

**Chapter II**  
**REVIEW OF LITERATURE**

## 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

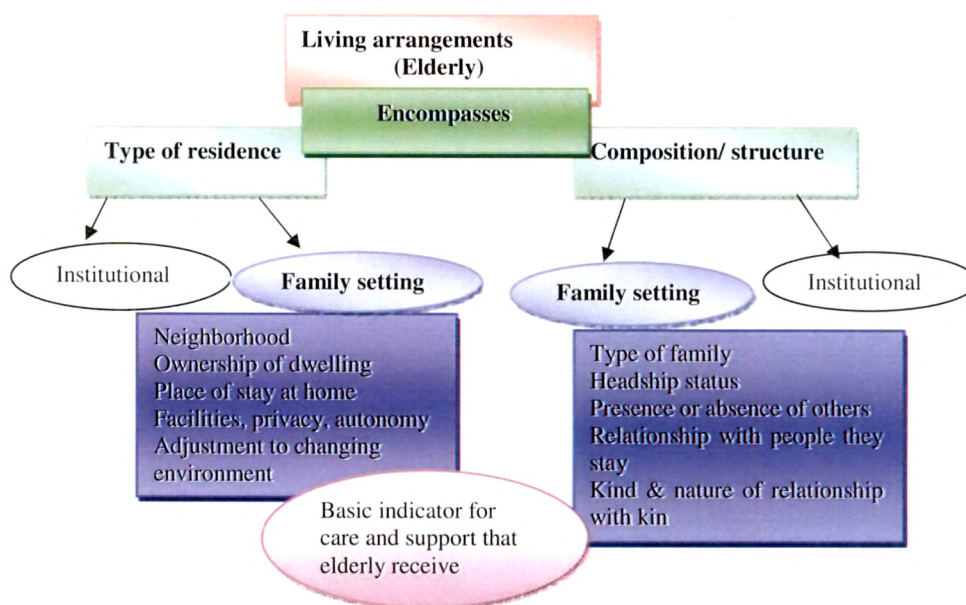
Living arrangement is the residential arrangement and care and support that the elderly receive in the family or non-family context. It is seen as an important area for research because of their influence on the well-being of the elderly. Most of the older people live with family, and this proportion 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 & Esveldt, 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.

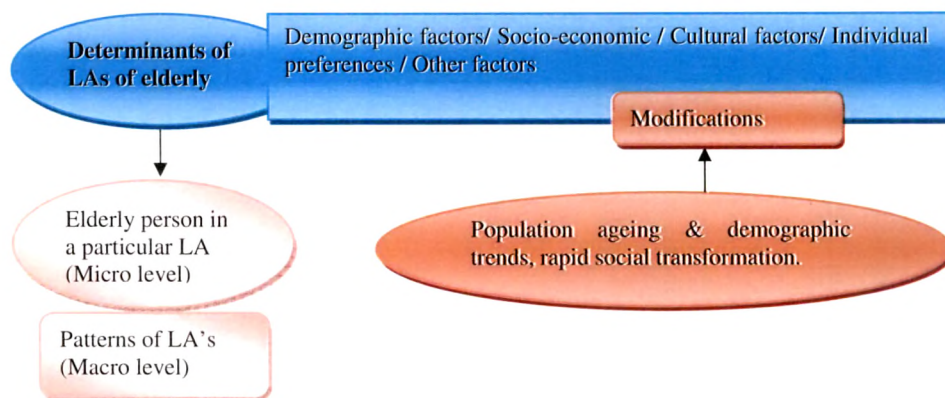
A few of the classifications were a little more complex. Bansod (2009) classified the living arrangements of the elderly as those who a) live with spouse only; b) with spouse and unmarried son (s); c) spouse and married son (s) -in addition to living alone, with married son (s), and with other relatives. 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 21<sup>st</sup> 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, Amornsirisanboon & 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. Legaré 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

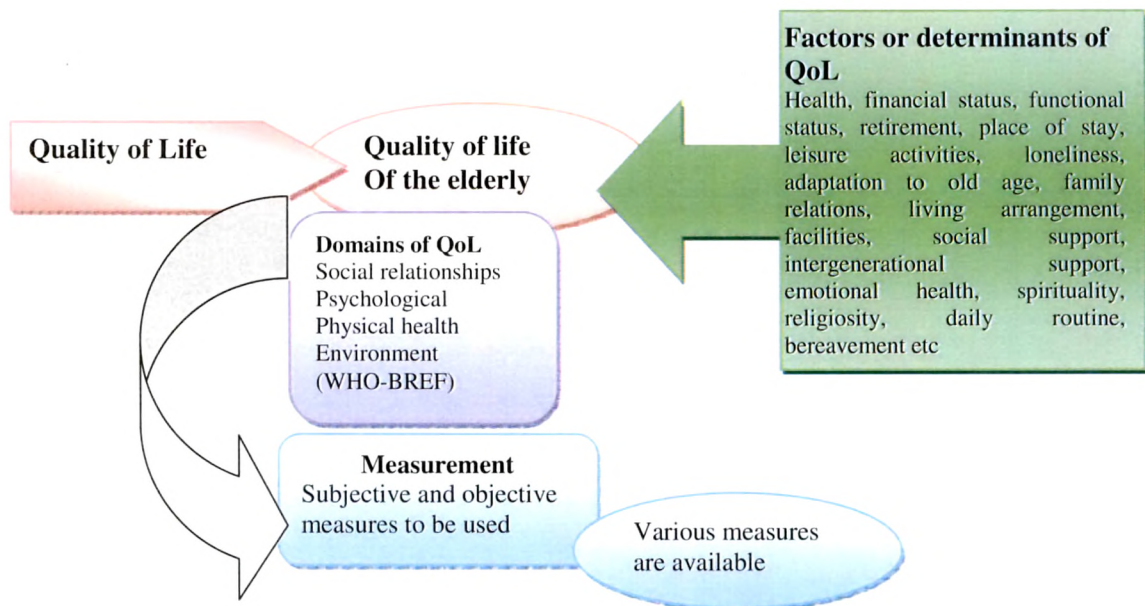
In recent years enhancing the quality of life of individuals and populations has become one of the strategic goals for the governments of different countries in the world, and multi-national organizations such as World Health Organization and the United Nations. Quality of life is a concept that is also 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 Comer (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 55<sup>th</sup> year (due to retirement effects) and also beyond the 61<sup>st</sup> 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 & Byosiére, 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. Gillear, 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.