Is the phenomenon of care reversal and self care happening in India?

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Introduction

The proportion of the elderly population (aged 60 years or above) has increased from 5.6% in 1961 to 8.2% in 2011 (Census of India, 1961 and 2011) and is projected to triple in the next four decades (James, 2011). In ageing societies like India, it is important to study care provision to ensure that care needs of older people are met. The article, using the National Family Health Survey India, explores patterns of living arrangements by applying a generational approach, which classifies households based on the number of generations living together. Using this approach, the paper aims to study the changing living arrangements to shed some light on care reversal (older people providing care to younger people) and self care (older people providing care to themselves) in India. The paper begins with a discussion on joint family system in India and its transformation in relation to intergenerational exchanges of care and support. Section 2 focuses on changing living arrangements in India and sheds light on various transitions in India that affect the living arrangements. The third section focuses on the conceptual framework of the paper illustrating care reversal and self care using the generational approach designed in this paper. The subsequent sections of the article present data and methodology and results. The final section of the article concludes the paper.

Joint family in India

The traditional 'Hindu joint family' is defined as a group of people who generally live under one roof, share cooked food, hold property in common, participate in common family worship and are related to each other (Karve, 1953). The Hindu joint family model plays an important role in allowing various generations to exchange care and support. In contrast to the joint family system that has multiple generations under one roof, a typical nuclear family consists of only two generations: parent(s) and their children. The joint family has always been portrayed as the characteristic feature of the Indian society and several

classic studies since the 1950s have shed their concern on the disintegration of the joint family system in India.

Joint family model is generally portrayed as a model that has three generations living together under one roof. However, several anthropologists such as Dube(1958) and Karwe (1953) have argued that there are several types of joint families and often a joint family of one type metamorphosize in to several joint families of various types due to life cycle events such as migration and death. Hence, when discussing joint families, it is important to consider various types of joint families. In this paper, joint family is defined as a family that has three or more generations living under one roof and a family with two generations is defined a nuclear family. However, the generational approach of the article will consider varying compositions of these two types of households.

Family system and intergenerational exchange of care and support is dynamic within both Indian family models namely joint and nuclear. Moreover, families tend to transform from one family model into another mostly due to life cycle events. For example, Irawati Karwe (1953) argued that joint family divides at the time of its founder's death and divides into smaller joint families. The joint family existing before the death of its founder could differ, in the number of members living in the household and the relationship status between these members and the head of the household, from the new joint families that emerges after the death of its founder. Also, the mean age, collective age and the range of ages between members of each of these families could differ substantially. Dube (1958) suggested that the nuclear family or small joint family is typical in India. In addition, as argued by Dube (1958) a 'complete joint family', a family that has all the members of all the generations living under one roof, is rare suggesting again the complexity in the structure of joint family system. The paper, taking Dube's argument into consideration, will focus on both complete

and incomplete joint families as it is not possible to distinguish them due to lack of information of total number of children the oldest generation of a family has.

The notion of complete joint family is not a universal model as Census of India datasets between 1951 and 2001 paints a different picture. According to the 2011 Census of India, 18.8% (18.9% in rural and 18.5% in urban) of households have 5 family members and 24.9% of households (26.9% rural and 20.6% urban) have 6-8 family members whereas 6.6% of households have 9 and more family members living together (7.2% rural and 5.4% urban). Moreover, 18.2% of households (19.4% rural and 16.2% urban) have 2 or more married couples. The 1951 Census of India, that started to collect information on the composition of Indian family, shows a similar proportion of 2 or more married couples living together. Twenty percent (20%) of Indian households included two or more married couples indirectly supporting the notion of resilience of Indian family system. However, this conclusion should not be made unless until we study the relationship among the people dwelling under one roof.

Mandelbaum (1957) argued that joint family is a rural phenomenon. A closer observation of rural-urban differences in the household composition (defined as number of people living in a household and the number of married couples in a household) based on the recent 2011 census of India does not support great divide between rural and urban India. Again caution is required in interpretation of these differences. As the Census data do not collect information on the relationship between the members of the household living under one roof, it is difficult to make conclusions on rural-urban differences. It is likely that due to high rents in urban areas, couples that are distantly related or have other forms of networks including friendship could be living together.

Due to the changing patterns of agriculture and lack of employment opportunities in rural areas, the rural family system has faced an acid test in the 21st Century. In addition, as illustrated by Dyson and Moore (1983) the kinship structure and female autonomy between North and South India differs significantly. Even though, several authors have subsequently criticised that the simplistic classification of India into North and South India, there is no denial that female autonomy and kinship structure discussed by Dyson and Moore plays an important role in deciding the family dynamics. Hence, the paper takes into consideration employment status of adult members of the household and the region that divided India into 6 regional clusters: North, South, West, East, Central and North-East. In addition, this study also conducts state-level analysis (not included in this version of paper).

F G Bailey (1960) in his critical evaluation of the family studies has rightly pointed that the static analysis of the model joint family does not take into account the fact that the father or manager must eventually die or grow-old and be replaced by one of his sons. Families do not completely dissolve but gets extended through addition of members from different generations. Based on this, we argue that it is important to perform dynamic analysis of family system in India by taking into consideration the age of the household head, age of the other members of the household, sex composition, the generations, health status of the head of the household and the marital status of the family members. Given the lack of longitudinal household data, our research aims to focus on living arrangements by taking into consideration a generations approach to capture the complexity of Indian family system and to partially capture the dynamic situation of families.

Lifecycle events that create and dissolve families must be sufficiently addressed using a dynamic perspective. For example, an older woman joining her son's nuclear family after

becoming widowed will be contributing to dissolution of a single member family and creation of a joint family. The death of her husband has dissolved her 'nuclear' family, her migration has dissolved her single member family, and her widowhood and a permanent move to her son's family has transformed the nuclear family of her son into a joint family. Analysis of cross-sectional family surveys will not capture the transition and the reasons for transition. However, using the complex generational approach, we can shed light on the types of families by taking into consideration the generations in the family and their marital status. In addition, if more joint families have widows compared to widowers, we could argue that increasing life expectancy in India has contributed to this phenomenon. In addition, this suggests that widows are likely to receive care from either from their mothers that are widows or co-reside with other widows of the same generation.

Changing living arrangements in India

Did living arrangements change drastically in India? Can we capture the change in living arrangements by focusing on the relationship status of various members of the household with the head of the family? Is India witnessing multiple family models? If India experienced drastic change in living arrangements, we should see an increase in the number of single member households and households with only younger or older siblings. The division of family system should not be between joint and nuclear families anymore. As traditional Asian model assumes that older people receive care from the children and grand children, it is important to capture changing living arrangements in India. The aim of the study is to provide more evidence to study the changing family system in rural India.

Migration has an impact on living arrangements and care provision in India. According to the recent Census of India, 30% of the total population (1.21 billion) move within India, and 5 million Indians have emigrated from India (Census of India, 2011). In short, three out of

ten Indians are internal migrants, and two-thirds of the migrants are from rural areas pointing towards a major change in the traditional family system.

Nutritional and epidemiological transitions are expected to influence care provision due to changing living arrangements. Mortality and morbidity of household members could play an important role in shaping the family structure. India is currently facing a rapid nutritional and epidemiological transition. According to the World Health Organisation (WHO, 2012), 15% of the 36 million global deaths from chronic diseases in 2008 occurred in India with 38% males and 32% females aged below 60. In developed countries, older people are affected with these transitions. However, in India middle aged or older middle aged men and women seem to be the vulnerable groups succumbing to chronic diseases such as cardio vascular diseases, cancer and diabetes. This is due to a rapid deviation in the dietary patterns, physical activity and life style patterns from the early life patterns.

Fertility transition in India also plays an important role on living arrangements and care provision. More and more families, especially in Southern and Western India are experiencing a rapid fertility decline (James, 2011). Andhra Pradesh, a southern Indian state, experienced a super-rapid fertility transition. The impact of the pace of these changes on living arrangements requires additional attention.

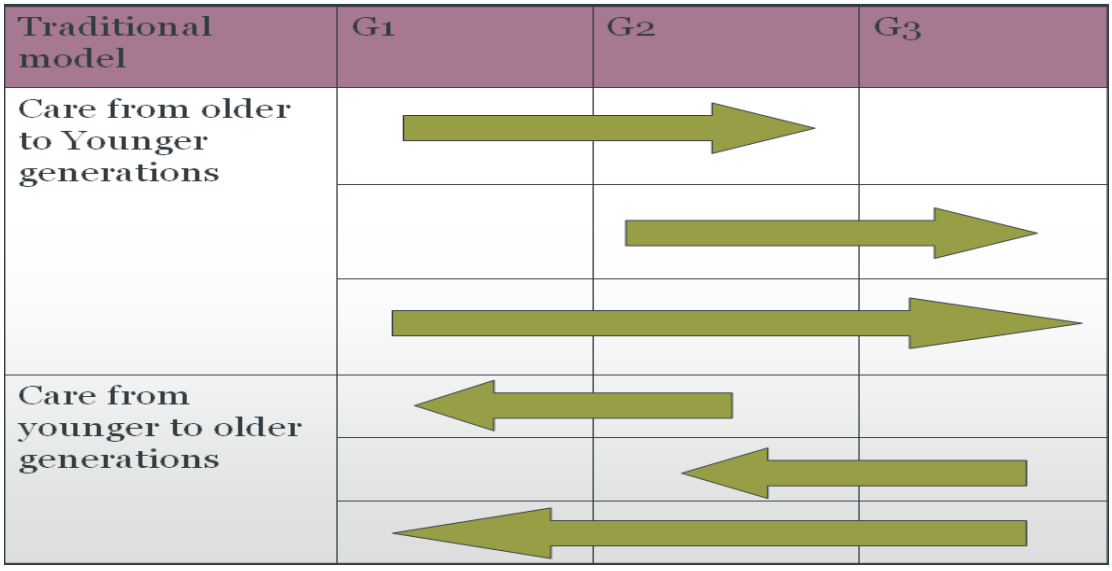
Finally, urbanisation and social change also shape the living arrangements in India and these factors should also be considered when studying the changing living arrangements and the care patterns (Rajan, 2011). More and more young couples prefer to live on their own than with their parents due to the clash in the life styles between their generations and their parents. Anecdotal evidence from media suggests these generational clashes. Young urban Indians follow a western inspired dietary pattern, as well as working style, and life

style behaviours. For example, young and middle aged urban Indians (both males and females) are more likely to eat pizzas and burgers, are more likely to drink and smoke and are more likely to have a desk job compared to their parents. They are also more likely to eat out regularly and spend their evenings in non-religious gatherings such as parties or dining out. These changes challenge the traditional family model by creating social and cultural conflicts within families rather than between families.

Conceptual framework

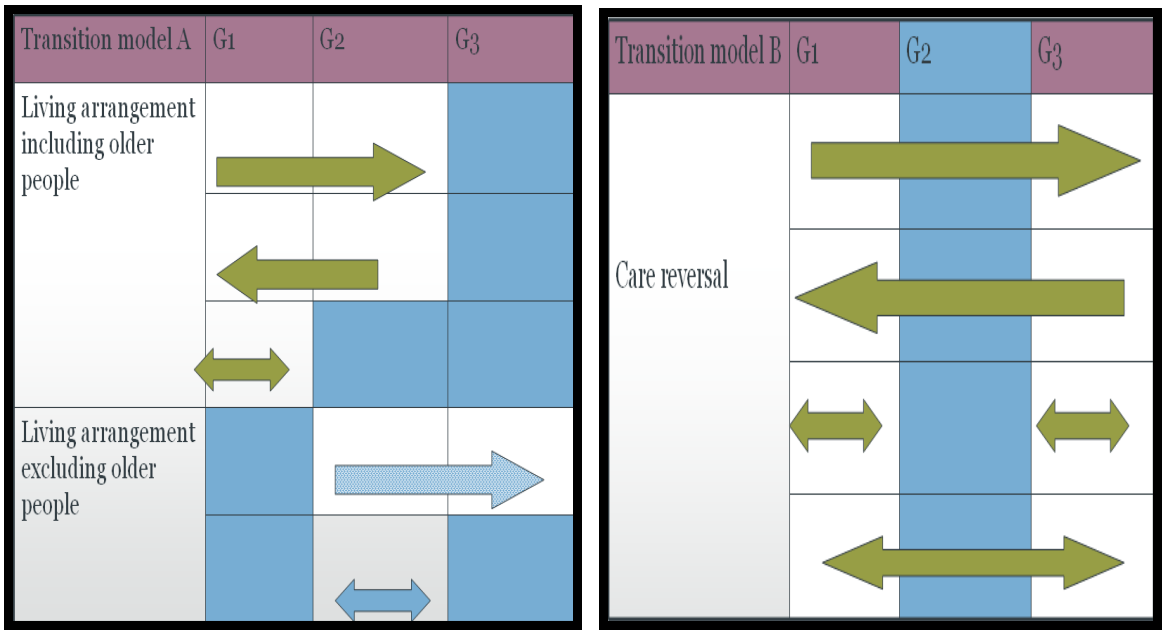
The generational approach in this paper takes into consideration three generations, which is more typical. Increasing life expectancy in India in relation to early marriage and childbearing in some traditional families should lead to 4 generation families. Preliminary analysis indicated that the proportion of such 4 generation families is very low. Hence, the conceptual framework will take into consideration only three-generation model starting with grand parents (G1) and ending with grandchildren (G3). However, the analysis will include four-generation households. The traditional model illustrated below (Figure 1) shows the care and support exchange between grandparents and parents (G1 and G2), parents and their children (G2 and G3), and grandparents and grandchildren (G1 and G3).

Figure 1: Illustration of the traditional model and their care patterns



Note that the arrows point from the care provider towards the care receiver. For example, the first arrow indicates that care of provided by G1 and is received by G2.

Figure 2: Illustration of the transitional model A and B and their care patterns



The transition model (Figure 2) captures two emerging forms of care exchange in addition to the traditional model. First part of the model A shows the increasing proportion of households without G3. The second part of the model A shows households that have G2 and G3 only and these households do not include older people. Transition model B illustrates a different form of care reversal where working age adults from G2 are missing either due to migration or mortality. In these cases, older people and their grand children exchange care pointing to care reversal in India. In addition, the transition models also include various generations providing care to themselves. For example, older person or older couple could support each other pointing to no care or support exchange between different generations. Also, a smaller proportion of households in India have no adults leaving children to provide care to themselves. Urban India is also witnessing adult working individuals or couples that do

not exchange care or support with other generations. It is important to capture these changes to study changing family structure and care patterns in India.

Methodology

Older people in this study are defined as those aged 60 and above. Living arrangements is typically measured to determine the number of people an older person lives with and the relation between them. We argue that this perspective can capture the complex family model in India. The unique generational perspective a special focus on the marital status of the adults in the family makes this article unique. Life cycle events have to be taken into consideration as very often, families face a make or break situation at every life cycle event such as birth of a child where grand parents and parents live together, marriage of this child after growing old or death of the head of the household. In addition, events such as employment related migration, unemployment of adult children and decline in health of older people plays an important role in family formation or family change.

The aim of the paper is to organise the data into generations and later consider marital status and livelihood of each member of the family to study the complexity of the relation of older people with family members. National Family Household Survey 1 (1992-93) (IIPS, 1993) and National Family Household Survey-3 (2005-06) (IIPS, 2007) datasets are used to gauge the changes over-time and to study living arrangements to study the care patterns between 1992 and 2006.

The household data from the National Family Household survey provides information on age and sex, marital status, relation with the head of the household, age of the head of the household, educational status and employment status of the member for each

and every member of the household. In addition, by restricting to the analysis only to the usual residents of the household that sleep there regularly, we can exclude regular and occasional visitors. As a few head of the households are not regular members of the households', we can argue that these head of the households have probably migrated for economic reasons and visit the households regularly. Alternatively, they could be seasonal migrants spending a few months in their households during agricultural season that provided employment opportunities or during their unemployed months.

Results

Out of 88,562 households interviewed in 1992-93 NFHS-1 survey, 14.8% had at least one older person aged 60 and above. For the period 1992-93, these people have to be born in a healthy environment to be lucky to reach the age 60. In 2005-06, out of 109,041 households interviewed, 30.8% had at least one person aged 60 and above. We argue that increasing life expectancy has contributed to this increasing proportion of households with people aged 60 and above. Male life expectancy at birth was 57 years in 1990 and 63 in 2009 where as female life expectancy at birth was 58 years in 1990 and 66 in 2009. In addition, male life expectancy at age 60 was 14 years in 1990 and 15 years in 2009 whereas female life expectancy at age 60 was 15 years in 1990 and 17 in 2009 (WHO, 2012). In addition, more males and females are likely to live beyond age 60 and above due to the progress in life expectancy.

Self-caring older people in India

The proportion of older people living alone and providing care for themselves has increased between 1992-93 and 2006-07. Only 3.1% of households had only one older person in 1992-93 and this proportion has increased to 6% in 2005-06. About 7% of

households that have two members have at least one older person aged 60 and above in 1992-93. 12.5% of households that have two members have at least one older person aged 60 and above in 2005-06. The current analysis clearly shows that self-care is happening in India and the proportion of older people supporting themselves is increasing. This result has several policy implications. For example, Rajan and Kumar (2003) argued that the older people that are living alone are economically less secure. Hence, it is likely that older people that are living alone might be financially less secure. In addition, the result also points the unmet care need. It is likely that older people with activities of daily living (ADL) and independent activities of daily living (IADL) disabilities in India will have a poor quality of life if their care needs are unmet given the lack of formal support in care provision.

Reversal of care in India

As illustrated in Table 1, 9% of older couples live alone providing further evidence on self care. In addition, nearly 5% of households have older couple with one member of G2 hinting reversal of care. Also, the table clearly shows that there are several households (2.6%) with one older person and one adult hinting care reversal. A smaller proportion of households that have one older person with a grand child or two older people with a grand child illustrate care reversal in India. Policy makers should take into consideration these vulnerable households and provide financial and other forms of support.

1 member HH (6.13, 2049 HH)		
One older person (living alone)	2049	6.13
2 member HH (12.52%, 4187 HH)		
Older couple (living together)	2,992	8.95
Older person with one G1	858	2.57
older person with a grand child	176	0.53
older person with other relative	161	0.48
3 member HH (10%)		
Older couple+ 1 G2	1590	4.75
One older person+ 2 G2	220	0.66
One older person+ 1G2 + 1G3	225	0.67
Older couple and a grand child	240	0.72
4 member HH (12.2%)		
Two G1 and two G3	87	0.26
One G1, one G2, two G3	170	0.51
One G1 Three G3	15	0.04

Table 1: Illustration of care reversal in India using the generational approach

Summary

Using the generational approach, the paper sheds some light on care reversal and self care in India. The preliminary analysis shows that 31% of households in India have at least one older person aged 60 and above. Out of these, nearly 6.1% of older people live alone. There is an increase in the proportion of older people that are living alone and caring for themselves between 1992-93 and 2005-06. The paper also shows evidence of first generation (defined as older person or older couple aged 60 and above) living with an unmarried, widowed or divorced member of generation two (for example, widowed daughter-in-law, unmarried son or divorced daughter). These older people are assumed to provide financial, emotional or social support along with participating in household chores.

The generational approach also provides information on the households that have the first generation living with the third generation (grand children) without the middle generation, once again supporting the phenomenon of care reversal. As exchange and provision of care is affected by migration, mortality and marital patterns, we believe that

the generational approach will provide additional insights. The paper argues that older people do not completely depend on their children and grand children for support. In contrast to the cultural expectations, evidence shows that some older people live alone and care for themselves while others provide some form of care to their children and grand children. One of the caveats of the paper is that care is not directly measured but assumed based on the living arrangements. Care in this paper is broadly defined and involves raising grand children, performing household chores in addition to financial or psychological support.

Future work

The analysis using the National Family Health Survey data is not sufficient to explore the dynamic family structure in India. In addition, we will not be able to have a longitudinal perspective. Hence, the future studies would benefit from complex anthropological and demographic longitudinal studies, to provide not only an overview of the current family system in India but also to shed light on the changing family system in India.

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