with the living arrangements. Further, these aspects might influence the quality of life and the related variables of the elderly. The findings of such an exploration are presented in the following pages.

The person hardest to get along with for the elderly: Of the 243 sample elderly, about half of them (comprising 58 men and 63 women) reported a family member as the hardest person to get along with in their life, who might or might not be living with them at the time of the study. Of the 121 elderly who reported a hardest person, about 55 per cent (n=66) said they were actually staying with that person. Of these, 80 per cent reported that person as their primary care giver. Now, who figured as the hardest persons for the elderly?

Table 58: Sex-wise distribution of the sample elderly by the relationship to the hardest person to get along with as reported by them

Relation with the hardest person	Sex of respondent		Total (n=121)
	Male (n=58)	Female (n=63)	
Son	24 (41.4)	20 (31.8)	44 (36.4)
Daughter-in-law	8 (13.8)	16 (25.4)	24 (19.7)
Spouse	12 (20.7)	7 (11.1)	19 (15.7)
Sister-in-law	1 (1.72)	6 (9.5)	7 (5.8)
Daughter	-	2 (3.2)	2 (1.7)
Son-in-law	-	2 (3.2)	2 (1.7)
Other ^a	13 (22.4)	10 (15.8)	23 (19)

Note. ^a Includes siblings, grandchild, nephew, niece, spouse's relatives, and child (ren)'s in-laws.

Son emerged as the hardest person in the case of both men (41 per cent) and women (32 per cent). Daughter-in-law (20 per cent) was the person hardest to live with for women (25 per cent) than men (14 per cent). The next hardest person reported was the spouse, mostly by the elderly men (21 per cent). While in the case of elderly men, the daughter or son-in-law did not emerge as the hardest persons to live with, in the case of a few elderly women they were reported as such. The other persons identified as hardest to live with were sister-in-law, siblings, grandchildren, nephew, niece, spouse's relatives and children's in-laws (see Table 58).

It was further explored in Table 59 whether the age of the elderly was associated with who was the hardest person being reported. If we consider the median age of the elderly respondents, much older elderly (70 years) reported son and daughter-in-law as the hardest persons to live with. The respondents who mentioned spouse and daughter as hardest persons were relatively younger with their median ages being 68 and 66 years respectively.

Table 59: Distribution of the sample elderly by their mean and median ages, and the hardest person to get along with

Relation with hardest person	n	Age of respondent		
		Median	Mean	S.D
Spouse	19	68	68.63	7.40
Son	44	70	70.86	6.88
Daughter	2	66.5	66.5	9.19
Son-in-law	2	68.5	68.5	4.95
Daughter-in-law	24	70	70.63	8.66
Sister-in-law	7	66	65.86	2.34
Other ^a	23	63	66.83	7

n=121

Note. ^a Include siblings, grandchild, nephew, niece, spouse's relatives, and child (ren)'s in-laws.

In the case of elderly who reported 'others', their median age was much lower (63 years) though the mean age was higher (66.8 years) indicating lot of differences in the ages of the elderly figuring in this group. On the whole, the relationship between age and the hardest person indicated the lifecycle stage of the respondents.

Next, it was explored whether the relation named as the hardest person was associated with the living arrangements of the sample elderly.

Table 60: Distribution of the sample elderly by the relation with hardest person and living arrangements

Relation with hardest person	Living arrangement					Total (n=121)
	Parent-child coresidence (n=77)	Living with spouse (n=26)	Living alone (n=4)	Living with relatives (n=11)	Living with assistance (n=3)	
Son	33 (42.8)	5 (19.2)	2 (50)	3 (27.2)	1 (33.3)	44 (36.3)
Daughter-in-law	19 (24.6)	3 (11.5)	-	-	2 (66.7)	24 (19.8)
Spouse	10 (12.9)	7 (26.9)	-	2 (18.1)	-	19 (15.7)
Sister-in-law	1 (1.2)	4 (15.3)	-	2 (18.1)	-	7 (5.7)
Daughter	2 (2.5)	-	-	-	-	2 (1.6)
Son-in-law	-	-	1 (25)	1 (9)	-	2 (1.6)
Others ^a	12 (15.5)	7 (26.9)	1 (25)	3 (27.2)	-	23 (19)

Note. ^a Include siblings, grandchild, nephew, niece, spouse's relatives and child (ren)'s in-laws.

Of the elderly who lived in parent-child coresidence, a majority (43 per cent) reported son, followed by daughter-in-law (25 per cent) as hardest persons to live with. Further, in the case of those who lived with spouse, 27 per cent reported spouse as the hardest person to get along with. Thus, it appeared that parent-child coresidence, and living with spouse were the most frequent sites of conflict for the elderly (see Table 60).

Table 61: Distribution of the sample elderly by the medians and means of their duration of stay with the hardest person

Relation with hardest person	n	Duration of stay		
		Median	Mean	S. D
Spouse	18	41.5	44.89	10.5
Son	22	35	33.5	12.41
Daughter	2	30	30	28.28
Son-in-law	1	2	2	-
Daughter in law	15	15	17	8.23
Sister-in-law	2	29.5	29.5	10.6
Other ^a	6	16	22	19.92
Total	66	33	31.11	16.09

Note. ^a Include siblings, grandchild, nephew, niece, spouse's relatives and child (ren)'s in-laws.

As indicated earlier, of the 121 elderly respondents who reported having a hardest person to get along with, more than 50 per cent (n=66) actually stayed with those persons and the duration of the stay is shown in Table 61. Though the overall duration of stay came to be 33 years, it varied greatly with reference to the relationship of the hardest person with the elderly. Thus, duration of stay of the respondent with the hardest persons- spouse, son, daughter and sister-in-law figured in that order. Though daughter-in-law figured among the hardest persons, the median duration of stay with her was short (15 years).

Out of the 121 elderly who mentioned having a person hardest to get along with in their life, 86 reported that the hardest person caused arguments and tensions.

Table 62: Sex-wise distribution of the sample elderly by the frequency of arguments and tensions caused by the hardest person during the preceding year

How often in an year	Sex of respondent		Total (n=86)
	Male (n=41)	Female (n=45)	
10 times	30 (73.2)	30 (66.7)	60 (69.8)
20 times	2 (4.9)	1 (2.2)	3 (3.5)
More than 20 times	3 (7.3)	-	3 (3.5)
Almost daily	6 (14.6)	14 (31.1)	20 (23.3)

According to the data, a majority (n=60) comprising of 73 per cent men and 67 per cent women reported that arguments & tensions with the hardest person occurred as frequently as about 10 times in a year. In the case of 23 per cent of the elderly (mostly women) such situations had occurred almost daily (see Table 62). Out of the total sample elderly, about 6.5 per cent (12 women and 4 men) reported abuse and neglect by family members in their current living arrangement.

Not having a hardest person to get along with: Out of the total sample, 122 elderly (52 per cent men and 49 per cent women) reported they did not have a hardest person to get along with in their life. Interestingly, they consisted of a majority of the elderly who belonged to the age range of 75-84 years (52 per cent), and more than half of the elderly who lived alone (56 per cent).

Easiest person to get along with: Next, the respondents were asked to mention the easiest person to get along with in their family. Out of the total sample, 239 elderly (50 per cent each of men and women) reported such a person in their life, who might or might not be staying with the respondent at the time of the interview. The persons reported as easy to get along with varied with the type of living arrangements of the elderly. The details are as follows.

Table 63: Sex-wise distribution of the sample elderly by the relationship to the person reported by them as easiest to get along with

Relation with easiest person	Sex of respondent		Total (n=239)
	Male (n=119)	Female (n=120)	
Spouse	43 (36.1)	29 (24.1)	72 (30.1)
Daughter	26 (21.8)	31 (25.8)	57 (23.8)
Son	23 (19.3)	29 (24.1)	52 (21.7)
Grandson	8 (6.7)	11 (9.16)	19 (7.9)
Daughter-in-law	8 (6.7)	5 (4.1)	13 (5.4)
Granddaughter	2 (1.6)	4 (3.3)	6 (2.5)
Cannot specify one	4 (3.3)	2 (1.6)	6 (2.5)
Son-in-law	1 (0.8)	1 (0.8)	2 (0.8)
Others ^a	4 (3.3)	8 (6.6)	12 (5)

Note. ^a Include siblings, nephew, niece, in-laws of children and spouse's relatives.

Spouse (30 per cent), daughter (24 per cent) and son (22 per cent) figured in that order as the easiest persons to get along with. However, more men stated their spouse, and most women stated their daughter and son as the persons easiest to get along with. Slightly more men (7 per cent) as compared to women (4 per cent) mentioned that it was easy to get along with daughter-in-law (see Table 63).

Table 64: Distribution of the sample elderly by relation to the easiest person and the living arrangements

Relation with easiest person	Living arrangement					Total (n=239)
	Parent-child coresidence (n=152)	Living with spouse (n=57)	Living alone (n=9)	Living with relatives (n=18)	Living with assistance (n=3)	
Spouse	45 (29.6)	25 (43.8)	-	2 (11.1)	-	72 (30.1)
Daughter	33 (21.7)	19 (33.3)	2 (22.2)	1 (5.5)	2 (66.7)	57 (23.8)
Son	44 (28.9)	5 (8.7)	2 (22.2)	-	1 (33.3)	52 (21.7)
Grandson	7 (4.6)	6 (10.5)	1 (11.1)	5 (27.7)	-	19 (7.9)
Daughter-in-law	10 (6.5)	1 (1.7)	-	2 (11.1)	-	13 (5.4)
Son-in-law	1 (0.6)	-	1 (11.1)	-	-	2 (0.8)
Granddaughter	4 (2.6)	-	-	2 (11.1)	-	6 (2.5)
Cannot specify	5 (3.2)	1 (1.7)	-	-	-	6 (2.5)
Others ^a	3 (1.9)	-	3 (33.4)	6 (33.3)	-	12 (5)

Note. ^a Includes siblings, nephew, niece, in-laws of children and spouse's relatives.

An attempt was made in Table 64 to see whether the relationship to the person mentioned as the easiest to get along was associated with living arrangements of the elderly. In case of the elderly who lived with the spouse, a majority 44 per cent followed by 33 per cent named the spouse and daughter respectively as the easiest person. Among the elderly living in parent-child coresidence, approximately equal percentage (30 per cent) of them reported spouse and son as the easiest to live with.

Interest of family members towards the elderly and their well-being: For the well-being of the elderly it is not only important that family members show interest in the elderly, but this has to be perceived as such by the elderly. To look into this aspect, the elderly were asked to rate their perception regarding the level of interest of the family members about their well-being and the results are shown in Table 65.

Table 65: Sex-wise distribution of the sample elderly by their perception of the level of interest shown by family members about their well-being

Level of interest perceived	Sex of respondent		Total (n=243)
	Male (n=120)	Female (n=123)	
Interested	93 (77.5)	92 (74.8)	185 (76.1)
Somewhat interested	17 (14.2)	14 (11.4)	31 (12.8)
Not interested	7 (5.8)	10 (8.1)	17 (7)
Indifferent	3 (2.5)	7 (5.7)	10 (4.1)

A majority (76 per cent) of the sample perceived that their family was interested in their well-being while around 13 per cent felt that they were somewhat interested in their well-being. A slightly more per cent of women compared to men felt that their family was not interested or indifferent toward them.

Data were analyzed to see the relationship between the type of living arrangement and the perception of the elderly sample about the level of interest shown by family members about their well-being. The results were shown in Table 66.

Table 66: Distribution of the sample elderly by their perception of the level of interest shown by the family members about their well-being and type of living arrangements

Level of interest perceived	Living arrangement					Total N=243
	Parent-child coresidence (n=156)	Living with spouse (n=57)	Living alone (n=9)	Living with relatives (n=18)	Living with assistance (n=3)	
Interested	113 (72.4)	50 (87.7)	5 (55.6)	14 (77.8)	3 (100)	185 (76.1)
Somewhat interested	23 (14.7)	3 (5.3)	2 (22.2)	3 (16.7)	-	31 (12.8)
Not interested	11 (7.1)	3 (5.3)	2 (22.2)	1 (5.6)	-	17 (7)
Indifferent	9 (5.8)	1 (1.8)	-	-	-	10 (4.1)

It seems that a majority of the elderly across the five living arrangements felt their family was interested about their well-being. However, around half of the elderly who were living alone reported that their family members were somewhat or not interested about their well-being. Similarly 16.7 per cent and 5.5 per cent elderly living with relatives respectively felt that their families were somewhat interested and not interested.

Table 67: Distribution of the sample elderly by their perception of level of interest shown by the family about their well-being and the means and SDs of scores on the three measures used

Level of interest Perceived		Quality of life				Loneliness	Adaptation to old age
		Physical health	Psychological well being	Social relationships	Environment		
Interested (n=185)	Mean	14.74	16.14	14.3	16.93	43.19	63.74
	SD	2.857	2.23	3	2.17	8.7	8.94
Somewhat interested (n=31)	Mean	13.64	14.68	11.48	14.33	49.12	55.58
	SD	3.31	2.52	2.89	2.27	7.18	10.58
Not interested (n=17)	Mean	12.1	12.98	9.96	13.2	53.05	54.41
	SD	2.77	2.65	2.98	2.94	7.51	10.3
Indifferent (n=10)	Mean	10.62	11.93	9.73	12.3	58.1	49
	SD	3.09	4.48	2.81	3.8	10.81	8.13
Total N=243	Mean	14.24	15.56	13.45	16.15	45.25	61.44
	SD	3.08	2.68	3.35	2.73	9.39	10.12

An attempt was made to examine the relationship between the different levels of interest shown by the family members about their well-being as perceived and reported by the elderly, and QoL domains, loneliness and adaptation to old age of the sample elderly, as shown in Table 67.

It could be seen that elderly who perceived the family as interested in their well-being reported better on the 4 quality of life domains- physical health (14.74; $SD=2.85$); psychological well-being (16.14; $SD=2.23$); social relationships (14.30; $SD=3.00$); and, environment (16.93; $SD=2.17$). And they also experienced lower degree of loneliness (mean=43.19; $SD=8.70$) and have a better adaptation to old age (mean=63.74; $SD=8.94$). Interestingly, the elderly who perceived their family as indifferent to their well-being reported poorly on the 4 domains of quality of life, experienced a higher degree of loneliness and had a poor adaptation to old age.

This shows that there might exist a close association between the elderly persons' perception of interest of the family about their well-being and their quality of life and related variables. The perceived indifference about their well-being by the family members was found to be more damaging for them.

e) Intake and the access to food. Usually, as people age, their diet needs change and either the elderly or their family members have to make changes accordingly. Various details pertaining to the intake and access to food by the elderly were explored vis-a-vis the current living arrangements.

Preference in the nature of diet: While about 70 per cent of sample preferred a vegetarian diet (74 per cent women and 67 per cent men), the remaining 30 per cent of them (32 per cent men and 26 per cent women) preferred a non-vegetarian diet. When asked about their level of appetite, a majority (44 per cent) of the sample elderly reported a very good appetite, followed by a considerable number (39 per cent) reporting a good appetite. Only a few (17 per cent) reported lack of appetite. More women (47 per cent) reported a very good appetite and a lack of appetite (18 per cent), while more men (43 per cent) reported a good appetite.

Table 68: Distribution of the sample elderly by their level of appetite and type of living arrangements

Level of appetite	Type of living arrangement					Total N=243
	Parent-child Coresidence (n=156)	Living Alone (n=9)	Living with Spouse (n=57)	Living with Relative (n=18)	Living with Assistance (n=3)	
Very good	59 (37.8)	4 (44.4)	20 (35.1)	10 (55.6)	2 (66.7)	95 (39.1)
Good	69 (44.2)	5 (55.6)	29 (50.9)	4 (22.2)	1 (33.3)	108 (44.4)
Lack appetite	28 (17.9)	-	8 (14)	4 (22.2)	-	40 (16.5)

That the level of appetite reported by the elderly varied with the type of living arrangement is shown in Table 68. While a majority of the elderly who lived in almost all living arrangements reported a very good and a good appetite, some of the elderly living in parent-child coresidence, with spouse, and with relatives reported lack of appetite.

Number of meals taken in a day: A majority (68 per cent) of the sample reported having 3 meals a day. Some of the elderly (22 per cent) reported that they took two meals a day. Only a few elderly women (5 per cent) reported that they took one meal a day (see Table 69).

Table 69: Sex- wise distribution of the sample elderly by the number of meals taken in a day

No. of meals in a day	Sex of respondent		Total (N=243)
	Male (n=120)	Female (n=123)	
One meal	-	6 (4.9)	6 (2.5)
Two meals	26 (21.7)	28 (22.8)	54 (22.2)
3 meals	82 (68.3)	84 (68.3)	166 (68.3)
4 meals	12 (10)	5 (4.1)	17 (7)

Elderly who skipped meals in a day and reasons given for the same: While the data in the Table 69 was indicative of a routine pattern of food intake in a majority of the sample, in response to the question regarding skipping of meals in a day, 59 per cent of the sample elderly (n=143) comprising 71 per cent women and 47 per cent men answered in the affirmative. Interestingly, about 41 per cent of the sample comprising of more men (53 per cent) than women (29 per cent) said that they did not skip any meals in a day.

Table 70: Sex-wise distribution of sample elderly who skipped meals by type of living arrangements

Living arrangement	Sex of respondent		Total (n=143)
	Male (n=56)	Female (n=87)	
Parent-child coresidence	39 (50.0)	55 (70.5)	94 (60.3)
Living with spouse	14 (45.2)	18 (69.2)	32 (56.1)
Living alone	1 (33.3)	3 (50.0)	4 (44.4)
Living with relatives	1 (16.7)	10 (83.3)	11 (61.1)
Living with assistance	1 (50.0)	1 (100.0)	2 (66.7)

N=243

A further analysis of the 143 elderly who reported skipping meals in a day showed that in all types of living arrangements a higher per cent of women compared to men skipped meals in a day (see Table 70). A considerable percentage of the elderly women who lived with relatives and in parent-child coresidence reported that they skipped meals in a day.

The reasons for skipping meals in a day by sex of the respondents were explored in the Table 71. Of those who reported (n=143) skipping meals in a day, more than half (57 per cent) of the elderly cited *Upavas* (fasting) for religious purpose as the reason. Around 23 per cent of the elderly stated health consciousness as the reason. A smaller percentage of the elderly gave the reasons such as not having the practice of eating breakfast, cannot afford, and none at home to prepare food. As can be seen from data, throughout the reasons given, women were slightly more in number compared to men.

Table 71: Sex-wise distribution of the sample elderly by reasons given for skipping meals in a day

Reasons	Sex of respondent		Total (n=143)
	Male (n=57)	Female (n=86)	
Upavas- religious purpose	54.3(31)	58.1(50)	56.6 (81)
Health conscious (special diet, sick, restrictions, obesity)	31.5(18)	22.0(19)	22.8(37)
No practice of eating breakfast	3.5(2)	6.9(6)	5.5(8)
When cannot afford	1.7(1)	4.6(4)	3.4(5)
None at home to prepare food on time	3.5(2)	3.4(3)	3.4 (5)
Other ^a	5.2(3)	4.6(4)	4.8(7)

Note. ^a Include reasons such as food was not cooked properly, food was not appealing, less quantity of food was cooked, already eaten late/heavy previous meal, lack of appetite, feeling lethargic and advanced age.

Food intake: About 90 per cent of the total sample respondents said that they consumed an adequate amount of food, while 8 per cent expressed that they did not do so. Only a small number of them (2 per cent) responded that they ‘cannot say’. Similarly, about 47 per cent of the total sample reported having diet restrictions and supplements.

The next aspect explored was, who prepared and served the food to the elderly. Out of the total sample, around 74 per cent of the elderly (n=179) reported that they were not involved in the preparation of food. This category consisted of mostly men (except one male) and slightly less than half (49 per cent) of the women.

Table 72: Sex-wise distribution of the sample elderly (who did not prepare food) by their relationship with the person who prepared food for them

Relationship	Male (n=119)	Female (n=60)	% [*]
Daughter-in-Law	61 (50.8)	38 (65)	100 (55.6)
Spouse	83 (69.2)	-	83 (46.1)
Cook	18 (15)	16 (26.7)	34 (18.9)
Children	7 (5.8)	8 (13.3)	15 (8.3)
Others ^a	8 (6.7)	6 (10)	14 (7.8)

n=179

Note. ^{*} Multiple responses and hence the percentages do not total to 100.

^a Include neighbors and food served at the temple

For these elderly (n=179) who did not prepare food on their own, different people prepared it for them as shown in Table 72. Of these, more than half of the elderly said it was the daughter-in-law. Close to half (46 per cent) of the elderly comprising exclusively the men said it was their wife.

When the elderly who prepared food on their own (n=63) were asked about the person who cooked food for them when they did not feel like cooking, a majority 33 per cent each of the women stated it was daughter-in-law and daughter. Though in a small percentage, some of the women cited spouse, relative, neighbor, cook as persons who prepared food for them or they get food from outside. Most of these persons whose food was cooked by others said they prepared it on time. Only one man who cooked food on his own said that when he did not feel like cooking, he ordered food from outside.

f) Social interaction

Having interaction with people in the outside world is important for the elderly persons' quality of life. In the following pages, information about the places and purposes for which the elderly go out, frequency of their going out, and whether they had friends and visitors was sought. Also an attempt was made to explore the association of these with the socio-demographic variables, and the current living arrangements. Further, the level of social interaction of the elderly was assessed to understand its influence on the quality of life and its related variables for the sample.

Places to and purpose of going out: A glance at the kind of places and the purpose for which the elderly went out is given in Table 73.

The sample elderly went out to a variety of places with different purposes in mind. A majority (73 per cent) of them reported that they went out for attending social functions, grocery purchases (68 per cent), to visit relatives (67 per cent) and to the places of worship (62 per cent).

Table 73: Sex-wise distribution of the sample elderly by the places/purposes of going out

Place /purpose	% [*]	Sex of the respondent	
		Male (n=118)	Female (n=117)
To attend social functions	172 (73.2)	75.4	70.9
To buy groceries	160(68.1)	68.6	67.5
To visit relatives	157(66.8)	66.1	67.5
To places of worship	146(62.1)	64.4	59.8
To visit friends / neighbors	138(58.7)	61.9	55.6
For a stroll	114 (48.5)	77.1	19.7
To run errands	87(37)	62.7	11.1
For shopping/ to visit a mall	71(30.2)	32.2	28.2
To hang out in a place in neighborhood	36(15.3)	29.7	0.9
To park	34(14.5)	23.7	5.1
To attend exhibitions and events in the city	22(9.4)	11.9	6.8
Other ^a	66(28.1)	35.6	20.5

n= 235

Note. ^{*} Multiple responses and hence the percentages do not add to 100.^a Include club, trustee work, long drive, voluntary service, friends shop, stock broker's office, restaurant, hospital/clinic, grandchildren's school, and diagnostic center.

Some went out to interact with people, pass the time, for walks, on errands, to shop or to attend events in the city. For almost all the places/purposes that the elderly went out to, especially for going for a stroll, to run errands, hanging out in a place in the neighborhood and going to the park, the elderly men were relatively higher in number.

The kind of living arrangement the elderly were in might be associated with the place/purpose for which they go out as shown in Table 74. Elderly in parent-child coresidence and those who lived with spouse were represented in all the categories of going out. Majority of the elderly in parent-child coresidence attended social functions (78 per cent). Those living with the spouse went to purchase groceries (84 per cent), attend social functions (72 per cent), visit relatives (61 per cent), and to visit neighbors (60 per cent) and so on. Those elderly who lived alone mostly went out to purchase groceries and to visit places of worship.

Table 74: Distribution of the sample elderly by the place /purpose of going out and their living arrangement

Place/ purpose	Living arrangement					% [*]
	Parent-child co-residence (n=156)	Living with spouse (n=57)	Living alone (n=9)	Living with relatives (n=18)	Living with assistance (n=3)	
To attend social functions	78.1	71.9	50	47.1	50	73.2
To buy groceries	61.6	84.2	100	58.8	50	68.1
To visit relatives	68.9	61.4	62.5	70.6	50	66.8
To places of worship	66.9	47.4	87.5	64.7	-	62.1
To visit friends / neighbors	58.9	59.6	50	58.8	50	58.7
For a stroll	48.8	54.4	50	35.3	-	48.5
To run errands	34.4	47.4	37.5	23.5	50	37.0
For shopping/to visit mall	27.8	42.1	12.5	23.5	-	30.2
To hang out in a place in neighborhood	19.2	12.3	-	-	-	15.3
To park	14.6	21.1	-	-	-	14.5
To attend events in the city	7.3	17.5	-	-	50	9.4
Other ^a	28.5	26.3	37.5	17.6	100	28.1

n=235

Note.^{*} Multiple responses and hence the percentages do not add to 100.

^a Include club, trustee work, long drive, voluntary work, friends' shop, stock broker office, restaurant, hospital/clinic, grandchildren's school and diagnostic center.

Frequency of going out among the elderly: Now, how frequently the elderly went out? The elderly were asked to state whether they went out daily, a few times during a week, month or in more than a month. The sex- wise distribution of the elderly by their frequency of going out is shown in Table 75. Those who were unable to go out because of their inability to move were also included here for comparison.

Table 75: Sex-wise distribution of the sample elderly by their frequency of going out

Frequency	Sex of respondent		Total N=243
	Male (n=120)	Female (n=123)	
Unable to move	2 (1.7)	7 (5.7)	9 (3.7)
Daily	77 (64.2)	46 (37.4)	123 (50.6)
During the week	26 (21.7)	35 (28.5)	61 (25.1)
During the month	7 (5.8)	24 (19.5)	31 (12.8)
Once in a few months	8 (6.7)	11 (8.9)	19 (7.8)

About a half and another quarter of the elderly sample reported going out daily and a few times in a week, respectively. The percentage of the elderly who went out less frequently was small. In all the frequencies of going out mentioned (except for going out daily) a higher per cent were women compared to men. A small (4 per cent) number of the elderly (comprising more women than men) were unable to move, and hence did not go out.

Further, the data was analyzed to see if there was an association between the type of living arrangement of the elderly and the frequency of their going out (see Table 76).

Table 76: Distribution of the sample elderly by frequency of their going out and the type of living arrangements

Frequency	Living arrangement					Total N=243
	Parent-child co residence (n=156)	Living with spouse (n=57)	Living alone (n=9)	Living with relatives (n=18)	Living with assistance (n=3)	
Unable to move	6 (3.8)	-	1 (11.1)	1 (5.6)	1 (33.3)	9 (3.7)
Daily	80 (51.3)	29 (50.9)	6 (66.7)	7 (38.9)	1 (33.3)	123 (50.6)
During the week	37 (23.7)	17 (29.8)	1 (11.1)	5 (27.8)	1 (33.3)	61 (25.1)
During the month	19 (12.2)	6 (10.5)	1 (11.1)	5 (27.8)	-	31 (12.8)
Once in a few months	14 (9.0)	5 (8.8)	-	-	-	19 (7.8)

It was revealed that a majority 67 per cent of the elderly who lived alone followed by those in parent-child coresidence (51 per cent) went out daily while, those who lived with spouse (30 per cent) followed by those living with relatives (30 per cent) went out a few times during the week. Although a small percentage, more number of the elderly who went out once in more than a month, and who did not go out due to their inability to move lived in parent-child coresidence.

The frequency with which the sample elderly went out was likely to influence their quality of life and its related variables. An attempt was made to analyze the same in Table 77.

Table 77: Distribution of the sample elderly by their frequency of going out and means and SDs of the measures used

Measures	Mean	Frequency of going out					Total (N=243)
		Unable to move (n=9)	Daily (n=123)	During the week (n=61)	During the month (n=31)	In more than a month (n=19)	
<u>Quality of life</u>							
Physical health	Mean	9.33	14.86	14.27	14.19	12.63	14.25
	S .D	2.16	2.97	3.09	2.61	2.38	3.09
Psychological well being	Mean	11.41	16.3	15.58	14.80	13.96	15.56
	S .D	3.41	2.09	2.95	2.57	2.38	2.68
Social relationships	Mean	8.15	14.06	13.88	12.77	11.79	13.45
	S .D	3.09	3.18	3.31	3.04	2.44	3.36
Environment	Mean	13.78	16.48	16.51	15.35	15.34	16.15
	S .D	4.18	2.50	2.87	2.80	2.07	2.73
<u>Loneliness</u>	Mean	57.11	43.95	44.	47.81	47.95	45.26
	S .D	12.69	9.02	8.69	9.3	7.88	9.40
<u>Adaptation to old age</u>	Mean	44.89	63.72	60.89	58.26	61.53	61.44
	S.D	10.24	9.18	10.38	10.5	5.25	10.13

It was clearly seen that as the frequency of going out decreased from going out daily to a once in more than a month, the mean scores on the 4 domains of quality of life were seen to decrease (with an exception for environment domain for the elderly who went out once a week), the degree of loneliness increased and the adaptation to old age mean scores first decreased and then it was reported slightly better for the elderly (for those who went out once in more than a month).

Further, those who did not go out due to their inability to move exhibited lower scores on the 4 domains of quality of life, expressed a higher degree of loneliness and had a poor adaptation to old age.

Friends and visitors of the elderly: Having friends and visitors is an indication that one has social interaction. Hence, the number of friends the elderly had, and the number of persons who visited them at their home during the week preceding the date of the interview was ascertained (see Table 78).

Table 78: Sex-wise distribution of the sample elderly by the number of friends they had

Number of friends	Sex of respondent		Total (n=128)
	Male (n=71)	Female (n=57)	
1	16 (22.5)	19 (33.3)	35 (27.3)
2	17 (23.9)	17 (29.8)	34 (26.6)
3	11 (15.5)	6 (10.5)	17 (13.3)
4	12 (16.9)	5 (8.8)	17 (13.3)
5	8 (11.3)	3 (5.3)	11 (8.6)
6	2 (2.8)	2 (3.5)	4 (3.1)
7	-	1 (1.8)	1 (0.8)
10	2 (2.8)	2 (3.5)	4 (3.1)
12	2 (2.8)	1 (1.8)	3 (2.3)
15	1 (1.4)	-	1 (0.8)
20	-	1 (1.8)	1 (0.8)

It is shown in Table 78 that more than half of the sample elderly (n=128) consisting of 59 per cent men and 46 per cent women reported having friends. Among those who did not have friends, women outnumbered men. Overall, the number of friends the sample elderly had ranged between 1 to a maximum of 20. A higher per cent of the elderly (more women than men) had 1 or 2 friends. Though they were a smaller percentage, more elderly men had 3, 4 or 5 friends compared to women.

As can be seen from Table 79, almost 79 per cent of the sample (n=192), comprising 94 men and 98 women reported that they had visitors during the preceding week. The number of visitors reported ranged between 1 to a maximum of 25.

Table 79: Sex-wise distribution of the sample elderly by number of visitors they had during the preceding week

Number of visitors	Sex of respondent		Total (n=192)
	Male (n=94)	Female (n=98)	
1	16 (17.0)	16 (16.3)	32 (16.7)
2	43 (45.7)	52 (53.1)	95 (49.5)
3	15 (16.0)	16 (16.3)	31 (16.1)
4	5 (5.3)	5 (5.1)	10 (5.2)
5	6 (6.4)	2 (2.0)	8 (4.2)
6	1 (1.1)	3 (3.1)	4 (2.1)
7	3 (3.2)	3 (3.1)	6 (3.1)
10	3 (3.2)	1 (1.0)	4 (2.1)
15	1 (1.1)	-	1 (0.5)
25	1 (1.1)	-	1 (0.5)

Of the 192 elderly, almost half of them reported as having had 2 visitors at their home during the preceding week and of these, women were a higher per cent compared to men. None of the women reported having had 15 and 25 visitors. In all other cases, there seemed to be no major sex differentials evident in the number of visitors reported by the elderly.

Further details about the mean, SD, Median, minimum and maximum number of friends and visitors of the sample elderly by sex are shown in Tables 80, 81 and 82.

Table 80: Showing means, SD's and medians of the number of friends, and the number of visitors during the preceding week of the sample elderly

Statistics	No. of friends (n=128)	No. of visitors (n=192)
Mean	3.27 (<i>SD</i> =3.0)	2.82 (<i>SD</i> =2.5)
Median	2.00	2.00
Minimum	1	1
Maximum	20	25

As can be seen from the Table 80, 128 and 192 elderly reported having 3 friends and about 3 visitors during the preceding week on an average, respectively.

Table 81: Showing sex-wise distribution of the sample elderly by means, SD's and medians of number of friends they reported

Statistic	Number of friends	
	Sex of respondent	
	Male (n=71)	Female (n=57)
Mean	3.41 (<i>SD</i> =2.8)	3.11 (<i>SD</i> =3.3)
Median	3	2

Table 82: Showing the sex-wise distribution of the sample elderly by means, SD's and medians of number of visitors had in the preceding week

Statistic	Number of visitors in preceding week	
	Sex of respondent	
	Male (n=94)	Female (n=98)
Mean	3.13 (<i>SD</i> =3.22)	2.52 (<i>SD</i> =1.54)
Median	2	2

It can be seen from Tables 81 and 82 that the average number of friends reported by men as well as women was three. The women reported receiving a little less number of visitors (2) than the elderly men who had 3 visitors.

Table 83: Showing correlation between the number of friends and visitors reported by the sample elderly

	Number of friends	Number of visitors
Number of friends	1 0.00 128	0.235* 0.011 116
Number of visitors	0.235* 0.011 116	1 0.00 192

Note. * Correlation is significant at the 0.05 level (2-tailed).

As can be seen from Table 83, there is a moderate correlation ($r= 0.235$, $p<0.05$) between the number of friends and the number of visitors mentioned by the elderly.

Next, an attempt made was to see whether the socio-demographic variables such as age, family income, and the type of living arrangements were associated with the number of friends, and visitors they had during the preceding week.

Table 84: Distribution of the sample elderly by their age and means and SDs of number of friends, and visitors they had during the preceding week

Age of resp.	Number of friends			Number of visitors		
	Mean	n	SD	Mean	n	SD
60-64 years	2.97	35	2.05	3.42	52	3.78
65-74 years	3.64	72	3.35	2.69	104	2.01
75-84 years	2.61	18	3.22	2.45	29	1.05
85 years and above	2	3	1.73	1.71	7	0.48
Total	3.27	128	3	2.82	192	2.52

One obvious finding from Table 84 is that with the advancing age the respondents have reported a decline in the number of friends and visitors. Thus, the highest mean number of friends (3.64, $SD=3.35$) reported by those in 65-74 years age category and the lowest (2.00, $SD=1.73$) was reported by those in 85 years+ age range. Similarly, for those in 60-64 years age range the mean number of visitors was highest (3.42, $SD=3.78$) and with increasing age of the elderly, this number was found to have decreased.

Table 85: Distribution of the sample elderly by their family income p.m. and means and SDs of number of friends, and visitors they had during preceding week

Family Income (p.m.)	Number of friends			Number of visitors		
	Mean	n	SD	Mean	n	SD
Rs.5000 and below	2.15	13	0.80	2.00	26	0.69
Rs.5100-10000	2.74	23	2.71	2.60	35	2.36
Rs.10100-20000	2.56	25	2.02	2.34	41	1.19
Rs.20100-40000	3.83	24	3.78	2.58	33	1.65
Rs.40100-60000	3.21	14	2.99	2.90	20	1.61
Rs.60100-80000	4.44	9	4.12	4.85	13	6.46
Rs.80100-100000	4.43	7	3.64	4.88	8	3.44
Rs.100100 and above	4.31	13	3.42	3.56	16	2.65
Total	3.27	128	3.00	2.82	192	2.52

It was observed (see Table 85) that the mean number of friends the elderly reported seemed to increase with increasing income ranges. The sample elderly in the Rs 60100-80000 and in Rs 5000 and below family income p.m. categories reported the highest and lowest number of friends respectively. Similar is the case with the mean number of visitors the elderly had, which increased with increasing family income p.m.

Table 86: Distribution of the sample elderly by the type of living arrangements and means and SDs of number of friends, and the visitors had during the preceding week

Living arrangement	Number of friends			Number of visitors		
	n	Mean	SD	N	Mean	SD
Parent-child coresidence	75	2.81	2.36	121	2.79	2.66
Living with spouse	37	4.14	3.87	46	3.28	2.62
Living alone	5	2.4	0.89	7	2	0.57
Living with relatives	9	4	4.12	15	2.13	1.24
Living with assistance	2	3.5	2.12	3	2.33	1.52
Total	128	3.27	3	192	2.82	2.52

Interestingly, it was found that those who lived with spouse had a highest (friends: mean=4.14, $SD=3.87$ and visitors: mean= 2.8, $SD=2.66$) while, those who lived alone had the lowest (friends: mean=2.40, $SD=0.89$ and visitors: mean=2, $SD=0.57$) number of friends and visitors.

Further, it was assessed whether having or not having friends/ visitors had any influence on the quality of life domains and its related variables for the sample elderly (see Tables 87 & 88).

Table 87: Showing means and SDs of scores on the measures used for the sample elderly by their having or not having friends

Measures	Have any friends?	N	Mean	SD	t- value (df=241)	Sig. 2-Tailed
<u>Quality of Life</u>						
Physical health	Yes	128	15.22	2.80	5.47	0.000
	No	115	13.17	3.05		
Psychological well-being	Yes	128	16.29	2.31	4.61	0.000
	No	115	14.76	2.84		
Social relationships	Yes	128	15.08	2.77	9.27	0.000
	No	115	11.64	3.02		
Environment	Yes	128	16.98	2.29	5.26	0.000
	No	115	15.23	2.90		
<u>Loneliness</u>	Yes	128	42.19	8.34	-5.7	0.000
	No	115	48.67	9.37		
<u>Adaptation to old age</u>	Yes	128	65.55	8.74	7.3	0.000
	No	115	56.86	9.61		
Health comparision	Yes	128	17.01	2.33	7.04	0.000
	No	115	14.73	2.71		
General adaptation	Yes	128	17.47	2.62	3.39	0.001
	No	115	16.19	3.23		
Self-control	Yes	128	14.65	3.70	7.1	0.000
	No	115	11.46	3.25		
Generativity	Yes	128	16.43	2.74	4.7	0.000
	No	115	14.48	3.70		

N=243

It is seen clearly from the Table 87 & 88 that the elderly who reported having friends and visitors had higher mean scores on the 4 domains of quality of life, lower mean scores for loneliness and higher mean scores for adaptation to old age and its 4 sub-domains -than those who reported less number of friends or visitors. Hence, elderly having more friends and visitors were experiencing better quality of life, lower degree of loneliness and a better adaptation to old age. This difference of mean scores on the above mentioned variables for those who had comparatively more and less friends and visitors was found to be significant on a t-test.

Table 88: Showing means and SDs of scores on the measures used for the sample elderly by whether they had any visitor(s) or not during the preceding week

Measures	Visitors last week	N	Mean	SD	t- value (df=241)	Sig. 2-Tailed
<u>Quality of Life</u>						
Physical health	Yes	192	14.49	3.01	2.34	.02
	No	51	13.36	3.23		
Psychological well-being	Yes	192	15.90	2.47	3.93	.000
	No	51	14.29	3.05		
Social relationships	Yes	192	13.99	3.03	5.02	.000
	No	51	11.45	3.80		
Environment	Yes	192	16.58	2.40	4.94	.000
	No	51	14.55	3.30		
<u>Loneliness total score</u>	Yes	192	43.73	8.94	-5.14	.000
	No	51	50.98	8.93		
<u>Adaptation to old age</u>	Yes	192	63.36	9.06	6.17	.000
	No	51	54.20	10.74		
Health comparision	Yes	192	16.33	2.61	4.60	.000
	No	51	14.41	2.81		
General adaptation	Yes	192	17.28	2.71	4.31	.000
	No	51	15.31	3.47		
Self-control	Yes	192	13.69	3.72	4.53	.000
	No	51	11.06	3.56		
Generativity	Yes	192	16.06	2.92	5.26	.000
	No	51	13.41	4.08		

N=243

g) Engagement with one's life. Research shows that pursuing a number of leisure time activities (Silverstein & Parker, 2002), active participation in daily routine activities (Chadha, 2006) as per the physical and other capacities, and religiosity (Jain & Sharma, 2004) had positive effect on the elderly. These in turn appear to improve their satisfaction with life and feeling of well-being.

Leisure time activities: An attempt was made here to understand the nature of the activities that the elderly sample engaged in during leisure time- both indoor and outdoor, and their association with some of the socio-demographic variables, and to the type of living arrangements they were in.

Indoor leisure time activities

The following data shows the kind of indoor activities that the sample elderly engaged in during leisure time by sex, age and type of living arrangements.

Table 89: Sex-wise distribution of the sample elderly by the kind of indoor activities engaged in during leisure time

Activity	Sex of respondent		n	%*
	Male (n=116)	Female (n=112)		
Praying/religious rites	78.4	92	194	85.1
Watching TV/Video	56	58	130	57
Reading books/newspapers/magazines	64.7	41.1	121	53.1
Listening to music/radio	31	30.4	70	30.7
Exercise/yoga	26.7	17	50	21.9
Playing with grand children	11.2	13.4	28	12.3
Sitting alone and thinking	12.9	5.4	21	9.2
Time for hobbies	5.2	9.8	17	7.5
Gardening	5.2	7.1	14	6.1
Playing cards/chess/caroms	4.3	5.4	11	4.8
Total	50.9	49.1	656	100

n= 228

Note. * Multiple responses and hence the percentages do not add to 100.

Out of the 243 sample elderly, 228 reported that they were engaged in indoor activities during leisure time. Of these 228 elderly, more men (51 per cent) compared to women (49 per cent) pursued these activities. They gave multiple responses for their engagement in the kind of leisure activities. These are given in Table 89 in the descending order of their percentage. The top three activities mentioned were praying/performing religious rites (85 per cent), followed by watching television/video (57 per cent) (more women than men in both cases), and reading books/newspapers/magazines. However, more men (53 per cent) reported reading as an indoor leisure activity.

Table 90: Age-wise distribution of the sample elderly by the kind of indoor activities engaged in during leisure time

Activity	Age of the respondent				% *
	60-64 years (n=58)	65-74 years (n=123)	75-84 years (n=39)	85 years + (n=8)	
Praying/religious rites	82.8	87.8	76.9	100	85.1
Watching TV/Video	53.4	54.9	61.5	62.5	57
Reading books/newspapers/magazine	53.4	52	56.4	50	53.1
Listening to music/radio	25.9	30.1	38.5	37.5	30.7
Exercise/yoga	22.4	21.1	23.1	25	21.9
Playing with grand children	13.8	12.2	10.3	12.5	12.3
Sitting alone and thinking	10.3	10.6	2.6	12.5	9.2
Time for hobbies	12.1	5.7	5.1	12.5	7.5
Gardening	10.3	4.1	5.1	12.5	6.1
Playing cards/chess/caroms	8.6	4.9	-	-	4.8
Total	25.4	53.9	17.7	3.5	100

n=228

Note. * Multiple responses and hence the percentages do not add to 100.

The kind of indoor leisure time activities engaged in by a person might vary according to the age range, and this has been explored in Table 90. Across all age groups of the elderly, praying/performing religious rites emerged as the most often involved activity. And all the elderly in the age group of 85 years and above reportedly engaged in it. More than half of the respondents in all the age groups also reported being engaged in activities like watching TV/Video, and reading books/newspapers/magazines.

Next, in Table 91 an attempt was made to look into the relationship between the type of living arrangements and the kind of indoor activities that the elderly were engaged in.

Table 91: Distribution of the sample elderly by the type of indoor activities engaged in during their leisure time by type of living arrangements

Activity	Type of living arrangement					% *
	Parent-child coresidence (n=145)	Living with spouse (n= 56)	Living alone (n= 9)	Living with relatives (n=15)	Living with assistance (n=3)	
Praying/religious rites	86.2	83.9	88.9	80	66.7	85.1
Watching TV/Video	55.9	58.9	66.7	46.7	100	57
Reading books/newspapers/magazine	44.8	76.8	44.4	40	100	53.1
Listening to music/radio	24.8	42.9	44.4	20	100	30.7
Exercise/yoga	18.6	35.7	22.2	-	33.3	21.9
Playing with grand children	11.7	16.1	11.1	6.7	-	12.3
Sitting alone and thinking	9	12.5	11.1	-	-	9.2
Time for hobbies	4.1	16.1	11.1	6.7	-	7.5
Gardening	3.4	12.5	11.1	6.7	-	6.1
Playing cards/chess/caroms	2.1	12.5	-	-	33.3	4.8
Total	63.6	24.6	3.9	6.6	1.3	100

n=228

Note. * Multiple responses and hence the percentages do not add to 100.

It can be seen that the respondents living alone indicated praying and religious activities and watching TV/video as the activities they engaged in most frequently, compared to elderly living in other arrangements. The elderly living with spouse, on the other hand reported engagement in all the kinds of activities starting from reading books/newspapers/magazines to playing cards/chess etc.

Outdoor leisure time activities

Out of the 243 sample elderly, 48 per cent (n=116) stated that they were engaged in outdoor leisure time activities. It may be noted that the sample elderly who were engaged in outdoor activities were lesser compared to the number of elderly who were engaged in indoor activities (n=228) during their leisure time. Of the 116 elderly who engaged themselves in outdoor activities during their leisure, 60 per cent were men and 40 per cent were women. The kind of outdoor leisure activities of the respondents in the descending order of the per cent of responses are shown in Table 92.

Table 92: Sex-wise distribution of the sample elderly by the kind of outdoor activities engaged in during leisure time

Activity	Sex of respondent		n	% *
	Male (n=70)	Female (n=46)		
Go for walk/ exercise	68.6	47.8	70	60.3
Go to a place of worship	48.6	65.2	64	55.2
Go to park	28.6	13.0	26	22.4
Visit friends and relatives	11.4	15.2	15	12.9
Join club/group	10.0	8.7	11	9.5
Involve in social service/politics	10.0	4.3	9	7.8
Go to picnic/tours	5.7	8.7	8	6.9
Go to movies	-	2.2	1	0.9
Total	60.3	39.7	204	100.0

n=116

Note. * Multiple responses and hence the percentages do not add to 100.

A majority (60 per cent) of the elderly (more men compared to women) followed by more than half of the elderly (55 per cent) (more women compared to men) mentioned that they went for walk/ exercise, and to a place of worship, respectively. Sex differentials in the nature of outdoor activities taken up during leisure time were observed. More elderly men compared to women were represented as being engaged in outdoor leisure time activities like going for walk/exercise (69 per cent), going to the park (29 per cent), going to a club (10 per cent), and involving in social service/politics (10 per cent) while, more women compared to men were represented as being engaged in outdoor leisure time activities which were more expressive such as going to a place of worship (65 per cent), visiting friends and relatives (15 per cent), going to picnic/tours (9 per cent) and going to the movies (2 per cent).

A further examination of the relationship between age and the kind of outdoor activities engaged in was done in Table 93.

Table 93: Distribution of the sample elderly by the kind of outdoor activities engaged in during their leisure time and age

Activity	Age of the respondent				% *
	60-64 years (n=30)	65-74 years (n=73)	75-84 years (n=11)	85 years + (n=2)	
Go for walk/ exercise	56.7	61.6	54.5	100	60.3
Go to a place of worship	46.7	57.5	63.6	50	55.2
Go to park	23.3	26	-	-	22.4
Visit friends and relatives	26.7	8.2	9.1	-	12.9
Join club/group	10	6.8	18.2	50	9.5
Involve in social service/politics	6.7	8.2	9.1	-	7.8
Go to picnic/tours	13.3	5.5	-	-	6.9
Go to movies	3.3	-	-	-	0.9
Total	25.9	62.9	9.5	1.7	100

n=116

Note. * Multiple responses and hence the percentages do not add to 100.

Age-wise, about 62 per cent of the elderly in 65-74 years age range and the 2 elderly who were 85+ years reported going for walk/exercise. Almost 64 per cent of those belonging to 75-84 years said they went to a place of worship. Joining a club/group figured more frequently in the age group of 85 + years (50 per cent) and 75-84 years (18 per cent). Visiting friends and relatives was mentioned more by the elderly belonging to 60-64 years age group, but this activity was not reported by those in 85 + years age group. This may be because elderly in advanced age have decreased mobility.

Now, coming to living arrangements versus outdoor activities (see Table 94), more elderly staying in parent-child coresidence and with the spouse were engaged in the outdoor leisure time activities compared to those in the other types of living arrangements. However, the percentage of elderly engaged in different types of outdoor leisure time activities seemed to vary with the type of living arrangements.

Table 94: Distribution of the sample elderly by the kind of outdoor activities engaged in during leisure time and type of living arrangements

Activity	Type of living arrangement					% *
	Parent-child coresidence (n=67)	Living with spouse (n=35)	Living alone (n=5)	Living with relatives (n=7)	Living with assistance (n=2)	
Go for walk/ exercise	55.2	77.1	40	42.9	50	60.3
Go to a place of worship	64.2	37.1	60	71.4	-	55.2
Go to park	22.4	31.4	-	-	-	22.4
Visit friends and relatives	10.4	17.1	20	14.3	-	12.9
Join club/group	3	22.9	-	-	50	9.5
Involve in social service/politics	7.5	11.4	-	-	-	7.8
Go to picnic/tours	1.5	17.1	-	-	50	6.9
Go to movies	1.5	-	-	-	-	0.9
Total	57.8	30.2	4.3	6	1.7	100

n=116

Note. * Multiple responses and hence the percentages do not add to 100.

Of the 116 elderly, a majority (77 per cent) who lived with spouse said that they went for walk/exercise. A considerable percentage of elderly who lived with spouse also reported that they went to the park (31 per cent), joined club/group (23 per cent), involved in social service /politics (11 per cent) and went to picnic and tours (17 per cent). A majority (71 per cent) of those who lived with relatives said that they went to places of worship while, those who lived alone responded that they visited friends and relatives (20 per cent).

Levels of functioning and independence: The functional status of the elderly determines their ability to engage in certain tasks of daily routine on their own, and hence has been explored here. The mean score of the elderly on the Independence in activities of daily living index (IADL) indicated their functional status in performing activities like bathing, dressing, toileting, transferring, continence and feeding. The association of this variable to some of the socio-demographic variables, and type of living arrangements will be examined now.

On the whole, for the total sample, elderly women (mean=5.95, $SD= 0.402$) reported better level of functioning when compared to men (mean=5.88, $SD=0.568$). The mean scores on independent activities of daily living for the elderly in 60-64 years (mean=5.98, $SD= 0.12$) and 65-74 years (mean=5.95, $SD=0.39$) age range indicated their better levels of functioning & independence and this seemed to decrease with the increasing age of the sample.

An attempt was made in Table 95 to see if the type of living arrangement of the elderly was associated with the level of functioning & independence reported by them.

Table 95: Distribution of the sample elderly by the mean and SDs of scores of the independence in activities of daily living and types of living arrangement

Living arrangement	Mean	N	S.D
Parent-child coresidence	5.9	156	0.523
Living with spouse	6	57	0.000
Living alone	6	9	0.000
Living with relatives	6	18	0.000
Living with assistance	4.67	3	2.309
Total	5.92	243	0.491

Elderly who lived in parent and child coresidence (mean=5.90, $SD=0.52$) and with assistance (mean=4.67, $SD=2.30$) in that order have reported poor levels of functioning, compared to those living in the other 3 living arrangements, who seemed to report maximum levels of functioning at a mean value of 6.00 ($SD=0.00$).

Activities of daily routine: The next aspect examined was the activities of daily routine of the sample elderly. By asking the elderly respondent to describe what they did during the day, their actual routine comprising the three time periods of the day i.e. before noon, before dark and before going to bed was captured. The results are presented in the respective tables, in the descending order of the per cent responses for the activities reported. The kind of daily routine activities they did seemed to vary by sex. Similarly, certain activities through the 3 time periods were common for the elderly respondents.

Table 96: Sex-wise distribution of the sample elderly by the activities of daily routine taken up before noon

Activity	Sex of the respondent		% *
	Male (n=120)	Female (n=123)	
Morning ablutions	98.3(118)	100 (123)	99.2(241)
Prayer/visit religious place	84.2 101)	84.6(104)	84.4(205)
Have breakfast	86.7(104)	78.9(97)	82.7(201)
Have tea/coffee	86.7(104)	77.2(95)	81.9(199)
Attend household chores	29.2(35)	89.4(110)	59.7(145)
Bring groceries (daily)	56.7 (68)	54.5(67)	55.6(135)
Spend time with friends	51.7(62)	47.2(58)	49.4(120)
Lunch preparations	6.7 (8)	79.7(98)	43.6(106)
Read News paper	60.8 (73)	22.8 (28)	41.6 (101)
Run errands	54.2 (65)	10.6 (13)	32.1 (78)
Go for exercise/yoga	41.7 (50)	15.4 (19)	28.4 (69)
Watch TV	21.7 (26)	35 (43)	28.4 (69)
Go to work / job/ voluntary work	38.3 (46)	17.1 (21)	27.6 (67)

N=243

Note. * Multiple responses and hence the percentages do not add to 100.

Except in performing activities such as morning ablutions, prayer, attending to household chores, preparation of lunch and watching TV etc., in the rest of the daily routine activities from waking up till noon, the men were represented more than the women (see Table 96), Also, the elderly women were represented more than men in the 2 daily routine activities which were more confined to the home and specific to gender such as attending to household chores (89 per cent women as against 29 per cent men), and preparation of lunch (80 per cent women as against 7 per cent men).

Table 97: Sex-wise distribution of the sample elderly by the activities of daily routine taken up between afternoon and before dark

Activity	Sex of the respondent		% *
	Male (n=120)	Female (n=123)	
Sit and rest	97.5	95.9	235 (96.7)
Take a siesta (after lunch)	92.5	94.3	227 (93.4)
Talk to family members	83.3	81.3	200 (82.3)
Have snacks and tea	84.2	77.2	196 (80.7)
Spend time with friends /neighbors/relatives	75	75.6	183 (75.3)
Watch TV	66.7	69.9	166 (68.3)
Go for a walk (indoors/outdoors)	64.2	26.8	110 (45.3)
Preparations for dinner	8.3	78	106 (43.6)
Go to market for provisions/other necessities	50	34.1	102 (42)
Go for entertainment (long ride/listen music)	33.3	25.2	71 (29.2)
Read books/ Newspaper	40	16.3	68 (28.0)
Run errands (bank/bills/maintenance)	24.2	6.5	37 (15.2)

N=243

Note. * Multiple responses and hence the percentages do not add to 100.

A number of activities were reported by the elderly as being taken up by them after noon and before dark (see Table 97). Of these, the two most frequently reported activities were sitting and taking rest (97 per cent) followed by taking a siesta (93 per cent). While men were represented more in the former, there were more women in the latter. In addition to other activities, preparations for dinner (44 per cent), and watching TV (68 per cent) were reported more by elderly women. Almost an equal representation of both elderly men (75 per cent) and women (76 per cent) was reported with regard to spending time with friends/neighbors/relatives.

Being involved in activities like talking to family members, spending time with friends/neighbors/relatives, and reading books and newspapers—as part of daily routine indicated that the respondents were keeping in touch with family and outside world. Another broader understanding that emerged out of this data was that men and women continued most of their activities carried during their middle adulthood into old age, and that the elderly women were not relieved of their earlier gender-specific activities of doing household chores and food preparation.

Table 98: Sex-wise distribution of the sample elderly by activities of daily routine taken up by them before going to bed

Activity	Sex of the respondent		% *
	Male (n=120)	Female (n=123)	
Preparation for sleep	97.4	97.6	233 (97.5)
Watch TV	43.1	39	98 (41)
Talk to family members	19	14.6	40 (16.7)
Go for a stroll after dinner	13.8	13.8	33 (13.8)
Read books	11.2	6.5	21 (8.8)

N=243

Note. * Multiple responses and hence the percentages do not add to 100.

Besides preparation for sleep, the other activities mentioned for this time period were watching TV (41 per cent) and going out for stroll or reading books (see Table 98).

h) Life preparatory measures. The beliefs the respondents' held during their youth and late adulthood about the role of children in the care of their parents might raise certain expectations in them about their own child (ren) taking care of them during old age. Similarly, their feelings about the importance of taking measures to keep fit for as long as possible into old age might influence their fitness levels during old age. The above two aspects, along with the role of religious beliefs have been explored in relation to the quality of life and its related variables of the elderly in the current living arrangements.

Belief about the role of children in the care of the elderly parents: Interestingly, almost 95 per cent (n=230) of the sample reported that when they were young, they believed that children should look after old parents. The remaining said that they did not believe so. Much difference was not observed by sex of the respondents regarding this belief they held.

The current living arrangement of the sample elderly who held the belief that children should care for old parents is presented in Table 99.

Table 99: Distribution of the sample elderly who held the belief that children should look after the older parents by their living arrangements

Living arrangement	Percent
Parent-child coresidence (n=156)	147 (94.2)
Living with spouse (n=57)	56 (98.2)
Living alone (n=9)	8 (88.9)
Living with relatives (18)	17 (94.4)
Living with assistance (n=3)	2 (66.7)
Total	230 (94.7)
N=243	

Now, a look at the Table 99 shows that a majority of those who were in living arrangements such as with spouse or with relatives held this belief. This was in addition to those in parent-child coresidence whose belief and the living arrangement they were in was coinciding. Even those who were living alone (89 per cent) and 2 of the 3 respondents who were living with assistance held the belief that children should look after older parents.

Measures taken to keep healthy after attaining 60 years of age: Out of the 243 respondents, about 59 per cent (n=143) reported that they started taking certain measures after attaining 60 years of age, to keep themselves healthy. An examination of the background of the elderly who took these measures was carried out. Results are shown in Table 100.

Of the total sample elderly, more men (69 per cent) than women (47 per cent) took measures to keep healthy after attaining the age of 60 years and the differentials were statistically significant ($\chi^2=1, 12.08$; $p<0.001$).

Table 100: Distribution of the sample elderly by association between some variables and measures taken by them after 60 years of age to keep healthy

Characteristics	N	Took measures to keep healthy after 60 years % ^a	X ²	p< (two sided)
<u>Sex</u>				
Male	120	69.2	(1, 12.08)	.001
Female	123	47.2		
<u>Age of respondent</u>				
60-64 years	63	57.1	(3, 2.77)	Ns
65-74 years	127	62.2		
75-84 years	44	50		
85 years +	9	44.4		
<u>Educational level</u>				
Illiterate	48	18.8	(5, 56.16)	.000
Primary	54	44.4		
High School	31	67.7		
College	64	76.6		
Technical	19	84.2		
Professional	27	81.5		
<u>Marital status</u>				
Married	169	63.3	(4, 9.23) ^b	.05
Widowed	56	41.1		
Separated	5	60		
Unmarried	6	50		
Remarried	7	71.4		
<u>Caste</u>				
Other caste	165	67.3	(3, 22.8)	.000
Other backward caste	54	46.3		
Scheduled caste	16	25		
Scheduled tribe	8	12.5		
<u>Family income (p.m.)</u>				
Rs.5000 and below	48	33.3	(7, 32.46)	.000
Rs.5100-10000	49	53.1		
Rs.10100-20000	47	51.1		
Rs.20100-40000	39	61.5		
Rs.40100-60000	20	85		
Rs.60100-80000	13	76.9		
Rs.80100-100000	11	81.8		
Rs.100100 and above	16	93.8		
<u>Living arrangement</u>				
Parent-child coresidence	156	55.1	(4, 15.07) ^c	.005
Living with spouse	57	77.2		
Living alone	9	44.4		
Living with relatives	18	33.3		
Living with assistance	3	33.3		

N=243

Note. ^a Only 'Yes' responses are presented; ^b 6 cells have expected count less than 5;

^c 3 cells have expected count less than 5.

However, not much difference could be observed based on the age-wise distribution. A majority (62 per cent) of the elderly in 65-74 years age group took measures to keep healthy. The association between age and taking measures to keep themselves fit was not statistically significant.

Looking at the educational background of the sample elderly, it can be stated that a majority of the educated –at least from high school and above seemed to have taken measures to keep healthy. Data indicated that higher the level of education, greater the per cent of elderly who took measures to keep healthy. The association between educational level and taking health measures was found to be significant ($\chi^2 = 5, 56.16$; $p < 0.000$) so educational level seemed to be an important determinant for the same.

In terms of marital status, those who were in married status (63 per cent married and 71 per cent remarried) mostly took measures to keep healthy compared to others. Thus the differences in taking health measures with regard to marital status ($\chi^2 = 4, 9.23^b$; $p < 0.050$) was found to be statistically significant. Caste ($\chi^2 = 3, 22.8$; $p < 0.000$) and family income ($\chi^2 = 7, 32.46$; $p < 0.000$) emerged as significant in relation to keeping oneself healthy.

Looking at the type of living arrangement and its relationship with taking measures to keep healthy it can be seen that elderly living with spouse (77 per cent) were more likely to take health measures followed by those in parent-child coresidence (55 per cent). The association between living arrangements and taking health measures was found to be statistically significant ($\chi^2 = 4, 15.07^c$; $p < 0.005$).

When asked regarding the specific measures taken by them to keep themselves fit after attaining 60 years age, 143 elderly responded. Of these, 59 per cent were men and 41 per cent were women. The detailed break up is given in Table 101.

Table 101: Sex-wise distribution of the sample elderly by the specific measures taken up after attaining 60 years of age to keep healthy

Measures adopted	Sex of the respondent		% *
	Male (n=84)	Female (n=59)	
Taking proper diet	89.3	91.5	90.2
Started exercise to keep fit	76.2	76.3	76.2
Gave up irregular routine	56	50.8	53.8
Reduced cigarette smoking /alcohol intake	11.9	-	7
Took medical insurance	4.8	3.4	4.2
Other ^a	15.5	22	18.2

n= 143

Note. * Multiple responses and hence the percentages do not add to 100.

^a Includes taking regular medication, reducing anxiety and stress on body and mind, accept physical/health limitations, make changes in lifestyle with advancing age, lower expectations and, adopting adjustment as a mental attitude.

Specific measures were mentioned by the elderly such as taking a proper diet, doing exercise to keep fit, and giving up irregular routine, in that order. Lastly, they also mentioned that they took medical insurance. Elderly men mentioned reducing smoking and alcohol intake.

An effort was made to see whether there is any relationship between the specific health measures taken up by the elderly and the type of living arrangement. Table 102 provides the details.

Data indicates that a majority (93 per cent) of the elderly staying in parent-child coresidence, and living with spouse (91 per cent) reported as having taken a proper diet and starting to exercise, respectively. Taking medical insurance was reported mostly by those elderly who were staying with relatives or in parent-child coresidence. Invariably some of them across all living arrangements mentioned that they took a decision to give up irregular routine.

Table 102: Distribution of the sample elderly by the kind of measures taken up to keep healthy after attaining 60 years of age and their living arrangements

Measures adopted	Type of living arrangement					% *
	Parent-child coresidence (n=88)	Living with spouse (n=44)	Living alone (n=4)	Living with relatives (n=6)	Living with assistance (n=1)	
Taking proper diet	93.2	90.9	75	66.7	-	90.2
Started exercise to keep fit	73.9	88.6	50	50	-	76.2
Gave up irregular routine	53.4	56.8	50	33.3	100	53.8
Reduced smoking/Substance Abuse	5.7	11.4	-	-	-	7
Took Medical insurance	5.7	-	-	16.7	-	4.2
Other ^a	15.9	15.9	50	33.3	100	18.2
Total	61.6	30.8	2.8	4.2	0.7	100

n=143

Note. * Multiple responses and the percentages do not add to 100.

^a Include taking regular medication, reducing anxiety and stress on body and mind, accept physical/health limitations, make changes in lifestyle with advancing age, lower expectations, and adjustment as a mental attitude.

Religious faith, place & frequency of pilgrimage

Almost all the elderly (99.6 per cent) except one woman in the sample reported belief in God. Close to 79 per cent of the sample elderly (192 out of 243 elderly) said that they visited religious places in various locations.

Table 103: Distribution of the sample elderly by the location of religious places they visited

Location	Total (n=192)
Around Vadodara	75 (39.1)
All over India	52 (27.1)
Western India (Gujarat)	44 (22.9)
Outside India	8 (4.2)
North India	6 (3.1)
East India	5 (2.6)
South India	2 (1)
Total	192 (100)

N=243

Table 103 shows the region-wise location of the religious places visited by the 192 elderly arranged in the descending order. The religious places visited by the elderly fell not only around Vadodara, in Gujarat but all over India. A few even visited religious places located outside India.

Information about the frequency of their visits to the religious places was ascertained and shown in Table 104.

Table 104: Sex-wise distribution of the sample elderly by the frequency of visits to religious places

Frequency of visits	Sex of respondent		Total (192)
	Male (n=94)	Female (n=98)	
Once in a year	32 (34.0)	34 (34.7)	66 (34.4)
Not able to anymore	23 (24.6)	36 (36.7)	59 (30.7)
A few times in a year	13 (13.8)	5 (5.1)	18 (9.4)
More than once in a year	10 (10.6)	8 (8.2)	18 (9.4)
Once in a month	8 (8.5)	8 (8.2)	16 (8.3)
Once in 6 months	5 (5.3)	5 (5.1)	10 (5.2)
A few times in a month	3 (3.2)	2 (2.0)	5 (2.6)
Total	94 (100)	98 (100)	192 (100)

Of the 192 elderly a majority (34.4 per cent) reported visiting religious places once in a year. About 31 per cent said that they were not able to take up such visits anymore. Of these there were more women (37.6 per cent) than men (24.6 per cent).

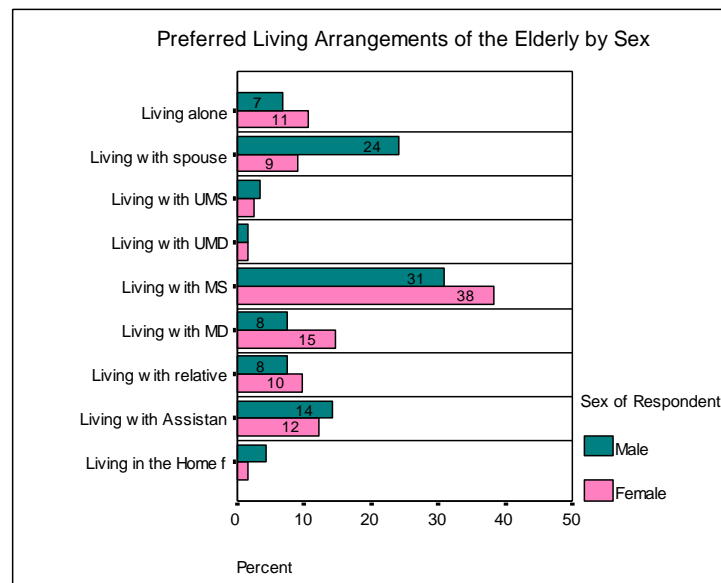
h) Preferred living arrangements. The elderly were asked, given a choice, what ‘one’ living arrangement they would prefer. This choice was taken as the respondents’ preferred living arrangement. An attempt was made to understand the relationship between the choice for a specific type of living arrangement and the background characteristics of the elderly. An attempt was also made to see whether the quality of life and its related variables experienced by the elderly in their current living arrangements may indirectly influence their preference for a particular living arrangement. Further, the reasons mentioned by the elderly for the living arrangement of their preference are presented.

The results of an exploration of the preferential living arrangements of the elderly with socio-demographic characteristics such as sex, age, family income, marital status, religion, caste and current living arrangements are presented in the following tables.

Table 105: Sex-wise distribution of the sample elderly by their preferred living arrangements

Preferred living arrangement	Sex of respondent		Total N=243
	Male (n=120)	Female (n=123)	
Living alone	8 (6.7)	13 (10.6)	21 (8.6)
Living with spouse	29 (24.2)	11 (8.9)	40 (16.5)
Living with unmarried son(s)	4 (3.3)	3 (2.4)	7 (2.9)
Living with unmarried daughter (s)	2 (1.7)	2 (1.6)	4 (1.6)
Living with married son (s)	37 (30.8)	47 (38.2)	84 (34.6)
Living with married daughter (s)	9 (7.5)	18 (14.6)	27 (11.1)
Living with relative	9 (7.5)	12 (9.8)	21 (8.6)
Living with assistance	17 (14.2)	15 (12.2)	32 (13.2)
Living in a home for the aged	5 (4.2)	2 (1.6)	7 (2.9)
Total	120 (100)	123 (100)	243 (100)

Figure 37: Shows preferred living arrangements by sex of the sample elderly



Note. UMS- Unmarried Son; UMD- Unmarried Daughter; MS- Married Son; MD- Married Daughter.

As can be seen, most (35 per cent) of the sample elderly (more women than men) preferred coresidence with married son (s) followed by 16 per cent giving a preference for living with spouse (24 per cent men as against 9 per cent women). The next preference was to live with assistance followed by staying with married daughter (s). Living alone was preferred by a few. Also, very few preferred to live in a home for the aged (3 per cent), and with unmarried son (s) (3 per cent) (see Table 105 & Figure 39).

Table 106: Shows preferred living arrangements of the sample elderly by their median age

Preferred living arrangement	N	Median age
Living alone	21	66
Living with spouse	40	66.5
Living with unmarried son(s)	7	65
Living with unmarried daughter (s)	4	71.5
Living with married son (s)	84	69
Living with married daughter (s)	27	69
Living with relative	21	69
Living with assistance	32	66
Living in a home for the aged	7	72
Total	243	68

Table 106 gives the median ages of the elderly by their preferred living arrangement. Elderly with a median age of 69 years preferred to live with married son (s), married daughter (s) and with relatives and those with a median age of 66.5 preferred to live with their spouse. A considerable number of those who preferred to live alone were of 66 years age. A few elderly who were much older (72 years) preferred to live in the home for the aged and with unmarried daughter (s) (71.5 years).

Table 107: Distribution of the sample elderly by their preferred living arrangements and median family income p.m.

Preferred living arrangement	N	Median family income
Living alone	21	8500
Living with spouse	40	13000
Living with unmarried son(s)	7	9000
Living with unmarried daughter (s)	4	17500
Living with married son (s)	84	15000
Living with married daughter (s)	27	11500
Living with relative	21	6000
Living with assistance	32	56500
Living in a home for the aged	7	17000
Total	243	15000

A large number of those elderly who showed preference to live with married son and married daughter were from median income groups of Rs 15000 and Rs 11500 respectively. Elderly who gave preference to live with spouse were also from similar income group. However, the elderly who preferred to live in the more independent forms of living arrangements such as with assistance (median =Rs 56500) or in the home for the aged (median= Rs 17000) were from much affluent groups (see Table 107).

Table 108: Distribution of the sample elderly by their preferred living arrangements and marital status

Preferred living arrangement	Marital status of respondent					Total N=243
	Married (n=169)	Widowed (n=56)	Separated (n=5)	Unmarried (n=6)	Remarried (n=7)	
Living alone	12 (7.1)	9 (16.1)	-	-	-	21 (8.6)
Living with spouse	38 (22.5)	1 (1.8)	-	-	1 (14.3)	40 (16.5)
Living with unmarried son(s)	3 (1.8)	4 (7.1)	-	-	-	7 (2.9)
Living with unmarried daughter (s)	2 (1.2)	2 (3.6)	-	-	-	4 (1.6)
Living with married son (s)	60 (35.5)	18 (32.1)	2 (40)	-	4 (57.1)	84 (34.6)
Living with married daughter	14 (8.3)	12 (21.4)	1 (20)	-	-	27 (11.1)
Living with relative	11 (6.5)	5 (8.9)	1 (20)	4 (66.7)	-	21 (8.6)
Living with assistance	23 (13.6)	4 (7.1)	1 (20)	2 (33.3)	2 (28.6)	32 (13.2)
Living in a home for the aged	6 (3.6)	1 (1.8)	-	-	-	7 (2.9)
Total	169 (100)	56 (100)	5 (100)	6 (100)	7 (100)	243 (100)

Data in Table 108 explored the relationship between the marital status of the sample elderly and their preferred type of living arrangement. As can be seen a majority of those who were currently married, remarried, widowed or in separated status, preferred to live with their married son (s). A majority of the unmarried elderly showed preference to live with a relative. Some of the widowed elderly showed preference either to live with a married daughter or to live alone. Thus, the overall thrust appears to be for parent-child coresidence.

How religion and caste background of the respondents might have affected their preferences for certain types of living arrangements? Answers to the questions are provided in Tables 109 & 110.

Table 109: Distribution of the sample elderly by their preferred living arrangements and religion

Preferred living arrangement	Religion of respondent					Total N=243
	Hindu (n=194)	Christian (n=4)	Muslim (n=29)	Jain (n=12)	Others ^a (n=4)	
Living alone	16 (8.2)	-	4 (13.8)	1 (8.3)	-	21 (8.6)
Living with spouse	33 (17)	-	4 (13.8)	3 (25)	-	40 (16.5)
Living with unmarried son(s)	6 (3.1)	1 (25)	-	-	-	7 (2.9)
Living with unmarried daughter (s)	2 (1)	-	2 (6.9)	-	-	4 (1.6)
Living with married son (s)	59 (30.4)	1 (25)	16 (55.2)	6 (50)	2 (50)	84 (34.6)
Living with married daughter (s)	24 (12.4)	-	3 (10.3)	-	-	27 (11.1)
Living with relative	18 (9.3)	2 (50)	-	1 (8.3)	-	21 (8.6)
Living with assistance	29 (14.9)	-	-	1 (8.3)	2 (50)	32 (13.2)
Living in a home for the aged	7 (3.6)	-	-	-	-	7 (2.9)
Total	194 (100)	4 (100)	29 (100)	12 (100)	4 (100)	243 (100)

Note. ^a Includes Parsees and Sikhs

Preference for nearly all types of parent-child coresidence was expressed by respondents belonging to Hindu and Muslim religious groups. However, half of the Jain sample elderly preferred to live with married son. Respondents from the Hindu religion gave preferences for all types of living arrangements including parent-child coresidence. However, except Hindus, none of the respondents from other religious groups gave preference to live in the home for the aged. Living with spouse only was another preferred choice among all religious groups except Christians.

Table 110: Distribution of the sample elderly by their preferred living arrangements and caste

Preferred living arrangement	Caste of respondent				Total N=243
	Other Caste (n=165)	Other Backward Caste (n=54)	Scheduled Caste (n=16)	Scheduled Tribe (n=8)	
Living alone	13 (7.9)	3 (5.5)	3 (18.7)	2 (25.0)	21 (8.6)
Living with spouse	23 (13.9)	11 (20.4)	4 (25.0)	2 (25.0)	40 (16.5)
Living with unmarried son(s)	3 (1.8)	3 (5.5)	1 (6.3)	-	7 (2.9)
Living with unmarried daughter (s)	3 (1.8)	1 (1.9)	-	-	4 (1.6)
Living with married son (s)	56 (33.9)	22 (40.7)	4 (25.0)	2 (25.0)	84 (34.6)
Living with married daughter (s)	21 (12.7)	4 (7.4)	1 (6.3)	1 (12.5)	27 (11.1)
Living with relative	8 (4.9)	9 (16.7)	3 (18.7)	1 (12.5)	21 (8.6)
Living with assistance	32 (19.5)	-	-	-	32 (13.2)
Living in a home for the aged	6 (3.6)	1 (1.9)	-	-	7 (2.9)
Total	165 (100)	54 (100)	16 (100)	8 (100)	243 (100)

It is found that the elderly from other castes (OC) and other backward castes (OBC) have shown preference to all types of living arrangements with the exception that none of OBC respondents gave preference for living with assistance. Similarly, none of the SC and ST respondents expressed preference for this type of living arrangement. In fact, living with married son(s) was the predominant type of living arrangement preferred by the respondents in all the caste groups, compared to other types. The other preferred living arrangements mentioned by the respondents across all caste groups were- living alone, living with spouse, living with married daughter and living with relatives.

Finally, let us see the relationship between their preferred living arrangements and the living arrangement in which they were staying in at the time of the study (see Table 111). Out of the 156 sample elderly living in parent-child coresidence, a majority (n=83) still preferred to live in the same arrangement among whom the preference to live with married son (39 per cent) was highest. The next preference however, was to live with spouse (22 per cent) and, with assistance (12 per cent), followed by other preferences. Interestingly, none of the sample elderly, currently living alone, preferred to live alone.

Table 111: Distribution of the sample elderly by their preferred living arrangements and the current living arrangement

Preferred living arrangement	Current living arrangement					Total N=243
	Parent-child co residence (n=156)	Living with spouse (n=57)	Living alone (n=9)	Living with relatives (n=18)	Living with assistance (n=3)	
Living alone	11 (7.1)	9 (15.8)	-	1 (5.6)	-	21 (8.6)
Living with spouse	35 (22.4)	4 (7)	-	1 (5.6)	-	40 (16.5)
Living with unmarried son(s)	6 (3.8)	-	1 (11.1)	-	-	7 (2.9)
Living with unmarried daughter (s)	4 (2.6)	-	-	-	-	4 (1.6)
Living with married son (s)	60 (38.5)	18 (31.6)	3 (33.3)	3 (16.7)	-	84 (34.6)
Living with married daughter	13 (8.3)	10 (17.5)	2 (22.2)	-	2 (66.7)	27 (11.1)
Living with relative	7 (4.5)	2 (3.5)	2 (22.2)	10 (55.6)	-	21 (8.6)
Living with assistance	18 (11.5)	10 (17.5)	1 (11.1)	2 (11.1)	1 (33.3)	32 (13.2)
Living in a home for the aged	2 (1.3)	4 (7)	-	1 (5.6)	-	7 (2.9)
Total	156 (100)	57 (100)	9 (100)	18 (100)	3 (100)	243 (100)

Similarly, of those who were living with spouse, very few (7 per cent) preferred to live in the same arrangement. Instead, their preferences were spread across other types of living arrangements including living alone and living with assistance. Here also, the predominant preference was for parent-child coresidence, with a slightly more preference to stay with married son. Only one person who was living with assistance preferred to continue to live in the same arrangement and the other two gave preference to live with the married daughter.

In Table 112 an attempt was made to look into the mean scores of loneliness and adaptation to old age for the sample elderly who were distributed according to their preferred living arrangements.

Table 112: Distribution of the sample elderly by their preferred living arrangements and the means and SDs of scores of loneliness and adaptation to old age

Preferred living arrangement	N	Loneliness (Mean (S.D))	Adaptation to old age (Mean (S.D))
Living alone	21	48.0 (10.6)	59.5 (9)
Living with spouse	40	44.8 (10.6)	61.0 (9.3)
Living with unmarried son(s)	7	45 (9)	62.5 (6.6)
Living with unmarried daughter (s)	4	37.2 (4.9)	64.7 (7.5)
Living with married son (s)	84	44.2 (8.2)	60.1 (9.6)
Living with married daughter (s)	27	47.8 (9.5)	62.1 (9.9)
Living with relative	21	48.1 (11.8)	56.2 (12.3)
Living with assistance	32	44.1 (8.4)	67.0 (10.2)
Living in the home for the aged	7	42.4 (5.2)	69.4 (8.1)
Total	243	45.2 (9.4)	61.4 (10.1)

It was found that the elderly who seemed to be experiencing the lowest degree of loneliness in their current living arrangement (mean=37.2, $SD=4.9$) gave preference to live with unmarried daughter (s) while, those who seemed to experience the highest degree of loneliness (mean= 48.1, $SD=11.8$) in their current living arrangement gave preference to live with relatives. Those who were experiencing comparatively lower degree of loneliness in current living arrangement preferred to live with assistance, with married son (s), with spouse and with unmarried sons while, those who experienced relatively high levels of loneliness in current living arrangements (mean=47.8, $SD=9.5$ and mean=48.0, $SD=10.6$) preferred to live with married daughter (s) and alone respectively.

Next, it can be seen that the elderly who have a better adaptation to old age (mean= 69.4, $SD=8.1$ and mean=67, $SD=10.2$) in the current living arrangement, either chose to live in the old age home or with assistance, respectively. On the other hand, elderly who reported the poorest adaptation to old age (mean= 56.2, $SD=12.36$ and mean=59.5, $SD=9.0$) in their current living arrangement, either preferred to live with relatives or to live alone. It might be noted that the elderly who expressed lower levels of loneliness also reported better adaptation to old age and vice versa.

Reasons for stated preferences in living arrangements: The elderly who stated their preference for a particular living arrangement in a hypothetical situation also indicated reasons for the same. The reasons mentioned for the 'one' preferred type generally reflected how the elderly saw themselves in their relationship with whom they wanted to stay. They were probably convinced that the preferred living arrangement might suit them better in which they would be happy. This was the strength of this information.

The reasons mentioned in the following tables can be broadly grouped into 3 major categories: a) Emotional, (include reasons such as to be with son's family, attachment with married daughter, daughter is concerned about parents' needs requiring support, feeling of togetherness and bonding, wish to spend time with grandchildren, mutual emotional support, child (ren) needs parents guidance etc.) b) Traditional, (include such reasons as belief in joint family, traditionally son takes care of parents, children get a chance to serve parents, no sons etc.), and c) instrumental (include such reasons as locality & facilities are good, space availability, spouse's ill health, seek privacy and independence, financial dependency, and so on).

It can be observed that when the respondents were relating reasons pertaining to their preferential living arrangements such as living with married son (s), or married daughter, those reasons were mostly emotional with one or two that were traditional, followed by instrumental reasons. Emotional and instrumental reasons also figured when substantiating their preference to live with unmarried children. However, their preference for other living arrangements was backed mostly by instrumental reasons.

Table 113: Distribution of the reasons stated by the sample elderly for preference to stay with married son (s)

Reasons	n	% [*]
Feeling of togetherness and bonding	71	86.6
To be with son's family	68	82.9
Traditionally son takes care of parents	66	80.5
Wish to spend time with grandchildren	63	76.8
Belief in Joint family	57	69.5
Confidence that son will take care of us	55	67.1
Mutual emotional support	53	64.6
Sons get a chance to serve parents	39	47.6
Locality and facilities are good	27	32.9
Son is financially sound	26	31.7
Son wants respondent to move in	13	15.9
Son needs our emotional support	8	9.8
Other ^a	28	34.1
Total	574	700.0

n= 82

Note. ^{*} Multiple responses and hence the percentages do not add to 100.

^a Includes reasons such as will have people close by to talk to, health care would be provided for, to preserve Indian values and culture, want to have son with them during the last moments, familiarity to place, attachment with son, would be able to have own room.

Table 113 shows that of the 82 elderly who gave reasons for their preference to live with married son (s), a majority (87 per cent) said it gave a feeling of togetherness and bonding and 83 per cent said that they wanted to be with son and his family. About 80 per cent said traditionally son takes care of parents, and around 77 per cent wanted to spend time with grandchildren. Other reasons figured were: belief in joint family, for mutual emotional support etc. Most of the reasons come under emotion related and tradition/custom related category. There were also instrumental reasons like locality and facilities were good, son is financially sound etc.

Table 114: Distribution of the reasons stated by the sample elderly for their preference to live with spouse

Reasons	n	% [*]
We get along well with each other	37	92.5
Familiar environment/support network	33	82.5
Financially independent	24	60.0
Seek privacy and independence	20	50.0
Physically healthy	11	27.5
Other ^a	36	90.0
Total	161	402.5

n=40

Note. ^{*} Multiple responses and hence the percentages do not add to 100.

^a Includes reasons such as able to afford hired help for maintenance, wanted privacy, independence & autonomy to lead a comfortable life, to avoid being a hindrance to child's career prospects and independent living, no confidence that child/DIL would take care of them, space constraints at child's home, and absence of any other option.

Of the 40 elderly who preferred to live with spouse, a majority (92 per cent) gave the reason that the couple got along well with each other and attachment with place and people, which were the emotional reasons. The rest all were instrumental reasons such as respondents are healthy, seek financial independence and privacy, and so on (Table 114).

Table 115: Distribution of the reasons stated by the sample elderly for their preference to stay with married daughter

Reasons	n	% [*]
More attachment with daughter than with son	21	80.8
Progressive views of family	16	61.5
Need for support due to resp/spouses' illness	14	53.8
No sons	11	42.3
Daughter/ Son-in-Law wants parents to move in	11	42.3
Daughter is financially sound	9	34.6
Other ^a	17	65.4
Total	99	380.8

n=26

Note. ^{*} Multiple responses and hence the percentages do not total to 100.

^a Includes reasons such as understanding and adjusting nature, similar personality/tastes, has a cook, availability of space, confident of daughter's care, would enjoy her company and son-in-law is supportive.

Giving reasons for their preference to live with married daughter a majority (81 per cent) said that it was because the respondent had more attachment with the daughter than with son. A little more than half of the 26 respondents said that they were a progressive family therefore inspite of cultural opposition to such a living arrangement, they prefer to stay with their married daughter. Respondents need daughter's support, daughter/son-in-law wanted respondent to move in, respondent had no sons etc. also figured as reasons (Table 115).

Table 116: Distribution of the reasons stated by the sample elderly for their preference to live with relatives

Reasons	n	% [*]
Feel relatives can take care of respondent	20	83.3
Get on well with relatives	19	79.2
Emotional attachment	14	58.3
Mutual dependence	14	58.3
Financial dependence on relatives	11	45.8
Resp. was asked to move in	7	29.2
Total	85	354.2

n=24

Note. ^{*} Multiple responses and hence the percentages do not add to 100.

As can be seen from Table 116, there were both emotional and instrumental reasons cited by the 24 respondents for their preference to live with relatives.

Table 117: Distribution of the reasons stated by the sample elderly for their preference to live alone

Reason	n	% [*]
Not to be a burden/constraint in others' life	13	61.9
To retain privacy and independence	12	57.1
Respondent not confident of children's care	10	47.6
Conflict with son/daughter-in-law/spouse	5	23.8
Attachment to place and social network	7	33.3
Other ^a	16	76.2
Total	63	300

n= 21

Note. ^{*} Multiple responses and hence the percentages do not add to 100.

^a Includes reasons such as death of spouse, no other option and change in children's behavior/attitude.

The reasons mentioned for living alone as a preferred living arrangement were mostly instrumental. Of the 21 respondents, nearly half mentioned reasons such as not wanting to be a burden to others, to retain independence and privacy, and so on. Desire to age in place, conflict with son/ daughter-in-law /spouse were also mentioned (see Table 117).

Seven elderly respondents offered reasons for their preference to stay in an old age home. Most of them mentioned the reasons that they would be able to afford an old age home of their liking, the facilities/services required were available at one place, and they can have company of the same age group. Not wanting to burden others, having no sons, living with married daughter was not the custom, and increasing dependence with respondents' advancing age have also been mentioned.

Thirty two respondents mentioned reasons for preferring to live with assistance as a type of living arrangement. The reasons were: they would be able to afford and can manage full-time hired help, they need services/support/protection/security of hired help, desire for independence and privacy, due to divorced or widowed status, unavailability of children, do not wish to burden family, cannot adjust with child's life, and conflict with daughter –in-law.

Only 7 and 4 respondents offered their reasons as to why they prefer living with unmarried son or daughter, respectively. The reasons centered on mutual emotional and financial dependence, the daughter needs protection and the son needs guidance and ill health of the respondent/spouse.

i) Elderly persons' perception of the treatment (both positive and negative) meted by the younger generation towards them .The times are changing especially with regard to the treatment of the elderly. Hence, an attempt has been made to explore how the elderly perceive the way they were treated by their family members in the current living arrangement. Two hundred and twenty five and 177 elderly made observations regarding the positive and negative treatment towards the elderly respectively. The elderly also gave suggestions about how they think the younger generation and society should treat them in the family.

Table 118: Distribution of the perceptions of the sample elderly about the positive treatment by the younger generation

Positive treatment	n	% [*]
Treated with concern and respect	206	91.6
Took care as part of filial duty	178	79.1
Provided with medical care	176	78.2
Their behavior bound by <i>sanskar</i> towards elderly	170	75.6
children gave emotional support	167	74.2
children gave financial support	163	72.4
They listen to the elderly	163	72.4
There is reciprocity/mutual dependence	145	64.4
Provided with means of entertainment	114	50.7
Involved them in decision making	109	48.4
Fear of public opinion makes them treat elderly with respect	63	28.0
Daughter-in-law/son-in-law treat them with respect	62	28.0

n= 225

Note. ^{*} Multiple responses and hence the percentages do not add to 100.

As can be seen from Table 118, a majority (225 out of a sample of 243) of the respondents came up with instances of positive treatment towards them by the younger generation, though there were indications of slight overtones of social and ethical pressure working on their children to look after the elderly/ parents with respect. There was acknowledgement by the elderly of the provision of medical care, entertainment, financial support, emotional support to them by children, and involving parents in decision making so on.

Table 119: Distribution of the perceptions of the sample elderly about how they were treated negatively by the younger generation

Negative treatment	n	% [*]
Children's values eroded because of social change	160	90.4
Children's priorities changed resulting in neglect of the parents	134	75.7
Elderly are treated as a burden	129	72.9
Children did not have time for the elderly	127	71.8
Elderly are considered outdated	120	67.8
They are not given any role in family life	113	63.8
Lack of empathy toward the elderly	109	61.6
Lack of understanding about the age-related changes in their parents	106	59.9
Children became self-centered	105	59.3
Elderly are not provided emotional support	98	55.4
Children became money minded	98	55.4
Ill-treated by daughter-in-law /son-in-law	90	50.8
Children's life style did not accommodate parents	88	49.7
Subjected to discrimination based on age	84	47.5
Children abandon parents for the sake of property	77	43.5
Old parents are seen as a burden due to constraints faced by the child	45	25.4

n=177

Note. * Multiple responses and hence the percentages do not add to 100.

Along with their perception of the younger generation's positive treatment of the elderly, the respondents have also expressed their perception about the different ways the elderly faced negative treatment. The main reason mentioned by them was social change leading to erosion of values among children with regard to care of the elderly. Other reasons mentioned were: changes in the priorities of child (ren) resulting in the neglect of their parents, elderly are treated as a burden, change in the behavior of the child (ren) towards the parents, elderly are considered obsolete due to generation gap, lack of empathy toward elderly, lack of understanding about the age-related changes in their parents, child(ren) became money minded, self centered, changing life styles of child(ren) were unable to accommodate the parents, discrimination of the elderly and so on (Table 119).

Table 120: Distribution of the suggestions of the sample elderly (to the younger generation) to ensure better treatment towards the elderly

Suggestions	n	% [*]
Children should care for the elderly in the family	230	95.0
Fulfill basic needs (food, clothes, shelter, privacy, money)	225	93.0
Meet emotional needs & providing psychological support	201	83.1
Meet physical needs of the elderly as they grow old	199	82.2
Ensure elderly a functional life (decision making, roles and responsibilities, mutual dependence, take advice)	197	81.4
Other ^a	65	26.9

n=242

Note. ^{*} Multiple responses and hence the percentages do not add to 100.

^a Include such responses as provide proper environment, reduce generation gap, inculcate ethical values among the younger generation, avoid demands and conflicts, not expect property, create joy for elderly, serve the elderly, can hire help for parents if children can afford, children have to be tuned to needs of elderly, and never forget to take care of parents.

The respondents were asked about their suggestions to youth that would ensure better treatment of the older persons (Table 120). Almost all the sample elderly except one respondent gave suggestions. A predominant number of the suggestions of the elderly were clustered around taking care of the elderly in the family context and taking care of their basic material, emotional and physical needs. They not only wanted that the medical needs of the elderly to be attended to but desired a space in the family, functional roles and a life with dignity for the elderly.

Further analysis

In the following pages, a further analysis of the data was taken up to understand the relationship between current living arrangements, quality of life, loneliness, adaptation to old age and some socio- demographic variables of the study sample. More specifically, the possible factors for the variation in the levels of quality of life and its related variables experienced by the elderly respondents in the five types of the living arrangements were explored.

Table 121 provides the details of the scores for the four domains of quality of life, independence in activities of daily living (IADL index), loneliness, and adaptation to old age (AOA) and of its four sub-domains with regard to sample elderly.

Table 121: Descriptive details of total scores and domain/ sub-domain scores of the measures used in the study

Measure	Range	Minimum	Maximum	Mean	SD
<u>Quality of life domains</u>					
Physical health	14.3	5.71	20	14.24	3.08
Psychological well-being	13.3	6.67	20	15.56	2.68
Social relationships	16	4	20	13.45	3.35
Environment	12.5	7.5	20	16.15	2.73
<u>Independence in activities of daily living</u>	4	2	6	5.92	0.49
<u>Loneliness</u>	44	25	69	45.25	9.39
<u>Adaptation to old age</u>	48	32	80	61.44	10.12
<u>Adaptation to old age sub- domains</u>					
Health comparison	13	7	20	15.93	2.75
General adaptation	12	8	20	16.86	2.98
Self-control	15	5	20	13.13	3.83
Generativity	15	5	20	15.5	3.36

An attempt was made to find out the inter-correlations between the age, family income p.m. and the scores of the quality of life domains and related measures in Table 122. It was seen that physical health ($r = -0.208$, $p < 0.05$) and social relationships ($r = -0.213$, $p < 0.01$) were inversely related to age. It appears that social relationships become weak as one grows older. Same was the case with physical health and its variation with age. Family income was significantly positively correlated ($p < 0.01$) with the three domains of quality of life with the exception of physical health. It means that those 3 domains of quality of life of the elderly with higher incomes seemed to be better. A look at the relationship between loneliness and the four domains of quality of life showed negative correlations that were strong and statistically significant ($p < 0.05$). This indicated that the respondents who were low on these 4 domains reported experiencing a greater degree of loneliness. The adaptation to old age was positively correlated with the four domains of the quality of life ($p < 0.05$) indicating that better performance on these four domains was linked to successful adaptation to old age.

Table 122: Showing inter-correlation between the scores of quality of life sub-domains, loneliness, adaptation to old age and certain socio-demographic variables of the sample elderly

Variable	Age	Family income	Loneliness	Adaptation to old age
Family income	- 0.011	-		
<u>Quality of life</u>				
Physical health	-0.208*	0.106	-0.495**	0.512**
Psychological well-being	-0.101	0.186**	-0.580**	0.499**
Social relationships	-0.213**	0.221**	-0.590**	0.610**
Environment	0.077	0.335**	-0.487**	0.560**
<u>Loneliness</u>	0.087	-0.227**	-	-
<u>Adaptation to old age</u>	-0.160*	0.329**	-0.529**	-

N=243

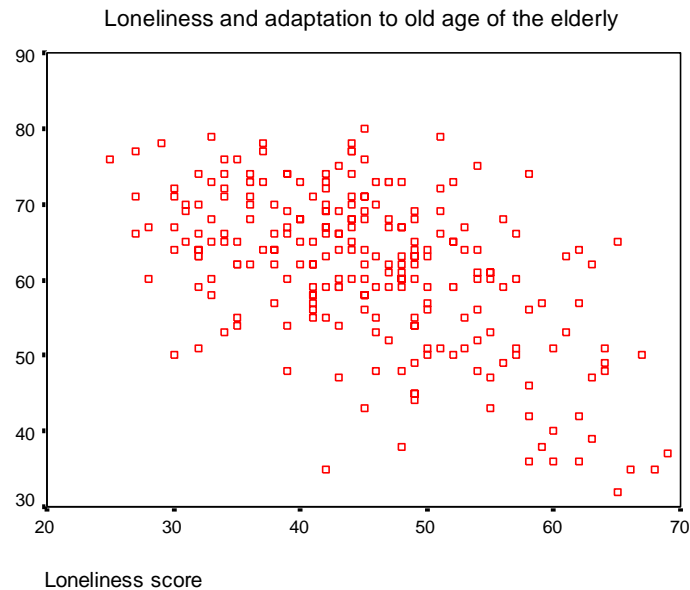
Note. * Correlation is significant at the $p < 0.05$ level (2-tailed).

** Correlation is significant at the $p < 0.01$ level (2-tailed).

There was a moderate negative correlation ($r = -0.22$; $p < 0.05$) between family income and loneliness meaning that the elderly who were affluent might report lower levels of loneliness. Adaptation to old age though negatively correlated with age, it was found to be better for the elderly with a higher family income.

Lastly, it is important to note that loneliness and adaptation to old age have a strong negative correlation ($r = -0.529$, $p < 0.05$) indicating the fact that better the adaptation to old age, lower was the feeling of loneliness reported. Therefore, the elderly who reported a better quality of life also tend to report a lower degree of loneliness and a better adaptation to old age. Figure 38 shows the strength and direction of this relationship.

Figure 38: Distribution of the sample elderly by their mean scores and SD's of loneliness and adaptation to old age



Note. $r = -0.529, p > 0.01$.

Now, does this relationship vary with the type of living arrangements of the elderly? Table 123 throws light on this relationship.

Table 123: Correlations of loneliness with adaptation to old age by type of living arrangements of the sample elderly

Type of living arrangement	N	Correlation between loneliness and adaptation to old age
Parent-child coresidence	156	-0.530 ^{**}
Living with spouse	57	-0.504 ^{**}
Living alone	9	-0.415
Living with relatives	18	-0.622 ^{**}
Living with assistance	3	0.599

Note. ^{**}Correlation is significant at the 0.01 level (2-tailed)

It is observed in Table 123 that irrespective of the type of living arrangement, the negative correlation between loneliness and adaptation to old age for the sample elderly was strong and statistically significant ($p < 0.01$) except in the case of living alone.

The next question was whether the means of age and mean scores and SD's of quality of life and its related measures differed because of the sex of the respondents?

Table 124: Significance of the difference between the means of age, means and SD's of scores of quality of life domains and its related variables of the sample elderly by sex

Characteristic	Sex	Mean	SD	t-value (df=241)	Sig. Two-tailed
Age	Male	70.32	7.08	2.46	.01
	Female	68.11	6.8		
<u>Quality of life</u>					
Physical health	Male	14.84	3.04	3.04	.00
	Female	13.66	3.02		
Psychological well-being	Male	15.80	2.59	1.35	.17
	Female	15.33	2.74		
Social relationships	Male	13.90	3.30	2.05	.05
	Female	13.02	3.36		
Environment	Male	16.51	2.49	2.00	.05
	Female	15.81	2.91		
<u>Loneliness</u>	Male	43.88	8.94	-2.26	.02
	Female	46.59	9.66		
<u>Adaptation to old age</u>	Male	63.47	9.58	3.15	.00
	Female	59.45	10.28		

N=243 (Female=123; Male=120)

In Table 124, an attempt was made to test whether the differences in the means of age, and in the means of scores of quality of life and its related variables for the elderly men and women were statistically significant. Elderly women were younger (68.1 years) than men (70.3 years), and women exhibited consistently lower scores on the quality of life domains with the exception of psychological well-being. Further, they reported experiencing higher levels of loneliness and a lower adaptation to old age as compared to men. These differences of mean scores for these variables by sex were found to be statistically significant on a t-test, except for psychological well-being.

It was observed that the marital status of the elderly influenced the quality of life and related variables of the sample elderly (see Table 125).

Table 125: Showing the Means and SD's of scores of quality of life domains and its related variables by marital status of the sample elderly

Marital Status	N	Quality of life						Loneliness		Adaptation to Old age	
		Physical health		Social Relationships		Environment					
		Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Married	169	14.71	2.92	14.22	3.21	16.57	2.38	43.87	9.03	63.36	9.12
Widowed	56	13.13	3.20	11.67	2.72	14.98	3.21	48.88	9.07	55.88	9.88
Separated	5	11.77	3.25	10.13	3.48	15.20	3.40	54.20	11.19	56.40	15.11
Unmarried	6	13.90	2.72	12.00	4.99	16.42	3.58	49.17	12.67	62.83	14.27
Remarried	7	14.04	3.86	12.76	3.43	15.93	3.43	40.00	4.12	62.00	13.25
Total	243	14.25	3.09	13.45	3.36	16.15	2.73	45.26	9.40	61.44	10.13

It is clearly evident from Table 125 that married elderly reported better on the three domains of quality of life, lower levels of loneliness, and a better adaptation to old age than those of other marital statuses. Hence, being married made a difference to the well-being among the sample elderly.

The next important question was to see how the domains of quality of life or loneliness or the adaptation to old age that was reported by the sample elderly varied depending on the type of living arrangements they were in. Figures 39 to 43 show the striking variations in the means scores of the measures by the type of living arrangement for the sample elderly.

Figure 39: Mean scores of physical health domain by types of living arrangements of the sample elderly

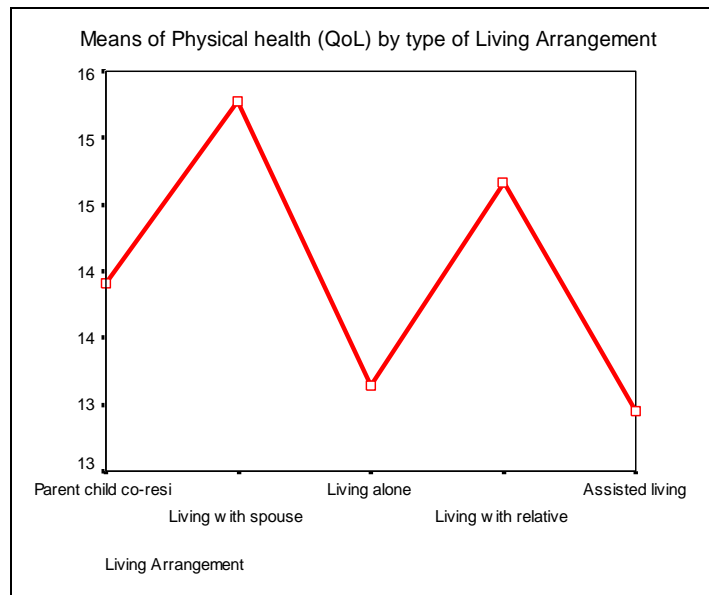
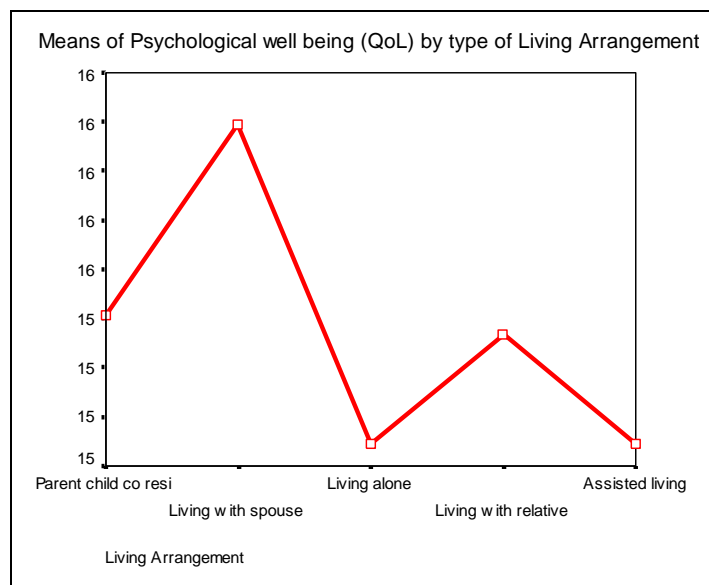


Figure 40: Mean scores of psychological well-being domain by types of living arrangements of the sample elderly



As can be seen from Figures 39 & 40, respondents living with spouse and in parent-child coresidence reported better physical health and psychological well-being, and it was reportedly poor (on both these domains) for those respondents who lived alone and with assistance.

Figure 41: Means of scores of social relationships domain by types of living arrangements of the sample elderly

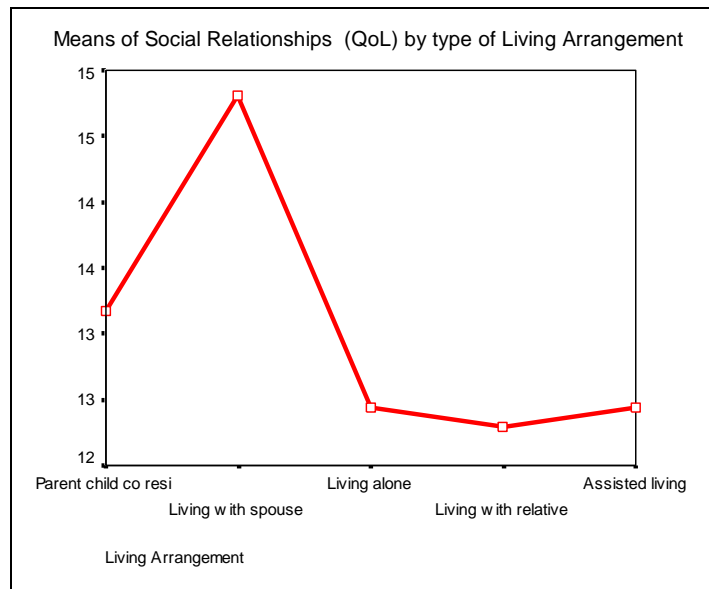
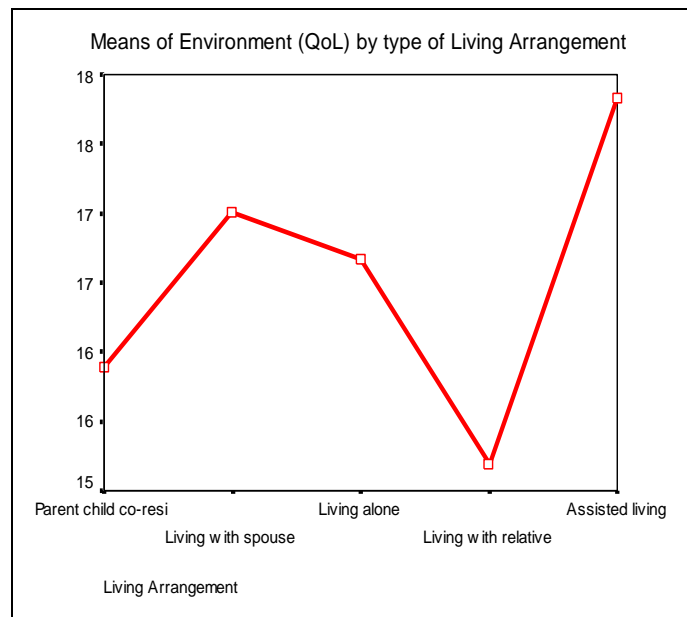


Figure 42: Means of scores of environment domain by types of living arrangements of the sample elderly



When it came to social relationships and environment, respondents who lived with relatives reported poorest adjustment compared even to those who lived alone (see Figures 41 & 42). This showed that the elderly who were living with relatives were most constrained in terms of social relationships and their external environment. And the elderly who lived with assistance reported greater satisfaction with the environment.

Figure 43: Means of scores of loneliness by types of living arrangements of the sample elderly

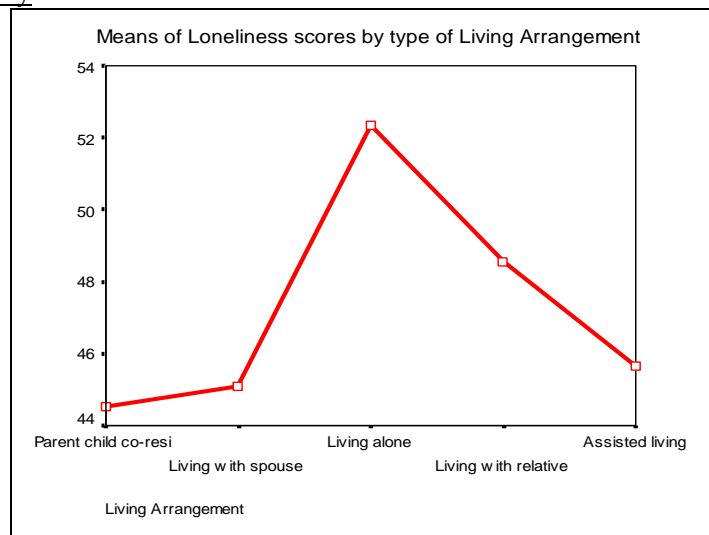
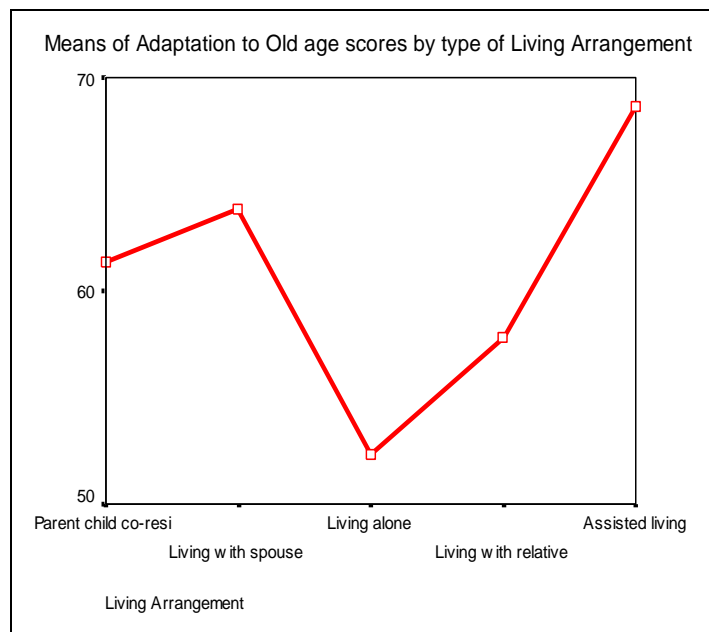


Figure 44: Means of scores of adaptation to old age by types of living arrangements of the sample elderly



Next, the graphs (Figures 43 & 44) presenting the relationship of loneliness and adaptation to old age and the type of living arrangements brought up interesting details. It can be seen that the respondents who lived alone reported highest levels of loneliness and those who were in parent-child coresidence reported the lowest. The next lower levels of loneliness were reported by those living with the spouse (Figure 43).

Understandably, Figure 44 shows the reverse order of these findings i.e. those living alone reported the lowest levels of adaptation to old age and those living in parent-child coresidence showed better adaptation to old age. Though the elderly living with assistance showed highest levels of adaptation to old age, in view of their small number (n=3), these results need to be considered with caution.

It was found earlier that the well-being of the sample elderly varied greatly by sex (see Table 124), where women consistently fared poor than men on the three measures used. Hence, a further analysis was done by taking a sex-wise distribution of the sample elderly in each type of the living arrangement, to see whether there were any variations observed in the three measures used by sex and type of living arrangements. The information is given in the following pages (Tables 126, 127 and 128). Also, the mediating effects of the marital status on both QoL and the types of living arrangements was looked into.

Table 126: Showing means and SDs of scores of the quality of life domains by sex and type of living arrangements of the sample elderly

Living Arrangement	Sex	N	Quality of life							
			Physical Health		Psychological Well being		Social Relationships		Environment	
			Mean	S.D	Mean	S.D	Mean	S.D	Mean	S.D
Parent-child coresidence	Male	78	14.51	3.06	15.68	2.79	13.66	3.30	16.31	2.52
	Female	78	13.32	2.96	15.15	2.85	12.68	3.12	15.47	2.85
	Total	156	13.91	3.06	15.41	2.82	13.17	3.24	15.89	2.72
Living with spouse	Male	31	15.41	3.26	16.06	2.44	14.45	3.48	16.74	2.63
	Female	26	15.12	2.70	16.33	2.14	15.23	2.90	17.33	2.55
	Total	57	15.28	2.99	16.19	2.29	14.81	3.22	17.01	2.59
Living alone	Male	3	16.57	0.57	17.33	1.15	15.11	2.04	17.83	0.76
	Female	6	11.43	1.62	13.67	1.62	11.11	3.12	16.08	3.73
	Total	9	13.14	2.89	14.89	2.31	12.44	3.33	16.67	3.10
Living with relatives	Male	6	15.71	2.36	15.78	1.17	13.56	3.52	16.50	2.19
	Female	12	14.14	3.56	15.11	3.29	11.67	4.07	14.54	2.86
	Total	18	14.67	3.23	15.33	2.74	12.30	3.90	15.19	2.76
Living with assistance	Male	2	14.29	0.81	14.00	0.00	14.00	2.83	18.50	0.00
	Female	1	10.29	0.00	16.67	0.00	9.33	0.00	16.50	0.00
	Total	3	12.95	2.38	14.89	1.54	12.44	3.36	17.83	1.15
Total	Male	120	14.85	3.05	15.80	2.60	13.90	3.31	16.51	2.50
	Female	123	13.66	3.03	15.33	2.75	13.02	3.37	15.81	2.92
	Total	243	14.25	3.09	15.56	2.68	13.45	3.36	16.15	2.73

First, the means of scores on the four domains of quality of life distributed by sex and living arrangements of the sample elderly were examined. On the whole, in all types of living arrangements for the four quality of life domains, men fared better than women, with a few exceptions. That is, women living with spouse only reported better psychological well-being, better social relationships and environment than men in the same type of living arrangement. On the other hand, elderly men who lived alone reported better physical health (mean=16.57, $SD=0.57$) and psychological well-being (mean=17.33, $SD=1.15$) compared to men and women in the other types of living arrangements. Elderly men living alone also reported better social relationships compared to men in all the other arrangements.

The means of scores of loneliness of the sample elderly who were distributed according to their sex and type of living arrangement were looked at in Table 127, to see whether levels of loneliness reported by men or women varied with the type of living arrangements they were in.

Table 127: Showing means and SDs of scores of loneliness by sex and types of living arrangements of the sample elderly

Living arrangement	Sex of respondent								
	Male			Female			Total		
	N	Mean	S D	n	Mean	S D	N	Mean	S D
Parent-child coresidence	78	42.8	8.6	78	46.1	9.2	156	44.5	9.0
Living with spouse	31	45.0	10.1	26	45.1	9.4	57	45.0	9.7
Living alone	3	50.3	7.0	6	53.3	8.7	9	52.3	7.9
Living with relatives	6	46.6	5.7	12	49.5	12.6	18	48.5	10.7
Living with assistance	2	48.0	8.4	1	41.0	0.0	3	45.6	7.2
Total	120	43.8	8.9	123	46.5	9.6	243	45.2	9.4

While women in the sample were lonelier (mean= 46.59, $SD= 9.6$) than men (mean= 43.88, $SD= 8.9$), even in the different types of living arrangements they continued to report being lonelier. Moreover, the experience of loneliness was greater among women when they were living alone, followed by living with relatives and in parent-child coresidence, in that order (see Table 127).

Similarly, as mentioned earlier, in terms of adaptation to old age, overall the elderly men expressed better levels of adaptation to old age than women. Now, the data was analyzed further to find out how the living arrangements by sex of the respondents made a difference. The results are shown in Table 128.

Table 128: Showing means and SDs of scores of adaptation to old age of the respondents by sex and type of living arrangement of the sample elderly

Type of living arrangement	Mean	Sex of respondent		Total
		Male	Female	
Parent-child coresidence	Mean	63.29	59.45	61.37
	S.D	9.44	9.21	9.49
	N	78	78	156
Living with spouse	Mean	63.19	64.58	63.82
	S.D	10.00	9.67	9.79
	N	31	26	57
Living alone	Mean	61.67	47.67	52.33
	S.D	15.50	9.81	13.01
	N	3	6	9
Living with relatives	Mean	64.5	54.5	57.83
	S.D	8.04	12.58	12.04
	N	6	12	18
Living with assistance	Mean	74.5	57	68.67
	S.D	0.71	0.00	10.12
	N	2	1	3
Total	Mean	63.48	59.46	61.44
	S.D	9.59	10.28	10.13
	N	120	123	243

As can be seen, elderly women living with spouse showed better adaptation to old age (mean= 64.58, $SD=9.6$) followed by those who were staying in parent-child coresidence (mean=59.45, $SD=9.2$), than those living in other living arrangements. Elderly men living with relatives showed better adaptation to old age (mean=64.5, $SD=8.04$). The next better group was the elderly men living in parent-child coresidence. Thus, parent-child coresidence though second in order, seemed to be a better living arrangement for both women and men, in terms of adaptation to old age. As mentioned earlier, in view of small number, the results of those who lived with assistance should be considered with caution.

An exploration of how the QoL & its related variables differed with the type of living arrangements due to the marital status revealed that married elderly living in parent-child coresidence and with spouse fared better in terms of the mean scores on the three measures used.

Next, an attempt was made to compare the means of adaptation to old age and three domains of quality of life (i.e. physical health, social relationships and environment) of the elderly living in different types of living arrangements to see whether there are any differences between the groups² (see Table 129).

Table 129: One-way analysis of variance summary table for the effect of types of living arrangement on the quality of life domains and adaptation to old age of the sample elderly

Measure		Sum of Squares	df	Mean Square	F	Sig.
<u>Adaptation to old age</u>	Between groups	1462.04	4	365.51	3.73	0.006
	Within groups	23355.85	238	98.13		
	Total	24817.89	242			
<u>Quality of life</u>						
Physical health	Between groups	97.28	4	24.32	2.62	0.036
	Within groups	2209.64	238	9.28		
	Total	2306.92	242			
Social relationships	Between groups	153.20	4	38.30	3.54	0.008
	Within groups	2577.48	238	10.83		
	Total	2730.68	242			
Environment	Between groups	79.83	4	19.96	2.75	0.029
	Within groups	1729.13	238	7.27		
	Total	1808.96	242			

A one way between the groups ANOVA was used to test whether the living arrangements made a difference to the quality of life of the elderly and adaptation to old age. As can be seen from Table 129, the level of adaptation to old age ($F(4,238) = 3.73; p < 0.006$), physical health ($F(4,238) = 2.62; p < 0.03$), social relationships ($F(4,238) = 3.54; p < 0.008$), and environment ($F(4, 238) = 2.75; p < 0.029$) were different for the elderly living in different living arrangements.

² The variables psychological well-being and loneliness were not included because of the skewed distribution and small number of the variables respectively.

The Leven's test for homogeneity of variance for the 4 dependent variables was not significant indicating that the population variances for the groups were approximately equal (see Table 130).

Table 130: Test of Homogeneity of Variances of the measures used in the study

Measure	Levene Statistic	df1	df2	Sig.
<u>Quality of life</u>				
Physical health	0.236	4	238	0.918
Social Relationships	0.224	4	238	0.925
Environment	0.658	4	238	0.621
<u>Adaptation to Old age</u>	1.015	4	238	0.400

Table 131: Showing means and SDs of scores of quality of life domains and adaptation to old age by type of living arrangement of the elderly

Score	Type of LA	N	Mean	S.D
<u>Quality of life</u>				
Physical health	Parent-child coresidence	156	13.91 ^b	3.06
	Living with spouse	57	15.28 ^b	2.99
	Living alone	9	13.14	2.89
	Living with relatives	18	14.67	3.23
	Living with assistance	3	12.95	2.38
	Total	243	14.25	3.09
Social relationships	Parent-child coresidence	156	13.17 ^c	3.24
	Living with spouse	57	14.81 ^{c,d}	3.22
	Living alone	9	12.44	3.33
	Living with relatives	18	12.30 ^d	3.90
	Living with assistance	3	12.44	3.36
	Total	243	13.45	3.36
Environment	Parent-child coresidence	156	15.89	2.72
	Living with spouse	57	17.01	2.59
	Living alone	9	16.67	3.10
	Living with relatives	18	15.19	2.76
	Living with assistance	3	17.83	1.15
	Total	243	16.15	2.73
<u>Adaptation to old age score</u>	Parent-child coresidence	156	61.37	9.49
	Living with spouse	57	63.82 ^a	9.79
	Living alone	9	52.33 ^a	13.01
	Living with relatives	18	57.83	12.04
	Living with assistance	3	68.67	10.12
	Total	243	61.44	10.13

Note. Means in the column with similar superscripts indicate that they are significantly different from each other.

Data was further analyzed to see where the significant differences lie if the respondents were different on these variables according to the living arrangements they were in. Table 131 gives the data based on Tukey's HSD.

The findings of the table are summarized as under:

- a. In terms of physical health, those elderly living with spouse were better off than those living in parent-child coresidence.
- b. In the area of social relationships, elderly who were living with spouse could maintain better social networks compared to those living either in parent-child coresidence or with relatives.
- c. In terms of adaptation to old age, elderly who were living with spouse were better as compared to those living alone.

In summary it can be concluded based on the findings from the sample that living with spouse followed by living in parent-child coresidence were found to be better in terms of quality of life -especially the physical well-being, social networks and adaptation to later life among the elderly.

Section II

Case Studies

In this chapter the case studies of 9 respondents are presented, mainly to know about their transitions to other types of living arrangements in the past three decades, their perceptions about their current living arrangements, what changes they would like in their arrangement in the next few years to improve them, and about the living arrangement of their preference. Of those who were interviewed there were 3 women and 6 men in the age-range of 60- 84 years. They were drawn from all income groups. The details about their marital status, religion, living arrangement etc. are given in Table 132. The mean scores for the total sample elderly on each of the measures used are also given in Table 133 for purposes of reference.

Table 132: Details of the respondents for whom case studies are done

S. No.	Name*	Sex	Age	Marital Status	Family Income p.m. (Rs.)	Religion	Living Arrangement
1	Janice	F	69	Unmarried	35000	Christian	With Relative
2	Hussein	M	79	Married	3000-5000	Islam	With Spouse
3	Mahesh	M	60	Separated	80000	Hindu	With Assistance
4	Karishma	F	67	Unmarried	60000	Hindu	With Relative
5	Sarita	F	67	Widow	600	Hindu	Lives Alone
6	Kumar	M	84	Unmarried	23000	Hindu	With Relative
7	Jeevan	M	69	Married	10000	Hindu	With Spouse
8	Hamid	M	81	Married	10000	Islam	With Married Sons
9	Krishnakant	M	79	Married	20000	Hindu	With Spouse

*The names of the respondents have been changed to maintain confidentiality.

Table 133: Index of the mean and SD's scores of the measures for the total sample

Measures	Mean score for sample	S.D
<u>QOL Domains</u>		
Physical Health	14.25	3.09
Psychological Well-being	15.56	2.68
Social Relationships	13.50	3.36
Environment	15.90	2.98
<u>Loneliness</u>	45.25	9.39
<u>Adaptation to Old Age</u>	61.40	10.13

1. Having a choice about where to live: Being grounded and 'in control'

Janice is a 69 year old, unmarried, Catholic Christian woman. She used to work as a private secretary to an executive in a firm and was in that job for 30 years. For the last 6 years she was living along with her younger brother aged 61 years. The place of origin of her family was Goa but she was born and brought up in Vadodara. They were staying in a two-storied, six-roomed house that was jointly owned by three siblings (including Janice).

The source of her income was interest earned on her past savings (Rs 17000 p.m.), a pension of her brother (Rs 10000 p.m.) who was contributing to running the household, and rent (Rs 8000 p.m.) accrued through a paying guest accommodation that she provided. They had a hired help to attend to the household chores. A gardener came fortnightly for trimming the lawn and to take care of the plants. According to her, their family values were based on living together in a harmonious manner, at the same time giving space and freedom for family members. In the family, decisions were made by the elders taking into consideration the views of all the members in the family.

At the time of the interview she appeared well- groomed sported a bob-cut, wore a simple cotton dress and exuded grace & contentment. Amid the tall apartments that formed a stiletto in the backdrop, was their house- a peaceful and slumbering villa with a neat garden. It was a goan style structure with 2 floors (approximately 3 bedrooms, 2 halls, study room and a kitchen) and was a well-lighted, ventilated place. She expressed pride about her house and the neighborhood which was one of the well-to-do and well connected localities in the city. She was living in the same house for the last 50 years, from when her family started living there in the 1960's. She expressed-

“I am lucky to continue to live in my familiar surroundings for over half a century and now if you ask me to close my eyes and go about my work in this home, I will be able to do so effortlessly. This home and its premises mean a lot to me”.

This shows her attachment to the house. She was maintaining the up keep of the house and the garden. She retained the setting of the house like it was when her parents were around. Being the oldest among the siblings, she had already decided that she would spend the rest of her life in the house and a decision was taken that till she was alive, the property should not be sold. And later it was up to her siblings, nephew and niece to make a decision.

Janice's father, paternal uncles, and aunts lived in this house during 1960's as a joint family. Most of her close relatives who lived at this house went to UK and the US during the past 20 years and settled there. Her parents and older relatives passed away during the past 10 years. Eventually, since the last 6 years she and her brother were staying together and she said that she was fine with this living arrangement as her brother was unmarried and there was no need for her to adjust with anyone. She also felt that as both of them were growing old they would need each other's help and support.

Her daily routine was fixed as far as the household work was concerned, and with regard to timings for food and sleeping. Praying at home or at church was an important part of her daily routine which helped her feel relaxed. She and her brother went regularly to the church, for shopping, get togethers, movies and kitty parties, and also entertained friends at their place. Further, they interacted regularly with their paying guests. She took moderate amount of nutritious food, perceived herself as active and healthy and looked much younger to her age. She did not have any diagnosed illness common during old age and was not on any medication. In case she had any seasonal illness, she visited the doctor promptly. Her brother too was health conscious like her, and often encouraged her to take morning walks. She accepted the changes that come with age and felt fortunate to have better health than many others she knew. Hence, the living arrangement that she was in allowed her to take care of herself as she had her brother's support (see Figure 45).

Janice was always engaged with the here and now of life. Even while working, she gave her best to the job and she was appreciated for it. However, she consciously chose not to be in touch with the colleagues of the firm where she worked, so that she can detach herself completely from that phase of her life. She did not marry because she could not find the right person, had no regrets about it and accepted it as 'God's wish'. She was financially independent, was taking a few decisions on her own, and others in consultation with her brother. Besides her brother who was staying with her at time of the study, she was in regular touch with her other sibling and relatives staying abroad, who were a source of emotional support to her. Being a working woman and a goan Christian, she was from a culture where meeting friends and going out for common gatherings was an accepted norm. She and her brother had common friends whom they met regularly. They also believed in enjoying life so they went out just for the purpose of entertainment. She valued her social life that made her feel connected with friends and other people and had affectionate relationships and attachment bonds with her nephew and niece who lived abroad. When they visited her she spent memorable times with them, the memories of which she cherished.

The needs of social integration, intimacy and continuity presumably provided by the marital relationships, generally unavailable to the unmarried singles seemed to have been met by Janice outside of marriage. Establishing and maintaining relationships that provided for the fulfillment of these needs appeared possible for her due to the availability of required resources i.e. mobility, motivation and income. In the current living arrangement she showed adequate adjustment to herself and her world. When asked what she would want to change about her living arrangement if she were given a chance to do so, she said that she did not want any change and would like to stay the way she was at the time of the interview. However, she sounded happy while she revealed that her niece would be coming to India in December 2011 to settle and would be living with them. She said it was a well discussed and thought out decision and her niece would also be financially contributing to run the household. Janice was categorical in saying that till she was alive, the house would be run according to her decisions which had to be accepted by her niece. She was hopeful that once her niece joined them, there would be a young person about the house who might take care of her during her old age. Janice further wished that the entry of the niece might change things for better for her and her brother.

In her words about her niece joining to live with them,

“She would bring in good aspects (like someone to talk to, spend time with, help around the home) to the way we are living now; this is what we are looking forward to”

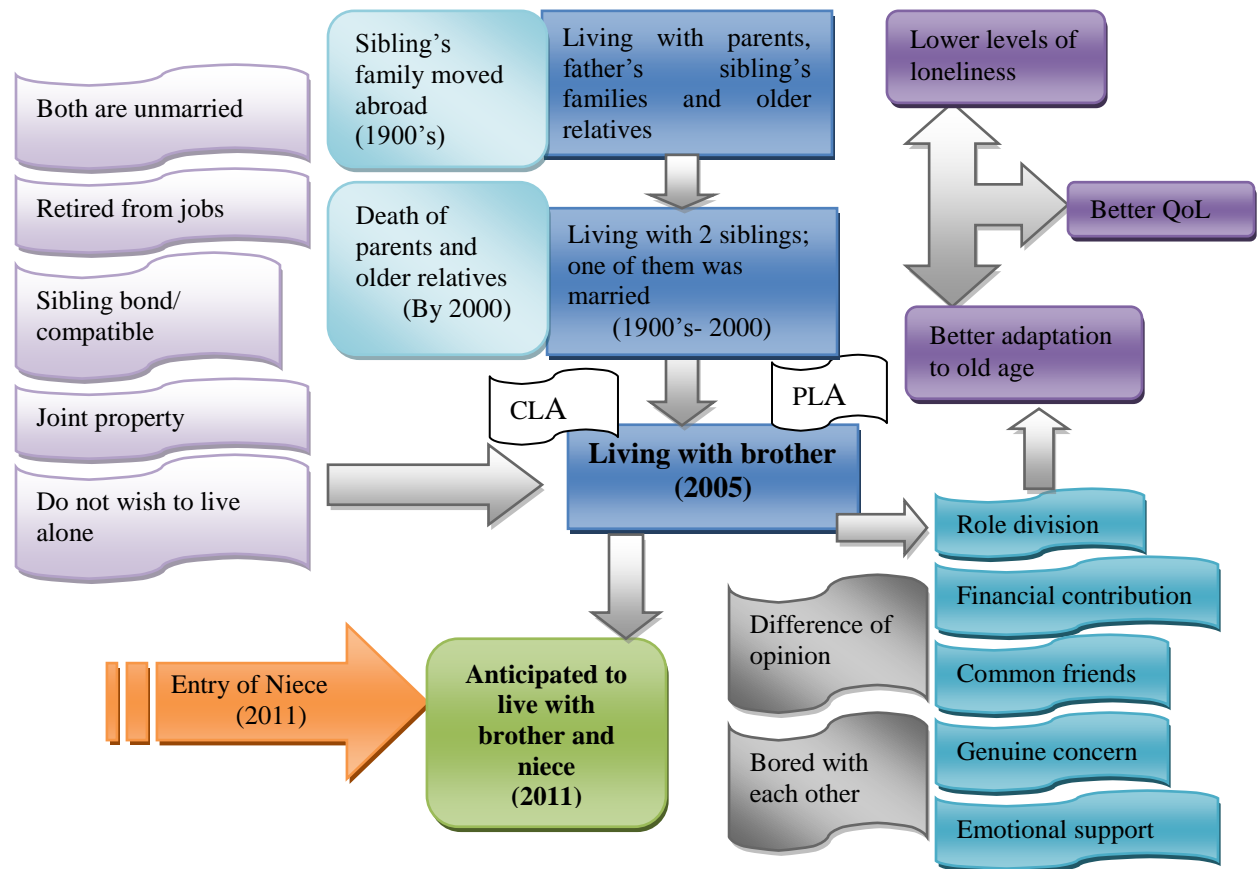
At the same time she was also apprehensive whether she and her brother would be able to adjust well with their niece. If they were unable to adjust, she says her niece might have to move out. However, she added that as her niece was good natured, she hoped that such a situation would never arise. Thus, the mixed feelings expressed by her in this regard.

As the data reveals, Janice experienced lower levels of loneliness (mean loneliness score of 25 as against 45.25 for the total sample) and showed higher adaptation to old age (79 as against 61.44 for the sample). She seemed to be in fairly good physical health with higher levels of psychological well-being (15.4 and 17.3 as against 14.25 and 15.56 respectively of the sample) and also had better social relationships and environment (17.3 and 18 as against 13.5 and 15.9 respectively of the sample).

The common factors which appeared to have affected the quality of life domains in significant ways in the context of her current living arrangement could be listed as financial security, health, age, the desire to age in place, maintaining bonding with family for emotional support, social support network, moderate family values, religious faith, and a balance between autonomy and dependence. Other qualities that she appeared to possess such as decision making skills, ability to accept change, preparation to adapt, being a good house manager, and having a positive outlook towards life also seemed to have facilitated her living arrangement, quality of life and its related variables to be maintained, and also improved.

Viewing her life from the life-span approach it appeared that she was able to handle well the life events of remaining unmarried, retirement, bereavement due to loss of parents and other relatives, the moving out of her family members etc. Her assessment was that her life in the current living arrangement had been worthwhile as she was able to maintain her integrity, generativity and self-esteem.

Figure 45: Factors that led to the current living arrangement, and its effect on the quality of life.



Note. CLA- Current living arrangement; PLA- Preferential living arrangements

2. Facing isolation and ‘fading away’ in old age

Hussein is a 79 year old, Muslim Pathan. He is married and is a native of Vadodara. He has 5 children- 2 sons and 3 daughters. He worked at Sarabhai Chemicals till he was laid off in the 1990’s when the company closed down, and did not work after that. He did not earn any pension and his only source of income was Rs 3000 -5000 sent every few months by his older son who was staying in Africa, while, his younger son who lived separately in the same locality had been sending them daily, a simple breakfast, lunch and dinner. He spent most of his time at home and till he was 65 years he wrote poems and drew pictures but lost interest in it thereafter. The family values that he held were based on Islam according to which, family was a vital unit and family members were expected to support one another. Currently, he and his wife were living together and they did not avail of any hired help. They were in this living arrangement for a long time. However, with the advancing age and failing health, he wished that one of his adult children would ask him and his wife to move in with them.

At the time of the interview Hussein was dressed in a once white but now grey *Pathan* style kurta and pants. He was moderately groomed and was seated in a chair at the entrance doorway to his house that opened directly into the street. He looked weak and his movements were slow. He was observing and sometimes greeting the people who went by his house. He lived in a crowded locality in a small two-room and a kitchen house owned by him. The house was ill kempt, poorly lighted and not properly ventilated. In his words, “the locality is unhygienic, my house is empty and gloomy, and outside of it there is life”. There was a bed in one corner of the room and the house did not have any gadgets or furniture. A portion of the front room in the house was converted into an office and being used during the day by his younger son, who was a practicing lawyer.

Hussein was eager to talk about his life and narrated the life events in the past three decades that led to his current living arrangement. His three daughters were married and lived at Surat. In 1991 when he was about 60 years old and just laid off at work, both his sons who were married by then wished to live separately in a nearby place in Vadodara. The reasons were lack of space, and the sons' desire to be on their own. Later in 1999, his eldest son moved to Africa to work there. His younger son who studied law started his practice from a room in the house where Hussein resided. Culturally among the followers of Islam, the parents stayed with the youngest son in their old age, but Hussein realized that times were changing. As he and his wife were physically healthy and did not want to force themselves upon their children, he agreed to live apart but he was becoming increasingly uncomfortable about it emotionally.

His daily routine for the past few years was restricted to the house and the neighborhood as his mobility was affected both by poor finances and ill health. He reported feeling bored during the day and felt the need to do something to avoid boredom. Most of his friends had passed away, thus eroding his social network at this point in life. As regards his children, he said that his daughters were well settled and he neither expected anything from them nor was expected to give them anything. His regret was that his sons moved away when they became independent and he was unable to stay with them when he needed their support in more than one ways during old age. His grandchildren who used to visit him earlier gradually stopped coming to meet him as they grew older and got busy with school and friends. Hence, he did not feel any obligation towards his sons' and grandchildren. Even if he felt that way, there were no opportunities for him to do something for them.

Talking about his wife, he said that he did not get any emotional support from her as she was much younger to him. She maintained distance due to respect, and they did not have anything common to talk about. His wife looked after him, but she spent most of the time during the day in chatting with neighbors. He did worry about his wife as to how she would live after him.

As he was growing older his health problems had increased and in the past few years he was falling ill quite often and could not afford to go to the doctor. For him, this living arrangement did not meet his requirements for support during advancing age.

According to him:

“Being old meant that a person is by himself and no one is bothered about his feelings. The younger generation must understand that a day will come when they might no longer feel self-important and egoistic”.

He did feel proud to be able to live to the age of almost 80 years but, at the same time wished that he would leave the world soon. He sounded as if he was waiting to pass on to the other world. He said,

“I have no more pending transactions with anyone in this world in terms of emotions or money. I am here as long as God wants me to be”.

This expression indicated that due to the current living arrangement and other reasons, there were no roles for him to take up and that he carried no importance or relevance to his children's life. Possibly, due to the conservative family values that he held, he did not see his current living arrangement as offering him freedom and autonomy. Instead, he wanted to be part of a family, be involved, appreciated and his feelings reciprocated. He was an extrovert but had no one to talk to. He acknowledged that his son took care of his daily food needs, but he wanted his children to be more concerned about him than they currently were, and these preoccupations were barriers for his acceptance of his current situation. Overall, he did not find much meaning in life to make him happy.

Keeping this in mind, when asked that given a chance would he want to make any changes in his current living arrangement, he said that he would like to move in with his younger son. The reasons given were: he was feeling increasingly lonely and he wanted his family to be around him and saw it as a source of emotional support in old age. As he was very old, he needed physical support in day to day life. For example, to go to the doctor, to run small errands etc. He also had poor financial resources as he did not have any past savings or a steady source of income. As a result, meeting small needs of his wife, himself, and maintaining the house was becoming increasingly difficult. Though he very much wanted to live with his son, he was unable to negotiate about this with him, as they did not communicate much.

Obviously, as could be seen from the above narrative, in his current living arrangement Hussein reported higher levels of loneliness (mean score of 49 as against 45.2 for the total sample) and showed very poor adaptation to old age (45 as against 61.44 for the total sample). In terms of his quality of life dimensions, he had poor physical health and experienced low levels of psychological well-being (12.5 and 12.6 as against 14.25 and 15.56 for the sample respectively) and also had poor social relationships (10.6 as against 13.5 for the total sample) & poor environment (12.5 as against 15.9 for the sample).

This case study highlights the changing family values that led to Hussein's son living separately. With advancing age, the changes in the circumstances that took place in his life in the current living arrangement made him vulnerable to feelings of loneliness. Along with poor health and advancing age, he was also experiencing a sense of emotional alienation. This involved a sense of loss and longing for a close attachment with someone who was accessible and will reciprocate his feelings, in this case, with his younger son's family. However, he was not able to fulfill it as there was not much communication with the son, nor was the son sensitive to his father's emotional needs. Also, the other type of loneliness which he seemed to experience in the living arrangement was social isolation or "social loneliness" (Cockrum & White, 1985; Weiss, 1981). The narration of his life highlights the importance of family / social support and how they would affect the quality of life of the elderly.

3. Where I live: Autonomy, chaos, and sometimes ‘in denial’

Mahesh is a 60 year old Hindu Brahmin. He had two children- a son and a daughter. The proceedings for divorce from his wife were going on since 6 months at the time of the interview. He was the owner and an employee of a business group which dealt with the manufacture of zips and hooks for hosiery. He earned an income of Rs 80,000 per month and also received other allowances and perks that the company provided for its employees. He travelled in India and abroad in connection with his business and for personal purposes. He was a member at upper echelon clubs and gymkhanas in Vadodara, Delhi, Hyderabad and Mumbai. He lived in a quiet, affluent residential locality in the Vadodara. He was not a native of Vadodara but had settled in the city for more than 30 years.

According to him, he came from a family whose values are based on individualism, privacy and independence. There was no compulsion on the part of the family members to stay together as a family unit or be interdependent at all times. He described his wife as a very independent person. She was financially and emotionally supported by her maternal family. Due to their socio economic status, the family was used to a lifestyle of having a large circle of friends, visiting clubs, and attending parties. According to him, he had been living away from his wife since the year 2000 due to marital differences. Since 2008, he was living with the assistance of a full-time hired help (Male, 24 year old, unmarried) who stayed in the same house. He was paid a monthly wage of Rs 7500 for his services. Mahesh also had a car driver who came every day and a gardener who came fortnightly to take care of the mini-garden located in the balcony.

On the day of the interview, he appeared well groomed, in formals and was smoking a cigarette. His house comprised of three bedrooms, hall, kitchen, study and a spacious balcony. There were two large book cabinets and expensive furniture in the living room and many paintings adorned the walls. The place was well kept, well lighted and air conditioned. The facilities in his house reflected his affluence.

Mahesh reported the following shifts in his living arrangements during the past 3 decades, which led to the current living arrangement. They were as follows- He was living with his wife and two children till the year 2000. His wife who was from Kolkata decided that she would like to be among her social circle and went back to her home town soon after their children completed school and entered college in Vadodara. Mahesh and his wife used to visit each other a few times in a year. According to Mahesh, it was a mutual decision and both were fine with it for some time, but later it lead to conflicts in their marital life. He continued to live only with his children till the year 2006 with the hired help of a maid and a cook. His son and daughter completed studies while living with him in Vadodara. Later, he supported his daughter to go abroad, while his son joined the family business. Over the next few years both his children got married. His daughter, who married in 2008 got divorced in a year and remarried a German and decided to settle in Germany. His son got married in the year 2006 and continued to live with Mahesh till 2008. In 2008, he approached Mahesh saying that his wife desired for privacy and was unable to get along with Mahesh due to his rigid and stubborn ways of interfering in the running of the household. In short, they wanted to move out and live separately in Vadodara. Mahesh felt that his son shifted emotionally to his mother's side and hence wished to move out from his house by giving some excuse. That was when he made the arrangements for someone who could manage his household full-time.

A critical step Mahesh has taken when he was 23 years old had a ramification on the events later in his life, in relation to his living arrangement. His wife was pregnant at that time with their first child, and he entered into a relationship with one Rita. When confronted by Rita's family about his intentions of this act, he chose to be with his wife and moved on with his life. Again in the year 2002, by chance he met Rita in Vadodara and they started seeing each other. In the year 2008 when his wife stopped visiting him Rita started cohabiting with him. In the year 2010, his affair with her came to be known to his family. Then he decided to convey his decision to live with Rita to his family, but she packed up and left him. According to him, this was an act of revenge taken by Rita against him for deserting her when she was young and trusted him.

At that time he was angry towards Rita and sympathetic towards his wife. He gave away some property and expensive paintings to his wife due to his feelings of guilt. His social circle consisting of common friends also sympathized with his wife and avoided him. However, in September 2011 his wife filed for divorce against him and the process was underway. His son continued to keep in touch with him, though according to Mahesh, emotionally he took the side of his mother. He was feeling that people close to him distanced themselves from him suddenly, one after the other. This had disturbed his otherwise peaceful life and he was forced to continue to live with assistance.

In his current living arrangement, the positive aspects were that the hired help managed everything at the house right from cleaning, dusting, shopping for grocery, and cooking food to running errands like paying bills and accompanying the respondent for walks. He was able to trust the hired help, but consciously maintained a distance from him. Mahesh also perceived some downsides in his current living arrangement that seem to affect his well-being. He was suffering from health issues such as limb impairment caused due to an accident, ailments like heart problem and blood pressure. He had to take care of his medication and visited the doctor for regular checkups on his own. According to him, though he was advised by the doctor to refrain from smoking and consumption of alcohol, he was unable to do so as there was no one to monitor. He said that when his wife or Rita were with him, they had a busy social life and they met common friends regularly or invited them over to their house. However, he found it meaningless to do it now as he was living alone with assistance. To make up for this, he opened accounts in various social networking sites in order to make new friends with open minded women and spent ample time during the night on the same.

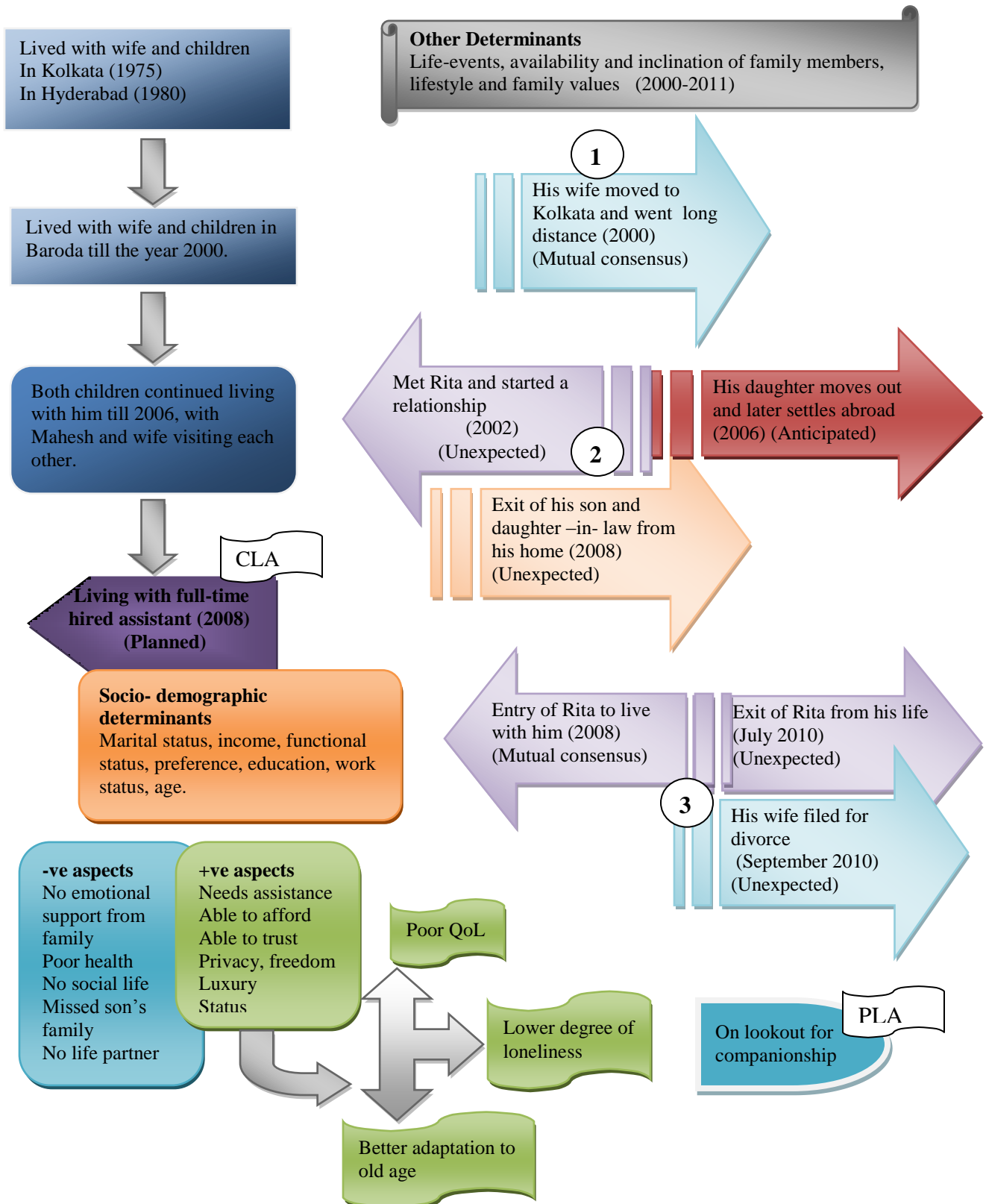
He expressed that though living with assistance was convenient for him, his first preference would be to live with his son's family so that he had people to talk to, to take care of him, and he looked forward to spending time with his grandchildren. As it was no longer possible that his son would stay with him, he had reluctantly accepted the reality and took up the next better alternative. When asked if he would like to make any changes in his current living arrangement during the next few years, he conveyed that he was on the lookout for a sophisticated woman who would agree to live with him as a companion.

This case study reflected how socio-demographic factors such as marital status, income, education, the availability & inclination of children, life events, health, changes in lifestyle and the family values, might determine the living arrangements of an elderly person. Therefore, upkeep of tradition or the choice for a living arrangement does not rest entirely with the elderly. It also showed that though the elderly could improve some aspects of their living arrangements provided they had the required financial and emotional resources, while some other changes that they would want to have in their arrangement might not happen, as they were not under the control of the elderly. The Figure 46 shows the factors and life events that led to changes in the living arrangements of Mahesh, and how they affected his quality of life and its related variables.

Mahesh scored low on the 3 quality of life domains of physical health (13.71 as against 14.25), psychological well-being (14 as against 15.56 for the sample) and social relationships (12 as against 13.5 for the total sample) compared to the mean scores for the total sample. This might have to be attributed in part to the sudden changes in the living arrangements due to the life events such as son moving out, rejection by lover and legal separation from wife, one after the other.

It would generally be expected that if his QoL was poor (except for the environment domain), he might also be suffering from loneliness and showing a poor adaptation to old age. On the contrary, he experienced only a slightly low level of loneliness (42 as against 45.25 for the total sample) and showed a higher adaptation to old age (74 as against 61.44 for total sample). This might be owing to his still active lifestyle (he was attending work), the daily/weekly visits by his son and the frequent telephonic conversations with his daughter, the assistance he received by being in this living arrangement, and his financial independence. It might also be that he was in denial, as he did not accept that these changes in his life took place because of his actions.

Figure 46: Factors and life events which have led to shifts in the living arrangements and had an effect on the respondent's quality of life



4. Reassessing where I live: New innings

Karishma is a 67 year old, Hindu Brahmin unmarried woman. At the time of the study, she was practicing as a notary advocate from a small office at her house. She lived in a 3 storied house having more than 6 rooms that was jointly owned by four siblings including her. She earned around Rs 10000 per month and was not expected to contribute financially in running the household. She had been living with her older brother and sister-in-law for the past 35 years. They have a domestic help who took care of household chores.

Her white sari, kohl lined eyes, lips stained with chewing of pan and her long plaited hair was what caught the eye at the first glance of Karishma. She had a frown on her face and she hardly smiled during the interview. She introduced herself as the daughter of a late renowned lawyer in Vadodara during the 1970's and 1980's. She appeared serious, self-important and was easily irritated during the initial part of the interview. As the interview progressed, she relaxed and was able to share about her life and her experiences of old age. She was a native of Vadodara and had always lived in the same three storied house that was built by her parents. The house was located just off the Fatehgunj main road in the Vadodara city. The house was old, poorly furnished and moderately maintained. The ventilation was also moderate as all the windows were kept closed and the rooms looked dusty. There were gadgets like television, washing machine and microwave which looked old and poorly maintained.

She reflected on the factors that led to her current living arrangement. She and her elder brother were inspired by her father to become advocates and went on to pursue law. She completed LLB and started practice as a Notary. Her older brother completed MLLM and was having a successful practice as an advocate in the Vadodara district court and married a doctor who was a private practitioner having a clinic of her own. Karishma's two younger brothers shifted to Ahmedabad for their employment and settled there. Her parents passed away in the 1900's.

Though some marriage proposals came for Karishma, none of them worked out. By her 30's she resigned to her fate and accepted that she would not get married, and continued to live with her older brother in the family house. Her elder brother had two daughters. Both of them were children with special needs having medical conditions and needing constant care. As her brother and sister-in-law were at the peak of their careers and were unable to give time for the care of the children, Karishma voluntarily gave up her notary practice to look after the needs of the two children. She was of the opinion that those were the best years of her life. She developed a deep attachment with her two nieces, and their failing health constantly required her to play the caregiver role. For the next 15 years of her life she was occupied with taking care of the two children. According to her, though they were not her own children she felt that she has done her best for them with selflessness. Sadly, 10 years ago, both the children passed away one after the other, succumbing to their medical conditions. This left a vacuum in her life that had turned her sour and irritable. The bereavement continued for two years and she was lonely at the home during the day while her brother and sister-in-law went out to attend their work.

She was not happy with the living arrangement she was in. It was then that she made a decision to resume the notary practice, to keep her day occupied. As she was not in touch with the outside world and being away from practice for a long time, she was also not willing to leave the comfort of her house and work at the court premises. Hence, for the past 8 years she started practicing as a notary between 2 pm to 4 pm every day in the front room of the house that was converted into an office. It was also the time when the house-maid would be around so that Karishma was not alone. She said that her brother and relatives had helped her plan such a routine to keep her engaged in useful work.

Talking about her daily routine in the current living arrangement she said that on working days her brother and sister-in-law would go out at 10 am and returned home only after 8 pm and they had a day off on Sundays. So on week days from morning to 2 pm and from 4 pm till 8 pm she was alone at the home, and did not have much to do. During this period she was attending to household chores like filling water, putting clothes in the washing machine, making her bed etc. to pass time.

According to her, by the evening when her brother and sister-in-law came home, it was ‘just three old people’ in the house.

She expresses the monotony by saying,

“We would have a simple dinner and then we go to our separate rooms and sit in front of the television. We do not have common topics to talk and they are already tired and want to sleep.”

She had minor health problems like fatigue and weakness because she was mostly home bound. She had no friends’ circle to meet with. She went out occasionally, only when her younger brothers’ children came over to Vadodara. However, during the past few years Karishma had renewed her ties with her other brothers’ families who lived in Ahmedabad, interacted with the youth in the locality and started meeting some of her close acquaintances. She had also attended a few social functions of close relatives. She was attached to one of her younger brothers and his children and visited them often. They asked her to move to Ahmedabad, but she felt that it was not possible as she had her roots in Vadodara. Hence, she requested them to visit her often so that they can spend time together. Being with young people made her feel active and energetic. But she was of the opinion that these experiences with the youth were not always positive, as they slowly started to become dependent on her.

Over the interview, she shed her seriousness and narrated that situations in her life have improved in the past few years, despite the tragedies she had faced. She acknowledged that with the help of her family, she tried to make choices to improve her life in the current living arrangement. She said,

“Though I might not have welcomed changes and have complained about how my life has been, I have made efforts to make it bearable and maybe better. Not being married or having to live with your sibling’s family is not as bad a situation as I made it out to be a decade ago. It is a matter of maturity to realize that one can keep making efforts/choices so that life suits you! Time and a caring family have played an equally important role in adjusting to my living arrangement”.

Karishma's current living arrangement had some advantages in it for her such as she had security and protection by staying with her older brothers' family, could age in place, she was able to work, had financial security, and engaged in activities of her choice. On the other hand, her family was not able to spend quality time with her. There were times when she was lonely. Once her brother and sister-in-law took retirement, they would stay at home. However, she was not sure yet whether she would like that change i.e. to spending the whole day with two other older people besides herself. Karishma was a lonely woman (score 54 as against 45.2 for the total sample), with slightly low levels of physical health and psychological well-being (13.1 and 14 as against 14.25 and 15.56 respectively). As evident from her narrative, her adaptation to old age (57.83) was slightly poor than that of the total sample (61.44).

Though it was generally believed that those who were both aged and unmarried might be doubly vulnerable for isolation, family life was presumed to provide opportunities for interaction with others. Karishma's life brings out the importance of family relations and support available in the living arrangements in the lives of never married women. As can be seen, she had slightly better social relationships and environment (14.6 and 14.6 as against 13.5 and 15.9 respectively). Talking about her preferences and the changes she would want to make in her living arrangement, she did not prefer to move to Ahmedabad as she did not want to leave her house and native place, and felt she could not live alone. In a way, the case study showcases the dilemma faced by unmarried women, who have few options in terms of the living arrangements, and the life circumstances in which they were situated in during old age.

5. Living in fear, hostility- and isolation.

Sarita *ben* is a 67 year old Hindu widow, belonging to the Chauhan caste. She and her husband migrated to Vadodara 35 years ago and started living in a slum settlement. She had been working as a domestic help in a household and earned Rs 600 p.m. She had two sons who were both married. She lived in the verandah of a house owned by her which was a cramped, ill kept poorly ventilated place. She had very few belongings and there was no furniture except an old iron bed.

She shared about the changes that took place in her life, and the factors that led to her current living arrangement. Her husband built a small 3 roomed semi pucca house on an encroached land in a slum. She, her husband, and both the married sons were staying together in that house in order to save the expenses on rent and boarding. At that time, she and her husband were solely involved in the decision making and the family treated them well. After her husband's death in 2005, for the next two years she lived amicably with her married sons and the sons' did not show any signs of disrespect toward her. She had her space and belongings, and her needs were catered to with respect. However, after the year 2008 she saw a gradual change in her sons' behavior - they became selfish and money minded. The change in their behavior started with the demand to register the house in their name, and after her refusal to do so they became hostile towards her. The data on Sarita ben was indicative of how in poorer environments the children might want to take hold of anything of value- land/ money/ gold possessed by the parent. According to her, during the past 3 years, her family members neglected, abused and tried to force her out of the house. She says

“I am their mother. They do not want me in the home that belongs to me; they bully me every day; they wish to abandon me and don't seem to care that I have nowhere to go. My family is against me for the small property. I fear my children's wrath. No one is trying to stop this injustice and who would support me? I feel helpless”.

There was also an instance when her elder son hit her, threw all her belongings on the street and told her to leave the house. This forced her to file an FIR in order to protect herself. Basing on it, the son was arrested. However, she took back the complaint later as she did not want her son to be in trouble. When he was released from custody, he fought with her and all her belongings were dumped by him in the small verandah in the front portion of the house, while her younger son looked on in silence. For her sons, their old mother holding on to the property and asking them to leave when they did not treat her with basic respect seemed like greed and control.

According to Lang and Shutze (2002), older parents' satisfaction with life improved when children expressed affection and gave emotional support. In Sarita *ben's* case, the attitude and the behavior of her children did not seem to contribute to her emotional needs. She said that she had no support whatsoever from her sons and even in old age she had to work to fulfill her basic and health care needs. She further expressed that her sons did not reciprocate for what she has done for them. Studies (for e.g. Kim & Kim, 2003) indicated that the elderly as well as younger generations put more value on two way intergenerational relations based on mutual care and assistance, rather than simply following the traditional norm of filial responsibility. Hence, she expected her sons to be grateful to her as she brought them up against all odds, and provide her with minimum comfort during old age.

After her son dumped her belongings in the verandah and warned her not to enter the house, she put up a small stove, arranged the belongings that she possessed --a few utensils, a small bed, a tattered mattress and some clothes and started cooking for herself. From then on she considered herself as living alone. In her own words,

“Yes, I live alone. They treat me as if as I am invisible, they avoid me. They do not seem to realize, even now, that their actions are wrong”.

She would start her day early as she had to prepare and eat breakfast before she left home at 7:30 am to work as a domestic help. By the time she returned at 2 pm, she felt very hungry and would directly start cooking the lunch. After the late lunch she generally took a nap and at 4 pm every day she visited her friend who lived nearby, to chit chat. She would buy her provisions daily as she could not store them at home. She often worried that her belongings would be tampered with or thrown away by her sons/ daughters-in-law when she was away at work. She had put a small barricade of cardboards against her bed and belongings. The anxiety and insecurity shown in her eyes was a testimony to her lone struggle during old age. For the past 3 years her strained relationship with her family was continuing and she felt that since the past 6 months this chronic stress has affected her physically and emotionally.

At home, there was no privacy as she stayed in the entrance to the house; she was generally not allowed to enter the other rooms in the house and to use the toilet frequently. She bathed once in a few days as she was denied daily access to the bathroom. She avoided spending time at home as her sons and daughters-in-laws sought opportunities to humiliate, or provoke her. Also, she had poor health, faced financial constraints, lacked emotional support and with increasing age she felt her condition would worsen. These factors might be cumulatively responsible for her poor well-being, feeling of loneliness and poor adaptation to old age in the current living arrangement.

According to her, the reasons for continuing to stay in the current living arrangement were: she had the right to the house, she was attached to the house and its premises, her source of livelihood was in the neighborhood, and finally, she was unwilling to stay with relatives. Also, being a widow and old she had a feeling that the house was the only shelter and future security for her. Her paternal relatives asked her to move in with them, but she felt there was still time for that. Only after she became very old and is unable to live without support she would move in with her relatives at the village. Meaning that once she made an exit, there was no possibility for her to return and saw it as her final living arrangement. She added that she would carry all her vessels & belongings with her and not a single paisa would be given to her sons' families.

Her remarks were indicative of her resolve not to do anything more for her children. It also showed how her attitude in old age changed in a bitter way due to the ill-treatment by the sons. The pain she experienced was expressed in the form of tears during the interview. Her preferential living arrangement was staying at a government old age home (free of cost services) and she was on the lookout for such a facility because,

“Now how can I trust relatives to care for me if my own children have humiliated me? The government has to set up old age homes which are free of cost and help destitute women like me. I am willing to work there till age permits me, in return of the services provided to me. So, please give me the address of an old age home in Vadodara”

The old age homes located in Vadodara are few and on payment basis, requiring recommendations for obtaining admission. The government has announced for establishment of old age homes that run free of cost in the near future.

From the circumstances faced by Sarita *ben* in the current living arrangement, it was evident that she was very lonely (score is 61 as against 45.25 for the total sample), her adaptation to old age was very poor (53 as against 61.4 for the sample). Her mean scores on all the domains of quality of life were much lower than that of the total sample and clearly showed that abuse, neglect and lack of social support & privacy in the living arrangement adversely affected her well-being.

From the case study it appeared that those elderly women who were older, widowed, having poor source of income, lower social support and some property in their name which they refuse to part with were more vulnerable to abuse, neglect and indifference in the coresidential living arrangements. Another indication was that the elderly who lived with a family having poor resources might be seen as a burden, and in such situations there is a need for ensuring institutional supports and services for the elderly and their families.

6. An empathic family makes all the difference!

Kumar is an 84 year old, unmarried, Hindu Nagar Brahmin. He and his 75 year old unmarried sister were staying together since 8 years. In the past he had a business that went bankrupt. After that he did not pursue business again, nor could get a job. Their source of income was an interest of Rs 2000 p.m. on his past savings (which he did not contribute towards household expenses), his younger sisters' job pension and an interest earned on her past savings (Rs 8000 p.m. and Rs 3000 p.m. respectively) and a monetary contribution of about Rs 10000 by his niece towards the monthly bills and salary for the domestic help. According to him, he had no false feelings of ego and no botheration that he was financially dependent on others because the help was mutual. He reciprocated the support he received, by taking on a few responsibilities to maintain the living arrangement.

They lived in a house that was previously owned by his older brother and after him by his niece, who stayed separately in another house at Vadodara. Kumar and his sister had been allowed by their niece to live at this place for the rest of their life. The house, located in a well to do area had 2 bedrooms, hall and kitchen; it was furnished in a comfortable manner, had basic household appliances and was clean and well-ventilated. He had a separate room with his belongings where he spent most of his time during the day. At the time of the interview, he wore a simple cotton shirt and trousers, looked very fit and active for his age and seemed at ease. He asked for the ID proof and letter of introduction from the researcher before he consented for the interview. He took time to answer questions, told anecdotes of his life experiences and said that he felt good talking about his life.

Kumar continued to stay with his relatives and later with his older brother's family mainly because he was unmarried, financially dependent, and there was an emotional attachment with his natal family. In the course of time, the family had shifted to various places, there had been additions to the family and some had passed away. Between 1980 and 1994, Kumar's mother and the three siblings (including Kumar) lived in Bombay with his maternal uncle as an extended family, at his uncles' estate. From the year 1994 to 2000, after the death of his maternal uncle, he stayed at Rajkot where his elder brother was transferred to on job. He lived with his brothers' family along with their mother and unmarried sister. Since the year 2000, after the death of their mother, his elder brother's family (consisting of his elder brother, sister-in-law, and 2 nieces) and the two unmarried siblings i.e. Kumar and his sister had been living in Vadodara. Eventually, the nieces got married and moved out to their in-laws place. In the year 2003, the elder brother passed away followed by his wife. As a result since then, he and his sister stayed together, helped by a domestic help who came twice a day to attend household chores. His niece provided financial assistance, required facilities, often checked on their needs and even visited them regularly.

His daily routine was simple and more or less fixed. After he woke up early in the morning and made up his bed, he first dusted and cleaned the things in his room. This was followed by a walk and daily ablutions. Later, he had breakfast prepared by his sister and read the newspaper. He said that he might watch news on the television if his sister was watching too. Later he dressed up to go out for running small errands. He returned home to have lunch and took a nap daily between 2 to 5 pm as there was nothing else to do. In the evening he usually had tea and snacks. Then he went back to his room and made an account of all the expenses incurred during the day. (An elaborate method of keeping track of every rupee spent in the past 5 years was maintained and he said that he made it his hobby). It kept him occupied for an hour or two, and also enabled him to keep track of expenses. After the accounts' entry was completed, he read newspaper/magazine, talked with his sister or went out for a walk. He also used this time to keep in touch with his other relatives on phone.

He said that in the living arrangement he was in, he was having the facilities and support he required for a simple and comfortable living. This was possible because of the concern expressed by his niece about his needs. In his opinion, at this stage of life, family and hired help would be providing the support needed and life went on though without much change. However, he made it a point to be active and spend time in a way that suited his health and mood. According to him, compared to people of his age he had good health and took medicines regularly for diabetes and blood pressure. He was respected by his family members for what he was and at the prime age of eighty, he accepted the fact that there was not much going on in life to be playing important roles or making decisions. He rarely felt bored and he somehow found ways to keep himself occupied. His feelings about not marrying were that he missed the companionship of a woman, the joys of having children, and having people who mattered the most. However, when he was 45 years old, he reconciled to his unmarried status and considered that it was a matter of fate and that it was better to be happy with what one already had. He had considered his older brothers' children as his own and took an active part in the life amidst his extended family.

Kumar replaced the absence of a spouse and children by affiliating himself with the families of his maternal uncle, his elder brother and now with his nieces and younger sister. However, his social network outside the family seemed very limited not only because of his advanced age but also because of his non-trusting nature. It might be due to his rumination about a few bitter experiences he had in the past, as a result of which he could not trust outsiders. Hence, his psychological well-being and social relationships were slightly low compared to that of total sample. Also, he was a lonely man (score of 53 as against 45.25 for the total sample) as he had consciously restricted his interaction to his family members only. It also seemed that in certain ways Kumar had disengaged himself from the larger society, owing to his age.

However, his physical health and environment were reported as being good and concur with his narration. Further, his adaptation to old age was greater at 67 as against 61.44 for the total sample. His systematic routine, taking care of his health, availability of facilities, and reciprocal relationship with his younger sister and nieces might have made the difference. This case study highlights how positive attitude and sensitivity of family members allowed them to respond to the needs of the elderly and support them. At this advanced age, Kumar did not have preference for any one arrangement nor felt the need to make any changes in his current living arrangement. He wanted to continue living the way he was doing for the past 10 years.

7. Passivity: When living with spouse fizzles out

Jeevan is a 69 year old Hindu married man. He belonged to the Patel caste. He worked as a microbiologist at Alembic and his wife worked at a bank and both of them retired from work at the same time. They both started living together in the same home since the year 1998. They did not have children. His source of income was around Rs. 10000 per month, which was the interest earned on both their savings. Their house looked desolate and shabby on the outside, which was in contrast to the well-maintained houses of the posh locality where their house was situated. Inside the house all the belongings looked old and worn out. There was a swing in the middle of the medium sized living room and a bed near the window. The 2 bed rooms had furnishings that were dusty and there were no appliances or amenities. The house was poorly lit and not properly ventilated. Thus, though the couple belonged to a middle class family the house was not well- maintained. At the time of the interview, he sat in the small front porch of the house. He and his wife seemed detached and not connected with each other. He was moderately groomed and wore faded clothes- a cotton half shirt and dhoti. Over the next one and a half hour, he felt at ease and shared about their living arrangement and about his life in old age. The couple engaged themselves in the interaction, after the initial ice was broken.

While sharing information about where and with whom he had been living since the past 30 years, he said that he had shifted along with his wife to Vadodara in the year 1963 after their marriage. Both of them were pursuing 9 am to 5 pm jobs and they led a comfortable and happy life. The couple was interested in traveling and went on vacations using the vacation allowance provided at their jobs. His sisters' children used to visit them for holidays and it was fun to be with them. The couple had a disposable income to spend, as they did not have children. They were able to build and shift to a house in a well to do locality at an early stage of their life and ever since lived there. In 1972, his father moved into their house, and as a part of the daily routine they used to go out together in the evening to the community center/ Kendra kalyan hall to read newspapers, play caroms and chess. His father passed away in 1998 and then, his life went on- simple and sometimes lonely and boring. He narrated this to indicate how he and his wife were once again the only persons staying in the household.

He felt comfortable the way they were living now. However, he said...

“....but there is no spark or something to look forward to in life. Life goes on and maybe I don’t have anything to complain about too”.

He added further that their only passion for traveling started to fade out as they grew older and were experiencing fatigue and health problems during and after the trips. Therefore, their life was restricted to the house and the neighborhood. He said that he hardly went out to attend social functions or for the purpose of entertainment. Many of his friends passed away and their relatives became busy in their respective lives. According to him, he did not have any health problems and was not on any medication, kept himself active and consumed a simple diet. He said that he was financially independent as he had adequate monthly income from savings to meet his needs. He felt that from the beginning, he never had an opportunity to take really important decisions in his life. He agreed that his house was shabby and there are no facilities at his house but added that it was how he chose to live. He talked in a matter of fact manner about the above aspects as if these facts did not seem to bother him.

Jeevan reported high levels of loneliness (score of 65 as against 42.25 for the total sample), but his adaptation to old age was higher (score of 65 as against 61.44 for the total sample). Certain factors identified from his narration such as having no children, disengagement with wife, and a general tendency of not interacting with others might have contributed to his loneliness. However, it might be due to his mindset of accepting the changes in old age (or of denial & passivity) because of which he might have reported a better adaptation to old age.

His lower scores on three out of the four domains of quality of life, as evident from lack of family relations, restricted social network, lack of social interaction and poor emotional well-being were probably due to the emotional disconnect with his wife at this age, in this living arrangement. However his physical health was slightly better (14.29 as against 14.25 for the total sample) because of the precautions he had taken.

When asked about what he would want to change in the next 10 years to make his life happier, he said that there was nothing in particular that he wanted to change in his life, as he lacked the motivation for it. The couple had decided among themselves that when both of them became too old and fell ill or one of them died, they would shift in with Jeevan's sister's son. There they would spend the rest of the life and depend on their nephew's family only for the basic needs of food and shelter.

8. Coresidence: Making culture and expectations matter

Hamid is an 81 year old, Muslim, belonging to the Pathan caste. He and his second wife stayed with his married sons in a joint family. According to him, he got remarried two years after his first wife's death during child birth. His second wife was a poor, illiterate relative of his who had agreed to his decision to not beget any children through their union. He had 3 sons and a daughter from his first marriage and all of them were married having 3-4 children each. He was a native of Vadodara and lived in that locality for a long time. He worked as a bus driver in Gujarat State Road Transport Corporation in a temporary position and hence was not eligible for pension after the retirement. He stayed at home and as was expected by his family, he continued to play the role of head of the household. His source of income was about Rs 10000 p.m. earned by his two sons living with him. He was conservative about his religious and family values and expected that his sons live with him as a joint family, at least till he was alive. He believed that the joint family system fulfilled the emotional, social and other needs of the family members. His daughter got married and shifted to her in-laws' place in the same locality and his youngest son worked in Dubai. At the time of the study, Hamid's wife, two of his sons and their families' and the family of his youngest son who was working in Dubai were living with Hamid.

The house he lived in was owned by him and it had two rooms and a kitchen. It opened directly on to the street. The striking aspect of his house was that it accommodated a large family. It was crowded with women, men and, children inspite of it being small. The rooms were filled with clothes, mattresses and other belongings and it seemed moderately clean and poorly ventilated as the windows were small. Except for a small television and a gas stove there were no other household appliances in his house. In one of the two rooms, a bed was placed for him despite the space constraints. He had no privacy.

The benefits of living in parent and child coresidence could be observed in Hamids' case. He felt that because he was in a joint family his needs i.e. food, medical care, clothes, emotional support, and physical support were being met. Also there was someone at home, including his wife who was a constant companion, to interact and keep him occupied. His trip to Haj and Mecca Madina outside India were financed by his sons. He said that his children might be showing him concern and his needs were given preference because the property was still on his name. He further added that his sons bore a positive attitude towards the elderly. Even at that advanced age, he was able to do his activities of daily routine, though he required some help in wearing clothes. He accepted the changes that came along with old age and he wanted to have a smooth passage to death. He had already instructed his sons to take care of his wife in the event of his death. At the same time, as there was struggle to make the ends meet due to the financial constraints, he did not expect much from his sons. He felt that at his age of 81 years, he was falling ill often and regretted that his family had to spend on his medical treatment. Hence, to a great extent he reduced going out and took rest to keep illness at bay.

Hamid experienced low levels of loneliness (score of 40 as against 42.25 for the total sample) and had a greater adaptation to old age (score of 68 as against 61.44 for the total sample). One of the reasons could be the type of living arrangement he was in, which provided him family support and sustenance. Except for a higher score on environment domain of quality of life compared to that of the total sample probably because he was happy with the locality and the house built by him, on the 3 other domains he scored lower. This might be due to his health problems, reduced mobility with advancing age, shrinking social network, financial constraints, his guilt due to increasing dependency on his son's family and concern about his wife's care in the family after his death.

With regard to his preferential living arrangement he said that his desire to stay in a joint family would not change as he desired the family support during the last years of his life. He further expressed that some basic material comforts would definitely have made his life much better than it was now.

9. Children abroad: Parents' compromises in living arrangements

Krishnakant is a 79 year old Hindu married man belonging to the Patel caste. He worked as a bill cashier at the Gujarat Electricity Board and did not earn any pension when he retired. From the year 1987 till recently he worked as a cashier on a voluntary basis at the Swaminath temple in Vadodara. He had 2 sons and 3 daughters who were married and have settled abroad. His source of income was the money his children regularly sent him (Rs 20000 p.m.) for his expenses. For the past 19 years only he and his wife have been staying together at their own house. His house comprised of 3 bedrooms, hall and a kitchen and was located in a posh locality. The rooms were spacious, well-furnished, well-kept and ventilated. He possessed some of the modern gadgets required to lead a comfortable life.

He narrated how he had come to stay in the current living arrangement. He said that his grandmother used to stay with them till her death in the year 1976. Later his father and stepmother moved in and stayed with him and eventually, in the year 1980 his father passed away, followed by his stepmother in the year 1992. During the period between 1978 and 1990, the major shifts in his living arrangement took place, i.e. all his 5 children one by one, moved abroad for studies. Here he revealed that his aspiration to study abroad was not fulfilled due to financial constraints, so he wanted to pursue that dream through his children, by providing that opportunity for them by 'hook or crook'. Krishnakant was 58 years old when his youngest child moved abroad, and he felt it was a great achievement for him and his family.

Between the years 1990 and 1999, he and his wife regularly visited their children abroad and stayed there for 4-5 months in a year, and once for a whole year. When they were abroad, he and his wife rotated among their 2 sons and 3 daughters as all of them wanted to spend time with them. The adult children planned in such a way that their schedules of work and vacation were adjusted with parent's stay with them. Also the trips abroad comprised of shopping trips, eating out, sight-seeing, long rides etc which often tired the couple. He and his wife have also helped out their children by taking care of their new born grandchildren.

While abroad, he was totally dependent on the offspring's family they lived with. He felt restricted to the home and had to abide by a lot of restrictions so that he did not fall ill. Moreover, his adult children were not available at the house for most of the time due to their work and he had no one to talk to. While his wife took care of grandchildren and was cooking in the household, Jeevan had no engagement or role to play.

Over a time, his excitement for going abroad had faded away and the frequency of their visits abroad reduced. He surrendered his green card in the year 1999 as they could not visit the US every year to keep the green card from expiry. From then on, the means of contact between the couple and their adult children had been through telephone only. Though his children had arranged for their parents to visit them abroad, on their part they had visited India only for a few times. This was disturbing for him, and sometimes he regretted his enthusiasm that encouraged his children to settle abroad. At the same time, he felt that he could not judge his children when he himself was insistent and determined that they went abroad and settled.

Now, he and his wife were staying in Vadodara, and since the year 1999 they did not travel abroad. Talking about his current living arrangement he said there were no options for him to choose from. He could not have a full-time hired help as his wife did not trust anyone easily, so they were managing on their own. There was a domestic help for household chores and he availed of door delivery service that shops offered (e.g. provisions, medical stores, and restaurants). He agreed that because he was financially better off due to the monetary support from his children this was possible. He said,

“In a way what responsibilities the children are unable to fulfill by being here, they are fulfilling them by providing monetary support”.

In the locality where they stayed, most of his friends had passed away. In that sense he felt it was difficult to spend his time during the day. Where he worked as a volunteer, the billing system had been computerized and he was replaced by another person with computer skills. So, now he spent most of the time during the day at house. As his interaction with his wife led to arguments, he kept it to the minimum. According to him, he was able to move about in the neighborhood for small errands or work. But he had a few health problems and he worried that with advancing age his health might worsen. At such times he could not help the thought that if at least one of his children stayed back in India, his old age would have been secure. Hence, his preference was to live with one of his sons in India.

From the narration of his life and changes in living arrangements in the past three decades, he seemed to be a lonely man (score of 49 as against 45.25 of the total sample) because of his decreased opportunities of interaction with people. He also reported lower adaptation to old age (score of 53 as against 61.44) as to a great extent he did not feel satisfied in the current arrangement and faced some barriers in adapting well to his later life. From the narration it is evident that he experienced a lower quality of life too in this living arrangement. The main reasons being lack of emotional support, decreased social support and his moderate satisfaction with the neighborhood.

In the year 2011, his children had asked him to permanently shift to the U.S to live with them, as they will not be able to come down to India if either or both the parents passed away. Krishnakant felt this was true in a way and had agreed to finalize the sale of the family assets and planned to move abroad with his wife. He confessed that as a parent he was yearning for his children. However, he was apprehensive of the kind of life that awaited him there. Sahu, (2005) states that some of the elderly citizens moved abroad because no relations were left in India when their children settled abroad.

But his wife who was much younger to him felt that she would lose her autonomy, independence, her house and would feel out of place abroad and she was opposed to this decision. She felt that if the children were not able to come here, they might arrange for their funeral through some relative who lived here. However, by force and through lot of convincing by her husband she had agreed half-heartedly to go abroad.

The case study revealed the dilemma faced by parents whose children were settled abroad. As they grew older, the need for their children's presence and support increased, but so did the older persons' desire to age in place. The children might be in lucrative careers and hence sent monetary help, but they were far away to render any care giving or emotional support when the parents needed it. This might raise an ethical concern as to who was responsible for looking after the welfare of the elderly parents with the advancing age, while their offspring settled abroad. The insecurity and yearning felt by elderly during the later years for their children who were abroad was evident in this case study.

CHAPTER V

Major Findings, Discussion and Suggestions

This chapter is divided into three sections. In Section I the major findings of the study based on the quantitative data and case studies are presented. In Section II the major findings of the study are discussed under broad themes, and conclusions of the study are arrived at. Section III states the implications of the study findings, and provides suggestions for policy formulation, social work practice, and future research in this area.

Section I

Major Findings of the Study

The subject of living arrangements of the elderly gained importance in the backdrop of the socio-economic and demographic changes at the turn of the 20th century, and their impact on the life course of the elderly. The purpose of the present study was to find out the association of the different types of living arrangements and the mediating variables i.e. socio demographic characteristics that may influence the Quality of life of the elderly. Developing an understanding about the concerns specific to the living arrangements of the elderly in the family setting would go a long way in preserving the positive attitude towards the elderly and in regulating the emerging 'crisis in care'. Institutional and informal supports can be planned at the individual and family level to ensure the well-being of the elderly within the living arrangement they are in.

The aim of the study was therefore to describe the types and nature of living arrangements of the elderly and its impact on their quality of life. To mention briefly, the specific objectives of the study were to assess the interrelationship between the type of living arrangements of the elderly and their quality of life, loneliness and adaptation to old age. The study also examined the association of the socio-demographic variables such as age, sex, marital status, family income etc. with each of the major variables and on the direct relationship between the two, for the sample elderly. Other objectives are to offer suggestions based on the findings to improve the living arrangements and quality of life of the elderly.

A multi-stage sampling method was used wherein, first, the map of the Vadodara city was divided into 26 equal-sized grids and of these the 22 grids that covered the residential areas were included for the study. In each of the grids, 1-2 areas have been designated as the enumeration areas resulting in 26 such areas covering the 22 grids across the 13 wards. A list was generated of the elderly enumerated from these 26 areas using a Preliminary Data Sheet giving a total of 650 elderly. From this list, around 40 percent were randomly selected to get a sample of 250 elderly. After interviewing the 250 elderly, seven schedules with missing information had to be discarded, thus leaving 243 elderly to constitute the final study sample.

Interview schedule and case study were used for the collection of primary data. In addition, secondary data were used to corroborate the findings. The interview schedule covered socio-demographic details, information pertaining to types of living arrangements and other aspects i.e. the living environment, type of ownership of the dwelling, relationships with children and the interactions with family members, nutrition and access to food, social interaction, leisure-time activities, activities of daily living, life preparatory measures (i.e. beliefs about care of the elderly, measures taken to stay healthy, and religious beliefs), and about the preferential living arrangements of the elderly. Suggestions of the respondents about how the young should treat the elderly were also elicited. Tools to measure independence in activities of daily living (IADL), quality of life (QoL), loneliness and adaptation to old age were incorporated in the schedule. In addition, 9 case studies were prepared based on the in-depth interviews.

The following are the major findings of the study

Background of the Respondents

Demographic Profile

1. Of the elderly sample (N=243), 51 per cent were women and 49 percent were men.
2. The mean age of the total sample elderly was 69.2 years ($SD=7.06$). Women ($mean=68.11$, $SD=6.8$; median=66 years) were found to be slightly younger than men ($mean=70.32$, $SD=7.08$; median=69.5 years).

3. The sample was predominantly Hindu (80 per cent) and a majority (68 per cent) belonged to the other caste (OC) category.
4. A majority of the respondents were college educated (26 per cent). More elderly women (32 per cent) were illiterate compared to men (8 per cent).
5. Seventy per cent of the total respondents were married, followed by 23 per cent belonging to the widowed category. Of the married category, a majority (83 per cent) were men, and in the case of the widowed category, a majority (35 per cent) were women.
6. More men (94 per cent) have reported themselves as head of the household compared to women (39 per cent). More women have reported staying in households headed by their spouse or child (ren).
7. Close to 85 per cent of the sample elderly did not report any physical impairment.

Family Background

8. Most of the sample elderly reported to be from nuclear (36 per cent) or joint family (34 per cent) backgrounds.
9. The mean family size for the sample elderly was 4.3 (median= 4). Nearly half of the sample (45 per cent) were single earner families (including the respondent).
10. The mean family income (p.m.) was Rs 37456 (*S.D*=66943.3) and median was Rs 15000 for the sample elderly.
11. With regard to the type of residence, a majority (32 per cent) of the elderly lived in an individual house followed by around 19 per cent who reported living in a housing society.
12. Around 60 per cent of the sample reported that they were not from Vadodara, but have migrated to the city from other places such as Hyderabad, Mumbai, Rajkot, Indore etc., and from villages in the state.

Work and Economic Background

13. About 66 per cent of the sample (All men and only 33 per cent women) were engaged in some work before attaining 60 years of age.
14. Around 22 per cent of the sample (15 per cent elderly men and 7 per cent women) reported current engagement in work (i.e. after attaining 60 years of age).
15. With regard to the kind of work taken up by the elderly (previous/ current), some of the occupations reported were agriculture based, daily wage labor, professional jobs, business and domestic help. Differences by sex were observed both in the current and previous occupations. A majority of the elderly women (67 per cent) reported that they were homemakers and after turning 60, another 1 per cent of women joined this category.
16. The monthly income from the current work was lower than from previous work for the sample. Income from both previous and current work was found to be more for elderly men than women.
17. The income (p.m.) from previous work of around 44 per cent of the elderly and from current work of almost half of the elderly fell in the Rs 5000 and below range.
18. Out of 57 elderly men and 10 women who retired from a salaried job, 41 elderly men and 9 women reported receiving a job pension (per month). With regard to other kinds of pensions received, 15 and 4 women reported that they received their deceased husband's pension and govt. old age pension, respectively.
19. It was found that a predominant (75 per cent) percentage of the sample elderly had some kind of asset on their name. Out of the 181 elderly who gave responses, more men (86 per cent) reported assets on their name as compared to women (63 per cent). The type of assets owned by around 60 per cent of the elderly were savings, followed by 54 per cent who owned house (s).

20. As regards the respondents' monthly income (per month) (calculated by adding the income p.m. of the respondent from work, pension, assets and other monetary inflows), almost half of the elderly out of the 181 who reported some income fell in the income category of Rs 2000 and below. This category included many of the respondents who reported no income, of which women were in the majority.
21. Most of the elderly (94 per cent) in the sample reported that they did not take loans of any kind.
22. Close to 59 per cent of the total sample elderly reported that the child (ren) they lived with were the major source of income flow for them. On the other hand, for women, their spouse and child (ren) were found to be the sources of their income flow.
23. The most frequent forms of assistance received from child (ren) and family reported were: money (65 per cent), followed by food (61 per cent).

Types and Nature of Current Living Arrangements of the Elderly

24. A majority (64 per cent) of the sample elderly reported that they lived in parent-child coresidence, followed by 23 per cent who lived with spouse only.

Association with socio-demographic and other variables

25. More elderly men (65 per cent) reported that they lived in parent-child coresidence, followed by with spouse (26 per cent) while, more elderly women lived alone (5 per cent) and with relatives (10 per cent) as compared to men.
26. The sample elderly in the age range of 60-64 years were found to be predominantly living in parent-child coresidence (mean=68.8 years, $SD=7.08$), whereas those in 65-74 years with spouse, and those in 75- 84 years lived alone and with relatives. Those who were in the age group of 85+ years reported that they were living with assistance (mean=78, $SD=17.5$).
27. Men in all other living arrangements (except living with assistance and alone) were older than women.

28. The median family income (per month) of the elderly who lived with assistance was found to be highest at Rs. 30000. The elderly who lived in parent-child coresidence and with spouse were having median family incomes of Rs. 18000 and Rs. 14000, respectively.
29. A majority of the elderly who were remarried (86 per cent), who were widowed (75 per cent) and those who were married (63 per cent), lived in parent-child coresidence. Interestingly, all the unmarried elderly were found to be living with relatives. A considerable number of the elderly who were separated or widowed lived alone or with relatives.
30. Irrespective of caste, most of the elderly lived in parent-child coresidence, followed by with spouse. Elderly from Scheduled Castes and Scheduled Tribes category did not report living alone. No one from the Scheduled Castes reported living with the spouse.
31. The mean and median durations of stay in the current living arrangement for the total sample elderly was 12.21 years ($SD=9.08$) and 10 years respectively. Elderly who stayed in parent-child coresidence reported a longer stay i.e. 12.72 years ($SD= 9.23$) followed by those who lived with assistance i.e. 12.67 years ($SD=9.71$). For those who lived with assistance, the median duration of stay in the arrangement was longest at 15 years followed by 12 years for those who lived alone.

Sub-Types of Parent-Child Coresidence

32. Parent-child coresidence comprises of four sub-types of living arrangements: Staying with married son (s) & daughter (s), and unmarried son (s) & daughter (s). Out of the total sample, a majority i.e. 74 per cent of the elderly reported living with married son (s) followed by around 11 per cent living with unmarried daughter (s).

Association with socio-demographic and other variables

33. Sex-wise, a majority i.e. 76 per cent of the elderly men lived with married son (s). Close to 13 per cent men as against 9 per cent women reported living with unmarried daughter (s).
34. A majority i.e. 76 per cent of the elderly who were widowed followed by 73 per cent of those who were married reported staying with married son (s). Around 12 per cent of the elderly who were widowed lived with married daughter (s).
35. The median age of the elderly who lived with married son(s) was 68 years, whereas it was 65 years for those who lived with unmarried son (s) and daughter (s).
36. The median family income (per month) of the elderly who lived with married son (s) was Rs 20000, whereas it was lowest at Rs. 4750 for those who lived with married daughter (s).
37. The elderly living with married son (s) reported the longest duration of stay i.e. 11 years (median) whereas, for those who lived with unmarried daughter (s) it was lowest at 8 years.

Reasons Cited for Stay in their Current Living Arrangement

38. A majority i.e. 97 per cent of the elderly respondents who lived with married son (s) mentioned that it was a choice made by the respondent or son and that it was in keeping with the tradition.
39. The most frequently mentioned reason by the elderly for staying with either unmarried son (s) or unmarried daughter (s) was the marital status of the child. In India usually the son/daughter stays with the parents till they got married.
40. Coming to the elderly who lived with married daughter (s), the most frequently mentioned response (71 per cent) was that the son-in-law/daughter asked the respondent to move in with them.
41. The most frequently cited justification (72 per cent) of the elderly who lived with the spouse was that it was a choice of the respondent/ spouse/adult child (ren).

42. The predominant reason (89 per cent) mentioned by the elderly who lived alone was the death of spouse.
43. The frequently given response (67 per cent) by the elderly who lived with relatives was the dependency of the respondent / spouse on the relative.
44. In the case of all the 3 elderly who were living with assistance, the main reason stated was that they could afford full-time help- which facilitates that type of living arrangement.

Type of Ownership of the Dwelling

45. A majority of the sample elderly (92 per cent) were found to be living in dwellings which were either owned by the respondent or their family members. Only 8 per cent of the sample reported that they lived in rented houses.
46. Around 34 per cent of the respondents reported that they owned the house (50 per cent men as against 17 per cent women), whereas, in 22 per cent of the cases it was owned by their spouse (35 per cent women as against 9 per cent men).
47. A small percentage of the elderly reported relatives/ spouse as owners or joint owners of the house they lived in.
48. Of the 8 per cent of the sample respondents who reported they lived in rented accommodation, more than half of them lived in houses rented by the adult child (ren) and 21 per cent lived in houses rented by self.

Living Environment

49. Majority of the elderly (31 per cent) lived in 2 BHK (two- bed rooms, living hall and kitchen) type houses.
50. About 63 per cent reported having a separate room exclusively for them and 71 per cent of the elderly reported having a bathroom & toilet facility in the house to which they have access. In the case of a majority i.e.73 per cent of the sample elderly, the indoors of the house were observed to be well-ventilated and kept clean.

51. A majority of the elderly men and women reported that they spent their time during the day mostly in the living room (64 per cent), followed by the verandah (23 per cent).
52. More than half (60 per cent) of the elderly were found to sleep in their own room, followed by 34 per cent who slept in the living room.

Aspects in the Context of the Current Living Arrangements Influencing Quality of Life & its Related Variables

Details about Children

Number of children

53. Ninety-six per cent (n=233) of the total sample elderly reported they had living child (ren).
54. About 191 (82 per cent) and 170 (73 per cent) of the elderly reported they had living son (s) and daughter (s) respectively.
55. Elderly who were older had more children. Among the sample elderly, Christians had a higher number of children i.e. mean=4.50 ($SD=3.53$) and median= 5 compared to Parsee and Sikh respondents who reported a fewer children (mean and median was 2).
56. Respondents from Scheduled Caste reported higher number of children i.e. mean=4 ($SD=2.87$) and median= 3, whereas, the elderly belonging to Scheduled Tribes reported less children (mean=2, $SD=1.33$; median=1).
57. Similarly, elderly who were illiterate reported a higher number of children (mean=3; $SD=2.26$; median=3) and it decreased with the increase in the educational levels, for the study sample.
58. Elderly living with assistance and in parent-child coresidence reported a higher mean and median number of children i.e. 3, while those who lived with relatives reported fewer children (mean and median was 2).

Place of stay of children who did not stay with respondents and reasons

59. Out of the 233 elderly who had a living child (ren), only 156 elderly reported as coresiding with at least one child and, the remaining 77 elderly though having child (ren) were not residing with them. Further, out of the 156 elderly in coresidence, 130 elderly did not coreside with their other child (ren). Hence, 207 elderly reported that their child (ren) did not reside with them.
60. Of the 191 elderly who reported they had a living son (s), 109 of them (57 per cent) mentioned that their son (s) was not coresiding with them at the time of the study.
61. Of the 109 elderly who said that their son (s) did not coreside with them, in 62 per cent of the cases they reported that their son (s) family was staying separately in Vadodara itself. The other responses were: son (s) staying abroad (50 per cent) and outside of state (38 per cent), in that order.
62. The two major reasons mentioned by the 68 elderly who reported that their son (s) were living separately from them in Vadodara were: son (s) wanted to move out with his family (58 per cent) and they faced space constraints (21 per cent).
63. In the case of the 170 elderly who reported they had a living daughter (s), 158 of them (93 per cent) reported that their daughter (s) was not staying with them at the time of the study.
64. Of the 158 elderly who said that their daughter did not stay with them, in a majority of the instances (95 per cent), the daughter was staying separately in Vadodara. The other responses were: daughter (s) staying outside of state (56 per cent) and abroad (27 per cent), in that order.
65. The one major reason that was cited by 95 per cent of the 150 elderly who reported that their daughter (s) did not live with them was that the daughter shifted to husbands'/ in-laws place in Vadodara.

Visits and modes of keeping in touch by the children

66. Of the 233 elderly respondents, a majority (90 per cent) expressed that their first born daughter (s) visited them more frequently. The first born son (s) (44 per cent) figured as the next one who visited the parents frequently. The frequency of visits to parents by other children was comparatively less.
67. Of the 109 elderly, their son (s) did not coreside with them, only 97 elderly reported that their son (s) visited them.
68. Of the 158 elderly whose daughter (s) did not coreside with them, 155 elderly reported that their daughter (s) visited them.
69. Of the 233 elderly who had children, a majority (93 per cent) responded that their child (ren) visited and kept in touch with them.
70. Out of the 207 sample elderly whose child (ren) did not stay with them, 187 of them indicated different modes of keeping in touch with them during the previous year. They were through the telephone/mobile phone and email/chat.

Conflict with and Support of Family Members

Hardest person to get along with

71. Of the 243 sample elderly, 50 per cent reported having a family member who was hardest to get along with.
72. Son was mentioned most frequently (36 per cent) as the hardest person to get along with by elderly men (41 per cent) and women (31 per cent). The next hardest people reported were spouse and daughter-in-law. While none of the elderly men reported daughter or son-in-law as the hardest person to live with, in the case of elderly women they figured as the hardest persons.
73. For the elderly who lived in parent-child coresidence, son (43 per cent) followed by daughter-in-law (25 per cent) figured as hardest persons to live with.

74. Of the 121 elderly who reported having a hardest person, about 55 per cent (n=66) reported they were actually staying with that person. Of the 66 elderly who actually stayed with the hardest person, 80 per cent reported that person as their primary care giver.
75. For the 66 elderly who lived with the hardest person, the overall duration of stay with that person was 33 years. Further, in terms of the duration of stay of the respondent with the hardest persons- spouse, son, daughter and sister-in-law figured in that order.
76. Of the 121 elderly who mentioned they had a hardest person, 71 per cent (n=86) reported that the person had been creating tensions and arguments, during the preceding year. Of these 86 elderly i.e., 70 per cent revealed that conflicts occurred 10 times a year, while 23 per cent of them said it occurred almost daily.
77. Out of the total sample, 122 elderly did not report having a hardest person to get along with. Interestingly, a majority (52 per cent) of the elderly who belonged to the age range of 75-84 years and more than half of the elderly (56 per cent) who lived alone did not report a hardest person to get along with.

Easiest person to get along with

78. Out of the total sample elderly, 98 per cent (n=239) reported having persons in their life who were easy to get along with.
79. Of the 239 elderly who reported an easiest person to live with, a majority (30 per cent) reported the spouse as the one, followed by daughter and son.
80. In terms of living arrangements, 44 per cent of the elderly living with spouse reported that their spouse was the easiest person to get along with. Even in parent-child coresidence, spouse was reported as the person easiest to get along with.

Interest shown by family members and the well-being of the elderly

81. A majority i.e. 76 per cent of the elderly perceived that their family members were interested in their well-being.
82. A majority of the elderly across all the five living arrangements felt their family was interested about their well-being.
83. Calculation of the means of quality of life scores and the related variables showed that the elderly who perceived their family as interested in their well-being reported better on the 4 domains of quality of life experienced a lower degree of loneliness and had a better adaptation to old age. Thus, the perceived indifference (than little or no interest) about their well-being by the family members was found to be more damaging for the elderly.

Nutrition and Access to Food

Preferences in diet

84. Seventy one per cent of the sample elderly comprising more women (74 per cent) than men (68 per cent) showed preference to a vegetarian diet.

Appetite for food

85. Forty four per cent of the sample reported a very good appetite.
86. There was not much difference in the levels of appetite reported by the elderly living in different types of living arrangements

Meals taken per day

87. A majority (68 per cent) of the sample reported having 3 meals in a day.

Skipping meals in a day and the reasons

88. In response to the question whether they skip any of their meals in a day, 59 per cent of the sample elderly (n=143) (comprising 71 per cent elderly women and 47 per cent men) answered in the affirmative. Interestingly, 41 per cent of the sample elderly comprising of more men (53 per cent) than women (29 per cent), did not skip any of their meals in a day.

89. Across the types of living arrangements, a higher per cent of women compared to men reported that they skipped meals in a day.
90. More than half i.e. 57 per cent of the elderly who reported skipping meals in a day mentioned *Upavas* (fasting) as the major reason. Around 23 per cent stated health consciousness as the reason.

Food intake and diet restrictions / supplements

91. About 90 per cent of the total sample felt that they took adequate amount of food, while 8 per cent expressed that they did not do so. Almost 47 per cent of the total sample reported following diet restrictions and taking supplements.

Who prepares the food?

92. Of the 179 respondents who reported that they did not prepare food on their own, men were in the majority (74 per cent). Further, for 56 per cent of the elderly who did not cook, it was the daughter-in-law who prepared the food. The next person mentioned by the elderly men exclusively (69 per cent) was their wife.
93. In case of the 63 elderly women who prepared their own food, 33 per cent each said that it was their daughter-in-law or daughter cooked food for them when they did not feel like cooking.

Social Interaction

Places/purpose of going out

94. With regard to going out, a majority (73 per cent) of the respondents reported that they went out for attending social functions. A majority of these elderly (78 per cent) lived in parent-child coresidence. Purchase of groceries, visiting relatives etc., were the other purposes for which the elderly went out.
95. Elderly men figured relatively at a higher per cent for almost all the places/purposes that the elderly reported they went out. They are: going for a stroll, to run errands, hanging out in a place in the neighborhood, and going to the park. This revealed the gender specificity with regard to purpose or place for which the elderly went out.

Frequency of going out and its effect on the QoL and its related variables

96. Nearly half of the sample elderly reported going out daily, among whom men were more compared to women. A few of the elderly i.e. 4 per cent reported not being able to move and hence did not go out.
97. A higher per cent of the elderly who lived alone and in parent-child coresidence went out daily while those who lived with spouse or relatives reported going out a few times during the week.
98. Those who reported going out more frequently had better mean scores on quality of life and its related variables, compared to the elderly who went out less frequently. Those who were unable to go out at all fared worse on all the 3 measures i.e. quality of life, loneliness and adaptation to old age.

Having friends & visitors and the QoL of the elderly

99. More than half of the sample i.e. 128 elderly reported they had friends and among those who did not have friends, women outnumbered men. About 79 per cent of the total sample i.e. 192 respondents reported that they had visitors during the last week.
100. The sample elderly reported having on an average 3 friends and 3 visitors during the preceding week. The average number of friends reported by both men and women was 3. However, women reported having less number of visitors (mean=2) than men during the preceding week.
101. The mean number of friends was highest at 4 for those in 65-74 years age range while the average number of visitors was 3.4 for those in 60-64 years range. In both the cases, it was found to decrease with increasing age.
102. The sample elderly in the Rs 60100-80000 and in Rs 5000 and below family income p.m. categories reported the highest (mean= 4; SD=4.1) and lowest (mean=2; SD=0.8) number of friends respectively. Similar is the case with the number of visitors which increased for those with higher family income (p.m.).
103. The sample elderly who lived with spouse reported having higher number of friends and visitors and those who lived alone who reported the lowest.

104. Finally, elderly who had friends and had visitors during the preceding week had higher mean scores on the 4 domains of quality of life, a lower mean loneliness score, and a higher mean score for adaptation to old age than the elderly who did not have the same and this relationship was found to be statistically significant.

Activities during Leisure-Time

Indoor

105. Out of the total sample, 228 elderly reported that they were engaged in indoor activities of some kind during their leisure time. Of these, men (51 per cent) were more compared to women (49 per cent).
106. A majority i.e. 85 per cent (more women than men) of the 228 elderly reported that during leisure time they were engaged in praying and performing religious rites.
107. Sex differences were observed in the nature of the indoor activities taken up during leisure time. More elderly men (65 per cent) compared to women indicated reading newspaper, books and magazines whereas, more of women (92 per cent) were engaged in praying/ performing religious rites.
108. Of the 228 elderly, all those elderly who were 85 years + followed by a majority of the elderly (88 per cent) in the 65-74 years age range indulged in the indoor leisure activity of praying/ performing religious rites.
109. Of the 228 elderly, a majority i.e. 89 per cent of those who lived alone reported that they were engaged in prayer/ performing religious rites. Those who lived with spouse (77 per cent) reported reading newspapers/books/magazines and a considerable percentage were also engaged in a range of leisure time activities much more than the elderly in other types of living arrangements.

Outdoor

110. With regard to the outdoor activities engaged in during leisure time, 116 out of the total sample elderly reported that they engaged in such activities. Of these respondents, 60 per cent were men.

111. A majority (60 per cent) of the 116 elderly were engaged in the outdoor activity of going for a walk/exercise during leisure time.
112. Sex differences were observed in the nature of outdoor activities engaged during their leisure. More men (69 per cent) compared to women reported that they went for a walk/exercise while, more women (65 per cent) compared to men said that they went to a place of worship.
113. Of the 116 elderly, all the elderly in 85 years + age range reported that they went for a walk/ exercise, while those in 75-84 years age range (64 per cent) went to a place of worship.
114. More elderly staying in parent-child coresidence and with the spouse engaged in the outdoor leisure time activities compared to those in the other types of living arrangements. Of the 116 elderly, a majority (77 per cent) of the elderly who lived with spouse said that they for went for a walk/exercise.

Levels of Functioning & Independence

115. The level of functioning and independence among the respondents was ascertained. It was 5.92 ($SD=0.49$) indicating overall better levels of functioning for the study sample.
116. Women in the sample were found to report better levels of functioning (mean=5.95, $SD=0.40$) than men (mean=5.88, $SD=0.56$), though the difference was small.
117. Elderly in the 60-64 years age range had highest ($mean= 5.98$, $SD= 0.12$) level of functioning and this seemed to decrease with increasing age.
118. Elderly living in parent and child coresidence (mean=5.90; $SD=0.52$) and with assistance (mean=4.67; $SD=2.30$) in that order reported poor levels of functioning, compared to those living in the other 3 living arrangements wherein maximum levels of functioning at 6.00 ($SD=0.00$) was reported.

Activities of Daily Routine

The respondents were asked about their daily routine. The activities were ascertained by three time periods-from waking up till noon, noon till dark and what they did before going to bed.

From waking up till noon

119. Out of the total sample, a majority i.e. 99 per cent of the elderly reported that they performed morning ablutions. This was followed by 84 per cent of the elderly who said that they prayed/visited a religious place.
120. The rest of the day they attended to the routine activities and men were represented more.
121. However, under the daily routine activities such as attending household chores, making lunch preparations and watching television, the elderly women were represented more than men.

From noon until dark

122. Out of the total sample, a majority (97 per cent) of the elderly reported that they sat or took rest. This was followed by (93 per cent) taking a siesta after lunch.
123. Further, it was making preparations (more elderly women compared to men) for making dinner.
124. Both the elderly men and women mentioned that they spent time with friends / neighbors / relatives.
125. In all other activities taken up from noon till dark such as going for walk, to the market for provisions and other necessities, and for entertainment-- the elderly men indulged in these activities more than women.

Before going to bed

126. Out of the total sample, a majority (98 per cent) of the elderly responded that they made preparation for sleep, followed by 41 per cent who said that they watched TV before retiring to bed.

127. A few respondents (14 per cent) mentioned going for a stroll after dinner.

Life Preparatory Measures

Belief that children should care for old parents

128. Close to 95 per cent of the sample elderly (n=230) (slightly more women than men) said that when they were young, they held the belief that children should care for old parents.
129. Out of these 230 elderly, a majority i.e. 98 per cent, who lived with spouse followed by 94 per cent who lived with relatives held this belief.

Who adopted measures after attaining 60 years age to keep healthy?

130. Out of the total respondents (n=243), around 59 per cent of the elderly (n=143) (69 per cent men and 47 per cent women) reported that they started taking certain measures after attaining 60 years of age to keep healthy.
131. Chi-square was used to understand the association between a few socio-demographic variables and the types of living arrangements and the measures taken to keep healthy. With increase in age, education and family income p.m., the number of elderly adopting health measures increased. As regards marital status, more married elderly adopted measures to keep themselves healthy while a few who were widowed also figured. It was seen that elderly living with spouse (77 per cent) were more likely to take health measures followed by those in parent-child coresidence (55 per cent). The differences observed in terms of their marital status, education, caste, family income (p.m.) and the type of living arrangement of the respondents and number of respondents adopting health measures were found to be statistically significant.

Kind of measures adopted to keep healthy

132. Of the 143 elderly who reported adopting measures, a majority i.e. 90 per cent reported that they started taking proper diet followed by 76 per cent of the elderly who said that they started exercising to keep healthy.

133. The kind of measures taken up by the 143 elderly seemed to be associated with some socio-demographic variables and the type of living arrangements they were in.
134. For example, more men (56 per cent) compared to women gave up their irregular routine. Similarly, a majority i.e. 93 per cent of the elderly who stayed in parent-child coresidence reported taking a proper diet.

Religious faith and places & frequency of pilgrimage

135. Almost all the elderly except one woman in the sample reported their belief in God.
136. Close to 79 per cent of the sample elderly (192 out of 243) visited religious places in various locations.
137. With regard to the location of the religious places, of the 192 elderly, 39 per cent followed by 27 per cent of them (more women than men in both cases) reported that they visited religious places located around Vadodara and all over India, respectively.
138. Coming to the frequency out of the 192 elderly, 33 per cent reported that they visited religious places once in a year.

Preferential Living Arrangements

Association with socio-demographic variables and current living arrangements

139. The sample respondents when asked about which type of living arrangement they would prefer given a choice (irrespective of their current living arrangement), came up with interesting options. Thus, the most preferred living arrangement came up was staying with married son (s) (35 per cent) followed by living with spouse (16 per cent). The least preferred living arrangement cited was staying with unmarried daughter (s) (2 per cent).

140. Of the total sample, more elderly women than men preferred to stay with married son (s), married daughter (s) followed by living alone. Whereas, more men compared to women preferred to live with spouse, with assistance, in the home for the aged and, with unmarried son (s) in that order.
141. A look at the median age of the elderly and their preferred living arrangement showed that older respondents (69 years) tended to prefer to live with married son (s), daughter (s) or relatives. However, a few elderly who were much older (72 years) preferred to live in the home for the aged and with unmarried daughter (s) (71.50 years).
142. Elderly who showed preference to live with married son and married daughter were more in number and from median income groups of Rs 15000 and Rs 11500 respectively. A few of the elderly respondents who were from affluent category preferred to live with assistance or in the home for the aged.
143. Among the married elderly (n=169), the preferred living arrangements mentioned in that order were- living with married son (s), living with spouse followed by living with assistance. For widowed elderly the order was- living with married son (s), daughter (s) and living alone.
144. A majority (55 per cent) of the Muslim elderly among the sample showed preference to live with married son (s).
145. Similarly, 41 per cent of the elderly belonging to other backward castes (OBC) preferred to live with married son (s). On the other hand, 19 per cent of the respondents from other castes (O.C) expressed preference to live with assistance.
146. Out of the 156 sample elderly currently living in parent-child coresidence, a majority (n=83) preferred to continue to live in the same arrangement. However, of the remaining 72 elderly-- 22 per cent preferred to live with the spouse, 11 per cent with assistance, 7 per cent to live alone, and 4.5 per cent with relatives and in the old age home (1.3 per cent).

147. Interestingly, while none of the sample elderly currently living alone preferred to live alone, only 7 per cent of those who were living with spouse, and almost 56 per cent who were living with relatives, still preferred to continue to live in the same arrangement.

Association with loneliness and adaptation to old age reported in the CLA.

148. It was found that the elderly who seemed to be experiencing lowest degree of loneliness (37.25 SD=4.99) and the highest degree of loneliness (48.10 SD=11.81) in their current living arrangement gave preference to live with unmarried daughter (s) and with relatives respectively.

149. It was found that the elderly who reported a better adaptation to old age (mean=69.43; SD=8.12) and a low adaptation to old age (mean=56.24; SD=12.36) in their current living arrangements preferred to live in the old age home and with relatives, respectively.

Reasons given for preference to a living arrangement

150. Of the 82 elderly who gave reasons for their preference to live with married son (s), majority (87 per cent) said it gave them a feeling of being together and bonded with them.

151. Of the 40 elderly who preferred to live with spouse, a majority i.e. 92 per cent said that it was because the couple got along well with each other.

152. Twenty six respondents who said that they prefer to live with married daughter (s), a majority (81 per cent) said it was due to more attachment to the daughter than with the son.

153. The major reasons expressed for their preference to stay with unmarried son (s)/ daughter (s), were mutual emotional dependence and attachment, and for providing guidance.

154. Of the 24 respondents who preferred to live with relatives 83 per cent said that they felt their relatives could take care of them.

155. Out of the 21 elderly who said they prefer to live alone, a majority (62 per cent) mentioned it was because they did not want to burden others.
156. Most of those who preferred to stay in the old age home or with assistance, mentioned that they can afford stay in an old age home of their liking or the full-time hired help.

Perceptions about younger generation & suggestions from the sample elderly

157. When asked about the treatment received by the elderly from youth, a majority i.e. 92 per cent said that they were treated with concern and respect.
158. However, 177 elderly added that the youth's attitude towards the elderly was not all that positive. A majority (i.e. 90 per cent) of them felt that such negative attitude towards the elderly was due to social change that was leading to erosion of values in younger generation.
159. Almost 95 per cent of the sample elderly suggested that children should take care of the elderly in the family itself.

Further Analysis between the Major Variables of the Study

An analysis was done to examine the inter-relationship between variables such as age, marital status, family income (p.m.) and quality of life (QoL) domains, loneliness, and adaptation to old age. The findings were as follows:

160. Age was found to be negatively related to the QoL domains of physical health ($r = -0.208$, $p < 0.05$), and social relationships ($r = -0.213$, $p < 0.01$). Besides decline in physical health, it showed that as one grew old, the strength or extent of social relationships also declined. There was a negative relationship between age and adaptation to old age ($r = -0.160$, $p < 0.05$) which was found to be significant.
161. Family income (p.m.) showed a significant positive relationship with the 3 QoL domains i.e. psychological well-being ($r = 0.186$), social relationships ($r = 0.221$), and environment ($r = 0.335$). All were found to be significant at the 0.01 levels. Similar was the case with adaptation to old age ($r = 0.329$, $p < 0.01$). Hence, it

appeared that quality of life was linked to better economic status; even adaptation to old age was found to be better among the financially well-off group of elderly.

Conversely, family income (p.m.) of the elderly was negatively correlated with loneliness ($r = -0.529$, $p < 0.01$) i.e. those who were financially poor experienced more loneliness.

162. Marital status of the respondents seemed to influence both the type of living arrangements and the quality of life of the elderly. Majority of the elderly who were married were living with spouse only, and fared better on their well-being.
163. Adaptation to old age and the 4 QoL domains had a positive correlation which was found to be significant at 0.01 levels. It may mean that persons with better QoL adapted well during old age.
164. As expected, there was an inverse relationship between loneliness and the 4 QoL domains i.e. physical health ($r = -0.495$), psychological well-being ($r = -0.580$), social relationships ($r = -0.590$) and environment ($r = -0.487$). All were found to be significant at the 0.01 levels. This could mean that those who have lower QoL experience greater loneliness.
165. Further, adaptation to old age and loneliness were negatively related ($r = -0.529$, $p < 0.01$) which means that the elderly who reported a better quality of life also tend to report a lower degree of loneliness and a better adaptation to old age.
166. The negative relationship between loneliness and adaptation to old age was found to be significant for all the living arrangements, except living alone.

The exploration of the relationship between age, the QoL domains, loneliness and adaptation to old age, and the types of current living arrangements of the sample elderly gave the following insights.

167. Elderly who lived with assistance were found to be the oldest (mean=78, $SD=17.52$) and those who live with relatives were less old (mean=68, $SD=6.17$).
168. Elderly who lived with spouse reported better physical health (mean=15.30, $SD=2.91$) than those in parent-child coresidence (mean=13.91, $SD=3.06$).

169. With respect to the QoL domain of psychological well-being, again those living with spouse (mean=16.19, *S.D*=2.29) fared better while those living alone fared the worst.
170. The elderly who lived with spouse showed higher level of a domain of quality of life i.e. social relationships (mean=14.81, *SD*=3.2), compared to those living in parent-child coresidence (mean=13.17, *SD*=3.2). This was again a statistically significant relationship.
171. Those who lived with relatives reported poor social relationships (mean=12.30, *S.D*=3.90) and environment (mean=15.19, *S.D*=2.76) while those living with assistance were most satisfied with the environment (mean=16.51, *S.D* =2.50).
172. Elderly living alone reported experiencing the highest degree of loneliness, while those living in parent-child coresidence reported the lowest degree of loneliness.
173. More importantly, in terms of adaptation to old age, respondents' living with spouse fared better (mean=64; *SD*=9.8) followed closely by those in parent-child coresidence, and those who were living alone (mean=52.3; *SD*=12.0) fared worst.

Irrespective of the living arrangements, it was found that the elderly women fared poorly on QoL, Loneliness and the Adaptation to old age compared to men in the sample. However, a closer look at the quality of life, loneliness and adaptation to old age of the elderly who lived in the different types of current living arrangements by sex revealed the following.

174. On the whole, in a comparative sense, men who lived with child (ren), or alone or with relatives were found to be having better quality of life than women. However, more specifically, women living with spouse (mean=16.3; *SD*=2.1) or living with assistance (mean=16.6) were found to have a better psychological well-being than their male counterparts. Similarly, elderly women who lived with their spouse were found to be better in terms of social relationships and in relating themselves with their environment.

175. Comparatively, women were less lonely when they were in parent-child coresidence and lived with relatives, in that order. In comparison, elderly women who lived alone were lonelier. On the whole, women reported higher levels of loneliness than men in all the types of living arrangements.

176. Now, an examination of relationship of adaptation to old age and current living arrangements by sex showed that women living with their spouse showed better adaptation to old age. The next better arrangement from this angle was parent-child coresidence. Whereas, men staying with relatives expressed better adaptation (mean=65; $SD=8$).

The one-way ANOVA between groups was used to test whether the type of current living arrangements made any difference to the elderly in terms of their adaptation to old age and quality of life.

177. The results showed that the level of adaptation to old age ($F(4, 238) = 3.725, p < 0.006$) and the domains of quality of life such as physical health ($F(4, 238) = 2.619, p < 0.03$), social relationships ($F(4, 238) = 3.537, p < 0.008$), and environment ($F(4, 238) = 2.747, p < 0.029$) were different across living arrangements.

178. Further, it was shown that the sample elderly who were living with spouse, followed by those living in parent-child coresidence fared better in terms of quality of life especially, physical well-being and the adaptation to later life.

Major Findings from the Case Studies

1. The data gave a holistic picture of the elderly from different ages, belonging to different marital and economic status and living in each of the 5 types of living arrangements --including the information about environment inside and outside the house, facilities, financial condition, their routine and leisure time, interaction with others, nature of relationships with adult children and kin, their perception of the suitability of their current living arrangement, their aspirations for a better living arrangement etc.

2. The case studies reveal that there were shifts in the living arrangements of the elderly person over the past three decades of their lifetime due to factors such as the life-events, the life stages of the family members, changing preferences of the elderly and the family members with regard to living arrangements, the changing family structure and values, cultural traditions & norms, the nature of intergenerational solidarity or conflict, and so on.
3. Case study data further revealed that age, sex, marital status, family income, educational level, religion, and caste were some of the socio demographic variables of the elderly which determined their living arrangements, transitions from one arrangement to another, and the quality of life, loneliness and adaptation to old age. These aspects were reflected through the case studies and as such corroborate the findings from the survey data.
4. In all the types of living arrangements the elderly felt vulnerable with increasing age and the expected emotional support from family members. They experienced loneliness and poor psychological well-being, when such support was not provided.
5. Elderly women from the case studies reported a poor quality of life and fared low on its related variables compared to their male counterparts. The data indicated that the existing types of living arrangements lacked certain supports (for e.g. supportive relationships, resources and facilities) that were important to meet the needs of elderly women and improve their well-being.
6. Another interesting insight from the case studies was that among the elderly, widowed women were more vulnerable in terms of their living arrangements. They faced neglect after the death of husband due to the change in marital status, financial insecurity and loss of identity. They usually either lived alone or with relatives and they reported that their needs remained unmet.

7. The elderly who were unmarried reported that they lived with their families and then have moved over to stay with married/unmarried siblings or other relatives such as the niece and nephew. On the whole, they expressed that they have a fewer options in the living arrangements that met their expectations to a reasonable extent.
8. The case studies showed that during old age the financial status of the elderly would drastically come down as only a few of them might have monthly income from current work, pensions, assets or other sources. It was observed that the financial status of the older person played a major role in deciding the type of living arrangement they lived in and their quality of life.
9. In the case studies it was found that the intergenerational relationships were based mostly on cost-benefit calculations derived by elderly respondents and their adult child (ren) and sometimes based on values of reciprocity, mutual attachment, and obligation, or altruistic behavior.
10. During the interviews some of the elderly reported instances of conflict/disagreement with family members and in a few cases they reported that they had been neglected and even were abused. As a result while a few of them expressed a strong resolve to change their living arrangement but were unable to do so, while, others reported that they made a change in their living arrangement.
11. The case studies revealed that each type of living arrangement offers some benefits and drawbacks and the perception of the same may vary depending on the respondent.
12. About the preferential living arrangement of the elderly who were interviewed, it was reported to be dependent on factors such as their age, the level of satisfaction with the current living arrangement, and the alternative options they perceive better than their current living arrangement.
13. It appeared that almost all the elderly interviewed took stock of their life from time to time to assess whether they were happy or not in the current living arrangement.

14. The factors which constrained the elderly from making change in the living arrangements were many. Some of them as revealed by the case studies were: wished to stay with the son's family, obligation towards the family members, wished to age in place, were concerned about what people would say, felt dependent & vulnerable with advanced age, had no other option, bound by the family values and customs, had become used to the situation, financial insecurity, and fear that the change might worsen their situation etc.

Section II

Discussion

The questions posed for discussion in this section are: what are the current living arrangements of the elderly? How does the quality of life of the elderly living in the different types of living arrangements vary? What factors in their current living arrangements influence their quality of life? What is the influence of the socio-demographic variables on the type of arrangement they are in and the quality of life experienced? , and what are the preferred living arrangements of the sample elderly? The results of the survey data and case studies will be used to explore the answers for the above questions. The discussion will be under six broad headings i) Contextualizing current living arrangements of the elderly; ii) Current living arrangements and the quality of life of the elderly; iii) Beyond current living arrangements- The mediating effects of demographic variables; iv) Justification behind preferential living arrangements; v) Tradition or change?; and vi) Way forward.

i. Contextualizing Current Living Arrangements of the Elderly

Indian families follow patriarchal norms, and practice the tradition that son (s) has to fulfill filial obligation towards the old parents. Staying with married son (s), unmarried child (ren), and with close relatives are the traditional and dependant forms of living arrangements among the elderly. In India, this form of intergenerational coresidence is legitimate and reinforced by an ideology of filial responsibility bounded by cultural norms and expectations (Shah, 1999; Visaria, 2001; Zacharias, 2001). The independent forms of living arrangements in which elderly live are: living with the spouse only, living alone or with assistance, in the sense that dependence is less on the family members.

The frequency of the forms of living arrangements in India as per recent census data are as follows: Parent-child coresidence (88 per cent), Living with spouse only (7 per cent), Living alone (2.86 per cent), and Living with relatives (1.23 per cent) (based on National Family Health Survey, 1998-99). It is found that in India more elderly women are living alone than elderly men (Rajan & Kumar, 2003). In the present study, five types of living arrangements in which the sample elderly have been living in the Vadodara city are identified. They are: i) Parent-child coresidence (64 per cent); ii) Living with spouse only (23 per cent); iii) Living with relative (s) (7 per cent); iv) Living alone (3.7 per cent); and v) Living with assistance (1.2 per cent).

It is evident that the most frequent living arrangement (64 per cent) of the sample elderly is living in parent-child coresidence, and within that, a majority (74 per cent) are in the sub-type of living with married son (s). In terms of duration of stay, elderly in parent-child coresidence reported a longer stay i.e. 12.7 years followed by, elderly who are living with assistance (12.67 years).

A look at the age of the sample elderly and the types of living arrangements reveals the relationship between the two. The sample elderly in the age range of 60-64 years were found to be predominantly living in parent-child coresidence, whereas those in 65-74 years with spouse, and those in 75- 84 years lived alone and with relatives. Those who were in the age group of 85+ years reported that they were living with assistance. It clearly shows the transitions in the living arrangements that the elderly go through in their life course with age, due to life events such as loss of spouse, marriage of children, illness, financial problems etc., and other reasons. Even the case study data shows the occurrence of similar shifts in the living arrangements of an elderly person with advancing age. The transition is from parent-child coresidence to living with spouse only, living with relatives, living alone to ending with living with assistance or once again going into coresidence. These transitions may differ for women and men. The data suggests that though the transition is not linear, - the overall shifts appear to be the norm.

Similar is the case with marital status. The married and younger elderly stayed in parent-child coresidence of which men are more. As the older person grew older, lost spouse, the living arrangement transited into living with spouse only or alone or with relatives or with assistance and some returned to living with child (ren). It is seen that the separated or widowed elderly either lived alone or with relatives. More elderly women lived alone or with relatives, as they are more in number among the widowed group. As per case study data, the elderly men who are living with spouse or alone generally shifted to living with the adult child when they lost their spouse or faced major illness or became physically dependant. Interestingly, all the unmarried elderly tended to continue living with relatives such as siblings or niece/nephew, as they do not have a spouse or children.

The findings of the study show that irrespective of sex or caste, the elderly lived in parent-child coresidence followed by living with spouse. However, it was observed that, for instance, elderly from scheduled castes (SC's) and scheduled tribes (ST's) did not report living alone and none from the SC's reported living with spouse only. Only living in parent-child coresidence and living with relatives figured in these groups. Does it mean that the elderly in groups that are not affluent and who are less 'modernized' are still predominantly continuing in coresidence?

The next frequent form of living arrangement to parent-child coresidence observed in the sample is living with spouse only. Elderly men who are older and financially independent are found to be living with spouse. Kinsella (1990) indicates that in the developing countries there is a decline in the percentage of the elderly living with relatives other than their spouses. A similar pattern is observed in the current study wherein the elderly who live with their spouse only (23 per cent) are more than those who live with relatives (7 per cent). The elderly couple staying together is becoming common because of the extended & healthy later life, the greater mobility of the children for job, marriage, individual preferences etc.

A majority of the reasons put forward by the elderly who live with child (ren) are emotional in nature, followed by traditional ones such as it is the son's obligation to take care of parents during their old age. The reasons given by a majority of the elderly for staying with married son(s) are that it was the choice of the respondent /son (s) and that it was in keeping with the tradition. The instrumental reasons mentioned are financial and other dependencies of respondent/son. The frequent justification given by the elderly for living independently with spouse only is: it is the choice of the respondent/spouse/child. Also, parent (s) staying with married daughter is not a custom has figured as one of the traditional reasons mentioned by the respondents. The other reasons are mostly instrumental: attachment with place/social network, have independent lifestyle, and that they are still physically active and healthy. The reasons given by elderly who are living alone or with assistance are mostly instrumental in nature such as loss of spouse, low family support, do not wish to burden family, attachment to place and social network, desire for privacy and autonomy, financial independence etc. The reason of not being able to stay with married daughter due to prevailing customs is mentioned as one of the reasons by those who are living alone.

The other types of living arrangements among the sample elderly are living alone (3.7 per cent), and living with assistance as an emerging alternative. Only 3 elderly reported living in the latter type of residential arrangement and they are all well off. A majority of the elderly in both these categories are very old, and widowed. It appears that mostly those elderly who neither have family support nor wish to trouble the kin moved to these living arrangements. Elderly currently living in these two arrangements may have lived in coresidence, with relatives or with the spouse- before this shift has happened. The data of the study indicate that the shift to living alone happens after the death of spouse, and if some of them can afford full-time help they opt for living with assistance (which is in a way an indirect form of living alone). It may be noted that at this stage, in these types of living arrangements, the elderly become vulnerable to several types of insecurities- lower performance on social and psychological well-being, physical in terms of violence and abuse, financial exploitation, and undue influence³.

Obviously, the different types of living arrangements fulfill the varying needs and requirements of the elderly, which may arise during the life course. Sometimes there may be a fit between the living arrangement and their expectations, and at other times they may be at variance. The data of the study shows that while the two types i.e. parent-child coresidence and living with spouse are in wide practice, the movement/transitions between the different types of living arrangements is dependent less on the choice of the elderly and more on their life events and other factors. Findings of the case study clearly demonstrated how life events such as retirement, death of spouse, serious illness, dependency due to advanced age, gender, financial dependency etc., tend to force the older person to opt for and probably live in one or more types of arrangements during their life time.

³ Undue influence occurs when a person uses his or her role and power to exploit the trust, dependency, and fear of the older person. Thus, perpetrators of undue influence use this power to deceptively gain control over the decision making of the older person (Singer, 1993). Hence it involves (1) a special relationship between the parties based on confidence and trust; and (2) intentional and improper influence or persuasion of the weaker party by the stronger.

It is in this context that the preferential living arrangements of the elderly i.e. if they were given a choice, their preference to 'a type of living arrangement that fulfils the actual expectations of older persons' become relevant. It is interesting to note that the most preferred living arrangement suggested by the elderly reflected the current dominant patterns i.e. staying with married son (s), followed by living with spouse. Quite a few advocated the idea of staying with married daughter, while at the same time acknowledging it is an unconventional living arrangement. Staying with unmarried daughter (s) though the least preferred living arrangement, the reason for the respondents' choice for this arrangement is their emotional attachment with her. The lesser preference for this arrangement could be because of the expectation based on the cultural norm that eventually the daughter should get married and be sent away from the parental home in keeping with traditional customs. Lastly, very few (n=7) gave preference to live in an old age home. Thus, one needs to keep the above mentioned facts in view while developing programmes and plan policy interventions to improve the life situations of older persons.

The next aspect is the reasons given by the elderly for preferring a particular living arrangement. These reasons can be broadly grouped under emotional reasons such as emotional attachment, feeling of togetherness, mutual emotional dependence, to provide guidance to children, wishing to spend time with grandchildren etc. Traditional reasons are such as it is son's obligation to look after older parents, belief in the joint family, children will have an opportunity to serve parents, and that it is against tradition to live with married daughter etc. Instrumental reasons are: son/daughter is financially sound, availability of space, provides medical care, various forms of dependency, availability of facilities, support network etc.

Using this classification of reasons, it can be seen that the respondents predominantly stated emotional reasons to indicate why they prefer living with married sons. Traditional and instrumental reasons figured with almost the same weight, only next to emotional reasons. As regards preference for staying with married daughter, both emotional and instrumental reasons figured. The elderly also said that as they were progressive in thinking, tradition did not matter. Coming to reasons stated for preference to live in the remaining types of living arrangements, instrumental reasons clearly predominated, followed by a few emotional reasons. This analysis shows that the elderly still hold the notion of staying with married sons as a preferred option. The other arrangements are opted more for instrumental rather than for emotional reasons. A similar pattern is also observed for the reasons proposed for current living arrangements with married son (s) etc., as discussed in the preceding paragraphs.

Does it mean that the motivation for intergenerational coresidence is driven more by emotional or instrumental reasons than by traditional norms and values? The answer seems to be in the affirmative. This point will be discussed in more detail under the theme -tradition or change.

ii. Current Living Arrangements and Quality of Life of the Elderly

The next question is how the living arrangements along with other socio-demographic factors affect the older person's quality of life and the related variables? First, an attempt is made here to discuss the relationship between the types of living arrangements of the elderly and their quality of life, loneliness and adaptation to old age. It will be followed by an examination of the influence of the other aspects in the living arrangements on quality of life of the elderly.

1) Types of living arrangements and the quality of life. From the findings, it is observed that those who live with the spouse, followed by those who live in parent-child coresidence fared better in terms of all the domains of quality of life, especially for physical health, psychological well-being and social relationships. Those who lived in parent-child coresidence reported the lowest degree of loneliness and a better adaptation to old age. Moreover, the results also showed that the levels of quality of life differed in different types of living arrangements. More specifically, those living alone fared the worst.

According to the results of the study there is a negative correlation between age and certain domains of quality of life and adaptation to old age. Further analysis of the data showed that it is the type of living arrangement that made the difference. If we look at the average age of the older persons in each type of living arrangement, the elderly in parent-child coresidence are younger (68.8 years) than those living with spouse (69.5 years) and living alone (71 years). The oldest group (n=3) are those elderly who are in assisted living arrangement (78 years). Though there is a negative relationship between loneliness and adaptation to old age, age and loneliness are not strongly correlated. Further, even after controlling for age of the respondent, the relationship between types of living arrangements, and quality of life, loneliness and adaptation to old age variables did not differ much. This substantiated the fact that quality of life, loneliness and adaptation to old age vary with the type of living arrangement of the elderly.

Coming to gender, important differences were observed in the quality of life experienced by men and women in the current living arrangements. On the whole, men who lived with children, with relatives or even alone showed better quality of life than women. Women living with the spouse seem to have a better psychological well-being, social relationships and environment than men in that arrangement. Though women reported higher levels of loneliness than men in all types of living arrangements, they are less lonely when they are in parent-child coresidence or living with the spouse. Women exhibited higher adaptation to old age than men when they are living with spouse and it was also better in parent-child coresidence. These observations reveal that compared to men, women feel better when they are with their families or living with spouse only.

In a way this highlights their vulnerable status. This also supports the argument that living with children is serving the needs of the elderly, and more specifically that of women. Thus, in summary, psychological well-being, social relationships, environment and adaptation to old age of the sample elderly are found to significantly vary across the living arrangements, and more specifically by sex of the respondent.

2) Influence of other aspects within the context of living arrangements on quality of life of the elderly. The quality of life, loneliness and adaptation to old age experienced by the elderly is a result of a number of aspects located within the living arrangement. In this study some of the aspects that influenced the quality of life in the context of living arrangements are examined and the results are discussed here under: living environment, family relations, social interaction, and health care in later life.

a) *Living environment:* Comprises of privacy, facilities and other attributes that are important for the well-being of the elderly and these may vary in each type of living arrangement. The findings show that most of the sample elderly have a room of their own in the house, and most of them have ownership of the dwelling. It may be noted here that ownership of the dwelling during old age may lead to a sense of security and an opportunity to age in place. This important characteristic does have an impact broadly on the nature of influence of other factors such as family and social interaction and the activities engaged in by the older person and so on. But there are more men than women in this category. Therefore, to that extent women become more vulnerable on this aspect, especially after the death of the husband, as shown in one of the case studies (Saritaben).

b) *Family relations:* Under the family relations, three aspects are examined a) the number of children, child (ren) living away from the elderly respondents, frequency of visits made and the modes used by the child (ren) to keep in touch with them, and c) older parents' conflict with child (ren) and other family members in the context of the living arrangement. These aspects give a picture about the nature of intergenerational relations of the sample respondents. Studies show that more positive relationships with adult children improve the quality of life of older persons.

The results of the study show that the number of surviving children of an elderly respondent is not related to the frequency of coresidence. Rather, it is the availability of children located nearer to them and their willingness to coreside with the elderly. For instance, at the time of the study more than half of the children who are not residing with the sample elderly are staying in Vadodara itself. Two most important reasons cited for children especially son (s) living separately even if they are staying in Vadodara itself are: Son (s) wanted to move out with his family or they faced space constraints. In the case of the daughter, it was because she shifted to husband's or in-law's place in Vadodara. Further, of the remaining respondents who reported that their child (ren) is not staying with them, their son (s) (50 percent) and daughter (s) (27 per cent) are staying abroad.

The next point is whether the children visit or keep in touch with the elderly respondents that may influence their well-being. While a predominant majority of the elderly responded that their children do visit and keep in touch with them through telephone, email/chat, for a majority of the sample elderly it was their first born daughter who visited them more frequently during the preceding year than their first born son. Findings show that the frequency of visits to the parents by second or third born children was comparatively less. Hussein's and Mahesh's case study showed that their children lived in Vadodara itself and kept daily contact with the respondent. There was an indication that while Mahesh was taking it in his stride, Hussein could not reconcile with the situation as he grew older. Similarly, the study findings as well as case study data (Jeevan) showed that children who settled abroad were not able to visit the elderly parents frequently due to work, expenses, etc., and were less keen to visit as time passed, much to the disappointment of old parents.

Moving on to the elderly respondents' interaction with the children and family members in the context of different living arrangements, data indicated that nearly half of the sample elderly reported having a hardest person to get along with in the family and they are facing arguments and tensions created by such a family member. Most of the hardest persons reported are the primary care givers of the older persons. Interestingly, it appears that the most frequent sites of conflict for the elderly are parent-child coresidence and living with spouse. Son followed by the daughter-in-law and spouse have figured in these contexts as the hardest persons to get along with. Evidently, this is because a majority of the elderly live with their married son (s), and living with spouse is the next frequent form of living arrangement. Moreover, instances of abuse and neglect have also been confided by 7 per cent of the sample respondents. Case study data shows that a few of the sample elderly (For e.g. Saritaben) reported that though it is a difficult step, they changed their living arrangement in order to avoid confrontation with the hardest person. This information clearly indicates that even while living in the family itself, the elderly may be prone to instances of physical and emotional abuse.

On the other hand, almost all the sample elderly (n=239) also reported having a family member who is easiest to get along with. This means that the elderly who reported a hardest person almost always have a person with whom they had a trusting relationship, and who is a source of support for him/her in the living arrangement. Spouse followed by daughter and son are reported as the easiest persons to get along with. Even in parent-child coresidence, spouse figured as the easiest person to get along with.

The results further indicate that older persons who experience a positive environment in the family and who felt that their family is interested about their well-being, perform better on all domains of quality of life, experience a lower degree of loneliness, and have a better adaptation to old age. On the contrary, the perceived indifference of the family toward their well-being was found to be more damaging for the elderly. It may be noted that most of the elderly from the parent-child coresidence reported indifference of family members toward them. The reason may be that in this form of living arrangement the other members are busy with their lives and have less time to spend or interact with the elderly.

c) Social interaction: Social connectedness is an important attribute that impacts the quality of life of older persons (Barrett, 1999; Chen & Silverstein, 2000). Studies suggest that maximizing activity participation is an adaptive strategy taken by older adults to compensate for social and physical deficits in later life. (Kelly & Steinkamp, 1986; Menec & Chipperfield, 1997; Silverstein & Parker, 2002). Going out to places, having visitors and friends, engaging in leisure time activities, daily routine and religious activities are some of the ways through which the elderly keep in touch with the world outside their home. It is found that the intensity and the nature of engagement of the elderly in these activities varied with the sex, age, the type of living arrangement etc.. Some of these variables and their inter-relationship with living arrangements and the quality of life variables of the sample elderly have been explored in the present study. The results show that there is a positive relationship between higher participation in these activities and the well-being of the older person.

With regard to the places they go out to on some purpose, differences by sex and the type of living arrangements are observed. Men seemed to go out more on tasks such as running errands, going for a stroll, to hang out in a place in the neighborhood, going to a park or to attend public events. Women on the other hand mostly tend to go out to attend social functions, to buy groceries, to places of worship etc. It is found that those who are living in parent-child coresidence have more opportunities to go out. Moreover, findings suggest that the elderly who go out frequently reported a better quality of life, lower loneliness and a better adaptation to old age. Those who are unable to go out at all fared worse on all the three measures, i.e. quality of life, loneliness and adaptation to old age.

Next, more than half of the elderly said that they have friends and about 80 per cent of the elderly reported having visitors during the preceding week. The number of friends and visitors that the elderly have seems to be dependent on their sex, age, family income and type of living arrangements. Elderly men, those with better income, and living with spouse have more friends and visitors, which seem to decrease with the increasing age. Obviously, the elderly who have more friends and visitors seem to experience a better quality of life, lower degree of loneliness and a better adaptation to old age.

Engagement of the older person with leisure time and other daily routine activities is another way of connecting with the world outside. There were variations for men and women in their engagement with the leisure activities. Men's involvement in the outdoor activities is more frequent than that of women, and the kind of indoor and outdoor activities that they engaged in also seemed to differ by sex. Further, the frequency and nature of activities taken up changed with increasing age. It was seen that those living alone reported taking up more indoor activities while, those in parent-child coresidence and living with spouse said that they engage more in outdoor leisure time activities.

With regard to the activities of daily routine of the sample elderly, many commonalities were observed irrespective of sex, age, income, living arrangements etc. However, the differences figured in their engagement in certain routine activities, with respect to the sex of the respondents. More men went out to run errands, meet friends, hang out in the neighborhood etc., whereas women stayed at home for preparation of food, doing household chores, watching TV etc., as part of their daily routine.

Almost all elderly in the sample believe in God, and praying also figured as one of the daily routine activities for many of them. Close to 80 per cent of the elderly reported that they visited religious places at different locations. Earlier studies showed that religiosity as well as productive engagement in work do play a pivotal role in individuals' daily life to enhance life satisfaction (Jain & Sharma, 2004).

d) Health care: There is evidence to show that the opportunity for health care of the older person is associated with the type of their living arrangement (see Sen & Noon, 2007). A majority of the elderly said that they found it possible to have a proper diet as they are living in parent-child coresidence. More than half of the elderly said that they adopted measures, after attaining 60 years, to retain their health in old age. With the increasing age, the educated, the financially well off, and the married followed by the widowed elderly seem to adopt measures in order to keep healthy.

iii. Beyond Current Living Arrangements –The Mediating Effects of Demographic Variables

After contextualizing the living arrangements, we examined the relationship between living arrangements and quality of life, and how other aspects such as living environment, family relations, social interaction and health care - in the context of living arrangements impact quality of life.

As discussed earlier while explaining the conceptual framework (see Figure 3), the impact of the living arrangements on the quality of life can be better understood if we look at how sex, age, marital status, and family income influences the living arrangements and quality of life separately. These associations have been discussed in preceding paragraphs. The socio-demographic variables of the elderly influenced the quality of life, loneliness and adaptation to old age, but their influence differed depending on the type of living arrangement of the older person at that point of time. This is called the mediating effect of the socio-demographic variables on the main relationship between the living arrangements and quality of life. In the following discussion an attempt is made to explore these associations.

Women fared poor than men on quality of life, loneliness and adaptation to old age. Results of the study show that the elderly women are younger (mean=68.1 years) than men (mean=70.3 years) and that women exhibited consistently lower scores on the 3 quality of life domains (physical health, social relationships, and environment), adaptation to old age and higher levels of loneliness as compared to men. However, depending on the type of living arrangement, in some instances there is a variation in this relationship. For example, women living with spouse were better on some domains of quality of life such as psychological well-being, social relationships and environment and also lower levels of loneliness and a better adaptation to old age compared to men.

Age is negatively correlated with the domains of quality of life. The results show that as they grow older the elderly seem to have poor physical health, a decreasing social network and a poor adaptation to old age. They also become lonelier with advancing age. However when age variable was controlled, it is found that more that age, the type of living arrangements explained the differences in quality of life and its related variables.

In terms of marital status, married elderly showed better quality of life, adaptation to old age and reported less loneliness compared to those who were widowed. For other categories of marital status such as unmarried, separated etc., the size of sub samples are smaller than 6, and therefore may be viewed with caution. Now, what is the influence of marital status on quality of life and related variables in the context of different types of living arrangements? Married elderly living with spouse are found to be better than the married elderly living in parent-child coresidence. Thus, though the parent-child coresidence as a form of living arrangement is widely practiced, it appears that living with spouse is ensuring better quality of life of the elderly.

Next, how family income influences quality of life and related variables? Excepting physical health domain, the other three domains of quality of life and adaptation to old age are positively correlated with income. But there is a negative correlation between loneliness and family income i.e. those who are poor experienced more loneliness. However, the influence of income on quality of life and other variables did not figure strongly when controlled for different types of living arrangements. Thus, overall, sex and marital status seem to mediate the effects of the living arrangements on the quality of life and its related variables of the sample elderly.

More specifically, elderly living with spouse only, fared better on the quality of life, loneliness and adaptation to old age. However, it may be noted that living with spouse is a transitional and temporary phase in the sense that in the event of death or separation from the spouse, the older person will shift to living alone or with assistance. They may even decide to go back to coresidence if children or other relatives are available and willing to take him/her in. At a point, living alone or with assistance is also transitional. For example, because of a life event such as illness, financial difficulties etc., and the older person may become dependent and shifts to coreside with children/kin. This is substantiated by case studies of Hussein and Jeevan where they expressed such a need. This means that for the elderly, coresidence appears to be a 'secure' or 'stable' living arrangement to fall back upon. Finally, in case of the older persons who are childless or those who have no intention or option to go back to coresidence, they continue living alone or with assistance.

iv. Justifications behind Preferential Living Arrangements

For the elderly, the living arrangement they prefer seemed to reflect an arrangement wherein certain of their requirements and expectations can be fulfilled, in a hypothetical situation. In response to this query, most of the elderly were able to come up with a living arrangement of their preference and the reasons for the same, with ease. Interestingly, choices such as living in an old age home, living with married daughter, independent forms of living arrangements such as living alone or living with spouse, and those that are opposite to their current living arrangements figured among the arrangements preferred by the sample elderly. Hence, it appeared that the elderly are open to try new and independent forms of living arrangements if they have the resources, and are willing to move with the changing times. It seems that the psychology of 'the pastures on the other side are greener' also operated on the elderly, motivating those in the traditional arrangements to prefer the independent and other alternative forms of arrangements.

Next, a look at the rationale given by the respondents for their choice of preferred living arrangements seemed to reflect more of their needs that are emotional rather than traditional or instrumental. The emotional reasons are: to be together and bonded, attachment with children's family, provide guidance to children, could get along well with them, dependency on the children etc. This may indicate that seeking an emotional fulfillment appears to be dominant motivation behind the preferential living arrangements mentioned by the sample elderly.

v. Tradition or Change?

Indian family still reflects the collectivistic cultural norms, and a strong sense of familism. Thus, the high motivation to stay with married son (s) is an extension of the norm of patriarchal family structure. As most of the households in our society still hold those values, the occurrence of and preference for coresidence is predominantly reflected. However, based on the study findings, it is evident that though parent-child coresidence is a widely prevalent living arrangement, the arrangement of living with spouse emerged as a better option for the elderly in terms of ensuring a better quality of life and related variables.

Most of the reasons given by the elderly in justification of their current or preferential living arrangements and particularly for coresidence with married son (s) are mostly linked to emotional and instrumental reasons rather than those bound by tradition. That it is a custom and filial obligation on the part of the son figured only next to emotional reasons such as mutual emotional dependence, to be together etc., in terms of frequency. Even the reasons put forward for staying with married daughter were more of instrumental or emotional in nature. Does this mean that the belief in tradition of familism and filial obligation toward taking care of the elderly in the family is losing hold? Are the consequences of modernization such as mobility of children, changing lifestyles, limitations of space- affecting motivations and choices of living arrangements by the elderly? Will this lead to the emergence of independent and alternative forms of living arrangements? The study findings may not provide complete answers to all these questions but may indicate that such changes are becoming more apparent.

Take for instance the 'living with spouse only' as an alternative living arrangement. The findings of the study indicate that even when children are available and are living nearby in Vadodara, the respondents reported staying independently with spouse mentioning instrumental reasons such as independence, autonomy, not to interfere with the lives of children etc. Of course, when the elderly currently living with spouse, alone or with assistance were asked to mention their preferred living arrangement, a majority of them indicated their choice to live in coresidence with children but this is again more for the emotional and instrumental reasons. At the same time, the elderly currently in parent-child coresidence preferred the living arrangements of the other 4 types, more for the instrumental reasons. Therefore, the indications are that living with children, especially with married son (s), is no longer taken up with the intention of keeping up with the tradition, but more for serving the emotional and instrumental needs of the elderly and children.

Along with modernization, the increased longevity necessitated the emergence of different forms of (let us say, independent) living arrangements. The older persons after attaining 60 years have another decade or more during which, if their children have moved out, they may live with spouse, alone or with assistance, and if it is a possible option they may drift back to coreside with child (ren) when in need of family support. Therefore, in view of these changes, in the urban context, the choices of the elderly to stay in any living arrangement is becoming more dependent on external factors rather than the tradition bound obligations of the children or the expectations of the elderly. Though living with spouse, living alone, including living with assistance are living arrangements that are not long-term but are transitional in nature, they serve certain needs and expectations of the elderly at certain points in their life span, and therefore need to be valued and supported too. In view of the discussion so far, it makes sense to emphasize programmes and policy that support and makes viable, both the currently popular and alternative living arrangements for the elderly.

vi. Way Forward

One of the important findings of this study is that the lives of the elderly in coresidential types of living arrangements are better than in other arrangements. It was also evident from the reasons and suggestions put forward by the elderly that they strongly feel that older persons be cared for preferably in the family settings. A majority of the elderly expressed that in the context of changing social scenario, there is no better place for them than the family. In the Indian context, it is still relevant and advisable to continue the family support for the care of the elderly.

Therefore, in the light of values of familism, collectivistic and cultural norms (traditions/customs) of the Indian family, it is advisable to strengthen the parent-child coresidence and encourage the elderly to continue to live in this type of living arrangement. Keeping in view that for the large number of elderly without family support the government is not in a position to provide social security outside the ambit of family. Hence, the other types of living arrangements can be made workable for the elderly, through provision of appropriate supports to the elderly and their families, through a partnership between the government and the civil society. In the next section, the various interventions, policy measures and suggestions for social work practice and research will be discussed.

Section III

Suggestions for Policy Formulation, Social Work Practice and Future Research

Here under, based on the study findings, specific suggestions towards advocacy for policy change and the implications of the study for social work practice are given. Following this, the suggestions for future research are also outlined.

A good way to begin is by taking into cognizance the perceptions of older persons about the younger generation and listing their suggestions to improve the way they are treated by the younger generation in the family context. Almost all the sample elderly, including those who did not currently coreside with their children, said that when they were young they believed that children should look after their old parents. This is because some of the respondents when they were young took care of their parents and in-laws, and therefore they have a feeling that older people would be secure with their children. Although most of the elderly said that they perceived the youth to be responsible and caring towards the older people, some of them also expressed that young people were disrespectful and neglect their parents. The elderly emphasized that many changes in the family and society were leading to a rift between elderly and the youth.

The following are the suggestions:

- The elderly strongly felt that they should be cared for preferably in the family settings.
- The adult children need to fulfill the basic non-negotiable needs of the elderly such as food, clothes, shelter, privacy, medical attention and monetary support.
- To be given due consideration to the desire to age in place that figured among those who lived with relatives, spouse, alone or with assistance.
- The younger generation should empathize with the elderly.

Specific Suggestions based on the Study Findings

Policy and Legislative Change

Indian population is ageing more rapidly than ever with the elderly constituting around 8 per cent of the total population. With the increase in the life expectancy to 67 years, people are living longer, requiring prolonged periods of care and support (Desai & Siva Raju, 2000; Jamshidi, Oppenheimer, Lee, Lepar, & Espenshade, 2000; Rajan & Kumar, 2003; Siva Raju, 2002; Visaria, 2001). However, due to the decline in fertility rates and increasing mobility of the youth, the older persons may not be left with anyone to look after them in the near future (Virpi, 2008).

While the joint family is withering away, the intergenerational support transfers are also declining due to the less availability of children and growing rift between younger and older generations because of rapidly changing life styles. The decline in the potential-support ratio i.e. the number of working adults available per an elderly person to care for them in old age is an important indicator effecting elder care (Rajan, 2006). Further, older persons affinity to place and networks is one of the reasons hindering the elderly to relocate with their children (Prakash, 2004). As a result, they are left to fend for themselves during their later years. In addition to it, the forces of modernization and globalization are impacting the families in such a way that the share of the resources for the elderly in the family is shrinking (Jayati, 2002).

Motivation for living in coresidential or other arrangements can be ascertained from the reasons given by the elderly for their current and preferential living arrangements. In the study, they gave an indication as to how the filial obligatory norms have declined their hold and overall, given way to more instrumental concerns- be it for coresidence or other forms of arrangements. Of course, the justifications proposed especially for coresidential arrangements appear to possess similar weights for emotional and instrumental reasons.

With the fact that 93 per cent of the workers still work in the informal sector, whose incomes fall below poverty line, the fate of the elderly from this population group is bleak (Bremar, 2010 ; Mazumdar, 2008). There is also a progressive exclusion of the elderly from main stream life (Shah, 1999). Where will these older people be taken care of? Who will they look toward in the later years, and at times of crisis, illness or physical dependency? What systems and institutions are available for the elderly? Which value frameworks will make these support systems work in the changing social scenarios? In this context, living arrangements of the elderly have always figured strongly in the discourses relating to the welfare and protection of the elderly.

Keeping these aspects in view and to ensure better protection of the elderly, the government has initiated several steps. One such step is the formulation of the National Policy for the Older Persons (NPOP), 1999 which is a comprehensive document that recognizes the living arrangements of the elderly as one of the intervention areas to improve the well-being of the elderly. The policy talks about the declining coresidence with children, and the fact that the government cannot take on a larger role in welfare of the elderly due to financial constraints. Subsequently, the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enforced by the Government of India in keeping with the assurance to older persons mandated in the constitution of India under article 41. The recent National Policy for Senior Citizens draft policy 2011 already recognizes the need to strengthen integration between older and younger generations, and in the development of formal and informal social support systems.

It is found the quality of life, the degree of loneliness and ability to adapt to old age varied with the types of living arrangements, with living with spouse only and in parent-child coresidence figuring at the top. It is also evident from the study that a majority of the respondents felt that the elderly feel secure in the family setting, though institutionalization may be a last resort. The findings also highlighted the vulnerable status of elderly women in terms of quality of life. Therefore the policy shall give priority to services that strengthen the family support so that older persons can continue to live in the family. The policy needs to promote the concept of aging in place, as this thrust has clearly emerged during the study.

The quality of life, the degree of loneliness and ability to adapt to old age varied with the types of living arrangements, with living with spouse only and in parent-child coresidence figuring at the top. Therefore, it is more practical that each of these living arrangements can be converted into a feasible option for the elderly. This can be done by providing institutional supports to strengthen and endorse these living arrangements. However, the oldest old (80 +) and the widowed women are left with fewer alternatives in terms of living arrangements. It is the age where medical contingencies and other situations arise necessitating support. Therefore, a special old age scheme to cover these particular categories of the older persons may be envisaged. Similarly, health insurance and medical expenses reimbursement cover through public funded schemes for this particular age group and more specifically, for the widowed women can be given priority.

While a range of public services such as travel and income tax at concessional rates, a higher interest rate on investment etc. are already available for the elderly, what is needed is linking the elderly on a high priority with all healthcare schemes such as National Rural Health Mission, and Primary Health Care centers so that families will be less burdened with the care of the elderly. Along with it, there is a need to develop special programmes to increase the awareness about the mental health needs of the elderly and establish geriatric mental health clinics.

The study findings revealed the prevalence of cases of abuse and neglect. Elderly become vulnerable and insecure as they grow into advanced age, which is one concern reflected in the study findings. Elderly who live alone, with relatives, with children and with assistance have been found to experience distress, abuse and neglect, property related conflicts, financial exploitation etc. Hence, provision of support through counseling services, telephone help-lines, strengthening of legal-aid and emergency ambulance services are the need of the hour. Private agencies working with the elderly have started these kinds of facilities but much more needs to be done in this direction. Services for protection from crime such as elderly friendly police vigilance and building community awareness about making the neighborhoods safe for the elderly are equally important.

The study findings indicate that engagement with life is seen more among those who live with spouse and in parent-child coresidence than in the other arrangements. Establishing a day-care/resource center in the locality would provide the elderly an opportunity to go out, spend time with people of their age group or young volunteers, and involve in various leisure time activities. This center can take off some burden on the caregivers through provision of day-care and short-stay respite care services. Trained staff in the short stay home can take care of the elderly who need temporary shelter or while the family members go for vacation. State or NGO's can play a role in promoting these services.

Elderly from any of the living arrangements by virtue of having no family support may require assistance to secure medicines/grocery/food etc. on a regular basis. Due to ill health or because they are frail, they may not be ambulatory. Systems can be promoted and put in place to make these services available. Also, the elderly living alone or with assistance with less family support may require trained hired help for housekeeping and escorting them. A cadre of such people may be trained for the purpose. NGO's can play an important role to address both these concerns.

One of the important legislation which has implications for living arrangements of the elderly and their care in these settings is the Maintenance and Welfare of Parents and Senior Citizens Act, 2007. It has important provisions for the parents and senior citizens to receive maintenance from children or relatives, for the establishment of old age homes in case of need, provision of medical care facilities, protection of their life and property and punishment for abandonment and neglect of the elderly. However, this act is welfare oriented, and does not envisage the families as willing partners in the care of the elderly and seeks establishment of institutional settings. Also, the social and cultural context in India is not conducive for parents and senior citizens to apply for or seek maintenance from their children and family members. That is the reason why there is not much progress in the implementation of the act. What needs to be done in this context is that the family and community be made aware and sensitized to the rights and vulnerabilities of the elderly.

Suggestions for specific programmes to update policy for the aged:

- Family life education /life-long learning programmes in taking care of older persons may be introduced. They can include issues covering older persons' mental health and well-being, long term care, cultural traditions and values congenial for the promotion of respect and dignity of the elderly, intergenerational bonding etc. which will strengthen the family's ability to take care of the elderly.
- Mass media has an important role to play in highlighting the changing situation of the elderly and to mould people's opinion towards their issues. NGO's and social workers working with the elderly can make use of media in this direction.
- Intergenerational bonding should be nurtured and strengthened so that the younger generation can value/ appreciate the need to take care of the elderly. Value based education to strengthen intergenerational bonding can be incorporated in school text books and in other educational contexts.
- Promotion and strengthening of senior citizens groups in the community.
- Family support services such as tax benefits, subsidies for medical needs and health care of the elderly, especially of the urban poor, the oldest old and widowed women makes the families better partners in the care of the elderly.
- Support to the community/neighborhood by the local self governing bodies such as municipalities in starting day care centres for the elderly, and in establishing help lines will create safe and elderly friendly neighborhoods.
- Faith based organizations, churches, mosques and temples can be involved in rebuilding the culture of taking care of the elderly.
- As a last resort, old age homes with assisted living facilities for neglected and abandoned senior citizens are required to be established.

Implications for Social Work Practice

Older population is the most rapidly growing age-group and the services for the elderly is expected to expand. Therefore, a strong cadre of gerontological social workers would be needed in the near future (Zastrow, 2008). The present circumstances of the elderly including their living arrangements are better understood through a life course perspective. Events, relationships, economic and social circumstances as well as class, gender, location etc. influence the quality of life of the elderly living in different contexts (Huges, 1995). The study findings brought up concerns and challenges faced by the elderly pertaining to the declining care, and varying levels of quality of life experienced by them according to the type of living arrangement they are in. As a helping profession, social work has an immense scope for working with the elderly and their families, as well as with the community and State -to improve the living arrangements and quality of life of the elderly.

Suggestions for social work practice with the elderly:

- Professional social work interventions with the elderly can take place at different levels- policy, individual, family and community.
- Several suggestions were made in the earlier discussion with regard to policy. In the light of those discussion points, professional social workers can advocate and lobby for bringing out the changes and in the formulation of services and programmes for the elderly.
- Social workers can organize workshops for building skills of the elderly so that they are equipped to cope with situations in the different types of living arrangements.
- Social workers can extend support to the families or primary caregivers of the elderly by organizing training programmes for them to better care for the older people.
- Social workers can play an important role in the provision of community based care in the resource centers, day care centers and other similar informal institutions providing services to the elderly. The task for the social workers is to use methods like community organization and social action, and garnering support of the local community to sustain these institutions.

- Social workers can first assess the social networks and supports available to the elderly at family and neighborhood level and those who have poor social support may be linked with other elderly, community centers or volunteers.
- The social workers working in any setting can provide referrals to hospitals, counseling centers, financial or legal aid and mental health facilities available in the community for the elderly who are in need of assistance.
- Another important social work intervention is to give support to those elderly who are abused and neglected through crisis intervention, provision of legal help, counseling family members, provision of shelter if needed and advising for an alternate living arrangement or placement in a home for the aged as a last resort.
- In order to create a cadre of professionals to work in this field there is a need to initiate and offer programmes in gerontological social work. Some of the social work and interdisciplinary programmes have been offering a paper on working with the elderly along with field work training. However, over a period of time, some of the social work programmes have dropped their course content on this subject. There is an urgent need to revive and strengthen this component in social work and interdisciplinary educational programmes. For instance, Tata Institute of social sciences introduced a PG Diploma in Gerontological social work. Such steps will simultaneously promote adequate research and documentation in the field of gerontology and gerontological social work.

Directions for Future Research

Though studies on ageing in India have been done extensively during late 1960's, not much focus was given to study living arrangements of the elderly and more specifically their impact on the physical and mental well-being of the elderly. An effort is made in this study to explore the relationship in great detail. More studies are needed in this area. Further, there is a need to explore some of the following areas suggested for further research.

Suggestions on study topics for further research in this area:

- It would be interesting to study in depth the factors leading to the transitions into other the living arrangements during the life span.
- Examining family relationships, ethical dilemmas, intergenerational transfer of resources, and changes in living arrangements in the context of migration of children to other countries, especially in states like Gujarat where emigration of the young people is high, will lead to interesting insights.
- Similarly, there is a need for studies to understand in a better manner, the implications of intergenerational supports and transfer of resources in different living arrangements of the elderly.
- Studies on attitudes of the younger generation towards the care and support of the elderly.
- The current study consistently showed that women experience a poor quality of life and scored low on related variables across the types of living arrangements. Further, investigations to explore this aspect would be useful.

Other important areas for research are studies on care givers and care giver stress in parent-child coresidence and living with spouse only contexts, research on elder abuse and neglect, and financial exploitation especially in the case of widowed women and the oldest-old category in the family context, developing methods of collecting and providing information on the living arrangements of the elderly in the census data (which was missing in the 2012 census), and conduct of research with a multidisciplinary focus on ageing.

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Summary of Thesis

Older persons require support and assistance from their offspring or kin at some point during their later life. In the context of 'crisis of care' predicted for the elderly population due to the altered living arrangements caused in turn by population ageing and the rapid social transformation, this study makes an attempt to understand how the current living arrangements of the elderly influence their quality of life, and its related variables such as loneliness and adaptation to old age. Apart from exploring the association between living arrangements and quality of life, the mediating effects of socio-demographic variables on the main relationship between these two variables have also been investigated. The study also covered a number of other aspects such as living environment, family relations, social interaction, leisure time activities, preferential living arrangements etc. in the context of the current living arrangements of the elderly, and their association with the socio-demographic variables, the type of living arrangements, and the quality of life.

The study sample comprised of 243 elderly drawn through a multi-stage sampling method from the Vadodara city in Gujarat State. They comprised of 51 per cent women and 49 per cent men, and the mean age of the sample elderly was 69.2 years. A majority of the sample were married (69 per cent) followed by those who were widowed (23 per cent) - with more men in the married and women in the widowed category, respectively. A majority of the elderly belonged to other castes, and they were from the Hindu religion.

Coming to the living arrangements of the sample elderly, the results showed that a majority were living in parent-child coresidence (64 per cent) followed by those who were living with spouse only (23 per cent). Smaller percentages of the elderly were living with relatives (7 per cent), living alone (4 per cent) and 3 persons lived with assistance. The breakup of parent-child coresidence into its sub-types revealed that those who lived with married son (s) were a majority (74 per cent) and a small percentage of the sample reported living with their married daughter. A similar pattern i.e. preference to live in parent-child coresidence, especially with married son(s) followed by living with spouse only was also observed with reference to the preferential living arrangements mentioned by the sample elderly.

It was further revealed that the socio-demographic variables of the sample elderly such as sex, age, marital status, family income, and caste were found to determine the types of living arrangements they were in. Also, sex, age, family income and marital status of the elderly sample were seen to affect the quality of life, loneliness and adaptation to old age experienced by them. On the whole, it was found that the elderly living with spouse only and in parent-child coresidence reported a better quality of life compared to those living in other arrangements. However, a further analysis showed that sex and marital status of the sample elderly exhibited a stronger association with the quality of life and its related variables in their current living arrangement. Therefore, in the sample, elderly women compared to men from almost all the living arrangements reported a lower quality of life, higher degree of loneliness and a poor adaptation to old age, with the exception of women living with spouse only where they fared better than men on some of the quality of life domains and adaptation to old age. Most of the married elderly in parent-child coresidence and those living with spouse only, reported experiencing a better quality of life.

A broad classification of the kind of reasons given by the sample elderly for their staying in or the preference for a particular living arrangement emerged from the data. Emotional reasons were such as: choice made by son/respondent, willing to adjust, to avoid being lonely, attachment with son's family etc. Traditional reasons such as: son (s) is expected to take care of parents, belief in the joint family, son (s) taking care of parents is the custom, living with married daughter is not the custom etc. Instrumental reasons such as: availability of space, financial dependency on child (ren), dependency for medical care etc.

With regard to the two dominant types of current living arrangements i.e. living with married son (s) followed by living with the spouse only, which were also mentioned as the preferred living arrangements by the elderly, the most frequent justifications given were emotional, followed by traditional and instrumental reasons. Instrumental reasons figured more often with reference to the other types of living arrangements. Though the study findings cannot be generalized in view of the nature of the sample, these justifications reflected a declining hold of customs/tradition with regard to the motivation of the elderly to stay with children, more specifically with son (s). However, it is evident that, a majority of the sample elderly still prefer to live with child (ren) for emotional and instrumental reasons.

The study further indicated that during the course of life, the elderly move from one form of living arrangement to another. This was due to a variety of reasons such as loss of spouse, retirement of the older person, mobility, unwillingness and marriage of children and so on. It seemed that the independent forms of living arrangements such as living alone and with assistance fulfilled the needs and requirements of the elderly who did not have family support. However, it was parent-child coresidence that emerged as a secure arrangement to fall back upon, provided it was an option open for the respondent. Interestingly, none of the living arrangements were shunned by the elderly, though they felt that the independent forms required institutional supports from the state and civil society, to make them viable.

The implications of the study for policy and social work practice are as follows. There is a need for establishing institutional supports and services to improve the living arrangements and quality of life of the elderly, in the family. Further, research in this area is required to understand better the impact of living arrangements on individuals and other groups as is the creation of educational and training opportunities for gerontology in the field of social work. Based on the study findings, the suggestions for initiating and accomplishing these changes in policy and social work practice, as well as directions for future research in this area are given.