

Living Arrangement of Elderly in Haryana:

A Case Study of District Rohtak

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ABSTRACT:

In the present paper, we have analyzed the living arrangement of elderly in district Rohtak, Haryana. We have interviewed 500 elderly of different age groups in 2012. The study found that elderly is cared as about 90 per cent elderly stay in joint families. Not a single respondent male was living alone whereas 0.5 percent females in rural areas and 2.5 per cent in urban areas are living alone. The poor elderly are more satisfied than the rich elderly.

***Keywords:** Elderly, living arrangement, Haryana.*

INTRODUCTION:

The emerging changes in the age and sex structure of India's population, particularly at old and older ages will have a profound impact on the demographic landscape and are expected to pose multifaceted developmental challenges. A major demographic issue for India in the 21st century is population ageing, with wide implications for economy and society in general. With the rapid changes in demographic indicators over the last few decades, it is certain that India will move from being a young country to an old country over the next few decades.

Presently, India has around 90 million elderly and by 2050, the number is expected to increase to 315 million, constituting 20 per cent of the total population. Around three-fourths of the elderly live in rural areas, of which 48 per cent are women and 55 per cent of them are widows. Nearly 70 per cent of rural elderly are dependent on others. The majority of the people at 60+ in India are socially backward and economically poor. The Indian society is moving from traditional rural society to modern urban society. This has posed a serious threat to the well being of this vulnerable section of the society. In the western societies the elderly are prepared for the hardships in the young age itself and the governments are responsible for providing social security but in the developing countries like India, the picture is grim.

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Care is one of the fundamental UNs principles that address the older persons. Care broadly encompasses concern, support and the art of nurturing of old age persons particularly in the context of family. Care for older persons has assumed a different dimension in the modern times because of increasing longevity of life, increasing number of older persons, changes in the nature and structure of family and socio-economic background. The current scenario is such that the families are getting smaller and values are deteriorating. Universally, it is agreed that the aged often arrive at a stage in life when they need looking after by others- irrespective of their economic status. The probability of this happening has been found to be much higher in 80+ age group than among the rest of the aged. It is also true that the chances of such care needing aged people being economically independent are much higher in developed countries than the developing countries. Therefore, the question arises about the manner in which age care to be delivered. Until recently, it was thought that there are only two alternative models of old age care. One is the joint family system in which old co-habit with and looked after by the rest of the family. This kind of care system is still largely practiced in India, though it is weakening. The alternative system is the one which prevails in the West and slowly penetrating in the Indian systems too is leaving the aged to fend themselves, mostly in old age homes.

Role of Family

The household structure and family support for elderly are becoming increasingly important. The family is the key institution for older adults, and their living arrangements are a fundamental determinant of their well-being (Albert and Cattell, 1994; Cowgill, 1986]. The Indians are bound by cultural values, which emphasize that the elderly should be taken care by offspring and treated with honour and respect. It is evident from the fact about 80 per cent of the elderly live with their children. The percentage of such elderly is higher in the case of widowed (Rajan and Kumar 2003; Panda 1996). Though only about 20 per cent elderly are not living with their family yet it a matter of concern. The Indian family system which was once a matter of proud is in the recent years at the verge of collapse. The traditional values are modified which has posed a serious threat to the well being of elderly people. In the recent years everything is weighted in terms of money including the elderly. The net effect is that they are neglected and isolated in their own families and society. It has resulted a rapid change in the situation, values and role of the elderly. All these issues bring out other related issues like lonely living, living in old-age homes, facilities of day care centres, mobile health care, old-age pension, security etc., (Panigrahi, 2010).

The traditional extended family system is a principal social institution in India. The people in India are bounded by cultural values which emphasizes that the elderly should be taken care by offspring and treated with honour and respect. The elderly population are highly respected by the traditional family system due to their age, experience and wisdom. Vlasoff (1990) has cited the importance of son in India in a case study on widows. Living with sons at older ages had been a norm of the society.

Living arrangement is viewed as the best indicator to understand the status and the wellbeing of the elderly in the society. The study conducted by Palloni (2001) indicates that the living arrangement refers to the familial system. The concept of the living arrangement is usually

explained 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 (Irudaya Rajan *et al.* 1995). The living arrangements in fact are the reflection of economic development, cultural practice and perception of the society towards the old age people. Generally three types of arrangements are noticed. For, in the developed countries more women than men are living alone whereas in the developing countries both men and women live together with their children. The old age home which were once common in west are now coming up in the developing countries. The literature broadly classifies the living arrangements as alone and co-residence. Living alone covers the living arrangements where the older adults live alone or with spouse. Co-residence indicates living with children or other such type of arrangement. The available evidences show that about 80 per cent of elderly in India live with their children. But because of urbanization and change in the perspective of the younger generation the situation is changing fast. For, it was estimated that about 90 per cent of the adult children considered the care of elderly as their duty in 1984 but the share of such children declined to 77 per cent in 1994. An all-India survey conducted during 1995-96 estimates the older adults living alone to be 15 per cent and 12.5 per cent in rural and urban areas respectively. At the end of 2003 there were 379 old age homes running in India and the number of beneficiaries was 9575. This figure is mere 0.01 per cent of the older adult population of India.

The current situation is such that in spite of all the hardships and mental agony the old in rural India are still living with their family, irrespective of the fact that whether they are cared or not. However in well off Indian families particularly in urban India the trend is in favor of old age homes. Not surprisingly, the state of Kerala, noted for its quality of life also had the highest number of old age homes. Irudayarajan (2002), in his study of these homes, found that 67 per cent of the inmates moved here because no members of their families were free and available to take care of them at their respective homes. Jamuna (2005) has reported that the preference for the co residence of the elderly members with the rest of the family declined from 81 per cent in 1984 to 51 per cent in 2001. The important aspect about living arrangements is that aged moving into old age homes or staying separately does not mean breaking of family links.

Loneliness is a major health risk for the elderly and it can increase the risk of premature death by 14 per cent. The consequences to health are dramatic as feeling isolated can disrupt sleep, elevated blood pressure, increase morning rise, alter gene expression and increase depression (Kounteya S. 2014). Older people living alone are not necessary lonely if they remain socially engaged and enjoy the company of those around them.

Changing perspectives of living

In less developed countries such as India, the elderly often live with relatives, and are valued, even revered, for their wisdom and experience. This pattern used to occur in the west too, but is far less common now.

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Two pattern of living are noticed around the world: One, your parents don't want to live with you if they don't have to. They like their independence, and they don't want to move into your home and follow your rules. You don't want to live your adult life following their rules either. So the solution that people often come to is living at 'an intimate distance' — near one another, but apart. The second works until your parents can't take care of themselves anymore. Hence those who have the resources, choose "intimacy at a distance (Gawande, 2014).

Old age homes are neither popular nor feasible among majority of Indian but in recent years a new trend has emerged in India where the old age has become a business opportunity. The developers are coming forward to built and manage the old age homes in the metropolitan cities and selling houses specially designed for old age people at high prices. "Living together but apart" and "Living separately together is better for all," concept is catching with real estate developers. Last year, Divya Sree Developers announced a new project 77° Place, with 'Linked Joint Family Homes' - homes designed for multigenerational families. Often referred to as a 'doublement', each units consists of two attached apartments, one of which is larger than the other (Sharabonti, B. 2014). The relationship which has strong emotional and caring bonding is now turned into a professional relationship.

OBJECTIVES

The only objective of the current study is to examine and analyze the living arrangements of elderly in district Rohtak of Haryana, India.

DATA AND METHODS

The present study is empirical in its treatment of the theme of inquiry. The requisite information is obtained from primary as well as secondary sources. Secondary data were obtained from National Sampling Survey Organization (NSSO1995-1996, and 2004), Help Age India and Census of India. To develop an in-depth understanding about the neglect, violence, abuse meted by the elderly and the attitude of society towards elderly, a field survey was conducted in 2012 in District Rohtak, Haryana. In all, 500 respondents of 60+ age spreading over five development blocks were randomly selected. The selection of number of respondents is a function of per cent share of elderly to the total population of elderly. This way, 50 respondents were selected from Lakhan Majra and Sampla, 100 from Maham and Kalanaur and 200 from Rohtak. During the survey, due attention was given to the age of respondents. For, maximum numbers of respondents were selected from amongst 60-69 age group followed by 70-79 age groups. Least number of respondents was selected from 80 + years age. Simple percentages, graphs and charts are applied to unhide the issues related to the elderly in Rohtak.

STUDY AREA

The study area Rohtak District lies in the south eastern part of Haryana between 28° 09' North latitude and 76° 57' East longitudes. Elderly population accounted for about 7.87 per cent of the total population whereas the percentage share of elderly in the study area is 9.2 in 2001. The district is having an area of 1668.47 square kms

RESULTS AND DISCUSSION

Till recent past, living arrangements for elderly in India, like other developing countries was not an issue as India was predominated by traditional agrarian society. Around 70 per cent of its population lived in rural areas and depended upon agricultural and allied works for their livelihood. Filial roles and responsibilities are strong in Indian society. Even today extended family is prevalent, particularly in rural India which is viewed as the only social institution which provides care and support to its members including elderly persons. The living arrangements are affected by various factors like marital status, health condition, financial dependency as well as cultural tradition and social support available to the elderly (Van Solinge, 1994).

National Sample Survey Organization (NSSO) identified six categories of living arrangements. These are living alone, living with spouse only, living with spouse and other members, living with children, living with other relatives, living with non-relatives, living alone as an inmate of old age home. In India, marital status of a woman rarely changes after being widowed. According to NSSO 42nd round, there were 654 widows and 238 widowers per 1,000 old persons in rural areas. The respective figures were 687 and 200 for urban areas. More than 65 per cent of Indian women live without a spouse as compared to 29 per cent of older men. As per the NSSO 2004 estimates 59.7 per cent rural elderly males are living with spouse and other members whereas 16.2 and 16.8 per cent are living with spouse only and children respectively. The share of living alone and with other relatives is almost same i.e. 2.75 per cent. In case of rural elderly females though the percentage of living with children and spouse and other relatives is almost same but the per cent share of elderly living with children and spouse and family is reversed. For, about 47 per cent are living with children and 28.7 per cent with spouse and other relatives. About 14 per cent rural elderly females are forced to live either alone or at the mercy of relatives and non relatives. The figure for this category for males is only 5 per cent. Living arrangements in urban areas for both the sex follow similar pattern. As per Help Age (2013) a huge number, 83 per cent of the elderly, live with their family as compared to 11 per cent who live with their spouse. On the other hand, 6 per cent reported to be staying alone.

Haryana is male dominant society where they have financial as well as social control over the family. The NSSO reported not a single case where the males are living alone whereas about 6 per cent females in urban areas and one per cent in rural areas are living alone. The probable reasons are that elderly males are generally owners of the land. The high percentage females living alone may be attributed to the fact of the low mortality rate among them particularly in 60-70 age groups. The elderly living alone is not only because of the care or abuses but also because they are poor and childless elderly. Irrespective of place of residence the large number of males is living with spouse and other family members. It is found that the about 38 per cent rural females and 46 urban females are living with their children whereas percentage for males is low. It indicates the care and responsibility of children towards their mothers (Table 1).

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Table 1: Haryana: Living Arrangement by Sex and Residence, 2004

Living	Rural		Urban	
	Male%	Female%	Male(%)	Female(%)
Alone	0	0.8	0	6.1
Spouse only	7.0	5.6	13.7	8.7
Spouse and other members	69.6	51.9	66.3	34.3
With Children	20.9	38.3	18.0	45.9
Other relation & non relations	2.3	3.4	1.3	1.7

Source: NSSO 60th Round: Jan-Jun 2004

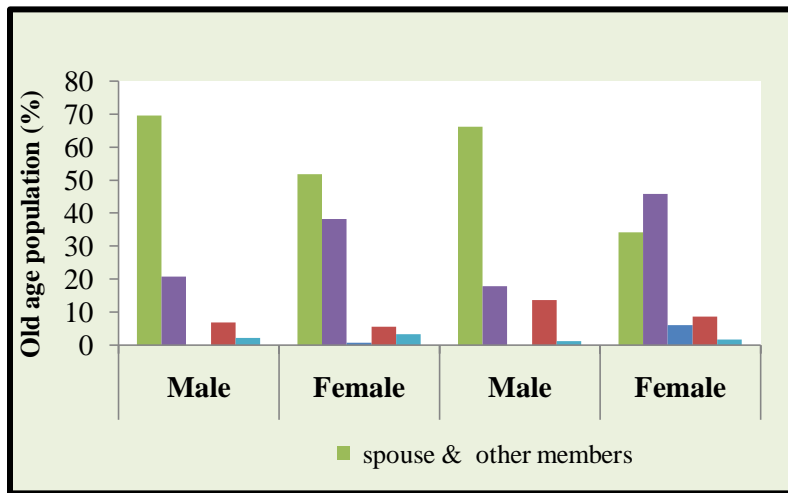


Fig.1 Haryana: Living Arrangements by Sex and Residence, 2004

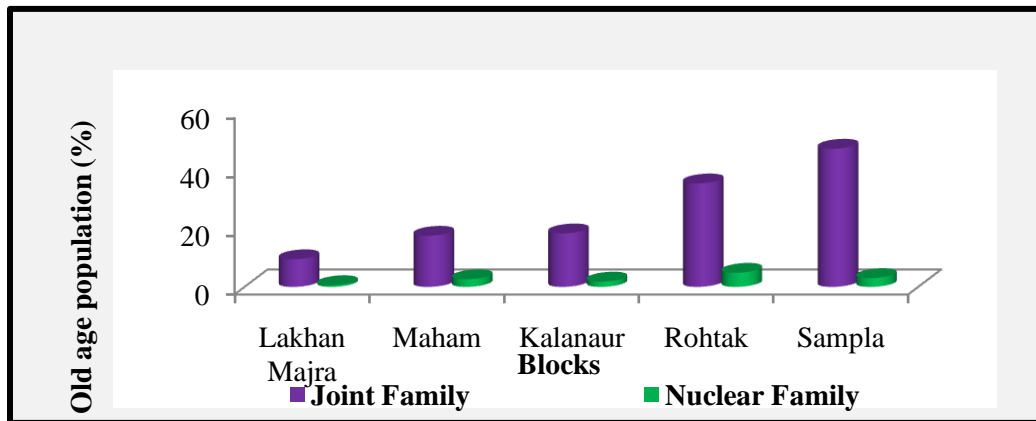
Case Study

For examining the living arrangements of elderly in the study area i.e. Rohtak, a household survey was conducted in 2012. Study at block level reveals that about 89.6 per cent elderly are living in joint family and the remaining in nuclear family (Table 3.2). The elderly living in nuclear family are those who are either poor or their children have moved away in search of jobs or they are childless. Elderly living in nuclear families due to abuse or any other such reason is negligible.

Table 2: Rohtak: Type of Living of Old Age, 2012

Block	Joint Family (in %)	Nuclear (in %)
Lakhan Majra	9.4	0.6
Maham	17.4	2.6
Kalanaur	18.2	1.8
Rohtak	35.2	4.8
Sampla	47	3
Total	89.6	10.4

Source: Based on field Survey-2012 Figures in parenthesis indicate percent



Source: Based on field survey-2012

Fig. 2: Type of Living of Elderly, 2012

The study area is close to Delhi and is witnessing rapid change in life style but still embraced their cultural values and practices. The traditional co-residential family living arrangement is the most common practice in Rohtak.

Insignificant numbers of cases are reported when the elderly are forced to live with other relations and non relations (Table 3.3). A majority of the elderly are co-residing. About 0.5 per cent elderly women due to widowhood are living alone whereas no elderly men live alone. The percentage of urban elderly women living alone is higher than rural elderly women. Marital status, particularly widowhood, as a determinant of living arrangement emerges is found an underlying factor. The percentage of females living with their children in urban areas is quite low because of the fact they are not ready to leave their place and relatives at this stage of life.

Table 3: Rohtak: Living Arrangement by Sex and Residence, 2012

Living	Rural		Urban	
	Male%	Female%	Male	Female
Alone	0	0.5	0	2.5
With Spouse only	15.0	25.6	17.35	17.45
With spouse and other members	73.4	67	76	74.8
With Children	10.4	7.65	6.40	5
With other relation and non relations	1.2	0.25	0.35	0.25

Source: Based on Field Survey-2012

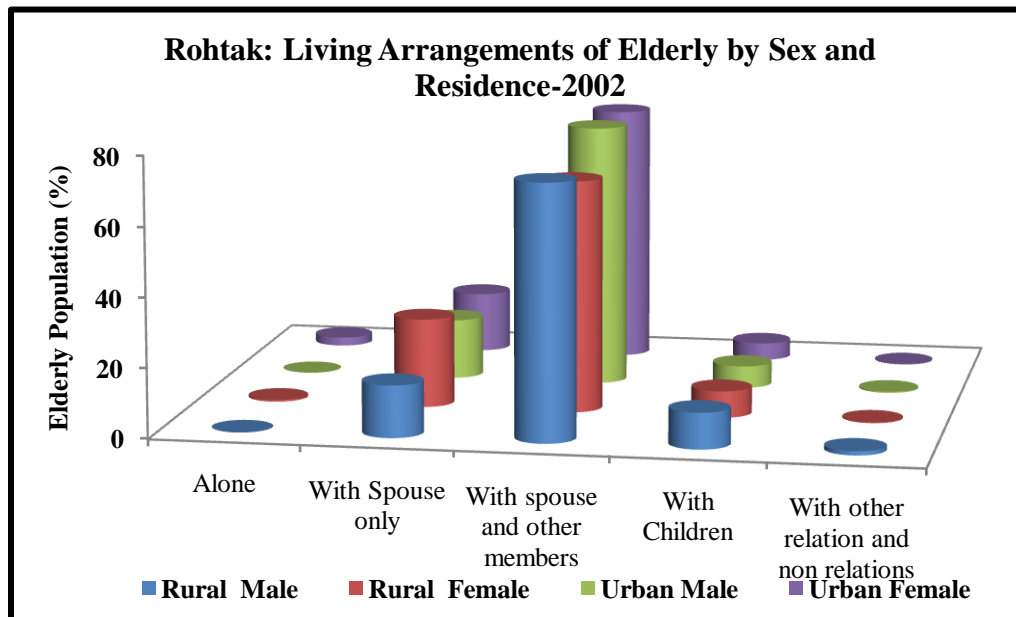


Fig. 3: Rohtak: Living Arrangement by Sex and Residence, 2012

It was found that the elderly people always prefer to stay with their spouse but widowhood, particularly among the women is a major issue. Such women confessed that they want to pass their remaining life in their native village as they feel comfortable in the traditional rural society. The men also wish to stay in the village because they are least willing to be dependent. The second choice of stay is with the sons. A good number of respondents agreed that though their sons' always insist to stay with him but only 65 males 70 per cent females agreed to stay with them but for short duration varying between 15 days to six months. It is also found that the elderly between 60-70 age group keen to stay with their sons in the cities but those beyond 70 years are least interested to leave their place. All those elderly who stayed with their sons had no

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complaint except that of home sickness. As expected not a single elderly wished to live with their daughters after marriage. As the age of the elderly increases the care also increases. We did not find any elderly of 80+ ages living alone. The grand children have an important role in maintaining the dignity of the very old people. An important finding of the study is that in spite of financial hardship not a single poor is having a nuclear family. They live in close coordination reason being that they have nothing for dispute and to lose. The elderly were found to happy with their family. In contrast, the rich have some disputes/ disagreements with their children but still wish and live with them but with an upper hand.

CONCLUSIONS

In spite of high level of dependency the elderly in India, often live with relatives, and are valued, even revered, for their wisdom and experience. The study area i.e. Rohtak is traditional society and as such elderly cared well. About 90 per cent of them are living with their families. Those living in nuclear families are living at their will. There is no compulsion on the part of family particularly the sons. The most important finding is that the poor families in spite of financial and other problems are more supportive to their elders than the rich.

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