Where were the Children when Humpty-Dumpty had A Great Fall? Indian Elderly's Perception about the Quality of Familial Care

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Abstract

Intergenerational Flow of Wealth theory states that the decision of having high fertility in the developing countries is very rational from the point of view of the elderly. They are believed to truly act as a long-lasting support system to their parents when they get old in every aspect of life, but the scenario is changing rapidly. With rapid modernization of our society children are no longer the fixed-deposit of support of elderly even in a country like India. Isolation and helplessness have become the part and parcel of elderly life in modern India which adversely impacts their wellbeing. This paper is an effort to quantify the level of care and support provided by the children to the elderly of the country and how this quality of care finally affects their wellbeing through their subjective health. This paper has used the data of the recent large scale project of ageing conducted by ISEC, Bangalore and IEG, Delhi in sponsorship of UNFPA, India, named "Building Knowledge Base on Aging in India". The survey is conducted to develop a knowledge base in regard to the demographic, social and economic conditions, health needs and living arrangements and entitlements. Marginal effect shows that quality of care and support to elderly is fast decreasing. With the expected bulge of elderly population in the coming decades, government must take some steps in advance to combat with this situation. In the light of empirical results, some policy prescription has been suggested for benefit of the elderly.

Keywords

Aging, Care and Support, Social support, Physical support, Economic support, Wellbeing, Marginal effect

1. Introduction

Aged population of India is fast increasing and very soon in next few decades India will be placed in the zenith of both having the largest population and highest number of older population in the world. The question is no longer whether that ageing is a prime issue or not but how different pathways can be developed to positively influence the economic, physical, emotional and social well-being of the elderly population. Since most physical, emotional and economic care to the older population has been provided by family members, ageing has been concerned with understanding and modelling kin availability. Little is known about the complex decision-making process behind transfers of physical, emotional and economic care between family members (Wolf, et.al. 1997). Developing countries undergoing fertility decline, of course it is not merely the size of older

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population that is growing, but also their relative share in total population (Treas, et al., 1986). Thus care-giving as one of the modality, plays a very influential role in the well-being of the older population. Ageing of world population is the end product of demographic transition. The study of social lives of the elderly covers a large area, ranging from interpersonal relationships, living arrangement, to retirement, to intergenerational equity, health, care giving, death, bereavement, and the politics of age. It helps us to understand the diverse dimensions of what it is to be an elderly in our contemporary society. Hence the process of demographic transition, industrialization and development affect the status of the elderly (Ganguly, 2001). The tacit traditional intergenerational agreement is that parents raise children and when the children attain adulthood they in turn repay the parents by providing care and support at old age. However, this traditional agreement is undergoing some changes. The traditional support base through family and kinship is shrinking due to reduced family size, nuclearization of families as well as both migrations within or outside the country. In addition globalization is adding to the pace at which divide between the attitudes of older and younger generations in widening. Hence the younger may prefer to live independently (Mujahid, 2006).

Care and support are thus unambiguously the utmost need of older generations. So, studying the changing pattern of care and support through actions and perceptions like volume of communication; satisfaction level with the economic support provided; perceptions of the elderly about the way their children treat them in terms of importance, respect and dignity is one of the key steps towards analysing the subjective health of older population. Happiness and satisfaction with the current lifestyle are the two major components of human wellbeing and so for the elderly it is no exception. It is also a well proven fact that being happy ultimately adds to overall wellbeing.

2.   A Brief Review of Literature

Overcoming of challenges faced by the ageing of population have become the gruesome most quest for the policy makers and researchers in modern India. According to Ghazy Mujahid, since ageing is a newer phenomenon in the south East Asia, the challenges are both larger and newer and they will face a steeper uphill task in dealing with the consequence of population ageing in next 60 years. While studying the adverse effect of ageing it is more "getting old" portion of population that concerns us. As ageing encompasses all the biological changes that occur over lifetime. "Getting old" on other hand, is a social concept and slightly related to the biological process of ageing (Desai, 1999).To describe old age as a period of social deprivation is to claim that our society is such that social processes compound organically based loss of capabilities among the old rather than compensating them for the loss. The problem of old age, as we commonsensically understand them

are therefore them, are not therefore to be seen as derivable from inevitable and universal natural processes, but as being in substantial part, socially produced and hence (in principle) capable of alleviation. Old age is a social as well as natural product (Harris, 1983). A general feeling emerges with regard to the lack of reciprocation from children for all the sacrifices made in their upbringing by the parents. Children are considered to be the main support in old age but this feeling seem to have been materialised only in rare circumstances (Rajan, 1999).

There is a popular belief in Indian society that sons are superior to daughters because they give support to parents at their older age. There is also a belief in Hindu religion that a place in the heaven is only secured by the presence of a son. It is the son who performs the last right after the death of the person. But studies revealed that there is an inverse relationship among higher income group and support from children. In fact it is seen that, regarding support from children aged parents belonging to middle income group is in an advantageous position than those belonging to higher and lower income groups respectively. Also it is revealed that more children to urban woman do not secure greater support at older ages (Srivastava, 2010). With the trend towards nuclear family setup, the vulnerability of elderly population is considerably increasing. The younger generation has little or no time for the aged because they are in the race to make both ends meet. The elderly expects more support from the younger people and most often they are not fulfilled. As a result there is a friction within the family which often results in abuse and neglect of elderly (Sebastian, Shekher, 2010). More number of children does not mean more comfort to parents at later years of life, as the children would tend to pass the responsibility of taking care of their parents among themselves (Chetna, 2001). Thus the irony remain in the scenario that we live life providing for our children with the hope that they retrieve the same when they are eligible to provide, but in reality care and support is unidirectional and this trend will be more and more prevalent in future. There is also an opinion that, obligation for caring for vulnerable population (which include the older population) cannot rest with the family alone. The burden is too great and the resource is too few- not everyone is capable of providing care and not everyone has family members and friends to do so (WHO, 2002). Studies have identified adverse effect of caregiving among Korean American caregivers, including poor physical health (Kim and Knight, 2008; Casado and Sacco, 2012). So the young caregivers may not be likely willing to take that much of stress which may retard their health.

This paper has tried to show the quality and quantity of care and support received by the older people from their direct family as perceived by them. First it is important how we define care and support. According to *National Association for Social Workers (NASW)*, family does not include those whose primary relationship with the older adults is based on the financial or professional agreement. Family care-giving may include a variety of support or services that enhance or maintain

older adult's quality of life, emotional, social and spiritual support, assistance to decision-making with health-care, financial matters and lifespan-planning (NASW, 2009).

WHO, states that understanding the complexities of the relationship between decision, support and strengthening the foundation of care giving relationship begins with the understanding of the many way in which the term "caregiver" is defined and the many different relationship to the care recipient that it implies. One of the possible guidelines provided by WHO is that recipient of care and those providing it should have a voice in decision making that affect them. (WHO, 2002).

This paper is specifically dealt with the changing care pattern of the older population which is provided by their direct family members like sons and daughters and spouses. There are various aspects of living which constitutes the care and support frame of an older population. Living arrangement of the families, treating the aged people with respect, providing physical and psychological and economical support to the older population are some of the key dimensions of the care and support provided by the children.

3. Objectives

1. To understand the elderly's perception about their role and status within the family.
2. To analyse the quality of care and support provided, as perceived by elderly in terms of social, physical and economic dimensions.

4. Data and Methods

This paper has used the data of the recent large scale project of ageing conducted by Institute for Social and Economic Change, Bangalore and IEG, Delhi in sponsorship of UNFPA, India, named "Building Knowledge Base on Aging in India". The survey is conducted to develop a knowledge base in regard to the demographic, social and economic conditions, health needs and living arrangements and entitlements of elderly. Data is collected from household of states with higher proportion of elderly. The survey is conducted in seven states, Kerala, Tamil Nadu, Maharashtra, Himachal Pradesh, Punjab, Orissa and West Bengal. A sample of 1280 household was selected from each states and it has been equally split between rural and urban, irrespective of the rural and urban proportion. Also 80 PSUs and 16 household per PSU have been covered. Two sets of questionnaires, one household questionnaire eliciting demographic, socio-economic detail and another individual questionnaire eliciting information from all the elderly member of household is used.

In our study we have firstly tried to create a sound base before divulging into a detail analysis of estimation using multinomial logit model between the dependent and explanatory variable. The care

and support are sub-categorised in the groups' namely physical social and economic support respectively. To substantiate the reason for the questions we have picked from the survey for modelling our support; crosstabs with highly significant chi-square values been carried out. Background variables like age, sex, marital status, religion, and caste, place of residence, living arrangement, education and wealth-quintile have been considered to cover all the aspect of the life of elderly. Our social support index is a weighted average of three questions asked in the survey to the elderly, which signifies three dimension of social life of elderly. They are "feel about present living arrangement", "change of role in decision-making with age', "perception about importance of oneself in the family". Equal weightage have been given to the all three aspects while creating the index which consists of three categories, namely "good", "average" and "bad". For economic support we have used the data about what percentage of the sample elderly population thinks children, spouse and others as their first choice of economic support. In this case the proportions of elderly sample that are not at all dependent on anybody are not considered and hence it has resulted in reduction of the sample to some extent. But through thorough examination it was revealed that this was the best aspect of showing economic support and also the sample is still quite satisfactory for carrying out multinomial estimation. And for physical support, the question of proportion of sample elderly population expressing spouse, children and others as physically accompanying them for ailments is taken as a proxy for providing physical support to the elderly. Also similar estimation is carried out with same explanatory variable as in other case. In our framework we have first tried to estimate the impact of socio-economic factors on the care and support dimension of the elderly sample population. For this purpose multinomial logit model is carried out. The framework of the model of estimation of care and support to the elderly used for this purpose is the Multinomial Logit Model (MNLM) can be written as,

$$ln\Omega_{m|b} = ln\frac{\Pr(y=m|x)}{\Pr(y=b|x)} = x\beta_{m|b} \text{ for m=1 to J}$$

Where, b is the base category, which is also referred to as the comparison group.

As $\ln \Omega_{b|b} = \ln 1 = 0$, it must hold that $\beta_{b|b} = 0$. That is, the log odds of the outcome in comparison to itself is always 0, and thus the effects of any independent, variables must also be 0. These J equations can be solved to compute the predicted probabilities.

$$Pr (y=m|x) = \frac{exp(x\beta_{m|b})}{\sum_{j=1}^{J} exp(x\beta_{j|1})}$$

Here we have three outcomes and fit the model with the alternative one as the base category. Probability equation would be

$$Pr(y=m|x)= \frac{exp(x\beta_{m|2})}{\sum_{j=1}^{J} exp(x\beta_{j|2})}$$

and obtain $\widehat{\beta_{1|2}}$ and $\widehat{\beta_{3|2}}$, where $\widehat{\beta_{2|2}}$=0. Although estimated parameters are different, they are only different parameterization that provides the same predicted probabilities. The confusion arises only if it is not clear which part of the parameterization we are using. But STATA is a very helpful package in this format and hence we are using it for this purpose (Long et al., 2006). Finally the marginal effect and the relative odds ratio of the multinomial logit model are being used to explain the impact of all the explanatory variables of the regressed one. This is the way in which the whole setup has been module.

Though it must be accepted that that data used in the study is a national level data and state wise variation in the care and support couldn't be observed from the study. Also due to the use of secondary data, it questions used to study care and support were not as direct and straight forward as it would have been if primary survey would have been conducted. Unfortunately primary survey couldn't be conducted due to limitation of time and hence there might be little discrepancy in the interpretation of the data, although the variable for the study have been selected with utmost caution and or high relevance to our theme.

5. Elderly's Perception about Their Role and Status within the Family.

Aging is a natural process of life span. Just because one turns 60, necessarily doesn't mean one will automatically become sick and useless. Keeping health mind and body; interest and talent alive; social relationship fresh are the keys of enjoying the process of aging. One should understand that aging in itself is not the only reason for the problem we encounter (Prakash I.J, 2012). The better the care provided, the higher the perception is towards quality of health for an elderly.

5.1: Percent distribution of Elderly's Feeling about Current Living Arrangement

Comfort or discomfort about the current living arrangement is strongly linked with the fact that how good we are taken care off. From table 5.1, it is observed the around 13 per cent of the elderly population is in all age group is uncomfortable in the current living arrangement which can be combined with economic instability and disrespect, lack of care and other discomforts they face from the current living arrangement. There is a negative relation between the wealth and the perception about the current living arrangement. Regarding perception about of the current living arrangement, economic support plays the most important role. Old age is truly prone to misery. The more aged one becomes, the more vulnerable one gets. Frequent changes in living area are more difficult to adjust by the elderly than the younger population. Thus regular shifting between children

(if more than one children) at older ages can sometimes be cited as sign of lack of care and support from the children. Overall quite a substantial portion of the older sample population that is around 10 per cent move between children which can be attributed to the vulnerability of aged population. 10 per cent of the higher educated population and only seven percent of the less educated people are subjected to vulnerability of mobile living setup. Caution must be taken while interpreting as other factors like stronger self-preference of the higher educated play a substantial role in the choice of their living. Social values play a dominant role in citing the fact that agricultural workers mainly belonging to rural areas are ready to take responsibly of their parents single-handedly much more than their counterparts living working in secondary and tertiary sector with high education and income compared to them like technicians, professionals, clerical and others.

5.2: Percent Distribution of Elderly's Perception of Satisfaction with the Meeting/Communication with the Children

In table 5.2, the elderly were asked to rate the satisfaction with the level of satisfaction with the meeting and communication they had with their children. Quite a substantial portion of the population, i.e. around one fourth of the elderly in all age group says that they were partially or not at all satisfied with the level communication or meeting they have with their children. And this pattern prevails over all age group, which is quite a matter of concern. Education has a positive relationship with satisfaction derived by elderly from level of interaction with children. With more education come more economic stability and mostly quiet a few among the elderly of this category are self sufficient at least to some extent adds to the fact that they are taken well care of by their children. This case is quite reverse for the poor and elderly population with low level of education, leading to greater dissatisfaction. One of the very important of social care and support can be identified from the reason why older population are living alone or with spouse. in all ages children living away is the most dominant factor for living alone while family-conflict increases with age, i.e. around 22 per cent of the oldest-old state family-conflict to be the reason for living alone whereas only 14 per cent of young-old group says so. This is very crucial finding which can say that with more age the older population face greater adversity in terms of care and support from their family members. Migration of children in urban area is much more common because of various social and economic purposes, especially sons. Moreover urban families have less number of children as compared to rural families. So unlike rural area urban aged population are more likely to stay alone. Most striking result is only 10 per cent of urban population only states family-conflict to be the reason to be living alone or with spouse at old age, while almost double the number in the rural population so. This seriously pose a very striking outcome as many sociologist still believes rural India still holds more traditional values of care and support to older population as compared to

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urban area. Probably low level of economic stability and lower education can be stated as a reason for higher level family conflict especially in association of older population, who are many a time not capable of participate in providing actively economic support to the family. Higher education leads to greater economic and social freedom, as we also see that family-conflict has been stated as the least important reason by richest quintile of the society for living alone.

5.3: Percent distribution of Elderly's perception of change in Role over the Years within household

The elderly's status in the family can be very clearly realised from their perception about their change in the role within the family over the year. Importance in very much entwined with respect and care, determining one's role in an arena. As expected from the table 5.3 the majority of older people said that their role has remain unchanged, i.e., 65 percent; but a considerable portion i.e., one-fourth of the total population states that the role has declined in the family over the years. The declination in the role comes from decline in physical, social and economic role. The oldest old have reported the most decline in the role, 30.4 percent. In the caste group ST and OBC reports the largest share of decline, i.e., around 30 percent. In compared to Christian, Hindus and Muslim reported to have more decline in their role over the years, which is same for single, widowed elderly. As expected the poorest and elderly in agriculture and petty trade perceive to face more decline in role compared to others.

Economic support has been define on the basis of proportion of dependent elderly sample population ranking the person on whom they depend the most. Undoubtedly still the biggest source of support irrespective of any socio-economic background criteria, although the level of support by children varies intra-class between the variables. In the matter of sex men are more supported by children than woman, as most literature explicitly supports the situation of older woman to be much worse than men (Cornman, 1996). United Nation advocates that "The situation of older woman must be a priority of policy actions (UN 2002). The plan denotes over 40 statements in the document to stress the vulnerability of older woman with respect to virtually every major aspect of well-being (Knodel et al., 2003). Here also the same picture is reflected. Next section explains the situation with detail econometric analysis.

Table 5.4: Percent Distribution of Elderly's Perception of Their Importance in Their Family

Feeling of importance in family by an elder person says a lot about the quality of care and support received by him/her in the family. Although almost 67 percent feels that they are important to their family, rest says that they are somewhat important and a little portion claims of having no importance at all (table 5.4). The 80+ group feels the most neglected and female feels somewhat or no important atall, i.e., around 43 percent. Other than the Christian, Hindu, Muslim and others feels

almost similar level of negligence, i.e., around 30 percent. SC, ST and singles feels more neglected as compared to others. Expectedly importance in the family is more enjoyed by elderly as we move up the wealth quintile and occupation ladder.


6. Econometric Estimates

The highlights of the results of multinomial logistic estimates are given as follows.

Multinomial logistic regression has been ran to estimate the marginal effect of the various socio-economic factors on the three types of care and support, namely social, physical and economic.

### 6.1. *Social Care and Support*

Examining the pattern of social support of social care from Table 6.1 we find the marginal effect of age (young and old) is very significant and substantial, i.e., around 13.5 per cent and six per cent in case of average support and is negatively related to bad social support, i.e., 16.2 and eight per cent for two categories of age. The negative marginal effect between bad social care and age is pretty expected. Although marital status is not significant with good social care but it has a significant relationship with average and bad social support. Hindus and Muslims have a significant negative marginal relationship with good and average social care. This describes the picture of woeful social care provided by children to their elderly of there to social groups. Being from a rural area in comparison to urban locality does have a significant marginal effect on the various categories of social care. So does the level of education on average and bad social care. It can be said that higher the education higher is the quality of social care and support for elderly. The marginal effect of middle and high education are more and more negatively related, i.e., minus four and minus nine per cent respectively, with respect to bad social support. In case of locality, marginal effect of rural relative to urban is six per cent in case of bad social care. Economic stability reflected through wealth quintile plays a significant role especially in the poor categories for average and bad support section. We can conclude that economic status plays the biggest in having better social care and support. And as shown in the fig 6.1 the predicted probability of receiving bad social support is about 30 per cent of the among the total elderly sample population.
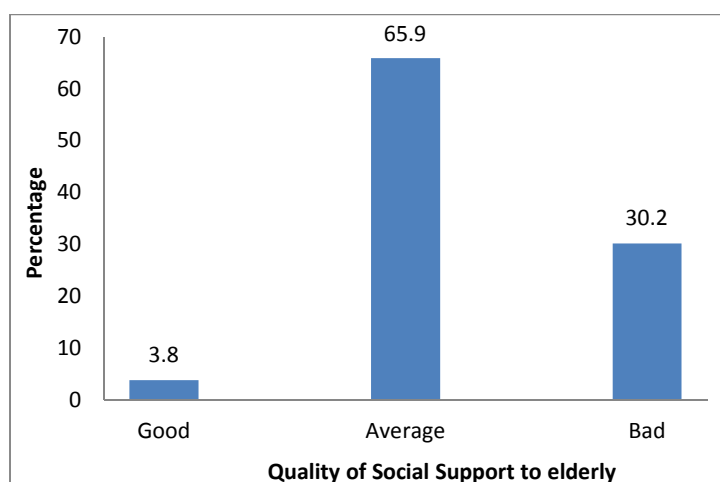
Fig. 6.1: Predicted Probability of Social Support

6.2. *Physical Care and Support*

Marginal effect of age on the section of population giving physical care reflects the genuine concern of the paper. Sdudying the Table 6.2 we can observe that while it is positively related to none or spouse but it is negatively related to children, it is seen that there is a decrease in marginal effect with increase in age by about 10 per cent for none or spouse. As with older age it get more difficult for own self or the older companion to take care of each other. Although the negative coefficient of marginal effect of children decreases with rise in age, but still it has a strong negative relationship. Elderly women are more vulnerable in terms of physical care. But a positive picture comes out form the fact that children takes 13 per cent more care of the widowed, divorced and separated elderly in comparison to currently married ones. Compatible to this is the marginal effect of 37 per cent of children's support for elderly living with them. Higher educated elderly takes less physical support as compared to others as they are mostly self-sufficient which is reflected by the fact that a negative marginal effect of 17 per cent with respect to support from children exists. Unfortunately for the elderly in India, it is predicted that in old age around 38 per cent of elderly will remain with no support or old spouse as the only source of support as shown in fig 6.2.
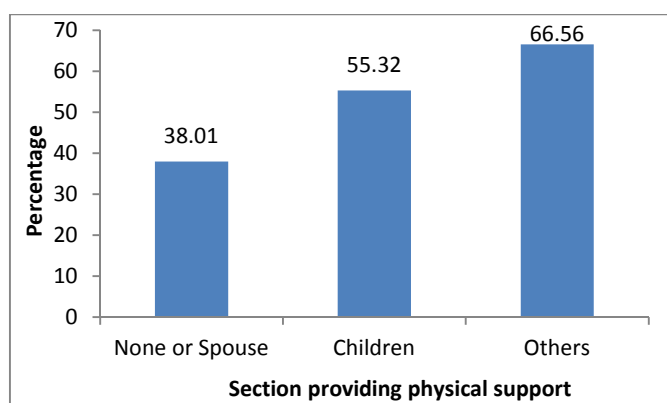
Fig. 6.2: Average Predicted Probability of Physical Support

6.3. Economic Support

It is unanimously acclaimed fact that children are the biggest source of support irrespective of any background. But how much is the picture changing is our point of interest? Compared to male, marginal effect of female are nine per cent more in case of support from children. From Table 6.3, for single elderly the odds of providing economic support by children in respect to spouse is mammoth 60 times greater than currently married elderly. It also has a significant marginal effect of 24 per cent of support by children for them. This pattern remains unchanged in case of living with children, marginal effect being 27 per cent. Among all religion group Muslim and Christian young generation provide the largest share of economic support compared to spouse. The marginal effect of Muslims on children as a source of support is also significant and is around five per cent. So overall it is predicted that 87 per cent of economic support is provided by children to the elderly (fig 6.3).
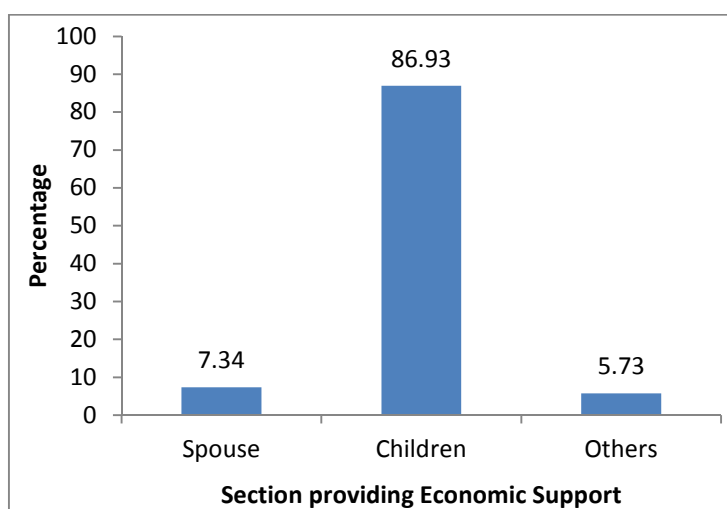
Fig.6. 3: Economic Support to the Elderly

7. **Conclusion and Policy Suggestion**

The demographic profile depicts that between 2000-2050, the overall population of India will grow by 55 per cent whereas the population in the 60 years and above age group will increase by 362 per cent, i.e., India will have one-eighth of the world's total older population. In the earlier stages when mortality levels were high, an adult child may not reside for long with their older parents. As adult parents may not live to a very old age, so the possibility of co-residence was not long (Cornman, 1996). But with increasing in longevity the situation is very different, as older people live long and in their rather larger 60 year and above life they need support to live. Our study has already shown the true extent of good care and support from the family. Especially social support, in the form of providing respect, dignity to the older person and also economic support through at least fulfilment of minimum requirement for the healthy life of older person are of utmost need. Also article 47 of the Constitution provides that the state within the limit of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in case of unemployed, old age, sickness and disablement and in other cases of undeserved want.

Initially the National Policy for Older Persons (NPOP), 1999 had the objective to encourage individual to make provision for their own and as well as for their spouse. It also encourages family members to take care of the old people in the family. So does the draft of the National Policy for Senior Citizens (NPSC), 2011, which states institution care to the older people as last resort, while the main responsibility will remain vested to the family, which would partner the community, government and private sector. It also promotes the concept of "Aging in place" i.e., with own home, housing, income security and homecare services, old age pension and access to health-care insurance and other programmes and services to ensure dignity in old age.

Although the Central Sector Scheme of Integrated Programme for Older Person, 1992 exists, and it is being made flexible to meet the diverse needs of older persons including reinforcement and strengthening of the family, awareness generation on issues pertaining to older population, but still the results of these schemes are far from desired. Our analysis clearly shows the growing concerns of the lack of care and support towards the older population especially from the children. Though there are policies and programmes to take care of the elderly in the society, in reality these policies are not working efficiently to meet the needs of the elderly, there are needs to have new approach and plan for their implementation (Bansod, 2011).

To summarize the finding we can say that, in India older population's wellbeing is significantly affected by the actions of the children of their family. So there is an urgent need to imbibe value in the younger generation of today's India. It is also true that it is very tough for the government to

take care of such a huge older population in the coming years. In that case it can be stated that family, especially the children has to play the master-role of caregivers to the old. So the value education as a part of schooling in the initial years may help them to realise the contribution made by their elders in their growing up and path of success and help them develop the feel of responsibility in themselves to genuinely take-up the role of caregivers to them in their old age.

So the three main policy recommendations that can be provided from the study are:

1. To enhance value education in the schooling years so as to make the youth of the country realise the importance of providing care and support to the older people.
2. Maintenance and Welfare of Parents and Senior Citizen Act should be made more stringent and needs proper publicity and implementation.
3. Making the social security and pension schemes more efficient and active, in the upcoming National Policy for Senior Citizen, so that many poor people can get the benefit out of it and are able to live a life of dignity in old age.

As India continues to experience demographic and health transitions, it will be critical to monitor the ways in which the informal social networks from both family and friends will continue to support Indians well into old age (Berkman, et al., 2012). For sure, essence of care of progenitors will substantially impact overall well-being of elderly more and more in coming days.

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Table 5.1: Percent distribution of Elderly's Feeling about Current Living Arrangement

		Comfortable	Satisfactory	Uncomfortable	Total
	Feeling About Current Living Arrangement				
Age of Older People	60-69	40.3	47.3	12.4	6089
	70-79	36.6	50.0	13.4	2688
	80+	34.2	52.4	13.4	1067
	Total	38.6	48.6	12.8	9844
Sex of the Respondent	Male	40.4	48.3	11.3	4664
	Female	37.1	48.9	14.1	5182
	Total	38.6	48.6	12.8	9846
Religion of the Aged People	Hindu	37.0	48.9	14.1	7705
	Muslim	37.8	45.6	16.7	821
	Christian	62.0	32.3	5.6	303
	Others	44.8	53.2	2.0	1016
	Total	38.6	48.6	12.8	9845
Caste Group	Scheduled caste	28.8	54.6	16.5	2002
	Scheduled tribe	20.6	60.2	19.3	535
	Other backward caste	43.7	42.4	13.9	3524
	None of the above	42.7	49.8	7.5	3552
	Total	38.9	48.7	12.4	9613
Marital Status	Others	36.4	48.1	15.5	3867
	Currently married / living together	40.1	48.9	11.0	5979
	Total	38.6	48.6	12.8	9846
Level of Education	Primary education	34.2	54.0	11.8	1290
	Middle school	47.5	45.3	7.2	1796
	High school	60.5	34.6	4.8	1351
	Higher education	63.0	34.1	2.8	387
	Total	48.9	43.7	7.4	4824
Wealth Quintiles	Poorest	13.8	53.2	33.0	2387
	Poorer	27.9	58.9	13.2	2176
	Middle	44.7	49.1	6.2	2015
	Richer	56.5	40.8	2.7	1806
	Richest	64.7	34.6	0.8	1455
	Total	38.6	48.6	12.8	9839
Type of Occupation	Technical/professional	67.2	31.1	1.8	399
	Office/clerical	56.2	39.5	4.3	808
	Cultivators	30.8	59.3	9.9	1091
	Petty traders/workers	50.5	38.4	11.1	667
	Agricultural workers	29.7	49.0	21.3	1748
	Others	29.2	52.9	18.0	1564
	Total	37.8	48.3	14.0	6277

Table 5.2: Percent Distribution of Elderly's Perception of Satisfaction with the Meeting/Communication with the Children

		Satisfied with Meeting/Communication				
		Neutral	Fully	Partially	Not at all	Total
Age of Older People	60-69	18.0	56.9	20.7	4.3	4622
	70-79	18.7	54.3	21.6	5.5	2230
	80+	23.0	51.4	21.0	4.6	873
	Total	18.8	55.5	21.0	4.7	7725
Religion of the Aged People	Hindu	19.4	53.2	22.4	5.0	5968
	Muslim	19.3	65.0	13.5	2.2	688
	Christian	1.2	91.1	7.4	.4	258
	Others	19.3	53.3	21.3	6.2	813
	Total	18.8	55.5	21.0	4.7	7727
Caste Group	Scheduled caste	23.6	48.8	23.2	4.5	1561
	Scheduled tribe	14.2	44.7	36.3	4.7	358
	Other backward caste	12.8	60.8	21.0	5.3	2787
	None of the above	20.7	56.8	18.5	3.9	2855
	Total	18.1	56.1	21.2	4.6	7561
Level of Education Completed	Primary education	13.2	63.0	19.6	4.2	1035
	Middle school	18.6	59.7	18.8	3.0	1408
	High school	16.3	69.1	13.2	1.4	1044
	Higher education	17.8	67.4	13.1	1.7	298
	Total	16.4	63.8	17.0	2.8	3788
Wealth Quintile	Poorest	19.9	40.5	29.9	9.7	1824
	Poorer	22.5	47.7	24.7	5.1	1670
	Middle	16.6	63.5	17.1	2.7	1635
	Richer	17.9	63.3	17.0	1.8	1414
	Richest	16.0	69.2	12.3	2.5	1180
	Total	18.8	55.5	21.0	4.7	7723
Type of Occupation	Technical/professional	14.2	73.3	10.7	1.9	318
	Office/clerical	20.5	60.5	16.6	2.4	625
	Cultivators	16.8	52.1	23.2	7.9	863
	Petty traders/workers	12.2	63.7	19.3	4.8	502
	Agricultural workers	22.0	44.7	25.6	7.7	1402
	Others	16.8	56.9	23.3	3.1	1173
	Total	18.1	54.8	21.9	5.3	4883

Table 5.3: Percent distribution of Elderly's perception of change in Role over the Years within household

Role has Changed Over Years		Improved	Remained same	Declined	Total
Age of Older People	60-69	9.2	67.6	23.2	6062
	70-79	7.8	61.9	30.3	2674
	80+	5.3	56.2	38.5	1060
	Total	8.4	64.8	26.8	9796
Sex of the Respondent	Male	10.0	67.2	22.7	4629
	Female	6.9	62.7	30.4	5165
	Total	8.4	64.8	26.8	9794
Caste Group	Scheduled caste	8.7	62.1	29.1	1994
	Scheduled tribe	5.7	63.1	31.2	526
	Other backward caste	6.3	63.2	30.5	3502
	None of the above	11.0	68.4	20.5	3540
	Total	8.5	64.9	26.5	9562
Religion of the Aged People	Hindu	6.6	63.7	29.7	7660
	Muslim	7.1	68.5	24.4	819
	Christian	7.3	80.5	12.2	303
	Others	23.4	65.4	11.2	1014
	Total	8.4	64.8	26.8	9796
Marital Status	others	5.9	59.8	34.2	3858
	current married/living together	10.0	68.1	21.9	5937
	Total	8.4	64.8	26.8	9795
Level of Education	Primary education	7.1	67.2	25.6	1280
	Middle school	9.3	68.7	22.0	1790
	High school	12.1	74.2	13.7	1343
	Higher education	13.5	70.5	16.1	386
	Total	9.9	70.0	20.2	4799
Wealth Quintiles	Poorest	3.2	54.2	42.7	2373
	Poorer	6.0	61.7	32.3	2157
	Middle	9.4	68.4	22.2	2008
	Richer	9.6	75.6	14.8	1798
	Richest	17.7	68.7	13.6	1454
	Total	8.4	64.8	26.8	9790
Type of Occupation	Technical/professional	17.9	69.5	12.6	397
	Office/clerical	14.5	73.0	12.5	806
	Cultivators	8.9	70.6	20.6	1084
	Petty traders/workers	4.8	73.2	21.9	661
	Agricultural workers	3.2	55.0	41.8	1728
	Others	9.9	66.6	23.4	1558
	Total	8.4	65.8	25.8	6234

Table 6.4: Percent Distribution of Elderly's Perception of Their Importance in Their Family

		How Important You are to Your Family			
		Important	Somewhat important	Not important	Total
Age of Older People	60-69	69.6	27.6	2.8	6085
	70-79	56.1	38.2	5.6	2685
	80+	45.6	42.7	11.6	1065
	Total	63.3	32.1	4.5	9835
Sex of the Respondent	Male	70.7	26.5	2.9	4658
	Female	56.8	37.2	6.0	5175
	Total	63.4	32.1	4.5	9833
Religion of the Aged People	Hindu	62.1	33.3	4.7	7697
	Muslim	65.2	30.4	4.4	819
	Christian	83.5	13.5	3.0	303
	Others	65.7	30.2	4.1	1017
	Total	63.3	32.1	4.5	9836
Caste Group	Scheduled caste	58.8	35.5	5.8	2000
	Scheduled tribe	51.2	41.1	7.7	535
	Other backward caste	66.6	29.9	3.5	3518
	None of the above	65.1	31.0	3.9	3546
	Total	63.5	32.1	4.3	9599
Marital Status	Others	53.4	38.9	7.7	3864
	Current married/living together	69.8	27.7	2.5	5970
	Total	63.4	32.1	4.5	9834
Level of Education Completed	Primary education	67.3	28.8	3.8	1288
	Middle school	73.6	23.4	3.1	1796
	High school	83.0	15.6	1.4	1350
	Higher education	78.9	19.8	1.3	388
	Total	75.0	22.3	2.7	4822
Wealth Quintiles	Poorest	48.7	42.3	9.0	2385
	Poorer	59.1	36.7	4.2	2171
	Middle	68.3	28.7	3.1	2013
	Richer	73.1	24.5	2.4	1804
	Richest	74.8	22.9	2.3	1455
	Total	63.3	32.1	4.5	9828
Type Of Occupation	Technical/professional	83.2	15.8	1.0	399
	Office/clerical	77.9	20.3	1.7	807
	Cultivators	62.5	33.2	4.2	1089
	Petty traders/workers	73.3	23.7	3.0	666
	Agricultural workers	60.0	36.0	4.0	1743
	Others	64.2	31.9	4.0	1565
	Total	66.7	29.9	3.4	6269

Table 6.1.: Social Support of Elderly: Multinomial Logit Estimates

	Good		Average		Bad	
	Marginal Effect	z	Marginal Effect	z	Marginal Effect	z
Age(ref 80+)						
60-69	0.028***	4.29	0.135***	7.62	-0.162***	-9.39
70-79	0.024**	2.3	0.058***	3.33	-0.082***	-5.13
Sex (ref female)						
Male	0.011***	2.86	0.003	0.29	-0.015	-1.25
Marital Status (ref. living together)						
Others	-0.011***	-2.73	-0.067***	-5.55	0.079***	6.52
Religion (ref. other)						
Hindu	-0.053***	-6.76	-0.113***	-6.66	0.166***	10.18
Muslim	-0.025***	-6.51	-0.143***	-4.59	0.168***	5.31
Christian	-0.025***	-6.05	-0.066	-1.54	0.090**	2.08
Caste (ref. others)						
SC	0.006	1.08	-0.027*	-1.81	0.021	1.42
ST	-0.003	-0.23	0.062***	2.8	-0.059***	-2.86
OBC	-0.006	-1.39	-0.041***	-3.36	0.046***	3.82
Locality(ref. rural)						
Urban	-0.011***	-3.08	-0.049***	-4.45	0.060***	5.46
Education (ref. higher education)						
Primary	-0.010*	-1.95	0.052***	3.55	-0.042***	-2.92
Middle	-0.003	-0.74	0.047***	3.51	-0.043***	-3.31
High school	0.005	1.06	0.092***	5.97	-0.098***	-6.37
Wealth Quintile (ref. richest)						
Poorest	-0.055***	-16.22	0.384***	-19.7	0.439***	22.57
Poorer	-0.042***	-12.44	-0.235***	-11.84	0.278***	13.9
Middle	-0.029***	-8.71	-0.101***	-5.2	0.129***	6.6
Rich	-0.019***	-5.62	-0.005	-0.28	0.024	1.27
Living Arrangement (ref. living alone or spouse)						
Co-residence	0.000	-0.06	-0.020	-1.59	0.020	1.63

Number of observations	9845
LR chi2(38)	1845.66
Probability > chi2	0
Pseudo R2	0.1142
Log likelihood	-7156.3988

Table 6.2.: Physical Support of Elderly: Multinomial Logit Estimates

	None or Spouse		Children		Others	
	Marginal Effect	z	Marginal Effect	z	Marginal Effect	z
Age (ref. 80+)						
60-69	0.374***	7.07	-0.297***	-5.59	-0.077***	-3.33
70-79	0.266***	3.78	-0.209***	-3.13	-0.056***	-3.69
Sex **(ref. female)**						
Male	0.195***	5.06	-0.165***	-4.26	-0.030*	-1.74
Marital Status (ref. living together)						
Others	-0.197***	-5.28	0.130***	3.37	0.067***	3.42
Religion **(ref. other)**						
Hindu	0.026	0.4	0.072	1.13	-0.098***	-2.62
Muslim	-0.030	-0.38	0.078	0.97	-0.048***	-3.15
Christian	0.185	1.49	-0.126	-1.02	-0.059***	-3.86
Caste **(ref. others)**						
SC	0.135***	2.72	-0.111**	-2.29	-0.024	-1.48
ST	0.145	1.61	-0.110	-1.25	-0.036*	-1.65
OBC	0.032	0.77	-0.023	-0.57	-0.009	-0.52
Locality **(ref. Rural)**						
Urban	-0.022	-0.59	0.037	0.99	-0.015	-0.96
Education **(ref. higher education)**						
Primary	0.055	1.08	-0.012	-0.23	-0.044***	-2.64
Middle	0.067	1.4	-0.086*	-1.82	0.019	0.75
High school	0.128**	2.03	-0.171***	-2.86	0.043	1.09
Wealth Quintile **(ref. richest)**						
Poorest	-0.171***	-2.99	0.035	0.5	0.136**	2.07
Poorer	-0.131**	-2.4	0.034	0.54	0.097*	1.7
Middle	-0.140***	-2.6	0.053	0.84	0.086	1.5
Rich	-0.213***	-4.38	0.072	1.03	0.141**	1.98
Living Arrangement (ref. living alone/spouse)						
Co-residence	-0.368***	-8.62	0.369***	9.33	-0.001	-0.06

Number of observation	1119
LR chi2(38)	373.63
Probability > chi2	0
Pseudo R2	0.1824
Log likelihood	-837.21418

Table 6.3: Economic Support of Elderly: Multinomial Logit Estimates

	Spouse		Children		Others	
	Marginal Effect	z	Marginal Effect	z	Marginal Effect	z
Age (ref. 80+)						
60-69	0.05***	4.38	-0.05***	-3.42	0.00	-0.53
70-79	0.02	1.43	-0.01	-0.38	-0.02**	-2.08
Sex (ref. Female)						
Male	-0.13***	-14.81	0.09***	7.98	0.04***	5.63
Marital Status(ref Living Together)						
Others	-0.31***	-31.93	0.24***	19.53	0.08***	10.35
Religion (ref. Others)						
Hindu	-0.02*	-1.86	0.04***	2.78	-0.02**	-1.94
Muslim	-0.04***	-5.80	0.05***	3.57	-0.01	-0.44
Christian	-0.03***	-3.46	0.05***	2.59	-0.01	-0.75
Caste (ref. Others)						
SC	0.01	1.11	-0.01	-0.69	0.00	-0.21
ST	0.01	0.68	0.02	0.88	-0.03***	-2.70
OBC	-0.02***	-3.21	0.04***	4.41	-0.02***	-2.87
Locality (ref. Rural)						
Urban	-0.02***	-2.83	0.00***	0.40	0.01**	2.20
Education (ref. Higher Education)						
Primary	-0.01*	-1.78	0.01***	1.19	0.00	0.03
Middle	0.01	1.35	-0.02***	-1.79	0.01	1.12
High School	0.00	-0.45	-0.01***	-0.75	0.01	1.21
Wealth Quintile (ref. Richest)						
Poorest	-0.05***	-6.59	0.00	0.11	0.05***	2.98
Poorer	-0.04***	-5.99	0.01	1.00	0.03**	2.05
Middle	-0.04***	-5.92	0.02*	1.81	0.01	1.24
Rich	-0.02***	-3.08	0.01	0.52	0.01	1.25
Living Arrangement (ref Living Alone/ Spouse)						
Co-residence	-0.15***	-9.40	0.27**	14.98	-0.13***	-8.53

Number of observation	7118
LR chi2(38)	3017.92
Probability > chi2	0
Pseudo R2	0.2947
Log likelihood	-3610.5651