

Original article

Living Arrangements of the Elderly in Kolkata

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ABSTRACT

In developing countries like India, with changes in the demographic and economic fabric, family structure has undergone changes that significantly impact the living arrangements of the elderly in India. Such changes have profound implications for provision of care and support to the elderly. It is for this reason that this paper has been understand the living arrangements of the elderly in Kolkata. However, very little information is available on the preferences in living arrangements among the elderly, especially in the Indian context. Hence this study focuses afresh on the different aspects of preference in living arrangements among the elderly in Kolkata. A sample size of three hundred and sixty elderly persons have been selected from the two municipal corporation ward namely, ward no. 7 (Bagbazar) and ward no 83 (Kalighat).The major objective of this paper is to understand the pattern of living arrangement of the elderly in Kolkata. In order to understand the deviation from the preferred place of stay among the elderly, an attempt has also been made to look into the pattern in preference versus actual living arrangements. In general, the demographic differentials in living arrangement preferences indicate that irrespective of the demographic characteristics, a majority of the elderly in Kolkata prefer to be in co-residence. This study brings out some important findings, which would be helpful for planners and policy makers in preparing a suitable policy for the elderly population.

Key words: Elderly, Living arrangement, Demography

INTRODUCTION

The living arrangements for the aged persons are often considered as the basic indicator of the care and support provided by the family (Martin, 1989). In India, elderly parents co-residing with their children can serve a dual purpose: children can take care of their parents' health and daily needs, while parents can provide childcare for young grandchildren. However, it must be noted that this practice is more culturally based rather than development

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dependent, aged persons were living with their children and co-residence are typify a joint living arrangement. These indicate the strength of living arrangements over other factors in providing care and support to the aged by the families. India is still characterised by its traditional ways of living where several generations live jointly within the same household. With improved health infrastructure and increased life expectancy, the elderly is expected to live longer. The joint family system is on the decline and more and more families are becoming nuclear. Apart from this, the elderly in India are facing several other challenges, such as lack of guaranteed and sufficient income to support themselves, absence of social security, loss of social status and recognition, non-availability of opportunities for creative use of their time and persistent ill health. Ensuring a decent and comfortable living arrangement for them continues to be a major challenge. Given this background, it is important to explore the current nature of living arrangements and its determinants. Living arrangement for the elderly is essentially based on the structure and composition of the family. It is regarded as a marker to comprehend the status and the well-being of the elderly in the society. A study conducted by Palloni (2001) showed that the living arrangement refers to the familial system. With changes in the demographic and economic fabric, family structure has undergone changes that significantly impact the living arrangements of the elderly in India. Living arrangements serve to highlight family structure, availability of resources, care and support systems, particularly for the older people in the household (India National Report, 2013).

Living arrangements are generally studied as a dichotomous outcome - whether living alone or with others. Data from western countries shows that more than sixty per cent of the elderly aged sixty five and above live either alone or with the spouse (Palloni, 2001). However, a general agreement among researchers is that there is an increasing trend of the elderly persons living alone or with the spouse in India. The NSSO report of the 52nd round shows that fifteen per cent of the elderly in rural areas and 12.5 per cent in urban areas live alone or with the spouse. The traditional practice has been for people to live with their children in old age; this is not necessarily with the intention of receiving support; often the rest of the family also benefits from the arrangement. For example, when the younger women of the household go to work, the grandparents take care of their children. Such changes have profound implications for provision of care and support to the elderly.

METHODS

Kolkata, the city of joy, pioneers in many research activities. But studies on human ageing, both biological and socio-cultural studies are rather scant. This is the prime motivation of selecting Kolkata. In addition, there is a socio-cultural variety of the city. Two municipal corporation wards namely Ward No.7 (Bagbazar) and Ward No.83 (Kalighat) have been selected for the study. Two Municipal Corporation Wards namely, Ward No.7 (Bagbazar) and Ward No.83 (Kalighat) within Kolkata Municipal Corporation jurisdiction have been purposively selected for the study. The cut-off age for selection of the aged was sixty years. At this chronological age those who work in the organized sector would usually take mandatory retirement from services due to superannuation. Hence the population under consideration consisted of persons who had completed sixty years of age and also were residing in one of the two Wards. A door to door listing of elderly persons separately from the two Wards was made. Apart from the area consideration, a sizable number of elderly persons (60 years and above) were selected by the Monte Carlo Simulation procedure. Thus, the total size of the sample is three hundred sixty elderly males and females. Different methods were utilized during the fieldwork for collection of the data on different aspects. Both quantitative and qualitative approaches were used to collect the data.

Living Arrangement of the Elderly

Table-1. Current Living Arrangement of the Elderly (M-180; F-180)

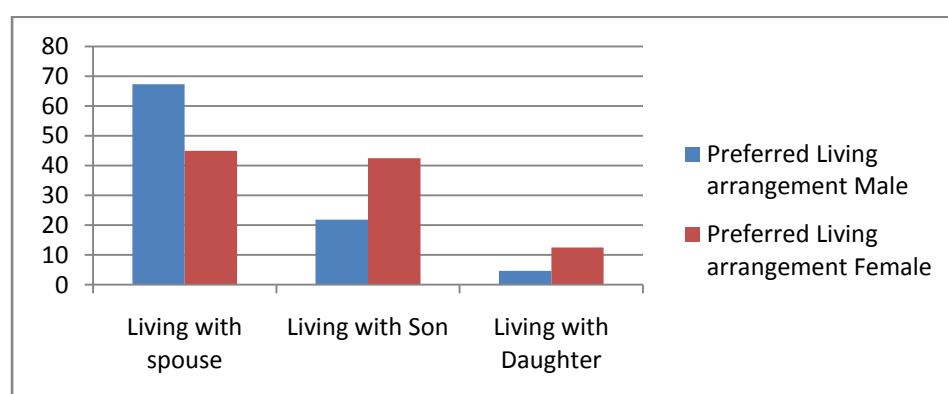
Living arrangement	Bagbazar		Kalighat	
	Male	Female	Male	Female
Living alone	7(7.7)	10(11.1)	5(5.5)	9(10.0)
Living with spouse only	21(23.3)	18(20.0)	23(25.5)	17(18.8)
Living with Unmarried Children	13(14.4)	12(13.3)	12(13.3)	13(14.4)
Living with Married Sons	36(40.0)	27(30.0)	40(44.4)	28(31.1)
Living with Married Daughters	6(6.6)	12(13.3)	5(5.5)	13(14.4)
Living with others	7(7.7)	11(12.2)	5(5.5)	10(11.1)
Total	90(100.0)	90(100.0)	90(100.0)	90(100.0)

(Living with Others – Living with relatives or fictive kin)

It is observed from Table 1 that in the study area about 60% of the respondents were living with their children: 36% with their married sons, 14% with their unmarried children and 10% with their married daughters. In the Indian society aged parents, specially aged male does not generally prefer to live with their married daughters, unless it becomes inevitable due to exigencies of circumstances. In this study, it is found that in Bagbazar, 7 % male respondents and in Kalighat it is 6% who are living with their married daughters and in case of female respondents it is 13% in Bagbazar and in Kalighat it is 14% who are living with their daughters' families, as they have no other alternative support. Twenty three percent of the male respondents in Bagbazar and 26% male respondents of Kalighat, living with their spouse and in case of female it is 20% in Bagbazar and 19% in Kalighat, the percentage is quite high in male elderly because due to age difference and higher proportion of widowhood among the females. In Bagbazar and Kalighat area only 11% female respondents and in case of male respondents it is only 7%, who are living alone. The proportion of the aged respondents living with others is also much higher among females (12%) than among males (7%) in both the areas. This brings out the fact that while the males would not prefer living with other relatives, females would accept such an arrangement due to social and practical problems involved in living alone.

Preferred Living Arrangement of the Elderly

Fig 1. Preferred Living arrangement of Elderly in Both the Areas



Data have been revealed from discussions with the elderly of both the areas, living with son is the most preferred living arrangement of the elderly respondents in Bagbazar and Kalighat area. However, this perception is ununiform across genders – as men prefer less to stay with

their sons and more to stay with their spouses as compared to women. Sons were preferred to daughters in most societies for thousands of years (Arnold and Zhaoxiang 1986; Johansson and Nygren 1991; Yang and Wang 2003), and this pattern still persists in many other developing countries (Banister 2004; Echávarri and Ezcurra 2010; Seth 2010). The sentiment behind that having a son (rather than a daughter) prevents difficulties in old age-- is a belief held by many people and is one of the main reasons for strong son-preference. This perception is purely of their own preferences but whenever have seen the recent scenario both the gender prefer daughters than their son.

Pattern of Room Sharing

Of the 180 males, there are as high as seventeen percent respondents who have a personal room. For the females, it is marginally different. There are twenty seven percent senior women who have individual room. They may be said to be quite fortunate, since it gives them the opportunity to exercise self-actualization, individual freedom and self-autonomy (Mollenkopf et.al, 2005). Though in passing it must be mentioned that it is not very customary to give the aged in a household an exclusive room for personal use.

Table.2. Pattern of Room Sharing of the Respondents: (M-150, F-129)

N.B.-Pattern of room sharing for only those respondents who do not have a personal room

Area & Age group	Gender & Pattern of Room Sharing									
	Male					Female				
	1	2	3	4	5	1	2	3	4	5
Bagbazar 60-70	35(43.7)	6(7.5)	-	6(3.3)	2(1.1)	31(17.2)	10(5.5)	-	2(1.1)	-
71-80	16(20.0)	2(1.1)	1(0.5)	4(2.2)	1(0.5)	13(7.2)	8(4.4)	1(0.5)	-	1(0.5)
81+	5(6.2)	2(1.1)	-	-	-	2(1.1)	3(2.7)	2(1.1)	-	-
Sub-Total M-79,F-73	56(31.1)	10(5.5)	1(0.5)	10(5.5)	3(1.6)	46(25.5)	21(11.6)	3(1.6)	2(1.1)	1(0.5)
Kalighat 60-70	30(19.4)	5(2.7)	-	3(1.6)	2(1.1)	26(14.4)	5(2.7)	1(0.5)	2(1.1)	-
71-80	12(8.8)	4(2.2)	1(0.5)	2(1.1)	-	12(6.6)	3(4.4)	-	-	1(0.5)
81+	8(2.7)	2(1.1)	-	-	1(0.5)	2(1.1)	3(1.6)	1(0.5)	-	-
Sub Total M-71,F-56	50(27.7)	11(6.1)	1(0.5)	5(2.7)	3(1.6)	40(22.2)	11(6.1)	2(1.1)	2(1.1)	1(0.5)

Code:1-Spouse,2-With Consanguineal Family Members,3 With Affinal Family Members,4-Spouse+WithConsanguinealFamilyMembers, 5- Others (Relatives+Neighbors+Fictive Kin)

In this context, it may be noted that majority of the males (83%) share rooms, and very few (17%) has the privilege of having an exclusive personal room for their own use. And the pattern is uniformly found in two areas. Seventy one percent of the male respondents are sharing rooms with their spouses, whereas forty eight percent elderly women enjoy this privilege to share their rooms with their spouses in both the areas. The remaining aged female respondents are sharing rooms with consanguine (blood related) or affinal members (non-blood related) of the family. However, the aged males (59.0%) are quite lucky because their marital partners are sharing rooms with them. It means the aged males will always have some assistance whenever needed. For them, care receiving has become so much easier. The remaining aged males (12%) are sharing rooms with their consanguine family members. Though technically deprived of privacy, autonomy etc. males in general even by sharing rooms are expected to have better elder care. The elderly women also being widows may receive good family support, care and affection exactly like their counterparts. Those who are having spouses are assured of family care. Thus the room-sharing pattern has shown and established the efficacy of joint families. It also shows that the Bengali culture yet can give birth to bondages and family ties that cannot be washed away in the name of modernization, industrialization or even globalization etc.

This project may further enhance this idea of family bondage, support and care for the elderly. We have not dealt till now with quality of house, nature of ventilation, toilet facility or even availability of electricity. People now-a-days like to live in a house that has the below mentioned facilities.

Table.3. Pattern of Availability of the Household Amenities for the Respondents :(N-360)

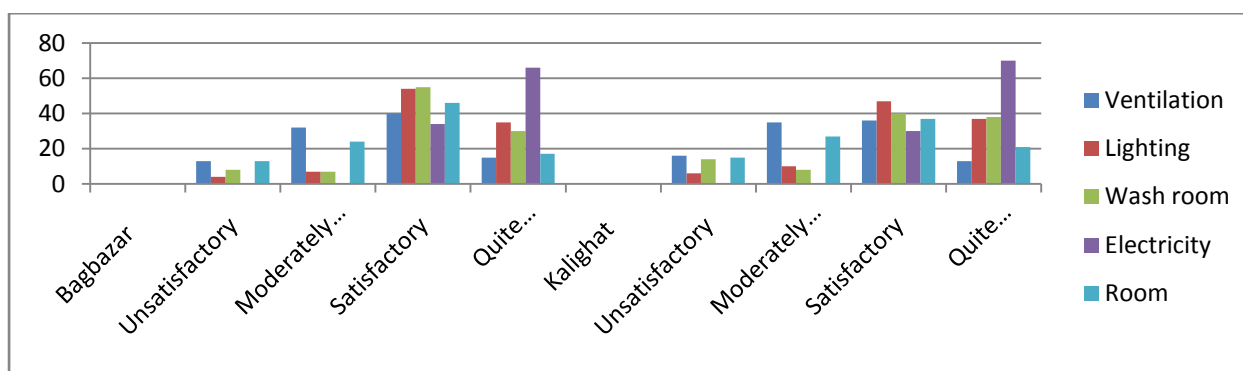
Area & Group	Household Amenities					
	Ventilation		Electricity		Personal Toilet	
	Yes	No	Yes	No	Yes	No
Bagbazar Male	80(88.8)	10(11.1)	90(100.0)	-	10(11.1)	80 (88.8)
Female	78(86.6)	12(6.6)	90(100.0)	-	14(22.0)	76(78.0)
Sub-Total	158(87.7)	22(12.2)	180(100.0)	-	24(13.3)	156(86.6)

Kalighat Male	76(78.0)	14(22.0)	90(100.0)	-	11(6.1)	79(43.8)
Female	78(43.0)	12(57.0)	90(99.0)	-	12(4.0)	78(96.0)
Sub-Total	154(85.5)	26(14.4)	180(98.5)	-	23(12.7)	157(87.2)

Ventilation is the prime importance of good living. Quality of life depends to a large extent in a well ventilated room. During field work, it has been reported that, an overwhelming majority of the respondents (87%) are enjoying good ventilation facilities in their residences. Whereas the rest of the respondents only (13%) are excluded from this facilities. The reason being the houses in slum area are mostly brick built but the roofs have thatched by tiles or asbestos with single door and with no provision of cross ventilation. Both light and air thus restricted, make these houses ill ventilated. Bad ventilation inevitably will toll upon the health of our elderly respondents. In modern days, electricity is an amenity that is indispensable .From the stand point of electricity as an amenity; it is quite overwhelming to note that hundred percent of the respondents are enjoying this facility. Electricity is a major part of developmental regime. Lack of this amenity will hinder a proper elder care.

In this context, toilet is another component in terms of health and hygiene. It is thus also related to elder care. Irrespective of gender and locality, about seven percent of the respondents have personal toilet facilities. Whereas, ninety three percent respondents do not have such facility, the remaining types have been used common family toilet and a few respondents who are living in slums have been used community toilet.

Fig:2. Satisfaction regarding housing amenities



Elderly people with their age, they experience their life course with phases of ups and downs. These people are the assets of our society, we have been learning a lot from them. In our field study, we discussed with the respondents to understand their satisfaction level regarding housing amenities. They have different opinion of satisfaction level but majority are satisfied with their living arrangements they adjust themselves whatever their condition is, either good or bad. These are the lessons we are learning from this elderly group. This graph shows that, among the elderly people, regarding lighting, wash room and electricity amenities that graph shows high, stated that they are satisfied with their housing facilities.

The dispersion of satisfactory level & the amenities like ventilation, electricity and toilet despite, a significant percentage of male as well as female live under share accommodation, share toilet, they feel themselves satisfied. Incidentally electricity is available for all respondents.

Duration of Stay

Elderly people, who were born at a particular place, would not want to change their residential location frequently. Irrespective of age groups, there are about sixty six percent of the aged male residents (65.6%), who are living at their place of birth from the time they were born. In comparison to this, the duration of stay for the female respondents have a slightly different picture. There are altogether thirty seven percent aged women combining all age-groups who are staying at a stretch in their abodes ranging from 41-60 years. This long association other than the place of birth, is the result of marriage at a tender age and has made these women to switch residences at the time of their marriage. Such switching of residence also has occurred to 35 percent respondents whose duration of living in their present residence is more than 61+ years. And lastly, there are 19 percent respondents who also have been living in their present residence for 21 to 40 years. Adding to this, another 4 female respondents who have stuck to their residences since birth. Thus, there are very few female respondents (5.6%) who are likely to be less familiar with their current residences due to comparatively low incidence of duration i.e. less than six years. Totally about 95 percent of the aged women (94.3%) respondents are there who have high percentage of association with their current residences and thus have a strong cultural ambience to fall back. Similarly, very high percentage of the male respondents (96%) also have a long association with their present living abodes. Thus, combining both male and female respondents, there are about ninety five

percent (95.1%) of the aged respondents, who can claim to have a strong cultural influence without disturbing their daily life and customs. This should be a good platform to augur well for care receivers.

Table. 4.1. Duration of Stay of the Respondents: Bagbazar (N-180)

Gender & Age group	Duration of Stay				
	Since Birth	<20	21-40	41-60	61+
Male 60-70	12(13.3)	2(2.2)	3(3.3)	5 (5.5)	13(14.4)
71-80	9(10.0)	2(2.2)	4(4.4)	7(7.7)	14(15.5)
81+	10(11.1)	2(2.2)	3(3.3)	6(6.6)	14(15.5)
Sub-Total	31(34.4)	7(7.7)	10(11.1)	18(20.0)	41(45.5)
Female 60-70	-	3(3.3)	8(8.8)	13(14.4)	6(6.6)
71-80	2(2.2)	3(3.3)	7(7.7)	8(8.8)	10(11.1)
81+	1(1.1)	1(1.1)	6(6.6)	9(10.0)	13(14.4)
Sub-Total	3(3.3)	7(7.7)	21(23.3)	30(33.3)	29(32.2)

Table-4.2. Duration of Stay of the Respondents: Kalighat (N-180)

Gender & Age group	Duration of Stay				
	Since Birth	<20	21-40	41-60	61+
60-70	10(11.1)	2(2.2)	3(3.3)	7(7.7)	8(8.8)
71-80	8(8.8)	-	4(4.4)	8(8.8)	10(11.1)
81+	9(10.0)	-	2(2.2)	7(7.7)	12(13.3)
Sub-Total	27(30.0)	2(2.2)	10(11.1)	22(24.4)	30(33.3)
Female 60-70	1(1.1)	3(3.3)	5 (5.5)	14(15.5)	7(7.7)
71-80	-	2(2.2)	4(4.4)	10(11.1)	14(15.5)
81+	-		5 (5.5)	12(13.3)	13(4.9)
Sub-Total	1(1.1)	5 (5.5)	14(15.5)	36(40.0)	34(37.7)

In the field of environmental gerontology, Lawton (1982) emphasizes the role of the interaction between personal competence and the physical home environment in older people's well-being, showing how changes at home can enhance independence. Older people want choices about where and how they age in place. "Aging in place" is defined as "remaining living in the community, with some level of independence, rather than in residential care". Claims that people prefer to "age in place" abound because it is enabling older people to maintain independence, autonomy, and connection to social support, including friends and family. Having people remain in their homes and communities if possible also avoids the costly option of institutional care and is therefore favored by policy makers, health providers, and by many older people themselves (World Health Organization [WHO], 2007).

Many expressed a strong desire to remain in their own homes, linked to a sense of independence and autonomy. Often this was as much about not wanting to be in a nursing home or institution, where it was perceived that autonomy might be lost as about remaining in the same place. Asking about the Independence and autonomy did mean quite different things to different groups. For example, they might be referring to independence "from" family in terms of help with personal care, or independence "through" family who provide personal care. In order to enhance the participatory nature of the research (Cook *et al* 2004), many focus groups discussion were observed from the places where samples are drawn. One focus group discussion is cited below.

Interviewer: Question: "What are the likely advantages of staying in the same place?"

Respondent is 76 years old, male, staying in the place since birth: He replied, well, it comes back to first question about where you want to live. In a good community where you feel safe? I mean if you're feeling safe in your home and you've a good neighbours who look after you for everything.

Interviewer: What do you mean comfortable in life?

Respondents: - it's the familiarity with the environment.

Interviewer: what about the neighbourhood?

Respondents: It is familiarity and friendliness. It is like your own community where if I need something I can go and call the neighbors'.

Interviewer: so it's about the people that are around you?

Respondents: Yes, It is mainly people. That's why we do not want to change the place or go Old Age Homes or any other institutions. The neighborhood as well as the home environment can enable a person to maintain a sense of independence.

This message about being able to make one's own choices about where to live, rather than decisions being driven by other people, came through very strongly throughout focus groups and interviews.

CONCLUSION

On the whole, the demographic pattern shows a compatibility with the national and international trends. For elders living with their families-still the dominant living arrangement, their economic security and well-being are largely contingent on the economic capacity of the family unit. From study it has been found that majority of the respondents were living with their children. The most crucial aspect of living arrangements of the elderly is co-residence with adult children, it is said that co-residence does not always indicate flow of support from the younger to the older generation; co-residence may also imply child-care or help in household chores by the elderly. Though co-residence is an important criterion for the well-being of the elderly. However, with all these major changes, a study of living arrangements of the elderly in two areas of Kolkata found that an overwhelming majority of the elderly in both areas live with their off-spring. Data have been revealed from discussions with the elderly of both the areas, living with son is the most preferred living arrangement of the elderly respondents in Bagbazar and Kalighat area. However, this perception is ununiform across genders – as men prefer less to stay with their sons and more to stay with their spouses as compared to women. Sons were preferred to daughters in most societies for thousands of years. In the Indian society aged parents, specially aged male does not generally prefer to live with their married daughters, unless it becomes inevitable due to exigencies of circumstances. In our field study to understand respondent's satisfaction level regarding housing amenities, they have different opinion of satisfaction level but majority are satisfied with their living arrangements available to them. Majority of the respondents expressed a strong desire to remain in their own homes, linked to a sense of independence and autonomy. Having people remain in their homes and communities, can maintain their independence, autonomy, and connection to social support, including friends and family.

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