

Changing living arrangements & gender issues

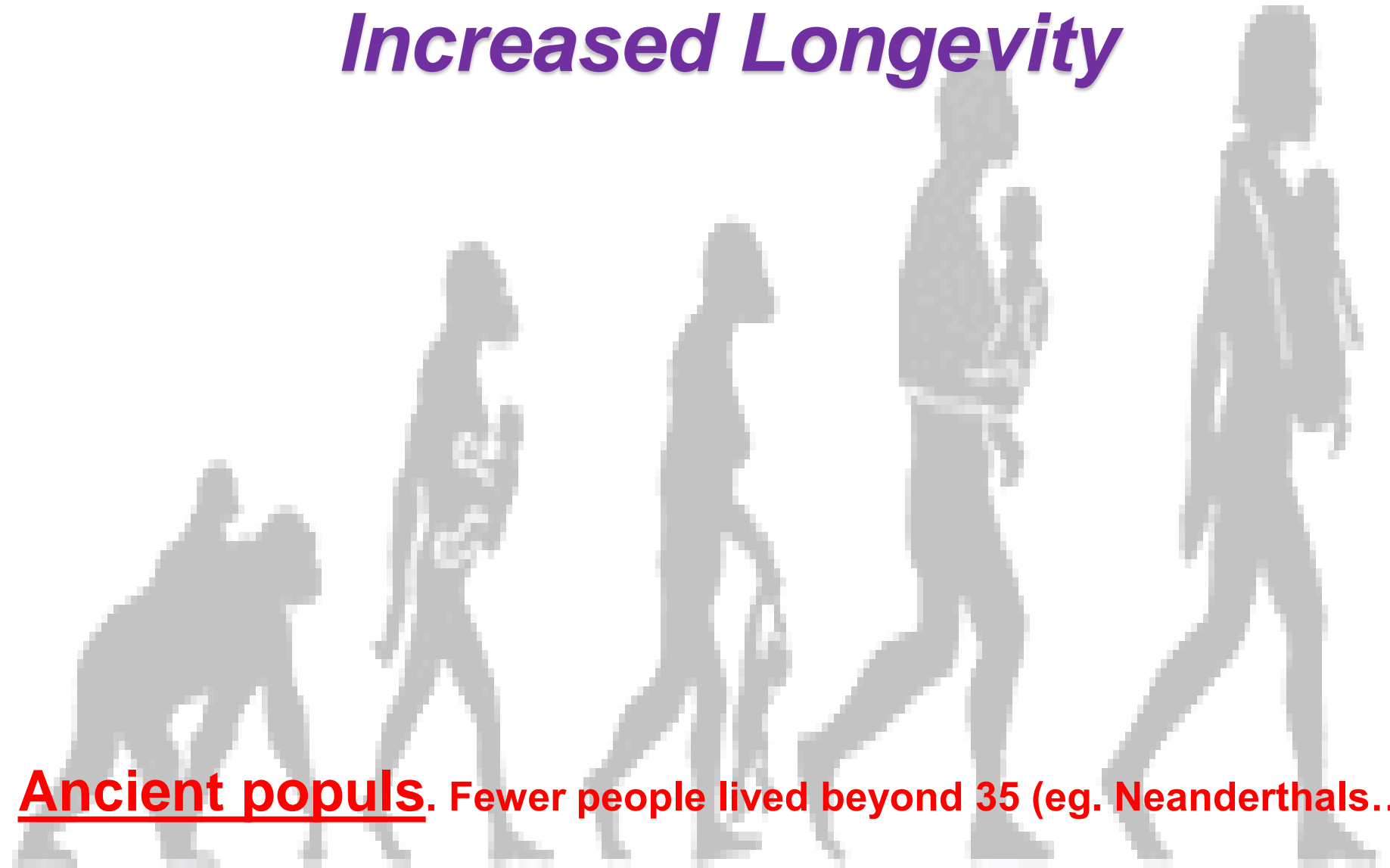
Impact on health & well being



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Increased Longevity



Ancient populs. Fewer people lived beyond 35 (eg. Neanderthals...)

**In last 100 yrs Longevity has Increased considerably
& disproportionately**

the traditional Indian joint family

- ***“India still has joint family system”..... (UN,1994)***
 - **Status of Elderly men & women... Head/ wife of the Head**
Role....Decision maker/ governance
- Norms & values of Indian society made it **obligatory for the young to show respect to old & provide them ... care & comfort**
- **Care giving... Traditional trend family-centered**

Family..... wherein the young and the old,

- **the employed and the unemployed,**
- **the bread winners and the bread consumers,**
- **the kith and kin (widows/ deserted/ handicapped..)**
- **the near relations and the not so near relations**

All lived in harmony and happiness

modernization and families

Forces of Modernisation

- *Industrialisation,*
- *Urbanization,*
- *Large scale Migrations,*
- *Complexity of life &*
- *Growing individualism*



Nucleation of Families

In a Struggle to survive through haphazard change, the young are....

leaving behind culture, traditions, their very own identity, &
also their elderly

Fast Changing Scenario

A Shift from Feminisation of Farming to Greying of farming

- Whether **Urban, Rural or Tribal youth** alike
not able to spare themselves... ***Clutches of Modernization***

Realities changed immensely

In Villages.... Earlier only men migrated..... **Feminisation of Farming
now**Greying of farming...****

**Traditional carers need care themselves....
no one in sight**

Gender Issues in Ageing

Ageing is more of a female concern

•Socio-demographic

Widowhood,
Migration
Death Of Children,
No children

Changes In Living Arrangement

•Physical Health

•Mental Health-

•Caring responsibilities

in old age



Amrita Bagga, Emeritus Fellow -University of Pune

Objectives

- Study impact of some socio- demog. factors:

- . Marital status,

- Education,

- Economic factors and

- Living arrangements &

- Some other factors:

- Issueless ness ,

- Death/ migration of children &

- Impact of deteriorating physical health

on the mental health of the older women of Pune City



Methods & Material

• Structured questionnaire • In-depth Interviews.... N= 371

• Data collected from

Temples in city : *Aranyeshwar temple* Sahakarnagar; *Vitthal temple* Parvati; *Balbhim Temple* in Deccan, Shiv

temple)

NGOs: Senior Citizen's clubs/ *Jeshtha Nagarik Sangh, Hasya club, Bhajan groups*

House to house visits..... for very old subjects

• Assessment of general physical health

Body Mass Index (BMI)

Waist-to-Hip (WHR)

• Mental Health Evaluation (*PGI Health Questionnaire N-2* , Wig & Verma, 1978)

Scoring Technique (*Das, 1993*): n- score range

Good Mental health <9;

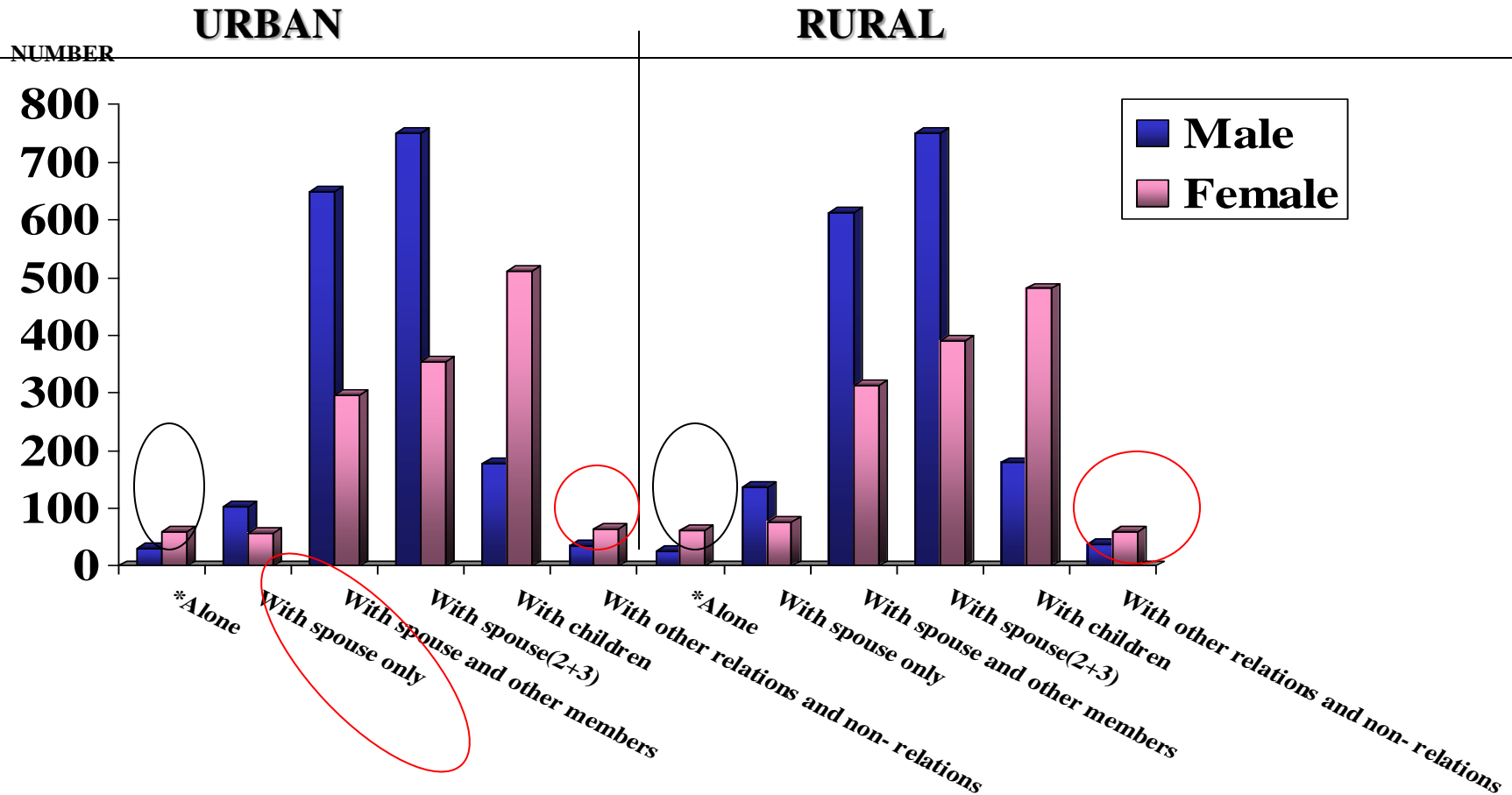
Normal range 10-15;

Age Group Wise Distribution of Data (Age range 60-96 yrs.)

	Young- old 60 - 69 years		Middle- old 70 - 79 years		Old- old 80 + years		Total	
	No.	%	No.	%	No.	%	No.	%
Women living with families + Living Alone	128	82.58	108	69.67	35	57.37	<u>271</u> <u>73.04</u>	
Women living in old age homes	27	17.42	47	30.32	26	42.62	<u>100</u> <u>26.95</u>	
TOTAL	155	41.78	155	41.78	61	16.44	<u>371</u>	100

GENDER DIFFERENCES -India

LIVING ARRANGEMENTS (Bagga and Sakurkar, in press+ NSSO Reports)



•Urban/Rural...not much difference

> Empty Nesters, Solo Living, O.A.H-- Emerging trend

* Increase in number (13 %) of women living alone

empty nesters are on the rise

Among the old two most common stages in family cycle observed:

- (1) The “empty nest” stage when a couple lives together alone after their last child has left home, and
- (2) Solitary living of one of the spouses after the other has passed away

Both growing in urban India

Empty nesters

3rd phase of marriage around 50 years until the death of one spouse, children leave home (for studies; work or marriage) home quiet again like the early years of the marriage before the arrival of the children.

Empty nest syndrome is a general feeling of loneliness that parents may feel when one or more of their children leave home.

Empty nest syndrome..... more prevalent in modern times.....Impacts more women

...traditional woman’s life revolves around her children, their care , their needs supersede her own.

Once they grow up and leave homeshe finds herself without any significant role, almost useless and often suffers from the empty nest syndrome.

In the study 13 percent of (N=35) couples living on their own

(Bagga and Sakurkar, in press).

rising trend---living with daughters /

Relatives and Non Relatives



Living with daughters.....
commoner now.

2% lived with married daughters

- Smaller family normsa single child or two, all daughters

-**An equal number never married- lived with close relatives** (mothers; unmarried or widowed sisters; or unmarried brother/ s)

- **A few lived with distant relatives** (brother's son's family. Another lived with her sister-in-law's son's family, both earning lodging & boarding by doing domestic chores) **or Non-Relatives.**

- These are **practical living arrangements**, sort of **compromises mutually suitable**

more women living alone

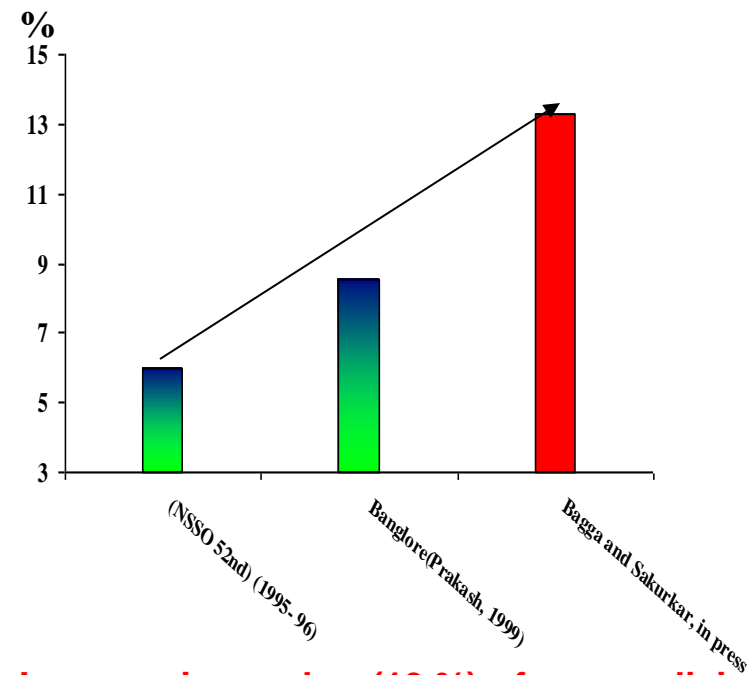
More than double the number of older women than older menliving alone

(CSO, 2006)

Reasons for living alone (N = 271)

(Bagga and Sakurkar, in press)

	No.	%
Had only daughter/s	10	27.77
Death of the only child	07	19.44
Never borne any child	05	13.88
Children migrated	04	11.11
Never married	02	5.55
Could not adjust with son's family	07	19.44
Preferred to live in her husband's house after his death	01	02.77
Total	36	100



Increase in number (13 %) of women living alone

Mushrooming Old Age Homes in India

Women in a senior's home in Pune, INDIA



OLD AGE HOMES under study (Bagga and Sakurkar, in press)

<i>Age groups</i>	<i>60 – 69 Yrs.</i>	<i>70 - 79 Yrs</i>	<i>80 Yrs +</i>	<i>Total</i>
1. Kalpataru (Hinge, Karvenagar)	07	18	08	33
2. Shatayu Bhavan (Muktangan Campus)	06	07	04	17
3. Matrukul (Mahila Mandal, Parvati)	04	06	04	14
4. Tapodham (Warje Malwadi)	03	04	00	07
5. Mahervat (Sinhagad Road)	03	03	02	08
6. Matoshree (Sinhghad Road)	01	03	02	06
7. Jeevhala (Sinhagad Road)	00	02	03	05
8. Annasaheb Behere Vridha-Nivas (Kharadi)	02	03	02	07
9. Olawa (Sinhagad Road)	01	01	00	02
10. Anjum Darvesh (Dhayri Phata)	00	00	01	01
Total	27 (27%)	47 (47%)	26 (26%)	100

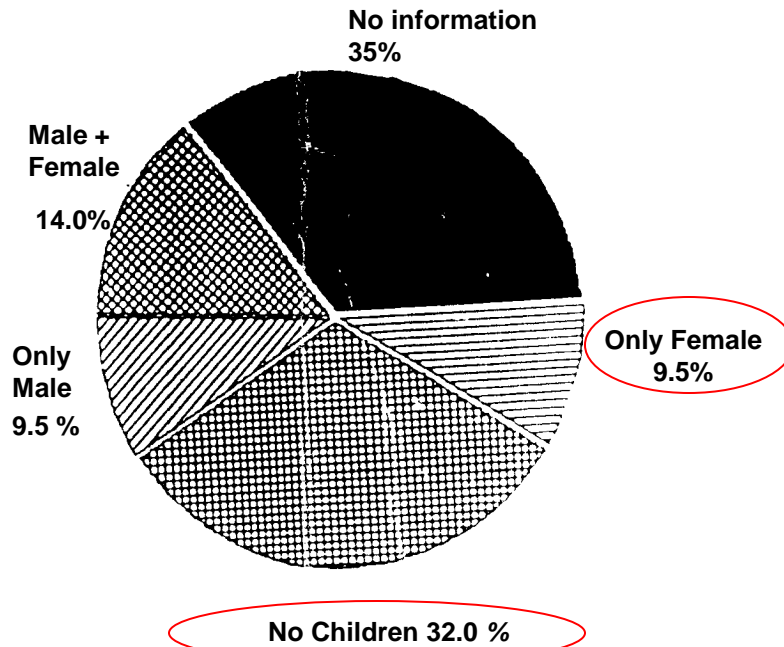
Transition

From Solitary Living to Old Age Homes

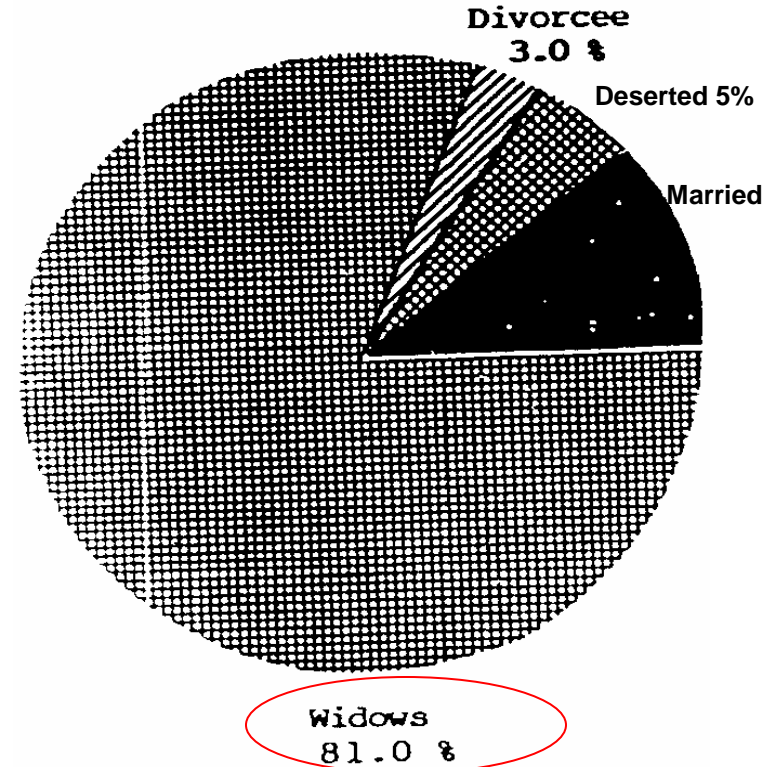
Why Women are forced to go to Old Age Homes?

(Bagga, 1997- data collected in 1985-6)

NUMBER & SEX OF CHILDREN

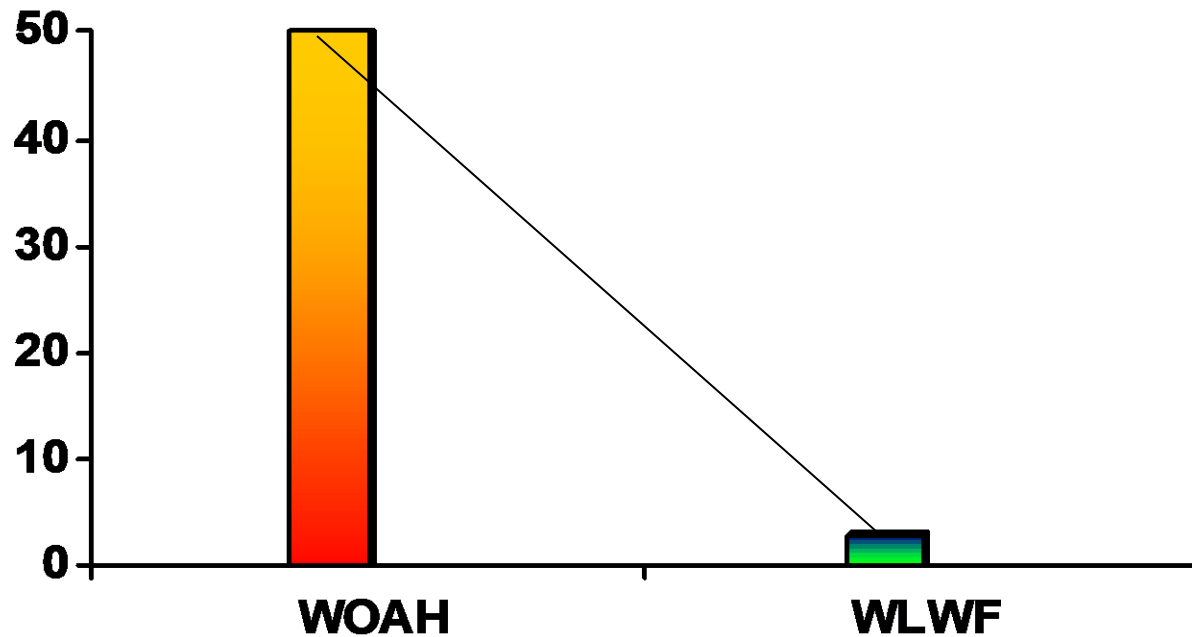


Marital Status of Women



Issueless ness in older women (2002)

Percentage of Issueless ness



In OAH half the women (50%) → no children
Five percent WLWF → no children

Institutionalization

On Becoming Institutionalized

- A turning point in life ... **often a home till death**
- **A decision thrust upon a person by unfavorable circumstances. ... dependent status**
- Residents often need to justify to friends / acquaintances ...the circumstances necessitating their entry into the home
- Confront unwelcome fact of old age change in him/herself
- ***In IndiaStrong Negative connotations***
- Institutionalization means..... far more than simply moving from one physical place to another
- This process known as institutionalization rather than individualization
A person adjusts more to OAH than the home to him
- Wrenching separation ...Anxiety & dread
- A Solution?.....can make family feel guilty & **old feel abandoned**

living in groups

- **Some take more readily to living in groups**, preferring others to run things for them
- **Gives them sense of security and helps them to relax**

Somewho settle into long stays at OAH..... often find friends among other residents & staff and eventually regard them as family

- **Loneliness**
- **social isolation &**
- **having nothing to do**

during longer institutionalization (Kanwar & Chadha, 1998)

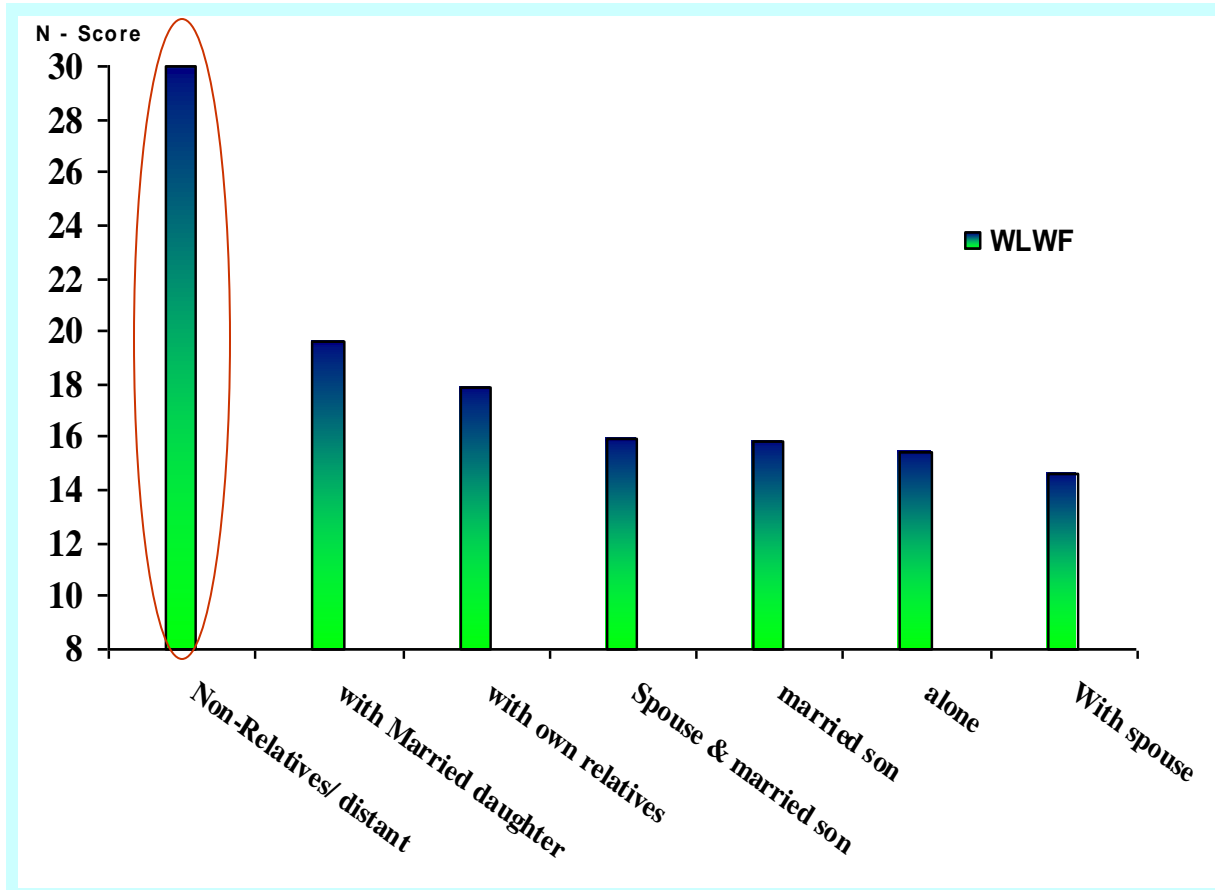
- **Research on living arrangements & well being of elderly in Asia ... not extensive**
- **Factors leading to co-residence, reciprocal support, expectations of people co-residing** need to be understood (Domingo, 1995).
 - **Gender important determinant of co-residence**

Older India women Prefer joint/ extended families / *non-relatives* force many women to live alone or in homes for the aged

Mental Health?

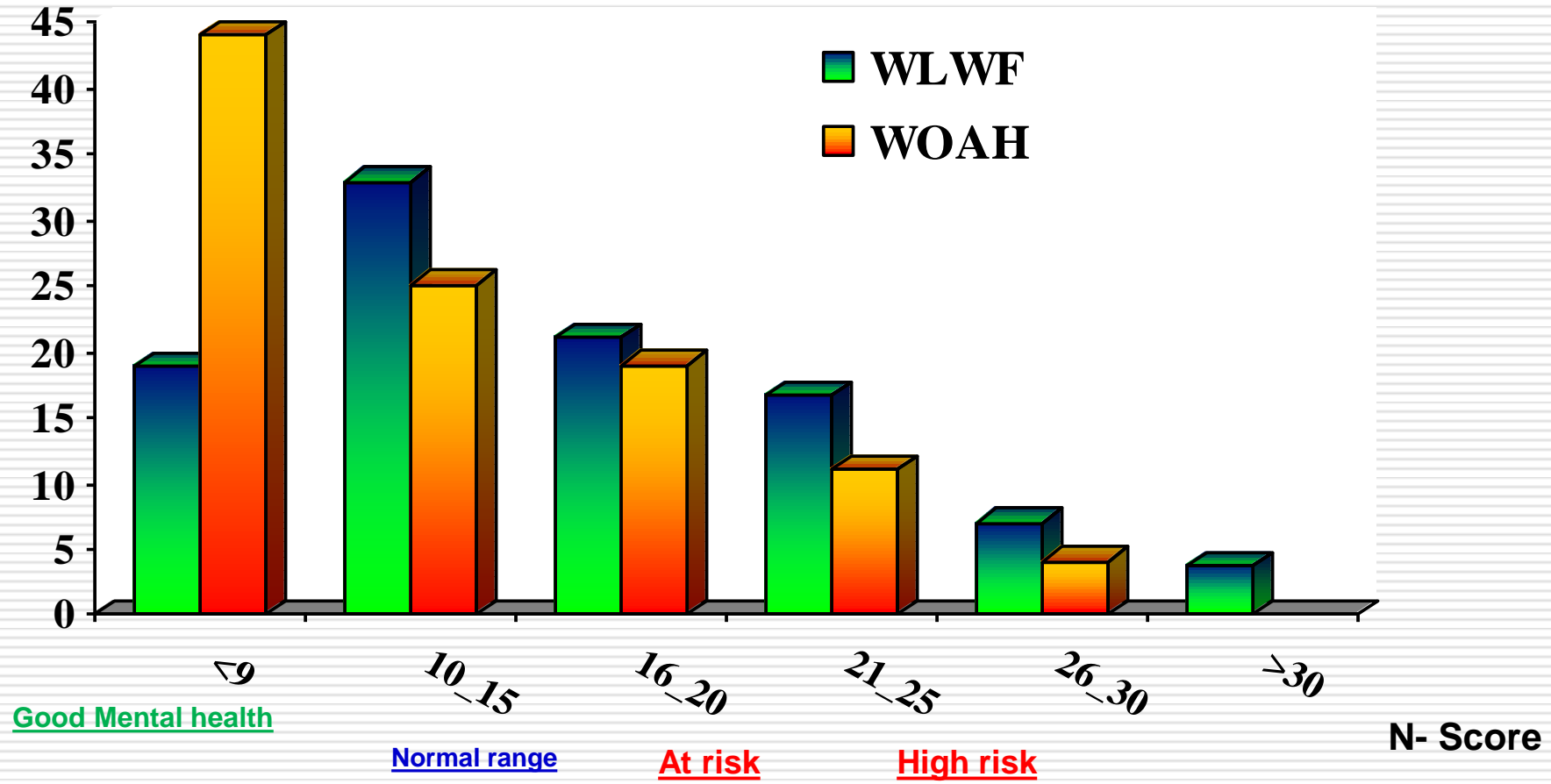
Living Arrangements & Mental Health

(Bagga and Sakurkar, in press)



Types of Living Arrangement

Mental Health of Senior Women Under Study



- More women living in old age homes (44%) ----in good mental health (score below 9)
- compared to women living with their families---- (18.8%).
- Another 25 percent--- score within the normal range(below 15)---- normal mental health

Issuelessness, Migration, and Death Of Children &

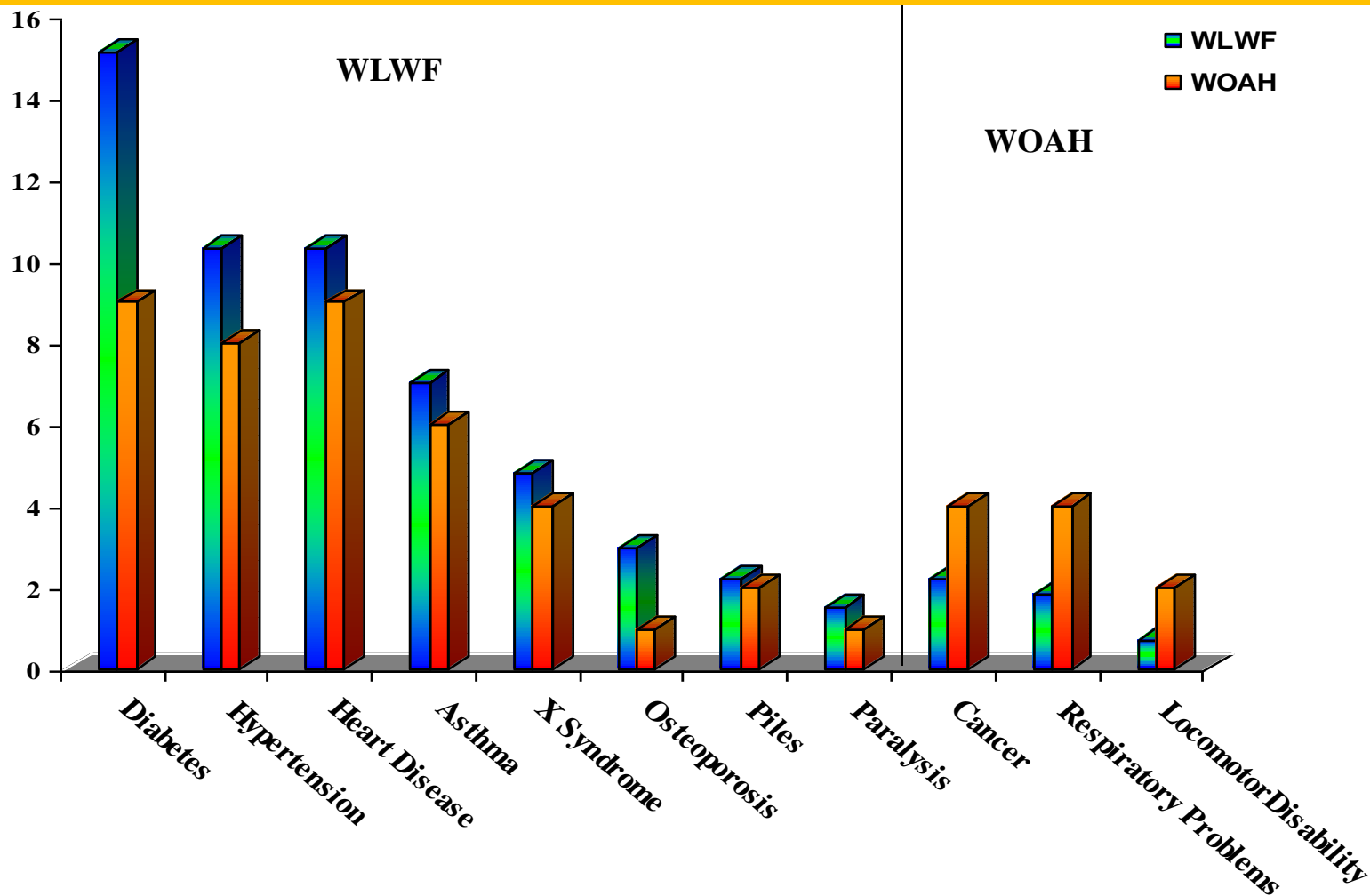
Mental Health (Source: Bagga and Sakurkar, in press)

Neuroticism score (above 20)

Age Group	WLWF (N = 271)		WOAH (N = 100)		Total (N = 371)	
	No. (%)	Mean s. d.	No. (%)	Mean s. d.	No. (%)	Mean s. d.
Issuelessness						
• Yes	08(02.95)	14.00+9.45	45 (45)	13.11+7.82	53 (19.56)	13.24+7.99
• No	132(48.71)	15.09±7.16	25 (25)	10.24±5.77	157(57.93)	14.31±7.17
Migration of children						
• Yes	17 (9.94)	14.64±6.32	02 (02)	15.50±0.71	19 (7.01)	14.74±5.97
• No	154 (90.05)	13.68±6.83	98 (98)	12.32±6.91	252(92.98)	13.38±6.94
Death of children						
• Yes	131(48.34)	16.46+7.84	30 (30)	13.87+5.87	161 (43.39)	15.83+7.61
• No	140(51.60)	15.15±7.18	70(70)	12.08±7.25	210 (56.60)	14.12±7.33
<u>Total</u>						
	74(27.31)	25.35 + 3.66	15(15.00)	24.33 + 2.77	89(23.98)	25.18 ± 3.54

- Women who experienced death of children a higher mean N score compared to others with no children
- In OAH homes, women whose children migrated ... signifi. higher N score than women living with children

Living arrangements & some of major health problems



Young old..... NIDDM, CVDs, Respiratory problems, Cancers

WLWF..... > diabetes, hypertension, heart diseases, asthma- **Apathetic Family beha**

WOAH..... > cancer, respiratory problems, and locomotor disability

Physical Health Factors

Socio- Demographic

Sensory Impairments
(Hearings & Vision)

Osteo-Arthritis

Major Illness

Urinary Incontinence

Osteoporosis

Falls

Fractures

**Mental Health
of Older Women**

Marital Status
•Married
•Widow
•Single

Literacy Level
• Professionally Qualified
• Graduate
• Higher Secondary
• Primary Level

Living Arrangements
•With Spouse & Son (Own Family)
•With spouse alone
•With married or unmarried son and or daughter
•Alone
•Distant Relative/unrelated

**Economic Status/
Personal Income**

Family Integration
• Well integrated & in Control
• Moderately integrated
• Not integrated
• Isolated

Future Trend

- **2 aspects of situation of seniors in India**
 - a. **Relatively lower % age till now**
 - b. **Family care.... strong**
- **Tremendous change since UN (1994) statement & changing still**

Family members' commitment towards protective care diluting rapidly.....

Often exs. heard/ reported by media... ***Elder Abuse***

- ***In Indiaextended families more likely horizontally than vertically extended***
- **In developed countries..... Beanpole families**

Summing Up.....

- **Strengthening the families:**
Family friendly policies & programs, and
Providing environment conducive to
strengthen the families
- **Promotional education via media to raise
awareness ; sensitization of the Youth**
- **Researchers/ Administrators: Gender-wise Focus
important**
- **For Seniors Themselves**
 - **Plan and Save for longevity;**
 - **self-recognition and acceptance of health problems...**
 - **Seek timely help;**
 - **Emphasis on healthier life style**



Thinking of
Me?

Thank You