SUMMARY OF FINDINGS

Living arrangements and coping mechanisms of the elderly living in the coastal villages of Kanyakumari district, the southernmost part of the country, were studied with a sample of 242 elderly persons using interview schedule. Along with living arrangements and coping mechanisms, self esteem and life satisfaction of the elderly have also been studied. Using various statistical tools depending on the nature of the variables and the objectives, analyses of the collected data were carried out. All the findings are summarized and presented in this chapter.

Background

The sample consists predominantly of the young-old respondents, with an average age of 69 median ages. The old-old are fewer and the oldest-old are very few. Obviously life expectancy reduces as people grow older and hence we find this kind of distribution. The male respondents outnumber the female respondents. This has no particular implication for the study population, as the sampling procedure involved quota of equal number of male and female elderly, but in data collection some of the selected female elderly could not be contacted. Around three fifths of the respondents are married while around two fifths are widowed. The proportion of widowed respondents is far greater for the female respondents than for the male respondents (65.5% against 20.9%). It is customary that a man is older and the woman he marries is younger. As a result when they become old, the man is more likely to live with the spouse till his death whereas the woman is more likely to become a widow at some stage of her life. Dandekar (1996) and Chen (2000) have also
made similar observations. Moreover, in our country women by tradition are not encouraged for remarriage whereas for men it is easily accepted.

While three-fifths of the respondents are illiterate, more than one-fourth of them have had primary level of education. Nearly three-fifths of the respondents are not currently working. Among the remaining many are engaged in fishing and related occupations. More than half of the respondents do not have any income. The average income of the earning respondents is just over Rs.1600 per month.

Most of the respondents are living in joint household. Nearly half of the respondents have up to four members in their household, almost an equal proportion of respondents have more than four members in their household. The average household size is around five. The average household income per month is Rs.5340. In majority of the cases the respondent is the head of the household. In some cases, the spouse or son is the head of the household. Except for house, these respondents do not possess anything else such as land or livestock. The vast majority of the respondents do not have any savings.

About half of the respondents feel that their health condition is either poor or very poor. One-third of the respondents state that their health condition is average. Only some of the respondents state that their health condition is good or excellent. Around three-fourths of the respondents are having some or other disease. Most of them report pains (such as joint pain, back pain and chest pain), diabetes and blood pressure. Only around one-fourth of the respondents do not have any disease. While three out of five respondents engage in some or other leisure activities, two out of five do not have any leisure activity. The male respondents mostly go to the sea shore and chat with others. The female respondents mostly chat with neighbors or watch television.
A few less than half of the respondents have up to four children and about an equal proportion of them have more than four children.

**Living arrangement**

Half of the respondents live with their sons. A few less than one-fourth of the respondents live with their spouses. Nearly one-fifth of the respondents live with their daughters. Very few are living with other non obligatory kin (brother, sister, daughter-in-law or niece) or living alone. It is customary that in our culture the elderly parents live with one of the married sons, particularly the eldest son. This arrangement normally starts right from the beginning of the marriage of the son. In some cases, if the parents are not that old, they may prefer to live separately and this may go on until one or both of them become frail or sick or widowed; thereafter they may join with the son for the rest of their life. Living with a married daughter is generally considered violative of norms and hence undesirable in our culture. It is only when the elderly do not have any other option that they opt to join with their married daughter. Living with the eldest son is the most preferred choice and living with a daughter is the least preferred one. Some other studies (Prakash, 1999; Rajan et.al, 1999; Bali, 1997; Nanda et al 1987), however, show that living with a married daughter was the chosen optio when the parents had no sons or when their sons had moved away.

The proportion of the respondents living alone increases as age increases. This observation, however, should be taken with caution because there are only nine respondents who live alone. In the case of living with other kin too, the proportion of the oldest-old is greater compared to others. Here again, there are only twelve respondents
living with others. The proportion living with spouse decreases as age increases. The proportion living with daughters also decreases as age increases. While most of the respondents are living with their sons, this tendency is found to be relatively higher for the old-old. The decreasing proportion of persons living with spouse as age increases can be readily understood, as one of the spouses is likely pass away first. In the case of living with daughters, the same pattern is reflected. It happens when living with daughter is resorted to as a temporary arrangement; the elderly may live with the daughter for some time and thereafter may join the son, after return or after settling issues whatever that might have driven the elderly to the daughter’s house. It is also culturally important that the elderly parents be with the son at the end of their lives, for it is the son who should perform the last rites. These factors may explain why we see decreased proportion of the oldest-old among those living with the daughter and increased proportion of them among those living with the son.

There is little difference between the male and female respondents in living alone. In the case of living with spouse, the male respondents surpass the female respondents. In the case of living with son, daughter or others, the female respondents surpass the male respondents. This can be readily understood given the traditional practice of older man marrying younger woman, as mentioned while discussing about marital status of the respondents. What is noteworthy here in the context of living arrangement is that the male respondents have the privilege of spousal care which is unconditional and mostly dedicated, given the traditional role of the Indian wife. The female elderly, however, do not have any such privilege of spousal care, particularly because he is generally older than her husband and also because the traditional male role does not allow for such spousal care.
Among the married respondents, two-fifths are living with their spouses and nearly half of them are living with their sons. Among the widowed respondents, half of them are living with sons; nearly one-third of them are living with daughters; one out of ten is living with others. All the respondents who are living alone are widowed. As long as they are married and able, the elderly spouses may live separately (see also Lee and Weber, 2000 in the Korean context). When one of them passes away (normally male for reasons as we have already mentioned) the other (understandably the female in most cases) has to depend on others. It should also be noted that the patriarchal system vests the property with the male. Whatever property the couple might have had would have been in the name of the male. After his demise, it would be divided among the children (mostly the sons). Sometimes a portion may be allotted to the elderly widow, as required legally these days, or as a security for her. She may offer her share of property to the person outside her immediate family with whom she moves to live the rest of her life. Among the propertyless poor, however, the binding factor of the elderly with their children would be either the tradition of filial responsibility or love as personally experienced. The parents as well as the widowed mother may be taken care of with love and dedication by the son, if not by the daughter-in-law who has to actually deliver caring tasks. When the tradition is weak or when there is little love, the plight of the elderly becomes worse. They may just be allotted a space to sleep, normally referred to as a ‘moolai’ (corner), or ‘kollai’ (the backyard), or ‘thinnai’ (pial, the raised platform at the entrance of the house).

There is no significant relationship between work status and living arrangement. But income, which may come through other sources than occupation, has a bearing on living arrangement. The proportion of respondents living with spouses is more for those having income compared to those not having any income. Among those living with sons and
daughters, the proportion of respondents having no income is relatively more. Household income also has a bearing on living arrangement. As household income level increases, living with sons or daughters becomes more possible. On the other hand, the likelihood of living only with spouse gets decreased with increasing household income. This is consistent with the finding by Boyd (1991) who states that income considerations dictate living arrangements in old age because they affect the ability of the elderly to pay for the costs of housing and other living expenses. Panigrahi (2009) also observes that income is an important factor determining the living arrangement of the elderly. Lee and Weber (2000) mention about self support rather than income determining living arrangement. What is noteworthy in the present study is that when there is more of personal income the likelihood of living with spouse is greater and when there is more household income the likelihood of living with children is greater.

Among the nuclear household respondents, three-fifths are living with spouse. Among the joint household respondents, nearly two-thirds are living with sons; one-fourth of them are living with daughters. Most of the respondents who are living with spouse are living as a nuclear household, not as joint household. This should be seen in the light of marital status and income status as discussed above. Moreover, it should be noted that in the present study the definition for joint household requires that there should be at least two couples in the household. Less than that would denote only extended nuclear household. Thus, in most of the cases the elderly spouses either live separately as nuclear household or with their sons as joint household. We also find a considerable proportion of joint household containing the elderly respondents living with daughters. In this case, however, it is most likely that the other couple than the daughter and her husband denotes the parents of the
son-in-law and the concerned elderly respondent is the widowed woman with no other option.

Among the respondents living in small household with up to four members, two-fifths are living with their spouses and about the same proportion of them are living with their sons. Among those living in large household with more than four members, most of them are living with their sons; nearly one-fourth of them are living with daughters. Most of the respondents living with spouse are living in small household and most of those living with sons are living in large household.

As the number of children increases, the likelihood of living alone or living with others decreases; on the other hand, the likelihood of living with sons or daughters increases. Panigrahi (2009) however, emphasizes that it is not merely the number of children available but their gender and marital status also determine the co-residence pattern. In India parents are most likely to live with sons (Bongaarts and Zimmer, 2001; Chaudhury, 2004; Gulati and Rajan, 1990; Zachariah, 2001). As Panigrahi (2009) says, specific cultural contexts should also be taken into consideration. In the Korean context, Lee and Weber (2000) state that number of children is no significant predictor of living arrangement. The present study of the coastal community elders, however, points out that when the number of children is greater, not only living with sons but living with daughters also increases. A reappraisal of the data after this finding reveals that number of children, number sons, number of daughters, number of married children, number of married sons, number of married daughters are all positively correlated with the overall proximity score. But the same are negatively correlated with the average proximity score, i.e. proximity per child. As the number of children increases, proximity per child decreases. As proximity is
measured in terms of the closeness/distance between the living places of the elderly and their children, this points to the structural constraints. Thus, structural feasibility is one of the reasons. It is more probable that an elderly person could live with only one of his/her children; thus the proximity with others declines. In many cases the children are living in other villages or faraway places. Living in faraway places is not uncommon for this coastal community. Many of the sons of the elderly have migrated to other places looking for employment. In the case of daughters it is largely marriage migration, if they are found in distant places. Given their community background (the groom is to be found only among the fisher community), and the educational background (women are far less educated to find suitable employment in faraway places or to find suitable groom employed in faraway places), the daughters are generally married off in and around the same village. This makes it possible for the elderly, especially women, to take shelter with the married daughter when the sons migrate for employment. It should be mentioned here that none of these elderly respondents has any unmarried daughters; all are married. Thus, those living with daughters are all living with married daughters. Among these, 74% have married sons; thus, even though they have married sons, they are living with married daughters.

More than one-third of the respondents are not satisfied with the current living arrangement. Two-fifths are satisfied to some extent. One-fourth of them are very much satisfied with the current living arrangement. As for the desirable living arrangement, most of the respondents prefer living with son. Some would like to live with daughter, while some others prefer to live only with spouse. Very few of the respondents would like to live alone. More than two-thirds of the respondents do not have any problem with their current living arrangement. For one-fourth of the respondents, neglect by others is the major
problem in their current living arrangement. Nearly one-fourth of the respondents expect money to meet their own needs in their current living arrangement. While some look for proximity with children, some others need care in their current living arrangement. Thus, money, proximity and care are the most expected things in their current living arrangement.

As for satisfaction with the current living arrangement, those living alone and those living with others have the least satisfaction. Dissatisfaction with the current living arrangement does not vary among those living with spouses, sons and daughters. Satisfaction is found to be greater for those living with daughters, followed by those living with spouses and it is relatively less for those living with sons.

For those living alone, neglect is the major problem. Among those living with others too, neglect is found to a considerable extent. When the three groups of respondents, namely those living with only spouse, those living with son and those living with daughter, neglect is found to be far less for those living with daughter. Moreover, the proportion of respondents with no problems is found to be more among those living with daughters. Few respondents among those living with daughters perceive problem in that living arrangement; and it is largely because of the norm that one is not supposed to make a living arrangement with married daughters.

Few of the respondents desire to live alone. Such persons are found to be more among those living alone or living with others; this tendency is not at all found among those living with daughters. Among those living with only spouse, many of them either want to continue that arrangement (43%), or want to live with their sons (41%). Thus, many of those living with spouse feel deprived of living with their sons. Among those living with
their sons, the vast majority would like to continue that arrangement. Among those living with their daughters, more than half of them would like to continue that (52.2%) or desire to live with their sons (41.3%). Here again we see that many feel deprived of living with their sons.

**Need fulfillment**

While two-thirds of the respondents are comfortable with financial need fulfillment, one-third of the respondents are wanting. In the case of social need fulfillment, around one-third of the respondents are comfortable and nearly two-thirds are wanting. Three-fourths of the respondents are comfortable with informational need fulfillment and one-fourth of them are wanting. The vast majority of the respondents are comfortable in recreational need fulfillment and personal care fulfillment. Two-thirds of the respondents are comfortable in health care fulfillment and one-third of the respondents are wanting. Gap in need fulfillment is found mostly in the social area.

**Financial Help**

As far as food is concerned, help comes largely from the sons; other helping persons in this regard are mostly daughters and spouses. In the case of clothing and bedding, sons are the prominent helping persons; daughters also help in a considerable number of cases. For shelter and habitual expenses, help comes from sons and daughters; the contribution of daughters is relatively more compared to other areas. In the case of debt payment, it is the son who helps. Thus for meeting financial / material needs, help comes largely from sons.
Social help

The social need for conversing is largely fulfilled with the involvement of spouse and neighbors; in some cases, sons and daughters extend this support. As for sharing feelings and sharing confidential matters, it is largely with the spouse; in some cases they do so with sons and daughters. As for companionship, it is largely offered by neighbors, followed by spouse. Mostly spouses followed by neighbours offer consolation. The role of the spouse and neighbors are found to be prominent in fulfilling the social needs.

Information help

As far as information regarding family matters is concerned, sons figure most prominently and in some cases daughters are the information providers. As for village matters, government schemes, health care and daily news, the respondents largely depend upon their neighbors. Thus, the respondents get help from their neighbours regarding all other matters except in family matters.

Recreational help

Their recreational needs boil down to only a negligible few of the respondents require help in meeting the recreational needs, namely going to places of worship and walking. For them, mostly their spouses help in meeting these needs.

Personal Care

Few of the respondents require help in meeting their personal care needs and such help comes largely from the spouses, daughters and daughters-in-law. For bathing, going to
toilet, dressing, grooming and moving around, the respondents largely depend on their spouses, followed by daughters and daughters-in-law in accord with gender role structure.

**Health care**

For visiting doctors or hospitals and for getting medicines, the respondents get help largely from sons, followed by daughters and spouses. For taking medicines as prescribed, the respondents get help from spouses, followed by sons, daughters and daughters-in-law. For external application, the respondents get help from spouses, daughters and daughters-in-law. In the case of preparing dietary food and for taking healthy food, the spouses are the prominent helpers, followed by daughters and daughters-in-law.

**Overall need fulfillment**

The gap in the overall need fulfillment for the respondents increases as age of the respondents increases. The women respondents get less help compared to the male respondents in fulfilling their needs. Help from others is limited for the widowed respondents.

Those who have occupation have less gap in need fulfillment, while those who do not work have more gap in need fulfillment. Those who do not have any independent income have more gap in need fulfillment while those who have independent income have less gap.

Those who do not have family, i.e. living alone, have the largest gap in need fulfillment compared to all others. Among the rest, the nuclear household respondents have relatively
more gap compared to the joint household respondents. Among all, the joint household respondents have the least gap in terms of need fulfillment.

Those belonging to small household have relatively more gap in need fulfillment compared to those belonging to large household having more than four members. Those who have no household income have the largest gap in need fulfillment compared to all others. The gap in need fulfillment decreases as household income increases. There is no gap in need fulfillment for those respondents who have savings. On the other hand, for those respondents who have no savings the gap in need fulfillment is greater.

When the respondent is the head of the household most of his/her needs are fulfilled and hence the gap in need fulfillment is narrow. Those respondents who do not have any children have the highest gap in need fulfillment. Among others, as number of children increases the gap in need fulfillment decreases. Those who are living with son or spouse have less gap in need fulfillment. Those who are living alone or with others have more gaps in need fulfillment. Those who are living with daughter fall in between.

Those feeling in good or excellent health have no gap in need fulfillment and those having poor or very poor health have more gap in need fulfillment. Age, income, family income and number of children have independent effect on gap in need fulfillment, implying their importance in fulfilling the needs. When the elderly people are relatively younger with adequate personal income or family income and with more children, their needs are adequately fulfilled.
Coping mechanisms

When one faces a crisis situation, an attempt is made to overcome it by choosing a particular mode to overcome the situation or by accepting the situation. When humans fail they tend to substitute with supernatural/spiritual beings.

As for coping in financial or material needs, prayer is found to be the predominant mode of coping. Adjusting is another coping mechanism followed by the respondents. As for living arrangements, those who are living alone mostly engage in prayer when they have problem in getting food or clothing. Those who are living with others mostly adjust with the situation. Engaging in prayer is found to be the predominant mode when the respondents have problems in bedding and this is found relatively more among those who are living alone and living with others.

In the case of social needs, the primary coping mechanism is again prayer. Another mechanism is resignation or withdrawal. Engaging in prayer is found to be the predominant mode when the respondents have nobody to engage in conversation and this is found relatively more among those who are living alone and living with others. Most of the respondents who have none to share their feelings, engage in prayer. Among these who are living alone and those who are living with are found to be more compared to others. Next to them come those who are living with sons, daughters and spouses in that order. In the case of sharing confidential matters, most of the respondents cope by engaging in prayer when they do not have anybody to share. This tendency is found to be relatively more among those who are living with others and with daughters. Those who are living alone do not have such problem as sharing confidential matters. When the respondents do not have anybody to lean on for consolation, they resort to prayer. Such respondents are
found to be proportionately more among those who are living alone and those who are living with others. Next to them are those who are living with their sons, spouses and daughters in that order.

As far as recreational needs are concerned, own effort is the major coping mechanism. In the case of personal care and health care also, own effort is the major coping mechanism. Prayer is also found in the health care area.

When the respondents have problems in visiting doctors or hospitals, they mostly try to do so on their own. There is no much difference in this among the respondents having different living arrangements. This is the same in the case of procuring medicines in following the schedule of prescription, in applying medicines, and in preparing dietary food also.

**Self esteem**

Nearly one-third of these elderly respondents have low self esteem. Two-fifths of them have moderate level of self esteem. More than one-fourth of the respondents have high self esteem. Age and self esteem are not found to be related. The variables, sex and marital status make a difference in self esteem. While the male respondents have more self esteem, the female respondents have less self esteem. The married respondents have relatively more self esteem compared to the widowed respondents.

The elderly who do not work and consequently have no personal income have low self esteem whereas those who work and have personal income have relatively self esteem. Family type, family size and headship of the household are not related with self esteem.
But family income and savings have. Self esteem decreases when the family income decreases, and when the respondents do not have savings.

Number of children, proximity of children and living arrangement are not related with self esteem. But satisfaction with living arrangement has relationship with self esteem. As satisfaction with current living arrangement increases, self esteem of the respondents also increases. Those who have problems with current living arrangement have low self esteem.

When health status goes down self esteem also goes down. Those who have chronic diseases have low self esteem. Those who have leisure activities have more self esteem than those who do not have leisure activities.

As far as need fulfillment is concerned, self esteem is less for those who are wanting in all kinds of needs and more for those who are comfortable. Income, health status, satisfaction with current living arrangement, gap in financial need fulfillment, gap in personal care fulfillment and gap in health care fulfillment have independent effect on self esteem of the respondents. Those who have personal income, good health, satisfaction with living arrangement, and are getting help in fulfilling financial needs, personal care and health care, have self esteem.

Life satisfaction

Nearly half of the respondents have low life satisfaction. Three out of ten respondents have moderate level of life satisfaction. Only around one-fifth of them have high level of life satisfaction. Age and marital status of the respondents are not found to be related with
life satisfaction. But sex is related. Life satisfaction is less among the female respondents compared to the male respondents.

The respondents who do not have any occupation or personal income have less life satisfaction compared to those who have occupation and income. Family type, family size and headship of the household are not related with life satisfaction. But family income and savings are related. As family income increases, life satisfaction also increases. Those with savings have more life satisfaction than those with no savings.

Number of children, proximity with children and living arrangement are not related with life satisfaction. But satisfaction with living arrangement has relationship with life satisfaction. As satisfaction with living arrangement increases life satisfaction also increases. Those who have problems with the current living arrangement, have very low life satisfaction, and those who do not have problems with living arrangement are relatively better off in terms of life satisfaction.

When health condition of the elderly respondents is good their life satisfaction is high. When the respondents do not have any disease they have more life satisfaction and when they have diseases their life satisfaction is low. Those respondents who do not have any leisure activity have less life satisfaction compared to those who have some leisure activities to engage in.

As far as need fulfillment is concerned, life satisfaction is less for those who are wanting in all kinds of needs and more for those who are comfortable. Income, health status, satisfaction with current living arrangement, gap in financial need fulfillment, gap in personal care fulfillment and gap in health care fulfillment have independent effect on life satisfaction.
satisfaction. When the respondents have independent income, good health, satisfaction with living arrangement, and are getting help in fulfilling financial needs, personal care and health care, they have more life satisfaction.

**Salient Findings of the Study**

The study reveals that the predominant type of living arrangement for the elderly is living with sons. However, a considerable proportion of the elderly are living with daughters. Given the conditions of these coastal communities, this trend may grow, as the sons show a tendency of migration for want of employment whereas the daughters are married off to persons belonging to the villages nearby or in the same village. Women elderly are more likely to join with daughters after the demise of the male elderly and widowhood is found to be relatively far more among the female than the male.

Personal income facilitates the elderly couple to live independently as a separate unit. Family income facilitates for living with married children. Obviously family type and family size are associated with living arrangement; joint family and large size are related to living with children. Living with sons is the most desirable living arrangement for these elderly; living with daughters is also found desirable for many as they are mostly satisfied with such an arrangement. Comparatively there is no problem in living with daughters, except that it is not culturally preferable. Those who feel neglected are mostly those living with sons or living alone or living with others or living with spouse (in this case, neglect by the sons).

Many of them want money and care. Some want only the closeness of their children. Of all kinds of needs, socials needs are the most felt. Financial needs come next. They want to
talk to others and share their feelings. The interviewing experience of the investigator revealed this. As this was tsunami hit area, when the researcher approached them for interview, many of them had mistook for aid agency and demanded money. However, many of them developed attachment after the interview. They want the researcher to visit them again whenever possible, just to talk.

Financial / material help comes largely from the sons and to marginally extent from daughters. Social needs are mostly gratified by spouses and neighbors. As for information, except for family matters, regarding all other matters, the respondents get help from their neighbors. In the case of personal care, help comes largely from spouses and daughters and to some extent daughters in law (spouses for the male elderly; daughters and daughters in law for the female elderly). As for health care needs, the outward requirements are helped out by sons and spouses; the home-bound requirements are helped out by spouses, daughters and daughters in law. Age, income, family income and number of children play a major role in fulfilling the needs of the elderly.

Prayer and reconciling are the coping strategies in financial / material needs. Prayer and resignation are found in the case of social needs. Prayer and own effort are found in the case of health care needs. Thus, prayer is the most resorted coping mechanism regardless of the kind of needs. The alternatives are adjusting (financial / material needs), resignation (social needs), and effort (health care needs).

The major determinants of self esteem among the elderly are income, health status, satisfaction with current living arrangement, financial need fulfillment, personal care fulfillment and health care fulfillment. In the case of life satisfaction also, these same
variables are the major determinants. Those who are healthy have income, satisfied with living arrangement, and finding fulfillment with regard to financial / material aspects, personal care and health care, have high self esteem and life satisfaction.