Chapter 4

HOUSEHOLDS AND FAMILIES OF THE AGED IN SALT LAKE

Introduction
The larger society, the state, the urban locale, the neighbourhood, the friendship circles, associations, and most importantly the kinship and family together constitute the social environment or “field” or the context which largely defines the kind and quality of life the elderly are likely to have. Their financial-physical-mental condition and the quality of relations among the members of the household and family constitute a part of micro space which can have its bearing on the life of the aged. In urban areas the institutional and professional care systems are now upgraded, and the people who do not have financial problem, like the urban middleclass people, whom I have studied, can easily access them. Yet, people in general and the elderly in particular value their social relations, especially the relations between the members of the nuclear and extended families, very strongly. Even in the West (as we have seen in Chapter 1), where marriage as a social institution is fast losing its importance people make efforts to preserve family and community relations. This is, however, not to deny that the family relations in extended families and even in nuclear families can have stresses and strains on certain occasions.

The compositions, evolution, the household arrangement, and the persons involved are unique in every single family. There cannot be any two families where the micro social spaces are exactly the same. More importantly, the individuals who constitute a family or household are thinking-creative-critical “agencies” with differential personalities and tastes. Their approach to relations and life cannot be the same. This makes it mandatory to study the families and households of the elderly in order to grasp the kind of life they live. The family and households locale of the elderly holds answers to many questions like why
one has to depend on the service providers, why one has to move to old-age home, why somebody is subjected to ill-treatment, verbally and mentally abused while others are not, why somebody wants death whereas others love life, and many other questions. In the media and in studies in the field of social gerontology there is a clear tendency to blame the close ones and the neighbours for the miseries of the senior citizens, for crimes against them and for depriving them of their rights and to seek solutions in familial and community relations.

In this chapter, while covering the family and household dimensions of the elderly living in the their houses in Salt Lake we would discuss (1) the composition of the households (2) the composition of the family (the structure and the size) and the intergenerational changes, (3) the nature of relations among the family members, (4) the quality of relations among the household members, (5) the developmental cycle in the family, (6) the factors that bring about periodic changes in household or family and in relations among the family members.

**Household and family size**

In Chapter 3 we have given an account of how the size of the family because of declining fertility has dropped in a span of two generations, from the informants’ family of orientation to their family of procreation. The downsizing of family becomes even more evident when we look at the size of the respondents’ children’s families. Out of 54 cases there were 36 families of procreation of the younger generation (some families had more than one children), out of which 8 consisted of only 2 members (childless at the time of study), 22 had only 3 members (the couple and 1 child), 5 had 4 members (the couple and 2 children) and 1 had 5 members (the couple and 3 children). Figures clearly point to the fact that one-child norm has an overwhelming acceptance in the urban middleclass families. Breaking this norm, which is so much a part of collective expectation, is considered a “deviation”; to have more than two children is widely considered a “stigma” (see Chatterjee and Riley 2001; Roy 2013). Interestingly,
this has happened in the last 30-40 years and has a clear link with urbanization. This demographic change can have serious social implications, particularly for the aged, who might be struggling in the absence of the younger members in the household and depending largely on the service providers.

*Household and family types*

The distinction between family and household is widely considered to have enormous importance in the area of family studies. The members of the informant’s (ego’s) family of procreation grows up to a point and when the children are grown up they disperse; the daughters are usually married out and the sons travel to distant places, both within and outside the country, in search of career opportunities; many of whom do not return to the parental family. The dispersed members cease to be the members of their parental household but they continue to be the members of the parental families. Although they cannot share the same hearth most of the dispersed younger members preserve family values and care for their parents, although everyday care from the close goes missing.

Let us first consider the household types. Out of 32 cases 7 are joint households, 4 nuclear households, 3 supplemented nuclear, 4 single member households and fourteen (44 per cent) are of sub-nuclear type. The joint households are “joint” primarily because there is no dispersal or death of a key member or there is only partial dispersal (like the daughter being married out). Had there been no death or dispersal of the members most of the households would have been joint. The families with single daughters and no son would have turned into sub-nuclear household with the marriage of the daughters. The families with the only son dead or dispersed turn into sub-nuclear households. With the use of case studies we can explain the processes through which the joint families or potential joint families turn into nuclear and sub-nuclear households of different kinds.
1. **Joint households**

Out of 32 case studies there are seven joint households, which are defined as the ones consisting of at least two married couples. Here I would present the composition of the joint households.

(1) Mrs. S. Aich’s (61) is a joint household cum joint family consisting of the ego, her husband, son, daughter-in-law and grandson.

(Ego)

The family lives in a 850 sq. feet three-bed room flat. This is a joint family-cum-joint household because there has not been any incidence of death or dispersal. One can see that a nuclear family has turned into a joint family following the logic of the “developmental cycle”.

(2) Mr. C. R. Ghosal (79) lives in his 1000 sq. feet flat with his wife, son, daughter-in-law, while his younger son, married, lives in another flat in Salt Lake, because of insufficient space in the flat. Despite dispersal the members are in close touch and uphold the “spirit of joint family”.

(Ego)

(3) Mr. G. Das (64) lives in a joint household-cum-joint family in his own 1000 sq. feet 3-bed room flat. His household includes his wife, son and daughter-in-law. The household is “joint” because there is no instance of death or dispersal. A nuclear household has progressed into a joint one following the logic of developmental cycle.
(4) Mr. N. C. Barua’s (66) was a typical nuclear household until the couple had an unmarried son and a daughter. With the marriage of his son the family has changed into a joint household; it expanded further with the birth of his grandson five years back. With the marriage of his only daughter the composition of the household changed but it remained a “joint” one. The members are extremely supportive and caring to one another.

(5) Mr. D. Biswas (70) lives in his three-bed room 1600 sq. feet flat in a three-storey house in the AA block of Salt Lake, which was built by his father-in-law. He lives with his wife (68), son, daughter-in-law and a granddaughter. His father-in-law gave the first floor of this house to Mr. Biswas’s wife who is the elder daughter and the second floor to his younger daughter (Mr. Biswas’s wife’s sister). There are thus three separate hearths but all members live like one joint family, caring for each other and maintaining a very warm relation.

(6) Mr. D. N. Sen (79) maintains a joint household despite the dispersal of his elder daughter and marriage of his younger daughter. Mr. Sen lives with his wife in the ground floor of his two-storey house and in the first floor his younger
daughter lives with her husband and daughter. But the members maintain a common hearth. Mr. Sen’s elder daughter is settled in USA with her family.

(7) Mr. R. K. Chanda’s (68) is a joint household-cum-joint family consisting of the ego, his wife, two sons (one unmarried), daughter-in-law and a grandson. There has been no case of death or dispersal. The flat being small (700 sq. feet) there is a likelihood of dispersal of at least one son when the younger one gets married.

2. **Nuclear households**

We had only four nuclear households; here is a brief presentation of their composition.

(1) Mrs. B. Chatterjee’s (62) lives in a 1160 sq. feet 3-bedroom flat in Salt Lake with her husband and an unmarried son. She had one more son who committed suicide in 2012. The household can turn “joint” once the living son gets married.
(2) Mr. S. K. Mitra (68) lives in his own 1200 sq. feet flat with his wife and an unmarried daughter. He had one more daughter who committed suicide after marriage. The nuclear household can turn sub-nuclear with the marriage of the younger daughter.

![Family Tree](image1.png)

(3) Mr. P. Banerjee (63), who lives in his own house with his wife and unmarried son. He had a daughter who was married out in 2008.

![Family Tree](image2.png)

(4) Mr. N. Ray (62) lives in 1100 sq. feet flat with his wife and unmarried daughter. Mr. Roy’s only son, who teaches in a college, is married and lives in Hyderabad with his wife. The household is nuclear but the family is “joint” in terms of structure.

![Family Tree](image3.png)

3. Supplemented nuclear households
We have only three households in this category.

(1) Mrs. B. Banerjee (70) lives with her son, daughter-in-law and a granddaughter; her husband passed away years back.
(2) Mrs. A. Goswami (65) has her daughter, son-in-law and a granddaughter in her household. Her husband has died and her elder daughter is married out. Her younger daughter was also married; she committed suicide in her in-laws’ house.

(3) Mr. B. Majumder (79) had a nuclear household with his wife and unmarried son and daughter. With the marriage of his son the household turned “joint” and when his only daughter was married off there was a change in the composition of the household but it continued to remain “joint”. Finally with the death of his wife the household turned into supplemented nuclear.

At present in the ground floor of his two-storey house Mr. Majumder lives with his son, daughter-in-law and grandson maintaining a common hearth while in the first floor of the house his daughter lives with her husband and two children maintaining a separate hearth. The separation of the heaths is not considered a
problem by the members of the family; they live in close proximity without sacrificing privacy, freedom and dignity.

4. Single member households

(1) Mrs. G Banerjee (78) lives alone in her 1200 sq. feet flat since she has lost her husband and her only daughter is married out. Her married daughter lives close by and often visits her ailing mother and takes care of her.

(2) Mr. S. Dasgupta (76) lost his wife a couple of years back and now lives alone in his 1100 sq. feet flat. His daughter is married out and his son lives in another flat with his family.

(3) Mr. N. C. Gupta's (69) potential joint family has turned into a single member household consisting of the ego alone as his wife died and both his sons live in the US with their families.
(4) Mr. S. Panigrahi (66) lives in his 975 sq. feet two bedroom flat alone. The nuclear family has turned single member household with the death of Mrs. Panigrahi some years back, marriage of the only daughter in 1995 and job-induced dispersal of the only son.

4. **Sub-nuclear households**

Fourteen out of the 32 households (44 per cent) are sub-nuclear. Drop in fertility, the wide spread dispersal of the younger members, death of the members and childlessness can separately or in combination can contribute to conversion of households into “sub-nuclear” type.

(1) Mrs. A. Roy (68) had an ideal nuclear family consisting of the ego, her husband, a son and a daughter. With the death of her only son and marriage of the daughter the household has turned into a sub-nuclear type.

(2) Mrs. L. Sengupta’s (80) was a nuclear family with the ego, her husband and only daughter, but it has become sub-nuclear with the marriage of her daughter.
(3) Mrs. B. Saha had a nuclear family with her husband and only son but with the death of her husband and with the only son divorced, it has become a sub-nuclear household.

(4) Mrs. R. Dasgupta (65) lives with her husband in 660 sq. feet flat. Her only daughter, married out in 1991, lives with her in-laws in another part of the city but continues to take good care of her parents.

(5) Mrs. B. Chatterjee's household is sub-nuclear with two sisters living together. Both she and her sister are widows. Her sister's son, who lives in Australia, has an ideal nuclear family consisting of his wife and two children (a son and a daughter).

(6) Similar is the case of Mrs. K. Moitra (68), who lost her husband, and lives in her 600 sq. feet small flat with her widow sister. Mrs. Moitra's son lives in Australia with his wife, a son and a daughter.
(7) Mrs. M. Dey’s family has over the years turned into sub nuclear family with the dispersal of her three daughters because of marriage.

(8) Mr. J. Dutta’s (76) household has turned sub-nuclear as his only son, married, has left the house and lives in a separate arrangement in the city. The relation in the family is problem-ridden.

(9) Mr. N. R. Sen (77) and his wife constitute a sub-nuclear household; both of their daughters are married out. The elderly couple lives in a 12,00 sq. feet house under the care of the service providers; although their daughters who live in Kolkata, take good care of the parents.
(10) Mr. A. S. Roy’s (68) joint family has turned into a sub-nuclear household as their only married son has moved to Delhi in connection with his job. The couple lives in 1100 sq. feet flat in Salt Lake, and has hired the services of two maids.

(11) Mr. S. N. Das (67) lives in a 1200 sq. feet flat with his wife as their only daughter is married out and lives with her in-laws in a different block in Salt Lake.

(12) Mr. S. K. Banerjee (71) lives with his wife in a sub-nuclear household and the couple is childless.

(13) Mr. A. K. Biswas (65) lives with his wife in 1500 sq. feet flat in Salt Lake while his only daughter is married out and lives with her husband in Delhi.

(14) Mr. D. K. Choudhury (77) lives with his wife in a sub-nuclear household while his only son lives in Siliguri with his wife in connection with his job.
The difference in size of the family and household of the respondents can be understood in the light of dispersal of family members, which is quite common in the urban middleclass families. The dispersal can be of three forms: (1) the parents of the respondents do not live with them; they are either dead or live in a separate living arrangement, (2) the daughter has been married out or shifted to a different place in connection with job, and (3) the son has shifted to a different place in connection with his job or profession. The respondents being aged their parents are in all cases are dead, but if we consider sons of the respondents we have seen five cases of separate living arrangement. Twenty one families of the respondents out of 32 have experienced dispersal; in 11 cases only daughters have dispersed and in eight cases only sons have dispersed. In two other cases both sons and daughters have dispersed. In two cases daughters, after marriage, have died. Daughters have dispersed to different places within the country or abroad either being married or in connection with job; in certain cases of dispersal both factors work behind the dispersal of daughters. Sons have dispersed primarily in connection with job or profession. In nine other cases there has been no instance of dispersal.

*Sons living in separate living arrangement after marriage*

There are three cases where the sons live in separate household arrangement although they live in the city or in the same neighbourhood. In one case the family broke because of the selfish-careerist outlook of the son and the daughter-in-law although the parents wanted to keep the family united. In two other cases the separation into different households has happened with mutual consent and not as a result of any tension. In another case the daughter-in-law wanted to live in her father’s house and wanted her new born child to be taken care of by her mother. Also, her work place was close to her parental house. In another case one son lives in a separate house, after marriage, because of space crisis in the
parental house. It is a mutually agreed upon arrangement where the parents and the married sons live in separate houses because they want to live in freedom; the parents in particular do not want to be dependent on their children. Here is a brief outline of the cases.

(1) Mr. J Dutta (76) lives with his wife (75) in their own three-bed room flat in DL block in Salt Lake but their only son lives with his wife in a separate flat in a different part of the city.

Mr. Dutta wanted his son and daughter-in-law to stay with them but the latter want freedom, a life to live they want, away from the parental “surveillance”. The parents are hurt but they have accepted the arrangement. The aging parents understand that their son will not be with them in their moments of crises.

(2) Mr. S. Dasgupta (76) lives alone in his 1100 sq. feet house because his wife died in 2013 and his son and daughter live in separate households in different parts of Kolkata.

His daughter was married in 1991 and left him to live with her in-laws while his son married in 1992 and was living in the parental house until 2002. In 2002 their son shifted to a flat at Golf Green. That was the year when Mr. Dasgupta's daughter in law gave birth to a daughter. After the birth of her daughter his
daughter-in-law wanted to stay in her maternal house. As her child was small and she had to go for her job she wanted to keep her child with her mother. That time Mr. Dasgupta’s son was detected with slip disc. In their Salt Lake’s flat they used to stay in third floor and he had to climb so many stairs which was quite painful for him. His office was in Diamond Harbour Road which was a long distance from Salt Lake. After the birth of their daughter they finally decided to move out. Both Mr. and Mrs. Dasgupta were very liberal and they believed in giving space to their children. So when their son and daughter in law decided to move out they were sad but accepted it in positive spirit.

Two-three months after their son moved out, Mr. Dasgupta’s daughter and son-in-law took a flat in the same building on rent. The same year his daughter gave birth to a son. Mr. and Mrs. Dasgupta’s life again was filled with so much happiness as they got busy with their grandson. They stayed in that rented flat till 2007. In 2007 their daughter, son in law and grandson shifted to their new flat at Newtown. Although their son and daughter have their own households but they visit Mr. Dasgupta often and take good care of him.

(3) Mr. C.R. Ghosal (79) lives with his wife (74), his elder son and daughter-in-law in his own house. His younger son, who married a few years back, has moved to another flat in Salt Lake since they did not have enough room in the house.

![Diagram]

The split of the family into two households is not the result of any quarrel; rather, the inadequate space in the parental family is the reason. The relations among all the family members remain as close and warm as ever.

There are cases where the family members, daughters in particular, want to live in close proximity with their parents; they live in the same house, in different floors, but maintain separate hearths. By this arrangement they uphold the
demands and spirit of joint family while living in dignity. Here are a few examples. This kind of household arrangement can be seen in the family of Mr. B. Majumder and Mr. D. N. Sen.

**Family relations**
There can be no denying that the classification of families in terms of size and type has its analytical value although it runs into complications when we move from family to household dimension. Dropping the conventional classification issue here we could perhaps go for a classification of families in terms of relations among the members. Considering the relational distinctiveness I have classified the 32 families, which I have studied closely, into six types – i. perfect family (joint family without relational problem) (4 cases), ii. family with troubled relation (2 cases), iii. family with children living close by (3 cases), iv. incomplete family (without child) (1 case), v. family with case (s) of untimely death (5 cases), and vi. family with dispersal of its members in faraway places (16 cases). This categorization might appear incomplete and arbitrary but the functionality of the classification is that each type probably creates a unique relational ambience and indicates to distinctive trends of change that is taking place in the micro space of relations in the urban middleclass families. In the following section I have used five of these six types, although I have used different captions, to draw some understanding of relational changes.

**(1) An ideal urban joint family**
Mrs. S. Aich, 61, lives with her husband, son, daughter-in-law and her four-month-old grandson – a standard joint family-cum-joint-household.

Mrs. Aich was born in Entally in North Kolkata. All her brothers and sisters were born in their rented house at Entally, Kolkata. When she was five or six years old they shifted to Shodpur, in their own house. Mrs. Aich grew up with her siblings in close care of her parents. Mrs. Aich married in 1979; it was an arranged marriage. After her marriage she went to live with her husband’s family at Santragachi. It was a joint family consisting of her husband, mother-in-law, her
husband’s elder brother and his wife. After her marriage she had to go to her school, where she taught, from Santragachi, covering a long distance. After two years of her marriage, when her son was born, she shifted to her parental house at Shodpur, which was closer to her school. Her mother-in-law accompanied her to Shodpur to take care of the new-born.

Every week-end Mr. Aich used to go to Shodpur to live with his family from Santragachi. In order to avoid this inconvenience the family shifted to Labani, Salt Lake, when the new-born was one-and-a-half year old. Mrs. Aich’s mother-in-law and her husband’s one unmarried brother also came to stay with them. Her married life was wonderful; not only was her husband, but all other members of her husband’s family were very caring and supportive. Everyone, particularly her mother-in-law, was willing to extend support so that she could continue with her job. As she had to go to the school early in the morning her mother-in-law took care of much of domestic chores. Her husband was also supportive; because of his support she didn’t have to face much problem in life. Mrs. Aich also reciprocated their gesture by taking good care of her in-laws, managing her school and raising her son well.

Mrs. Aich’s son, an engineer, works with IBM. In 2011 he got married. Mrs. Aich has no complaint about her son or daughter-in-law. Her son has always been well behaved and obedient. Mrs. Aich’s son has a four-month-old son and he can’t even think of staying away from him for a day. Leaving for office in the morning he returns home by 7:30 p.m. Even if he has to stay for long hours at office he never forgets his responsibilities towards his family and particularly his parents. Sunday being holiday he loves staying home the whole day, spending time with family. When Mrs. Aich or her husband falls ill he takes leave from office and takes them to the doctor. Last month Mr. Aich had a blackout while in the market close by. His son immediately took him to doctor and following his suggestion he took him for eco-cardiogram. Mrs. Aich treats her daughter-in-law as her own daughter. She is very jolly, well behaved, loving and caring. She doesn’t have any grudge or complaint against her. She loves her as well as scoulds her.
In decision making all the members in the family play an important role; everyone feels free to express his/her opinions. Her son and daughter-in-law discuss with their parents before taking an important decision. There is thus a great deal of collective participation and democratic spirit in matters of decision making in the family.

Mrs. Aich is very happy with her life and the family that she has got. She has got caring and supportive husband, loving, obedient son and daughter-in-law and her four-month-old grandson is the greatest attraction in her life. She thinks that she has got more than what she deserves. She lives her life happily and without any major tension. She only prays to god that she and her family live in happiness like this forever.

The other joint families like those of Mr. G Das, Mr. N. C. Barua, and Mr. R. K. Chanda maintain similar proximate caring relationships. There are also cases where one of the parents has died and the living one live with and in the care of his/her children. There are cases where the parents and children live in the same house but maintain separate households, as in the families of Mr. B. Majumder, Mr. D. Biswas, Mrs. B. Banerjee, and Mr. D.N. Sen upholding the values of sharing and caring.

(2) Care from a distance

Mrs. L. Sengupta, 80, lives with her 87 year old husband while her only daughter, married, lives in Mumbai with her husband and son. Mrs. Sengupta is a graduate and so is her husband. Her daughter is MA in Economics and has done B. Ed. Her husband worked with the Reserve Bank of India. Her daughter who now lives in Mumbai teaches Mathematics in a school. Mrs. Sengupta’s monthly family income is Rs. 25000 approximately.

Mrs. Sengupta was born in a small town in Myanmar called Mimiyu. During the World War II they left Myanmar for India. Mrs. Sengupta with her sisters and parents lived in a rented house in Hati Bagan. After graduation she became a teacher in Rajkumari Memorial High School at Baranagar, where she taught for some years.
After marriage Mrs. Sengupta went to live with her in-laws’ joint family at Barasat. She had her mother-in-law, sister-in-law, brother-in-law and her brother-in-law’s wife. Her mother-in-law was a nice human being, who loved her but her bother-in-law and sister-in-law were not very accommodative. Despite her best efforts she found it extremely difficult to continue staying there. Her mother-in-law sensed her problems and, as a solution, she asked her son and daughter-in-law to leave that house. Mr. and Mrs. Sengupta shifted to a rented house at Tala, Kolkata. At that time Mrs. Sengupta was carrying. In 1964 their daughter was born. During that time Mrs. Sengupta’s parents helped them a lot with moral and financial support. They stayed at Baranagar for a few years. In the meantime Mrs. Sengupta’s husband, who was an employee with the Reserve Bank of India, got quarters in Doverlane complex and shifted there.

In 1986 the family moved to the present house in Salt Lake. Their daughter was married in 1990. After her marriage she went to her in-law's place in Garia. That time her son-in-law used to work in Ranchi. In 1991 her grandson was born. Now the family has shifted to Mumbai where her son-in-law works with a consultancy firm. And her daughter with MA and B. Ed. got a teaching job in an International school in Mumbai

Mrs. Sengupta’s daughter comes to Kolkata twice a year on an average, normally during summer vacation and Diwali. Her daughter, son-in-law, and grand-son love coming to Kolkata as they sustain strong emotional bond with their kin, who live in the city. When in Mumbai her daughter calls her every night. She is very loving and caring. As both Mr. and Mrs. Sengupta are above 80 years of age their daughter keeps worrying about their health. Her daughter keeps on reminding her mother about the daily medicine. Earlier Mr. and Mrs. Sengupta used to visit their daughter once a year but now as Mr. Sengupta is not keeping well, and Mrs. Sengupta had bypass surgery they have restricted their movements. When Mrs. Sengupta had bypass surgery her daughter had come and stayed with them for about a month. She also came when Mrs. Sengupta had an accident in December 2012. Again when she had hernia operation her daughter came and stayed with her for about a month.
Mr. Sengupta gets pension which is enough for two of them. Besides, they draw monthly interest on their savings. They also have health insurance and a health card (for being ex-employee of the Reserve Bank of India) with which they can avail free medical treatment and medicine.

Mrs. Sengupta enjoys near total authority in decision-making in the family; she decides the menu, pays her maids. Earlier she used to pay the bills herself, but after her accident she hires the services of a boy to pay her bills. Their maid does the shopping for daily necessities. As her husband is ailing and can’t move without a stick, she has to do all the work by herself. On crucial family matters, however, she consults her husband and daughter.

Mrs. Sengupta is by and large happy with her life so far. She has got a wonderful daughter who loves her parents and takes good care of them. She has got a supportive husband who, because of her, had left his own family. The only regret is about her “not-so-good” relationship with her in-laws. Despite her best efforts she could not win their hearts. She keeps worrying about her daughter and her family since they stay far.

This kind of relations could be seen in the families of Mrs. R. Dasgupta, Mrs. G Banerjee, Mr. S. N. Das, Mr. A.K. Biswas, Mr. D.K. Choudhury, Mr. S. Dasgupta, Mr. N. C. Gupta, Mrs. K. Moitra, Mr. N. Ray, Mr. N.R. Sen, Mr. A. Saha Roy, Mrs. M. Dey, Mr. C. R. Ghoshal, Mr. P. Banerjee, Mr. S. Panigrahi, and Mrs. A. Roy, where despite the parents and children living in different households, because of dispersal, they maintain close caring family relations.

(3) Family with a case of untimely death
Mrs. B. Chatterjee (62) lives with her unmarried younger son who works in a bank. She had another son who has committed suicide.

Mrs. Chatterjee grew up in a joint family consisting of her parents and two brothers and uncles. When she was three year old her family of orientation, along with her uncle and aunt, shifted to Dumdum, where her second brother had died. Her mother was in a state of shock and did not want to stay in that house; they shifted to a rented house at Nilmoni Mitra Street.
She got married in 1974. Her husband was an employee with the Standard Chartered Bank. After her marriage she came to Ishwar Chakraborty Lane with her husband, who was a nice, helpful, hardworking person. Her husband, who has been a good cook, helped her in domestic chores.

Mrs. Chatterjee is an accomplished singer. After marriage she joined a group which used to do dance drama and music shows. She performed in various programmes for the group. She came in touch with Somen Tagore (Rabindranath Tagore’s grandson) during that time. Her husband encouraged her interest in music because he knew about her passion. Mrs. Chatterjee is very proud of her husband’s achievements. Her husband had a middleclass upbringing, studied in Bengali medium school and yet he speaks English with fluency; while working with the Standard Chartered Bank he had to communicate with many British officers.

Mr. and Mrs. Chatterjee had their first son in 1977 and the younger son after a gap of five years. She gave up music temporarily to take care of her children. She left the music group and could not do her training for months. For her, children were more important than a career in music. The younger son did graduation in commerce from South City College and then did MBA. Now he works as branch manager of a nationalized bank.

Her elder son was a good student but after graduation he did not study further. He was mad about music and formed a band called Prithibi of which he was the lead guitarist. The band earned a good name within a couple of months. Her son started giving guitar tuition to the young learners at home. His band started doing shows in Kolkata and its suburbs. Every Sunday students used to come from far and near to attend his classes. He was very well behaved and full of life but was very introvert. He didn’t like to share his own problems with anyone, not even with his family members. In December 2012, five days before his marriage day, he committed suicide. No one, even in family, knows the reason.

After this incident Mrs. Chatterjee’s life came to a halt. Even today she is struggling to overcome the trauma. Another shock came last year, when her
husband was diagnosed having throat cancer. After a surgery he got free of cancer but with his damaged vocal cord he cannot speak any more. After her elder son’s death she was traumatized and did not talk to anyone for months. All day long she used to sit in her son’s room and cry. Worried about her Mr. Chatterjee and their younger son persuaded her to resume music tuition. They knew that music and interaction with her students would have some healing effect. After long persuasion she resumed her practice sessions and music tuition classes.

Mrs Chatterjee maintains contacts with all her relatives both from her side and her husband’s side, who live in different parts of Kolkata. Earlier Mrs. Chatterjee, with her family, used to go to Kharagpur frequently but now they hardly visit them; maintain some contact over phone. The relatives came to their house when their son died. But apart from periodic contacts the relation with extended kin has lost much of its practical value.

Her younger son takes good care of his parents. He loves spending time with his parents at home, but Mrs. Chatterjee understands that he is young and has a life of his own. On holidays she pushes her son to spend time with his friends. It is because of him that she is surviving otherwise she would have died by now. Mrs. Chatterjee can feel that every day her son puts some efforts in making her happy and helps her fight the trauma and depression. After her elder son’s death Mrs. Chatterjee fell seriously ill; she was in hospital for ten days. That time, her younger son took leave from office to be by her side in the hospital. He did everything singlehandedly without taking any help from their relatives. He takes good care of his father as well.

After her elder son’s death her daily routine and everyday life has changed. Waking up at 7:30 a.m. she prepares tea for her husband and son. She has two maids at home; one is for dusting, washing and cleaning and the other for cooking. Around 8 a.m. her maid comes and starts preparing food. Mrs. Chatterjee helps her in the kitchen. Around 9 a.m. her son leaves for office. Then she does some household works. She switches on the television to have a feeling that someone is there at home. Her husband can’t speak and there is
nobody else in the house with whom she can talk. At noon, having taken bath, she prays for a while. At 1:30 p.m. she and her husband have lunch together. Then she takes some rest. On Monday, Thursday and Friday she goes for tuition classes. On Tuesday students come to her house. On Saturday she goes to College Street to take music classes in a school. On Saturday she takes car while on other days she avails auto or bus to reach her work places. Her son returns at around 7:30 p.m. She prepared some snacks before going for tuition.

Returning home Mrs. Chatterjee goes to the kitchen to prepare dinner. At around 10:30 at night they all have dinner together. Around 11:30 p.m. they go to sleep. Mrs. Chatterjee cannot sleep without sleeping pills. Whenever she closes her eyes she can see her elder son and hear his voice. Not a single night has passed when she has not cried. She doesn’t have to do much work as there are two maids. She spends the whole afternoon sitting in her elder son’s room, watching the videos of his shows and his pictures. There was a time when music was everything for her. It was something more than passion. Every day she used to do reoaz for hours. But now she hates her harmonium and tanpura. All day long she watches television, without much interest. For everyday necessities she doesn’t have to go to the market; her grocer sends her whatever she needs. Her son arranges payment of the electricity bill and the occasional repair works in the house.

In terms of authority Mrs. Chatterjee had never played an important role in the family. In terms of everyday care of her young sons she had a role but her husband took the major decisions. When their children grew up they started playing important role in decision making. She has always been supportive of the decision taken either by her husband or her sons. Now the situation has changed. After the death of her elder son and her husband’s cancer operation her younger son takes the important decisions. In taking decisions he normally consults both his parents. As his son has to spend a lot of time in office Mrs. Chatterjee takes decision on matters relating to home-making.

Mrs. Chatterjee and her husband do not need any financial help from their son but as they live in the same house their son wants to take all the financial
responsibilities. Mr. Chatterjee has enough savings. They have a nursing home at Dumdum, which is also a source of income. Earlier her husband used to look after that business then her elder son took over its supervision. Now Mrs. Chatterjee visits the nursing home twice a month. Mrs. Chatterjee asks her son to drop her to her music classes on Sundays in his car.

This kind of household arrangement and relations can be seen in the family of Mr. S. K. Mitra, Mrs. A Goswami, and Mrs. A. Roy.

(4) Family with troubled relations

Mrs. B. Saha (66) lives in her house with her only son. Her husband died 8 years ago. Mrs. Saha is a graduate while her husband was MBBS-MS. Her husband had built the present house spending all his savings. Mrs. Saha draws Rs. 30000 as her husband’s pension.

Mrs. Saha grew up in a joint family consisting of her parents, her father's elder brothers, their wives, her grandfather and grandmother, and so on. One year after her birth her father and mother came to Kolkata from East Pakistan. All her siblings were born in Kolkata. After coming to Kolkata they stayed in a rented house near Boubazar. When she was two-year-old her younger sister was born. After two years her brother was born.

When studying for graduation Mrs. Saha was married at the age of 19. After one year in 1965 she gave birth to her son. After her son’s birth she went to Jamarpur to be with her husband. At that time her mother-in-law used to stay with them. Her mother-in-law was a nice human being and was kind to her; she taught her the art of home-making.

After a few years Mrs. Saha’s husband came back to Kolkata to join B.R. Singh Railways hospital. Her son is also MBBS. The family lived in hospital quarters for many years. After retirement of her husband they shifted to their present house in Salt Lake. Their doctor son joined Indian Navy. Shortly after, Mr. and Mrs. Saha had him married. Mrs. Saha herself chose the girl and made all the arrangements.
Just after her son’s marriage in 1997 her daughter-in-law started misbehaving with her. She started abusing her son as well. The marriage did not work and they separated within four years. They had to struggle a lot in securing divorce. The girl’s parents had filed an FIR against them stating that they had been torturing their daughter in these four years. The allegations were such that Mrs. Saha and Mr. Saha had to spend days in jail. Serving in Indian Navy her son got transferred to various places. Mrs. Saha had never been to her son’s place because she wanted to avoid her daughter-in-law. In 2003 her son got divorce without having to give any compensation to the girl and her family; the court dismissed the allegation of torture. Now Mrs. Saha feels it was because of her that the whole family had to face so much of problem. Her son had to leave his job because of his wife, and then in 2005, his father died. He did post-graduation in Russia in 2008 and now is a reputed doctor, working with Medica Superspeciality Hospital. Mrs. Saha always wanted her son to be a doctor just like his father and grandfather.

Mrs. Saha makes arrangements for shopping, payment of electricity bills and other daily chores. On Sundays the mother and son spend time together; often visit shopping malls together. Her son doesn’t allow her to travel by bus or tram. Whenever Mrs. Saha feels like going somewhere her son sends the car home. Mrs. Saha often visits City Centre which is the nearest shopping mall and buys the things for daily use and clothes for her son. She is very satisfied with the way her son takes care of her. He is the whole world for her.

When Mrs. Saha’s son went to Russia she was completely alone in the house. She kept all her valuable belongings in a bank-locker. She didn’t feel scared although she missed her son badly and felt very lonely.

Mrs. Saha gets pension of her husband and doesn’t have any material dependence on her son. But emotionally she is very much dependent on him. Whenever she feels low or misses her husband she chats with her son and recollects the good old days. She misses her husband and feels sorry for him; he shouldn’t have gone with so much pain (because of the family crisis). Had he been alive he would have been happy to see that his son has become a doctor of
repute and the happy days are back in the family. She feels fortunate that her son is well established and takes good care of her.

Mrs. Saha misses her husband very much. Quite often she takes out the albums and looks at the old photographs. When her husband was alive their life was different; it was simple and smooth. With her husband around she felt secure; all her worries were taken care of by him. Her husband’s death has created a vacuum in her life. But, facing the crises, she has become self-reliant and strong as a person.

(5) Longing father, careerist son

Mr. J. Dutta (76) lives in his own apartment with his wife while his married son lives in a separate house in the same city with his wife.

Mr. Dutta is Ph. D. in economics while his wife is Ph. D. in Bengali. His father was engineer and mother had school level education. His son did MCA. Mr. Dutta taught in David Hare College and in Calcutta University. His son works in a multinational company. Mr. Dutta draws a monthly pension of Rs. 35000.

Mr. Dutta’s family of orientation migrated from East Pakistan to Kolkata 1948. Apart from his parents he had two sisters. In 1959 he completed his graduation and started teaching in Uttarpara Government High School. In 1967 he completed his Masters and in 1968 became a lecturer in David Hare College. Later, he joined Calcutta University as a teacher and ended up becoming the Dean of his faculty.

For many years he lived in a rented house at Bullygunj Circular road with his family. In 1999 he shifted to this house in Salt Lake. His only son works in a multinational company and lives in his own flat at Park Circus with his wife, who works in a cosmetic company. The couple is yet to have a child.

Mr. Dutta’s son is restless and careerist and in the habit of changing his job frequently. In connection with his job he often goes abroad. Sometimes he joins a new job with posting in Hyderabad or Delhi. Mr. Dutta is unhappy at his son’s frequent change of jobs. Mr. Dutta has decided not to interfere into his son’s life. His son and daughter-in-law come to visit them only occasionally. Even when
they come their minds are somewhere else; they are on cell phone all the time. Mr. Dutta sums up the situation like this: ‘Last month our daughter-in-law visited us once. During her two-hour stay here she attended at least 15 calls from her office and friends. Same thing happens when our son comes. Whenever he comes he comes with his office work and laptop and he doesn’t get time to chat with us in peace.’

Both Mr. Dutta and his wife are in good health and without any serious ailment. They do not depend on their son or daughter-in-law for anything. Earlier whenever Mr. Dutta or his wife fell ill they used to inform their son, hoping that he would come to their help. But his son’s response was cool as he had the habit of extending excuses for not coming to see his ailing parents. He came on a few occasions but his reluctance was all over his face. Now Mr. Dutta does not inform his son on occasions of small sickness, knowing well that his son would not come. He said: ‘I do not know what I will do if I or my wife encounters any serious health problem. I am not sure if my son will come during that time. In the event of such a crisis I will probably have to depend on my neighbours, whom I trust more. As long as we are healthy and active it doesn’t really matter whether our son takes care of us or not.’ It is not that Mr. and Mrs. Dutta had a fight with their son or daughter-in-law. But too much focus on careerism has driven their son and daughter-in-law away. His son is lost in his own world, a world of “misplaced priorities”, fully endorsed by his wife. Mr. Dutta understands the problem but prefers not to open a dialogue to heal the emotional rupture. Despite all this Mr. Dutta longs for his son and daughter-in-law and loves spending time with them.

Mr. Dutta plays a dominant role in the family. He lives with his wife and takes all the major decisions. His wife has always been very supportive; generally doesn’t question any of her husband’s decisions. Mr. Dutta discusses family matters with his son only when he feels it to be absolutely necessary. Otherwise he doesn’t even let his son know about his activities or decisions. His wife has always stood beside him in his success and failure. His son has upset him because of his selfish focus on careerism and indifferent approach to his parents but Mr. Dutta does not nurse any grudge against him.
Besides this there are cases where the respondents are childless. In such cases the aged couple gets to spend time with each other. After retirement the aged couple travel and does some charity work. Mr. S.K. Banerjee’s family is an example. There are also cases where two siblings (either widowed or divorced) stay together. Mrs. B. Chatterjee and Mrs. K. Moitra are examples of such households.

Summary of the findings
The rationalization of family size by controlling fertility has been almost universal in urban life. A comparison of the size of the family of the informants with that of their parents makes this point amply clear. We have to take note of the fact that this is a present generation phenomenon, which is culturally legitimized and any departure from the set-standard invites social stigma.

Second, the downsizing of the households because of death, marriage of the daughters, dispersal of the daughters and sons because of career compulsions have together contributed to nuclearization of the households and families. The study shows that 78 per cent of the families have been reduced to nuclear, sub-nuclear, supplemented nuclear and single member households with their grown up members spread out. The downsizing of the households is not the result of “breakdown of joint families”; it is rather the result of a logical mutually worked upon living arrangement. The dispersal of family members, daughters and sons, is the most important factor that brings about a kind of dynamism in the family, which undergoes a process of expansion and shrinkage. A joint family today can turn into a nuclear or sub-nuclear household or family after some years and the reverse can also happen. Even when a relatively larger family that has experienced a phase of expansion splits into a number of households the members try to uphold the family values based on care and empathy and responsibility; the “spirit of family” or of “joint-family” thus survives in the urban middleclass family context. My findings largely support the concept of “developmental cycle” given by A.M. Shah and endorsed by the Indian scholars, who have been studying urban family for some time.
Third, the transformation of a family into a number of households is often not the result of conflict, but the result of a logical and mutually accepted arrangement. The dispersed members make use of modern means of transportation and communication to keep in regular touch and when the situation demands the dispersed members rush to their parental family to take care of the elderly. The predominant form is to preserve the family values; the neglect, cruelty, selfishness are the aberrations and not the rules.

Fourth, there is no denying that the elderly members, particularly those who are ailing, are in a kind of crisis, which manifests in terms of loneliness, longing for children who are away, and dependence on hired care givers. Growing life expectancy, the downsizing of the family, and the dispersal of family members together create a “crisis situation” for the aged; they rationalize the scenario but suffer in different forms, not so much in the form of torture, humiliation, neglect etc. as is commonly perceived, but in the form of being lonely, taking the pain of losing the dearest ones and keeping away from the dear ones. This however does not mean the urban families are free of tension and stress, which are indeed a part of their life, but they evolve mechanisms to sort them out.

Finally, we have seen that the urban middleclass families living in a neighbourhood situation (Salt Lake) are going through micro changes in terms of size, structure and relations among the members, which together can significantly impact upon the quality of the care system and life of the elderly.