

Dynamics of Family Support for the Elderly in Rural India: The Influence of Co-Residence with Children

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Background and Rationale:

India is the country with the second highest population of the elderly, aged 60 and above, next only to China. Owing to its peculiar positioning in the demographic transition, the age-structure of the country reveals that it has been ageing more rapidly in recent years, even as the momentum of high fertility in recent past sustains through a swelling young-age population. According to an estimate, India will be having the highest aged population in the world by 2025. There is a vast body of literature that points out that in spite of the growing numbers of the aged in the country, institutional social safety nets for the elderly are extremely inadequate. In a social milieu where family networks continue to be the major source of psycho-social support and deep-rooted cultural norms and perception regarding the family, although apparently dwindling in near past, the role of family as the crucial source of support for the elderly assumes greater significance. Thus effective family support is a key component of the overall well-being of the elderly. Following the traditional living arrangement prevalent in rural India, co-residence of the aged members of the family with their children is common. Past research presents conflicting theories regarding the effect of co-residence with children on the overall well-being of the elderly. While some maintains that governed largely by customary practice, residing together with offspring, particularly sons, positively influence the ‘perceived’ well-being of the elderly, others are of the opinion that it is the ‘quality of interaction’ and not co-residence with children *per se* that determines satisfaction and well-being of the elderly. The latter viewpoint also asserts that problems—social, economic, etc. associated with co-residence can negatively impact psychological and emotional well-being of the aged.

From this viewpoint, we aim to examine the pathways of how living arrangement, or co-residence with children in particular impacts on familial support. Given the sublime importance of familial support system in developing settings like India in influencing overall well-being of the elderly, this paper traces the dynamics of family support towards better understanding the factors constituting intra-family support systems for the elderly.

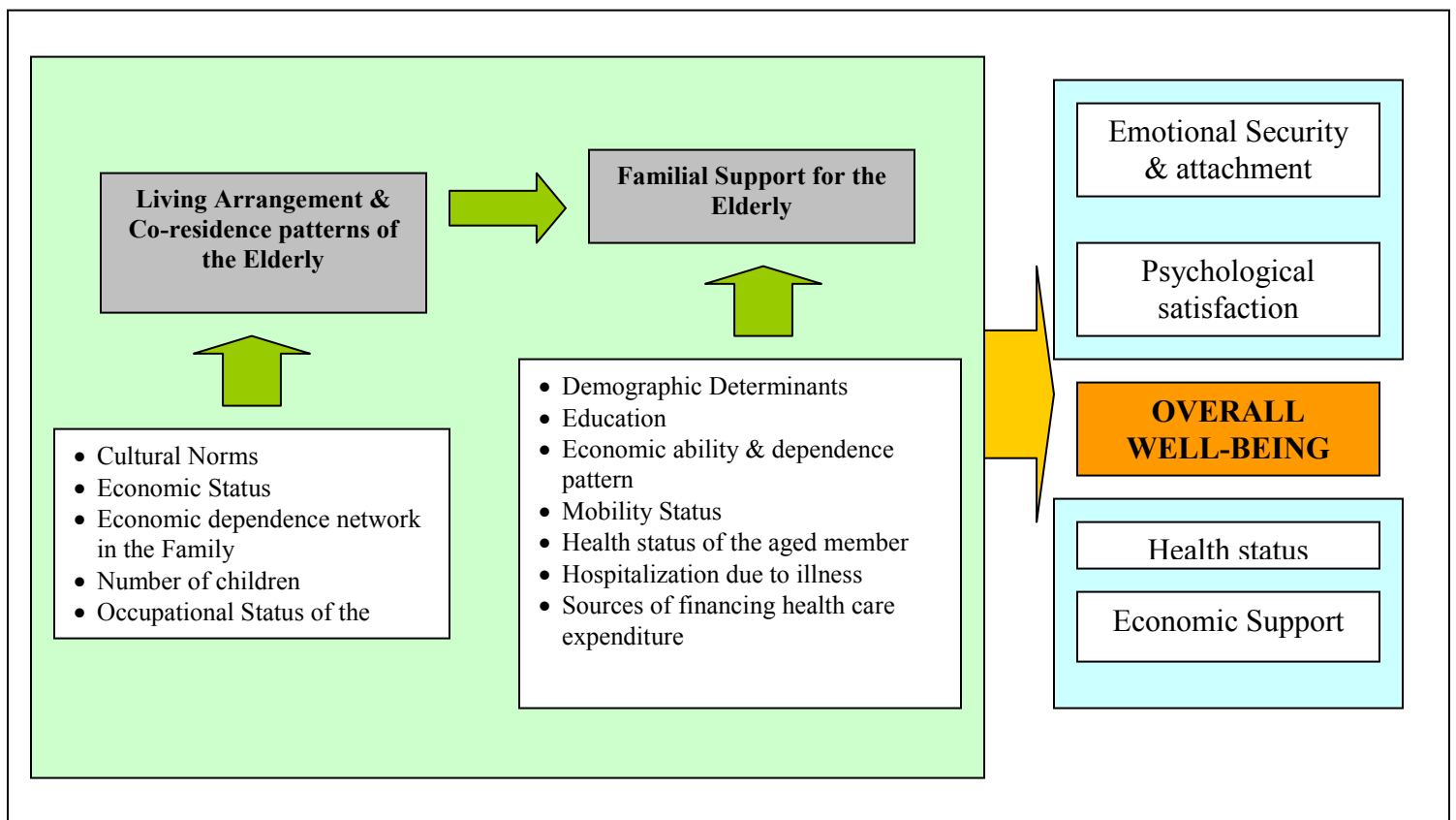
Objective:

The major objective of the paper focuses on understanding the differentials in attaining family support for elderly in rural India, based on their co-residence living status with children.

The paper has looked up the issue for elderly living in rural areas, as less than one-third of the population lives in urban India. Furthermore the institution of family as also the norms and perception regarding the position of the aged members in the family are still evident in the rural areas, owing to its certain degree of immunity from the social and economic change sweeping across urban India in recent past. Specifically this paper concentrates on:

1. Form an inclusive definition of familial support for the elderly, involving factors at the individual, household and community levels
2. Examine the living arrangement pattern among the elderly, emphasizing on co-residence with children and observe differentials in living arrangement patterns across different socio-economic subsets of the population
3. Analyze the possible pathways of influence of living arrangements on the index of family support for the elderly.

The following conceptual framework elucidates the theme and focus of the paper:



This paper concentrates on the green box towards the left of the figure above and tries to delineate the channels of influence of co-residence patterns in determining familial support for the elderly.

Data and Methods:

The data for this paper has been sourced from the 60th Round of the National Sample Survey in India during 2004, a nationwide survey of selected households covering the entire country, implemented by the National Sample Survey Organization (NSSO) under the Ministry of Statistics and Programme Implementation, Government of India. The 60th Round collected detailed information on the condition of the aged involving living arrangements, economic activity and health status of the elderly. The survey covered 73868 households spread over a sample of 4755 villages and 2668 urban blocks. Of these 73868 households, 47302 were rural and 26566 urban. Information was collected from 34831 individuals of older ages, 22265 from rural areas and 12566 from urban areas, out of a total individual sample of 383338.

Apart from examining the differentials in living arrangement pattern across rural India, an index of familial support for the elderly has been constructed drawing on a number of variables representing demographic parameters (age, sex, marital status, number of children and their sex composition), socio-cultural parameters (educational attainment, ethnicity) economic parameters (economic status as measured by per capita monthly household consumption expenditure, economic activity status, state of economic independence), health status (incidence of illness and hospitalization, source of financing health care expenditure). The inspiration behind employing a composite index of family support rests on the hypothesis that family support for the elderly encompasses a whole set of proximate determinants reflecting the domains upon which an elderly can fall back for emotional, financial, psychological and physical security in times of need. Principal component analysis was applied to extract the weights assigned to the variables used for deriving the index of family support. The 1st extracted component was retained for scoring. Cornbache's alpha values were checked for the internal reliability and validity of the index (alpha=0.81).

The effect of living arrangement or co-residence towards determining the degree of family support for the aged was observed, applying OLS regressions with appropriate controls for other intervening variables. In order to control for possible multicollinearity, variables included for the computation of the index were excluded from the left-hand side of the regression equation for our parsimonious model. Appropriate dummies were employed to reflect the relative effects of different co-residence patterns.

Major Findings:

In rural India, a majority of the elderly stay either with their spouse only (11%), with spouse and others (47%), mostly counting the children or without spouse but with children (33%). Thus, living arrangement of the aged suggest significant co-residence with children, apart from spouse. Further, co-residence with children is also found to increase along with the age of elderly, among females, for the lesser educated, and to a certain extent among the poorer economic status quintiles. Incidence of illness is comparatively lower (33%) among the aged who live with children, and they also report themselves to be 'currently' in good/fair state of health (71%). This suggests better state of well-being among the elderly residing with their children, indicating stronger familial support.

The results of the regression model lend stronger support in favour of the hypothesis that co-residing with children leads to greater familial support for the elderly. However, the effect is much stronger when, such co-residence patterns also involve the spouse, vis-à-vis where co-residence is with children *alone*. In fact, degree of family support is found to increase by about 23% among the former and 17% among the latter group, as compared to the base group of elderly residing alone or with other relatives. Taken along with the earlier finding that better perception about self-assessed health as well as lower self-reported morbidity prevalence are among the aged members co-residing with their children or both children and spouses, it is more likely that well-being among these group of elderly is comparatively better.

Conclusion:

The present paper sheds considerable light on the pathways of influence of living arrangement patterns of the elderly on the degree of familial support, which can be viewed as a facilitating factor improving the general well-being of the elderly. The findings, which involve examining the effect of co-residence with children on a composite index of familial support indicates that such form of living arrangements, empower the elderly with increased familial support, which, in turn is more likely to lead to improved well-being. The paper highlights the important role of traditional modes of intra-family support systems for the aged in developing country settings that seems to withstand the ongoing process of erosion of joint family norms and the encompassing 'cultural flux' witnessed by many contemporary developing societies. Much of this holds true for rural India, as the paper shows, where children still constitute the predominant source of intra-family support for the aged, in a situation marked by dearth in formal institutional support mechanisms for these sections of the population.