

Chapter V

MAIN FINDINGS, DISCUSSION AND SUGGESTIONS

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Major Findings, Discussion and Suggestions

This chapter is divided into three sections. In Section I the major findings of the study based on the quantitative data and case studies are presented. In Section II the major findings of the study are discussed under broad themes, and conclusions of the study are arrived at. Section III states the implications of the study findings, and provides suggestions for policy formulation, social work practice, and future research in this area.

Section I

Major Findings of the Study

The subject of living arrangements of the elderly gained importance in the backdrop of the socio-economic and demographic changes at the turn of the 20th century, and their impact on the life course of the elderly. The purpose of the present study was to find out the association of the different types of living arrangements and the mediating variables i.e. socio demographic characteristics that may influence the Quality of life of the elderly. Developing an understanding about the concerns specific to the living arrangements of the elderly in the family setting would go a long way in preserving the positive attitude towards the elderly and in regulating the emerging 'crisis in care'. Institutional and informal supports can be planned at the individual and family level to ensure the well-being of the elderly within the living arrangement they are in.

The aim of the study was therefore to describe the types and nature of living arrangements of the elderly and its impact on their quality of life. To mention briefly, the specific objectives of the study were to assess the interrelationship between the type of living arrangements of the elderly and their quality of life, loneliness and adaptation to old age. The study also examined the association of the socio-demographic variables such as age, sex, marital status, family income etc. with each of the major variables and on the direct relationship between the two, for the sample elderly. Other objectives are to offer suggestions based on the findings to improve the living arrangements and quality of life of the elderly.

A multi-stage sampling method was used wherein, first, the map of the Vadodara city was divided into 26 equal-sized grids and of these the 22 grids that covered the residential areas were included for the study. In each of the grids, 1-2 areas have been designated as the enumeration areas resulting in 26 such areas covering the 22 grids across the 13 wards. A list was generated of the elderly enumerated from these 26 areas using a Preliminary Data Sheet giving a total of 650 elderly. From this list, around 40 percent were randomly selected to get a sample of 250 elderly. After interviewing the 250 elderly, seven schedules with missing information had to be discarded, thus leaving 243 elderly to constitute the final study sample.

Interview schedule and case study were used for the collection of primary data. In addition, secondary data were used to corroborate the findings. The interview schedule covered socio-demographic details, information pertaining to types of living arrangements and other aspects i.e. the living environment, type of ownership of the dwelling, relationships with children and the interactions with family members, nutrition and access to food, social interaction, leisure-time activities, activities of daily living, life preparatory measures (i.e. beliefs about care of the elderly, measures taken to stay healthy, and religious beliefs), and about the preferential living arrangements of the elderly. Suggestions of the respondents about how the young should treat the elderly were also elicited. Tools to measure independence in activities of daily living (IADL), quality of life (QoL), loneliness and adaptation to old age were incorporated in the schedule. In addition, 9 case studies were prepared based on the in-depth interviews.

The following are the major findings of the study

Background of the Respondents

Demographic Profile

1. Of the elderly sample (N=243), 51 per cent were women and 49 percent were men.
2. The mean age of the total sample elderly was 69.2 years ($SD=7.06$). Women ($mean=68.11$, $SD=6.8$; median=66 years) were found to be slightly younger than men ($mean=70.32$, $SD=7.08$; median=69.5 years).

3. The sample was predominantly Hindu (80 per cent) and a majority (68 per cent) belonged to the other caste (OC) category.
4. A majority of the respondents were college educated (26 per cent). More elderly women (32 per cent) were illiterate compared to men (8 per cent).
5. Seventy per cent of the total respondents were married, followed by 23 per cent belonging to the widowed category. Of the married category, a majority (83 per cent) were men, and in the case of the widowed category, a majority (35 per cent) were women.
6. More men (94 per cent) have reported themselves as head of the household compared to women (39 per cent). More women have reported staying in households headed by their spouse or child (ren).
7. Close to 85 per cent of the sample elderly did not report any physical impairment.

Family Background

8. Most of the sample elderly reported to be from nuclear (36 per cent) or joint family (34 per cent) backgrounds.
9. The mean family size for the sample elderly was 4.3 (median= 4). Nearly half of the sample (45 per cent) were single earner families (including the respondent).
10. The mean family income (p.m.) was Rs 37456 (*S.D*=66943.3) and median was Rs 15000 for the sample elderly.
11. With regard to the type of residence, a majority (32 per cent) of the elderly lived in an individual house followed by around 19 per cent who reported living in a housing society.
12. Around 60 per cent of the sample reported that they were not from Vadodara, but have migrated to the city from other places such as Hyderabad, Mumbai, Rajkot, Indore etc., and from villages in the state.

Work and Economic Background

13. About 66 per cent of the sample (All men and only 33 per cent women) were engaged in some work before attaining 60 years of age.
14. Around 22 per cent of the sample (15 per cent elderly men and 7 per cent women) reported current engagement in work (i.e. after attaining 60 years of age).
15. With regard to the kind of work taken up by the elderly (previous/ current), some of the occupations reported were agriculture based, daily wage labor, professional jobs, business and domestic help. Differences by sex were observed both in the current and previous occupations. A majority of the elderly women (67 per cent) reported that they were homemakers and after turning 60, another 1 per cent of women joined this category.
16. The monthly income from the current work was lower than from previous work for the sample. Income from both previous and current work was found to be more for elderly men than women.
17. The income (p.m.) from previous work of around 44 per cent of the elderly and from current work of almost half of the elderly fell in the Rs 5000 and below range.
18. Out of 57 elderly men and 10 women who retired from a salaried job, 41 elderly men and 9 women reported receiving a job pension (per month). With regard to other kinds of pensions received, 15 and 4 women reported that they received their deceased husband's pension and govt. old age pension, respectively.
19. It was found that a predominant (75 per cent) percentage of the sample elderly had some kind of asset on their name. Out of the 181 elderly who gave responses, more men (86 per cent) reported assets on their name as compared to women (63 per cent). The type of assets owned by around 60 per cent of the elderly were savings, followed by 54 per cent who owned house (s).

20. As regards the respondents' monthly income (per month) (calculated by adding the income p.m. of the respondent from work, pension, assets and other monetary inflows), almost half of the elderly out of the 181 who reported some income fell in the income category of Rs 2000 and below. This category included many of the respondents who reported no income, of which women were in the majority.
21. Most of the elderly (94 per cent) in the sample reported that they did not take loans of any kind.
22. Close to 59 per cent of the total sample elderly reported that the child (ren) they lived with were the major source of income flow for them. On the other hand, for women, their spouse and child (ren) were found to be the sources of their income flow.
23. The most frequent forms of assistance received from child (ren) and family reported were: money (65 per cent), followed by food (61 per cent).

Types and Nature of Current Living Arrangements of the Elderly

24. A majority (64 per cent) of the sample elderly reported that they lived in parent-child coresidence, followed by 23 per cent who lived with spouse only.

Association with socio-demographic and other variables

25. More elderly men (65 per cent) reported that they lived in parent-child coresidence, followed by with spouse (26 per cent) while, more elderly women lived alone (5 per cent) and with relatives (10 per cent) as compared to men.
26. The sample elderly in the age range of 60-64 years were found to be predominantly living in parent-child coresidence (mean=68.8 years, $SD=7.08$), whereas those in 65-74 years with spouse, and those in 75- 84 years lived alone and with relatives. Those who were in the age group of 85+ years reported that they were living with assistance (mean=78, $SD=17.5$).
27. Men in all other living arrangements (except living with assistance and alone) were older than women.

28. The median family income (per month) of the elderly who lived with assistance was found to be highest at Rs. 30000. The elderly who lived in parent-child coresidence and with spouse were having median family incomes of Rs. 18000 and Rs. 14000, respectively.
29. A majority of the elderly who were remarried (86 per cent), who were widowed (75 per cent) and those who were married (63 per cent), lived in parent-child coresidence. Interestingly, all the unmarried elderly were found to be living with relatives. A considerable number of the elderly who were separated or widowed lived alone or with relatives.
30. Irrespective of caste, most of the elderly lived in parent-child coresidence, followed by with spouse. Elderly from Scheduled Castes and Scheduled Tribes category did not report living alone. No one from the Scheduled Castes reported living with the spouse.
31. The mean and median durations of stay in the current living arrangement for the total sample elderly was 12.21 years ($SD=9.08$) and 10 years respectively. Elderly who stayed in parent-child coresidence reported a longer stay i.e. 12.72 years ($SD= 9.23$) followed by those who lived with assistance i.e. 12.67 years ($SD=9.71$). For those who lived with assistance, the median duration of stay in the arrangement was longest at 15 years followed by 12 years for those who lived alone.

Sub-Types of Parent-Child Coresidence

32. Parent-child coresidence comprises of four sub-types of living arrangements: Staying with married son (s) & daughter (s), and unmarried son (s) & daughter (s). Out of the total sample, a majority i.e. 74 per cent of the elderly reported living with married son (s) followed by around 11 per cent living with unmarried daughter (s).

Association with socio-demographic and other variables

33. Sex-wise, a majority i.e. 76 per cent of the elderly men lived with married son (s). Close to 13 per cent men as against 9 per cent women reported living with unmarried daughter (s).
34. A majority i.e. 76 per cent of the elderly who were widowed followed by 73 per cent of those who were married reported staying with married son (s). Around 12 per cent of the elderly who were widowed lived with married daughter (s).
35. The median age of the elderly who lived with married son(s) was 68 years, whereas it was 65 years for those who lived with unmarried son (s) and daughter (s).
36. The median family income (per month) of the elderly who lived with married son (s) was Rs 20000, whereas it was lowest at Rs. 4750 for those who lived with married daughter (s).
37. The elderly living with married son (s) reported the longest duration of stay i.e. 11 years (median) whereas, for those who lived with unmarried daughter (s) it was lowest at 8 years.

Reasons Cited for Stay in their Current Living Arrangement

38. A majority i.e. 97 per cent of the elderly respondents who lived with married son (s) mentioned that it was a choice made by the respondent or son and that it was in keeping with the tradition.
39. The most frequently mentioned reason by the elderly for staying with either unmarried son (s) or unmarried daughter (s) was the marital status of the child. In India usually the son/daughter stays with the parents till they got married.
40. Coming to the elderly who lived with married daughter (s), the most frequently mentioned response (71 per cent) was that the son-in-law/daughter asked the respondent to move in with them.
41. The most frequently cited justification (72 per cent) of the elderly who lived with the spouse was that it was a choice of the respondent/ spouse/adult child (ren).

42. The predominant reason (89 per cent) mentioned by the elderly who lived alone was the death of spouse.
43. The frequently given response (67 per cent) by the elderly who lived with relatives was the dependency of the respondent / spouse on the relative.
44. In the case of all the 3 elderly who were living with assistance, the main reason stated was that they could afford full-time help- which facilitates that type of living arrangement.

Type of Ownership of the Dwelling

45. A majority of the sample elderly (92 per cent) were found to be living in dwellings which were either owned by the respondent or their family members. Only 8 per cent of the sample reported that they lived in rented houses.
46. Around 34 per cent of the respondents reported that they owned the house (50 per cent men as against 17 per cent women), whereas, in 22 per cent of the cases it was owned by their spouse (35 per cent women as against 9 per cent men):
47. A small percentage of the elderly reported relatives/ spouse as owners or joint owners of the house they lived in.
48. Of the 8 per cent of the sample respondents who reported they lived in rented accommodation, more than half of them lived in houses rented by the adult child (ren) and 21 per cent lived in houses rented by self.

Living Environment

49. Majority of the elderly (31 per cent) lived in 2 BHK (two- bed rooms, living hall and kitchen) type houses.
50. About 63 per cent reported having a separate room exclusively for them and 71 per cent of the elderly reported having a bathroom & toilet facility in the house to which they have access. In the case of a majority i.e.73 per cent of the sample elderly, the indoors of the house were observed to be well-ventilated and kept clean.

51. A majority of the elderly men and women reported that they spent their time during the day mostly in the living room (64 per cent), followed by the verandah (23 per cent).
52. More than half (60 per cent) of the elderly were found to sleep in their own room, followed by 34 per cent who slept in the living room.

Aspects in the Context of the Current Living Arrangements Influencing Quality of Life & its Related Variables

Details about Children

Number of children

53. Ninety-six per cent (n=233) of the total sample elderly reported they had living child (ren).
54. About 191 (82 per cent) and 170 (73 per cent) of the elderly reported they had living son (s) and daughter (s) respectively.
55. Elderly who were older had more children. Among the sample elderly, Christians had a higher number of children i.e. mean=4.50 ($SD=3.53$) and median= 5 compared to Parsee and Sikh respondents who reported a fewer children (mean and median was 2).
56. Respondents from Scheduled Caste reported higher number of children i.e. mean=4 ($SD=2.87$) and median= 3, whereas, the elderly belonging to Scheduled Tribes reported less children (mean=2, $SD=1.33$; median=1).
57. Similarly, elderly who were illiterate reported a higher number of children (mean=3; $SD=2.26$; median=3) and it decreased with the increase in the educational levels, for the study sample.
58. Elderly living with assistance and in parent-child coresidence reported a higher mean and median number of children i.e. 3, while those who lived with relatives reported fewer children (mean and median was 2).

Place of stay of children who did not stay with respondents and reasons

59. Out of the 233 elderly who had a living child (ren), only 156 elderly reported as coresiding with at least one child and, the remaining 77 elderly though having child (ren) were not residing with them. Further, out of the 156 elderly in coresidence, 130 elderly did not coreside with their other child (ren). Hence, 207 elderly reported that their child (ren) did not reside with them.
60. Of the 191 elderly who reported they had a living son (s), 109 of them (57 per cent) mentioned that their son (s) was not coresiding with them at the time of the study.
61. Of the 109 elderly who said that their son (s) did not coreside with them, in 62 per cent of the cases they reported that their son (s) family was staying separately in Vadodara itself. The other responses were: son (s) staying abroad (50 per cent) and outside of state (38 per cent), in that order.
62. The two major reasons mentioned by the 68 elderly who reported that their son (s) were living separately from them in Vadodara were: son (s) wanted to move out with his family (58 per cent) and they faced space constraints (21 per cent).
63. In the case of the 170 elderly who reported they had a living daughter (s), 158 of them (93 per cent) reported that their daughter (s) was not staying with them at the time of the study.
64. Of the 158 elderly who said that their daughter did not stay with them, in a majority of the instances (95 per cent), the daughter was staying separately in Vadodara. The other responses were: daughter (s) staying outside of state (56 per cent) and abroad (27 per cent), in that order.
65. The one major reason that was cited by 95 per cent of the 150 elderly who reported that their daughter (s) did not live with them was that the daughter shifted to husbands'/ in-laws place in Vadodara.

Visits and modes of keeping in touch by the children

66. Of the 233 elderly respondents, a majority (90 per cent) expressed that their first born daughter (s) visited them more frequently. The first born son (s) (44 per cent) figured as the next one who visited the parents frequently. The frequency of visits to parents by other children was comparatively less.
67. Of the 109 elderly, their son (s) did not coreside with them, only 97 elderly reported that their son (s) visited them.
68. Of the 158 elderly whose daughter (s) did not coreside with them, 155 elderly reported that their daughter (s) visited them.
69. Of the 233 elderly who had children, a majority (93 per cent) responded that their child (ren) visited and kept in touch with them.
70. Out of the 207 sample elderly whose child (ren) did not stay with them, 187 of them indicated different modes of keeping in touch with them during the previous year. They were through the telephone/mobile phone and email/chat.

Conflict with and Support of Family Members

Hardest person to get along with

71. Of the 243 sample elderly, 50 per cent reported having a family member who was hardest to get along with.
72. Son was mentioned most frequently (36 per cent) as the hardest person to get along with by elderly men (41 per cent) and women (31 per cent). The next hardest people reported were spouse and daughter-in-law. While none of the elderly men reported daughter or son-in-law as the hardest person to live with, in the case of elderly women they figured as the hardest persons.
73. For the elderly who lived in parent-child coresidence, son (43 per cent) followed by daughter-in-law (25 per cent) figured as hardest persons to live with.

74. Of the 121 elderly who reported having a hardest person, about 55 per cent (n=66) reported they were actually staying with that person. Of the 66 elderly who actually stayed with the hardest person, 80 per cent reported that person as their primary care giver.
75. For the 66 elderly who lived with the hardest person, the overall duration of stay with that person was 33 years. Further, in terms of the duration of stay of the respondent with the hardest persons- spouse, son, daughter and sister-in-law figured in that order.
76. Of the 121 elderly who mentioned they had a hardest person, 71 per cent (n=86) reported that the person had been creating tensions and arguments, during the preceding year. Of these 86 elderly i.e., 70 per cent revealed that conflicts occurred 10 times a year, while 23 per cent of them said it occurred almost daily.
77. Out of the total sample, 122 elderly did not report having a hardest person to get along with. Interestingly, a majority (52 per cent) of the elderly who belonged to the age range of 75-84 years and more than half of the elderly (56 per cent) who lived alone did not report a hardest person to get along with.

Easiest person to get along with

78. Out of the total sample elderly, 98 per cent (n=239) reported having persons in their life who were easy to get along with.
79. Of the 239 elderly who reported an easiest person to live with, a majority (30 per cent) reported the spouse as the one, followed by daughter and son.
80. In terms of living arrangements, 44 per cent of the elderly living with spouse reported that their spouse was the easiest person to get along with. Even in parent-child coresidence, spouse was reported as the person easiest to get along with.

Interest shown by family members and the well-being of the elderly

81. A majority i.e. 76 per cent of the elderly perceived that their family members were interested in their well-being.
82. A majority of the elderly across all the five living arrangements felt their family was interested about their well-being.
83. Calculation of the means of quality of life scores and the related variables showed that the elderly who perceived their family as interested in their well-being reported better on the 4 domains of quality of life experienced a lower degree of loneliness and had a better adaptation to old age. Thus, the perceived indifference (than little or no interest) about their well-being by the family members was found to be more damaging for the elderly.

Nutrition and Access to Food

Preferences in diet

84. Seventy one per cent of the sample elderly comprising more women (74 per cent) than men (68 per cent) showed preference to a vegetarian diet.

Appetite for food

85. Forty four per cent of the sample reported a very good appetite.
86. There was not much difference in the levels of appetite reported by the elderly living in different types of living arrangements

Meals taken per day

87. A majority (68 per cent) of the sample reported having 3 meals in a day.

Skipping meals in a day and the reasons

88. In response to the question whether they skip any of their meals in a day, 59 per cent of the sample elderly (n=143) (comprising 71 per cent elderly women and 47 per cent men) answered in the affirmative. Interestingly, 41 per cent of the sample elderly comprising of more men (53 per cent) than women (29 per cent), did not skip any of their meals in a day.

89. Across the types of living arrangements, a higher per cent of women compared to men reported that they skipped meals in a day.
90. More than half i.e. 57 per cent of the elderly who reported skipping meals in a day mentioned *Upavas* (fasting) as the major reason. Around 23 per cent stated health consciousness as the reason.

Food intake and diet restrictions / supplements

91. About 90 per cent of the total sample felt that they took adequate amount of food, while 8 per cent expressed that they did not do so. Almost 47 per cent of the total sample reported following diet restrictions and taking supplements.

Who prepares the food?

92. Of the 179 respondents who reported that they did not prepare food on their own, men were in the majority (74 per cent). Further, for 56 per cent of the elderly who did not cook, it was the daughter-in-law who prepared the food. The next person mentioned by the elderly men exclusively (69 per cent) was their wife.
93. In case of the 63 elderly women who prepared their own food, 33 per cent each said that it was their daughter-in-law or daughter cooked food for them when they did not feel like cooking.

Social Interaction

Places/purpose of going out

94. With regard to going out, a majority (73 per cent) of the respondents reported that they went out for attending social functions. A majority of these elderly (78 per cent) lived in parent-child coresidence. Purchase of groceries, visiting relatives etc., were the other purposes for which the elderly went out.
95. Elderly men figured relatively at a higher per cent for almost all the places/purposes that the elderly reported they went out. They are: going for a stroll, to run errands, hanging out in a place in the neighborhood, and going to the park. This revealed the gender specificity with regard to purpose or place for which the elderly went out.

Frequency of going out and its effect on the QoL and its related variables

96. Nearly half of the sample elderly reported going out daily, among whom men were more compared to women. A few of the elderly i.e. 4 per cent reported not being able to move and hence did not go out.
97. A higher per cent of the elderly who lived alone and in parent-child coresidence went out daily while those who lived with spouse or relatives reported going out a few times during the week.
98. Those who reported going out more frequently had better mean scores on quality of life and its related variables, compared to the elderly who went out less frequently. Those who were unable to go out at all fared worse on all the 3 measures i.e. quality of life, loneliness and adaptation to old age.

Having friends & visitors and the QoL of the elderly

99. More than half of the sample i.e. 128 elderly reported they had friends and among those who did not have friends, women outnumbered men. About 79 per cent of the total sample i.e. 192 respondents reported that they had visitors during the last week.
100. The sample elderly reported having on an average 3 friends and 3 visitors during the preceding week. The average number of friends reported by both men and women was 3. However, women reported having less number of visitors (mean=2) than men during the preceding week.
101. The mean number of friends was highest at 4 for those in 65-74 years age range while the average number of visitors was 3.4 for those in 60-64 years range. In both the cases, it was found to decrease with increasing age.
102. The sample elderly in the Rs 60100-80000 and in Rs 5000 and below family income p.m. categories reported the highest (mean= 4; SD=4.1) and lowest (mean=2; SD=0.8) number of friends respectively. Similar is the case with the number of visitors which increased for those with higher family income (p.m.).
103. The sample elderly who lived with spouse reported having higher number of friends and visitors and those who lived alone who reported the lowest.

104. Finally, elderly who had friends and had visitors during the preceding week had higher mean scores on the 4 domains of quality of life, a lower mean loneliness score, and a higher mean score for adaptation to old age than the elderly who did not have the same and this relationship was found to be statistically significant.

Activities during Leisure-Time

Indoor

105. Out of the total sample, 228 elderly reported that they were engaged in indoor activities of some kind during their leisure time. Of these, men (51 per cent) were more compared to women (49 per cent).
106. A majority i.e. 85 per cent (more women than men) of the 228 elderly reported that during leisure time they were engaged in praying and performing religious rites.
107. Sex differences were observed in the nature of the indoor activities taken up during leisure time. More elderly men (65 per cent) compared to women indicated reading newspaper, books and magazines whereas, more of women (92 per cent) were engaged in praying/ performing religious rites.
108. Of the 228 elderly, all those elderly who were 85 years + followed by a majority of the elderly (88 per cent) in the 65-74 years age range indulged in the indoor leisure activity of praying/ performing religious rites.
109. Of the 228 elderly, a majority i.e. 89 per cent of those who lived alone reported that they were engaged in prayer/ performing religious rites. Those who lived with spouse (77 per cent) reported reading newspapers/books/magazines and a considerable percentage were also engaged in a range of leisure time activities much more than the elderly in other types of living arrangements.

Outdoor

110. With regard to the outdoor activities engaged in during leisure time, 116 out of the total sample elderly reported that they engaged in such activities. Of these respondents, 60 per cent were men.

111. A majority (60 per cent) of the 116 elderly were engaged in the outdoor activity of going for a walk/exercise during leisure time.
112. Sex differences were observed in the nature of outdoor activities engaged during their leisure. More men (69 per cent) compared to women reported that they went for a walk/exercise while, more women (65 per cent) compared to men said that they went to a place of worship.
113. Of the 116 elderly, all the elderly in 85 years + age range reported that they went for a walk/ exercise, while those in 75-84 years age range (64 per cent) went to a place of worship.
114. More elderly staying in parent-child coresidence and with the spouse engaged in the outdoor leisure time activities compared to those in the other types of living arrangements. Of the 116 elderly, a majority (77 per cent) of the elderly who lived with spouse said that they for went for a walk/exercise.

Levels of Functioning & Independence

115. The level of functioning and independence among the respondents was ascertained. It was 5.92 ($SD=0.49$) indicating overall better levels of functioning for the study sample.
116. Women in the sample were found to report better levels of functioning ($mean=5.95$, $SD=0.40$) than men ($mean=5.88$, $SD=0.56$), though the difference was small.
117. Elderly in the 60-64 years age range had highest ($mean= 5.98$, $SD= 0.12$) level of functioning and this seemed to decrease with increasing age.
118. Elderly living in parent and child coresidence ($mean=5.90$; $SD=0.52$) and with assistance ($mean=4.67$; $SD=2.30$) in that order reported poor levels of functioning, compared to those living in the other 3 living arrangements wherein maximum levels of functioning at 6.00 ($SD=0.00$) was reported.



Activities of Daily Routine

The respondents were asked about their daily routine. The activities were ascertained by three time periods-from waking up till noon, noon till dark and what they did before going to bed.

From waking up till noon

119. Out of the total sample, a majority i.e. 99 per cent of the elderly reported that they performed morning ablutions. This was followed by 84 per cent of the elderly who said that they prayed/visited a religious place.
120. The rest of the day they attended to the routine activities and men were represented more.
121. However, under the daily routine activities such as attending household chores, making lunch preparations and watching television, the elderly women were represented more than men.

From noon until dark

122. Out of the total sample, a majority (97 per cent) of the elderly reported that they sat or took rest. This was followed by (93 per cent) taking a siesta after lunch.
123. Further, it was making preparations (more elderly women compared to men) for making dinner.
124. Both the elderly men and women mentioned that they spent time with friends / neighbors / relatives.
125. In all other activities taken up from noon till dark such as going for walk, to the market for provisions and other necessities, and for entertainment-- the elderly men indulged in these activities more than women.

Before going to bed

126. Out of the total sample, a majority (98 per cent) of the elderly responded that they made preparation for sleep, followed by 41 per cent who said that they watched TV before retiring to bed.

127. A few respondents (14 per cent) mentioned going for a stroll after dinner.

Life Preparatory Measures

Belief that children should care for old parents

128. Close to 95 per cent of the sample elderly (n=230) (slightly more women than men) said that when they were young, they held the belief that children should care for old parents.
129. Out of these 230 elderly, a majority i.e. 98 per cent, who lived with spouse followed by 94 per cent who lived with relatives held this belief.

Who adopted measures after attaining 60 years age to keep healthy?

130. Out of the total respondents (n=243), around 59 per cent of the elderly (n=143) (69 per cent men and 47 per cent women) reported that they started taking certain measures after attaining 60 years of age to keep healthy.
131. Chi-square was used to understand the association between a few socio-demographic variables and the types of living arrangements and the measures taken to keep healthy. With increase in age, education and family income p.m., the number of elderly adopting health measures increased. As regards marital status, more married elderly adopted measures to keep themselves healthy while a few who were widowed also figured. It was seen that elderly living with spouse (77 per cent) were more likely to take health measures followed by those in parent-child coresidence (55 per cent). The differences observed in terms of their marital status, education, caste, family income (p.m.) and the type of living arrangement of the respondents and number of respondents adopting health measures were found to be statistically significant.

Kind of measures adopted to keep healthy

132. Of the 143 elderly who reported adopting measures, a majority i.e. 90 per cent reported that they started taking proper diet followed by 76 per cent of the elderly who said that they started exercising to keep healthy.

133. The kind of measures taken up by the 143 elderly seemed to be associated with some socio-demographic variables and the type of living arrangements they were in.
134. For example, more men (56 per cent) compared to women gave up their irregular routine. Similarly, a majority i.e. 93 per cent of the elderly who stayed in parent-child coresidence reported taking a proper diet.

Religious faith and places & frequency of pilgrimage

135. Almost all the elderly except one woman in the sample reported their belief in God.
136. Close to 79 per cent of the sample elderly (192 out of 243) visited religious places in various locations.
137. With regard to the location of the religious places, of the 192 elderly, 39 per cent followed by 27 per cent of them (more women than men in both cases) reported that they visited religious places located around Vadodara and all over India, respectively.
138. Coming to the frequency out of the 192 elderly, 33 per cent reported that they visited religious places once in a year.

Preferential Living Arrangements

Association with socio-demographic variables and current living arrangements

139. The sample respondents when asked about which type of living arrangement they would prefer given a choice (irrespective of their current living arrangement), came up with interesting options. Thus, the most preferred living arrangement came up was staying with married son (s) (35 per cent) followed by living with spouse (16 per cent). The least preferred living arrangement cited was staying with unmarried daughter (s) (2 per cent).

140. Of the total sample, more elderly women than men preferred to stay with married son (s), married daughter (s) followed by living alone. Whereas, more men compared to women preferred to live with spouse, with assistance, in the home for the aged and, with unmarried son (s) in that order.
141. A look at the median age of the elderly and their preferred living arrangement showed that older respondents (69 years) tended to prefer to live with married son (s), daughter (s) or relatives. However, a few elderly who were much older (72 years) preferred to live in the home for the aged and with unmarried daughter (s) (71.50 years).
142. Elderly who showed preference to live with married son and married daughter were more in number and from median income groups of Rs 15000 and Rs 11500 respectively. A few of the elderly respondents who were from affluent category preferred to live with assistance or in the home for the aged.
143. Among the married elderly (n=169), the preferred living arrangements mentioned in that order were- living with married son (s), living with spouse followed by living with assistance. For widowed elderly the order was- living with married son (s), daughter (s) and living alone.
144. A majority (55 per cent) of the Muslim elderly among the sample showed preference to live with married son (s).
145. Similarly, 41 per cent of the elderly belonging to other backward castes (OBC) preferred to live with married son (s). On the other hand, 19 per cent of the respondents from other castes (O.C) expressed preference to live with assistance.
146. Out of the 156 sample elderly currently living in parent-child coresidence, a majority (n=83) preferred to continue to live in the same arrangement. However, of the remaining 72 elderly-- 22 per cent preferred to live with the spouse, 11 per cent with assistance, 7 per cent to live alone, and 4.5 per cent with relatives and in the old age home (1.3 per cent).

147. Interestingly, while none of the sample elderly currently living alone preferred to live alone, only 7 per cent of those who were living with spouse, and almost 56 per cent who were living with relatives, still preferred to continue to live in the same arrangement.

Association with loneliness and adaptation to old age reported in the CLA.

148. It was found that the elderly who seemed to be experiencing lowest degree of loneliness (37.25 SD=4.99) and the highest degree of loneliness (48.10 SD=11.81) in their current living arrangement gave preference to live with unmarried daughter (s) and with relatives respectively.
149. It was found that the elderly who reported a better adaptation to old age (mean=69.43; SD=8.12) and a low adaptation to old age (mean=56.24; SD=12.36) in their current living arrangements preferred to live in the old age home and with relatives, respectively.

Reasons given for preference to a living arrangement

150. Of the 82 elderly who gave reasons for their preference to live with married son (s), majority (87 per cent) said it gave them a feeling of being together and bonded with them.
151. Of the 40 elderly who preferred to live with spouse, a majority i.e. 92 per cent said that it was because the couple got along well with each other.
152. Twenty six respondents who said that they prefer to live with married daughter (s), a majority (81 per cent) said it was due to more attachment to the daughter than with the son.
153. The major reasons expressed for their preference to stay with unmarried son (s)/ daughter (s), were mutual emotional dependence and attachment, and for providing guidance.
154. Of the 24 respondents who preferred to live with relatives 83 per cent said that they felt their relatives could take care of them.

155. Out of the 21 elderly who said they prefer to live alone, a majority (62 per cent) mentioned it was because they did not want to burden others.
156. Most of those who preferred to stay in the old age home or with assistance, mentioned that they can afford stay in an old age home of their liking or the full-time hired help.

Perceptions about younger generation & suggestions from the sample elderly

157. When asked about the treatment received by the elderly from youth, a majority i.e. 92 per cent said that they were treated with concern and respect.
158. However, 177 elderly added that the youth's attitude towards the elderly was not all that positive. A majority (i.e. 90 per cent) of them felt that such negative attitude towards the elderly was due to social change that was leading to erosion of values in younger generation.
159. Almost 95 per cent of the sample elderly suggested that children should take care of the elderly in the family itself.

Further Analysis between the Major Variables of the Study

An analysis was done to examine the inter-relationship between variables such as age, marital status, family income (p.m.) and quality of life (QoL) domains, loneliness, and adaptation to old age. The findings were as follows:

160. Age was found to be negatively related to the QoL domains of physical health ($r = -0.208$, $p < 0.05$), and social relationships ($r = -0.213$, $p < 0.01$). Besides decline in physical health, it showed that as one grew old, the strength or extent of social relationships also declined. There was a negative relationship between age and adaptation to old age ($r = -0.160$, $p < 0.05$) which was found to be significant.
161. Family income (p.m.) showed a significant positive relationship with the 3 QoL domains i.e. psychological well-being ($r = 0.186$), social relationships ($r = 0.221$), and environment ($r = 0.335$). All were found to be significant at the 0.01 levels. Similar was the case with adaptation to old age ($r = 0.329$, $p < 0.01$). Hence, it

appeared that quality of life was linked to better economic status; even adaptation to old age was found to be better among the financially well-off group of elderly.

Conversely, family income (p.m.) of the elderly was negatively correlated with loneliness ($r = -0.529$, $p < 0.01$) i.e. those who were financially poor experienced more loneliness.

162. Marital status of the respondents seemed to influence both the type of living arrangements and the quality of life of the elderly. Majority of the elderly who were married were living with spouse only, and fared better on their well-being.

163. Adaptation to old age and the 4 QoL domains had a positive correlation which was found to be significant at 0.01 levels. It may mean that persons with better QoL adapted well during old age.

164. As expected, there was an inverse relationship between loneliness and the 4 QoL domains i.e. physical health ($r = -0.495$), psychological well-being ($r = -0.580$), social relationships ($r = -0.590$) and environment ($r = -0.487$). All were found to be significant at the 0.01 levels. This could mean that those who have lower QoL experience greater loneliness.

165. Further, adaptation to old age and loneliness were negatively related ($r = -0.529$, $p < 0.01$) which means that the elderly who reported a better quality of life also tend to report a lower degree of loneliness and a better adaptation to old age.

166. The negative relationship between loneliness and adaptation to old age was found to be significant for all the living arrangements, except living alone.

The exploration of the relationship between age, the QoL domains, loneliness and adaptation to old age, and the types of current living arrangements of the sample elderly gave the following insights.

167. Elderly who lived with assistance were found to be the oldest (mean=78, $SD=17.52$) and those who live with relatives were less old (mean=68, $SD=6.17$).

168. Elderly who lived with spouse reported better physical health (mean=15.30, $SD=2.91$) than those in parent-child coresidence (mean=13.91, $SD=3.06$).

169. With respect to the QoL domain of psychological well-being, again those living with spouse (mean=16.19, *S.D*=2.29) fared better while those living alone fared the worst.
170. The elderly who lived with spouse showed higher level of a domain of quality of life i.e. social relationships (mean=14.81, *SD*=3.2), compared to those living in parent-child coresidence (mean=13.17, *SD*=3.2). This was again a statistically significant relationship.
171. Those who lived with relatives reported poor social relationships (mean=12.30, *S.D*=3.90) and environment (mean=15.19, *S.D*=2.76) while those living with assistance were most satisfied with the environment (mean=16.51, *S.D* =2.50).
172. Elderly living alone reported experiencing the highest degree of loneliness, while those living in parent-child coresidence reported the lowest degree of loneliness.
173. More importantly, in terms of adaptation to old age, respondents' living with spouse fared better (mean=64; *SD*=9.8) followed closely by those in parent-child coresidence, and those who were living alone (mean=52.3; *SD*=12.0) fared worst.

Irrespective of the living arrangements, it was found that the elderly women fared poorly on QoL, Loneliness and the Adaptation to old age compared to men in the sample. However, a closer look at the quality of life, loneliness and adaptation to old age of the elderly who lived in the different types of current living arrangements by sex revealed the following.

174. On the whole, in a comparative sense, men who lived with child (ren), or alone or with relatives were found to be having better quality of life than women. However, more specifically, women living with spouse (mean=16.3; *SD*=2.1) or living with assistance (mean=16.6) were found to have a better psychological well-being than their male counterparts. Similarly, elderly women who lived with their spouse were found to be better in terms of social relationships and in relating themselves with their environment.

175. Comparatively, women were less lonely when they were in parent-child coresidence and lived with relatives, in that order. In comparison, elderly women who lived alone were lonelier. On the whole, women reported higher levels of loneliness than men in all the types of living arrangements.
176. Now, an examination of relationship of adaptation to old age and current living arrangements by sex showed that women living with their spouse showed better adaptation to old age. The next better arrangement from this angle was parent-child coresidence. Whereas, men staying with relatives expressed better adaptation (mean=65; SD=8).

The one-way ANOVA between groups was used to test whether the type of current living arrangements made any difference to the elderly in terms of their adaptation to old age and quality of life.

177. The results showed that the level of adaptation to old age ($F(4, 238) = 3.725, p < 0.006$) and the domains of quality of life such as physical health ($F(4, 238) = 2.619, p < 0.03$), social relationships ($F(4, 238) = 3.537, p < 0.008$), and environment ($F(4, 238) = 2.747, p < 0.029$) were different across living arrangements.
178. Further, it was shown that the sample elderly who were living with spouse, followed by those living in parent-child coresidence fared better in terms of quality of life especially, physical well-being and the adaptation to later life.

Major Findings from the Case Studies

1. The data gave a holistic picture of the elderly from different ages, belonging to different marital and economic status and living in each of the 5 types of living arrangements --including the information about environment inside and outside the house, facilities, financial condition, their routine and leisure time, interaction with others, nature of relationships with adult children and kin, their perception of the suitability of their current living arrangement, their aspirations for a better living arrangement etc.

2. The case studies reveal that there were shifts in the living arrangements of the elderly person over the past three decades of their lifetime due to factors such as the life-events, the life stages of the family members, changing preferences of the elderly and the family members with regard to living arrangements, the changing family structure and values, cultural traditions & norms, the nature of intergenerational solidarity or conflict, and so on.
3. Case study data further revealed that age, sex, marital status, family income, educational level, religion, and caste were some of the socio demographic variables of the elderly which determined their living arrangements, transitions from one arrangement to another, and the quality of life, loneliness and adaptation to old age. These aspects were reflected through the case studies and as such corroborate the findings from the survey data.
4. In all the types of living arrangements the elderly felt vulnerable with increasing age and the expected emotional support from family members. They experienced loneliness and poor psychological well-being, when such support was not provided.
5. Elderly women from the case studies reported a poor quality of life and fared low on its related variables compared to their male counterparts. The data indicated that the existing types of living arrangements lacked certain supports (for e.g. supportive relationships, resources and facilities) that were important to meet the needs of elderly women and improve their well-being.
6. Another interesting insight from the case studies was that among the elderly, widowed women were more vulnerable in terms of their living arrangements. They faced neglect after the death of husband due to the change in marital status, financial insecurity and loss of identity. They usually either lived alone or with relatives and they reported that their needs remained unmet.

7. The elderly who were unmarried reported that they lived with their families and then have moved over to stay with married/unmarried siblings or other relatives such as the niece and nephew. On the whole, they expressed that they have a fewer options in the living arrangements that met their expectations to a reasonable extent.
8. The case studies showed that during old age the financial status of the elderly would drastically come down as only a few of them might have monthly income from current work, pensions, assets or other sources. It was observed that the financial status of the older person played a major role in deciding the type of living arrangement they lived in and their quality of life.
9. In the case studies it was found that the intergenerational relationships were based mostly on cost-benefit calculations derived by elderly respondents and their adult child (ren) and sometimes based on values of reciprocity, mutual attachment, and obligation, or altruistic behavior.
10. During the interviews some of the elderly reported instances of conflict/disagreement with family members and in a few cases they reported that they had been neglected and even were abused. As a result while a few of them expressed a strong resolve to change their living arrangement but were unable to do so, while, others reported that they made a change in their living arrangement.
11. The case studies revealed that each type of living arrangement offers some benefits and drawbacks and the perception of the same may vary depending on the respondent.
12. About the preferential living arrangement of the elderly who were interviewed, it was reported to be dependent on factors such as their age, the level of satisfaction with the current living arrangement, and the alternative options they perceive better than their current living arrangement.
13. It appeared that almost all the elderly interviewed took stock of their life from time to time to assess whether they were happy or not in the current living arrangement.

14. The factors which constrained the elderly from making change in the living arrangements were many. Some of them as revealed by the case studies were: wished to stay with the son's family, obligation towards the family members, wished to age in place, were concerned about what people would say, felt dependent & vulnerable with advanced age, had no other option, bound by the family values and customs, had become used to the situation, financial insecurity, and fear that the change might worsen their situation etc.

Section II

Discussion

The questions posed for discussion in this section are: what are the current living arrangements of the elderly? How does the quality of life of the elderly living in the different types of living arrangements vary? What factors in their current living arrangements influence their quality of life? What is the influence of the socio-demographic variables on the type of arrangement they are in and the quality of life experienced? , and what are the preferred living arrangements of the sample elderly? The results of the survey data and case studies will be used to explore the answers for the above questions. The discussion will be under six broad headings i) Contextualizing current living arrangements of the elderly; ii) Current living arrangements and the quality of life of the elderly; iii) Beyond current living arrangements- The mediating effects of demographic variables; iv) Justification behind/ preferential living arrangements; v) Tradition or change?; and vi) Way forward.

i. Contextualizing Current Living Arrangements of the Elderly

Indian families follow patriarchal norms, and practice the tradition that son (s) has to fulfill filial obligation towards the old parents. Staying with married son (s), unmarried child (ren), and with close relatives are the traditional and dependant forms of living arrangements among the elderly. In India, this form of intergenerational coresidence is legitimate and reinforced by an ideology of filial responsibility bounded by cultural norms and expectations (Shah, 1999; Visaria, 2001; Zacharias, 2001). The independent forms of living arrangements in which elderly live are: living with the spouse only, living alone or with assistance, in the sense that dependence is less on the family members.

The frequency of the forms of living arrangements in India as per recent census data are as follows: Parent-child coresidence (88 per cent), Living with spouse only (7 per cent), Living alone (2.86 per cent), and Living with relatives (1.23 per cent) (based on National Family Health Survey, 1998-99). It is found that in India more elderly women are living alone than elderly men (Rajan & Kumar, 2003). In the present study, five types of living arrangements in which the sample elderly have been living in the Vadodara city are identified. They are: i) Parent-child coresidence (64 per cent); ii) Living with spouse only (23 per cent); iii) Living with relative (s) (7 per cent); iv) Living alone (3.7 per cent); and v) Living with assistance (1.2 per cent).

It is evident that the most frequent living arrangement (64 per cent) of the sample elderly is living in parent-child coresidence, and within that, a majority (74 per cent) are in the sub-type of living with married son (s). In terms of duration of stay, elderly in parent-child coresidence reported a longer stay i.e. 12.7 years followed by, elderly who are living with assistance (12.67 years).

A look at the age of the sample elderly and the types of living arrangements reveals the relationship between the two. The sample elderly in the age range of 60-64 years were found to be predominantly living in parent-child coresidence, whereas those in 65-74 years with spouse, and those in 75- 84 years lived alone and with relatives. Those who were in the age group of 85+ years reported that they were living with assistance. It clearly shows the transitions in the living arrangements that the elderly go through in their life course with age, due to life events such as loss of spouse, marriage of children, illness, financial problems etc., and other reasons. Even the case study data shows the occurrence of similar shifts in the living arrangements of an elderly person with advancing age. The transition is from parent-child coresidence to living with spouse only, living with relatives, living alone to ending with living with assistance or once again going into coresidence. These transitions may differ for women and men. The data suggests that though the transition is not linear, - the overall shifts appear to be the norm.

Similar is the case with marital status. The married and younger elderly stayed in parent-child coresidence of which men are more. As the older person grew older, lost spouse, the living arrangement transited into living with spouse only or alone or with relatives or with assistance and some returned to living with child (ren). It is seen that the separated or widowed elderly either lived alone or with relatives. More elderly women lived alone or with relatives, as they are more in number among the widowed group. As per case study data, the elderly men who are living with spouse or alone generally shifted to living with the adult child when they lost their spouse or faced major illness or became physically dependant. Interestingly, all the unmarried elderly tended to continue living with relatives such as siblings or niece/nephew, as they do not have a spouse or children.

The findings of the study show that irrespective of sex or caste, the elderly lived in parent-child coresidence followed by living with spouse. However, it was observed that, for instance, elderly from scheduled castes (SC's) and scheduled tribes (ST's) did not report living alone and none from the SC's reported living with spouse only. Only living in parent-child coresidence and living with relatives figured in these groups. Does it mean that the elderly in groups that are not affluent and who are less 'modernized' are still predominantly continuing in coresidence?

The next frequent form of living arrangement to parent-child coresidence observed in the sample is living with spouse only. Elderly men who are older and financially independent are found to be living with spouse. Kinsella (1990) indicates that in the developing countries there is a decline in the percentage of the elderly living with relatives other than their spouses. A similar pattern is observed in the current study wherein the elderly who live with their spouse only (23 per cent) are more than those who live with relatives (7 per cent). The elderly couple staying together is becoming common because of the extended & healthy later life, the greater mobility of the children for job, marriage, individual preferences etc.

A majority of the reasons put forward by the elderly who live with child (ren) are emotional in nature, followed by traditional ones such as it is the son's obligation to take care of parents during their old age. The reasons given by a majority of the elderly for staying with married son(s) are that it was the choice of the respondent /son (s) and that it was in keeping with the tradition. The instrumental reasons mentioned are financial and other dependencies of respondent/son. The frequent justification given by the elderly for living independently with spouse only is: it is the choice of the respondent/spouse/child. Also, parent (s) staying with married daughter is not a custom has figured as one of the traditional reasons mentioned by the respondents. The other reasons are mostly instrumental: attachment with place/social network, have independent lifestyle, and that they are still physically active and healthy. The reasons given by elderly who are living alone or with assistance are mostly instrumental in nature such as loss of spouse, low family support, do not wish to burden family, attachment to place and social network, desire for privacy and autonomy, financial independence etc. The reason of not being able to stay with married daughter due to prevailing customs is mentioned as one of the reasons by those who are living alone.

The other types of living arrangements among the sample elderly are living alone (3.7 per cent), and living with assistance as an emerging alternative. Only 3 elderly reported living in the latter type of residential arrangement and they are all well off. A majority of the elderly in both these categories are very old, and widowed. It appears that mostly those elderly who neither have family support nor wish to trouble the kin moved to these living arrangements. Elderly currently living in these two arrangements may have lived in coresidence, with relatives or with the spouse- before this shift has happened. The data of the study indicate that the shift to living alone happens after the death of spouse, and if some of them can afford full-time help they opt for living with assistance (which is in a way an indirect form of living alone). It may be noted that at this stage, in these types of living arrangements, the elderly become vulnerable to several types of insecurities- lower performance on social and psychological well-being, physical in terms of violence and abuse, financial exploitation, and undue influence³.

Obviously, the different types of living arrangements fulfill the varying needs and requirements of the elderly, which may arise during the life course. Sometimes there may be a fit between the living arrangement and their expectations, and at other times they may be at variance. The data of the study shows that while the two types i.e. parent-child coresidence and living with spouse are in wide practice, the movement/transitions between the different types of living arrangements is dependent less on the choice of the elderly and more on their life events and other factors. Findings of the case study clearly demonstrated how life events such as retirement, death of spouse, serious illness, dependency due to advanced age, gender, financial dependency etc., tend to force the older person to opt for and probably live in one or more types of arrangements during their life time.

³ Undue influence occurs when a person uses his or her role and power to exploit the trust, dependency, and fear of the older person. Thus, perpetrators of undue influence use this power to deceptively gain control over the decision making of the older person (Singer, 1993). Hence it involves (1) a special relationship between the parties based on confidence and trust; and (2) intentional and improper influence or persuasion of the weaker party by the stronger.

It is in this context that the preferential living arrangements of the elderly i.e. if they were given a choice, their preference to 'a type of living arrangement that fulfils the actual expectations of older persons' become relevant. It is interesting to note that the most preferred living arrangement suggested by the elderly reflected the current dominant patterns i.e. staying with married son (s), followed by living with spouse. Quite a few advocated the idea of staying with married daughter, while at the same time acknowledging it is an unconventional living arrangement. Staying with unmarried daughter (s) though the least preferred living arrangement, the reason for the respondents' choice for this arrangement is their emotional attachment with her. The lesser preference for this arrangement could be because of the expectation based on the cultural norm that eventually the daughter should get married and be sent away from the parental home in keeping with traditional customs. Lastly, very few (n=7) gave preference to live in an old age home. Thus, one needs to keep the above mentioned facts in view while developing programmes and plan policy interventions to improve the life situations of older persons.

The next aspect is the reasons given by the elderly for preferring a particular living arrangement. These reasons can be broadly grouped under emotional reasons such as emotional attachment, feeling of togetherness, mutual emotional dependence, to provide guidance to children, wishing to spend time with grandchildren etc. Traditional reasons are such as it is son's obligation to look after older parents, belief in the joint family, children will have an opportunity to serve parents, and that it is against tradition to live with married daughter etc. Instrumental reasons are: son/daughter is financially sound, availability of space, provides medical care, various forms of dependency, availability of facilities, support network etc.

Using this classification of reasons, it can be seen that the respondents predominantly stated emotional reasons to indicate why they prefer living with married sons. Traditional and instrumental reasons figured with almost the same weight, only next to emotional reasons. As regards preference for staying with married daughter, both emotional and instrumental reasons figured. The elderly also said that as they were progressive in thinking, tradition did not matter. Coming to reasons stated for preference to live in the remaining types of living arrangements, instrumental reasons clearly predominated, followed by a few emotional reasons. This analysis shows that the elderly still hold the notion of staying with married sons as a preferred option. The other arrangements are opted more for instrumental rather than for emotional reasons. A similar pattern is also observed for the reasons proposed for current living arrangements with married son (s) etc., as discussed in the preceding paragraphs.

Does it mean that the motivation for intergenerational coresidence is driven more by emotional or instrumental reasons than by traditional norms and values? The answer seems to be in the affirmative. This point will be discussed in more detail under the theme -tradition or change.

ii. Current Living Arrangements and Quality of Life of the Elderly

The next question is how the living arrangements along with other socio-demographic factors affect the older person's quality of life and the related variables? First, an attempt is made here to discuss the relationship between the types of living arrangements of the elderly and their quality of life, loneliness and adaptation to old age. It will be followed by an examination of the influence of the other aspects in the living arrangements on quality of life of the elderly.

1) Types of living arrangements and the quality of life. From the findings, it is observed that those who live with the spouse, followed by those who live in parent-child coresidence fared better in terms of all the domains of quality of life, especially for physical health, psychological well-being and social relationships. Those who lived in parent-child coresidence reported the lowest degree of loneliness and a better adaptation to old age. Moreover, the results also showed that the levels of quality of life differed in different types of living arrangements. More specifically, those living alone fared the worst.

According to the results of the study there is a negative correlation between age and certain domains of quality of life and adaptation to old age. Further analysis of the data showed that it is the type of living arrangement that made the difference. If we look at the average age of the older persons in each type of living arrangement, the elderly in parent-child coresidence are younger (68.8 years) than those living with spouse (69.5 years) and living alone (71 years). The oldest group (n=3) are those elderly who are in assisted living arrangement (78 years). Though there is a negative relationship between loneliness and adaptation to old age, age and loneliness are not strongly correlated. Further, even after controlling for age of the respondent, the relationship between types of living arrangements, and quality of life, loneliness and adaptation to old age variables did not differ much. This substantiated the fact that quality of life, loneliness and adaptation to old age vary with the type of living arrangement of the elderly.

Coming to gender, important differences were observed in the quality of life experienced by men and women in the current living arrangements. On the whole, men who lived with children, with relatives or even alone showed better quality of life than women. Women living with the spouse seem to have a better psychological well-being, social relationships and environment than men in that arrangement. Though women reported higher levels of loneliness than men in all types of living arrangements, they are less lonely when they are in parent-child coresidence or living with the spouse. Women exhibited higher adaptation to old age than men when they are living with spouse and it was also better in parent-child coresidence. These observations reveal that compared to men, women feel better when they are with their families or living with spouse only.

In a way this highlights their vulnerable status. This also supports the argument that living with children is serving the needs of the elderly, and more specifically that of women. Thus, in summary, psychological well-being, social relationships, environment and adaptation to old age of the sample elderly are found to significantly vary across the living arrangements, and more specifically by sex of the respondent.

2) Influence of other aspects within the context of living arrangements on quality of life of the elderly. The quality of life, loneliness and adaptation to old age experienced by the elderly is a result of a number of aspects located within the living arrangement. In this study some of the aspects that influenced the quality of life in the context of living arrangements are examined and the results are discussed here under: living environment, family relations, social interaction, and health care in later life.

a) Living environment: Comprises of privacy, facilities and other attributes that are important for the well-being of the elderly and these may vary in each type of living arrangement. The findings show that most of the sample elderly have a room of their own in the house, and most of them have ownership of the dwelling. It may be noted here that ownership of the dwelling during old age may lead to a sense of security and an opportunity to age in place. This important characteristic does have an impact broadly on the nature of influence of other factors such as family and social interaction and the activities engaged in by the older person and so on. But there are more men than women in this category. Therefore, to that extent women become more vulnerable on this aspect, especially after the death of the husband, as shown in one of the case studies (Saritaben).

b) Family relations: Under the family relations, three aspects are examined a) the number of children, child (ren) living away from the elderly respondents, frequency of visits made and the modes used by the child (ren) to keep in touch with them, and c) older parents' conflict with child (ren) and other family members in the context of the living arrangement. These aspects give a picture about the nature of intergenerational relations of the sample respondents. Studies show that more positive relationships with adult children improve the quality of life of older persons.

The results of the study show that the number of surviving children of an elderly respondent is not related to the frequency of coresidence. Rather, it is the availability of children located nearer to them and their willingness to coreside with the elderly. For instance, at the time of the study more than half of the children who are not residing with the sample elderly are staying in Vadodara itself. Two most important reasons cited for children especially son (s) living separately even if they are staying in Vadodara itself are: Son (s) wanted to move out with his family or they faced space constraints. In the case of the daughter, it was because she shifted to husband's or in-law's place in Vadodara. Further, of the remaining respondents who reported that their child (ren) is not staying with them, their son (s) (50 percent) and daughter (s) (27 per cent) are staying abroad.

The next point is whether the children visit or keep in touch with the elderly respondents that may influence their well-being. While a predominant majority of the elderly responded that their children do visit and keep in touch with them through telephone, email/chat, for a majority of the sample elderly it was their first born daughter who visited them more frequently during the preceding year than their first born son. Findings show that the frequency of visits to the parents by second or third born children was comparatively less. Hussein's and Mahesh's case study showed that their children lived in Vadodara itself and kept daily contact with the respondent. There was an indication that while Mahesh was taking it in his stride, Hussein could not reconcile with the situation as he grew older. Similarly, the study findings as well as case study data (Jeevan) showed that children who settled abroad were not able to visit the elderly parents frequently due to work, expenses, etc., and were less keen to visit as time passed, much to the disappointment of old parents.

Moving on to the elderly respondents' interaction with the children and family members in the context of different living arrangements, data indicated that nearly half of the sample elderly reported having a hardest person to get along with in the family and they are facing arguments and tensions created by such a family member. Most of the hardest persons reported are the primary care givers of the older persons. Interestingly, it appears that the most frequent sites of conflict for the elderly are parent-child coresidence and living with spouse. Son followed by the daughter-in-law and spouse have figured in these contexts as the hardest persons to get along with. Evidently, this is because a majority of the elderly live with their married son (s), and living with spouse is the next frequent form of living arrangement. Moreover, instances of abuse and neglect have also been confided by 7 per cent of the sample respondents. Case study data shows that a few of the sample elderly (For e.g. Saritaben) reported that though it is a difficult step, they changed their living arrangement in order to avoid confrontation with the hardest person. This information clearly indicates that even while living in the family itself, the elderly may be prone to instances of physical and emotional abuse.

On the other hand, almost all the sample elderly (n=239) also reported having a family member who is easiest to get along with. This means that the elderly who reported a hardest person almost always have a person with whom they had a trusting relationship, and who is a source of support for him/her in the living arrangement. Spouse followed by daughter and son are reported as the easiest persons to get along with. Even in parent-child coresidence, spouse figured as the easiest person to get along with.

The results further indicate that older persons who experience a positive environment in the family and who felt that their family is interested about their well-being, perform better on all domains of quality of life, experience a lower degree of loneliness, and have a better adaptation to old age. On the contrary, the perceived indifference of the family toward their well-being was found to be more damaging for the elderly. It may be noted that most of the elderly from the parent-child coresidence reported indifference of family members toward them. The reason may be that in this form of living arrangement the other members are busy with their lives and have less time to spend or interact with the elderly.

c) Social interaction: Social connectedness is an important attribute that impacts the quality of life of older persons (Barrett, 1999; Chen & Silverstein, 2000). Studies suggest that maximizing activity participation is an adaptive strategy taken by older adults to compensate for social and physical deficits in later life. (Kelly & Steinkamp, 1986; Menec & Chipperfield, 1997; Silverstein & Parker, 2002). Going out to places, having visitors and friends, engaging in leisure time activities, daily routine and religious activities are some of the ways through which the elderly keep in touch with the world outside their home. It is found that the intensity and the nature of engagement of the elderly in these activities varied with the sex, age, the type of living arrangement etc.. Some of these variables and their inter-relationship with living arrangements and the quality of life variables of the sample elderly have been explored in the present study. The results show that there is a positive relationship between higher participation in these activities and the well-being of the older person.

With regard to the places they go out to on some purpose, differences by sex and the type of living arrangements are observed. Men seemed to go out more on tasks such as running errands, going for a stroll, to hang out in a place in the neighborhood, going to a park or to attend public events. Women on the other hand mostly tend to go out to attend social functions, to buy groceries, to places of worship etc. It is found that those who are living in parent-child coresidence have more opportunities to go out. Moreover, findings suggest that the elderly who go out frequently reported a better quality of life, lower loneliness and a better adaptation to old age. Those who are unable to go out at all fared worse on all the three measures, i.e. quality of life, loneliness and adaptation to old age.

Next, more than half of the elderly said that they have friends and about 80 per cent of the elderly reported having visitors during the preceding week. The number of friends and visitors that the elderly have seems to be dependent on their sex, age, family income and type of living arrangements. Elderly men, those with better income, and living with spouse have more friends and visitors, which seem to decrease with the increasing age. Obviously, the elderly who have more friends and visitors seem to experience a better quality of life, lower degree of loneliness and a better adaptation to old age.

Engagement of the older person with leisure time and other daily routine activities is another way of connecting with the world outside. There were variations for men and women in their engagement with the leisure activities. Men's involvement in the outdoor activities is more frequent than that of women, and the kind of indoor and outdoor activities that they engaged in also seemed to differ by sex. Further, the frequency and nature of activities taken up changed with increasing age. It was seen that those living alone reported taking up more indoor activities while, those in parent-child coresidence and living with spouse said that they engage more in outdoor leisure time activities.

With regard to the activities of daily routine of the sample elderly, many commonalities were observed irrespective of sex, age, income, living arrangements etc. However, the differences figured in their engagement in certain routine activities, with respect to the sex of the respondents. More men went out to run errands, meet friends, hang out in the neighborhood etc., whereas women stayed at home for preparation of food, doing household chores, watching TV etc., as part of their daily routine.

Almost all elderly in the sample believe in God, and praying also figured as one of the daily routine activities for many of them. Close to 80 per cent of the elderly reported that they visited religious places at different locations. Earlier studies showed that religiosity as well as productive engagement in work do play a pivotal role in individuals' daily life to enhance life satisfaction (Jain & Sharma, 2004).

d) Health care: There is evidence to show that the opportunity for health care of the older person is associated with the type of their living arrangement (see Sen & Noon, 2007). A majority of the elderly said that they found it possible to have a proper diet as they are living in parent-child coresidence. More than half of the elderly said that they adopted measures, after attaining 60 years, to retain their health in old age. With the increasing age, the educated, the financially well off, and the married followed by the widowed elderly seem to adopt measures in order to keep healthy.

iii. Beyond Current Living Arrangements –The Mediating Effects of Demographic Variables

After contextualizing the living arrangements, we examined the relationship between living arrangements and quality of life, and how other aspects such as living environment, family relations, social interaction and health care - in the context of living arrangements impact quality of life.

As discussed earlier while explaining the conceptual framework (see Figure 3), the impact of the living arrangements on the quality of life can be better understood if we look at how sex, age, marital status, and family income influences the living arrangements and quality of life separately. These associations have been discussed in preceding paragraphs. The socio-demographic variables of the elderly influenced the quality of life, loneliness and adaptation to old age, but their influence differed depending on the type of living arrangement of the older person at that point of time. This is called the mediating effect of the socio-demographic variables on the main relationship between the living arrangements and quality of life. In the following discussion an attempt is made to explore these associations.

Women fared poor than men on quality of life, loneliness and adaptation to old age. Results of the study show that the elderly women are younger (mean=68.1 years) than men (mean=70.3 years) and that women exhibited consistently lower scores on the 3 quality of life domains (physical health, social relationships, and environment), adaptation to old age and higher levels of loneliness as compared to men. However, depending on the type of living arrangement, in some instances there is a variation in this relationship. For example, women living with spouse were better on some domains of quality of life such as psychological well-being, social relationships and environment and also lower levels of loneliness and a better adaptation to old age compared to men.

Age is negatively correlated with the domains of quality of life. The results show that as they grow older the elderly seem to have poor physical health, a decreasing social network and a poor adaptation to old age. They also become lonelier with advancing age. However when age variable was controlled, it is found that more that age, the type of living arrangements explained the differences in quality of life and its related variables.

In terms of marital status, married elderly showed better quality of life, adaptation to old age and reported less loneliness compared to those who were widowed. For other categories of marital status such as unmarried, separated etc., the size of sub samples are smaller than 6, and therefore may be viewed with caution. Now, what is the influence of marital status on quality of life and related variables in the context of different types of living arrangements? Married elderly living with spouse are found to be better than the married elderly living in parent-child coresidence. Thus, though the parent-child coresidence as a form of living arrangement is widely practiced, it appears that living with spouse is ensuring better quality of life of the elderly.

Next, how family income influences quality of life and related variables? Excepting physical health domain, the other three domains of quality of life and adaptation to old age are positively correlated with income. But there is a negative correlation between loneliness and family income i.e. those who are poor experienced more loneliness. However, the influence of income on quality of life and other variables did not figure strongly when controlled for different types of living arrangements. Thus, overall, sex and marital status seem to mediate the effects of the living arrangements on the quality of life and its related variables of the sample elderly.

More specifically, elderly living with spouse only, fared better on the quality of life, loneliness and adaptation to old age. However, it may be noted that living with spouse is a transitional and temporary phase in the sense that in the event of death or separation from the spouse, the older person will shift to living alone or with assistance. They may even decide to go back to coresidence if children or other relatives are available and willing to take him/her in. At a point, living alone or with assistance is also transitional. For example, because of a life event such as illness, financial difficulties etc., and the older person may become dependent and shifts to coreside with children/kin. This is substantiated by case studies of Hussein and Jeevan where they expressed such a need. This means that for the elderly, coresidence appears to be a 'secure' or 'stable' living arrangement to fall back upon. Finally, in case of the older persons who are childless or those who have no intention or option to go back to coresidence, they continue living alone or with assistance.

iv. Justifications behind Preferential Living Arrangements

For the elderly, the living arrangement they prefer seemed to reflect an arrangement wherein certain of their requirements and expectations can be fulfilled, in a hypothetical situation. In response to this query, most of the elderly were able to come up with a living arrangement of their preference and the reasons for the same, with ease. Interestingly, choices such as living in an old age home, living with married daughter, independent forms of living arrangements such as living alone or living with spouse, and those that are opposite to their current living arrangements figured among the arrangements preferred by the sample elderly. Hence, it appeared that the elderly are open to try new and independent forms of living arrangements if they have the resources, and are willing to move with the changing times. It seems that the psychology of 'the pastures on the other side are greener' also operated on the elderly, motivating those in the traditional arrangements to prefer the independent and other alternative forms of arrangements.

Next, a look at the rationale given by the respondents for their choice of preferred living arrangements seemed to reflect more of their needs that are emotional rather than traditional or instrumental. The emotional reasons are: to be together and bonded, attachment with children's family, provide guidance to children, could get along well with them, dependency on the children etc. This may indicate that seeking an emotional fulfillment appears to be dominant motivation behind the preferential living arrangements mentioned by the sample elderly.

v. Tradition or Change?

Indian family still reflects the collectivistic cultural norms, and a strong sense of familism. Thus, the high motivation to stay with married son (s) is an extension of the norm of patriarchal family structure. As most of the households in our society still hold those values, the occurrence of and preference for coresidence is predominantly reflected. However, based on the study findings, it is evident that though parent-child coresidence is a widely prevalent living arrangement, the arrangement of living with spouse emerged as a better option for the elderly in terms of ensuring a better quality of life and related variables.

Most of the reasons given by the elderly in justification of their current or preferential living arrangements and particularly for coresidence with married son (s) are mostly linked to emotional and instrumental reasons rather than those bound by tradition. That it is a custom and filial obligation on the part of the son figured only next to emotional reasons such as mutual emotional dependence, to be together etc., in terms of frequency. Even the reasons put forward for staying with married daughter were more of instrumental or emotional in nature. Does this mean that the belief in tradition of familism and filial obligation toward taking care of the elderly in the family is losing hold? Are the consequences of modernization such as mobility of children, changing lifestyles, limitations of space- affecting motivations and choices of living arrangements by the elderly? Will this lead to the emergence of independent and alternative forms of living arrangements? The study findings may not provide complete answers to all these questions but may indicate that such changes are becoming more apparent.

Take for instance the 'living with spouse only' as an alternative living arrangement. The findings of the study indicate that even when children are available and are living nearby in Vadodara, the respondents reported staying independently with spouse mentioning instrumental reasons such as independence, autonomy, not to interfere with the lives of children etc. Of course, when the elderly currently living with spouse, alone or with assistance were asked to mention their preferred living arrangement, a majority of them indicated their choice to live in coresidence with children but this is again more for the emotional and instrumental reasons. At the same time, the elderly currently in parent-child coresidence preferred the living arrangements of the other 4 types, more for the instrumental reasons. Therefore, the indications are that living with children, especially with married son (s), is no longer taken up with the intention of keeping up with the tradition, but more for serving the emotional and instrumental needs of the elderly and children.

Along with modernization, the increased longevity necessitated the emergence of different forms of (let us say, independent) living arrangements. The older persons after attaining 60 years have another decade or more during which, if their children have moved out, they may live with spouse, alone or with assistance, and if it is a possible option they may drift back to coreside with child (ren) when in need of family support. Therefore, in view of these changes, in the urban context, the choices of the elderly to stay in any living arrangement is becoming more dependent on external factors rather than the tradition bound obligations of the children or the expectations of the elderly. Though living with spouse, living alone, including living with assistance are living arrangements that are not long-term but are transitional in nature, they serve certain needs and expectations of the elderly at certain points in their life span, and therefore need to be valued and supported too. In view of the discussion so far, it makes sense to emphasize programmes and policy that support and makes viable, both the currently popular and alternative living arrangements for the elderly.

vi. Way Forward

One of the important findings of this study is that the lives of the elderly in coresidential types of living arrangements are better than in other arrangements. It was also evident from the reasons and suggestions put forward by the elderly that they strongly feel that older persons be cared for preferably in the family settings. A majority of the elderly expressed that in the context of changing social scenario, there is no better place for them than the family. In the Indian context, it is still relevant and advisable to continue the family support for the care of the elderly.

Therefore, in the light of values of familism, collectivistic and cultural norms (traditions/customs) of the Indian family, it is advisable to strengthen the parent-child coresidence and encourage the elderly to continue to live in this type of living arrangement. Keeping in view that for the large number of elderly without family support the government is not in a position to provide social security outside the ambit of family. Hence, the other types of living arrangements can be made workable for the elderly, through provision of appropriate supports to the elderly and their families, through a partnership between the government and the civil society. In the next section, the various interventions, policy measures and suggestions for social work practice and research will be discussed.

Section III

Suggestions for Policy Formulation, Social Work Practice and Future Research

Here under, based on the study findings, specific suggestions towards advocacy for policy change and the implications of the study for social work practice are given. Following this, the suggestions for future research are also outlined.

A good way to begin is by taking into cognizance the perceptions of older persons about the younger generation and listing their suggestions to improve the way they are treated by the younger generation in the family context. Almost all the sample elderly, including those who did not currently coreside with their children, said that when they were young they believed that children should look after their old parents. This is because some of the respondents when they were young took care of their parents and in-laws, and therefore they have a feeling that older people would be secure with their children. Although most of the elderly said that they perceived the youth to be responsible and caring towards the older people, some of them also expressed that young people were disrespectful and neglect their parents. The elderly emphasized that many changes in the family and society were leading to a rift between elderly and the youth.

The following are the suggestions:

- The elderly strongly felt that they should be cared for preferably in the family settings.
- The adult children need to fulfill the basic non-negotiable needs of the elderly such as food, clothes, shelter, privacy, medical attention and monetary support.
- To be given due consideration to the desire to age in place that figured among those who lived with relatives, spouse, alone or with assistance.
- The younger generation should empathize with the elderly.

Specific Suggestions based on the Study Findings

Policy and Legislative Change

Indian population is ageing more rapidly than ever with the elderly constituting around 8 per cent of the total population. With the increase in the life expectancy to 67 years, people are living longer, requiring prolonged periods of care and support (Desai & Siva Raju, 2000; Jamshidi, Oppenheimer, Lee, Lepar, & Espenshade, 2000; Rajan & Kumar, 2003; Siva Raju, 2002; Visaria, 2001). However, due to the decline in fertility rates and increasing mobility of the youth, the older persons may not be left with anyone to look after them in the near future (Virpi, 2008).

While the joint family is withering away, the intergenerational support transfers are also declining due to the less availability of children and growing rift between younger and older generations because of rapidly changing life styles. The decline in the potential-support ratio i.e. the number of working adults available per an elderly person to care for them in old age is an important indicator effecting elder care (Rajan, 2006). Further, older persons affinity to place and networks is one of the reasons hindering the elderly to relocate with their children (Prakash, 2004). As a result, they are left to fend for themselves during their later years. In addition to it, the forces of modernization and globalization are impacting the families in such a way that the share of the resources for the elderly in the family is shrinking (Jayati, 2002).

Motivation for living in coresidential or other arrangements can be ascertained from the reasons given by the elderly for their current and preferential living arrangements. In the study, they gave an indication as to how the filial obligatory norms have declined their hold and overall, given way to more instrumental concerns- be it for coresidence or other forms of arrangements. Of course, the justifications proposed especially for coresidential arrangements appear to possess similar weights for emotional and instrumental reasons.

With the fact that 93 per cent of the workers still work in the informal sector, whose incomes fall below poverty line, the fate of the elderly from this population group is bleak (Bremar, 2010 ; Mazumdar, 2008). There is also a progressive exclusion of the elderly from main stream life (Shah, 1999). Where will these older people be taken care of? Who will they look toward in the later years, and at times of crisis, illness or physical dependency? What systems and institutions are available for the elderly? Which value frameworks will make these support systems work in the changing social scenarios? In this context, living arrangements of the elderly have always figured strongly in the discourses relating to the welfare and protection of the elderly.

Keeping these aspects in view and to ensure better protection of the elderly, the government has initiated several steps. One such step is the formulation of the National Policy for the Older Persons (NPOP), 1999 which is a comprehensive document that recognizes the living arrangements of the elderly as one of the intervention areas to improve the well-being of the elderly. The policy talks about the declining coresidence with children, and the fact that the government cannot take on a larger role in welfare of the elderly due to financial constraints. Subsequently, the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was enforced by the Government of India in keeping with the assurance to older persons mandated in the constitution of India under article 41. The recent National Policy for Senior Citizens draft policy 2011 already recognizes the need to strengthen integration between older and younger generations, and in the development of formal and informal social support systems.

It is found the quality of life, the degree of loneliness and ability to adapt to old age varied with the types of living arrangements, with living with spouse only and in parent-child coresidence figuring at the top. It is also evident from the study that a majority of the respondents felt that the elderly feel secure in the family setting, though institutionalization may be a last resort. The findings also highlighted the vulnerable status of elderly women in terms of quality of life. Therefore the policy shall give priority to services that strengthen the family support so that older persons can continue to live in the family. The policy needs to promote the concept of aging in place, as this thrust has clearly emerged during the study.

The quality of life, the degree of loneliness and ability to adapt to old age varied with the types of living arrangements, with living with spouse only and in parent-child coresidence figuring at the top. Therefore, it is more practical that each of these living arrangements can be converted into a feasible option for the elderly. This can be done by providing institutional supports to strengthen and endorse these living arrangements. However, the oldest old (80 +) and the widowed women are left with fewer alternatives in terms of living arrangements. It is the age where medical contingencies and other situations arise necessitating support. Therefore, a special old age scheme to cover these particular categories of the older persons may be envisaged. Similarly, health insurance and medical expenses reimbursement cover through public funded schemes for this particular age group and more specifically, for the widowed women can be given priority.

While a range of public services such as travel and income tax at concessional rates, a higher interest rate on investment etc. are already available for the elderly, what is needed is linking the elderly on a high priority with all healthcare schemes such as National Rural Health Mission, and Primary Health Care centers so that families will be less burdened with the care of the elderly. Along with it, there is a need to develop special programmes to increase the awareness about the mental health needs of the elderly and establish geriatric mental health clinics.

The study findings revealed the prevalence of cases of abuse and neglect. Elderly become vulnerable and insecure as they grow into advanced age, which is one concern reflected in the study findings. Elderly who live alone, with relatives, with children and with assistance have been found to experience distress, abuse and neglect, property related conflicts, financial exploitation etc. Hence, provision of support through counseling services, telephone help-lines, strengthening of legal-aid and emergency ambulance services are the need of the hour. Private agencies working with the elderly have started these kinds of facilities but much more needs to be done in this direction. Services for protection from crime such as elderly friendly police vigilance and building community awareness about making the neighborhoods safe for the elderly are equally important.

The study findings indicate that engagement with life is seen more among those who live with spouse and in parent-child coresidence than in the other arrangements. Establishing a day-care/resource center in the locality would provide the elderly an opportunity to go out, spend time with people of their age group or young volunteers, and involve in various leisure time activities. This center can take off some burden on the caregivers through provision of day-care and short-stay respite care services. Trained staff in the short stay home can take care of the elderly who need temporary shelter or while the family members go for vacation. State or NGO's can play a role in promoting these services.

Elderly from any of the living arrangements by virtue of having no family support may require assistance to secure medicines/grocery/food etc. on a regular basis. Due to ill health or because they are frail, they may not be ambulatory. Systems can be promoted and put in place to make these services available. Also, the elderly living alone or with assistance with less family support may require trained hired help for housekeeping and escorting them. A cadre of such people may be trained for the purpose. NGO's can play an important role to address both these concerns.

One of the important legislation which has implications for living arrangements of the elderly and their care in these settings is the Maintenance and Welfare of Parents and Senior Citizens Act, 2007. It has important provisions for the parents and senior citizens to receive maintenance from children or relatives, for the establishment of old age homes in case of need, provision of medical care facilities, protection of their life and property and punishment for abandonment and neglect of the elderly. However, this act is welfare oriented, and does not envisage the families as willing partners in the care of the elderly and seeks establishment of institutional settings. Also, the social and cultural context in India is not conducive for parents and senior citizens to apply for or seek maintenance from their children and family members. That is the reason why there is not much progress in the implementation of the act. What needs to be done in this context is that the family and community be made aware and sensitized to the rights and vulnerabilities of the elderly.

Suggestions for specific programmes to update policy for the aged:

- Family life education /life-long learning programmes in taking care of older persons may be introduced. They can include issues covering older persons' mental health and well-being, long term care, cultural traditions and values congenial for the promotion of respect and dignity of the elderly, intergenerational bonding etc. which will strengthen the family's ability to take care of the elderly.
- Mass media has an important role to play in highlighting the changing situation of the elderly and to mould people's opinion towards their issues. NGO's and social workers working with the elderly can make use of media in this direction.
- Intergenerational bonding should be nurtured and strengthened so that the younger generation can value/ appreciate the need to take care of the elderly. Value based education to strengthen intergenerational bonding can be incorporated in school text books and in other educational contexts.
- Promotion and strengthening of senior citizens groups in the community.
- Family support services such as tax benefits, subsidies for medical needs and health care of the elderly, especially of the urban poor, the oldest old and widowed women makes the families better partners in the care of the elderly.
- Support to the community/neighborhood by the local self governing bodies such as municipalities in starting day care centres for the elderly, and in establishing help lines will create safe and elderly friendly neighborhoods.
- Faith based organizations, churches, mosques and temples can be involved in rebuilding the culture of taking care of the elderly.
- As a last resort, old age homes with assisted living facilities for neglected and abandoned senior citizens are required to be established.

Implications for Social Work Practice

Older population is the most rapidly growing age-group and the services for the elderly is expected to expand. Therefore, a strong cadre of gerontological social workers would be needed in the near future (Zastrow, 2008). The present circumstances of the elderly including their living arrangements are better understood through a life course perspective. Events, relationships, economic and social circumstances as well as class, gender, location etc. influence the quality of life of the elderly living in different contexts (Huges, 1995). The study findings brought up concerns and challenges faced by the elderly pertaining to the declining care, and varying levels of quality of life experienced by them according to the type of living arrangement they are in. As a helping profession, social work has an immense scope for working with the elderly and their families, as well as with the community and State -to improve the living arrangements and quality of life of the elderly.

Suggestions for social work practice with the elderly:

- Professional social work interventions with the elderly can take place at different levels- policy, individual, family and community.
- Several suggestions were made in the earlier discussion with regard to policy. In the light of those discussion points, professional social workers can advocate and lobby for bringing out the changes and in the formulation of services and programmes for the elderly.
- Social workers can organize workshops for building skills of the elderly so that they are equipped to cope with situations in the different types of living arrangements.
- Social workers can extend support to the families or primary caregivers of the elderly by organizing training programmes for them to better care for the older people.
- Social workers can play an important role in the provision of community based care in the resource centers, day care centers and other similar informal institutions providing services to the elderly. The task for the social workers is to use methods like community organization and social action, and garnering support of the local community to sustain these institutions.

- Social workers can first assess the social networks and supports available to the elderly at family and neighborhood level and those who have poor social support may be linked with other elderly, community centers or volunteers.
- The social workers working in any setting can provide referrals to hospitals, counseling centers, financial or legal aid and mental health facilities available in the community for the elderly who are in need of assistance.
- Another important social work intervention is to give support to those elderly who are abused and neglected through crisis intervention, provision of legal help, counseling family members, provision of shelter if needed and advising for an alternate living arrangement or placement in a home for the aged as a last resort.
- In order to create a cadre of professionals to work in this field there is a need to initiate and offer programmes in gerontological social work. Some of the social work and interdisciplinary programmes have been offering a paper on working with the elderly along with field work training. However, over a period of time, some of the social work programmes have dropped their course content on this subject. There is an urgent need to revive and strengthen this component in social work and interdisciplinary educational programmes. For instance, Tata Institute of social sciences introduced a PG Diploma in Gerontological social work. Such steps will simultaneously promote adequate research and documentation in the field of gerontology and gerontological social work.

Directions for Future Research

Though studies on ageing in India have been done extensively during late 1960's, not much focus was given to study living arrangements of the elderly and more specifically their impact on the physical and mental well-being of the elderly. An effort is made in this study to explore the relationship in great detail. More studies are needed in this area. Further, there is a need to explore some of the following areas suggested for further research.

Suggestions on study topics for further research in this area:

- It would be interesting to study in depth the factors leading to the transitions into other the living arrangements during the life span.
- Examining family relationships, ethical dilemmas, intergenerational transfer of resources, and changes in living arrangements in the context of migration of children to other countries, especially in states like Gujarat where emigration of the young people is high, will lead to interesting insights.
- Similarly, there is a need for studies to understand in a better manner, the implications of intergenerational supports and transfer of resources in different living arrangements of the elderly.
- Studies on attitudes of the younger generation towards the care and support of the elderly.
- The current study consistently showed that women experience a poor quality of life and scored low on related variables across the types of living arrangements. Further, investigations to explore this aspect would be useful.

Other important areas for research are studies on care givers and care giver stress in parent-child coresidence and living with spouse only contexts, research on elder abuse and neglect, and financial exploitation especially in the case of widowed women and the oldest-old category in the family context, developing methods of collecting and providing information on the living arrangements of the elderly in the census data (which was missing in the 2012 census), and conduct of research with a multidisciplinary focus on ageing.