REVIEW OF LITERATURE

A wide variety of literature is available on the elderly covering various aspects such as their socioeconomic conditions, problems, health, social status, role relationships, living arrangements, stress, life satisfaction, coping mechanisms, intergenerational solidarity, community relations, institutionalization, alienation, social support and social networks. Here some of the relevant studies dealing with those aspects pertaining to the present study are reviewed.

Growing older has both positive and negative aspects. On the one hand, becoming old provides some people an opportunity to relax, enjoy, and do things they always wanted to do, but never had the time for when they were younger. On the other hand, old age also implies increasing, physical, mental and psychological disabilities. The problems faced by the elderly are variegated. They have to cope not only with the changing family structure but also with changing role relations within the family. In agriculture-based traditional societies, children generally took up their parents’ occupation or the family occupation. The expertise and knowledge of the older generation was passed on to the younger generation. This gave the elderly a pivotal role in the family context. In the community itself the knowledge and expertise of the elderly were highly valued especially in the cultural and legal areas. Thus the elderly had important roles and high social status. In modern societies, however, development in such spheres as education and technology has rendered the traditional knowledge and expertise not so useful. New kinds of education and occupation have developed with plenty of new organizations and institutional changes. The valuable
possessions of the elderly tend to become obsolete. Rapid changes result in that the newer
generations are always learning newer things. The elderly people find that their children are
not seeking advice from them anymore and that society does not find much use in them. This
realization often results in a feeling of loss of status, worthlessness and loneliness.

A report states that 90% of India’s elderly population lives below the poverty line and 50% of
them are widows (Times of India, 8.2.2000). Widows and widowers are especially vulnerable
to poverty, inadequate care and neglect in old age. Incidence of widowhood is higher among
females than for males in the 60+ age group. The tradition of women marrying men older than
them by several years, the increasing life expectancy of women, social disapproval of widow
remarriage, patrilineal inheritance and problems of finding employment all render widows
more vulnerable than others (Dandekar, 1996; Chen, 2000). An overwhelming majority of
widows own very little or no assets of their own and not many have an independent source of
income (Govt. of India, 1999).

Marital status plays an important role in general living conditions of the aged persons.
Especially for a woman in India, the married state symbolizes the social status, honor, respect,
and authority in the family as well as in the society. The elderly from households with larger
land holdings tend to live with their children, while those from land-less households tend to
live separately from their children (Petri, 1982; Raj and Prasad, 1971). This seems to suggest
that economic resources and not the fact that the aged persons have sons which is important
for the family support in the old age (Vlassoff and Vlassoff, 1980). However, there are
findings from many fertility studies in agrarian societies which indicate that security in old
age is the most important motive behind high fertility (Mueller, 1976; Caldwell, 1977; Mandelbaum, 1974; Kanabaragi, 1987).

Widowhood for either sex typically brings with it a cluster of social, physical, economic, and psychological problems. Most Older men are married and live with their spouses while older women are widowed. Besides marrying younger men women have longer life expectancies. Almost 40% of husband’s aged 65 and older has under-65 wives. This age discrepancy between spouses entails women greater probability for becoming widows. Over half the elderly widows live alone or with non-relatives (Binstock and Shares, 1976). Elderly widows comprise the most poverty stricken population segment, with smallest budgets for housing and for other services. Their living environments tend to be dilapidated, isolating and unsafe (Brotman, 1976).

Poverty in the family remains the greatest threat to the security of older people. Many of them stay with their families in a state of material and emotional neglect (Randel et al, 1999). Older people are amongst the poorest because of their diminished capacity for labour: lack of assets, isolation and physical weakness are elements of the multidimensional disadvantages to which older people are Vulnerable. These are closely related to process and institutional arrangements that exclude older people from full participation in the economic, social, and political life of their communities (De Haan, 1998).

Vincent (1995) identifies work and ownership of property as the key factors affecting social status in old age. Inequalities resulting from low pay, unemployment, disability and sex and race discrimination are carried into old age. Among the main problems faced by the
elderly in an analysis by Soneja (2001), health problems surfaced most prominently for all the elderly studied. The respondents stressed on the physical disabilities and problems of mobility, as well as problems of living alone with disabilities. Those in the lower class underplay their health problems for the sole reason of causing inconvenience to the other family members. While the lower income group faced a very obvious problem of lack of space within the existing housing structure, causing the older persons to be moving to smaller rooms, or open spaces covered now for the sake of the “elderly”, the upper middle group complained of lack of adjustment from the younger generation causing a great deal of turmoil among the older generation. They felt neglected by the family members and also felt a sense of resentment against their own children at times.

The economic problems were on priority for the middle income group male elderly. Mental health problems were stated for the upper middle class elderly, as a result of lack of work, lack of facilities for utilization of leisure time and a general feeling of loneliness. The problem here did not seem to be lack of money but lack of time by the “others” for the older persons. Second to economic problems, there was lack of emotional support from family members and both the groups felt a need to talk to their family members who did not seem to have time for them. Sociability was missing. The words expressed by the elderly included “neglect”, “experience of loneliness in everything”, “a sense of insecurity” and feeling of “burden”, and “Old Age itself was a disease”.

Another important problem stated by the males was about the older couple being asked to live separately when they had more than one child. The older woman is asked to stay with one child and the man to stay with another according to the requirement of their support in
whatever domestic /outside work they could contribute. Health problems however took a back seat coming in at the third position and linked with lack of mobility and economic problems. Lack of accommodation was also a “problem” identified by the older persons who had houses of their own and were not staying in apartments, where there is only a specified area (Soneja, 2001).

In the case of the female elders also, for the lower income group economic problems were prominent and for the higher income group loneliness was the main problem. The lower socio-economic group felt that if the woman has money, she had power or else she had to be dependent on children for financial support and also ill-treatment, humiliation and complete neglect from family members. The higher socio-economic group prioritized health and mobility as the second major problem following loneliness and stressed on other issues like lack of utilization of productive potential of older persons as well as lack of recreation facilities within the community. Some in the group also felt that there was economic exploitation at the hands of the children who wanted their share in the property before the older parents’ death and expressed concern because they felt that parents gave in to such demands as they did not want conflict (Soneja, 2001).

The common psychological disabilities that most of the older persons experience are feeling of powerlessness, feeling of inferiority, depression, useless, isolation and reduced competence. These disabilities, along with social disabilities like widowhood, societal prejudice and segregation add much to the frustration of elderly people. Other Studies, find conditions of poverty, childlessness, disability, in-law conflicts and changing values were some of the major causes for elder abuse (Jamuna, 1998).
In contrast to the wealthy, whose possessions, capital and power allowed them to be in a better position to secure a better-off old age, the aging poor strove to procure their daily sustenance and care themselves whilst capable of doing so (Pelling and Smith, 1991). Within the peasant households, one principal asset which grounded the old folks’ authority and their claim to respect was the men’s hold over property, the house and the parcels of terrain which they cultivated, and the aging women’s influence on domestic affairs in extended family networks.

Chircop (2006) investigates the coping strategies employed by Ionian and Maltese elderly poor for obtaining provisions, medical treatment and social assistance on a daily basis, during unforeseen illness, disability or economic mishaps while at the same time assuring themselves that their basic needs during advanced old age would be met. The elderly poor employed a combination of resources acquired from a variety of social networks, household, neighbourhood and village/town community, complemented by the formal relief and hospitalization provided by public charitable institutions. A pivotal element moulding these flexible survival strategies was the ability of the aging poor to negotiate their actual needs with the different relief agencies, according to their different health status, gender, urban or rural location and household composition. Within the Maltese and the Ionian peasantry, it was usual for newly married couples to take up home with one or other of their old folk: a custom which often resulted in “the paternal mansion subdivided into a number of separate dwellings” (Goodison, 1822 quoted in Chircop, 2006). Alternatively, newly-weds found a place in very close proximity. This spatial propinquity grounded the extended family network
and the associated pooling of resources and reciprocal assistance. In this kind of domestic setting, women played a pivotal role. Their marriages arranged by heads of families, daughters were provided with dowries which included house furniture and utensils, dress and body ornaments (Kendrick, 1822 quoted in Chircop, 2006). Consequently, daughters and daughters-in-law were expected to care for their husband’s elderly parents, as much as for their own elderly, within the domestic space of the home (Davy, 1822 quoted in Chircop, 2006). Thus, familial reciprocal relations and the reputation of the household were both sustained at high level, the latter being greatly dependent on the visible caring of the old. Certainly, the centrality of the elderly in this system of domestic solidarity based on reciprocal assistance of the family members, and the accompanying respect they expected, helped to secure for them the needed care particularly when they were unable to help themselves and during the last stages of their life (Cassia and Bada, 1992 quoted in Chircop, 2006). Even British colonial officials and Protestant missionaries who were frequently severe critics of their Ionian and Maltese ‘subjects’, would observe that in these islands the elderly who were ailing and unable to work were usually not abandoned by their children and grand children [even when] these can do nothing for their relief (Webster, 1864 quoted in Chircop, 2006).

Birkeland et al (2009) attempted to know how elderly cope with being sick, unhealthy and living alone. Their findings showed that even if physical constraints put limits on their level of activity, the elderly were able to adapt and carry out different activities that did not require any physical strength. The main coping strategy was to accept the situation, but the acceptance was often colored by a resigned and passive acceptance. The elderly thus tend to be passive and resigned.
Age and sex differences in the use of coping and defense strategies were examined by Diehl et al (1996). They found that older adults used a combination of coping and defense strategies indicative of greater impulse control and the tendency to positively appraise conflict situations. Adolescents and younger adults used strategies that were outwardly aggressive and psychologically undifferentiated, indicating lower levels of impulse control and self-awareness. Women used more internalizing defenses than men and used coping strategies that flexibly integrated intra and interpersonal aspects of conflict situations.

Balachandran et al (2007) compared alienation and life satisfaction of elderly men and women. Their results showed that elderly men experience less alienation than the elderly women, and the results were found to be significant. Both the groups did not exhibit significant differences in their life satisfaction. Research also provides support for gender differences in physical and mental health, life satisfaction and social activities of aging persons (Shirolkar, 1995; Jamuna, 1996). Nathawat (1996) reported higher positive affect and life satisfaction among the elderly enduring spouse relationships. It was also found that males experience more life satisfaction than females. Kant (1996) also observed significant difference between males and females regarding life satisfaction, with females experiencing lower life satisfaction then men. Gender differences were also observed in the case of coping strategies when life dissatisfaction was high and low (Reddy & Srinivas, 1996) and in adjustment problems (Balachandran & Raju, 1997).

Various definitions have been prescribed by various scholars. Life satisfaction is generally defined as a person’s feeling about their activities of their daily life, their responsibilities, the meaning of their life, the achievement of goals, having a positive ego, regarding a person
themselves valuable, and keeping an optimistic attitude. The state of life satisfaction is determined by evaluating subjectively how much a person is satisfied with his own life. Life satisfaction is affected by a person’s role in their family and the frequency of meeting they have with their children living far away (Kim, 1996 quoted in Sung, 2003). It is also affected by the economic status; when the economic condition is better life satisfaction is also high (Lee et al., 1994; Han, 1987, both quoted in Sung, 2003). Health is also an important factor of the life satisfaction in the old. The better one’s health is, the higher the level of life satisfaction (Ko, 1995; Lee et al., 1994; Park, 1988, all quoted in Sung, 2003). The other factors that affect life satisfaction of the aged are sex and age. The women elderly tend to be less satisfied with their life than men elderly (Ham, 1997). Sung (2003) has observed that when the activity level of the elderly is high their life satisfaction is also high; it is also high when there is high social support and when they have regular pocket money. According to some researchers, leisure participation is positively associated with life satisfaction (Huang and Carleton, 2003; Caldwell & Smith, 1988; Coleman, 1993; Guinn, 1995; Yusuf et al., 1996). As for the leisure activities of the elderly, Beyer (1972) found that their major leisure activities are watching Television, visiting, and reading. In addition, a relatively high proportion was found to have spent some time in idleness - relaxing or doing such things as “sitting and looking out of the window” and napping. Most of the regular social contacts of the elderly were with relatives, children being the primary source of contact. Widowed and single respondents mostly take visits to their friends.

Activities of daily living (ADL) is the ability to conduct routine activities of daily living, such as eating, bathing, dressing, toileting, and transferring. Many studies have used tasks related to ADLs to study physical disability in the elderly (Martin et al., 1988; Ward et al,
which is the most common problem affecting health and quality of life, and results in dependency and institutionalization (Fried et al, 1994). Many studies on functional disability, mostly carried out in Western countries, have found that the prevalence of disability related to ADLs not only increases with aging (Martin et al., 1988; Ward et al., 1995), but also shows an association with gender (Dunlop et al, 1997). Women have a greater prevalence of disability problems related to personal care activities (Penning & Strain, 1994) in both developed and developing countries (Lamb et al, 1994). However, some studies have also found that gender is not always a significant variable when socio-demographic and other variables are included in multivariate treatments (e.g., Guralink & Kaplan, 1989; Rogers et al, 1992).

Studies in developed countries have shown that gender does exert an indirect effect on ADL disability in older adults, and the relationship of gender to ADL disability is largely explained by disease and social covariates (Wray & Blaum, 2001). Among factors causing decline in ADLs, the most important are various chronic diseases (Kaplan & Strawbridge, 1994). A study in Egypt found that an increase in the number of living children of the elderly may significantly increase their likelihood of functional disability (Lamb, 1996). Moritz et al (1995) found that social isolation and lack of participation in social activities were associated with limitations in ADLs. The receipt of tangible support did not, however, have a uniformly beneficial effect on functional status. In fact, a greater frequency of instrumental support was associated with increased risk of subsequent disability among older men (Seeman et al, 1996). Studies in China indicated that with increasing age, cognitive disability gradually replaces chronic diseases as the main cause of the decline in ADLs (Song & Chen, 2001 quoted in Zang et al, 2005), and dependence on economic help from children and relatives reduces

Men and women have different health and disability outcomes. The findings of Zang et al (2005) suggest that higher incidence rates of chronic diseases, lower cognitive ability, as well as heavier household and daily care burdens of females are the main factors leading to a higher prevalence of ADL disability for the female elderly. Reproductive, hormonal, and other physiological differences result in different health risks. Additionally, work, family, and life style roles are not the same for women and men (Lamb, 1996). The access to medical care is more limited for women than men, and women experience more pressure as well as the additional health risk from childbearing in developing countries (Zhu & Jiang, 1991 quoted in Zang et al, 2005).

Gallagher (1990) found that in Egypt early and high parity childbearing may lead to health problems for women in later life, especially if women have had little or no access to trained medical personnel. Women are traditional household workers and family care providers. They not only work outside with men but also take care of family members, and the average working hours per day for women is longer than that for men (Li, 2002 quoted in Zang et al, 2005). This heavy work burden further impairs the health of women.

The traditional gender inequality still persists in various forms in China (Honig & Hershatter, 1988; Li et al, 2004), particularly in rural areas (Zhu & Jiang, 1991). The proportion of the male elderly covered by the pension system is higher than of the female elderly (Li, 2002 quoted in Zang et al, 2005). Consequently, the number and degree of need of female elderly
depending on family support are greater than those of male elderly (Chen, 2003; Li, Feldman, & Jin, 2004, both quoted in Zang et al, 2005). The rural female elderly have less access to and control over family financial resources than male elderly (Zhu & Jiang, 1991, quoted in Zang et al, 2005).

The primary sources of support and care for elderly people are informal and voluntary. These spring from ties of kinship, friendship and neighborhood, and they are irreplaceable (Bond et al, 1993). Younger relatives provide help of various kinds and that they are approached before people in other categories such as friends and neighbours, particularly when the crisis requires a long-term support (Litwak, E., & Szelenyi, 1969). In the case of female elderly, for intimate personal tasks female relatives are called upon, for normative constraints of modesty and propriety suggest that outside the marital relationship, it is a quite inappropriate for adult man to tend adult woman whatever the relationship (Wenger, 1987). The family is the predominant care provider of the disabled rural elderly, and virtually all elders in need rely on children and relatives for instrumental assistance and personal care (Ikels, 1997; Wu, 1991).

The choice of a living arrangement has many implications for the well-being of an elderly person. Changes in living arrangements are likely to be associated with changes in the level of care and assistance received by the elderly. Despite the decline in the traditional values of filial piety and the fact that it is becoming harder for elderly people and their children to live together, most children still carry a sense of obligation to take care of old parents (Govt. of India, 1999). Living with the eldest son is the most preferred choice and living with a daughter is the least preferred one. Field studies show that living with a married daughter was the chosen option only when the parents had no sons or when the sons had moved away.
Living in old age homes was the least preferred choice (Prakash, 1999a, Bali, 1997, Nanda et al 1987; Rajan et.al, 1999). There are both positive and negative aspects to the presence of old parents in the household. On the one hand, the presence of parents makes it easy for young couples to care for their own children. On the other hand, it has a cost in terms of lack of privacy and the cost of physical, psychological accommodation.

Bond et al (1993) indicate that the living arrangements of older people are strongly influenced by their structural position in society at earlier stage of the life cycle, which means that our lives in later life are strongly marked out by our access to resources and social goods throughout our lives. They found that admission to institutional care is often regarded as an inevitable consequence of frailty in later life.

Economic factor definitely play a major role in generating care for elderly people. Economic disabilities are manifested in two ways. First the status of economic dependence may be caused by retirement for a person employed in the formal sector. Secondly, for a person in the rural or urban informal sectors, it may result from their declining ability to work because of decreased physical and mental abilities. When the oldest sons migrates to a city from a rural area, the rural elders face one of three prospects (i) if other children are still in the village, they can live with them as dependents (ii) if all children have moved away, they can accompany them to the city or (iii) they can continue to live in the village alone, or with spouse. If they live with the children in the village, the care older people get depends on the economic status of the children as well as their own contributes to family income (Dahoo et al, 2009). Those worked in the informal sector are below the poverty line, retirement and social security benefit are virtually nonexistent (Subrahmanya, 2000).
Various studies on living arrangements have generally presumed that there is a convergence between preferred place of stay and the actual one in any society. However, very little information is available on the preferences in living arrangements among the elderly, especially in the Indian context. Panigrahi’s (2004) study shows that a majority of the elderly in Orissa prefer to be in co-residence. Data on those living alone show a higher proportion of younger-olds, females, and the elderly with no sons preferring to live alone as compared to their counterparts. Age, sex and number of surviving sons affect significantly the living arrangement preferences among the elderly in Orissa. Similarly, education of the elderly and their economic independence are also strongly correlated with the preference to live alone.

Although studies on living arrangement preferences in India are very few, studies carried out elsewhere have shown that living arrangement preferences may vary according to socio-economic and demographic characteristics of the elderly (Chan and Davanzo 1996; Domingo and Asis 1995; Elman and Uhlenberg 1995; Kim and Rhee 1997). Studies from both the developed and developing countries have indicated that the living arrangement preferences among the elderly vary with age, gender, marital status and number of surviving children.

Gender differentials in living arrangement preferences have been noted by many researchers, both from the developed and developing countries (Rudkin 1993; Shah et al 2002). In general, studies have shown that a higher proportion of females prefer to live alone whereas a higher proportion of males prefer to live in co-residence. However, mixed results are seen in case of developing countries, as a few studies have shown that elderly females in developing countries prefer to live in co-residence, whereas elderly males prefer to live alone (Zimmer and Kim 2001), and a few other studies show contrary findings as more elderly females prefer
to live alone whereas the male elderly prefer to live in co-residence. The reason for this was mainly because many of the male elderly are not able to perform household work like cooking, cleaning etc., and therefore, are not able to maintain their house without others’ help (Zimmer and Kim 2001).

Adherence to the preferred living arrangement can only happen when the elderly are able to exercise their choice. But there could be several constraints for the elderly in exercising their choice of stay. There are two different contexts by which the actual and the preferred place of stay can differ. As commonly observed, inadequate social security measures and poor financial circumstances force the elderly to have no hold on their choice of place of stay. Secondly, it may also be possible that there is considerable difference in the mind-set of the older and the younger generations regarding the care of the elderly. While the older generation will still prefer to stay with their children, the younger generation might consider the elderly as a burden and, therefore, may not be willing to keep them (Asis et al. 1995; Domingo and Asis 1995). In this context too, the actual and the preferred place of stay may vary not because of the economic reasons but due to changing cultural norms (Burr and Mutchler 1992; Lee et al. 1995). As much of the information on the preference of the elderly with respect to their living arrangement and deviation between the actual and the preferred place of stay is not available, it will be of great interesting to explore these areas. The following section highlights these aspects.

Secondly, it may also be possible that there is considerable difference in the mindset of the older and the younger generations regarding the care of the elderly. While the older generation may still prefer to stay with their children, the younger generation may consider
the elderly as a burden and therefore may not be willing to keep them (Ramashala 2001; Tomita 1994). In this context, the actual and the preferred place of stay may vary not because of the economic reasons but due to changing cultural norms (Natividad and Cruz 1997).

Biswas’s (1987) study of 13 villages in Giridih district of Bihar conducted at two points in time shows that an overwhelming number of the aged lived with their sons — 90.32 per cent in 1960 and 88.36 per cent in 1982. There were very few who decided to live with their daughters. Biswas (1987:46) writes, ‘In substance, therefore, sons were the first choice for old age care, and they were often referred to as old age insurance for which property was transferred to [them] as premium’. In the same study it is pointed out that 14.29 per cent old men and 57.78 per cent old women were dissatisfied with the care and service they got. Of those in ill health, a third of the men and more than half the women felt that they were not properly cared for (1987:53). As regards the interpersonal relations of the ageing with the other members of their families, the study found that a majority of them were bound by bonds of reciprocal respect and love, irrespective of complaints about accommodation, food and care. Dissatisfaction was greater among those who were fully dependent on their supporters. It grew keener and more bitter with age. Ageing women as a rule were neglected (1987:57). The study highlights that in the rural areas the families of male children provide care and support to the aged. They are bound by traditional norms of respect and love. But now they are getting increasingly marginalized.

Western industrialized countries have developed social security, pension, and public health systems to support older adults and supplement their personal and family resources. In contrast, in many developing countries little or no such government-funded institutional
support is available. Older adults in developing countries often require social, economic, and physical assistance, but many are ill equipped to provide for themselves because of poor health and a lack of private savings. As a result, they tend to rely heavily on members of their household and family for their well-being and survival. Households throughout the developing world represent the main institution responsible for the distribution of goods and services between generations, and they are the principal venue through which age and kinship roles are expressed (Thornton et al., 1984; Becker, 1991; Kuznets, 1978). Many cultures have imbedded within them norms about respect for older adults and the responsibility of the young to care for the old when the need arises (Martin 1990; Nydegger 1983). Some countries, such as China, have even written such norms into their laws and constitution (Wu 1994). Policymakers value these familial systems of care for the elderly and prefer to maintain them rather than introducing other, potentially expensive, government programs (Knodel et al., 1992). As a result, it is primarily members of one’s household who provide familial support for older adults.

Previous studies of living arrangements of older adults in developing countries have generally focused on one or at most a few countries. Analysts have given particular attention to East and Southeast Asia, where reductions in family size make the availability of supporting family members a matter of concern and where the availability of necessary data has been greatest (Ahn et al. 1997; Asis et al. 1995; Cameron 2000; Casterline et al. 1991; Chan 1997; Chen 1996; DaVanzo and Chan 1994; Domingo and Casterline 1992; Kim and Rhee 1997; Knodel and Chayovan 1997; Martin 1989; Natividad and Cruz 1997). Some studies have also been conducted in Latin America (De Vos 1998, 1990; Palloni et al, 1999) but few focus on Africa.
A typical investigation describes household size and composition, coresidence with children, and other living arrangement indicators and analyzes their socioeconomic correlates. The most consistent findings from this research are that older adults rarely live alone and usually reside with a spouse and/or adult child. Older males are more likely than older females to live with a spouse. Coresidence of older adults with one of their adult children is most common in the least developed societies because levels of parent-child coresidence are inversely related to socioeconomic development (Asis et al. 1995). Parents and children both benefit from living together. Older adults receive the social, financial, and health support they require from the younger generation. Reciprocal exchanges take place when older adults assist with caretaking of younger children or look after the home when other adults are away.

The gender of a coresiding child has implications for the nature and level of support provided to older adults (Ahn et al. 1997; Ofstedal et al, 1999). Social structures and related gender preferences differ systematically among countries. For example, Mason (1992) identified two dominant patterns in Asia. One is the patrilineal system, where males dominate ownership of resources, while women, when they marry, take the identification of the husband’s family. In these types of societies adults tend to live with a married son and most likely receive care, when needed, from a daughter-in-law. The other Asian system, found in countries such as Thailand and Cambodia, is bilateral. In these cases, women and men are considered to be equal members of their natal families, and there is little if any preference with respect to the gender of the coresident child. Since patriarchal or bilateral structures primarily affect where children live after marriage, stronger preferences can be most easily noticed among married children.
Davis et al (1997) found that women who lived with someone other than a spouse or who changed living with a spouse to living with someone other than a spouse, were at greater risk of dying than women in other living arrangements, independent of health status or functioning. Among men, survival time was not generally associated with baseline living arrangements.

The demography literature has presented explanations for the increase in independent living among the elderly. One explanation offered is a decrease in the availability of family members with whom elderly people may live. One factor explaining the decrease in kin availability is the decline in fertility rates (Kobrin, 1973; Kobrin, 1976; Ruggles, 1994). A second factor explaining the decrease in kin availability is an increase in female labour force participation. The rise in female labour force participation, reduces the availability of members with whom elderly could co-reside since employment outside home may made it more difficult for daughters to take care their frail parents (McGarry and Schoeni, 2000; Grundy, 2000). A third factor affecting kin availability is migration from rural to urban areas since this means that children are living further whereas older people may not wish to move in a city.

In addition to these demographic factors the trend towards independent living may be related to improvements in the health status of older people, given that elderly people with fewer health problems are better able to live on their own (Wolf and Soldo, 1988). Cultural factors and tastes have also been proposed to account for the changes in the inter-generational co-residence patterns. Cultural arguments usually attribute the shift towards independent living to
the rise of individualism, changes in the tastes for privacy and the loss of traditional family
centred values (Kramarow, 1995; Fletscher, 1970; Smith, 1979; Lesthaeghe, 1983).

Kan et al (2001) list the conditions under which the elderly tend to live independently: 1) better health, which makes independent living feasible and more appealing; 2) fewer kinship
resources due to demographic changes; 3) greater educational attainment, which increases the
demand for privacy; 4) greater wealth, which makes separate living arrangements financially
feasible; 5) government welfare and insurance programs, which substitute for private support
for the elderly; 6) other factors such as changing values, increasing opportunity cost of
children’s time, or changes in the housing market.

It is commonly understood that older persons’ living arrangements are determined by both
preferences and constraints. Kaida et al (2009) have found that members of ethnic groups
holding familistic cultural values (Italian, Chinese, South Asian, and East Indian) are more
likely than their individualistic counterparts (British, German, and Dutch) to live with kin.
Economic disadvantage also entails a greater likelihood of living with kin. However, the
relative importance of cultural preferences and economic constraints as determinants of living
arrangements among the elderly depends on marital status. Among the married, cultural
preferences explain a greater proportion of the variation in living arrangements; among the
non-married, economic constraints do. On the one hand, studies show that these preferences
are culturally determined where racial/ethnic differences in living arrangements persist among
the elderly in Canada (Gerber, 1983; Lai, 2005; Thomas & Wister, 1984) and in the United
States (Angel & Tienda, 1982; Burr & Mutchler, 1992, 1999; Lee & Angel, 2002; Wilmoth et
al, 1997) even after economic determinants have been taken into account. As Wilmoth et al,
(1997:60) explained, “family-oriented cultural values among minority populations create normative obligations to other family members, particularly the elderly”. On the other hand, constraints, particularly 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 (Boyd, 1991).

Hispanics, Blacks, and Asians in the United States, and Chinese, South Asians, Italians, and French in Canada tend to differ from the Anglo majority in their residential patterns during old age. Ethnic/racial diversity in living arrangements among the elderly that persists after other determinants are considered has been interpreted as reflecting differences in preferences stemming from cultural values about family roles and filial responsibility (Lai et al., 2007; Thomas & Wister, 1984).

Family-oriented cultural values stipulate who (if anyone) should provide care for aged family members and the context in which that care should take place. In this way, cultural values influence preferences for various living arrangements among the elderly. Mitchell (2001) distinguished between ethnic groups that are traditional and non-traditional in their cultural values. Traditional cultures, like those originating in Asian or Southern European countries, are usually associated with collectivist family values. These cultures strongly emphasize religion, familistic orientations (e.g., extended kinship ties), and filial piety. When it comes to elderly members of the family, these cultural values are manifested in expectations that adult children provide care for their aging parents, living under the same roof. The aging parents may be expected, in return, to look after their grandchildren while their adult children work outside the home. In contrast, non-traditional cultures, such as those predominating in
Canada, the United States, Britain, and Western Europe, are characterized by individualism. Individualism entails freedom from normative constraints on behaviour, and it is manifested by a tendency towards self-gratification. In the context of non-traditional cultures, seniors are expected to live either independently or in institutional settings, without relying on their children for functional assistance.

Since there are few extra-familial institutional options for the welfare of the elderly in developing countries, the study of living arrangements has become an important parameter in understanding the dynamics of their well being (Sen and Noon, 2007). Bongaarts and Zimmer (2002) studied the living arrangements of older adults in 43 developing countries around the world using data from Demographic and Health Surveys (DHS). They found that while most of the older adults live in large households, often with adult male children, the elderly were more likely to live alone than people of other ages. Moreover, the average proportion living alone was nearly twice as high for women (11 percent) as for men (6.5 percent), largely because women experience a higher risk of widowhood than men. There were important regional differences. Older adults in Asia, for example, are more likely than elderly people in Africa or Latin America to be living with children. Roughly two-thirds of Asian men and women aged 65 years and older live with adult children, compared with about half of Africa's elderly and slightly more than half of older people in Latin America.

Martin (1989) examined the factors that influenced the living arrangements of the elderly in Fiji, Korea, Malaysia and the Philippines and found that while most of the elderly in Asia lived with their children, factors like number of surviving children, home ownership and being male increased the likelihood. On the other hand, survival of a spouse reduced the
likelihood of living with children. Similarly, in Thailand a majority of elderly co-reside with their children or live in residences adjacent to them (Sobieszczyk et al, 2002). Other studies have also reported that a large percentage of the elderly in Asian countries like India, Singapore, Thailand and South Korea co-reside with their children (Hashimoto, 1991). In Bangladesh, even if the married children are not in the same residence, they often reside in a separate household, but within the same compound (Amin, 1998).

Research in India on the living arrangements of the elderly was motivated by an interest in understanding fertility dynamics. In their paper on living arrangements based on NFHS data, Rajan and Kumar (2003) report that 80% of the elderly live with their adult children. This is even more the case if the elderly are widowed. Just as in other parts of Asia, the currently married status of the elderly does seem to reduce the probability of co-residence with children, while the number of surviving children has the opposite effect (Rajan and Kumar, 2003; Dharmalingam, 1994). Furthermore, Rajan and Kumar (2003) found that males were much more likely to have the status of heads of an intergenerational household than elderly women. Unfortunately, when women are heads, it is often because they are destitute widows or living alone. Both small case studies as well as data from NFHS reveal more elderly women living alone than elderly men in India.

Increasing urbanization, modernization, rising individualism, and materialism women’s labor force participation and spatial mobility are among the many factors that have been cited as challenges to the persistence of multigenerational households; and in turn is seen as increasing the marginal and precarious existence of the elderly (Rajan and Kumar, 2003; Visaria, 2001; Planning Commission, 2001). As long as societies have inadequate institutional infrastructure
for the care and well being of the elderly, residence with the family is largely appears to be a conducive arrangement.

There are a growing number of elderly single female households; either of widows or never-married women. In most cases, such women have no surviving children to care for them and very little if any wealth to fall back on (Sobieszczyk et al., 2002; Planning Commission, 2001). Increasingly, survival means having to work late into their old age (Vlassoff, 1991; Dharmalingam, 1994). Analysis of gender differences in elderly well being reveals that these women are not only poorer than their male counterparts, but they are less educated too.

Examining the effects of the personal characteristics of the Korean elderly on living arrangements, Lee and Weber (2000) found that independent living situations of the elderly were influenced by the availability of spouse, the level of higher education, the ability for self support, the individual’s health status and the marital status of the children. Older adults of Korea consider their marital status, their ability for self support and the marital status of their adult children as important determinants of their living arrangements for the near future. Age, gender, number of children and number of sons were not significant in predicting living arrangements of elderly in Korea.

In another study on the elderly in Orissa, Panigrahi (2009) analyses the socio-economic and demographic correlates of the living arrangement choices of older persons. A majority of the elderly (51.5 per cent) were in co-residence or lived with their spouses and grownup children; roughly, one-third lived without the spouse but with children and a small proportion (2.5 per cent) lived with other relatives and non-relatives. The major demographic factors that
determine the living arrangements of the elderly are, age, sex, marital status, and surviving children. The socio-economic factors include place of residence, education, caste, income and economic dependency. The variables like age, sex, number of surviving children, marital status, education, income and economic dependency play an important role in determining the (unlike in Korea) living arrangements of the elderly in Orissa. In view of the changing socio-economic and demographic scenario, increasing education and income and a simultaneous decline in fertility, there is a likelihood of a higher proportion of elderly Indians living alone in the future.

Living arrangements are generally studied as a dichotomous outcome - whether living alone or with others. The studies mentioned attempted to identify the factors responsible for the elderly living alone or in co-residence. Data from western countries show that more than 60 per cent of the elderly aged 65 and above live either alone or with the spouse (Palloni, 2001). Data from developing countries shows a much smaller number of elderly living alone. However, a general agreement among researchers is that there is an increasing trend of the elderly persons living alone or with the spouse even in India (Panigrahi, 2009).

The decision of the elderly to live alone is often determined by the economic resources available with them. Elders with fewer resources tend to co-reside with their children compared to those with better resources. If the elderly are provided with some form of social security like old age pension, health insurance etc., the probability of them living alone would systematically go up. But empirical evidence does not support this argument fully (Pal, 2004; Bhattacharya, 2005). If the elderly have some economic independence, the children,
particularly the unemployed, will be more inclined to reside with them and take advantage of the available resources. Education level of the elderly is yet another important variable determining their living arrangement. It was found that with an increase in the level of education, co-residence systematically diminishes (Andrade and DeVos, 2002; Bongaarts and Zimmer 2001). Yet another important variable of interest is the number of surviving children and its impact on the co-residence pattern. From a broad range of studies, it is known that co-residence of older parents and at least one adult child is a central feature of the filial support system in most of the developing countries (Bongaarts and Zimmer, 2001). Studies generally support the view that the number of living children is positively related to the probability of elders living with them (Martin, 1989).

With a drastic decline in fertility in many states of India, co-residence with children becomes increasingly difficult as opportunities decline. In addition, the educated adult children tend to migrate to urban areas in search of employment leaving behind elderly parents (Rajan et al, 1999; Bongaarts and Zimmer, 2001). In the Indian context, it is not merely the number of children available but their gender and marital status also determine the co-residence pattern. In India, unlike in western societies, sons are more likely to co-reside with their parents (Bongaarts and Zimmer, 2001; Chaudhury, 2004; Gulati and Rajan, 1990; Zachariah, 2001).

The various studies reviewed above have been conducted in various contexts and have extensively examined the various aspects of the elderly. Living arrangement of the elderly, their coping strategies under conditions of adversity, life satisfaction and such other aspects
have been assessed in relation to various other variables. Taking their propositions into consideration, the present study attempts to find out the living arrangements, their coping strategies, their sense of self esteem and their level of life satisfaction among the elderly of a coastal region in Tamil Nadu, India.