Exploring the Determinants of Living arrangements and Gender Differences amongst the Elderly in India

Anoshua Chaudhuri and Kakoli Roy

Extended Abstract

INTRODUCTION

Unlike most Western countries, India is still steeped in the traditional ways of living where several generations live within the same household. However, as the population of India is steadily climbing, it is also seeing an immense change in standards of living, level of development and a slow change in traditional forms of living arrangements. More and more urban families are becoming nuclear. More rural families are relenting to the pressures of a developing society. The elderly and retired Indians still expect to live with their children as a source of old age security. However, with improved health infrastructure, life expectancy has increased and elderly are expected to live longer. With longer life spans, this will create pressures on the families to fund post-retirement requirements of their parents and grandparents.

Countries like India are expected to reach a replacement level fertility level within the next twenty years that will lead to an increased proportion of elderly in the population. The oldest old will continue to rise as a proportion of the population and continued low fertility will produce further aging. Another important facet of aging is the gender composition of the old. The preponderance of women amongst the elderly reflects the higher death rates of men at all ages and also that women tend to marry older men. Hence women face the challenge of living many years as widows and older widows also face higher poverty rates.

Given this backdrop of rapid demographic changes, it is an important task to explore the current nature of living arrangements of rural and urban elderly Indians. What determines their choice of living arrangements? How do the elderly women fare in comparison to the elderly men? What are some of the characteristics of the elderly that determine their living arrangements, health and wellbeing? These are important questions, some of which we attempt to answer in this paper, primarily to inform policy-makers as careful planning and reassessment of national retirement policies, treatment of women and the elderly are rapidly becoming the need of the day.

DATA

Data are taken from the 52nd round of National Sample Survey, conducted by National Sample Survey Organization (that was set up by the Government of India in 1950) that primarily focused on health care and education including problems of the aged persons(60 years and above). The survey period was from July 1995 until June 1996 and data was collected from all states and union territories except Andaman & Nicobar Island, Dadra and Nagar Haveli, Lakshadweep and some remote areas of Arunachal Pradesh and Nagaland. A stratified two stage random sampling design was adopted. The first stage units (FSU) are villages (determined by National Census of 1991) in the rural sector and blocks (depending on population determined by NSSO) in the urban sector. The second stage units are households in both sectors. Out of each FSU, 10 households are selected independently from the second stage grouping by circular systematic sampling with a random start.

The survey provides information on all the elderly members of the households, number of sons and daughters, number of dependents, economic status and activities during the worklife, living arrangements, whether physically immobile, disabilities, self reported health status, chronic health conditions, reasons for retirement, retirement benefits, ownership and management of assets,

management of social matters, religious matters and daily chores and availability of food, clothes,

medicines. There are 26, 643 households in the sample. Total number of aged persons is 34, 084 out of

which there are 17211 males and 16,873 females.

METHODOLOGY

Our main model is a reduced form logistic regression corrected for survey design. We use a dummy

dependent variable, 'whether living alone=1, 0 otherwise'. An elderly is defined as 'living alone' if the

aged person lives with a spouse and no other kin or are unmarried and living with no other kin (in an old

age home or not). Palloni (2000) uses the same definition in his survey of living arrangements of older

persons. When living with at least a child (or other kin), 'co-residence' or 'not living alone' is used.

There are 15 independent variables in the model. These are *age* (age of the person in years), *age2* (age

squared), *female* (equals one if female, zero if male), *curmar* (equals one if currently married, 0

otherwise ie either never married, divorced/separated or widowed), *scstcode* (equals one if person

belongs to scheduled caste or scheduled tribe, otherwise zero), *urban* (equals one if urban, zero if rural),

kids (total number of sons and daughters), *nolit* (equals one if not literate, zero otherwise[1]), *quart2*

(those in the second quartile of household current expenditure), *quart3* (those in the third quartile),

quart4 (those in the fourth quartile), reference category is the poorest quartile, *mgsoc* (equals one if one

manages social activities, zero otherwise), *ownprop* (equals one if the person owns property, either

managing/not managing that property and zero if the person does not own property), *ecind* (equals one if

person is not economically dependent on others and zero if partially or wholly dependent[2]) and health

status variables. These health status variables are *disability* (total number of disabilities related to

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[1] "A person who can read and write a simple message in any language with understanding is considered literate" (NSSO codebook).
[2] A person is to be considered economically dependent on others if he/she is required to take financial help from others in order to lead a normal life.

3

speech, hearing, locomotion, sight and amnesia), *chronic* (total number of chronic conditions related to cough, piles, blood pressure, urinary infection, heart, joint pain, diabetes, cancer), *imobl* (equals one if physically immobile, confined to bed or home and zero if not), *goodhealth* (equals one if persons rates self health as very good or excellent, zero otherwise) and *exchealth* (equals one if persons rates own health as excellent, zero otherwise). We estimate five different regressions for five different health status variables. Further, the same model is tested for the samples of male and female elderly separately.

There are several different theories that predict the direction of determinants of living arrangements. Traditional living arrangements are where elderly live with their children and extended families and these arrangements are a form of social safety net for the elderly in absence of social security schemes or private pension plans. With modernization and ability to earn higher incomes, there is a trend towards dissolution of these traditional living arrangements. Privacy tends to become a normal good and the elderly who are economically independent tend to prefer living alone and not with the extended family. Demographically, with an increase in life expectancy and reduction in fertility, there are a lot more elderly and less children to look after them. Resources are also constrained as children not only have to look after their own families but also their parents in their extended years of life. Existing empirical literature (Martin 1989, Palloni, 2000) show that controlling for socio-economic characteristics, number of married children decreases the likelihood of living alone, homeownership and higher income increases the likelihood of living alone, disability decreases the likelihood of living alone and education increases the likelihood of living alone.

RESULTS

Results show that elderly women are more likely to live alone than elderly men. This gap does not go away with aging, controlling for demographics, socio-economic characteristics, health status, economic

independence and property ownership. Disaggregating elderly men and women, we find that health status does not significantly influence living arrangement choice of elderly women but it does for elderly men, while property ownership and economic independence is a significant determinant of living arrangement choice for elderly women.