

# **Institutional Care of Elderly in the 21<sup>st</sup> Century: A Sociological Interrogation of Familial Relationships & Social Capital**



Thesis submitted in partial fulfilment

for the Award of Degree

**Doctor of Philosophy**

By

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2023



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Dedicated To  
My Beloved Parents

*Shri Ramashankar Gupta & Smt. Asha Gupta*



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## **LIST OF ABBREVIATIONS**

MOSPI	Ministry of Statistics and Program Implementation
ORGI	Office of the Registrar General & Census Commissioner of India
COVID	Coronavirus disease
AM	Ante meridiem
PM	Post meridiem
SC	Scheduled Castes
ST	Scheduled Tribes
OBC	Other Backward Class
UN	United Nations
WHO	World Health Organization
UNFPA	United Nations Population Fund
OAH	Old Age Home
OAHs	Old Age Homes



## **PREFACE**

India in recent years has experienced increased life expectancy and longevity and this increase is attributed to a decline in fertility and mortality over the last 40-50 years (Ministry of Health and Family Welfare, 2011). The United Nations has declared India as an 'ageing society' and the elderly population is projected to increase to 319 million in 2050 (United Nations, 2015). Traditionally elderly held an important position in the Indian family structure. Children regarded them as the pillar of strength and the epitome of love. They participated in not only religious and social activities but also in familial and community matters. However, the forces of industrialization and urbanization resulted in increased individualism and the formation of nuclear families (Jamuna & Ramamurti, 1999). Thus, the transformation of the nature and pattern of intergenerational relationships has altered the social security and quality of care available to the elderly (WHO, 2012). The care of the elderly in the 21<sup>st</sup> century is increasingly being relegated to outside agencies like Old Age Homes (OAHs). This thesis explores the reasons for relocation to OAHs by the upper-middle and lower-middle-class elderly in the contrasting milieu of a heritage city (Lucknow) and a spiritual city (Varanasi).

The thesis entails 5 chapters followed by an extensive reference.

The Introductory Chapter highlights the position of the elderly in contemporary India, the scenario of population ageing, and various issues faced by them, analyzes the socio-economic factors responsible for such change, traces the growth of OAHs in India, and finally finds out the various governmental policies and programs for the aged people.

Apart from this chapter deals with the Literature Review. The existing literature on the experience of the elderly in the OAHs of India has been discussed. Literature reviews are classified into two categories: ageing & family dynamics and life in old age homes.

Further, the knowledge gaps and unexplored avenues in the existing wisdom are identified and research questions are formulated. Finally, the objectives of the study are discussed in this chapter.

Chapter 2 focuses on the theoretical framework of the study. To analyze familial relationships the Solidarity, Conflict, and Ambivalence Model has been used for the study. Insights from the respondents of various OAHs are analyzed from the perspective of solidarity, Conflict, and Ambivalence model.

Chapter 3 describes the research methodology that was used to address the research issues. For this qualitative research, the OAHs in Lucknow and Varanasi were chosen on the basis of purposive sampling. Thus, both free and paid OAHs from the two cities were identified for the study. Observation and open-ended interviews were the main tools of data collection. The idea was to offer the elderly an empathetic space so that they can freely share their lived experience.

Chapter 4 deals with the findings and answers why the elderly are resorting to institutional living, the phenomenological meaning that they attribute to their lives and their liminal state, and how are they adjusting to it. In this chapter, the relationships that the elderly share with their families are also analysed from the perspective of the Solidarity, Conflict, and Ambivalence Model.

Finally, in Chapter 5 we summed up the obtained findings, some of the proposed solutions, and the future scope of the work were also contemplated. The meaning of institutional living has been derived from the lived experience of the residents.



# Chapter 1 : Introduction

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## 1.1 Background of the Study

Old age is a natural and universal stage of the human life cycle, and it is a normal, inevitable, and irreversible phenomenon. It is a process that starts from birth and continues till death. All beings on this earth must go through it. Old age is accompanied by reduced physical and mental ability, participation in socioeconomic activities, and a shift from economic independence to economic dependence (Sousa, 2014). The development of medical technology in the last few decades has resulted in declining birth rates and an increase in longevity of the aged population. The growing population of the aged creates new socio-infrastructural challenges namely, providing medical facilities, emotional support, social support, financial assistance, etc. This apart, from the structural changes in society like changing family values, altered living arrangements, and lifestyles, affects the social standing of the elderly in society.

Countries across the world are experiencing population ageing. In the last few decades, population ageing has become a concerning issue for both developed and developing nations. However, in contrast to the developed world, developing nations are yet to focus on issues related to population ageing. It is obvious that developing countries will face some formidable challenges in the coming years. It is like a ‘demographic time bomb’ or an ‘age quake’ that will show its consequences in almost every nation (Chakraborti, 2004).

Ageing is an individual process, and each individual ages differently. So, ageing is liable to subjective interpretations. Recent demographic changes and socio-political transformations have altered the living conditions of the elderly. While in pre-modern societies the elderly people were revered for their wisdom and experience, they are

stereotyped in modern society as sick, poor, worthless, incompetent, and weak (Pappathi, 2007). In sum, these labels signify the eroding status of the elderly in modern society. Recent studies on ageing, therefore, focus on the problems of ageism in a rapidly changing society.

## **1.2 Conception of Ageing**

The process of ageing is characterized by changes in an individual's biological, psychological, and social functioning. Every society has a section of the population who is considered old. They have been variously designated as 'senior citizens', 'twilight of life', 'third age individuals', etc. The biological, psychological, and socio-cultural conditions of the aged people are the subject matter of 'gerontology' (the term is a combination of two Greek words: 'geron' meaning 'old person' and 'logos' referring to 'discourse' or 'study') (Metchnikoff, 1903 Trans. Mitchell). Gerontology is a study of roles and status of the elderly and the societal perception towards them.

The term 'ageing' however does not have a universal definition. Ageing has been variously defined by various theoreticians and scholars. According to the Oxford Advanced Learner's Dictionary (Suntoo, 2012:3), the term 'ageing' refers to '*the process of growing old or changes that occur as the result of the passing of time*'. The World Health Organization (WHO) defines ageing as a "*process of progressive change in the biological, psychological and social structure of individuals*" (Stein & Moritz, 1999: 4). United Nations Organization (UNO), on the other hand, defines senior citizens as those who are above 65 years of age. Similarly, in the United States of America, aged people above 65 years are considered to be elderly. In the National Policy on Older Persons (1999), the Government of India defines the elderly as someone who is above 60 years of age (Ministry of Social Justice, 1999). Also, as per the Maintenance and Welfare of

Parents and Senior Citizens Act, 2007, a senior citizen is a person above 60 years of age (Ministry of Law and Justice, 2007). Likewise, the Census of India classifies people above 60 years of age.

Scholars variedly describe the ageing process. For instance, according to Stieglitz (1962), Ageing is a natural aspect of life. It starts from conception and ends at death. As we become older, ageing becomes apparent (Visielie, 2012). Old age is conceived as a progression of unfavourable changes that normally occur with the passage of time, become visible after adulthood, and always result in the death of the individual (Singla, 2020).

There are three dimensions to ageing: the biological, psychological, and social aspects. The biological approach focuses on the impact of ageing on physiology; the psychological aspect concentrates on the mental dimension of ageing; and the social aspect attempts to understand the social implications of ageing (Visielie, 2012). Based on these dimensions, Birren and Loucks (1981) define three types of age: biological age, psychological age, and social age.

### **1.2.1 Biological age**

It describes physical changes that occur in a person's later years of life. It has often been known as 'senescence' (decline of a cell or organism due to ageing) and is characterized by the deterioration of physical and mental agility. Some of the typical symptoms of biological ageing are greying of hair, loss of teeth, dementia, blood pressure, diabetes, arthritis, Alzheimer, pollenizer ailments, decreasing eyesight, etc. These symptoms are associated with the decline in the vital organs of the body. Not everyone, though, experiences a decline in organ function at the same age. Some individuals may have healthier hearts at 80 years of age, while others suffer from heart ailments more than others do at age 60.

### **1.2.2 Psychological age**

Psychological ageing entails a general decline of mental abilities and is dependent on the individual's personality, mental functioning, and sensory and perceptual processes. Psychological pressure or disturbances can make young people look aged and so psychological age is not fully determined by the health of an individual. The psychological changes involve changes in the individual's conception of one's own self and that of others.

### **1.2.3 Social Age**

It refers to a stage of life in which an individual is regarded as 'old' by the group/society. The process in which a person acquires social experience and knowledge and takes up responsible roles depending upon his/her age status in society. It is accompanied by changes in the behaviour pattern and role and status of the person within the family and community. An individual experiences a transition in social roles/statuses through the process of socialization and learns to adapt to a social role that corresponds to his/her age. Thus, old age is not only associated with biological and psychological transformations but is also accompanied by alteration of social roles, value orientation, and modes of behaviour.

Old age has been variedly defined by various scholars. This is because the concept of age is based on relative perception and is subjected to social construction (Wiles, 1987). Thus, the conception of old age is liable to intra- and inter-regional variations. Some scholars use chronological time as the marker of old age while others base their definition on social, psychological, or physiological characteristics. In terms of chronological time, the age of 60 or 65, roughly equivalent to the retirement age in most developed countries, is labelled as the beginning of old age. Chronologically, 'old age' is typically divided into

two categories as the 'young-old' (between 60 to 69 years) and the 'old-old' (70 years and above) (Forman et.al., 1992). Alternatively, the aged population is distinguished as the 'young-old' (60-69 years of age), 'middle old' (70-79 years old), 'old-old' (80-89 years of age) and 'oldest-old' (90+ years of age). Normally, the age of 60 is recognized as the starting point of old age in India (Census of India, 2001).

However, this chronological marker of old age is of little relevance in developing countries as most of the elderly are engaged in the informal sectors. Thus, it is difficult to decide when an individual is likely to be labelled as 'old'. Moreover, the definition of old age is subjected to variations across sex, context, and area (whether urban or rural). For instance, in rural areas where most individuals are employed in the informal sectors, old age is identified as a period of life characterized by the loss of physical vigour and when there is an enhancement of dependency on others. Similarly, the meaning of 'old age' varies across gender. For men, while success and power may compensate for the loss of youth; for women, it is associated with a loss of physical charm (which is a valued attribute in a patriarchal society) and increased dependence and subjugation to the daughter-in-law (Bali, 2001).

Additionally, defining age chronologically has its own limitations. This is because chronological age is not like functional age. For instance, while some people may be "old" at 50 years while others seem young and energetic even on their 70th or 80th birthday (Richard, 2006). Furthermore, as already mentioned, chronological age is not particularly significant in the developing world, particularly in tribal and rural societies. This is because of the fact that the majority of rural and tribal people are unsure of their birthdays. Thus, chronological milestone marks old age in developed countries, but in developing countries old age is demarcated as the point when an individual loses the vitality to actively participate in physical activities.

### **1.3 Scenario of Population Ageing**

According to statistics, population ageing describes the rise in the percentage of people over sixty in the population's overall age distribution (Prakash, 2001). Population ageing is a global phenomenon and a cause of concern for both developing and developed nations. Declining mortality, reduction in fertility and increasing medical facilities at older ages are the three major factors contributing to population ageing.

#### **1.3.1 Global Scenario of Population Ageing**

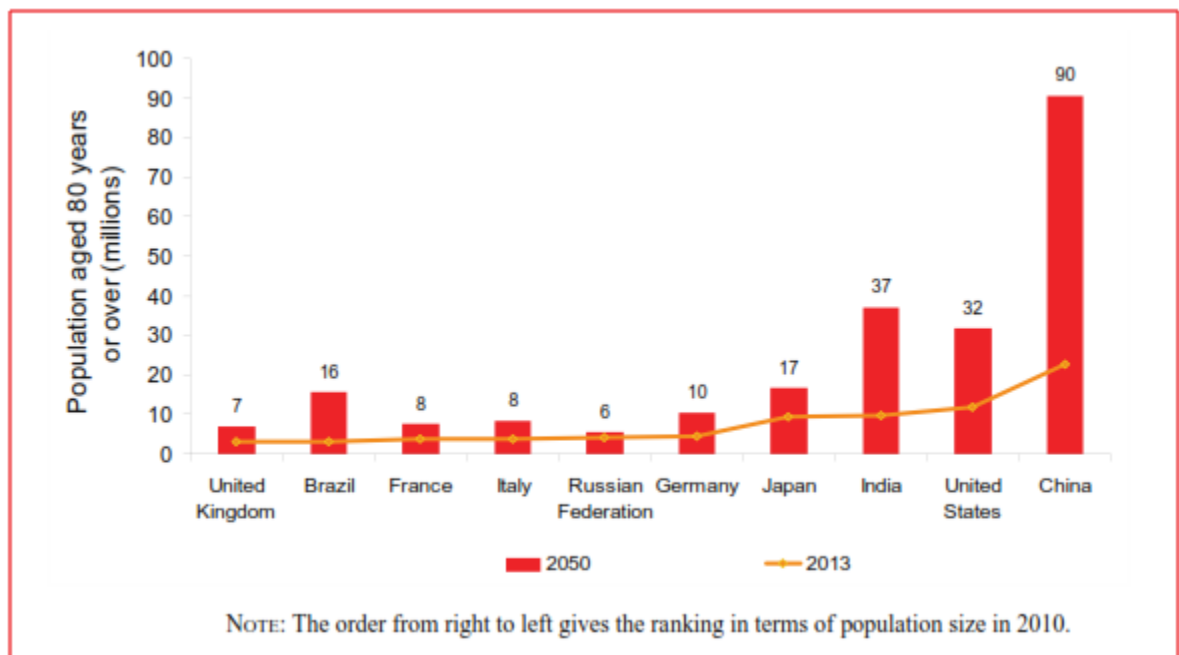
The United Nations organized the World Assembly on Ageing in Vienna in 1982, which was the first time the phenomenon of population ageing was brought to the attention of the world (Bali, 2001). In the 21<sup>st</sup> century, the ageing of the population has become an important demographic factor. In 1995, globally, the population of the elderly was around 542 million. In 2017, there were 962 million people in the world who were 60 or older. By 2050, the older population is predicted to be close to 2.1 billion (World Population Ageing, 2017).

According to projections, the proportion of the elderly in the population who are 60 years or older will rise quickly from 9.5 per cent in 1995 to 20.7 per cent in 2050 and 30.5 per cent in 2150 (United Nations, 1998). In the last 50 years, the elderly population has tripled, and in the following 50 years, this population is projected to increase by another threefold (Chakraborti, 2004). Among the elderly, the population of the oldest-old (those aged 80 or over) is expected to rise more rapidly. Thus, the population of those aged 80 and above will increase from 61 million in 1995 to 320 million in 2050 and 1054 million by 2150. Globally, the population of people over 80 years is growing at 4 percent per annum, while the population as a whole is growing at 1 percent per year. The elderly

population in India and China combined will make up 38% of the elderly population worldwide by the year 2025 (Liebig & Rajan, 2003).

In only one country, Japan, more than 30 percent of the population is over 60 years. By 2050, there will be 64 other nations having a similar percentage of the aged population (World Population Ageing, 2019). There will be one billion senior citizens worldwide in ten years. Additionally, by 2050, over 80 percent of the world's elderly people will reside in developing nations, with China and India accounting for more than one-third of that total (The Hindu, 2012). China's elderly population is projected to grow from 127 million to 397 million by the year 2050 (United Nations, 1998).

**Figure 1.1 Top ten countries with the largest population aged 80 years or over in 2013**



Source: World Population Ageing, 2013

We can see from the above graph that in 2050, 90 million population, aged 80 years or more, will be in China. India is projected to have 37 million persons in that age group and the United States of America will have thirty-two million aged population. Similarly,

other countries like Japan, Brazil, Germany, Italy, France, the United Kingdom and the Russian Federation will have an increased population of the aged.

All Asian countries are very concerned about population ageing because their ageing populations are projected to grow faster than those of developed countries. Now, every eleventh person who lives in Asia is over 60 years old. Every fifth person will be over the age of eighty years by 2050, with every fourth person being elderly already (World Population Ageing, 2019).

India and China will have most the world's elderly people by 2050. By 2050, the proportion of elderly people in China and India is predicted to increase to one in four and one in five, respectively, from the current rates of one in ten (China) and one in twelve (India), respectively (World Population Ageing, 2019).

The increase in the size of the elderly population because of enhanced life expectancy has led to a rise in the proportion of their population relative to the young. Thus, there is a rise in the 'Old-age dependency ratio' or 'age-dependency ratio', which is defined as the ratio of the dependent elderly population to the economically active population. The dependent population refers to those who are not potentially active in the labour market. So, the Aged Dependency Ratio/Old-Age Dependency Ratio is the ratio of persons aged 65 years or over to those aged between 15 to 64 years (since the age of 65 is considered to be the age of retirement from a job). The Dependency Ratio, in general, assumes that all persons younger than 15 years and older than 65 years are unproductive.



### 1.3.2 Indian Scenario of Population Ageing

According to the United Nations Population Fund (2012), the 21<sup>st</sup>-century population ageing will be a major demographic issue for India. It is certain that over the coming decades, India will transition from being a young country to an old country due to the rapid changes in demographic indicators over the last few decades. In India, declining fertility and mortality rates are the main causes of population ageing. The decrease in mortality means a longer life span for individuals, whereas the decrease in fertility means a decrease in the proportion of younger people in the total population. India has been labelled as an "ageing society" by the United Nations, where the elderly make up more than 7 percent of the world's population. (Thomas and Diengdoh, 2007). In the census of India (2011), the elderly population in the country was 103,849,040 or 8.6 percent of the total population and it is projected to increase to 19 percent in 2050 (United Nations, 2015). While the elderly constituted only 24 million in 1961, it increased to 43 million in 1981 and 57 million in 1991 and 76 million in 2001 (Rajan, 2006).

In 2025, 198 million elderly population is anticipated, followed by 326 million in 2050 (United Nations, 1998). According to projections, the proportion of oldest-old (80 years and above) people will rise by 20 percent between 1950 and 2100. (Prasad and Goli, 2019).

**Table 1.1 Number and proportion of the elderly population in India, state-wise, 2011**

States	Number of Elderly			Proportion of elderly	
	Rural	Urban	Total	Rural	Urban
NCT Delhi	27,134	1,120,311	114,7445	6.5	6.8
Haryana	1,512,891	680,864	2,193,755	9.2	7.7

Himachal Pradesh	649,292	53,717	703,009	105	7.8
Jammu and Kashmir	651,969	270,687	922,656	7.2	7.9
Punjab	1,957,710	908,107	2,865,817	11.3	8.7
Rajasthan	3,923,792	1,188,346	5,112,138	7.6	7.0
Uttarakhand	676,014	224,795	900,809	9.6	7.4
Chhattisgarh	1,598,547	405,362	2,003,909	8.2	6.8
Madhya Pradesh	4,194,606	1,518,710	5,713,316	8.0	7.6
Uttar Pradesh	12,446,468	2,993,436	15,439,904	8.0	6.7
Bihar	6,868,186	838,959	7,707,145	7.4	7.1
Jharkhand	1,832,861	523,817	2,356,678	7.3	6.6
Odisha	3,439,653	544,795	398,4448	9.8	7.8
West Bengal	4,896,679	2,845,703	7,742,382	7.9	9.8
Arunachal Pradesh	56,361	7278	63,639	5.3	2.3
Assam	1,747,513	331,031	2,078,544	6.5	7.5
Manipur	131,615	68,405	200,020	6.5	8.2
Meghalaya	109,520	29,382	138,902	4.6	4.9
Mizoram	32,496	36,132	68,628	6.2	6.3
Nagaland	81,285	21,441	102,726	5.8	3.8
Sikkim	33,200	7552	40,752	7.3	4.9
Tripura	205,763	83,781	289,544	7.6	8.7
Goa	65,787	97,708	163,495	11.9	10.8
Gujarat	2,884,326	1,902,233	4,786,559	8.3	7.4
Maharashtra	6,969,540	4,137,395	11,106,935	11.3	8.1
Andhra Pradesh (undivided)	6,108,091	2,170,150	8,278,241	10.8	7.7
Karnataka	3,897,069	1,893,963	5,791,032	10.4	8.0
Kerala	2,197,552	1,995,841	4,193,393	12.6	12.5
Tamil Nadu	4,029,097	3,480,661	7,509,758	10.8	10.0

Andaman and Nicobar Islands	17,939	7485	25,424	7.6	5.2
Chandigarh	1098	65,980	67,078	3.8	6.4
Dadra and Nagar Haveli	8638	5254	13,892	4.7	3.3
Daman and Diu	3583	7778	11,361	5.9	4.3
Lakshadweep	1099	4171	5270	7.8	8.3
Puducherry	36,448	83,988	120,436	9.2	9.8
All India	73,293,822	30,555,218	103,849,040	8.8	8.1

Source: Census of India, 2011

The above table shows the state-wise population distribution of the elderly or those who are 60 years and above. Among the 28 Indian states and seven union territories, Uttar Pradesh had the largest population of the elderly (12 million), followed by Maharashtra (6.9 million), Bihar (6.8 million), and Andhra Pradesh (6.1 million). This underlines the importance of examining the condition of institutional living for the elderly in Uttar Pradesh.

The highest proportion of the elderly population was found in the state of Kerala (12.6 percent), while the lowest (4 percent) was in Dadra and Nagar Haveli. The rural areas of the country had a higher percentage (8.8 percent) of the aged than the urban areas (8.1 percent) (Census of India, 2011). One reason why elderly people stay back in rural areas is that they want to stay close to their community and not migrate to the city.

A notable aspect of this ageing process is the feminization of ageing. The below table shows that till 1991 both genders displayed uniform ageing trends but in 2001 and 2011 higher ageing tendencies were observed among the females as compared to the males. The United Nations data (2015) indicates that among the elderly aged 60 and above, 8.37 percent were males and 9.52 percent were females. In the next three decades i.e., by 2050,

the percentage of males and females in the 60-plus age group will be 17.72 and 20.54 percent respectively. Therefore, a higher proportion of widows and aged women are and will be in requirement of social care and support.

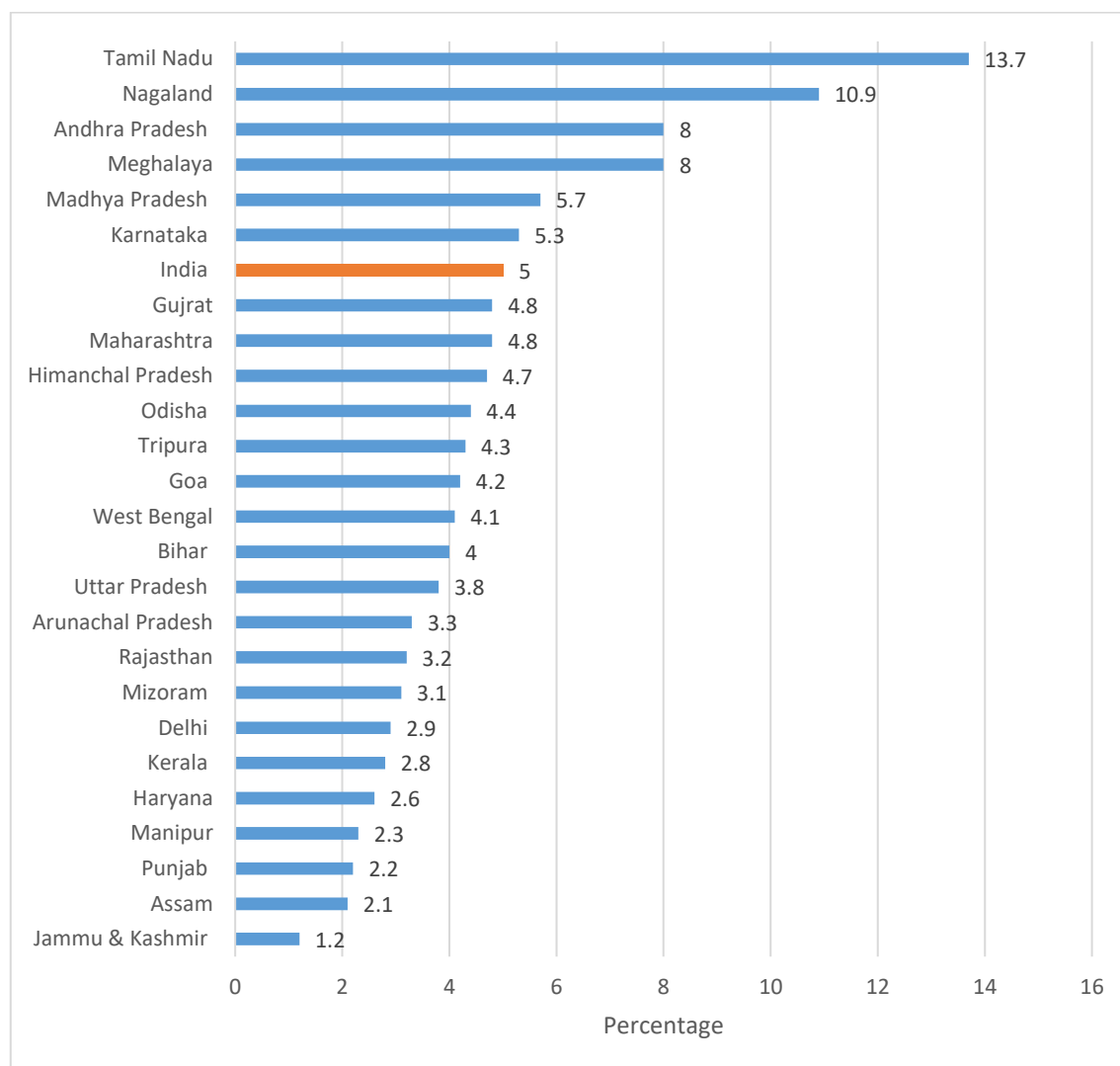
**Table 1.2 Percentage distribution of aged 60 years and above by gender and place of residence in India, 1961 – 2011**

Census Year	Total	Gender	
		Male	Female
1961	5.63	5.46	5.80
1971	5.97	5.94	5.99
1981	6.32	6.23	6.41
1991	6.70	6.69	6.71
2001	7.44	7.09	7.82
2011	8.30	7.98	8.63

Source: Registrar General & Census Commissioner, India (2011)

The declining joint family system and erosion of informal social support networks compel the elderly to live alone. The below graph shows that the majority of elderly people continue to reside with their children. Over time, there has been an increase in the number of elderly people living alone without a spouse (solo living) from 2.4 percent in 1992/93 to 5 percent in 2004/05 (Sathyanarayana, Kumar and James, 2014).

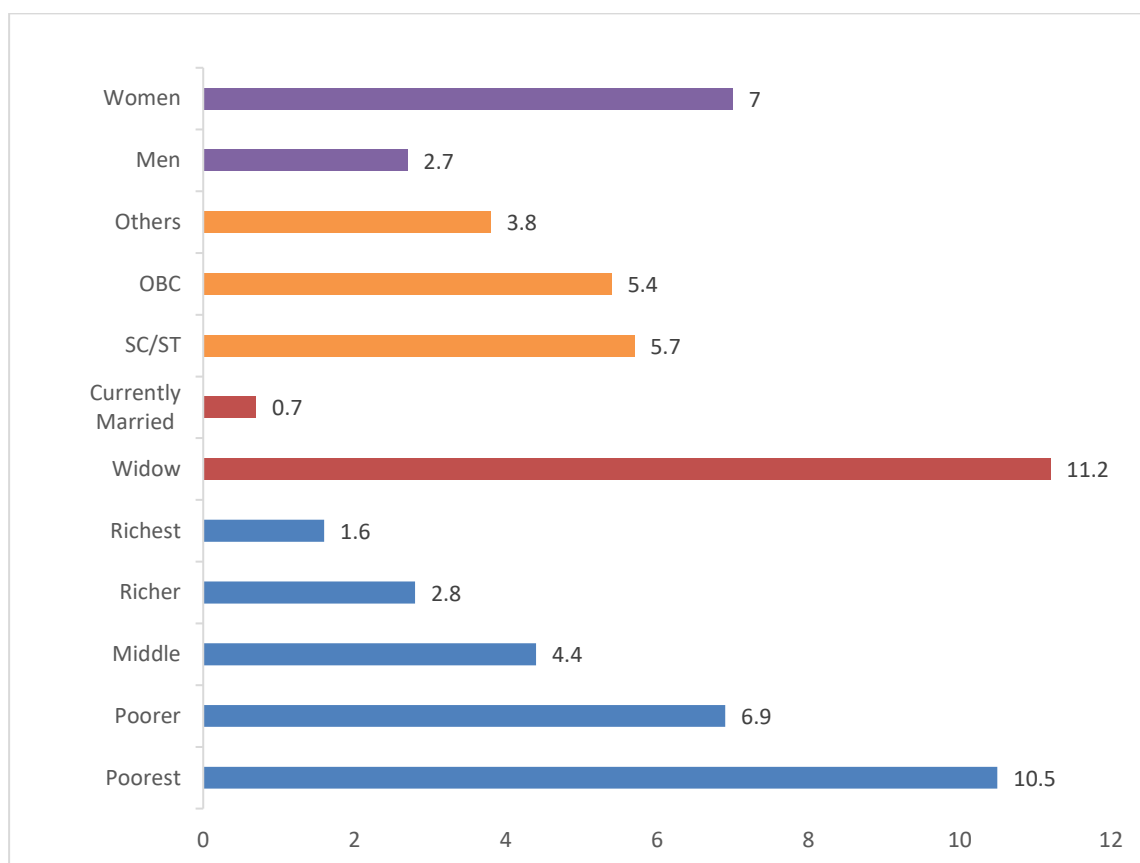
**Figure 1.2 Elderly living alone in selected states, 2005/06**



Source: National Family Health Survey, Round 3, 2005/06

The figure below shows the percentage of the elderly living alone by gender, caste, marital status, and wealth. It can be observed that elderly women (7 percent) are more likely to live alone than men (2.7 percent). 5.7 percent of the SC/ST and 5.4 percent of OBC are likely to live alone. Evidently, widows (11.2 percent) live alone more than married (0.7 percent). The poorest and poorer elderly people are more likely to live alone than the middle-income and the rich (Jadhav et al., 2013).

**Figure 1.3 Elderly living alone by Sex, Caste, Marital Status and Wealth Quintile, 2005/06**



Source: Jadhav et al., 2013

An increasing dependency ratio would mean that in the future elderly would outnumber the wage earners and there would be a requirement for substantial social welfare measures. Thus, the old-age dependency ratio for India has increased over time from 10.9 percent in 1961 to 13.1 percent in 2001(MOSPI, 2011) and 14.2 percent in 2011(ORGI, 2011). It is estimated to rise to 20.5 percent by 2050 (United Nations, 1998). The old-age dependency ratio in Uttar Pradesh is 13.9 percent (Census of India, 2011).

According to the Census of India (2011), females reported higher dependency than males. This is revealed by the fact that while there was 15 percent of elderly widowers, the proportion of older widows was nearly 48 percent. Similarly, the work participation rate among elderly men in India is 39 percent as compared to only 11 percent among elderly

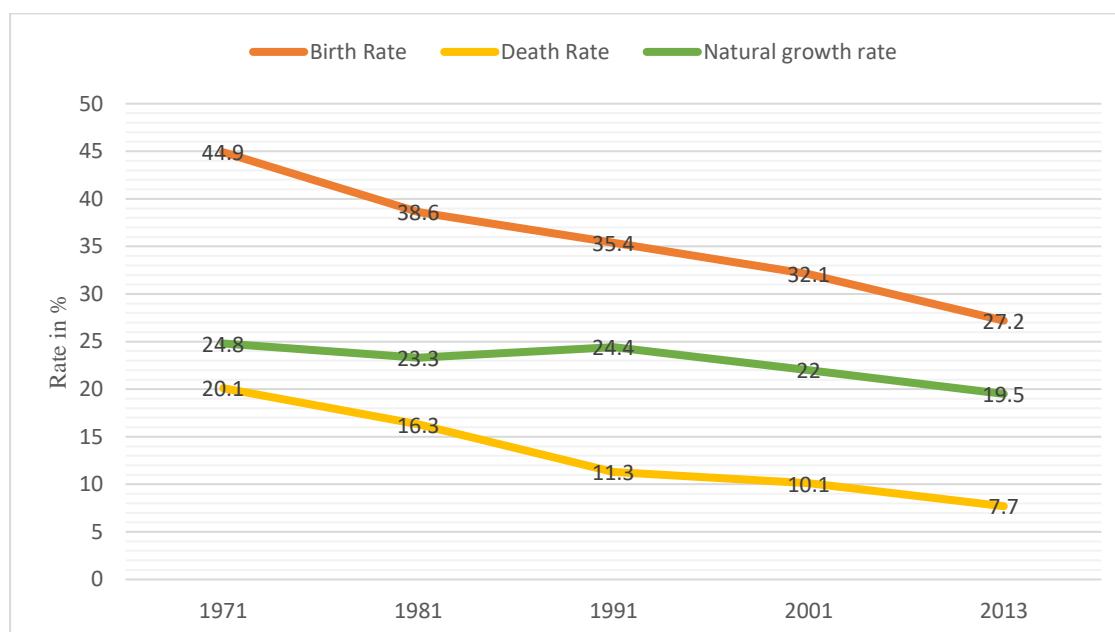
women (UNFPA, 2012). In urban areas, only 46 percent of elderly men and nearly 11 percent of elderly women were employed, compared to 66 percent of elderly men and 28 percent of elderly women in rural areas (Elderly in India, 2016). In India and other developing countries across the world, the economic insecurity of the elderly is a big issue. This is evidenced by the statistics that 65 percent of the elderly rely on others for their daily needs (Situation Analysis of the Elderly in India, Ministry of Statistics, 2011).

### **1.3.3 Elderly Population in Uttar Pradesh**

Uttar Pradesh is the most populous state in India and 19.98 crores or 17 percent of the total population of India live in the state (Census of India, 2011). In terms of gender, the state entails 10.44 crores of the male population and 8.75 crores of the female population (ibid). The overall population growth of the state in this decade was 20.23 percent, compared to 25.80 percent in the preceding decade (Census of India, 2011). Thus, the state plays a defining role in determining the demographic situation of the country.

The population of the elderly (those aged 60 years and above) in Uttar Pradesh was 15.44 million. In both India and Uttar Pradesh, the proportion of elderly women is higher than that of men. Thus, there are about 7.4 million males and 8.04 million females' elderly population of Uttar Pradesh. The proportion of aged people is higher in rural regions (81 percent) than in urban areas (19 percent) of the state. The old age dependency ratio for the state is 13.9 percent (Census of India, 2011).

**Figure 1.4 Birth rate, Death rate and Natural growth rate of Uttar Pradesh, 1971 to 2013**



Source: Sample Registration system (SRS), 1971-2013.

From the above figure we can observe that from 1971-2013, the birth rates in Uttar Pradesh dropped dramatically from 44.9 per 1000 people in 1971 to 27.2 per 1000 people in 2013 i.e., a drop of about 17.7% in almost four decades. The crude death rate in the state fell from 24.8 per 1000 people in 1971 to 7.7 per 1000 people in 2013. The decline in mortality rate is attributed to the availability of better medical facilities and the management of communicable illnesses.

## 1.4 Ageing and Family

The joint family structure has been a distinctive feature of Indian society, and it is characterized by members of various generations residing under one roof. As Karve (1965:8) describes: “A joint family is a group of people who generally live under one roof, who eat food cooked in one kitchen, who hold property in common and who participate in common worship and are related to one another as some particular type of kindred.” Under the joint family system, family members complement and support each other.



Thus, respect and care for the elderly were an inherent part of the Indian joint family structure.

Family is both a biological and a social entity, and aged people have traditionally been revered in India for their authority and decision-making power (Kumar, 1999). Moreover, the cultural norms of Indian society underline the importance of treating the elderly with respect and honour. Rural households are mainly patriarchal, and it is common to find the elderly living with sons, daughters-in-law, and grandchildren. The marginalization of older people in rural India is largely due to two important factors: youth migration to urban areas in search of employment and rising female participation in the workforce. The poor people of rural areas work mostly in their fields or in informal sectors and they suffer from insecure employment and insufficient income. They also lack social security of good quality or reasonably priced health care facilities. However, the social status of the elderly is shaped by varied factors like economic status, marital status, physical health, education level, position in society, etc. In most cases, the elderly do reside with their families and their financial stability and well-being are heavily reliant on the family unit's financial capabilities (Alam, 2006). In fact, many attribute the prevalence of joint family structure in India to the inadequacy of pension and income (Van Willigen 2000). So, in the post-retirement phase, it becomes the moral obligation of the son and daughter-in-law to offer physical, financial, and emotional support to their parents in their old age. The care of the elderly is thus significant among the several duties carried out by the family. Until recently, caring for the elderly in India was not considered a major concern because they were provided social security and lived in joint families (Rajan et al. 1999). But with the advent of forces of industrialization, urbanization, and modernization, there have been gradual changes in the joint family structure (Bhat and Dhruvarajan, 2001). For instance, there is the erosion of traditional bonds with the extended family and the emergence of

nuclear families. The practice of living alone with the spouse promotes individualization within the nuclear families and the care of the elderly, being considered a liability, is increasingly relegated to external agencies like OAHs, charitable organizations, etc. (Hashimoto, 1991). Moreover, the movement of the elderly to OAHs has also been triggered by the migration of the younger family members to distant lands in search of education/jobs and the maladjustment of the elderly to the values of the nuclear family. Thus, even when the elderly are co-residing with their children in nuclear families, they often face marginalization, isolation, lack of authority, neglect, loneliness, etc. (Samanta and Gangopadhyay, 2017; Shankardass, 2018). Their financial dependence, especially after the transfer of property to children, further contributes to their declining status.

#### **1.4.1 Vanaprastha and Sanyasa Stage of Life**

According to the traditional Ashrama system, the life span of an individual can be categorized into four stages: young, youth, grown-up, and aged/elderly. Human life is assumed to be of 100 years and each stage is characterized by a specific task or role that an individual is expected to perform when they enter the stage. In the first or 'Brahmacharya or celibacy stage', which continues from birth till the age of 25, when the individual is expected to gain an education. The 'Grihastha or householder stage' ranges from the 26<sup>th</sup> year to the 50<sup>th</sup> year when an individual is expected to discharge the responsibilities of a citizen and beget children. The third stage or the 'Vanaprastha' stage, which continues from the 51<sup>st</sup> year to the 75<sup>th</sup> year, is the stage when an individual is expected to devote time to spiritual activities by leaving home for the forest. The final or the 'Sanyasa' stage, ranging from 76<sup>th</sup> to 100<sup>th</sup> year, is the stage of renunciation. Thus, in all the stages the individual discharges his role, duties, and obligations towards his family, community, and society (Desai, 2008).

Residing at the old age home (OAH) is seen as akin to the Vanaprastha and Sanyasa stage of life. This is because Vanaprastha is the stage when the individual severs all ties and migrates to the forest. In a similar vein according to Lamb (2009), residents of old age homes (OAHs) are separated from their family, friends, and other close relationships.

### **1.4.2 Social Change and Family**

In the globalized world, the conception of old age is changing within and across cultures. The changing societal structure affects the lifestyle of the elderly in one way or the other. In the joint family system, the needs and the services of the elderly were taken care of by the family members. However, the breakdown of the joint family structure has increased individualism and selfishness among the members. It is said that daughters-in-law are growing more educated and focused on advancing their careers. Aside from this, traditional family ties and respect for the elderly were progressively supplanted by the ideals of nuclear families, which include materialism, consumerism, individualism, rationalism, efficiency, etc. Elderly people are thus precariously placed between the declining traditional values and the absence of an adequate social security system.

The existing literature posits that older people are losing not just the prestige, power, and respect that have been historically assigned to them inside the family, but they are also being socially ostracized, alienated, and marginalized across society (Vauclair et.al., 2016). The transition has come from the pre-industrial society when they were revered as a ‘storehouse of knowledge’, ‘reservoir of wisdom’, etc. Thus, Cowgill and Holmes (1972) aptly posit that there is an inverse relationship between the degree of modernization in culture and the status it accords to older persons. It implies that the status of older people declines as a culture becomes more industrialized. In proposing the modernization theory of the aged, Cowgill and Holmes (1972) contend that in contrast to

the pre-modern societies, the contribution of the elderly is not adequately recognized in modern societies. The elderly experience an increasing sense of relative deprivation as they age further (ibid). The loss of status and power of the elderly in modern society leads to their socio-economic dependency and a decline in social integration. In other words, the threat of frailty, dependency, and handicap increases with age. Thus, developing countries face the biggest challenge of offering social security to the rapidly increasing elderly population, against the backdrop of withering family ties and social support systems.

## **1.5 Challenges of Ageing**

The challenges of ageing are varied, and they are shaped by the prevailing socio-economic structure of society. However, forces of urbanization and industrialization have adversely affected the joint family system and care of the elderly gradually began to be seen as a liability. The lives of the elderly are marred by varied physical, psychological, and social problems and their increased life expectancy implies a greater requirement for social support in the coming years. Additionally, their increased economic dependency on children/kids and shrinking social sphere (because of retirement, widowhood, death of friends, separation from children, etc.) are some of the other causes of concern.

### **1.5.1 Physical Problems of the Elderly**

#### **1.5.1.1 Health problem**

The elderly suffer from lots of physiological ailments as they age. For example, they suffer from cough and cold, fever, body aches, headache, dental, weak eyesight, impaired hearing, paralysis, dementia, blood pressure, asthma, Alzheimer's disease, tuberculosis, diabetes, anaemia, etc.

### **1.5.1.2 Disability**

Disability is a major concern among elderly people. With increasing age, they encounter various disabilities and ailments. Some become disabled to independently carry on their daily activities. According to the 2011 Census of India, the rate of disability was 51.8 per 1,000 for the elderly and 84.1 per 1,000 for those who were 80 years of age or older, compared to 22.1 per 1,000 for the general population.

### **1.5.1.3 Problems Faced in Daily Lives**

Managing the daily chores, such as the use of the toilet, bathing, dressing, feeding, roaming, etc., individually is challenging for the elderly. The declining functional abilities of the elderly make them more vulnerable.

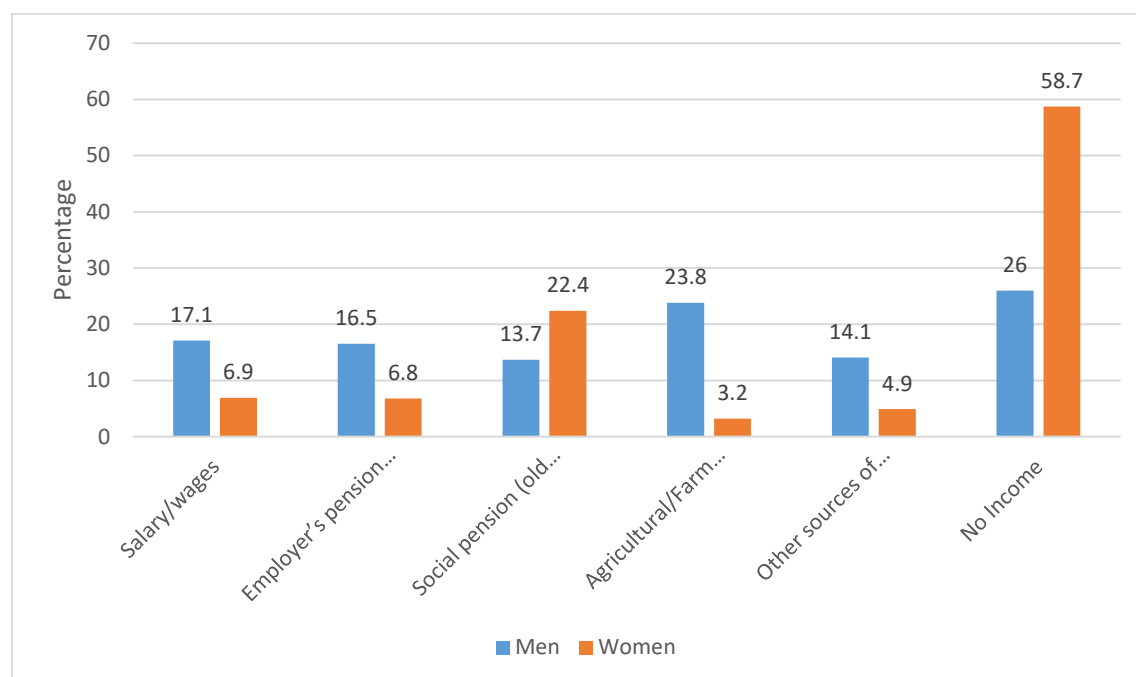
## **1.5.2 Income Insecurity**

Elderly people lose their occupational status when they retire from services. The elderly are forced to work after retirement due to the growing apathy and neglect of elders in families. Aside from this, the elderly also struggle with low income, poor health, and a lack of social security. In a developing nation like India, such problems are rampant because of the absence of a well-established social welfare scheme. Evidentially speaking, in India less than 10 percent of the population is covered by a pension plan because most people are employed in the unorganized sector (World Bank, 2001).

Income insecurity is a major cause of deprivation and marginalization in old age. They find it difficult to adjust to the changed situation and suffer from mental agony. This compels many of the elderly to join the labour market in their twilight years. But the income or wages they earn are often insufficient to fulfil their basic needs or to buy their medicines. Nonetheless, the elderly work to avoid complete dependence on others and to

make a certain economic contribution to their household. They are mostly engaged in trade and commerce, agriculture, and non-agriculture industry (Alam et. al., 2012).

**Figure 1.5 Sources of personal income of the elderly, 2011**



Source: Alam, et al (2012), Report on the Status of Elderly in Select States of India 2011.

According to the statistic, roughly 60% of older women and 26% of older men do not have any personal income. This indicates that women are more dependent than men and they become more insecure in their old age. We can also derive that approximately one-third of older men and women receive income or social pensions from their employers. Salary or wages are the main sources of income, particularly for men. Finally, more elderly women than men are dependent on others, with nearly three in four being either totally or partially dependent on others.

### **1.5.3 Social Problem**

#### **1.5.3.1 Living Arrangement**

The term ‘living arrangement’ refers to the household structure of the elderly (Palloni, 2001). Their living arrangement is an important factor in determining their well-being at dusk (Shankardass & Rajan, 2018). An array of elements (e.g., health status, disability, socio-economic status, and societal traditions) can directly or indirectly affect the quality of life and well-being of the elderly and their living arrangement. However, the living arrangement of the elderly was not a significant concern in India until a few decades ago when they lived in joint families. In fact, both the elderly and their offspring benefited from this type of living arrangement (Beard and Kunharibowo, 2000) and this was the most secure place for the elderly (Jadhav et. al., 2013). The living arrangements of the elderly in terms of the types of family in which they live, the headship they enjoy, the place they stay in and the people they stay with. Nonetheless, it may be noted that the pattern of living arrangements of the elderly varies from one country to another (Kamo and Zhou, 1994). In developed nations, living alone or with a spouse is the most common form of living arrangement, whereas in developing nations, living with children is the most common pattern (United Nations, 2005).

Modernization has transformed the lives of people, which resulted in a reduction in fertility, mortality, and increased life expectancy in old age. Thus, with the emergence of the forces of industrialization and demographic transition, extended family living arrangements are gradually lost, and the elderly are increasingly housed in institutional living arrangements (Hashimoto, 1991).

### **1.5.3.2 Migration**

Migration for jobs, education and better living conditions are some of the constraints restraining the younger generation from fulfilling their duty and obligation towards the older generation. As the children migrate to urban or cosmopolitan cities for education or jobs, they have no time to look after their aged parents (Paltasingh & Tyagi, 2015). In case when they migrate with their children to the city, the elderly often feel rootless in the urban environment. The migration of youth to other cities and developed regions have thus resulted in problems for the elderly.

### **1.5.3.3 Discrimination**

There are various forms of discrimination meted out to the elderly. Discrimination is more for elderly women, who suffer from lack of access to jobs and health care, physical and verbal abuse, denial of the right to own and inherit property, and lack of social security, etc. (UNFPA and HelpAge International, 2012). Thus, the lifelong gender-based discrimination that woman encounter results in differential patterns of ageing among men and women. According to the study conducted on 8000 elderly women from eight states in northern and northeastern India, 71 percent of elderly women are dependent on others, making them economically and socially vulnerable (Khan et. al., 2013 cited in Kaushik, 2020).

### **1.5.3.4 Elder Abuse**

Intentional negligence by a family member or caregiver that results in injury, cruelty, pain, mental anguish, or deprivation is referred to as elder abuse. The elderly are subjected to physical and mental abuse by their children (Dutta, 2018). Apart from physical and psychological abuse, the elderly also suffer from financial and material maltreatment. Most of the time, family members, close friends, or dependable caregivers are the



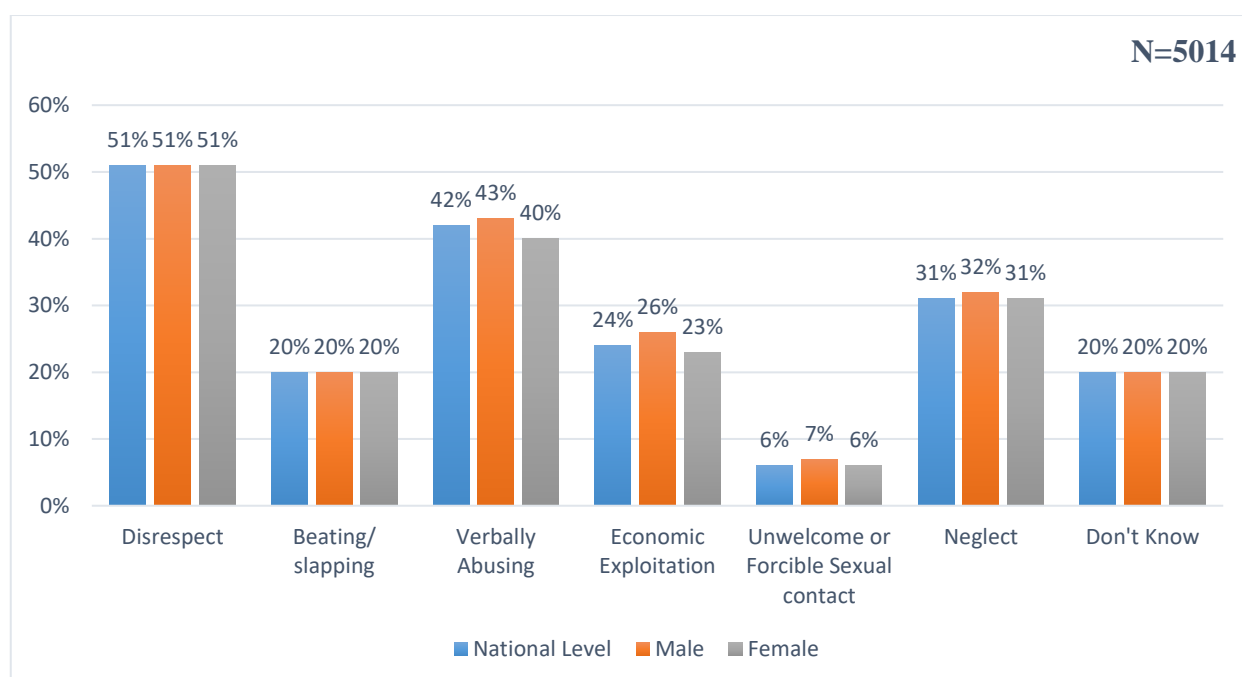
offenders. According to the HelpAge India report (2015), abuse of the elderly affects about half of the elderly population, and it affects women more frequently than it does men.

The HelpAge India survey (2018), involving 5014 elderly respondents across 23 cities, revealed the prevalence of elderly abuse in society and 25 percent of the elderly have been found to be the victim of abuse. The son and daughter-in-law were the primary offenders/abusers (57 percent) and (38 percent), respectively.

According to HelpAge India reports, Mangalore, Ahmedabad, Bhopal, Amritsar, Delhi, and Kanpur were the cities with the highest rates of elder abuse. Jammu, Mumbai, Vizag, Kochi, and Guwahati had the lowest levels (HelpAge India, 2018).

The below figure reveals that around 51 percent of the elderly are subjected to disrespect within and outside of the family. Further, verbal abuse and neglect are suffered by 42 percent and 31 percent of the elderly respectively.

**Figure 1.6 Types of abuse faced by older adults**



Source: HelpAge India Report, 2018.

## **1.5.4 Psychological Problem**

### **1.5.4.1 Loss of Spouse**

Loss of spouse in old age creates significant vulnerability among the aged. In comparison to men (15 percent), women (48 percent) have a much higher percentage of people who have lost their spouses. This problem arises because the female life expectancy is more than that of males. According to the Census of India (2011), nearly 66 percent of those over 60 years of age were married, 32 percent were widowed and nearly 3 percent were separated or divorced.

### **1.5.4.2 Loneliness and Isolation**

The decline in close family relationships and the emergence of nuclear families are the major reasons for loneliness among the aged. The elderly are left alone and bored in nuclear families where both spouses are wage earners, and the kids go to school. Thus, most of the elderly suffer from isolation or marginalization in their old age. Ironically, at the age when they need family support the most, most of the elderly live on their own. This also happens because the social contact/network of the elderly shrinks because of their health issues. It may be noted that social ties are just as important as the biological requirements for survival and socially connected individuals tend to live longer (Cacioppo & Cacioppo, 2014, Holt-Lunstad et. al., 2010). This apart, social marginalization, loneliness, isolation, and negligence in old age are forms of violation of human rights.

### **1.5.4.3 Depression**

The elderly suffer from depression when they are subjected to mistreatment, exploitation, and abuse. Depression results in various physical ailments, loss of appetite, sleep issues,

etc. Apart from depression because of intergenerational conflict, the elderly may feel depressed because of the loss of spouse, loss of job, and economic hardship.

#### **1.5.4.4 Neglect**

In nuclear families, elderly people are considered to be a ‘burden’ and they are often not consulted in family discussions or policy decisions. The feeling of helplessness is enhanced owing to the financial dependence that people suffer in their old age. The elderly are subjected to neglect and apathy and their skills and abilities are not valued in modern society. They feel unwanted within the family and depressed as a result. The new-found financial independence of women has helped them to move beyond the periphery of household chores and elderly care is being increasingly relegated to agencies like daycare centres, geriatric hospitals, and old-age homes (Rajan, 2000).

### **1.6 Old Age Homes in India**

With the emergence of the nuclear family system and its changing values, the provision for the care of the elderly is increasingly being relegated to external agencies. Besides, the migration of children in search of education or job results in many of the elderly living alone or with their spouses. The need for institutional care for the elderly is further enhanced because of the decline in the physical and mental health of the elderly in their twilight years (Lamb, 2007). Moreover, it is also argued that the proliferation of OAHs in contemporary society has made it easier for children to shirk their responsibility towards their parents.

In urban India, the number of OAHs is increasing. It is the last resort for the elderly who are widowed or have become destitute. It is a place that offers them physical and psychological care and support. While the early evidence of OAH can be traced back to the 18<sup>th</sup> century, the first Old Age Home (OAH) in India was established in Bangalore in

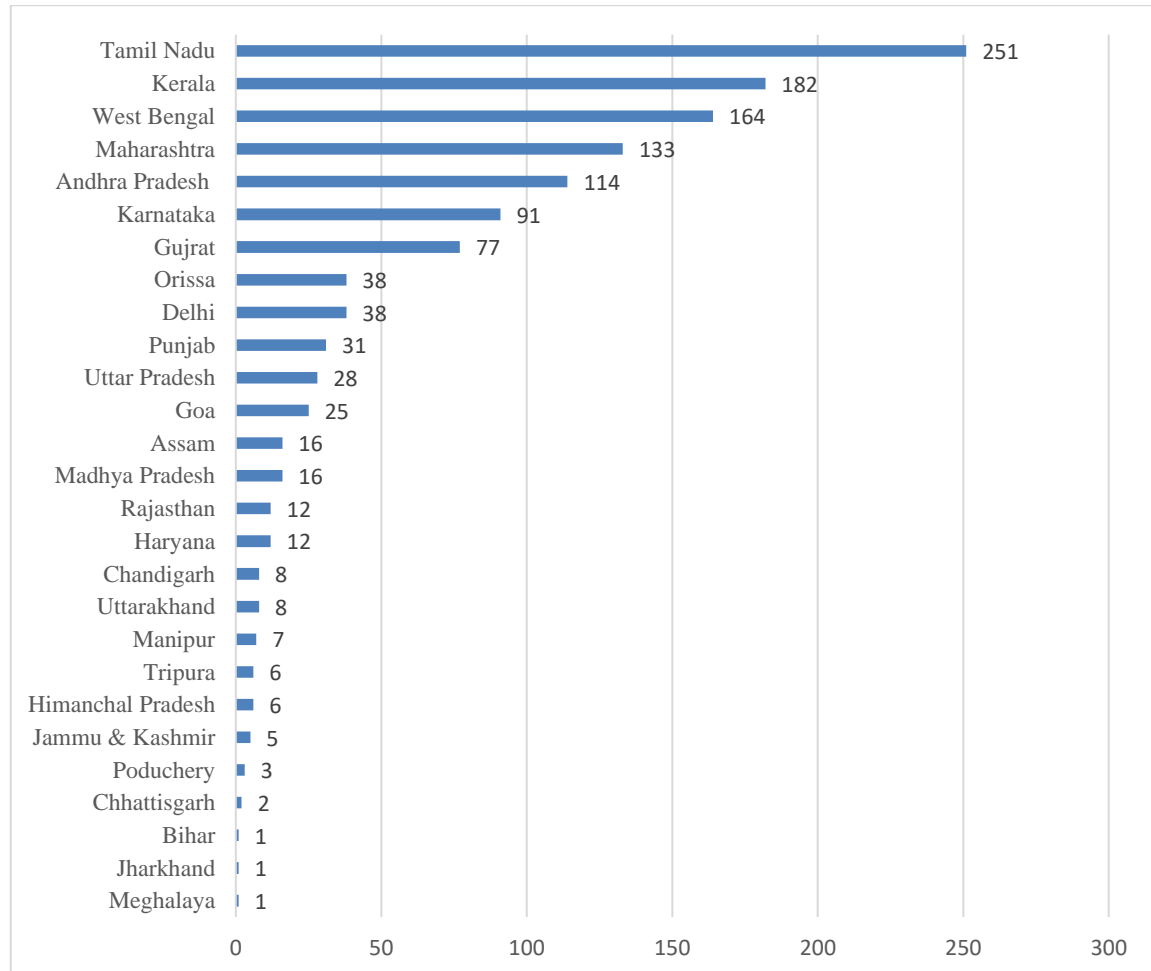
1840, by the “Bangalore friends-in-need society” and was called the “Cobb Home” (Rajan, 2000; Mahapatra, 2010). Following that, in the year 1863, the David Sassoon Asylum was established in the city of Pune, where food, lodging, and clothing were provided (Veda & Gadkar, 2017).

In 1872, the Church of North India established the St. Mary's Home, which was established exclusively for women (Veda & Gadkar, 2017). While India had only 96 OAHs before 1950, in the next two decades (i.e. between 1951-71) 94 OAHs were added (Rajan, 2000). The figure rose to 289 in 1992 and it further increased to 529 in 1995, 700 in 1998, 1018 in 2006 and subsequently to 1279 in 2009 (Nair, 1995). Among these 1279 homes, 543 homes were charity-based and offered free-of-cost services, 237 homes were payment based and 133 homes catered to elderly women and 214 were meant for medical/constant care cases (Directory of HelpAge India, 2009 cited in Senior Citizens Guide, 2016).

Thus, the steep rise of OAHs in the country in the last few decades reflects its gaining acceptance in Indian society. There is also a wide variety of OAHs catering to different populations, namely, males, females, poor, destitute, etc. The report suggests that 52 percent of the OAHs are situated in southern India (Rajan, 2000). Likewise, a report of the Madras Institute of Ageing Survey (1995), reveals that 21,214 elderly lived in OAHs, of which 1120 and 2759 lived in homes meant for males and females respectively. According to a recent report, of the Ministry of Social Justice & Empowerment supports it 551 NGO-run OAHs in which 16,290 destitute elderly are provided accommodation (Ministry of Social Justice & Empowerment, 2021).

As the concept of OAH is not aligned with the Indian cultural tradition, this research investigates the increasing popularity of OAHs in India with reference to two cities of Uttar Pradesh.

**Figure 1.7 Number of the old age homes in India**



Source: Directory of HelpAge India, 2009

The figure above reveals the presence of a large number of OAHs in southern India. This can be explained by the presence of a higher concentration of the elderly population in the south, and the out-migration of the younger population for education or job. For instance, a higher proportion of the elderly population is observed in the states of Kerala (12.6 percent), Tamil Nadu (11.2 percent), and Andhra Pradesh (9.8 percent) and this may be attributed to lower fertility rates in these states. As a matter of fact, Kerala and Tamil

Nadu have fertility rates of 1.7, and the states that have lower fertility than the replacement level encounter faster ageing because fewer children are born.

### **1.6.1 Institutions as a home**

The residents consider OAH as their own home. With time they establish a sense of familiarity and relationship with other members and staff in OAH. The common spaces such as the terrace, living room, recreation room, and lounge offer space for interaction and conviviality. Other amenities like yoga classes, medical facilities, and the library adds to the engagement options for the elderly. OAHs aim at offering the ambience of the family to the elderly, where they will enjoy a unique sense of friendship and security. It attempts to become a place for them to share their joys and sorrows. Ideally, they are given the freedom to participate in their religious faith in OAHs which aims to offer them healthy and peaceful life.

### **1.6.2 Types of Old Age Homes**

#### **1.6.2.1 Free type Old Age Home**

The existence of the first charitable OAH in India was reported back to the early 18<sup>th</sup> century (Nair 1995 cited in Liebig and Rajan, 2013) and such OAHs were mostly occupied by either Anglo-Indians or the marginalized (Lamb 2009). There is usually dormitory-style accommodation in these OAHs, and they offer the bare minimum of institutional care.

#### **1.6.2.2 Pay & Stay Old Age Home**

Pay & Stay OAH catering to the middle-class elderly, is quite a new concept in India. This has provided relief to the elderly as institutional care hardly existed twenty years ago except for a few facilities provided for the destitute. Since the mid-1990s, there has been

a growth of OAHs catering to the middle and upper-class population (Lamb, 2009). The rise of a new retirement community for affluent people has resulted in mushrooming of Pay and Stay OAHs and they offer comfort, privacy, services offered, and quality of care. Thus, the rise of Indian middle-class families with sufficient disposable incomes in their hands has resulted in the emergence of private eldercare institutions.

## **1.7 Governmental Policies and Programs for the Aged People**

The elderly face various problems in contemporary society. The caring function of the family is increasingly being relegated to outside agencies and there is a need to address the social, economic, health care, and emotional requirements of the elderly. The situation is exacerbated by the fact that the population of elderly is increasing, and hence concrete steps are required to counter the problem. Towards this direction, the Government of India has implemented certain programs and policies towards the welfare of the elderly population.

### **1.7.1 The Ministry of Social Justice & Empowerment**

The program was enacted for the welfare and maintenance of senior citizens, particularly the poor, by funding OAHs, daycare centres, mobile medicare units, and other programs.

### **1.7.2 The Maintenance and Welfare of Parents and Senior Citizens Act, 2007**

This bill was enacted in December 2007. The objective of the Bill was to offer more effective provisions for the maintenance and welfare of Parents and Senior Citizens. The most important provision of the Bill was to legalize the maintenance of parents by their families. Further, it aims at the establishment of OAHs for Indigent Senior Citizens.

The Act clarifies the meaning of the ‘terms’ like-

1. "Children" includes son, daughter, grandson, and granddaughter but does not include a minor.
2. "Maintenance" includes provision for food, clothing, residence, medical attendance, and treatment.
3. "Senior citizen" refers to any Indian Citizen, who has attained the age of sixty years or above.

### **1.7.3 National Policy for Older Persons (NPOP), 1999**

The policy's vision is clearly stated, and the action plans address crucial issues like access to services to improve their quality of life as well as financial security, health, shelter, education, welfare, and protection of life and property. The policy is coordinated by the Ministry of Social Justice and Empowerment and implemented through the respective mandates of several ministries. The main objective of this policy is to make older people fully independent citizens (Ministry of Social Justice and Empowerment, 1999).

Some of the salient points of this policy are-

1. To encourage families to take care of their older family members.
2. To provide care and protection to vulnerable elderly people.
3. The Policy visualizes that the State extends support in the forms of financial security, health care, shelter, welfare, and other needs of older persons.
4. Ensuring the well-being of the elderly so that they do not feel marginalized, unprotected, or ignored.
5. Promoting an age-integrated society by devising a system for improving inter-generational ties.
6. Considering the elderly to be societal assets by advocating their inclusion within the family, community, and society.



7. Recognizing 'shelter' to be a basic human need, the NPOP aims to earmark 10 per cent of the houses/housing sites in urban as well as rural areas for older persons.

#### **1.7.4 National Council for Older persons (NCOP)**

It was constituted in the year 1999 for the benefit of senior citizens by the Ministry of Social Justice and Empowerment. This policy provides guidance to the government on issues related to the creation and execution of policies and programmes for the elderly.

The basic objectives of the NCOP

1. Provide a nodal point at the national level for redressing the grievances of older persons who are of the individual.
2. Advise the Government on policies and programs for older persons.
3. Suggest measures to enhance the quality of intergenerational relationships.
4. Suggest steps towards making old age productive and interesting.

#### **1.7.5 National Policy for Senior Citizens (NPSC)**

This policy suggests eight intervention areas, including housing, productive ageing, welfare, safety and security, income security in old age, and multigenerational bonding. It also suggests enhancing media involvement and participation in ageing issues. According to the policy, only through the coordinated efforts of the government, civil society, and the private sector can senior citizens' quality of life, socioeconomic circumstances, and health be improved.

#### **1.7.6 Integrated Program for Older Persons (IPOP)**

An Integrated Program for Older Persons (IPOP) has been in existence since 1992. The primary goal of the Scheme is to enhance the quality of life of Senior Citizens by providing them with necessities like shelter, food, medical care, and recreational

opportunities as well as by promoting productive and active ageing through capacity-building programs of various government agencies, non-governmental organizations (NGOs), Panchayati raj institutions (PRIs), local government entities, and the public (Integrated Program for Older Persons, 1992).

Some underlying points emphasized by this scheme are:

1. Maintenance of OAHs.
2. Maintenance of Respite Care Homes and Continuous Care Homes.
3. Maintenance of Mobile Medicare Units.
4. Running of Day Care Centres for Senior Citizens afflicted with Alzheimer's Disease/Dementia.
5. Helplines and Counseling Centres for older persons.

### **1.7.7 International Day of Older Persons**

The International Day of Older Persons is celebrated every year on October 1<sup>st</sup>. On 14<sup>th</sup> December 1990, the United Nations General Assembly designated the first day of October as the International Day of Older Persons. This day offers a chance to recognize the wisdom, needs, dignity, and contributions of our senior citizens while also renewing our commitment to ensuring their well-being. On this day an inter-generational walkathon is organized at India Gate lawns, New Delhi and the event is flagged off by the Hon'ble Minister for Social Justice and Empowerment. (Ministry of Social Justice and Empowerment, 1999).

## **1.8 Need and Importance of the Study**

The proposed research helps to understand the problems of ageing and how the elderly experience their life in modern society. India has the second-largest number of elderly in

the world with 7.5 per cent elderly population of the total population. The rapid increase of the aged population and the projection of the elderly in future by various government agencies drawn attraction of the biological scientists, social scientists, policymakers, government agencies and social workers. Indian society is gradually changing from agrarian to industrialized one, from small towns to metropolis. Children are migrating from rural to urban, urban to metro cities, and metro cities to abroad for their education, job, recognition, identity, better living conditions etc. In this transformation, the joint family structure has given way to the nuclear family. With the emergence of the nuclear family, parents are left alone in their homes and there is a dearth of personnel for care and attention of them. Care and support for old age people has become a difficult task in terms of provision and management. Due to this problem, more and more elderly have to move to OAHs. However, despite their immense importance, the research work related to the lived experience of the elderly in the OAHs of India is very lightly and scantily touched upon.

Even though OAHs currently only serve a tiny portion of the elderly population, the way institutional support is expanding and how their numbers are rising shows that institutional support is needed and is becoming more and more popular. OAHs reflect changing caring structure in India towards institutionalization. In the present study, an effort is made to examine every aspect of the lives of elderly people living in OAHs, including their living conditions in free & paid OAHs and their interactions with the administration, caregivers, and other residents. Apart from these, efforts are made to examine the relationship between the elderly and their family members.

The problems of the aged are becoming more complex day by day. It is time to take steps to care for them and strengthen them with the support of the family and society.

Another reason why this study was taken up by the researcher was the personal interest of the researcher in the field of ageing. His observation of the plight of the aged under the condition of the breaking down of the joint family kindled his interest in identifying the real situation in which the aged find comfort and happiness. Through the findings of this study, society at large would be enabled to have a better understanding of the life of the elderly in OAHs. The findings of the study will also help policymakers to prepare appropriate guidelines for the welfare of the elderly and evaluate the functionality of OAHs towards such a process. In a similar vein, the social activist would identify how OAHs have addresses the social and emotional needs of the elderly.

For the current study, I have resorted to grounded theoretical approach. In order to address the research questions, I followed the inductive logic of inquiry in concurrence of grounded theory. However, after gathering data, the study is able to recognize the significance of the Solidarity, Conflict, and Ambivalence model for the study. Clearly, the framework may have been performed by seeking deductive logic of inquiry, which the researcher never anticipated to do due to the researcher's decision to employ grounded theory.

## **1.9 Literature Review**

In India, the disintegration of the joint family system is one of the main reasons for the relocation of the elderly to OAHs. Various studies have discussed the reason in greater detail:

### **1.9.1 Ageing & Familial Dynamics**

**Gangopadhyay (2020)** in her study '*Examining the Lived Experiences of Ageing Among Older Adults Living Alone in India*' discusses the emerging forms of living arrangements among the elderly. She finds that the weakening of traditional family ties and increasing

westernization of society has prompted the elderly to reside by themselves in their home. In some instances, they were found to reside alone despite losing their spouse. Such preference was triggered by the economic independence of the elderly and their desired to be independent. They were found to rely on external agencies and service providers to fulfil their needs. Their helplessness and apprehension of death make them rely on external agencies despite their ill-managed services. Finally, the author concludes that by virtue of living separately from their children, the aged people are able to retain story ties with them.

**Bharati (2019)** in her work '*New Dimensions of Elderly Care in Current Context: Role of Old Age Homes*' discusses the issues faced by the elderly and how the OAHs have provided necessary support to the elderly in such a situation. Because of the social isolation, the parents face in dual-career families, they are increasingly moving into the OAHs. Other reasons identified for the movement to OAHs were lack of personal care at home, livelihood struggle, and the desire for independent life. Interestingly some elderly move to OAHs out of their own volition and to lead a peaceful life without tension. Most of the respondent was found to be satisfied living in OAHs with only a few wishing to spend the last year of their life with their children.

In the study '*Examining the Changing Processes of Ageing in Urban Kolkata*', **Gangopadhyay (2019)** examines the lived experiences of urban Kolkata's upper-class elderly people through the prism of activity and role theory. She compared the experience of men and women who lived alone vis-à-vis those who resided in multigenerational families. She portrays a contrasting picture-while women who lived alone and focused on their interests to stay active, and those residing in multigenerational families who engaged themselves in household chores, working, or contributing to society. In a nutshell, the study finds that older women who live alone, enjoy more flexibility in terms of mobility

and choice than those living with their children and spending considerable time doing housework. Interestingly, the elderly men, irrespective of whether they were residing in families or living alone, enjoyed similar levels of mobility and independence. The study also notes the change in the role that the elderly experience by virtue of encountering various life transitions like widowhood, retirement, the marriage of adult children, or becoming grandparents. Finally, Gangopadhyay observes a transformation in the notion of 'ageing' as an increasing number of elderly people are preferring engagement and involvement over disengagement and detachment. The involvement can take different forms like engagement in gardening, travelling, theatre, politics, etc. Thus, old age thus is just not about frailty, weakness, and detachment but about rediscovering oneself and gaining self-fulfillment.

**Samanta (2019)** in her study '*The joint family and its discontents: interrogating ambivalence in intergenerational relationships*' examines the perceptions and experiences of the elderly and their sons & daughters residing in joint families of Ahmedabad. Samanta collects data regarding everyday life practices in joint families, social networks, health, experience and awareness about the legal provision in case of abuse/violence, and intergenerational expectations. While the elderly mentioned that dual-career families are eroding the structure of the joint family, the children believed in asserting their independence by breaking the shackles of the joint family. Nonetheless, most respondents believed that a joint family structure offers the best support to the elderly, and it is the duty of the parents to support the children in establishing themselves.

In the study '*Elder Care and Living Arrangement in Kerala*,' **Rajan et al. (2017)** focus on four aspects of elderly care, namely, the scenario of family care for the elderly, the elderly's perception of their care, the association between health patterns and living arrangements, and the determinants of elderly living arrangements. Their study revealed

that most elderly resided with their son, 30 per cent lived with their spouse and a comparatively less number with their daughter. Only 3 per cent of the elderly were found to live alone and they were mostly females. Additionally, those residing alone reported a higher incidence of depression. Further, co-residence with the daughter was found to be higher among the elderly males.

The study also revealed that most elderly (60 per cent) preferred to keep their whole property to themselves and pass it on to their offspring only after their death. The financially insecure elderly who had to depend on their sons felt the need of remaining active in the labour market and maintain their self-sufficiency even after their retirement. While most of the elderly felt contented to live with their offspring, few believed that OAHs offer more independence, peace of mind, and happiness.

In the work *'In/dependence, Intergenerational Uncertainty, and the Ambivalent State: Perceptions of Old Age Security in India'*, **Lamb (2013)** examines various perspectives on old age security in contemporary Indian society. She specifically focuses on elderly people of West Bengal and how they are taking over the caregiving functions of the family. People exhibited a preference for OAHs over hiring servants because they considered such practices to be tedious, expensive and, risky. The movement to the OAH is perceived by the elderly as a form of redundancy or '*phele daoya*' (in Bengali colloquial term). The state has supported the cause of the elderly by offering them pensions and implementing senior citizens' bills and legal procedures. Apart from the state benefits, elderly people contribute to their own security and well-being by saving, living separately, etc.

In the study entitled *'Ageing of Indian Women in India: The Experience of Older Women in Formal Care Homes,'* **Kalvar & Jamuna (2011)** focus on women in 'pay and stay'

OAHs. Normally, the women staying in OAHs are mostly widowed, and poor, and suffer various vulnerabilities in their daily lives. However, in the 'pay and stay' OAHs the residents are financially strong and belong to middle- & higher-income groups. These OAHs provide an alternative life option to the elderly liberty from the feeling of marginalization and discrimination. The study revealed various reasons for the movement of the elderly to the OAHs namely, widowhood, childlessness, intergenerational adjustment issues, discomfort living in the daughter's home, and absence of a daytime caregiver. Interestingly, it was observed that the elderly formed social networks/relationship (like sibling or offspring-type relationships) with caregivers in the OAHs. Moreover, it was found that the respondents relocate to OAHs at their own discretion, and they were happy that they had no day-to-day worries, avoided family problems, were served timely food, etc. Nonetheless, they exhibited certain concerns about the monotonous lifestyle in OAHs, limited social contact, and the denial of the cherished pleasure of living with the family members.

**Raju (2011)** in the work '*Studies on Ageing in India: A Review*' discusses varied research on the issues of ageing in India. The problem of ageing pertains to the erosion of the traditional joint family system, kinship and community bonds. Moreover, Raju (2011) highlights how the generation gap has resulted in the marginalization of older people and the erosion of authority in the family. The problem is further compounded because of the burden of economic hardship that they encounter. However, Raju notes that the elderly are a heterogeneous category, and their problems are many viz. social, economic, psychological, health, etc. Thus, despite a few apparent similarities, the problems of the economically challenged elderly are different from that of the female elderly. While the economically challenged elderly encounter hardships like lack of proper housing, poor physical condition, unemployment, mental illness, alcoholism etc., the female elderly



face the problems of widowhood, malnutrition, poor health condition due to childbearing, economic insecurity, etc. The issue of ageing has been the subject of study by many disciplines like sociology, psychology, demography, anthropology, geography, social policy, social work etc. and no single discipline can offer a holistic understanding of the issue. Therefore, the problem of ageing needs to be understood from a holistic perspective considering the social, economic, and cultural context.

Similarly, **Lamb (2010)** in her work '*Rethinking the Generation Gap: Age and Agency in Middle-Class Kolkata*' explains the effect of the generation gap and social change on elderly people. In her ethnographic study of 100 OAHs, she found the disintegration of the joint family system and the rise of modern values of individualism, consumerism, and materialism to be the cause of the proliferation of OAHs in India. Thus, with increasing financial independence and autonomy, children abstain from performing their filial duties and obligations. The movement to the OAHs is not always involuntary as Lamb shares instances where elderly people left for OAHs of their own volition. The seniors believe that such action would offer their children more independence and freedom to pursue their lives and career.

In their study entitled '*Interpersonal relationships of elderly in selected old age homes in urban India*', **Kalavar and Jamuna (2008)** examine the living arrangement of middle- and higher-income groups in the OAHs of Hyderabad, Bangalore, Chennai, and Thiruvananthapuram. The main reason for moving to OAHs was childlessness, intergenerational strife, and the inability to survive independently after the loss of a spouse. Interviews with the respondents reveal that elderly women have the largest social network than men. Women have few cross-gender relationships other than their sibling relationships. The majority of the elderly felt dissatisfied at OAHs because of the absence of family support.

**Mishra (2008)** in the article '*A Study of the Family Linkage of the Old Age Home Residents of Orissa*' highlights the reason for the elderly to shift to OAHs and the family linkage they maintain after shifting to the OAHs. Further, the study explores the level of satisfaction of the residents in terms of living separately from their children. The residents moved to OAHs as they had no other place to go. Apart from poverty, maladjustment with children was found to be a major reason for moving to OAHs. Compared to their family members, the elderly were found to miss their friends and acquaintances more after their relocation. The residents thus preferred "Intimacy-But-At-A-Distance" with their children as a form of living arrangement.

**Bansod and Paswan (2006)** in their study '*From Home to Old Age Home: A Situational Appraisal of Elderly in Old Age Home in Maharashtra*' observed that people move to OAH mostly from nuclear families. However, the study also found that a greater number of children (three or more) also did not ensure the well-being of the parents. Other reasons for moving to OAHs were poverty, lack of support from children, lack of caregivers, loneliness, and misbehavior of daughter-in-law. The authors note that the problem was also reported among the Scheduled castes and tribes and people from rural backgrounds. Interestingly it was revealed that 40 percent of the respondent discussed their decision to relocate with others.

Focusing on the problem faced by elderly women in their old age, **Asharaf (2005)** in his work '*Economic Security for Older Women in India*' highlights the insufficiency of economic resources, social security entitlement and poor employment. Women, the cares of all family members, are often not cared for in their old age. This is more so for women who lack financial viability and are considered to be a burden on the family. They are kept aloof from important decisions of the family and such exclusion creates a feeling of

neglect among the older women. The paper attributes financial hardship in old age to the lack of proper financial planning.

**Chadha (2004)** in the article '*Understanding Intergenerational Relationships in India*' examines the status and role of the elderly within the family set-up. The elderly male was particularly found to enjoy high status within the family, and this was represented in the crucial role that they played in the marriage ceremony, religious rituals, naming ceremony of the babies and various festivals. Moreover, they played an important role in the socialization of the children and the transmission of values & morality to the next generation. The elderly believed that they deserve a certain amount of respect for the wisdom & knowledge that they have acquired in their lifetime. Therefore, in the bygone era, the relationship of the elderly with their family member was based on reciprocity and care. However, the forces of urbanization and industrialization have kind of challenged this order and given a materialistic twist to the interpersonal relations existing within a family.

In the study entitled '*Issues of Elder Care and Elder Abuse in the Indian Context*,' **Jamuna (2003)** talks of highlights the problems of elder abuse in India and the stress encountered by the caregiver of the elderly. Specifically speaking Jamuna talks of the caregiving of the elderly by married children, their spouses, and institutional care. She narrates the varied problems faced by the caregivers such as the lack of accommodation, the strained relationship between caregiver and care receiver, role overload of the caregiver, etc. She details three case studies highlighting elderly abuse within the family in the forms of humiliation, harassment, adverse comment, taunting, physical abuse, etc. The study prescribes 'family counselling' to be a solution for such problems.

**Rajan and Kumar (2003)** in the article '*Living Arrangements among Indian Elderly*' attempt to understand the pattern of living arrangements of the elderly. They talk about changes in society that have adversely affected the status of the elderly. For instance, the decline of fertility, the urbanization process, increases in life expectancy of the elderly and the diffusion of individual western culture adversely affected the status of the elderly. Rajan and Kumar also distinguish between 'support given to the elderly; and 'taking care of the elderly'. While 'support given to the elderly' entails providing financial assistance to them, 'taking care of the elderly' means offering emotional support to the elderly. The study revealed that compared to females, the males enjoyed economic security and hence had lower dependency on others.

**Rajan (2002)** in his study '*Home Away from Home: A Survey of Old Age Homes and Inmates in Kerala, India*' discusses the condition of residents in the OAHs of Kerala. He categorizes the non-working elderly into three heads namely, elderly living in institutions, beggars, and pensioners. He observes the proliferation of OAHs in Kerala over the years and notes that the lack of caregiving facilities at home and the out-migration of their children makes people move to OAHs. The research revealed that most of the elderly found the environment of the OAHs to be congenial.

In the study entitled '*Ageing in India: drifting intergenerational relations, challenges and options*', **Bhat & Dhruvarajan (2001)** explain the impact of triarchic forces of modernization, urbanization and globalization on society. Focusing on the issues of intergenerational conflict and old age security, the authors give a vivid description of the problems of old age. Aged people apart from facing economic and psychological disabilities also suffer from the lack of social security benefits.

They are paradoxically situated at the intersection of the decline of traditional values and the establishment of the social security system. The authors call for policy implications for improving the well-being of senior citizens of the country.

Likewise, **Kumar (1999)** in the work '*Elderly in the changing traditional family structure: An Indian scenario*' discusses the changes in the roles & structures of traditional joint families in the era of urbanization & modernization. Kumar explains that in the traditional joint family system, old age was understood as a sign of wisdom, maturity, and prestige. However, with the forces of coming modernization, achieved status has received greater prominence over the ascribed status and younger generations have replaced the older generation in holding the authority structure within the family and taking the decision-making responsibilities. To avoid conflict with their son and daughter-in-law, the father prefers to live separately or move to OAHs. At times it was found that female elderly exhibited their preference for residing with their married daughter than with their married son.

**Shah et. al. (1995)** in their study '*Elder Abuse in India*' discusses the issues and forms of elderly abuse in India. Elderly abuse can take the form of neglect, financial, physical, emotional, and self-induced abuse. In discussing these abuse forms Shah et. al. posits that financial & psychological abuse is more prevalent in the country than physical abuse. This is because the elderly are dependent on their family members and suffer from financial insecurity. Shah et. al. lament that there is a dearth of specific policies and programs addressing the issue of elderly abuse in India. Finally, the authors argue that the prediction of the prevalence and occurrence of elderly abuse is challenging because Indian society is paradoxically situated at the intersection of tradition and modernity.

### 1.9.2 Life in Old Age Homes

**Chand & Chatterjee (2019)** in the article '*Problematics of caring in a spiritual gerontopolis: A study of old age homes in Varanasi (Kashi)*', address the problems associated with caring for the aged and dying residents of Varanasi's OAHs. The problems faced by the care providers were many and they could be clubbed under four themes: communicating with residents, providing environmental support & assistance, offering nutrition & health care and ensuring the family presence and dignified death. The study revealed that the contact of the residents with the caregivers was limited as the elderly preferred to be reticent most of the time. Their silence is a mark of reverence to Lord Shiva, who characteristically is a silent deity. Besides 'silencing of voices' bears allegorical reference to years of abuse and neglect that the elderly have faced within their families.

In terms of infrastructural support and provision, none of the OAHs was found to be elderly friendly. Thus, there were architectural barriers like steep staircases, compressed living spaces, and unsuitable flooring. Despite such hurdles, the elderly preferred to be in solitude and be self-reliant in their endeavor lest they carry the burden of indebtedness to their future lives. Most OAHs served 'Satvik' (vegetarian) food to the residents, as the residents were engaged in spiritual pursuits and were seeking liberation from the cycle of rebirth. Most residents were found to be apathetic about their health issues or bodily sufferings because of the detachment they intended from their bodies and their belief that death in Kashi is associated with salvation from the cycle of birth and death. Moreover, the residents didn't prefer the presence of their family members at the time of their death as the family is a source of attachment or 'Maya'. Another ritualized practice for dignified death was to offer 'Gangajal' (water of river Ganges) to the dying to facilitate peaceful death.

In congruence with the prevailing culture, some residents also wished for 'Jal Samadhi' or water burial. However, compliance with such desires became increasingly challenging after the Clean Ganga Project was implemented by the government in 2014. Additionally, the paper highlights the dilemma of the caregivers in meeting the whims and desires of the residents or following their own discretion in catering to the elderly.

Through the work '*Assessment of Private Homes as Spaces for the Dying Elderly*,' **Bhattacharyya et al. (2017)** discuss the assessment of end of the life care of the aged population in private homes in Kolkata. The study found that most of the elderly faced health issues and the problem was exacerbated by the remote location of private homes and insufficient state palliative policy. The condition of private OAHs in Kolkata was deplorable; a few of them were found to be extremely impoverished, gloomy, poorly ventilated etc. Furthermore, there were issues with the water supply, electricity, sanitation facilities, etc.

The study of the household situation revealed that family relations were stressful, and this disturbed the mental peace of the dying elderly to a considerable extent. The daughters-in-law found caregiving to the elderly depressing, stressful, and burdensome. Private OAHs were not able to adequately substitute as they lacked knowledge and experience in dealing with dying patients.

**Dutta (2017)** in the article '*Old Age Homes in India: Sharing the Burden of Elderly Care with the Family*' discusses the roles and responsibilities of OAHs in India. Dutta underlines various reasons for the movement to OAHs and they are migration of the children, lack of resources, childlessness, tendency to avoid responsibilities, domestic conflict, dearth of caregivers in the family, defrauded by their children, etc. Because elderly people want to live the last days of their life with dignity and self-respect, they

prefer to move to OAHs. However, many of them suffer from boredom, loneliness, and isolation due to limited mobility. The long-time residents of OAHs counter the problem by developing their social network in the institutional setting.

In their study entitled '*Social Capital, Interrupted: Sociological Reflections from Old Age Homes in Ahmedabad, India*', **Samanta and Gangopadhyay (2017)** attempt to understand the role of social capital in improving the well-being of aged individuals. They argue that there has been a concurrent rise in OAHs with the higher mobility of the middle-class Gujarati society. The paper explores the process by which the residents of the OAHs construct the social meaning of ageing and negotiate with the changing social reality. Furthermore, the study reasoned the movement of the elderly in OAHs to widowhood, intergenerational conflict, and absence of the male child. Talking of the social networking of the respondents, few male residents had friends outside of OAHs but none of the female respondents was found to be having such networks. Most respondents thus felt lonely in OAHs, had occasional visitors from home or friend circle and their contact with family members was mostly telephonic. The paper further reveals that daughters more than sons offer emotional support to their parents in old age.

**Showkat (2016)** in the work '*Need of Old Age Homes: A Sociological Study in Srinagar District (JK)*' discusses the problem of the elderly from social, economic, health, and psychological perspectives. Showkat defines old age in terms of chronology (number of years), change in social role (work patterns and adult status of children) and change in capabilities (invalid status, senility and change in physical characteristics). Moreover, he talks about how modernization apart from its positive impacts, has led to the disintegration of traditional values and customs. For instance, elderly people are isolated in their families, and they feel alienated in their homes. Portraying a positive image of OAHs, Showkat posits that OAHs offer breathing space to the elderly and provide them



a healthy & happy environment. Showkat also observed that the need for OAHs is seen more among the upper-income groups than middle and low-income groups.

**Rao, Trivedi and Yadav (2015)** in their article '*Assessing the Life Satisfaction of Elderly Living in Old Age Homes in the City of Ahmedabad*' examine the life satisfaction of residents of OAHs and the coping strategies adopted by them. The authors found that (28 percent) of the respondents move to OAHs because of conflict within the family and (24 percent) of respondents migrated to OAHs because of social isolation and lack of caregiving in the family. Interviews with the respondents further revealed that respondents were not satisfied with the condition of OAHs and spent time in worship, meditation, and engaging in physical activity. Their satisfaction lies in the feeling that their freedom was not restricted in OAHs, and they were not dependent upon family members.

In the study entitled '*Depression among elderly living in Briddashram (old age home)*', **Chalisa (2014)** examines the prevalence of depression and anxiety among the elderly living in OAHs of Devghat (Nepal), considered to be a sacred place for the Hindus in Nepal. This cross-sectional research is a result of 180 face-to-face interviews and the findings revealed that most of the respondents (93 percent) had health issues and (57.8 percent) suffered from depression. The elderly revealed that they suffered from loneliness and depression because of the lack of social support network system and the loss of kinship ties. Further, it was found that the level of loneliness was higher among the females and a significant correlation was observed between loneliness and depression.

**Kalvar (et. al, 2013)** in the study '*Elder Abuse in India: Extrapolating from the Experiences of Seniors in India's "Pay and Stay" Homes*' attempt to understand the interpersonal relationship, conflict, abandonment, and marginalization that the elderly

face in ‘pay and stay’ OAHs. The study was based on OAHs of four south Indian cities. In the four case studies that Kalvar et al. describe, there is a vivid portrayal of abuse, misbehavior, and marginalization of the elderly. The authors identified ‘intergenerational strife’ as the most common reason for the relocating to OAHs. The other reasons were fear of crime, absence of a family caregiver, being considered a burden, and psychological abuse within the family. Finally, one-third of the respondent shared that their movement to OAHs was unexpected, and they chose to live there because it’s a better option than being disrespected, ignored, and deprived.

In the study ‘*Disengagement or Re-engagement in Later Life? A Study of Old Age Home Residents of Orissa*’, **Mishra (2012)** attempts to examine the disengagement strategies adopted by residents of OAHs regarding familial roles and responsibilities. The residents adopted various re-engagement strategies to keep themselves socially connected. Most of the residents felt that they should disengage themselves from property matters in their old age. Further, they felt that the ideal time for disengagement should be after the marriage of their children or when they are 60 to 70 years old. As re-engagement strategies, the elderly people engage themselves in religious activities, gardening, helping the caregiver in cooking and managing accounts of the OAHs, etc.

**Dubey (et. al, 2011)**’s study ‘*A study of elderly living in old age home and within family set-up in Jammu*’ attempt to understand the feeling of the elderly people residing in OAHs vis-à-vis those staying in families. In contrast to the findings of Kalvar and Jamuna (2012), they observed a remarkable difference in this regard: most of the elderly residing in families tend to have a positive perception of old age and those residing in OAHs tend to have a negative feeling about it. For the elderly people residing in OAHs, the inferior image arose out of their economic insecurity. Moreover, the elderly residing in families had a robust amount of social support, looked after their grandchildren in their leisure,

and enjoyed reading religious books and magazines. In contrast, the institutionalized elderly preoccupied themselves with religious activities and shared nostalgic memories about their family life with other residents. In sum, Dubey et al. conclude that the elderly residing in families enjoyed better support and enhanced scope of social interaction.

**Beevi (2010)** in her work '*A Profile of Elderly Women Living in Old age Homes-A Study in Kerala*' discusses the living conditions and facilities provided by the of OAHs in Kerala. The respondents of the study were mostly elderly widows who shifted to OAHs after the death of their spouse or when they are rejected by their children. The residents of the OAHs suffer from a highly institutionalized, depersonalized, and bureaucratic atmosphere of the OAHs. Beevi elaborately discusses the problems faced by the elderly at the OAHs namely, the inflexible schedule, separation from the family, anxiety, diminishing physical capacity, isolation, loneliness, disease, etc. Thus, living in OAHs evoke a picture of apathy, dependence, and sadness.

**Rana and Mishra (2010)** in the article '*Fragile Flames: Challenges Experienced by Aged Destitute Women in Vrindavan*', examine the struggling experiences of women in relation to patriarchy, family dynamics, ageism, and widowhood. The women experience various forms of psychological alienation like powerlessness, normlessness, social isolation, and self-estrangement. Such forms of alienation resulted in the withdrawal behavior of the residents and weak interpersonal relationships at the ashram. As a consolidatory act, the women sort of refuse in God. They attributed the struggle of their life to their karma of past life and their suffering is a divine plan. Therefore, submission to the divinity provided a sense of hope for a better life after death.

**Lamb (2005)** in her study '*Cultural and Moral Values Surrounding Care and (In) Dependence in Late Life: Reflections from India in an Era of Global Modernity*' examines

the rise of the institutional old age care system in India. She explores how the OAHs offer emotional, social, and practical support to the elderly and have taken over the functions of traditional Indian joint families. Most of the elderly living in OAHs found it to be a better option than staying within the family. Relocation to OAHs was perceived by the elderly as a way of avoiding unnecessary intergenerational conflict. Finally, the author questions whether the proliferation of OAHs in India in the era of modernization is an indicator of social progress.

**Liebig (2003)**'s article '*Old-Age Homes and Services: Old and New Approaches to Aged Care*' explores the functioning of OAHs in India. Specifically speaking she studied 'pay-and-stay homes and 'daycare centres' for middle and upper-income groups in various states and union territories of India. In her studies, she finds that though the OAHs are not very popular in Indian society, people move to OAHs because of lack of care in the family, because they are considered to be economic liabilities and further desire to live with their peers. Furthermore, it was seen that many of the free OAHs not only catered to the elderly but also to orphans, mentally retarded, and abandoned people. Facility-wise the pay and stay OAHs were found to be better than the charitable OAHs. She advocates that the government should offer group housing facilities for the aged and adopt a 'granny program' to relieve families from the economic burden of taking care of the elderly.

### **1.10 Knowledge Gap**

The above-mentioned literature review highlights diverse facets of institutional living and discusses different reasons behind relocation decisions. Many of these studies have been conducted in metropolitan cities of India and they entail a psychological understanding of the mindset of the residents and focus on various vulnerabilities that the elderly encounter in their twilight years. The merit of the study stems from the fact that it is based

on a comparative understanding of relocation decisions in free and paid OAHs in Lucknow (a non-metropolitan, heritage city) and Varanasi (a spiritual city). This is interesting as reasons for relocation are presumed to be very different and will help us to gauge the acceptability of OAHs in Indian non-metropolitan cities of the 21<sup>st</sup> century. Adopting a phenomenological approach, this research attempts to find out who are the residents of the OAHs? Why have they relocated? What are their family dynamics? How is their lived experience in the OAHs? What is the meaning and essence of life for them? How do they rebuild their social circle in the context of institutional living? Additionally, the research analyses the relationship that the residents share with their families from the prism of the Solidarity, Conflict, and Ambivalence Model. The idea is to develop a nuanced understanding of the lived experience of the elderly in the institutionalized setting.

### **1.11 Objectives of the Study**

1. To explore the reasons behind the movement of the elderly to the govt. vis-à-vis private OAHs of Lucknow and Varanasi.
2. What is the perception of the elderly about interpersonal relations with their family members?
3. To understand what is the meaning that the elderly attribute to their life and their liminal state.
4. To examine the social capital/networks of elderly people residing in the OAHs.
5. What is the perception of the elderly regarding the services/facilities offered at OAHs and the extent of their utilization?



## Chapter 2: Theoretical Framework

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### **2.1 Solidarity, Conflict and Ambivalence Model**

Solidarity, Conflict and Ambivalence Model equips us with several theoretical concepts for comprehending the intricacies of familial dynamics in the social world. It offers several approaches for comprehending both macro- and micro-scale structural forces as well as their interconnections. The underlying assumption behind the solidarity-conflict model is that parent-child relationships and their long-term consequences are predicted by degrees of cohesiveness and conflict. The ambivalence paradigm contends that social and psychological inconsistencies are at the basis of adult intergenerational relationships (Lowenstein, 2007). In addition, the complexity and diversity of family lives and intergenerational ties have increased as a result of population ageing and globalization (Lowenstein & Bengtson, 2003).

#### **2.1.1 Familial Relationship**

Family is a place where both positive (love, mutual support, cooperation, and happiness) and negative (conflict and hate) interactions are found (Sprey, 1969). In the Indian joint family system parents invest emotional, material, and financial support for the upbringing of their children and expect that they would receive it back from children. Mainly family structure is made up of two or three generations because of increasing life expectancy. Kapadia (1958) defines a four-generation family in which great grandparents, grandparents, parents, and children. In the last three decades, the percentage of the elderly residing with their children has declined (Mason, 1991).

Population ageing is becoming more prevalent, as seen by the rise in the number of elderly individuals (those over 85 years old), many of whom have dementia, Alzheimer's disease,

or other debilitating disorders that place a strain on families and society on both a micro and macro level. The majority of the research on intergenerational relationships has either concentrated on conflict or solidarity. This study attempts to understand the perspective of the (elderly) parents with regard to familial dynamics and the ties that they share after relocation to the OAHs. I use Solidarity, Conflict and Ambivalence model framework for analyzing the findings of the study.

The Solidarity, Conflict and Ambivalence Model talks about three types of relationships prevailing within the family i.e. conflict, solidarity and ambivalence.

### **2.1.2 Familial Solidarity**

Intergenerational solidarity refers to the degree of closeness and support between different generations. Bengtson, Olande, and Haddad (1976:238) define solidarity as "social cohesion between generations". It is used to describe the beneficial interactions between grandparents, parents, and children that balance out the ups and downs of life (Legors, 2002). As Merz (2005) puts it, intergenerational solidarity refers to processes within intimate interpersonal relationships mostly occurring within families. It includes a whole range of shared domestic effective and financial services prevalent between the generations. The whole family works for each other, and members do not exist for themselves. Silverstein et al. (1996) define that affection through solidarity has many positive effects but at extreme levels, it can be suffocating.

Roberts & Bengtson (1990) identified the six elements of intergenerational solidarity namely, Associational solidarity, Affectual solidarity, Consensual solidarity, Functional solidarity, Normative solidarity, and Structural solidarity. Now I will discuss each of the solidarity types in detail:



### **2.1.2.1 Associational Solidarity**

Associational solidarity refers to the frequency and pattern of interaction in various types of activities engaged by family members. In other words, it refers to the amount and the kind of intergenerational contact, either face-to-face or by phone, e-mail or any other means. Typically, associational solidarity is discerned from the intensity and frequency of contact between the generations. Thus, associational solidarity is indicative of the health of an intergenerational relationship, in terms of affective dimension. The proliferation of communication technologies has strengthened associational solidarity and people have the freedom to be in touch with their family members as per their convenience. More often than not, associational solidarity is a one-sided relationship, where parents are the ones that keep the most contact with their (adult) offspring (Takacs, 2017).

### **2.1.2.2 Affectual Solidarity**

Affectual solidarity is about positive emotional closeness and shared sentiments across the generations. It results in feelings of emotional closeness, affirmation, and intimacy between family members. Affectual solidarity thus comprises affection, warmth, intimacy, trust, respect, and reciprocity among the family members. Such solidarity is important for maintaining an individual's ontological stability in the backdrop of the individualistic social world (Giddens 1991).

### **2.1.2.3 Consensual Solidarity**

Consensual solidarity refers to the amount/degree of agreement in values and beliefs. It is thus conceived as the congruency of values, attitudes, beliefs and lifestyles between children and parents. It highlights the existence of harmonious intergenerational

relationships and the importance of consistent compromises in daily life in sustaining the relationship.

#### **2.1.2.4 Functional Solidarity**

Functional solidarity refers to the frequency of intergenerational exchanges of assistance (e.g., financial, physical, emotional), and the reciprocity involved in the intergenerational exchanges. Stated differently, functional solidarity is about having positive feelings towards family members. Thus, it entails all kinds of financial, instrumental, and emotional support exchanged between the parents and children. Generally, transfers are made from the elderly to the young. Interestingly, Kohli (1999) observes that financial transfers help the elderly to become respected within the family and in return, they may expect assistance and care and control over the behavior of the young. Thus, the elderly are perceived to play a functional role in offsetting the negative effects of the market (especially in the case of disabled, unemployed and divorced children); they strengthen family relationships while also increasing family cohesion.

#### **2.1.2.5 Normative solidarity**

In terms of views toward the value of familism or fulfilling familial obligations, normative solidarity relates to how strongly one is committed to fulfilling one's position in the family. The normative dimension refers to the extent of commitment to filial and parental obligations- -that is, the adult children should provide assistance to their older parents when assistance is needed by the respective members of intergenerational relationships. Normative solidarity is about mutual expectations and hopes between the parents and children.

### **2.1.2.6 Structural solidarity**

Structural solidarity refers to the opportunity structure that facilitates the realization of familial interactions. Therefore, the measurements of structural solidarity include the geographical proximity between the familial members, health condition of members, age, sex, marital and employment status of children, etc. Structural solidarity, in short, are the "possibility structures" that enable positive familial relationships.

### **2.1.3 Familial Conflict**

The effect of modernization, urbanization, and industrialization results in familial conflict. The modern values, needs and lifestyle of younger generations impacted the relationship between parents and children. According to Laursen and Collins (1994), the conflict starts during the adolescence phase of the children, when they demand more independence and autonomy. The older generation prioritizes collectivistic ideals whereas the younger generation places a strong emphasis on western individualistic values, attitudes, and lifestyles. Such differences in values are a source of conflict between generations within the family. According to Collins & Russell (1991), children who assert more on their autonomy and independence, experience frequent intergenerational conflict in the family and less cohesion with their parents. In the recent years, the generational divide and the innate conflicts that exist between parents and children have gotten worse (Fei, 2002). Family members encounter more conflicts of interests and values in the contemporary risk society, which is characterized by cultural variety, a decline in absolute authority, marketization of the economy, and globalization. Based on the review of the literature and the discussion above, we believe that increasing conflict in the family results in the relocation of the elderly in the OAHs.

### 2.1.4 Familial Ambivalence

The concept of ambivalence refers to the coexisting and mixed state of positive and negative emotions. The study of intergenerational relations is mainly based on solidarity or conflict within the family but there is also a third dimension that portrays the hybridity of relationships within the family. The concept of ‘intergenerational ambivalence’ was coined by Luscher and Pillemer as a dichotomy of family solidarity versus family conflict, the “*love-hate relationship within the family*” (Luscher and Pillemer, 1998: 414). Further, the conceptualization is used to “*designate contradictions in relationships between parents and adult offspring that cannot be reconciled*” (ibid: 416). The contradictions were seen to happen on two different levels, namely the “*level of social structure, evidenced in institutional resources and requirements, such as statuses, roles, and norms*” as well as the “*subjective level in terms of cognitions, emotions, and motivations*” (ibid: 416).

Ambivalence in the sociological sense primarily refers to conflicting feelings, attitudes, and actions as well as discrepancies between role obligations or expectations (Connidis 2015). From a macro perspective, ambivalence develops as a result of conflicts in the societal norms surrounding the parent-child relationship. From a micro perspective, ambivalence may result from factors such as interdependence within the family, intergenerational inequity of instrumental support, and incompatibility of values between parents and children (Fingerman et al. 2013).

Luscher and Pillemer (1998) depict two types of ambivalence:

1. Sociological or structural ambivalence (individual’s position in the social structure).

2. Psychological or individual ambivalence (feelings or sentiments experienced by individuals)


Ambivalence is more manifested in the condition where the role partners have conflicting role expectations. It is a phenomenological reality which we face in a close relationship. According to Luscher and Pillemer (1998), there are three factors that could result in ambivalence in familial relationship:

1. Ambivalence between autonomy and dependency.
2. Ambivalence resulting from norm fulfilment such as filial responsibility, the obligation to kin, or caregiving responsibilities.
3. Ambivalence from solidarity involving proximity or co-residence, frequent interaction, and interdependence.

At a time, older adults want autonomy and dependence. When their autonomy is threatened, it leads to stress and gives rise to an ambivalent situation. Further, when the elderly motivate their children to be independent but do not prefer to compromise with the authority over them, it results in intergenerational ambivalence.

For the sake of the Solidarity, Conflict and Ambivalence model of research, I have tried to create empirical indices, so as to gauge each of the concepts.

**Table 3.1 Operational definition of Solidarity, Conflict and Ambivalence Model**

<div style="text-align: center;">  </div>	<ul style="list-style-type: none"> <li>- The majority of paid OAH's residents have face-to-face contact with their children every four to six months.</li> <li>- They contact with children through phone on daily basis, infrequently via email and letter.</li> </ul>
	<ul style="list-style-type: none"> <li>- Residents describe their relationship with their children are very cordial.</li> </ul>

Solidarity	→ Affectual	<ul style="list-style-type: none"> <li>- They mentioned the existence of emotional support and cooperation inside their family.</li> </ul>
	→ Consensual	<ul style="list-style-type: none"> <li>- Some of the residents shared that their children follow their advice on all matters pertaining to the family, including finances, marriage, etc.</li> </ul>
	→ Functional	<ul style="list-style-type: none"> <li>- Residents use their pensions and savings to support their children in financial need.</li> <li>- They also help their children in land acquisitions, resolves their problems and support through good advice.</li> </ul>
	→ Normative	<ul style="list-style-type: none"> <li>- Although residents are no more available to their families they are always counted as family members and give as much support to their families.</li> </ul>
	→ Structural	<ul style="list-style-type: none"> <li>- Despite the absence of physical proximity, whether they are residing in the same city as that of their children. Some of the residents have large geographical proximity but they are too close in their relationship.</li> <li>- Apart from this, the postal code can be used to find out the distance between residents and their children.</li> </ul>
Conflict		<ul style="list-style-type: none"> <li>- The conflict relationship with their children measured through the complaints of residents about their conflicts, strains, or disagreements relationship with their children.</li> <li>- Some of the respondents shifted to the OAHs because of conflict with their children.</li> </ul>
Ambivalence		<ul style="list-style-type: none"> <li>- Some of the respondents' experiences ambivalence towards the relationship with their adult children.</li> </ul>

## Chapter 3: Research Methodology

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This research attempted to develop a nuanced understanding of the varied reasons behind the relocation to OAHs. Towards this end, comprehension of the decision-making process is crucial. This can specifically be addressed by using the qualitative method, which entails a thick description of social action and illuminates the actor's experience and interpretation. The study was conducted in the OAHs of Lucknow and Varanasi. These heritage cities present before us interesting contrasts; while Lucknow is the state capital of Uttar Pradesh and is known for its Nawabi culture and heritage, Varanasi is a spiritual city situated on the banks of the river Ganges and occupies a central position in pilgrimage, death, and mourning in the Hindu tradition. According to the ancient Hindu tradition, it is believed that death and cremation at Varanasi can bring about salvation from the cycle of rebirth. Moreover, both these cities are a part of the Uttar Pradesh Heritage Arc, consisting of a triangulation of a network extending from Agra to Lucknow and Varanasi (The Hindu, 2015). I, therefore, presumed that the reasons/dynamics of relocation to OAHs in these cities will also be different and hence will account for a wider spectrum of reasons for relocation to OAHs. Interestingly, as the bulk of the research dealing with the relocation of the elderly (to OAHs) is metropolitan based, the research aims to add to the existing wisdom by exploring the relocation reasons in these non-metro cities.

There are approximately 28 OAHs located in Uttar Pradesh (Ministry of Social Justice & Empowerment, 2021). Among these, 06 are located in Lucknow and 09 in Varanasi. The OAHs are run by government agencies, private organizations, or non-governmental organizations.

### **3.1 The problem of the study**

The study attempts to explore the life conditions in the OAHs of Lucknow and Varanasi. The basic assumption behind the study is that the changing context of contemporary urban industrial social order not only results in new social situations and demands but also changes the status of the elderly. In other words, the traditional conceptualization of the status of the elderly is changing and the elderly are confronting new challenges. Familial support has been declining over the years.

In modern society, the elderly population employed in the organized sector enjoy some sort of financial security in terms of pension and other retirement benefits. Their financial backup helps them to manage their post-retirement life in a satisfactory way. Financial security also reduces the financial liability of the family for taking care of the elderly. In situations where the retired person is entitled to health care benefits, the family members only have to facilitate the availing of health care and medical treatment benefits for the elderly. Moreover, mass media, voluntary agencies, and sociocultural organizations considerably influence the life of the elderly in modern society.

### **3.2 Universe of the Study**

Borrowing from the United Nations, we define the elderly as those aged 60 years and above. And for the purpose of the study, we include both free and paid OAHs of Lucknow and Varanasi. The OAHs in these cities constitute the universe of the study.

The significance of the findings of any research work cannot be appraised without knowing the methods used in procuring data. For the purpose of the research, I used a qualitative research design, with observation and interviews as the main tools of data collection. The subsequent sections engage in an elaborate discussion of the tools and techniques used.



### 3.3 Research Design and Data Collection

Since the aim of the study is to understand the mindset of the elderly relocating to OAH, I believe that it can best be addressed by qualitative research. The qualitative method tends to assess the quality of things using words, images, and detailed descriptions of things such as biography. The aim of the qualitative research method is not to objectively generalize the findings to other study populations, but to undertake an in-depth and detailed description of a specific phenomenon or process in its natural context (Patton, 2015). Thus words, stories, observations, and documents constitute the data of qualitative research. In short, qualitative data is of descriptive nature. As Berg (2007:3) puts it:

*“Qualitative research, thus, refers to the meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things”.*

Unlike quantitative research which relies on statistics, the raw data in qualitative research is in the form of descriptions and quotes. The reason is that statistics do not include any judgement about whether what happened was good or bad, appropriate, or inappropriate, or any other interpretative judgments. The statistics merely explain what happened. Thus, in qualitative research, the idea is to gain an understanding of the experience and perception of the subjects. Hence, the idea is to incorporate subjective experiences.

Thus, the aim of the qualitative research method is not to objectively generalize the findings to other study populations, but to undertake an in-depth description of a specific phenomenon or process in its natural context (Patton, 2001). Fieldwork data is of utmost importance in qualitative research. By spending time in the field and interacting with subjects, researchers are able to gain firsthand experience in the field. The qualitative reports describe and interpret whatever was studied in the research field. Three types of

tools are used in qualitative research: 1) direct observations, 2) in-depth, open-ended interviews, and 3) written communications (Patton, 2015).

The interview data is used by researchers in the form of direct quotations to underline the subject's experiences, feelings, opinions, and knowledge. While observing, the researcher collects data relating to people's behaviour, activities, actions, and interpersonal interactions with other people. Observation is not only made about the subject's behaviour but also of the social settings. Moreover, governmental and non-governmental reports, personal diaries, and photographs are also analyzed as part of the qualitative enquiry.

The data for this particular research was gathered through observation and interviews. Interviews were unstructured and open-ended. Face-to-face interviews of purposively selected 49 elderly men and women residents were conducted. However, the in-depth nature of the interviews generated varied insights and derivations. The number of interviews was determined by the criterion of saturation<sup>1</sup>. The age of the research subjects ranged from 60 to 94 years.

### **3.4 Phenomenological Approach**

Phenomenology is a philosophical theory developed by German philosopher, Edmund Husserl and his apostle, Alfred Schutz, an Austro-American philosopher. Phenomenology entails an 'interpretative' view i.e., it involves making sense of the world according to one's own interpretation. Thus, the words 'television', 'fan', 'tree', and 'river' are mere labels given to man-made or nature-made objects to make sense of them. The contention is that the physical world is not a 'real' world that is a fixed and

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<sup>1</sup> Data saturation refers to the stage of a research process when sufficient data have been gathered to reach the appropriate conclusions and further data collecting will not result in new, insightful information.

unchanging entity to all people. Rather, it is a 'relative' world dependent for its existence on human interpretation and the meaning that they assign to it.

Phenomenologists perceive the 'social' world in a more relative term than the physical world. So, ideas like family, love, and crime are human constructions and are reliant on human perception, interpretation, and meaning for their existence. To substantiate, there is no concept of a crime, and human perception of certain behaviour in a specific setting determines what constitutes a crime. Therefore, depending on the interpretation, homicide may be seen as an act of self-defence, heroism, accident, or murder (Slattery, 2003). Thus, we form these beliefs about life as a result of socialisation. In conclusion, phenomenology is the study of human consciousness and how people interpret their environment. As Edmund Husserl suggested to go "back to basics" and unearth the essence of man's "Life World." In his understanding of everyday social order, Schutz identifies three core elements:

- (i) Common sense-prevalence of a common body of knowledge that aids in interpreting and acting in the context of our own particular society.
- (ii) Typifications-Are the usual ways of categorising things and experiences that add to our "stocks of knowledge,".
- (iii) Reciprocity is the belief that other people perceive the world similarly to us (ibid).

All the above-mentioned elements of intersubjectivity help us to make sense of our everyday life. As Slattery (2003:166) puts it: *"social order for phenomenologists is thus a 'negotiated' order, a practical framework forming the basis of most people's 'life world' as they seek to go about their daily lives and work."* When such common consensus/assumptions break down, there is a rise of social disorder and chaos.

A social scientist should study the social world to its essence. To pursue such a goal, he/she should 'bracket off' his/her attitude and take nothing for granted. The idea is to study the social world objectively without any preconceptions and yet use his/her human consciousness to make sense of the world as others perceive it. The attempt should be to see the world as an insider does. Therefore, the phenomenological approach seeks to comprehend people's intentions, emotions, and imaginations. It's crucial to have an open mind when studying social interactions and human behaviour in order to understand why people behave in certain ways. Schutz, for instance, sought to understand the 'typifications' that people use to organize their lifestyles, routines, and daily practices. Hence, researchers should strive to understand the meaning that members give to life as they consciously and actively live in it. However, it is not a single and common reality for all but a community of 'multiple realities' based on a common culture that coheres and forms the basis of social order.

Therefore, in line with the phenomenological approach, I attempted to understand the lived experience and perspectives of the respondents. The goal was to look into how each resident acquired their conceptions of reality through their personal experiences. Further, the experience of the residents in private vis-à-vis free OAHs was contrasted to examine their perception and feelings about old age. The idea was to build a kaleidoscopic comprehension of why an increasing number of people are moving to OAH and how they are perceiving old age and adjusting to the new environment. I conducted in-depth interviews to develop an 'emic' view of the process.

Since the core aspects of positive ageing comprise maintaining a positive relationship with others including trust, respect, humour, confidence, feeling at ease, etc., I attempted to understand whether they are able to exercise their agency in making their life decisions, their engagement with various facilities at OAHs and their assessment of those facilities

and services. Additionally, I investigated the social connectedness/bonding of the residents in OAHs, if they maintained contact with their friends and family members and participated in civic activities. This involved spending considerable time with them and observing their daily chores in greater detail.

### **3.5 Procedure of the data collection**

#### **3.5.1 Going into the Field**

The research field is central to any qualitative research. It is in the field that the researcher gets close to the respondents, the situation is studied personally, and the realities and minutiae of the daily life of respondents are studied intricately. Before initiating fieldwork, the Lucknow office of HelpAge India, an International NGO, was visited to obtain the names and addresses of OAHs in Lucknow and Varanasi. I used convenience sampling to locate the OAHs in Lucknow and Varanasi. The respondents were selected through purposive sampling technique. Data was collected through face-to-face interviews with 30 men and 19 women, aged 60 years and above. The details of the OAHs and respondents are provided in the tables below:

**Table 4.1 Old Age Homes of Lucknow**

<b>Sl. No.</b>	<b>Name of the old age homes</b>	<b>Location</b>	<b>Number of residents</b>	<b>Respondents</b>	<b>Types of old age homes</b>
1.	Samarpan Old Age Home	Adil Nagar	24	15	Gayatri Trust (Paid)
2.	Sarvajanik Sikshan Sansthan Old Age Home	Sarojani Nagar	45	13	Department of Social Welfare (Free)

**Table 4.2 Old Age Homes of Varanasi**

Sl. No.	Name of the old age homes	Location	Number of residents	Respondents	Types of old age homes
1.	Aghoreswar Bhagwan Ram Old Age Home	Ganga Ghat, Parao, Varanasi.	18	10	Shri Sarveshwari Samooh (Paid)
2.	Missionaries Of Charity	Shivala Ghat, Varanasi	61	11	Mother Teresa Foundation (Free)

### **3.6 Research setting**

#### **3.6.1 Lucknow**

Lucknow is the capital city of Uttar Pradesh. It is known as the ‘City of Nawab’ or the ‘City of Tehzeeb’. Among the various cities of India, the culture and heritage of Lucknow are unique. Lucknow was founded by Nawab Asaf-ud-Daula and is a multi-cultural city. The city is renowned for its Nawabi culture, Chikan embroidery work, beautiful gardens, poetry, music, and fine cuisine. The city is also known as the ‘Constantinople of India’, ‘Shiraz-e-Hind’, and the ‘Golden City of the East’. At present, Lucknow is a vibrant city with a high level of economic growth and is one of the top 15 fastest-growing non-metropolitan cities in India. It is the administrative headquarters of the eponymous district and division. It continues to be an important centre of governance, administration, commerce, aerospace, finance education, pharmaceuticals, technology, design, culture, tourism, music, and poetry.

##### **3.6.1.1 Old Age Home of Lucknow**

##### **Samarpan Old Age Home**

Samarpan Varistha Jan Parisar is a paid OAH in Lucknow, Uttar Pradesh. It operates in a building donated by the Municipal Corporation of Lucknow. It is located in Adil Nagar,

20 Km from the centre of Lucknow city. Of the 19 residents in the OAH, 10 agreed to the interview. Of the respondents, 9 were men and four were females. Administrative staff and caretakers at Samarpan Varistha Jan Parisar include a superintendent and 6 caretakers (4 cooks and 2 security guards). Since Samarpan Varistha Jan Parisar did not offer nursing facilities, it only admits able-bodied adults. However, if the health of a resident deteriorates after joining the OAH, then the staff offers care to him/her. A physician is also associated with the OAH to regularly monitor the health condition of the residents.

Talking of the physical infrastructure of the OAH, the ground floor consists of the rooms of the caretakers, manager, kitchen with attached dining hall, congregation room, library, and meeting room. Besides, there are 20 rooms for the residents and two dormitories (one for males and the other for females). On the first floor, there are ten rooms, and the adjacent area is used by the respondents for walking and exercise. The OAH has lift facilities for the convenience of its residents. The OAH also has a small garden, which is used by the residents for gardening and planting trees.

**Table 4.3 Demographic profile of residents in paid old age home (Lucknow)**

<b>Sr. No.</b>	<b>Name (Pseudonyms)</b>	<b>Age</b>	<b>Education</b>	<b>Job</b>	<b>Pension</b>
1	Ashesh Upadhyay	84	Graduation	Consolidation Officer in Chakbandi	Yes
2	Mahendra Pandey	78	Post-Graduation	Ministry of Finance	Yes
3	Usha Pandey	72	Graduation	Housewife	No
4	Bhavna Khatri	73	Intermediate	Housewife	Yes
5	Houshila Prasad Dubey	94	Graduation	Job in Railways	Yes
6	Abha Dubey	86	Intermediate	Housewife	No
7	Abhijit Chatterjee	93	Graduation	Officer in LIC	Yes

8	Brijesh Mishra	89	Post-Graduation	Secretariat in Central Government	Yes
9	Awadhesh Shukla	70	Bachelor of Law	Advocate	No
10	Girija Shankar Tiwari	72	Graduation	Grade-1 Officer in BSNL	Yes
11	Pallavi Das	79	Graduation	Storekeeper in KGMU	Yes
12	Aashim Khan	75	Urdu education	Private job	No
13	Abhay Kumar Choudhary	86	B. Tech	Civil Engineer	Yes
14	Anita	82	Post-Graduation	Teacher	Yes
15	Moushimi Chakrabarti	87	12 <sup>th</sup>	Private School Teacher	No

## **Sarvajanik Sikshan Sansthan**

Sarvajanik Sikhsonayan Sansthan is a free OAH of Lucknow, Uttar Pradesh. It is located in Sarojini Nagar, Lucknow and operates from a three-floor building on a rent basis. It was founded by Dr. Sushil Chandra Trivedi in 2014. Apart from the Lucknow branch, there are other four branches of this OAH located in Kanpur, Jhansi, Sitapur, and Hardoi. The Lucknow branch of this OAH received the ‘Vayoshreshtha Samman’ in 2018 from the Vice-President of India for being the best OAH in Uttar Pradesh. The history of the institution dates back to 1981 when it was established primarily to offer education to poor children. Subsequently, it expanded its operation to include care for the elderly. At present, there are 15 people working in this OAH. Apart from the manager and the assistant manager, there is also an accountant and a storekeeper. Moreover, there are six cooks, two security guards, two sweepers, and a gardener. At present, the OAH houses 52 elderly residents, of which 33 are males and 19 are women.



There is a small garden where the residents spend time walking or enjoying leisure hours in the evening. The elderly are given yoga classes in the morning and engage in ‘aarti’ and prayers in the evening. The staff also offers counselling services to the residents. The institution stipulates sixty years of age and good health as the criterion for admission to the OAH.

**Table 4.4 Demographic profile of residents in free old age home (Lucknow)**

<b>Sr. No.</b>	<b>Name (Pseudonyms)</b>	<b>Age</b>	<b>Education</b>	<b>Job</b>	<b>Pension</b>
1	Ajay Srivastav	87	10 <sup>th</sup>	Carpenter	Old Age Pension
2	Rakesh Yadav	86	10 <sup>th</sup>	Own Clothes shop	Old Age Pension
3	Krishna Garg	69	12 <sup>th</sup>	Junk work	Old Age Pension
4	Lata Garg	65	10 <sup>th</sup>	Housewife	No
5	Virendra Bajpai	71	12 <sup>th</sup>	Shop of spare part	Old Age Pension
6	Vijay Mehra	83	10 <sup>th</sup>	Own Clothes shop	No
7	Shushila Nigam	64	12 <sup>th</sup>	Housewife	Old Age Pension
8	Arvind	65	12 <sup>th</sup>	Security guard	No
9	Seema	61	10 <sup>th</sup>	Housewife	No
10	Harish Kohali	62	Graduation	Private Job	No
11	Ramesh Shukla	67	10 <sup>th</sup>	Business	Old Age Pension
12	Mahesh	65	Graduation	In charge in Iron & Mining	Old Age Pension
13	Balram	67	Graduation	Finance sector	No

### 3.6.2 Varanasi

Another site of the study was Varanasi, the spiritual hub of India. Varanasi or Kashi has been India's cultural and literary centre since antiquity. Also known as 'the city of temples and learning', Kashi is revered as an ancient religious city by the Hindus, Buddhists, and Jains. The Ganges in Varanasi flows from the South to the North and according to ancient Indian thought, the southern direction represents the realm of death and rebirth is represented by the northern direction (Parry, 1994). Hence, death in Kashi implies the attainment of salvation or 'Moksha' and escape from the cycle of birth and death. Moksha, also called *mukti*, *nirvana*, or *kaivalya* in Indian philosophy and religion is liberation from the cycle of rebirth and death (Mishra, 2013). Varanasi is a very important place for this because, as per the Sanskrit phrase "*kāśyām maraṇām muktiḥ*" (death in Kashi is liberation). According to a widely held belief, anyone who takes his last breath in Varanasi is liberated from the cycles of birth and death. The nature of salvation may be different, but the goal is the same we have to attain salvation. No one can attain *Moksha* (liberation) from the cycle of birth and death until the accumulated *karma* is eliminated through suffering and rebirth.

Therefore, a lot of the elderly visit Kashi for a 'death pilgrimage' in the hope of attaining salvation. People who visit Varanasi seeking for their last breath are referred 'mumukshu' (aspirants of moksha). There are a number of accommodations for the elderly visitors in Varanasi and they are referred to as 'mumukshu bhavan.' One of the trusts is the 'Kashi Labh Mukti Bhawan' and people from all over the country come to this Bhawan to spend their last days. Established in 1908, the motto is to help the elderly to attain salvation in peace. As a practice, the staff sprinkle 'Ganga Jal' (water of the holy river Ganges) on the residents in the morning and evening (after 'aarti') so that they can be liberated in peace.

The unavailability of space in Mukti Bhawan, makes people look for accommodation in other commercial complexes and hotels.

### 3.6.2.1 Old Age Homes of Varanasi

#### Aghoreshwar Bhagwan Ram Old Age Home

Agoreshwar Bhagwan Ram Old Age Home is a paid OAH in the Parao locality of Varanasi. The institution was established in 2016 by the Sarveshwari Group and is spread over 12 acres of land. The Sarveshwari Group is a trust that has branches all over the country and its main mission is to work for patients suffering from leprosy.

**Table 4.5 Demographic profile of residents in paid old age home (Varanasi)**

Sr. No.	Name (Pseudonyms)	Age	Education	Job	Pension
1	Reena Srivastav	68	B.Ed.	School Principal	Yes
2	Harish Kapoor	76	Graduation	Bank Manager	Yes
3	Arvind	69	BDS	Dentist	No
4	Anita	61	12 <sup>th</sup>	Housewife	No
5	Shivaya	85	Graduation	Teacher	Yes
6	Ashish	69	Graduation	District Office	Yes
7	Malti	87	Graduation	Teacher	Yes
8	Shanti Gupta	92	BTC	GGIC Teacher	Yes
9	Shuchitra	72	12 <sup>th</sup>	Housewife	No
10	Sunil	76	Diploma	Engineer	Yes

The Agoreshwar Bhagwan Ram Old Age Home has a total of 6 staff: a manager, 2 cooks, 2 security guards, and a sweeper. The residents are generally not allowed to go out of the premises of this OAH. The institution has many residents from faraway places like Bengal and South India and hence serves both vegetarian and non-vegetarian food. The residents in this OAH are generally from affluent backgrounds. Generally, the inmate coming here is not registered as a resident until the first month. This provision allows the inmate the option to change the OAH in case he/she does not like the environment.

### **Missionaries of Charity**

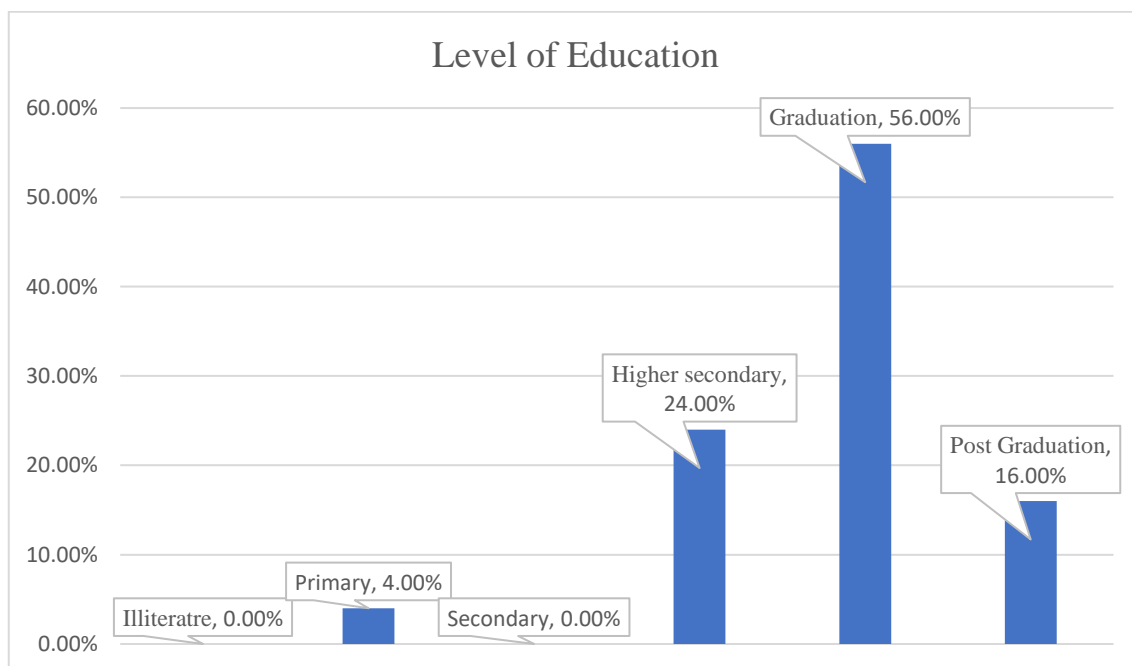
Missionaries of Charity is a free OAH in Varanasi, Uttar Pradesh. It is located near the Shivala ghat, away from the din and bustles of the city. The institution is run along the lines of its headquarters in Kolkata, and it offers food, shelter, and medical facilities to the residents. Moreover, it also receives varied support/donations from the local people as well. The institution is managed by 7 nuns [sister], 8 cooks, and 5 assisting staff. The medical facilities at the institute are excellent and regular medicine and attention are offered to people with ailments. The institution has a separate dormitory for male and female residents. The institution adheres to the Christianity faith and the morning and evening prayers are organized for the residents. In the case of the death of an inmate, funeral rights are held according to the principles of Christianity. The institution operates out of a three-storied building: the ground and the first floor are for the residents and the second floor is occupied by the staff members.

**Table 4.6 Demographic profile of residents in free old age home (Varanasi)**

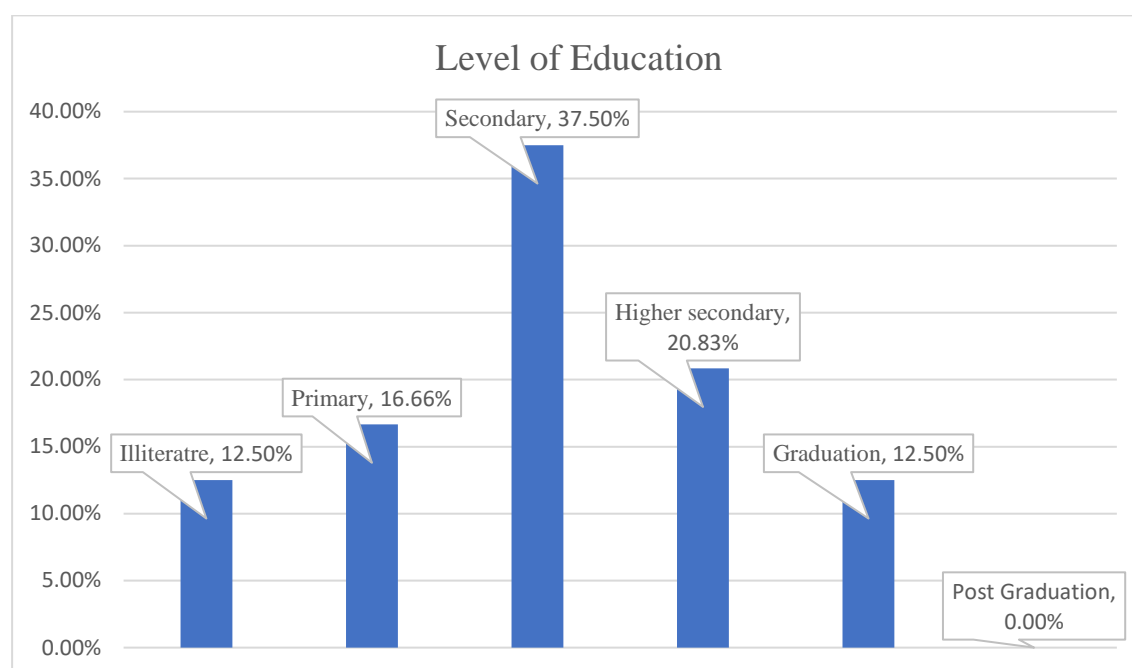
<b>Sr. No.</b>	<b>Name (Pseudonyms)</b>	<b>Age</b>	<b>Education</b>	<b>Job</b>	<b>Pension</b>
1	Rajesh Pandey	73	10 <sup>th</sup>	Private job	No

2	Rajendra Kumar	82	Illiterate	Labour in Saree factory	Old Age Pension
3	Meena Basu	62	10 <sup>th</sup>	Cloths sewing	No
4	Aruni Ghosh	85	10 <sup>th</sup>	Sweeper	No
5	Ashok Maurya	75	5 <sup>th</sup>	Tailor	Old Age Pension
6	Rakesh Kumar	70	Illiterate	Auto Driver	No
7	Vimla	72	Illiterate	Housewife	Old Age Pension
8	Lata Singh	65	8 <sup>th</sup>	Housewife	Old Age Pension
9	Sheela Devi	80	5 <sup>th</sup>	Housewife	No
10	Ravindra Mishra	61	12 <sup>th</sup>	Labour in Saree Factory	Old Age Pension
11	Tribhuvan	71	5 <sup>th</sup>	Work in Cotton Industry	Old Age Pension

**Figure 4.1 Distribution of the paid OAHs respondents according to education (n=25)**



**Figure 4.2 Distribution of the free OAHs respondents according to education (n=24)**



### **3.7 Data gathering process**

The first step of the data collection involved getting in touch with the administrative staff and caregivers ('gatekeepers' of my field) of the OAHs by email/phone and seeking their permission to visit the OAH. Although all the OAHs had fixed visiting hours, it is difficult to complete the interview process within those stipulated hours. Therefore, interviews were done mainly in the morning or evening hours after taking the consent of the respondents.

Following W.F. Whyte's research on 'Street Corner Society' (1943), the attempt was to gain closeness to the research subjects. However, I maintained some degree of detachment from the subjects so as to report the findings in an unbiased way. Overall, during the research, I maintained a cool and calm demeanour.

### **3.7.1 Observation**

When I arrived at my research sites, I meticulously studied even the tiniest details. The observation was a crucial aspect of my study as it allowed me to have a better understanding of the research field. Close observation and notes were made of how the residents interact among themselves, their interaction with the institutional authority, daily chores at the institutions, the lifeworld of the residents, etc. Some interviews started as informal conversation and gossip and in those cases, I was observant of the informal behaviour of the respondents. Observation is not only made about the subject's behaviour but also of the social settings. Furthermore, I gained a lot of latent information, information that the respondents were unwilling to share, just by observing the behaviour of the respondents. An institution or program never equally shares its positives and negatives with the researcher. Hence, participation in the field and observation helped me to comprehend the complexity of any institution. Thus, my observational data had depth and detail. Through such descriptive data, I was able to understand what occurred and how it occurred. As Patton (2015: 75) puts it: *"The observer's notes become the eyes, ears, and perpetual senses for the reader."*

### **3.7.2 In-depth, open-ended interviews**

When conducting in-depth interviews, researchers frequently look for more detailed information and knowledge than they would in focus groups, questionnaires, or casual interviews (Johnson, 2001).

Interviews were unstructured and open-ended. Face-to-face interviews of purposively selected 49 elderly men and women residents were conducted. However, the in-depth nature of the interviews generated varied insights and derivations.

The help of the manager was taken to get introduced to the residents. Sometimes the interviews started with an elaborate introductory session so as to make the respondents comfortable and shed their inhibitions. Besides, the session helped the researcher in building trust with the respondents. The close bonding helped in gaining insights into the lives of the residents, their family background, the challenges that they face, and their interaction with the caregivers. In sum, close interaction with the residents helped me to gain varied insights about relocation to OAH and analyze the prevailing stigmatization about such relocation.

At times, the managers were apprehensive that penetrative personal questions may trigger emotional and depressive responses from respondents. While the acceptance of a researcher among his/her subjects is considered important, it was challenging for this particular research as the researcher was not a part of the social world of the respondents. Therefore, it was imperative to gain the trust and credence of the respondents. Thus, the first few questions were introductory icebreakers for the process to begin. This entailed introducing myself to the respondents, explaining the objective and purpose of the research, eliciting their permission for the interview, knowing about the interviewees, and seeking consent for using a voice recorder for recording their responses, etc. (Johnson, 2001). Most of the respondents were appreciative of the fact that I focused on a socially relevant issue and more importantly, was attempting to listen to their “voice.”

Few narratives entailed stories of sadness and pain (e.g., loss of a spouse, their failing health, children’s migration, etc.) and I maintained “empathetic distance” by using verbal responses like ‘yes’, ‘carry on’, ‘what happened after that?’ to indicate acceptance of the participant’s disclosure. Moreover, I displayed the qualities of being a good listener and I read the silence and inhibitions of the respondents to some of the questions. Nonetheless, at times, the responses resulted in ‘emotional trauma’ in me (Kellehear, 1989).



Consequently, I introspectively encountered dilemmatic questions like: Is it fair to ask probing questions that can potentially trigger emotionality in respondents? How can the researcher redress and support the respondents? I consoled myself with the fact that interviews were voluntary, and the respondents were free to omit any question or narrate as much as they wish. In sum, the idea was to engage with the respondents compassionately but be wary of the interference of emotions with listening and the interview process (Rowling, 1999). Moreover, as a part of conducting in-depth interviews, I recorded the emotions of the subjects in the field log. The aim was to be ‘alongside’ the respondents during their narration and engage in reflective analysis once the interviews got over. This is imperative as reflexivity is the key to ontological understanding. Not only the residents but also the managerial staff of the OAHs were interviewed.

### **3.7.3 Field note**

Taking field notes is imperative for data collection in qualitative interviews. The observations are written down in the field notes lest I forget/omit important data. In other words, a description of what was observed was recorded in the field notes. These notes helped me in the analysis of data and hence I noted the date, place, environment, activities taking place, and people present. In fact, the narration by the respondents triggered new research questions in my mind and I added them to the field notes. Field notes also gave me security in case the recorder failed, or interviews were mistakenly deleted.

Additionally, I checked the recording after the completion of every interview. In case of any recording issues, like shaky voice, excessive noise or interruptions, I relied on my field notes to make sense of the data. In the field notes, I recorded my feelings, experience, and the significance of the things observed in the field.

### **3.8 Mechanic tools of data collection**

#### **3.8.1 Recording the Data**

It is not possible to take notes of all the quotations because of the time limit and the attention of the respondent will be lost. For this reason, the interviews were recorded. The actual quotations of the responses of the interviewees constitute the raw data of the interviews. Quotations are important as they are genuine words of real individuals. If the actual words of the respondents are not captured, data will be useless. Recording allows the interviewer to be more attentive to the interviewee than just be engrossed in taking field notes for the accuracy of data.

Sometimes it is not possible to record the interviews because of the sensitive nature of the data or to maintain the privacy of the subjects. Thus, before recording the interviews, I took consent from my research subjects. During the fieldwork, one respondent declined to have his interview recorded, hence it was not recorded. He said: “Ask me anything, and I will answer. But do not record it.” Hence, I took extensive field notes in that case.

#### **3.8.2 Camera**

A camera is a basic tool for qualitative data collection. Thus, I used my camera to capture actual events and later transcribed those images. Moreover, data was validated by photographic images. It confirmed that the information gathered from the field is genuine. Photographs also helped me to recall the situational context and environment of the field.

### **3.9 Data Interpretation**

The 49 older adults and four managers of the OAH in-depth interview recordings in Hindi were translated and transcribed verbatim into English. The most crucial research

components in the post-interview phase are the timing of translation and the sequencing of data management.

Process of translation **————→** Interview **————→** Transcription **————→** Dissemination in English **————→** Analysis/Interpretation.

### **3.10 Research Ethics**

Prior permission of administrators at these OAHs were taken, before proceeding with the interviews of research subjects. Later the consent of the research subjects was taken and were given the option to quit the interview if they felt uncomfortable during the process. Participants who were sick and had hearing problems were excluded from the study. Though the interview schedule was prepared in English, subjects were interviewed in both English and Hindi as per the convenience of the subjects. During the process of the interview, it was important to maintain the privacy of the residents. Thus, an attempt was made to interview the subject individually in their personal rooms. This helped to gain from the inhibition free responses of the residents. Moreover, interviewing the residents in their personal rooms added to the convenience and comfort of the residents. At the initiation of the interviews, respondents were assured that pseudonyms will be used to report findings so that their confidentiality is maintained. Additionally, they were given the option to omit any question that they don't feel like answering and quit the interview, without offering any explanation, at any point of time. On average, interviews lasted for an hour and a half, but one interview went on for three hours. The idea was to develop an 'emic' view on the subject by exploring varied narratives.



## Chapter 4: Findings

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### 4.1 Paid Old Age Home of Lucknow

Samarpan Varistha Jan Parisar is a paid OAH of Lucknow, Uttar Pradesh. It is located in Adil Nagar, 20 Km from the centre of Lucknow city. The OAH has both dormitory and personal rooms, with monthly charges of Rs. 4000 and Rs. 11500 respectively. An additional fee of Rs. 3500 per month is charged for amenities like AC, refrigerator, geyser, cooler, television, radio, etc. This apart, physically challenged residents can hire a personal caregiver for a monthly fee of Rs. 10000.

#### 4.1.1 Reasons for relocation

Destituteness, poverty, neglect, or abuse by close family members are all common causes for elderly people to relocate to the OAHs (Bansod and Paswan, 2006). But this definition changed in the case of urban middle-class elderly who relocated to OAHs in Lucknow. For instance, Mr. Houshila and Mrs. Abha Dubey are the first residents of Samarpan Varistha Jan Parisar and have been residing there for more than 16 years. Their married daughters are living in Lucknow and their son is based in Delhi. Thus, they were living alone in their house at Aminabad and the services offered in OAHs made them shift. They reasoned their relocation in the following words:

*“We had planned to move to an OAH for a long time. Initially, we did not inform our decision to anybody. We informed our relatives only after relocating here. This is because the term “old age home” has a negative connotation in our society. People believe that OAH is meant for only those who are utterly impoverished, penniless, beggars or unwanted elderly people. However, when our relatives visited us here, they were convinced about our decision... We are well-adjusted here and don’t feel like going anywhere. Even when our son comes, we don’t go out. Here we enjoy so much freedom and enjoy peace and tranquillity away from the daily hustle and bustle. Mostly people involuntarily relocate to old*

*age homes. However, both of us have voluntarily relocated and taken the decision ourselves.”*

As most of the residents did not move to the OAH because of bad fallout with their family members, many displayed affectual solidarity towards their children. The children also maintained amicable relations with their parents, and some did not agree with the decision of the parents to relocate to OAH. As Mr. Ashesh Upadhyay, an eight four-year-old gentleman who retired from a state government job in 1998, reasoned his relocation to the support and care he received at the OAH. Furthermore, the convenience offered by the OAH made him to assure his son about his well-being at the OAH and his decision not to rejoin his family. As he responded:

*“I find many elderly people relocating to OAHs of their own volition. That’s because they don’t enjoy the same level of independence at home. I came here precisely because of this. Moreover, the area where I lived had no medical service close by and my son used to be very busy with his work. My son was very upset when I moved here and kept persuading me to come back. However, I was able to convince him that I am very comfortable here and not to worry about me.”*

Mrs. Bhavana Khatri and her husband relocated to Lucknow from Uttarakhand in 2010 and they used to reside at her daughter’s place. Her loneliness increased subsequent to her husband’s death, and this made her choose the OAH. Like in the case of Ashesh Upadhyay, her daughters were initially upset about her decision but later became convinced of the same after visiting her. As she shared:

*“I have come voluntarily to this OAH. There was no pressure on me to come to the OAH. My daughter used to go to work, due to which I felt lonely at home, especially after my husband’s demise. By moving here, I have given them (her daughter and son-in-law) the liberty to live their lives. Here, I am happy and I am able to socialize with people like me....Both my daughters and son-in-law were upset about my decision to relocate. However, when my younger daughter visited me here, she was convinced.”*

Some also relocated to OAHs because they wanted to use their money as per their wish or volition. Likewise, interviews revealed that few respondents moved to the OAH for

convenience and security reasons. Their relocation to OAH was not triggered by the push factor of ‘family discordance’ but by the pull factor of ‘better security’ at the OAH. They moved to the OAH after getting to know about it from the newspaper. In fact, it was found that some residents surveyed a few OAHs before making their choice. This lends credence to the fact that OAHs are gaining increasing acceptance in society, and they tend to increase their visibility by advertising the services and facilities offered to them. As Mr. Mahendra and Mrs. Usha Pandey recalled:

*“We were living alone in our large house after my daughter's marriage. Looking at our living standards, one can easily derive that we are a well-to-do family. We had outsiders like gardener, servant, and driver working in our house. In the present day, you cannot trust anybody. We became skeptical about our security and relocated to this OAH. We got to know about this OAH from a newspaper advertisement and we covertly relocated here after finding the facilities to be conducive.”*

Like Mr. Mahendra and Mrs. Usha Pandey most residents were of sound economic standing. Most of them exhibited financial literacy and managed their own finances. They had their own savings account, ATM and credit cards, fixed deposits, PPF accounts, and invested in mutual funds. Moreover, they independently managed their online from their laptops.

Similarly, Mr. Girija Shankar Tiwari, who was a Grade I officer at Bharat Sanchar Nigam Limited and relocated to OAH after his retirement. He also relocated to the OAH citing reasons relating to security and convenience. As he explained:

*“I relocated to this OAH for comfort and security. Moreover, the gory incident of the murder and robbery of an elderly couple by the servant (near his brother's residence) triggered my move to OAH. Thus, OAH is the best place for the elderly. It is extremely convenient to be here. I get my food and medication on time. Moreover, I don't have to worry about paying power/water/home tax bills. I pay the management a flat sum of money and don't have to worry about anything else. It is surely a way too convenient ageing.”*

Mrs. Pallavi Das was living with her husband in Lucknow. After her husband's death, she felt vulnerable about the idea of staying alone at home and relocated to the OAH. Expressing her anxiety, she responded:

*"The main reason for coming here was insecurity. I used to get a pension from my service and my deceased husband. People in the neighbourhood used to think that I have a lot of money and became apprehensive about robbery or burglary at my house."*

Mr. Abhijit Chatterjee, a 93-year-old resident and a former senior executive at Life Insurance Corporation, reflected upon:

*"I was born into an aristocratic family. My father used to be a professor at the University of Lucknow and a close friend of the British Governor. We had three automobiles, which we used to drive to college. We lived in a large cottage.*

*My two daughters are general managers in banks, and both are very well-established in life. They visit me every fortnight. I also return home on various occasions and spend a few days there.*

*My son and daughter-in-law live in Gujarat. After the death of my wife, I was completely alone and was struggling with my daily activities. I had to manage all the activities by myself. This was difficult considering my failing health. I was also apprehensive about the security at my house. I was concerned that if something happens to me, no one will be informed. Considering all these reasons, I moved to the OAH.*

*Here, if I am not feeling well, the staff offers medical assistance. They are really sensitive to our feelings. I feel secure that there is a security guard outside. Besides, I get timely food and medication. Most importantly, they respect me a lot."*

Thus, the above-mentioned responses indicate that the elderly relocate to OAHs not because of neglect or abandonment but in pursuit of safety, independence, and companionship. The residents were also found to share cordial relationships with their family members and visited home on various occasions. As a matter of fact, it was found that residents had regular telephonic conversation with their family members. The modern-day OAHs are equipped with all the amenities and support structure that facilitates acceptance of age with grace.



**Table 5.1 The various facilities offered by Samrapan Varistha Jan Parisar (OAH), Lucknow**

Sl. No.	Variables	Paid OAH Lucknow
01	Environmental status	Nice
02	OAH Building	Well maintained
03	Garden	Available
04	Temple	Available
05	Library	Available
06	Medical services	Available
07	Doctor on call	Available
09	Ambulance (24x7)	Available
10	Wheelchair	Available
11	Yoga and exercise	Conducted
12	Rooms for personal	Available
13	Rooms for couple	Available
14	Television	Available
15	Newspaper	Available
16	Geysers	Available
17	Air conditioning	Available
18	Washing Machine	Available
19	Refrigerator	Available
20	Lift	Available
21	Water Purifier	Available
22	Washroom/Toilet	Attached
23	Common room	Available
24	Guest room	Available
25	Floor	Well furnished
26	Security	Available
27	Camera Inside and Outside of the OAH	Available

28	Vehicle for roaming	Available
29	Tour & Picnic for residents	Conducted
30	Trained Staff	Not Available
31	Recreational activity	Playing cards, carrom, ludo, etc.
32	Birthday/Anniversary	Celebrated by OAH

The institutional infrastructure, viz. transport facilities, safety, social support, medical facilities, etc., makes the lives of the residents easier and more convenient. As the residents have sound economic standing, their lives are uninhibited by financial burdens. Thus, the OAHs facilitate the elderly to lead a dignified, independent, and engaged life. Apart from the above facilities the premise of the OAH was illuminated with bright lights in the evening for the convenience of the elderly.

Samarpan Varistha Jan Parisar is perceived as a place in which the elderly can live without anguish/agony in the last days of their lives. Most of the residents were happy living at the OAH and were not comfortable living with their children. They believed that the freedom that they enjoyed at OAH was incomparable and felt such volition to a great extent compromised at the home of their children.

Interestingly, some of the respondents felt that their relationship with their families is characterized by ambivalence. They pointed out that their values and attitudes differed quite a bit with the younger generation and therefore they moved to the OAH to live life at their own term. Mr. Houshila and Mrs. Abha pointed out that they will find it difficult for them to adjust with their son or daughter if they had to shift to their place. They pointed out:

*“Even if our son requests us to stay with him, we will not go. We have so much freedom here. We have lived here with full freedom for long 16 years and now we won’t be able to live in captivity anymore. Now we won’t be able to adjust.”*

Mr. Aashim Khan has an interesting reason to offer for not staying with his daughters:

*“If I live in my daughter’s place, I have to live according to her. I have to wear clothes, eat food, sleep, and walk according to her. I would have lost all my freedom. Moreover, I would have hurt my self-respect if I stayed dependent on her. If you stay with someone, there will always be bindings on you.”*

Thus, many of the respondents were of the view that OAHs gave them the option to live the twilight years of their lives on their own terms. For them, OAH is a liberating place.

As Mr. Abhay Kumar Choudhary opined:

*“I live here comfortably with full security. My familial responsibilities are over, and I live here peacefully without anything to worry about. At this age, I don’t want to be involved in familial intricacies and responsibilities. Here, I eat whatever I want to and there is none to interrupt.”*

#### **4.1.2 Familial relationship**

Interestingly, residents were still found to be involved in their familial affairs and their views were taken by the family members for making any important decisions. However, the interviewees posited that their authority subsided with age and their financial contribution made them to be valued in the family. Analyzing such responses, it was revealed that the functional solidarity displayed by the elderly parents contributed to their normative and associational solidarity. For instance, Mr. Brijesh Mishra, a former secretariat job holder in Central Government, shared:

*“Your authority within the family declines with your age. This is an acceptable fact. However, you are valued if you provide financial assistance to your family members. For instance, I contributed financially towards my son’s marriage. I believe that children at times expect this kind of support from their parents. I believe that it is our duty as parents to support them and this enhances intergenerational solidarity and familial harmony.”*

Interesting observations were made by Mr. Houshila and Mrs. Abha. They believed that familial relationships have largely become utilitarian, and it is unwise to be

overconcerned about generation gap. They opined that adult children have their own individuality, and it is important to respect it. They elaborated:

*“The concept of family is rapidly changing. Generation gap has become an acceptable ordeal. They love Pizza, Maggi, we like roti, sabzi. The mindset of both generations does not match. It is not wise to be bogged down too much by it. We have to respect the choice of the younger generation. The question is: If the young generation wants to live life on their own terms, don't we have the right to do the same? When you start living alone, you start enjoying the freedom and do not feel like going back home. Please note that we didn't leave home for any quarrel or misunderstanding.”*

Mrs. Bhavan Khatri had a similar reason to offer regarding changing familial dynamics. She pointed out that familial relationships have changed and the ideal thing to do is to offer each generation its own 'space'. She added that as the stigma of staying in OAH has been greatly reduced in the present times, the elderly should have the freedom to reside in OAH and live life on their own terms. She observed:

*“The Indian family system is rapidly transforming. Grandchildren are also different nowadays. They will rather be busy with their mobile phones than talk to their grandparents and hear stories from them. Parents are unwilling to live with their children as they want their own lives after they have performed their responsibilities.*

*OAHs are a blessing in disguise for the elderly. It is steadily gaining acceptance in Indian society. Here the elderly can have their free will and there is nothing wrong about staying at OAH. I personally feel that it is better to stay at OAH than endure the regular share of conflict and misunderstanding within the family.”*

Thus, interviews revealed that most of the residents-maintained contact with their families as the relocation to OAH is not the result of a bad fallout. Some of the residents visited their homes every year albeit for a few days. The ashrama stage is conceived as an independent life solely devoted to spiritual quests, was found to be missing in OAHs. The residents believed it is the stage for rest, comfort, and the pursuit of unfulfilled desires and dreams. Although the older adult acknowledged the cultural notion of spiritual

disengagement, they found it challenging to emulate it. In sum, their disengagement with life was found to be segmental.

Regular interaction with family and friends circle helped them find meaning in their lives and gain mental stimulation. Information and communication technology was found to play an important role in maintaining social ties and bringing about the life satisfaction of the residents. In fact, the development of telecommunication also facilitated the generations to maintain structural solidarity among themselves. Mr. Awadhesh Shukla shared his view in the following words:

*“I regularly talk to my son on phone. I also use my mobile phone to listen to music. I also keep in touch with my friends and relatives through my social media accounts. I regularly read newspapers to keep myself updated about the happenings in the country. I also independently manage my finance and recently have invested some money in mutual funds.”*

Similarly, Mr. Girija Shankar Tiwari maintained ties with his elder brother and moved to the OAH after his brother shifted to Mumbai. Whenever his brother comes to Kanpur, Mr. Tiwari goes to meet him. Displaying evidence of associational solidarity, the brothers interact regularly over the phone. Commenting on his social circle, Mr. Tiwari narrated:

*“My social circle hasn’t changed much even after I shifted here. My job was in Lucknow and hence have a wide friend circle in the city. Sometimes I visit them, or they visit me here. I regularly converse with them on the phone. Also, I am the President of the Pensioner’s association. When there is a meeting, I get to meet everyone. Thus, my social circle remains the same.”*

However, it was found that the residents-maintained contact with their families even after relocating to the OAH. For instance, Mr. Girija Tiwari maintains close ties with his elder brother even after his shifting. He moved to the OAH only because his brother migrated to Mumbai. Moreover, they talk regularly over the phone and recently Mr. Tiwari has bought his nephew a land in Lucknow. This evidence shows a clear picture of the functional solidarity of familial relationships.

Likewise, Mr. Abhijit Chatterjee shifted to the OAH after his daughters got busy with their respective jobs in reputable banks and his son migrated to Gujarat. However, he maintains that his relationship with his family is congenial, and they frequently visit him in the OAH. In fact, it was revealed that the OAH had few guest rooms that accommodated the guests of the residents. He narrated:

*“I have two daughters and one son. They call me every day and visit the OAH every weekend. They wanted me to stay with them, but I didn’t want to be a burden on them in their busy lives. Plus, here you have access to all the facilities and comforts. My daughters visit me frequently and I often go and stay with them. My son and daughter-in-law are very nice and never ever misbehaved with me. They call me regularly.”*

Many of the informants agreed that daughters have a stronger emotional attachment to their parents than sons. Although older adults expected their sons to look after them. Modernization is frequently blamed for the “collapse” of the Indian joint family system (Lamb, 2009). Although no one of my informants wants to live with their daughters, they are more emotionally attached to them. As Mr. Abhijit Chatterjee responded:

*“I am grateful to God for my two girls. They care about me even though they don’t live with me.”*

From the father’s side, there is unique salience to the father-daughter bonding and is evidence of affectual solidarity.

Mrs. Anita is an eighty-two-year-old lady and revealed having similar levels of ties/networks despite moving to the OAH. Her response specifically highlighted the affectionate relationship that she shares with her grandson. As she illustrated:

*“My elder grandson often visits me here. He also calls me over the phone to talk to me. During the festivals/events, I go home and get to meet everyone.*

*My youngest daughter loves me very much. She is always concerned about me and visits me every two months. Whenever I remember my children, I call them. I talk to my son on the phone every day.”*

Interestingly some respondents went about their lives in the OAH and believed that distance maintenance is a way of preserving a healthy relationship. As Mr. Mahendra and Mrs. Usha responded:

*“We communicate with our daughter on a regular basis over the phone. We haven’t visited our daughter since we arrived here. She has her own family, her daughter, and we don’t want to disturb her. If she is happy, we too are happy.”*

Some of the respondents are in an ambivalent situation about whether receive care from children or not because children are already busy in their own world. As the story Mr. Ashesh Upadhyay reflected:

*“My son used to be very busy with his work. He was very upset when I moved here and kept persuading me to come back. However, I was able to convince him that I am very comfortable here and not to worry about me.”*

Only a few respondents experienced conflict within their families and therefore decided to relocate to OAH. Mr. Abhay Kumar Choudhary shared his strained relationship with his sons and daughters-in-law. He narrated:

*“My both sons use excessive alcohol. They always quarrel about everything. They always ask for money and argue with me about not providing it to them. My home was in Lucknow, but it was sold by my sons. As a result, I was compelled to come here. I would have to beg if I did not receive my pension.”*

### **4.1.3 Social life in Old Age Home**

In line with the Activity theory<sup>2</sup> of ageing, it was found that some residents did not disengage themselves from their preoccupation even after relocation. As Mr. Girija Shankar Tiwari substantiated:

*“I didn’t notice much change in my social circle after coming to the OAH. I keep meeting my friends often as I am the President of the Pensioner’s Association.”*

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<sup>2</sup> Activity theory proposes that successful aging occurs when older adults stay active and maintain social interactions.

*When there is a meeting, I get to meet everyone. I feel that this is a good way of keeping oneself engaged. Additionally, I lead a busy and active life.”*

Likewise, Mr. Shukla maintained that there has been no change in his social circle even after moving to this OAH. As he responded:

*“My job was in Lucknow, so I have many friends in Lucknow. I often go to visit my friends. Sometimes my friends also come here to OAH to meet me. My friend circle did not change much after I shifted to an OAH here. My social circle remains the same even today. At times, they stay overnight at the guest room in the OAH.”*

The residents who lost touch with their friends and social circle after moving to OAH recreated a new social circle with other residents in OAH. In the words of Mr. Ashesh Upadhyay:

*“I live my life in this OAH. I wholeheartedly participate in all the events and celebrations here. I have rebuilt my social circle here.”*

Another respondent, Mr. Aashim Khan, narrated his inhibition about adjusting/socializing in the OAH initially and how he managed to overcome such hurdles.

He said:

*“When I first came here, I initially had inhibition about socializing with others. I did not know who they were, where did they come from, etc. I stayed confined within my room. Slowly, I started talking to people and I forgot everything. Now, I do not regret coming here.”*

Similar views were shared by Mrs. Pallavi Das. She resonated:

*“You have to get out of your shell in order to socialize. When I first came here, I used to be alone. I used to roam about in the corridor or stand near the gate. Slowly people started getting acquainted with me and I became a part of the social group.”*

Mr. Girija Shankar Tiwari described the affable environment prevailing in the OAH in a similar vein:



*“This OAH is like a family. Here all the people live together. We celebrate several programs and events here. This gives us the opportunities to socialize with each other and be happy in each other presence.”*

Mr. Awdhesh Shukla highlighted the role of OAH in substituting the family. He pointed out:

*“If you don’t mix with people (here), you will always be lonely. Family is a place where members support each other in happiness and sorrow. The same thing applies here. People stand by each other in good and bad times. We may not be tied by blood but by the bonds of conviviality.”*

Nonetheless, in line with the notion of positive ageing<sup>3</sup>, the respondents did not feel any negativity about their old age. As long as they are healthy, no one complained. Friends and family members visited the residents at least once in three to six months. It was found that residents adopted various coping strategies like meditation, worshipping and engaging in religious rituals, physical exercise, taking rest or relaxing. Thus, the elderly led a very active life at OAHs, and they engaged in varied activities as per their choice.

As Mrs. Bhavna Khatri shared:

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<sup>3</sup> Meditation, cultural activities, healthy eating, positive thought, gentle behaviour, etc. are signs of positive ageing. Traditionally, Indian culture has placed great importance on health and well-being, and this is evidenced by the enormous popularity of yoga and ayurveda in the subcontinent. Thus, apart from being concerned about their health, the elderly are also becoming careful about their diet. Positive ageing is also characterized by increased social participation. For instance, it may include participation in meditation, gardening, carpentry, philanthropic activities, and other leisurely pastimes (Mishra, 2012).

Technology is conceived to be a great enabler of positive ageing. Modern technology allows the elderly to lead an independent life and stay connected with their friends and relatives through social media platforms. Technology thus facilitates the psychological well-being of the elderly. The contention is if you have a positive attitude about life, you will age well. Thus, positive ageing is associated with good health, productive lives, and social connectedness. It is about leading a stress-free and dignified life in the later years. For instance, Heumann and Boldly (1993) defined positive ageing as one in which dignity and independence are maximized and alternative housing options, health assistance, and governmental services are made accessible to the older adult. Evidence suggests that the elderly having more positive self-perceptions of ageing lived 7.5 years longer than those with less positive self-perceptions of ageing (Levy et. al, 2002).

According to the World Health Organization (WHO), the three pillars of positive ageing are health, social participation, and security. The health dimension of positive ageing involves the prevention and reduction of diseases and disabilities and underlines the importance of an age-friendly environment in facilitating such well-being. Engagement in formal and informal work, voluntary activities, and availability of learning opportunities, etc. constitute the participation pillar. The security pillar entails physical, social, and financial security. Thus, it aims to offer protection, safety, and dignity to the elderly (Walker & Zaidi, 2016).

*“All kinds of festivals are celebrated at this OAH. Be it Holi, Diwali, birthday or anniversary of any resident, it is celebrated here. Moreover, the school children often visit the OAH to meet the elderly and organize various events. We even have programs organized by HelpAge India at our OAH.”*

Further, the manager of this OAH, Mr. Avanish Prasad shared:

*“To keep the elderly entertained, various individuals keep arriving periodically. People from various organisations, including schoolchildren, occasionally attend various festivals. People from the neighbourhood visit this old age home to commemorate special occasions like their birthdays and wedding anniversaries.”*

One of the main preconditions for positive ageing is to maintain healthy bodily conditions. While the elderly are prone to diseases like hypertension, diabetes, arthritis, dementia, etc., the residents attempted to maintain a healthy lifestyle and proper mental balance. Mr. Mahendra Pandey elucidated:

*“I maintain a positive outlook on life. Life at times has been difficult but I remain unperturbed. As a result, my health condition has been good. I have always taken difficulties in my strides and therefore remained happy....Also, I maintain a healthy lifestyle and exercise regularly.”*

The residents of the OAHs consciously maintained a healthy lifestyle by practicing meditation, and yoga and by eating healthy and nutritious food. Moreover, the residents avoided smoking or drinking, underwent regular medical check-ups, and focused on staying active and engaged. They also attempted to live in the present, maintained positive intergenerational relations, and embraced change. As Mr. Aashim Khan reflected:

*“The elderly are susceptible to age-related problems, but it is imperative to maintain a positive mindset. It is important to move beyond these petty concerns and live life to the lees (Mr. Khan quotes the poem ‘Ulysses’ by Alfred Tennyson). We have a counsellor here who helps to maintain a positive outlook on life. Moreover, the OAH has recently initiated a laughter club for de-stressing the residents. I have achieved many things in my life, and I have no repentance. Now, I want to live a life of peace and tranquility and travel to some unexplored destinations.”*

Residents were found to actively participate in social activities, volunteer work, religious activities, physical exercise, and indoor games, engaging in voluntary activities, etc. Most respondents believed that their active lifestyles contributed to their mental satisfaction

and resulted in positive ageing. Moreover, the active involvement of the residents in the daily affairs of the OAH management contributed to their strong sense of belonging to the institution. Mr. Awadhesh Shukla explained:

*“We actively participate in the management of the OAH. We are like a family and as members of a family voluntarily take up the responsibility of the tasks of a home, so do we. Thus, we actively debate and discuss management issues and decide on the mess menu. Similarly, we actively celebrate Holi, Diwali, Eid, etc...The OAH also has a well-stocked library and I often spend time there. There is also a temple on the premises, and we all participate in the Sunday ‘havan’ (holy ritual).”*

It was observed that on the occasion of birthday/marriage anniversary of any resident, he/she sponsors sweets, food, and fruits for all the members of the OAH. The sponsored meal is generally served by the resident by himself/herself. Such gesture increases cohesiveness and bonding among the residents.

Moreover, it was found that the OAHs extended considerable warmth and hospitality towards its residents. The bonding that the residents developed with their co-residents transformed the OAHs into ‘islands of conviviality’ amidst the individualistic world, where the elderly aged with respect and cooperation. As Mr. Rajesh, one of the staff members observed:

*“Whenever we have any birthday celebration, we have many locals visiting our OAH. There is a lot of conversation, laughter, and merry-making. We also have a bunch of indoor games like carrom, ludo, playing cards, etc. for the entertainment of the elderly. Moreover, our staff converses/engages actively with residents to keep them in good spirits.”*

Residents were found to develop their social circle in OAH. Mr. Ashesh Upadhyay shifted to Samarpan Varistha Jan Parisar in 2015 and has become familiar with other residents and staff in the OAH. He feels that the shared situation and backgrounds of residents in the OAH makes them a family and they rebuild their social circle within the premises of the OAH. It was found that the residents celebrated festivals and events amongst

themselves and created an atmosphere of conviviality in the OAHs. As Mr. Upadhyay said:

*“I have never faced any problem here. So many people are living here, and I have never felt lonely. We have created a home-like environment here and all the facilities here have made our life easier. The OAH is equipped with television, refrigerator, air conditioner, geyser, washing machine, water purifier, room heater, elevator, and invertor. What more do you want?...We are like a family and stand by each other in times of need.”*

We confined that affinity and social capital<sup>4</sup> among the residents are influenced by the possession of similar cultural capital. Because the elderly belonged to similar socio-economic backgrounds, and had similar levels of education and social status, they created

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<sup>4</sup> Social capital is a complex network of ties or relations that bind people together. It is the network of relationships that allows one to access social, emotional, and practical support. The support that is available is a result of their social connections, the caliber of their relationships with others, their practical accessibility, the values they uphold, and the trust that has been placed in them. The origin of social capital can be traced dates back to the nineteenth century, in the work Durkheim's Suicide (1897) and Marx's class consciousness and solidarity (1847), after that the term social capital was more popular through the work of Pierre Bourdieu (1985), James Coleman (1990) and Robert Putnam (1993). Social capital is the wealth that people and groups have access to because of their social connections to their communities (Kawachi & Berkman, 2014). Social capital is an individual resource and means of mobilizing resources among network members, it depends on the size of the network of connections that one can effectively mobilize. Social ties may be with kin, spouse, adult children, neighbours, friends, or fellow workers. The French sociologist Pierre Bourdieu defines social capital as *“the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition or in other words, to membership in a group”* (Bourdieu 1985:248). He defines different forms of capital for defining positions and possibilities of the various actors in any field such as cultural capital (knowledge, skill and education level), symbolic capital (recognition and prestige), economic capital (financial assets) and social capital (networks). Bourdieu considered social capital not as a public good but as an asset of the individual and it is often measured by interpersonal social contacts and support. He explains that people can choose with whom to associate, their neighbourhood, and social environment, but they are unable to control how helpful their friends, neighbours, and family members are in times of need.

Robert Putnam (1993) defines social capital as networks, norms and trust that facilitate cooperation for mutual benefits within social organizations or communities. He defines it as *“the features in our community life that make us more productive—a high level of engagement, trust, and reciprocity”* (Putnam 1996, p. 4). It is developed by the interaction between individuals. It is a public good that resides in the mutual trust of the members of a community. Putnam defines the main components of social capital such as trust, social norms, and social networks of citizens. Putnam divided social capital into bonding (close ties among groups with homogeneous characteristics, individual level), bridging social capital (formal connections among heterogeneous groups, community level) and linking social capital (connections between groups with dissimilar status, societal level). He contended that interpersonal ties, particularly voluntary cooperation within clubs, churches, and other formal associations, contribute to increased social capital in the community as a whole.

their own ‘habitus’<sup>5</sup> in the OAHs. This helped them to better adjust and assimilate with each other and create their own ‘niche’ in the OAH.

The cooperative social milieu of OAHs was weaved out of a relation of trust existing between the residents and administrative staff. By living in the same institution for a long period of time, a familial relationship emerges among the residents and staff. The administrative staff commonly addresses the residents in a personalized manner as "Mother," "Father," "Uncle," or "Auntie”.

Residents were found to lead an active life and readily engaged themselves in worthwhile activities. For instance, elderly women were found to voluntarily engage themselves in the preparation of meals, deciding the menu, etc., while the elderly men engaged themselves in gardening, planning religious activities, or participating in political debates and discussions. In addition to these activities, residents were found to participate in various civic activities, such as the elder financing the education of the less fortunate children. As Mrs. Das pointed out:

*“I am very fond of reading. That's why I want to help impoverished youngsters receive an education. Viswas is about helping the youngsters with their education and many of the residents participate whole-heartedly in this endeavor. I have also spent my pension money to fund a poor boy's B.Ed course.”*

#### **4.1.4 Facilities and amenities at Old Age Home**

Mr. Avanish Prasad, the manager of Samarpan Varistha Jan Parisar, shared his experiences regarding serving the elderly people in the OAH.

*“The older adults living here do not have to face any kind of problems. In this OAH we provide all kinds of facilities required for the elderly. We consider it our responsibility to take care of the elderly. We make every effort to ensure that the elderly person receives whatever they may have been lacking at home or as a*

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<sup>5</sup> The concept of habitus was used by Pierre Bourdieu to refer to deeply ingrained habits, dispositions, and cultural practices that are manifestation of cultural capital.

*result of their coming here, whether it be respect or comfort. Almost all the residents are here from upper-middle-class families.”*

Some respondents were contented that the food offered in the OAH was healthy and had adequate variety. Mr. Brijesh Mishra, for example, posited:

*“We get good quality nutritious food (not serve oily and spicy food) here. Different types of pulses are served here. Milk is available in the morning. Tea is available on time and that too in generous amounts. Breakfast is available at 9 am in the morning and lunch is served at 1 pm. They maintain quality and punctuality.”*

Elaborate views were shared by Mr. Girija Tiwari. He expressed:

*“We have completed our familial responsibilities; we want to be free now. The OAH is an ideal place to relax in one’s twilight years...The manager and staff are always at your disposal. The doctor is also available for any health issue. What else does an elderly person need? There are many options to engage oneself here. You can devote time to spirituality/worship, engage in gardening, read books, listen to music, gossip with other residents or staff, etc. The staff cares for us and always has time for us. I try to help the staff in their needs, even by contributing financially.”*

Mr. Abhijit Chatterjee resonated:

*“For me, this is the best OAH in Lucknow. Apart from the daily care, they also allow the residents to go outside. In case of health issues, nursing facilities are also available. I suffer from gait abnormalities (walking difficulty) and the organization provides me adequate support and care.”*

Similarly, Mrs. Mousumi Chakrabarti maintained:

*“All the facilities are adequate here. We have a common room, where all of us watch television together. Laundry facilities are also offered by this OAH. We only spend time leisurely at this place.”*

Another respondent, Mr. Awadhesh Shukla added:

*“I would appreciate the cleanliness and sanitation of this OAH. There is also a library in this OAH. Moreover, ‘havan’ (religious ritual) is organized every Sunday.”*

There has been a steady rise of OAHs in India. However, the general perception is OAHs are meant for poor and uncared people. Further, people believe that elderly involuntarily

opt for institutional living when they have no other options. Highlighting the stereotype that is generally associated with OAHs, Mr. Aashim Khan shared:

*“People generally have the belief that OAHs run on donations. People residing in OAHs are mostly poor and depend on charity for their survival. They are not cared for by their children. The outsiders look upon the residents with pity. They can never imagine that prosperous people can also live in OAHs and they may do so by their choice. I strongly believe that such perception will change with time.”*

Mr. Ashesh Upadhyay reasoned differently:

*“All the people living in the OAH are very good. The caretaker is very good. We get value for the money we pay in this OAH. Apart from the good service that it offers, we are made to feel important/valuable. They take suggestions from us before implementing any decision. I believe it is high time that Indian society should revisit its conceptualization of OAH. Individualism is an integral part of the Westernization process and so it is obvious that OAH will rise with the globalization process. We can’t accept Westernization selectively. Indian society should unshackle itself from the stigma associated with relocation to OAH. It is not only the poor and the destitute who move to OAH, but also the people with resources. People with good money and family background also live here.”*

In fact, the response of Mr. Ashesh Upadhyay aptly underlines the importance of reformulating the conceptualization of OAH. OAHs should be seen as the product of modernity and conceptualized as a facility that the elderly might want to avail in their old age.

Thus, Mrs. Bhavana Khatri maintained that because the facilities offered by the OAH were paid for and not received out of charity, made them more acceptable to the residents.

According to her:

*“The caretaker here is very nice. Whatever food is served to us, is given with respect. That’s because we have paid for all the services. The very fact that we are not living on charity gives us confidence. We feel absolutely safe here. The OAH considers us an integral part of it and that adds to our sense of belonging.”*

#### 4.1.5 Comparison with Vanaprastha & Sanyasa Stage

The voluntary relocation of the elderly to the OAH is comparable to the Vanaprastha and Sanyasa stage of life. However, a few respondents had reservations about calling it the Sanyasa stage as their life in OAH is not built around the concept of renunciation. While they were detached from their friends and family, the fact that they have rebuilt their social circle and living a life of comfort and convenience in the OAH, does not make it the Sanyasa stage in the ideal sense of the term. As Mr. Awadhesh Shukla tacitly replied:

*“We may consider the process of relation to OAH as akin to the Vanaprastha stage of life as we arrive here leaving behind our home. However, we regularly maintain contact with them and are still involved in the family matters. Moreover, even though we live here, we are unable to give up our bodily pleasures.”*

One of the respondents, Mr. Girija Tiwari, was a ritualistic Brahmin and had sound knowledge of Hindi religious texts. He expressed his inhibition about comparing the stay in OAH to Vanaprastha or Sanyasa stage of life in the following words:

*“In ancient times, people used to go and live in the forest after renouncing the pleasures of life. The stage focused on living a life of moderation and abstinence and not being a liability to anyone. While in the OAH we renounce our family members, our OAH is furnished with all the modern amenities and facilities. Little sacrifice is involved in our relocation. It is difficult to adhere to the tenets of Sanyasa philosophy in a life of comfort. However, being a Brahmin, I try to worship regularly and observe all the rituals.”*

The vanaprastha stage is conceived as an independent life solely devoted to spiritual quests was found to be missing in OAHs. On the other hand, the residents believed it is the stage for rest, comfort, and the pursuit of unfulfilled desires and dreams. In sum, their disengagement with life was found to be segmental i.e., they relocated from their homes, yet they actively pursued a life of meaningful engagement.



## **4.2 Free Old age home of Lucknow**

Sarvajanik Sikhsonayan Sansthan is a free OAH of Lucknow, Uttar Pradesh. The institute operates from a three-storied building, the elderly males stay on the ground floor, female residents on the first floor and the staff are housed on the second floor. The OAH has no provision for single occupancy and there are six dormitories, each accommodating 15 beds. The residents are offered free food, medicine, clothes, etc. The institute has its own ambulance and has provision for offering first aid to the elderly. A physician also visits the OAH regularly. For any serious issue, the elderly are accommodated in the Community Health Center.

### **4.2.1 Reasons for relocation**

Mr. Ajay Srivastav, an eighty-seven-year-old male shifted to the OAH in 2014. He remained unmarried because of the familial responsibilities bestowed on him due to the early death of his father. He is high school educated and was engaged in carpentry work. He recalled his life struggles and his decision to relocate in the following words:

*“I used to live in my ancestral home before coming here. I did not get married because of the early death of my father. My mother, younger brothers, and sisters were dependent on me....My health was failing with age and I shifted to the OAH after my mother’s death in 1991. I transferred the house to my sister’s name before moving here.”*

Mr. Arvind and Mrs. Seema moved to the OAH during the COVID pandemic. Mr. Arvind was working as a security guard in Delhi, and he lost his job during the pandemic. Hence, their financial crisis made them shift to OAH. Although their married daughters reside in Lucknow, they were not comfortable with staying with them as per the Indian traditional custom. They posited:

*“I lost my job of security personnel during the pandemic. We faced a financial crunch and were exploring possible options. Our daughters are married and are*

*settled in Lucknow. However, it is not proper to stay in the house of married daughters and give them a share of our burden. Considering all these factors, we moved to this free OAH.”*

Mrs. Shushila Nigam, a 64-year-old elderly woman, shifted to the OAH with her husband in 2019. Her husband did not have a stable source of income and he had the habit of borrowing money from others. Thus, their poor financial condition made them shift to the OAH. As she elucidated:

*“Before coming here, I and my husband used to live in rented accommodation. My husband did not have any stable source of income. He kept borrowing money from everyone. We had a house in Kanpur, but it was also sold by my husband in 2010. As our financial condition deteriorated, a neighbour informed us of this place. We came to know that the facilities are very good here...Initially, my husband was reluctant to come here but I forcibly brought him here. I thought that it is better to stay at an OAH than to die of hunger.”*

Likewise, Mr. Mahesh was a 65-year-old resident, who used to work in an Iron and Mining Company in Odisha. By the time of his retirement, he lost his eyesight from working in the hazardous company. He shared:

*“I used to be employed at Iron and Mining Company in Odisha. By the time of my retirement, I lost my eyesight. After my wife’s death, I got my daughter married in 2001. She is happily settled with her husband in Kanpur. In a way, I have fulfilled all my familial responsibilities. I shifted to his OAH thereafter as my health was failing and my savings got exhausted.”*

Mrs. Lata Garg and her husband Mr. Krishna Garg were residents of the OAH since 2018. Her husband used to work in a junkyard and he left the job as he got older. Her son had a small business and it was not doing very well since the pandemic. Thus, they decided to shift to the OAH as an act of coinsurance and to avoid being a financial burden on their son. Thus, Mrs. Lata Garg and her husband Mr. Krishna Garg offered the following explanation:

*“The main reason for relocating to the OAH is because of poor financial condition. The financial condition of our family drastically deteriorated during the pandemic, and we decided to relocate instead of being a burden on our son.”*

Similarly, Mr. Vijay Mehra shared:

*“My son’s financial condition is not very stable....I had my house in Kanpur. However, I and my wife went on a pilgrimage to Vaishno Devi and stayed there from 2003-2016. During these years, I approximately contributed Rs. 150,000 to my son. In 2016, we came back to Kanpur because our son requested us earnestly. We found that our son and daughter-in-law quarreled a lot about money problems. We transferred whatever we had (including our house) to our son and moved here.”*

The above-mentioned discussion indicates that many of the residents shifted to free OAHs because of financial constraints. It was not a voluntary decision, but their poor financial condition made them to relocate to free OAHs.

Apart from financial reasons, most of the residents also relocated because of family disputes. They experienced conflict within their families and therefore decided to relocate to OAH. For instance, Mr. Harish Kohli shifted to the OAH mainly because of familial discordance. He was a heavy drinker and exhausted all his savings in the process. This led to frequent fights and his separation from his wife. He reasoned his relocation in the following words:

*“I was in a marketing job, and I had to drink alcohol with my boss. I soon developed the habit of drinking. This led to frequent fights with my wife and son. I used to live in a rented house after separating from my wife in 2005. Gradually all my savings got exhausted, and I was looking for a place to stay. One day I saw the boarding of this OAH and I shifted here.”*

Similar was the situation of Mr. Ramesh Shukla, a 67-year-old man. Mr. Shukla shared his agony and reason for shifting to the OAH in the following words:

*“My family life has not been good and my wife always pressurized me for money. I divorced my wife in 2002. My business also failed at that point of time. With age, I was having many health problems, but I had no money for treatment. I was completely destitute and used to beg in the temples. Once a staff of this OAH spotted me and gave me the address of this place. That’s how I moved here.”*

Some residents narrated incidents of neglect and physical & verbal abuse suffered by them within their families. Few observed that their hardship increased once they retired or not contributing economically to the family. As Mr. Balram Yadav shared his ordeal:

*“I used to work in the finance department of a private company. After my retirement, my family members started bothering me for money. Though my retirement increased the financial burden on the family, but this was totally unexpected. I was accused of sitting idle in the house. My son started misbehaving and abusing me. One day I left home on the pretext of going to Sangam (Prayagraj). On my way, I saw this OAH and decided to stay here...I believe that you are valued in the family till the time you are contributing financially and after that, you become a liability.”*

Since poor elderly people are more likely to suffer from disrupted family relationships, it is harder to maintain close relationships with family members. As Mr. Balram was facing familial conflict at home.

Similarly, Mr. Virendra Bajpai, a 71-year-old resident used to live in the OAH with his wife Mrs. Kamla Bajpai. Mr. Bajpai used to sell spare parts for vehicles but as his eyesight deteriorated, he was unable to continue his job. He thus became financially dependent on his son. Mr. Bajpai and his wife subsequently shifted to the OAH because of the neglect and ill-treatment meted out to them by their son and daughter-in-law. As Mr. Bajpai shared:

*“After I stopped going to work because of my eyesight, I became completely reliant on my son. My wife’s health also started deteriorating and so she could not engage herself in the household chores...It was then that my son and daughter-in-law started misbehaving with us. My daughter-in-law often would not cook for us. Things got worse and my wife was physically assaulted by my daughter-in-law. It was then that we decided to relocate to OAH.”*

As a matter of fact, some residents believed that with the disintegration of the joint family system, its purpose has largely become utilitarian. They posited that their redundancy within their families increased after their retirement when they were unable to financially contribute. Mr. Balram Yadav reflected:

*“I shifted to OAH because I felt neglected in the family after my retirement. My son used to misbehave with me. I was not consulted for any familial decisions. The transition was difficult to adjust to....Institutional living is the only option for people like me. Life would have been difficult if I didn't move here.”*

It may be deduced from the findings that economic insecurity within the family resulted in familial discordance and which in turn made many of the elderly to choose OAH. Thus, the economic reason was found to be the overbearing factor behind the relocation to free OAH.

The manager of the Sarvajanic Shikshonayan Sansthan, Mr. Kirti shared the varied reasons for relocation to the OAH.

*“Most of the older adults who are shifted in this OAH are faces intergenerational conflict at their home. Some children also drop their parents in this OAH, with making excuses such as "our financial conditions are not very good," "we have acquired an apartment and there is a space constraint in that," and so on. Apart from this some elders have only daughters and after the daughters get married, he/she shifted here.”*

#### **4.2.2 Familial relationship**

Most residents badly missed their families and longed to revisit their homes. They contact with their families have been sporadic and felt nostalgic about their bygone days. In fact, some residents were bothered about the fact that they have to reside in OAH and stay away from their homes and families. For such residents, old age seemed like a liability and they developed a pessimistic view of it. To quote Mr. Virendra Bajpai:

*“Gone are those days when people used to cherish and eulogize old age for the peace and tranquillity it offered. Old age feels like a burden to me. Look at us—we reside in OAH despite having our own house. Besides, my physical ailments (I have a cataract and can't see properly) make life miserable.”*

Residents longed for their family members and loved ones. They missed their home environment and the warmth of the family. As Mr. Harish Kohli repented:

*“It has been 17 years since I separated from my family. I don’t know much about them now. Once I saw my elder son on Facebook, I tried contacting him, but he blocked me... Whenever I feel sad, I get myself engaged in some work. I pray to God that he changes the minds of my children. I can bear to stay away from my home, but I can’t bear to lose connection with them. They should at least keep in touch with me.”*

Some residents shared their experiences of strained family relationships and how such experiences triggered their movement to OAHs. As Mr. Mahesh shared his experience:

*“Once I visited my daughter and she conveyed that my son-in-law needed some money. I sold my mutual fund and gave him the money. They promised to return the money. However, one and a half years passed, and they did not return the money. At that time my health deteriorated, and I needed the money for my treatment. I tried contacting my son-in-law, but he started avoiding my calls. My daughter also misbehaved with me when I requested her. I became very concerned about my treatment expenses and moved to this OAH. Since then, my daughter and son-in-law have not contacted me.”*

However, few residents shared amicable relationships with their families even after shifting to OAH. This was the case with Mr. Ajay Srivastava. He remained unmarried in life and he relocated to OAH after his retirement. However, his decision to relocate was not appreciated by his family, particularly his sister and her family. However, Mr. Ajay had different reasons for his choice:

*“I do not want to stay at my sister’s place. It is against the norms of society to stay with the family of a married sister. Though my sister and nephew are not happy with it but still I maintain it. Whenever there is a festival, I go to my sister’s place but only for a few days. They give me money, clothes, and other necessary items.”*

In general, the residents were found to be disillusioned about the modern family structure and the superficial obligations entailed therein. Contextually, Mr. Vijay Mehra shared his views about the transition that families are undergoing and an increasing number of elderly are moving to OAHs. He believed that modern technology is responsible for creating a divide within the family. As he posited:

*“There has been a corrosion of traditional familial values. Modern technology is responsible for this. Everyone stays glued to television, mobiles, and laptops. Nobody has time for us. If an elderly man asks for tea from his daughter-in-law, he has to wait because she is busy on her mobile phone. Earlier children used to flock to their grandparents for hearing stories, but this is rapidly changing. They are now more interested in video games and cell phones rather than talking to their grandparents. Technology has made us redundant.”*

Thus, residents considered old age to be a liability as it imposes several restrictions on them. As Mrs. Sushila elaborated:

*“Old age seems to be a liability for me. At this age, your health rapidly deteriorates, and eyesight and hearing weaken. You cannot recall things easily. There is a bodily niggle almost daily. You have to be dependent on others for everything. Additionally, if you lose your spouse, as it happened in my case, your life becomes harder.....It was a slow process of adjustment for me. Initially, I felt awkward about staying amidst so many strangers. After a month or so, I became familiar with people and got settled here.”*

#### **4.2.3 Social life in Old Age Home**

For many of the respondents, there was a loss of social networking after relocation to OAH. However, they recreated new ties with the residents of the OAH. Apart from participating in the daily activities of the OAH, the residents were found to exercise their political rights. As Mr. Ajay Srivastava elucidated:

*“Initially, there was some amount of uneasiness. I lost contact with many of my friends after moving here. However, after getting adjusted, I created my friend circle within the OAH. Today, everyone is a buddy. I participate in the daily worship and prayer service, and other activities of the OAH. Moreover, even after moving here, I have never missed the opportunity to cast my vote in the elections. The staff of the OAH helps accompanies me to the polling booth.”*

Mr. Virender is a popular resident at the OAH and his popularity owes to his joyous nature. His loss of eyesight didn't deter him from socializing freely with the co-residents and staff of the OAH. As Mr. Bajpai explained:

*“I have many friends here and we stay together in the big dormitory hall. We play cards to pass our time. Like good friends, we crack jokes on each other. Now we are like an extended family.”*

Thus, Mr. Ajay Srivastav enjoys his stay at OAH. He stays in the dormitory accommodation of the OAH. He shares the room with ten other residents. They have formed a supportive social milieu and they pass time by chatting with each other, playing cards, and helping each other in their problems. As Mr. Srivastava emphasized:

*“This OAH is like a family. Here we share a good bonding...I don’t worry about my future. When I die, the institute will inform my sister. If she does not come to perform my last rites, they will be performed by the staff of this OAH.”*

Another respondent, Mr. Rakesh Yadav appreciated the level of conviviality in the OAH and how such amicable social relations helped the residents to overcome their loneliness and depression. As he expressed:

*“This OAH is like a family. We always have time for each other. Since all of us are in the same position and are co-passengers in our last journey, there is no ego amidst us. We stand for each other.... Whenever I feel nostalgic or depressed, I get myself occupied with some work.”*

While the residents found the initial phase of adjustment to the OAH to be challenging, but after rebuilding their ties with other residents, their yearning for home and family members subsided. Mr. Virendra Bajpai shared his feelings:

*“When I shifted here, initially I did not feel comfortable staying or mixing with so many strangers. Slowly, I got adjusted and became comfortable with others. There are no fights, misunderstandings, or ill-feelings at the place. You don’t have to stay by appeasing others. Now, it will be difficult for me to go back and adjust to my family. I can go for a day or two to meet my grandson but not stay there permanently. There is no longing to go back home.”*

Mrs. Sushila in her interview expressed her satisfaction with the services offered in the OAH and the social environment it offered. She considered the residents to be the members of a family and she confided in them. Whenever she felt stressed by recalling any untoward family incident but believed that by sharing her ordeal with fellow-residents



helped her to regain composure and find solace. The fact that many like her encountered similar incidents, eased her anxiety to a great extent. Thus, residents in the OAH formed a network of trust among themselves and this helped them to tide over the emotional turmoil. She expressed:

*“At times, I feel sad when I look back upon untoward family incidents that made me leave home. By sharing them with fellow residents, I got to know that many are in my situation and I am not alone. This eases my mind. Moreover, we also interact with outsiders who visit us and care about us. They come here to celebrate their marriage anniversary or children’s birthday with us and arrange for snacks and meals. They only seek our blessings. They are our family now. Family is not only based on blood relations.”*

However, different views were expressed by Mr. Harish Kohli. Mr. Kohli was hesitant about sharing his personal problems with his fellow residents at OAH. He countered:

*“I am close to many elderly residing here. I am also very active socially. I attend every meeting that takes place here. I also participate in daily worship. Besides, if there is any festival or function I participate in it....However, I am skeptical about sharing my personal problems with others. Sometimes, I feel sad about my misfortune of having to spend my last days at an OAH, depressed when I recollect the untoward family incidents. But I do not share it with others.”*

Appreciating the facilities offered by the OAH, Mr. Ramesh similarly reflected:

*“I lost many of my old acquaintances after moving to this OAH. Nonetheless, I have acquired new friends in this OAH. That’s why I don’t feel lonely here. I participate in all the festivals celebrated here. The manager of this OAH is a wonderful person, he offers us clothes and sweets during the festive seasons.”*

Apart from socializing and building ties with co-residents in the OAH, the residents also involve themselves in the work of the organization. This helps them to keep busy and avoid past memories from bothering them. Unlike many others, Mrs. Garg is still in touch with people residing in the neighborhood of her house and this helps her to stay informed about new developments. As Mrs. Lata Garg shared:

*“I keep myself busy here. I occasionally assist the staff with cooking. I also participate in daily worship and various programs organized in the OAH....I am*

*still in touch with the neighbors who used to reside near my house. We communicate on the phone regularly. Thus, technology helps me to stay updated about the latest developments in my neighborhood, even though I can never be there physically. This helps me to get updates about my family, neighbors, and the locality, where I have lived my entire life.”*

#### **4.2.4 Facilities and amenities at Old Age Home**

Though the OAH offered basic facilities, most residents were found to be satisfied with the facilities and services. They were appreciative of the fact that they received food, clothes, and medicine and were respected by the staff members of the OAH. They had little expectations from life and did not complain about any facilities offered. As Mr. Ajay Srivastav narrated:

*“I am happy with the facilities offered here and I have no complaints. Though I must say that adjustment was a slow and gradual process...Together we celebrate most of the festivals. We feel respected and valued. During my stay at this OAH, I did not find a single resident leaving from here and going back home.”*

Mr. Arvind highlighted in a similar vein:

*“We have all sorts of convenience here. Food, clothing (including warm clothes for the winter season), and medicine is available on time. Other daily necessities are also readily provided. Our rooms are adequately spaced and there are also a sufficient number of toilets and baths for the residents. The staircase has hand-rails for the convenience of the residents.....The staff gives us a lot of respect. I do not repent my decision of coming here. I believe that the elderly should not rethink twice if they have made up their minds to shift to an OAH. I am saying this by the way of experiencing relief (from familial discord) after moving here. There can be no substitute for institutional living in the modern society.”*

**Table 5.2 The various facilities offered by Sarvajanic Sikshonayan Sansthan (OAH), Lucknow**

Sl. No.	Variables	Free OAH Lucknow
01	Environmental status	Nice
02	OAH Building	Poorly maintained
03	Garden	Not Available

<b>04</b>	Temple	Available
<b>05</b>	Library	Not Available
<b>06</b>	Medical services	Available
<b>07</b>	Doctor on call	Available
<b>09</b>	Ambulance (24x7)	Not Available
<b>10</b>	Wheelchair	Available
<b>11</b>	Yoga and exercise	Conducted
<b>12</b>	Room	Big Hall (Accommodates 10 people at a time)
<b>13</b>	Room for Couple	Not Available (separate big hall for males and females)
<b>14</b>	Television	Available
<b>15</b>	Newspaper	Available
<b>16</b>	Geysers	Not Available
<b>17</b>	Air conditioning	Not Available
<b>18</b>	Washing Machine	Not Available
<b>19</b>	Refrigerator	Available
<b>20</b>	Lift	Not Available
<b>21</b>	Water Purifier	Available
<b>22</b>	Washroom/Toilet	Common
<b>23</b>	Common room	Available
<b>24</b>	Guest room	Not Available
<b>25</b>	Floor	Unfurnished
<b>26</b>	Security	Available
<b>27</b>	Camera Inside and Outside of the OAH	Available
<b>28</b>	Vehicle for roaming	Not Available
<b>29</b>	Tour & Picnic for residents	Not Conducted
<b>30</b>	Trained Staff	Not Available
<b>31</b>	Recreational activity	Playing cards, carrom, ludo, etc.

32	Birthday/Anniversary	Not Celebrated by OAH
33	Food, Clothes, Medicine, Soap, Brush, Toothpaste, Slipper, Bedsheet, etc.	OAH offers it without charge

The facilities offered by the OAH were appreciated by most of the residents. Importantly, the residents were particularly appreciative of the fact that the last rites of any deceased inmate are performed respectfully and by following all the conventions. As Mr. Vijay Mehra highlighted:

*“This OAH is very nice. The food and accommodation here are very good. There is a common room for watching television and a small temple for offering prayers. We are served food and medicine on time and we are also given free sets of clothes. Unlike the familial situation, there is no disrespect and strain. I pray regularly that my life ends here peacefully and the Lord gives me a place at his lotus feet.*

*Since I moved here, 40 residents have expired. Sadly, family members of most of them did not even turn up for performing the last rites. The staff members performed the last rites very dutifully...The staff here treats us with a lot of respect. The respect which we did not get at home, we get here. I don't feel like going back home.”*

Mr. Harish Kohli reflected similarly:

*“I consider the facilities offered by the OAH to be adequate. Apart from boarding, lodging, and medical facilities, the institution is served by a part-time doctor. In case of medical examination or emergency, we are referred to the nearby hospital. residents are also provided disability-related aids and appliances like hearing aids, walking sticks, crutches, wheelchairs, etc. free of charge. Finally, there are many indoor games like caroms, cards, chess, etc., for our entertainment.”*

Mr. Kirti, the manager of this OAH shared about the facilities and amenities of the OAH.

*“This institute bears all the expenses of the elderly such as food, clothes, medicine, daily necessity items and even funeral cost of the residents.*

*When any residents of this OAH passes away, his family is initially notified. We act in accordance with the family members' instructions. Family members frequently request that the death certificate be sent to their address since they won't have time to come.”*

#### **4.2.5 Comparison with Vanaprastha & Sanyasa Stage**

Interestingly, some respondents compared their relocation to OAH to the Vanaprastha & Sanyasa stage of life. As the elderly couple, Mr. Arvind and Mrs. Seema explained:

*“We are done with our familial duties and now we are leading a secluded life in an OAH. So, we can compare our state to the Vanaprastha & Sanyasa stage of life.”*

Mr. Rakesh Yadav similarly resonated:

*“In the Sanyasa stage of life, one renounces worldly bondage and moves to the forest for penance. Comparably, we have renounced our family life and living on a minimum.”*

However, Mr. Balaram Yadav had certain reservations about referring to the settlement at OAH as the Vanaprastha stage of life. He believed that since most of the residents did not move to the OAH voluntarily, it cannot be compared to the vanaprastha stage of life.

He reasoned:

*“In earlier times, people used to voluntarily move away from worldly affairs in their twilight years. This was referred to as the Vanaprastha and sanyasa stage of life. However, here the relocation is involuntary for most of the residents. They have moved here either because of financial hardship or familial discord. The reasons for relocation are different. It is not a movement out of sacrifice.”*

### **4.3 Paid Old Age Home of Varanasi**

Aghoreshwar Bhagwan Ram Old Age Home is a paid OAH in the Parao locality of Varanasi. The OAH in Varanasi has provisions both for personal rooms and dormitory and the monthly rental is Rs. 9000 per person. Additionally, a monthly fee of Rs. 1000 is charged for using facilities like AC, refrigerator, Geyser, cooler, television, radio, etc.

#### **4.3.1 Reasons for Relocation**

The findings revealed that most residents voluntarily moved to OAH in Varanasi in pursuit of spirituality and peace. They found the serene and tranquil environment of Varanasi to be appealing and relocated to the spiritual city once their familial responsibilities were over. For instance, Mrs. Suchitra 72-year-old woman from Gazipur relocated to the OAH moved to Varanasi to devote herself to spiritual practices. Her son is happily married and settled in Delhi. She recalled her relocation decision in the following words:

*“I move to this OAH in 2020 because the mundane world did not appeal to me anymore. I used to see and hear about Varanasi a lot and the view of Ganga aarti at Assi ghat in television programs appealed to me a lot and I decided to relocate to Kashi/Varanasi. In fact, I had a hard time convincing my son about my decision to relocate here....My son often visits me and takes me home on occasions like Diwali and Holi. My last wish is that after my death my cremation should happen in Varanasi.”*

Likewise, Mr. Harish Kapoor, a 76-year-old retired bank manager, shifted to the OAH in 2017 for spending his last days in spiritual practices. His daughter was married in 2007 and subsequently, his wife expired in 2012. He thus decided to shift to a furnished OAH in Varanasi to spend his last days in meditation and self-reflection. As he mentioned:

*“Before coming here, I used to reside in my house. After the demise of my wife, my health deteriorated. I thought of moving to Kashi as it is the hub of spirituality and a good place for health retreat. It was a voluntary decision, and no one forced me. My daughter is married, and she resides in her in-law’s place.”*

Mrs. Reena served as the principal of a school and after retirement, she moved to the OAH in Varanasi. She endorsed her decision in the following words:

*“Life was stagnant after I retired from my job. I have moved here voluntarily and nobody has forced me to join here. My brother not his children have ever bothered me. Here I have found peace and the opportunity to stay close to Baba Viswanath.”*

Mr. Arvind, a 69-year-old man has been living in this OAH since 2016. He is a bachelor and spent his life in Delhi. He was a dentist by profession in Delhi. Mr. Arvind came to Varanasi on a trip and decided to be settled here after retirement. He shared:

*“I was very tired of my daily drudgery. Besides, I have asthma problem and it escalated because of Delhi’s pollution. I came to Allahabad and Varanasi on a change and liked the places very much. The peace and tranquility of the place appealed to me a lot. I made up my mind to settle in Varanasi and spend time in peace comfort and devotion to God.”*

Mr. Shivaya, an 85-year-old Telugu gentleman retired from his teaching job in 2005 and relocated to Varanasi for his devotion to God. As he stated:

*“After my retirement from the school, I felt bored and decided to move to Kashi to be with God. I am waiting to die here and attain salvation.”*

Few residents also shifted to the OAH for security reasons as well. Mr. Ashish Kumar, a 69-year-old man shifted to the Aghoreshwar OAH in 2019. He was holding a state government job, and his daughter is married and settled at her in-law's place. After his wife expired, he relocated to the OAH for his convenience. Mr. Ashish kept a vehicle in the OAH and uses it for his daily needs. As Mr. Ashish narrated:

*“After my wife’s death, I was all alone at home. I used to be apprehensive about the robbery in the house. That is why I relocated to the OAH after giving all the jewellery of my wife to my daughter. I feel there is nothing wrong with residing in an OAH. Here I pay for the facilities that I am availing and live a convenient life without tension. I thus have mental peace and satisfaction.”*

Most residents were found to be helping their children with financial resources. As Mr. Ashish gave all his wife’s jewelry to his daughter. Consequently, intergenerational ties bind them together through functional solidarity.

Similarly, Mrs. Malati an 87-year-old widow shifted to the OAH in 2017 to live a life of solitude and spirituality. As she reflected:

*“I receive my husband’s pension and so I was never financially dependent on my son. So, my relocation decision was never financial. I wanted to spend time in solitude and self-reflection but did not want to disturb my son and daughter-in-law. I thus decided to move to the holy city of Varanasi. The expenses of this OAH are managed from my husband’s pension.”*

#### **4.3.2 Familial Relationship**

Since most of the residents moved to the OAH voluntarily, they maintained amicable relationship with their families. It was found that they regularly maintained contact with their families and received updates from them telephonically or through social media platforms. In fact, some residents were found to be active on social media platforms and regularly posted about their sojourn in Varanasi. Further, their psycho-social well-being was gauged by their relatives from their activity in social media platforms. In fact, frequent use of telecommunication services connected them with their families and contributed to associational and structural solidarity among the family members. As Mrs. Reena pointed out:

*“My relationship with my family has been very amicable. Since I have come here voluntarily, there is no hesitation in going back home. My family often comes to Varanasi to meet me. My sister-in-law respects me a lot and she has never misbehaved with me...We almost talk regularly over the phone. Besides, I regularly post photographs on Facebook, mostly from my snaps in Varanasi. If I don't post anything for a few days, my family members and friends become concerned and start calling me.”*

Likewise, Mr. Harish also maintains contact with his family. Whenever he feels like taking to his daughter, he converses with her over the phone. For him, relocation to OAH doesn't imply snapping ties with the family. He pointed out:

*“Whenever I miss my daughter, I go to meet her. My daughter also comes to meet me. Also, my family has a WhatsApp group and we regularly post our updates on the group. I feel that old age is not a burden if you have money. If you don't have money, then you are dependent on others and then old age appears to be a burden.”*

Mr. Arvind worked as a dentist in Delhi and remain unmarried throughout his life. Despite not having a family of his own he is still in touch with his siblings. He highlighted:

*“I am in touch with my siblings and call them whenever there is any need. I am particularly close to my brother residing in Delhi and he visits me often.”*



Mrs. Malati's relationship with her sons and daughters-in-law is very good. Malati's had a long-time desire of spending her last days in Kashi and hence her relocation to OAH also fulfilled her cherish desire. She elucidated:

*"Both my sons love me very much. My elder son, my daughter-in-law, and my grandson come to meet me often. Sometimes I accompany them home and come back after a day or two. My relationship with both my daughter-in-law is very cordial....I moved here because I wanted to spend my last days in Kashi."*

#### **4.3.3 Social life in Old Age Home**

Mrs. Reena Srivastava used to be a principal of a school and had a wide circle of friends. After relocating to the OAH she is still in touch with them and has developed networking in OAH as well. She explained:

*"I would say that my social circle has increased after moving to the OAH. I am still in touch with my old friends, and we keep calling each other. Besides, I have made new friends after moving here. I have an active social life here. Since I have interest in music, I sing and play instruments (Piano) in events. I also offer tuition to the children of the staff...Here we regularly engage in 'bhajan', 'kirtan', and 'puja'. Additionally, we watch television in the evening. When we feel like going outside, the staff accompanies us for a walk."*

Mr. Harish Kapoor resonated:

*"Here we have a lively social circle. Whenever there are some events all of us participate. Even the management celebrates our birthdays and anniversary. Various programs are organized to keep us engaged and entertained."*

*We talk to each other and share good conviviality additionally I maintain touch with my family members over the phone, Facebook, and through WhatsApp messages."*

Mr. Arvind is a social person and after relocating to the OAH in Varanasi he has formed his own social circle. In fact, his social circle is so strong that is seldom feels the need to spend time with his mobile phone. He reflected:

*"I am a very socially active person. I am very much involved in organizing festivals and events in this OAH. for instance, I shoulder the responsibility of organizing the five-day celebration of the birth anniversary of Aghoreswar Bhagwan Ram in this OAH. The event is attended by many people from far and*

*wide and we the residents remain very busy during such events. Besides, Kashi is a very happening place. Festivities are organized throughout the year and we enjoy Dev Dipawali, Mahashivaratri, Ganga Dussehra, Bharat Milap, etc. You don't necessarily need mobile phones to connect to people."*

The OAH had residence from various parts of India, for instance, Mr. Shivaya is from Andhra Pradesh and yet he manages to adjust with other residents in the OAH. In describing his adjustment process in the OAH. Mr. Shivaya describes the adjustment process at the OAH in the following words:

*"Initially the adjustment process was not easy, but I gradually gained acceptance because of my familiarity with the Hindi language. Since we all are in similar phase of life, we live in peace and harmony."*

Describing his social life at OAH Mr. Ashish expresses:

*"I used to have a good number of friends when I retired from my job. I am still in touch with them. Sometimes they visit me, or I chat with them on google meet. We regularly participate in the daily worship and engage in leisure time activities like playing cards, watching television, debating on political issues, reading books and newspapers, doing yoga, gardening etc."*

*OAH never seemed to be a burden for me because I lead a healthy and active life. I regularly get my pension and hence there is no shortage of money."*

Mrs. Malti reflected in a similar vein:

*"I am well-adjusted here. The staff members take good care of us and make every attempt to make us comfortable. I personally feel that it is better to come to OAH than to stay alone at home. Here the time elapses and we don't feel any boredom."*

Mrs. shanti contended differently:

*"I am happy that I am not a burden to anyone at this age. The peace and tranquility of Varanasi appeal to me a lot. This OAH has a specious garden and I regularly spend morning and evening hours in the garden. Additionally, I often go to Assi ghat to watch Ganga aarti."*

#### **4.3.4 Facilities and amenities at Old Age Home**

The respondents were found to be satisfied with the facilities offered in the OAHs. The OAHs generally had an atmosphere of conviviality and harmony that contributed to the positive ageing of the elderly. As Mrs. Reena reflected:

*“This OAH is very nice. We stand by each other in our happiness and sorrow. However, adjustment is a slow and gradual process. When I first came here, I felt a bit awkward for a few days. Gradually things got better...The most important thing about this OAH is that it is situated on the banks of the river Ganges. Whenever we feel like taking a bath, we have the option to do so...The staff are very supportive, and they treat us with utmost respect and sincerity. They consider us to be a part of the OAH.*

*OAHs should not be conceived from a negative perspective. We are provided with all the necessary facilities and the staff strives to make our stay comfortable.”*

Mr. Harish has been residing in the OAH for the last 5 years and he is well-adjusted to the place. He emphasized the location of the OAH is particularly attracted as it is situated on the bank of the river Ganga. He pointed out:

*“We live a completely independent life here in the OAH. In the evening we often go for a boat ride and for watching Ganga aarti. This place is ideal for providing mental tranquility.*

*In terms of facilities the OAH is well equipped and amenities like air conditioning, lifts, gardens, and a temple are present in the OAH. Besides, there are a lot of visitors who come here often, and we interact with them.”*

Similarly, the warmth and affability of the OAH were appreciated by Mr. Arvind in the following words:

*“I came to this OAH because I didn’t want to be a burden on anyone else. The staff members are very cordial and address us as ‘Baba’ ‘Uncle’ and ‘Dada’ in a personalize manner. In sum, they have successfully created a family-like atmosphere in the OAH. I believe that salvation cannot be achieved only by worshipping deities but through once karma or deeds. That’s why I try and engage myself in civic activities as much as possible, such as sharing knowledge and skills, providing advice on dental solutions to residents, and so on.”*

Acknowledging the facilities at the OAH Mrs. Anita highlighted:

*“I sincerely believe that I have come here because God called me. He wanted me to spend my last days in the holy city of Varanasi. I feel that I am the ‘chosen’ one. The atmosphere at the OAH is very healthy and pious. When you can get a glimpse of the holy Ganges right from your room, what more do you want? I have made a bond that my mortal body is donated to medical students. I believe that nothing is gained from the cremation or burial of the body. This way I can show gratitude to humanity and help others even after my death.”*

According to Mr. Shivaya, the OAH offers a sense of security to its residents, and this is very appealing to elderly individuals. He opined:

*“The accommodation is very comfortable at this OAH. We are provided with the daily dose of medicine on time have regular health checkups and enjoy a pious and serene environment. As the institution is situated on the bank of the river Ganga, fresh breeze absorbs all the mental anxiety and tiredness. I don’t feel like moving from here.”*

Likewise, Mr. Ashish Kumar narrated the convenience aspect of institutional living in the following words.

*“There is a lot of comfort in institutional living. I do not have to worry about paying bills or buying necessities from the market on a daily basis. Here there is ample scope for physical activity, and we regularly have yoga and exercise sessions organized by the staff. I am happy and healthy in this OAH.”*

**Table 5.3 The various facilities offered by Aghoreswar Bhagwan Ram (OAH), Varanasi.**

Sl. No.	Variables	Paid OAH Lucknow
01	Environmental status	Nice
02	OAH Building	Well maintained
03	Garden	Very Large Available
04	Temple	Available
05	Library	Available
06	Medical services	Available
07	Doctor on call	Available
09	Ambulance (24x7)	Available
10	Wheelchair	Available
11	Yoga and exercise	Conducted
12	Rooms for personal	Available
13	Room for Couple	Available
14	Television	Available
15	Newspaper	Available

16	Geysers	Available
17	Air conditioning	Available
18	Washing Machine	Available
19	Refrigerator	Available
20	Lift	Available
21	Water Purifier	Available
22	Washroom/Toilet	Attached
23	Common room	Available
24	Guest room	Available
25	Floor	Well furnished
26	Security	Available
27	Camera Inside and Outside of the OAH	Available
28	Vehicle for roaming	Available
29	Tour & Picnic for residents	Conducted
30	Trained Staff	Not Available
31	Recreational activity	Playing cards, carrom, ludo, etc.
32	Birthday/Anniversary	Celebrated by OAH

Most residents were found to be very satisfied with their lives. They moved to Kashi once their household responsibilities are over and hence had the liberty to spend their days without anxiety. As Ms. Malti reflected:

*“I believe that I have led a successful life. My sons are well-established in life, and I have nothing to worry about. After all what else does a mother want?”*

*All the facilities are available in the OAH. We have a television, refrigerator, air-conditioning, arrangements for washing clothes, ambulance facility, etc. All I wish for is a peaceful death at the alter of Baba Kashi Vishwanath.”*

Thus, the residents were found to be satisfied with the facilities offered in the OAH. The particular amenities like lift facilities, television, geyser, water purifier, doctors for medical emergencies, supportive behaviour of staff members, etc. As Mr. Sunil posited:

*“I have never regretted my decision to relocate to this OAH. Now I feel I should come much earlier. This OAH is spacious with a lot of facilities and amenities. You don’t have to worry much about anything here. I am leading a life of convenience.”*

Mr. Suresh Kumar Shared the attribute of this OAH.

*“Due to its location along the banks of the Ganga, this OAH has a very pleasant environment. In this location, we catered to the residents' requests for both vegetarian and non-vegetarian cuisine.”*

#### **4.3.5 Comparison with Vanaprastha & Sanyasa stage**

Some residents compared their relocation to OAH to the vanaprastha stage of life. As

Mrs. Reena Srivastava explained:

*“Living at OAH is comparable to Vanaprastha & Sanyasa stage of life. Earlier the aged King used to voluntarily give up his throne to his son and lived a life of renunciation in the forest. Similarly, in the present society, parents voluntarily move to OAHs after seeing their wards well-settled in their lives.”*

On the other hand, few residents had reservations about referring to their stage of life as vanaprastha. They posited that they were living a comfortable life without any sense of altruism and were very much involved in the day-to-day affairs of their family despite not having spatial proximity with them. Some believed that while they shifted to Varanasi on spiritual pursuits, yet they could not completely get over the ties or ‘maya’ of domestic life. As Mr. Harish contended:

*“You can’t compare our stay in OAH with vanaprastha or sanyasa stage of life. Here we are staying amidst all the material comforts and modern amenities. We have not sacrificed much by moving to OAH. Our movement to the OAH is not a result of bad fallout and hence we are very much involved in the daily affairs of our families. They depend on my suggestions and advice for taking any important decision...I personally is standing at the half-way of domesticity and spirituality, and I believe it is very difficult for a householder to completely get over the ‘maya’ of the mundane world.”*

## 4.4 Free Old Age Home of Varanasi

Missionaries of Charity is a free OAH in Varanasi, Uttar Pradesh. It is located near to the Shivala ghat, away from the din and bustles of the city. The organization is operating in Varanasi for the last 50 years and helping the elderly and destitute irrespective of the caste, creed, religion, and gender of the individual.

### 4.4.1 Reasons for relocation

Interviews revealed that most of the elderly reasoned their relocation to the OAH to their ‘*karma*’ or action. For instance, Mr. Rajesh Pandey has been residing in the Missionaries of Charity for the last 5 years and he relocated after the demise of his wife. He had 4 sons and 2 daughters, all of whom met pre-mature deaths. His misfortune continued and he lost his eyesight and decided to join the OAH. He blames his *karma* for all the misfortune in life and believes that his sufferings are a way of paying the karmic debts. He shared:

*“All the sufferings are a result of my karma<sup>6</sup>. I may have done something very wrong in my previous life for which I am suffering now.”*

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<sup>6</sup> Bhagavat-Gita is one of the most sacred texts of the Hindu religion and offers devotees practical guidance in life. In the Hindu religion, the body is compared to a set of clothes that the soul removes after death for putting on new clothes during reincarnation/rebirth. An individual can be reborn as a human, a plant, an animal or an insect, depending on his/her ‘*karma*’ or action in the previous birth. *Karma* can be conducted in four ways: through ideas, words, actions that we do ourselves, and actions that others do on our instructions. The effects of good acts will be positive, joyful, or useful, whereas the consequences of negative deeds will be unpleasant. According to the principle of *karma*, whatever work we do, no one sees it or sees it, but God sees it. Nothing happens without a reason. So, if we sow good, we will reap good, if we sow evil, we will reap evil. Any good or bad thought or action leads to reward or punishment either in this life or in a future existence (Thrane, 2010).

Thus, the aim of the ideal Hindu life would be to perform good deeds, exhibit devotion to God, and gain insight from *karmic* lessons. A Hindu approaching old age or having a terminal illness, for example, attempts to make up by apologizing where needed, resolving conflicts, and discharging all the pending responsibilities. No one can attain *Moksha* (liberation) from the cycle of birth and death until the accumulated *karma* is eliminated through suffering and rebirth. Suffering is the result of bad thoughts or actions either in the present or past life. So, the endurance of suffering and penance is a way to mitigate past *karma*. It may also involve fasting, engaging in intense prayer or worship, and enduring pain by not taking medications. Fasting can take many forms. This means that the individual may refuse certain food, certain meals or at certain times of the day. Other forms of atoning may involve confession to a spiritual guru, expressing repentance or regret in public or private, shaving the head, almsgiving, etc. (Gielen and Kashyap, 2019).

Mr. Rajendra relocated to the OAH because of similar untoward incidents in life. He had three marriages but none of his wives survived. Earlier he was living with his son but after the unfortunate death of his daughter-in-law, he relocated. He shared his philosophy of life in the following words and the appended Sanskrit verses to describe his feelings:

*“I never feel sad about anything in life. I believe whatever fate has in store for us, will happen. I was destined to do penance at an OAH in Kashi, so I am here. It is all a game of luck. I have now become a renouncer....I don't think much now.*

**कर्म प्रधान विश्व रचि राखा जो जस करइ सो तस फल चाखा।<sup>7</sup>”**

Mr. Rajendra has two grandchildren who live with their maternal grandmother. He desires to see them, but his age does not permit him to travel. As his grandsons are too young, they also cannot come to the OAH by themselves. Though he considered all such world

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According to the Hindu philosophy, death is indicative of the fulfilment of life and an opportunity for better incarnation or attaining liberation from the cycle of reincarnation. Death is natural and inevitable, and it should be expected at the proper time. Life should not be prolonged by aggressive medical treatment unless it leads to substantial improvement in the quality of life. Prolonging life artificially would mean tethering the soul to a lower astral level rather than it being released to higher astral levels (Subramuniyaswami, 2007). Nonetheless, suicide is not encouraged in the Hindu philosophy, and it is believed that speeding up death by artificial/unnatural means results in large *karmic* debts. Finally, it is believed that thoughts of the Lord at the time of death result in higher rebirths or salvation or ‘*moksha*’ from the cycle of reincarnation. So, what may appear as needless suffering from the Western standpoint, meeting death in a clear and conscious state is a way to make up for *karmic* debt.

According to Hindu theology Karma can be divided into three types: *Sanchita Karma*- Sanchit means collected or accumulated. All the good and bad karma that has been accumulated since our previous birth till now are kept in the category of sanchit karma. *Prarabdha Karma*- Prarabdha means luck i.e. out of all the accumulated karma we have, a small part of it that we have to enjoy for this birth is called prarabdha karma. *Kriyaman Karma*- Kariman Karma means the action that is being done in the present life. All Kriyaman Karmas flow into Sanchit Karma and as a result, take the shape of our future.

In sum, material comforts and achievements in the physical world, are not considered to be the ultimate goals of life. This means moving beyond the household bondages, worldly materialism, and renunciation of pleasures. The aim of life should be the realization of one's true/fundamental nature or ‘*satcitananda*’ (Jeffrey, 2003). Elaborately speaking, it is a state characterized by the realization of sat (true being), cit (pure consciousness), and Ananda (bliss). By freeing oneself from all illusions/bondage, a person is able to achieve his/her true self (nij) (Ramana, & Godman, 2012; Mishra, 2013).

Not all living beings will be reincarnated on Earth after death, and if they are, the form in which they will be reborn may be unknown. In this whole process, some people obtain liberation from the cycle of death and rebirth. Such liberation is called *Mukti* or *Moksha*.

<sup>7</sup> According to the law of this world, you have to suffer the fruits of your action.



attachments as ‘Maya’ (illusion) yet acknowledged that it is very difficult to get over them.

Mrs. Sheela Devi, an octogenarian has been residing in the OAH since 2003. After her husband expired in 1999, she shifted to her son’s place. Three years later there was a robbery in her son’s house and her son was murdered. This led to her depression and shift to the OAH. She narrated:

*“After the robbery happened, my daughter-in-law with her children shifted to her maternal home. I got depressed, lost my memory, and my brother’s son brought me to Patna. One day, I left their house and caught a train to Varanasi. After arriving here, I did not realize that I have come to Varanasi. My memory came back after three years. I am grateful to the manager of this OAH and the students of Banaras Hindu University for helping me to get my memory back....I don’t know what sins I have committed that I witnessed the murder of my son with my own eyes. What could be more painful than this?”*

Mr. Ravindra Mishra, a 66-year-old person, has been residing in the OAH for the last four years. His wife expired in 2017 after suffering a prolonged illness. He stayed with his daughter until his house was destroyed in a fire and he fractured his leg badly in that accident. After the incident, Mr. Mishra shifted his daughter to her in-law’s place and relocated to the OAH. Reasoning his misfortune, Mr. Mishra elaborated:

*“I always recall my happy days with my family. I keep thinking about my wife and daughter. The whole incident ruined my life. Today I would be earning my living by myself and not depending on a charity like this. Sometimes it brings tears to my eyes. Tears of sorrow start flowing. Maybe I am being punished for my wrong doings....My karma is such that I have to stay in an OAH away from my kith and kin.*

*Nobody comes here (OAH) of their own volition. In the present times, children consider their parents as a liability, and they are happy when they leave home. For the children who wish to keep their parents at OAH, I would want to remind them that it is their responsibility to serve their parents. Just as parents take care of their children, children should also take good care of their parents when they are old. They cannot evade their responsibility.”*

Likewise, Ms. Meena Basu, an unmarried resident, shifted to the OAH after her brother’s death in a road accident. She was very sad about the incident and relocated. She believed

that her sufferings are due to her *karma* and that her penance is a way of paying off her karmic debts for a better rebirth. As she explained:

*“I believe that whatever has happened to me is because of my karma. This is the way of paying karmic debts. I have no one in this world, neither my parents nor my brother. That is what your actions do. Maybe I have done something wrong in my previous birth, for which I am suffering now.”*

Ms. Aruni Ghosh, an unmarried octogenarian, was of the firm belief that her relocation to Varanasi is a part of the divine plan. She observed fatalistically:

*“Whatever happens in life happens for a reason. I have lived a life according to my karma. Now I am waiting for my death and to be with the Lord. My only desire is to attain salvation by dying in Varanasi. That’s why I do not fear death. I wish that my last rites should be performed with all intent, whether by this institution or by my brother or niece.*

*They will be punished for their karma, today or tomorrow. Children will get back whatever they are doing to their parents.”*

Mr. Tribhuvan, a 71-year-old man, used to work in a textile factory in Rajasthan. After retiring from the company, he opened a cloth shop in his native place at Azamgarh, but it did not succeed. He has four daughters and a son, all of whom are married and busy in their lives. His son works in a jewellery shop, but his income is not very good. Moreover, the health of his daughter-in-law is not very good, and a lot of money has been spent on her treatment. Due to their stringent financial situation, Mr. Tribhuvan and his wife decided to shift to the OAH. As Mr. Tribhuvan explained:

*“Our decision to relocate to (OAH) is primarily financial. My son’s economic condition is not very good. Our house is also in bad shape. Further, my daughter-in-law’s health is not very good, and a lot of money has been spent on her treatment. My wife also suffers from age-related ailments. She is unable to take meals by herself, she has to be fed. So, in order to lessen the burden on my son, we relocate here. However, my son has promised that when his financial condition improves and my daughter-in-law’s health recovers, he will take us home. I have a mind to express my gratitude to this OAH and sponsor the lunch and dinner for all residents the day we leave from here.”*

Some residents identified familial discord as the reason for their shifting to OAH. For example, Mrs. Lata Singh has been residing in the OAH for the last 12 years. Her relocation was triggered by the loneliness and neglect that she experienced at her home.

She recalled:

*“My daughter-in-law used to misbehave with me. My son ignored such issues. Both of them hardly spoke to me. That’s why I decided to relocate here. It is my karma and luck that destined me to spend my last days in OAH. If my karma was good, I would be happily living with my family....Please note that I was born to a prosperous and elite family. But today I am residing in a free OAH. This is destiny. If my own son does not want to take care of me, what can be done?”*

*Before I relocated here, I was hospitalized. My son and daughter-in-law did not attend to me well when I was in the hospital. My daughter-in-law used to be on her phone whenever she visited me at the hospital. When I was released, their sleep used to be disturbed as I moaned a bit because of body pain. Surprisingly, my son never protested about any of this. I thus decided to relocate.”*

Similarly, Mr. Rakesh Kumar shared how the familial ordeal made him take the drastic decision. He shared how his family members neglected him after he got injured at work.

He elaborated:

*“Till the time I was earning, I was well respected at home. When I was injured, I was not offered proper medical treatment. My son did not give me a penny. I was realizing that the wound was increasing slowly..... I am one of the very few unfortunate parents who have been physically assaulted by their own children. Considering all these incidents, I decided to relocate. If a person has to shift to an OAH, despite having his own house, wife and children, that is the biggest misfortune that can possibly befall him.*

*I can’t sleep at night when I recall the untoward incidents in my life. I never imagined that this would happen in my life. My eyes become wet...Maybe I am getting punished for my bad karma.”*

Mr. Ashok and Mrs. Vimla shifted to Missionaries of Charity in 2021. He used to be engaged in a tailoring job and his work suffered a lot during the Covid pandemic. Unfortunately, the elderly couple did not get much support during the trying times and shifted to the OAH. As they shared:

*“My work suffered a lot during the Covid pandemic. When my shop closed, I was with my younger son for about six months. Gradually the behaviour of my daughter-in-law and son changed. My daughter-in-law did not give us food on time, served us stale food, and used to quarrel with my wife all the time. So, we decided to relocate to this OAH. Strangely, our son did not even stop us once when we decided to leave.”*

#### **4.4.2 Familial relationship**

Mr. Rajesh reasons the predicament of the elderly people to the changing values in society. He posited:

*“I believe that the changing values of society make the elderly opt for institutional living. Everyone wants to reside with his/her family. There can be no substitute for family. The kind of attachment/bonding that you enjoy with your family, cannot be found in OAHs. However, societal values are rapidly changing. Most youngsters consider their elderly parents as a liability. They prioritize their family and career over their parents. Sadly enough, the consent of the parents is not even taken before shifting them to the OAHs. It is so easy for children to forget the contribution and sacrifice that their parents have made towards their growth. After achieving stability in their lives, old parents turn out to be useless to their children. It's such a utilitarian world!*

*Sometimes, I see my dead parents in my dreams. They left me long ago, but they are still in my heart. I miss them. My eyes swell up with tears. I eagerly long for meeting them. I am sure I will soon be free of my karmic debts and Lord Viswanath will unite me with them.”*

Few residents also shifted to OAH because of prevailing societal values. For instance, Mrs. Sheela shifted to the OAH because of the demise of her husband and son. She reasoned her shifting to the OAH in the following words:

*“After my son’s death, my daughter-in-law shifted to her maternal home. She along with my grandchildren comes to meet me here and urges me to go with them. I refuse as it is against the societal norm to go and reside in the daughter-in-law’s maternal home. This is against my self-respect. Neither have I moved with the family of my married daughter. It is taboo to be dependent and stay with the family of your married daughter permanently. However, my daughter keeps in touch with me and often visits me from Nalanda. Recently, she gave me Rs. 25,000 for my eye surgery. Nonetheless, I have a dream: when my grandson gets a job and builds his own house, I will go to stay with him.”*

Likewise, Mr. Ravindra discussed his relationship with his family and how the relationship transitioned over the years. There is no one in Ravindra's family. His wife is already dead, and one daughter is married and has three sisters, but they don't care about him. He told that:

*"My wife expired long ago. My daughter got married in 2018. I have three sisters, who are busy with their own lives. Sometimes I speak to them over the phone. However, their familial responsibilities do not permit them to visit me here....It has been years since I have seen my daughter. I keep cherishing the fulfilling years that I spent with my wife and daughter. The happiness that you get in the family cannot be substituted. No matter how many facilities an OAH offer, it can never replace the warmth of a family."*

The findings revealed that many residents felt nostalgic about their families, and relationship in bygone days even after moving to the OAH. Ms. Meena narrated her feelings in the following words:

*"I miss my family a lot. I reminisce about my family and my bygone days. I badly miss my parents and brother (Ms. Meena cries). I recall how happy we were. Everything has changed now, and I am here all alone. Perhaps this is a punishment for my past deeds. I think that OAH can never substitute the atmosphere and warmth of the family."*

As Ms. Aruni Ghosh and her family moved to Varanasi in 1972. She remained unmarried and her brother used to work as an accountant in Delhi. Though her brother and her niece request her to join them in Delhi, she refused to go. She reasoned:

*"I moved to Varanasi with my family in 1972 during the political turmoil (Independence struggle) in Bangladesh. I remained a spinster throughout my life, and I moved to the OAH after my parents expired. My brother used to work as an accountant in a private firm and is now settled in Delhi. Though my brother regularly contacts me and urges me to join his family in Delhi, I am hesitant about the decision. My niece visited me a few days ago and urged me for the same. However, my health is very poor, and I am confined to bed most of the time. Food, water, and medication are served to me on my bed. I don't want to be a burden on my brother by moving to Delhi. I don't want to disturb their life, and activities by being a burden."*

As revealed earlier many of the residents moved to the OAH because of family discordance. They experienced conflict within their families and for which they

developed a certain amount of bitterness in their relationships with their families. For instance, Ms. Lata is a widow and she moved to the OAH because of maladjustment with her daughter-in-law. As she shared:

*“My daughter-in-law and I shared a very strained relationship. She used to quarrel with me all the time. Though my son never misbehaves with me, he never intervened when my daughter-in-law ill-treated me. I always felt that my son could have dealt with the situation better and reprimanded my daughter-in-law. His aloofness bothered me a lot and I decided to move this OAH. Perhaps this is the outcome of my karma. whenever I feel like meeting my grandchildren, I go to my home but never interact with my daughter-in-law.*

*They (son and daughter-in-law) want my land to be registered in their names. And hardly do they care about me. Such behaviour made me realise the mundaneness of this mortal world. And made me resolve to never move back to my home permanently. OAH appears to be a burden to me. Despite having my own house, land, and son, I still have to reside like an orphan in OAH. This is the predicament that I never imagined that I suffered.”*

Mr. Rajendra Prasad faced intergenerational conflict at home. His son did not care about him that’s why he shifted to OAH. He elucidated:

*“Excessive expectations! ...brings so much misery to everyone. My son didn’t look after me, that’s why I moved here. We do as our children as much as possible but can’t expect the same treatment from children.*

*My two grandsons are very good. They are living in their maternal home. After my death, all my property will transfer to the name of my son. Although, he doesn’t care about me so much, but he is still my son. I have no expectations of him doing anything for me.”*

Mr. Rajendra’s comment shows that he felt great responsibility toward his son. He did not expect reciprocal care.

Another inmate Mr. Rakesh move to the OAH because of family discordance. He was an auto driver and was have the problem of alcoholism. His heavy drinking habits made family discordance a regular affair and he was forced to leave his house. Rakesh narrated his ordeal in the following words:

*“I used to be a heavy drinker and spend all my money in drinking. My wife and son used to be very irritated with me. Regularly there used to be conflict and*

*quarrel in my house. One evening in an inebriated state I met an accident while driving my auto ricksha. I fractured my leg because of the accident. I was not able to drive auto again and lost my source of livelihood. My family member was very upset about it, and I was ill-treated by them. In a way, I was forced to leave the house. ...Looking back, I feel I deserved to be treated that way. That's the result of Karma and I have grudge against nobody."*

Similarly, Mr. Ashok and Mrs. Vimla had a strained relationship with their children. Mr. Ashok who used to work as a tailor suffered financial loss during the covid times. They were forced to relocate to the OAH because their children refused to help them. Mr. Ashok Shared:

*"My business suffered loss during the covid. We wanted to relocate with our son, but he was hesitant. Now it is parents are a liability to their children. When we were moving to the OAH my younger son didn't even ask us about our where about nor did he stop us."*

#### **4.4.3 Social life in Old Age Home**

It was found that the elderly have established their own social circle in the OAH. Their new roles gave new meanings to their lives, and they engaged in pastimes like worshipping, meditation, devotional service (like singing 'bhajan'), kitchen activities, physical exercise, yoga, walking, visiting or talking to friends, watching soap operas on the TV, gossiping over tea, involvement in mess committee, reading newspapers and magazines, participating in the festivals and events, etc. While the residents were living out their karma, such engagements were found to kindle sparks of happiness in their mundane lives.

Talking about social engagement at the OAH Mr. Rajesh Pandey detailed the leisure activities of the residents and the bonding that they developed. He elucidated:

*"I have rebuilt my social circle in this OAH. We chit-chat with each other, exchange our views on different Socio-political matters, engage in daily worship, etc. However, my physical inadequacy prohibits me nowadays to engage in active life. I keep chanting the names of the deity from my bed. I am often visited by other residents and old friends. sometimes I talk to my old friends over the phone."*

Echoing Dotterweich (2018), we found that many of the residents referred to the service that they received in the OAH as 'seva'. In other words, the staff were substituting the children in offering services to the elderly. Such seva included cleaning rooms, helping them with their ailments and disabilities, taking them to physicians, cleaning clothes and utensils, running errands, etc. It was found that a familial relationship emerged between the residents and staff. The administrative staff commonly addressed the residents as "Mother," "Father," "Uncle," or "Auntie". The social life in the OAHs is disrupted by the demise of an inmate. As Mr. Tribhuvan observed:

*"We are like a family here and become very fond of each other over the years. We become a little sad when someone dies. But we console ourselves by thinking that he/she has attained moksha. And this is life, we must move on."*

Even though Mr. Ravindra's family members don't have contact with him, he is visited by his old friends. He shared:

*"Sometimes my old friends visit me at this OAH. I have three sisters, but they are busy with their own families. I am also close to other residents at the OAH. At times we share our personal problems with each other. We are like a family here and the fact that we are all in a similar situation enhances the bonding among us. Initially, I was hesitant to come here. But once I got adjusted after moving here, I faced no adjustment issue."*

Ms. Meena Basu moves to the OAH after her brother expired. She felt lonely and helpless and decided to move to this OAH. She elaborated on her life at the OAH in the following words:

*"After my brother expired, I felt lonely and depressed. There were also financial issues to add to the concerns. I moved here because of helplessness. I am a firm believer in destiny, and I believe whatever is supposed to happen, will happen to you."*

*"When I first moved here, I was apprehensive about adjusting in the environment. I have developed my friends' circle here and enjoy interacting with them. However, I am a bit apprehensive about sharing my personal problems with others."*



Initially, Ms. Lata was facing adjustment issues in the OAH. All the residents were strangers and she interacted with them very little. In the initial days, she used to feel lonely and missed her family very much. As she pointed out:

*“At first, I felt depressed and was not comfortable staying among so many strangers. I used to badly miss my family, friends, and my grandchildren. However, my anger towards them (Son and daughter-in-law) was very strong and that made me continue with my resolve of not return home. Gradually I got adjusted here and started talking to people and developing my own social circle. I interact with my family over the phone and visit them on some occasions. Nonetheless, the bonding that I used with them (family members) is no longer there.”*

In sharing his adjustment process at OAH, Mr. Rajendra Kumar posited that initially the environment of the institution seemed alien. But he started feeling good once he got acquainted with everybody. He narrated his experience:

“अपने गाँव के ताल तलैया, घन बागियों के छाव रे।

स्वर्ग से सुंदर लागे भैया अपना गांव गिराव रे।<sup>8</sup>”

*“No matter how much happiness a new place offers, it always feels awkward initially. But slowly one gets adjusted and starts feeling good. Now I don’t feel like going home. I believe in giving my son his own space. I will remain here for the rest of my life. I have moved beyond the mundane attachments of life and hence I don’t long for going to my house or meeting my son. My dead body will go from here.”*

Talking about the environment in the OAH Mr. Rajesh Pandey elucidated:

*“We share a very cordial relationship with each other in the OAH. It will not be wrong to say that we are like a family here. I would say that the right mindset is important for adjusting to the OAH. If you are a social person, you will enjoy staying at the OAH. I feel OAH is a blessing for the elderly who do not have the support of the family.”*

Mr. Ravindra Mishra similarly highlighted the positive environment in the OAH.

*“This OAH offers a supportive environment for the elderly. The infrastructural facilities are excellent and more importantly, they trick the elderly. Though the Institutions follow the Christian faith, we are free to practice our own faith and*

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<sup>8</sup> One’s home/locality is the best and there is no place like home and locality.

*religion. Neither there is any discrimination based on religion. The location of the OAH is also very favourable as it is located at the bank of the river Ganga. The residents often go to the river to take a deep and after their prayers to the almighty. I have lived my life and now spend most of the time meditating and worshipping the god.”*

Highlighting her experience of staying at OAH, Mrs. Lata Singh shared:

*“I used to feel lonely at my son’s house. I used to be confined within the apartment when my son went out for work. The hectic schedule of urban life has made people secluded. ....Here we are staying together, helping each other in need. The loneliness I used to feel at home was fulfilled after coming here. However, OAH cannot be a replacement for family. If everything is going well in the family, if you share an amicable relationship with son and daughter-in-law, you should not think of moving to OAH. In OAH, you are not special, and you are treated as everyone else.”*

Mr. Rakesh posited that it is difficult to adjust in an OAH amidst people from different regions and cultures and he also expressed his dissatisfaction about not being permitted to move out of the OAH. He expressed:

*“In this OAH, we have residents from different regions and cultures. They speak different languages and dialects. Adjusting to the environment is a time-consuming process. Initially, I felt issues adjusting amidst people having different behaviours and backgrounds. It is my misfortune that I have to spend my last days in an OAH.”*

Mr. Tribhuvan and his wife relocated to OAH because of financial paucity, and they attributed the increased relocation (to OAH) to the growing individualism in modern society. In his words:

*“In the modern world, parents are treated as a liability. It is simple, if you are not contributing economically to the family, you are treated as a liability. During our days, there was no such concept as OAH. However, these days the traditional culture is being eroded and children are forgetting to respect their parents.”*

It was found that the elderly kept themselves preoccupied with various activities like meditation, worshipping, and engaging in religious rituals, as coping/revitalizing strategies in OAHs. Besides, they were given various administrative responsibilities that helped in the smooth functioning of the OAH. For instance, Mr. Ravindra Mishra shared his daily routine at OAH in the following words:

*“I wake up early in the morning and make yoga arrangements for all the residents. Every inmate has been given some responsibility and I have been given the responsibility of organizing yoga sessions every morning. Others have been given responsibilities like helping in cooking, maintaining cleanliness, upholding security, etc. All the residents have been discharging their assigned responsibilities with utmost sincerity.”*

Similarly, another resident, Ms. Aruni Ghosh, described her responsibilities in the following manner:

*“When I joined this OAH, I voluntarily engaged myself in activities like chopping vegetables and monitoring the cooking. I gradually disengaged myself as my health deteriorated.”*

The manager of Missionary of Charity explained that such responsibilities not only help maintain the physical and mental health of the elderly by keeping them preoccupied but also enhance their self-esteem. It makes them feel that they are earning their living. As she elucidated:

*“The idea is to keep the elderly engaged. Moreover, it is an attempt to convince them that they are earning their food and not living on charity. In fact, apart from the responsibilities, the elderly are also given the option to earn small incomes by engaging themselves in various crafts like flower garland making, tulsi bead making, pickle and marmalade making, cotton wick making, etc. Their time is well spent and they also have some money for personal expenses.”*

She also underlined that the OAH offered basic amenities (like bed, fan, common television, safe drinking water, clean accommodation, regular medical check-ups, etc.) to the elderly. However, since residents visit the OAH for penance, it does not offer luxuries like air conditioners, washing machines, individual television and refrigerator.

Moreover, the elderly are also given every option to pursue their own interest/preoccupation in the OAH. Ms. Meena Basu, for instance, explained:

*“I have the habit of reading daily newspaper. It keeps me abreast of the happenings around the world. I still do that here. I am also very fond of reading books and still keep reading them. I also regularly participate in the morning prayers and daily ‘aarti’ (religious rituals).”*

For instance, Mrs. Lata posited that she engages in culinary activities to keep herself busy. Such engagement helps her to overcome the unpleasant memories of her twilight years with her family. As she stated:

*“To avoid the unpleasant recollections, I occasionally assist in the preparation of meals. Besides, if the sweeper is absent, we substitute for him and clean the premises as per our health permit.”*

#### **4.4.4 Facilities and amenities at Old Age Home**

Mr. Rajesh Pandey was found to be satisfied with the facilities offered in the OAH. He shared:

*“I live a peaceful life in this OAH. They provide us food, clothes, medication, and other necessities free of cost. The amenities are also excellent. Bed linen is changed in every two days. Both vegetarian and non-vegetarian meals are offered.*

*If we fall sick, we are being sent to the hospital and the OAH settles the hospital bill. A residential doctor is also available in this OAH for our service. ...The only drawback is that we are not permitted to move outside of the OAH and thus lead a confined life.”*

Mr. Rajendra was living in this OAH for the last six years. He is well-adjusted and doesn't want to shift from the OAH. He pointed out:

*“This OAH is ideal for people who lack financial stability. I don't feel like home going from here. For whom will I go? nobody is waiting for old people like us. Whatever troubles are here, I manage to adjust to them all. Only my dead body will go from here.*

“माया मरी ना मन मरा, मर मर गया शरीर ।

आशा तृष्णा ना मरी, कह गए दास कबीर ॥

*I feel an attachment to my son and grandson, but all this is 'Maya'. It is very difficult to get over such infatuation. However, I believe that the feeling is not reciprocal.”*

Mr. Ravindra fractured his limbs before moving to the OAH. He recovered after proper medical attention was paid at the OAH. He appreciated the facilities offered at the OAH in the following words:

*“The OAH is meant for poor people who have nobody to care for. If an elderly person dies in this OAH his funeral rites are performed by the personnel. I have seen instances, where family members do not even bother to organize a funeral for the deceased. Those people come here for whom there is no one to take care of them.”*

Mrs. Meena Basu has been residing in the OAH for the past three years and she moves to the OAH out of compulsion. She reflected:

*“OAH is the last resort for ‘unwanted’ people were not having any support from offspring. Nonetheless, society is not oblivious to our needs. People donate food, fruits, medicine, money, clothes, etc., time and again. Some celebrate their birthdays and anniversary in the OAH, sponsor’s meals for us, and seek our blessings. After all the world is not all black & white.”*

**Table 5.4 The various facilities offered by Missionary of Charity (OAH), Varanasi.**

Sl. No.	Variables	Public
01	Environmental status	Nice
02	OAH Building	Just as a structure
03	Garden	Not available
04	Church	Available
05	Medical services	Available
06	Doctor	Available
07	Counsellor	Not Available
08	Ambulance (24x7)	Not Available
09	Wheelchair	Available
10	Yoga and exercise	Conducted
11	Room	Common hall
12	Room for Couple	Separate for men and women
13	Television	Available
14	Newspaper	Available
15	Geysers	Not Available

16	Air conditioning	Not Available
17	Washing Machine	Not Available
18	Refrigerator	Not Available
19	Lift	Not Available
20	Water Purifier	Available
21	Washroom/Toilet	At common area
22	Common room	Available
23	Floor	Not much well
24	Security	Available
25	Camera Inside and Outside of the OAH	Not Available
26	Vehicle for roaming	Not Available
27	Tour & Picnic for residents	Conducted
28	Trained Staff	Not Available
29	Food, Clothes, Medicine, Soap, Brush, Toothpaste, Slipper, Bedsheet, etc.	OAH offers it without charge

Mrs. Lata has been a part of institutional living for the last twelve years. She shifted to the OAH after spending seven years in another OAH, which faced closure due to administrative reasons. Acknowledging the facilities offered by the OAH, Mrs. Lata posited:

*“We would have been wandering door to door if we were not accommodated here. All the facilities are made available to us. It is our karma that we have to spend our last days in OAH.”*

Mr. Ashok and Mrs. Vimala never intended to relocate to OAH. They were forced to move because of the behaviour of their sons and daughters-in-law. Though they were appreciative of the facilities offered in the OAH, they felt guilty about accepting facilities free of cost. They resented the idea of staying in OAH free of cost as it affected their self-respect. They reasoned:

*“Old age has never been a burden to us because I used to do a tailoring job and manage our expenses. I had never dependent on or borrowed money from anyone before this. Unfortunately, my work was hampered during covid, and our sons didn’t support us. We were forced to relocate to OAH, and we feel bad that we are living on charity. This is disgraceful and sounds like begging to us. All this is a result of our karma.”*

Mr. Pandey also shared his views about death and *moksha*<sup>9</sup> (salvation) in Kashi. He negated his pessimism by pointing out that death is a part of the natural cycle of life and signifies a transition to a new life. He elaborated:

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<sup>9</sup> The concept of liberation or release is shared by a wide spectrum of religious traditions, including Hinduism, Buddhism, and Jainism. These and many other religious traditions offered differing conceptions of bondage and diverging paths to moksha. Some, such as Jainism, posited an abiding self that became liberated, while others, such as Buddhism, denied the existence of a permanent self. Some Indian traditions also place greater emphasis within their respective paths to liberation on concrete, ethical action within the world.

Purushartha is a theory of human behaviour that promotes moksha as a highly esteemed goal of human life. Purushartha is composed of two words: purusha, which means the sentient being, and artha, which means goal or purpose. It means ‘goal or purpose of the human life’. There are four goals to lead a happy life i) artha, ii) kama, iii) dharma and iv) moksha (Mishra, 2013).

The idea of moksha appears to have its roots in the desire for relief, emancipation, or liberation from suffering. Moksha or integration with the divine light has been described as the greatest effort and goal of human life. Most people pray before the Almighty for moksha (liberation) from the cycle of birth and death because their life is miserable and suffering from threatening circumstances of life. For those who are religious, the way to salvation is through devotion, hymns, kirtan, worship, and rituals. For those who are spiritual, the means to reach salvation are non-attachment, detachment, meditation, and samadhi. In the eyes of both, this world is false, it is darkness, in which we are wandering through so many species. Moksha is freedom from movement in this false world. It is a philosophy of denial of life. Meditation, samadhi, and worship are good for mental peace and concentration, but through them, if you are looking for salvation by transcending the world, then it is nothing but self-realization. If there is any salvation beyond existence, attachment, bondage, desires, and movement, then it can be a state of nothingness and any void is possible only by the complete destruction of existence or energy. Energy, whether of life or matter, never gets destroyed. Its transformation goes on, we are all part of God or the vast cosmic energy. Smaller energies will change their form and remain in this nature. Our quest for salvation has to be completed at some point, then it has to be completed in this world.

Many Hindus commit these verses to memory and recite them with utmost devotion for moksha (getting out) from miserable and highly threatening circumstances of life. People suffering from chronic diseases also talk about and pray for moksha (getting rid of) the disease. Many also wish and pray to the Almighty for moksha (liberation) from the worldly cycle of birth and death.

The Hindu faith is based on the concept of reincarnation, which holds that once a person dies, their soul is reincarnated in a new form. They think that their spirit survives, the death of their physical body and continues to recycle until it finds its real essence. Historically, in India, Hindu cremations would take place on the bank of the Ganges River. Even today, most people have a desire that it is better if the last rites are performed on the banks of the river Ganges.

Dying in Varanasi is not only associated with physical or emotional but also it is relational, societal, and spiritual. Hindu belief is that Lord Shiva built the city of Kashi for the salvation of human beings. That's why numerous old folks come to Varanasi (or are brought there) to spend their dying moments and attain salvation. They are known as *mumukshu* (aspirants for moksha) (Mishra, 2013). It is believed that people come here in anticipation of salvation before their death. Have darshan of the Ganges and when death

*“People relocate to Kashi in the last days of their lives for attaining salvation. But salvation does not come easy. It will come only after you have suffered your karma. That is why there are people who do not die even after staying at Kashi for a long time. People eagerly want moksha from the cycle of rebirth as life is full of sorrow and suffering<sup>10</sup>. They are completely fed up with their lives.*

*...I considered myself lucky that my karma brought me to Kashi to spend my last days.”*

Echoing Mr. Pandey, Mr. Rajendra posited in a similar vein:

*“If your karma is good, you will reap the benefits. I don’t worry about my future, whatever is destiny happen will obliviously happens.”*

Mrs. Sheela's life has been full of challenges, and she had to witness the loss of her only son in front of her eyes. Looking back, she reflected:

*“I don't worry about the future. My only wish is that I may get the vision of the almighty before my death. I have no attachment to anyone else in the world and hence I have no expectations from anyone. The world is like a disdainful forest, and I pray to God to offer me moksha. If Kashi Viswanath wishes my wish will be fulfilled at the earliest.”*

Mr. Ravindra made a similar revelation:

*“At this stage, I don’t want to be a burden on anyone else. In the modern context, nobody helps others for more than a day or two. That is why when I fractured my limbs, I decided to move to the OAH without bothering anyone else.*

*I will consider myself lucky if my death occurs here. This is in line with the ancient Hindu scriptures that whosoever dies in the near of ‘Rajghat’ & ‘Assighat’ are liberated from the cycle of life and death.”*

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occurs, by living in Kashi, they should attain salvation. There is a distinct culture of last rituals and burial practices, but everyone aims to achieve the same.

<sup>10</sup> Suffering can take the form of apathy, discomfort, pain, and anguish. Although meanings of suffering may begin with the body, they include emotions, accompany losses, and thus, can arise through social as well as corporeal existence (Kleinman, 1988). Suffering can be a path to finding resolution and gaining wisdom or a route to sinking into depression and slipping into despair.

Suffering is an expectable component of living and must be endured in silence. Hinduism's theological value orientations treat suffering as an opportunity for cultural processes to transcend suffering and death rather than as a completely devalued experience that needs to be handled. Individuals were more likely to see their earlier suffering as a path to knowledge and self-discovery (Charmaz, 1983). People can feel suffering from adopting a more restricted life. Living a constrained lifestyle limits opportunities for positive self-validation, whereas living a restricted life makes one more socially isolated (Charmaz, 1983).



Likewise, Mrs. Meena encountered detachment from the world after the death of her parents & her sibling. However, she expresses her indifference to her hardship in the following words:

*“I received whatever was written in my destiny and nothing could be worse than this. That is why I am not concerned about the future because whatever is going to happen is beyond my control.”*

Mrs. Aruni's father was a priest and her association with spirituality has been long. She learned about the conception of karma and moksha through the interaction with her father. Expressing her unwavering faith in salvation, she narrated:

*“I sincerely believe that salvation only comes after suffering. You will reap whatever you sow. You see whosoever had moved here has done so out of compulsion/ suffering: beat, quarrel with son & daughter-in-law, and poverty or misfortune. After we have suffered our karma, we will attain moksha.”*

Mrs. Lata was forced to relocate to the OAH after the demise of her husband and subsequent ill-treatment by her son & daughter in law. Her helplessness forced her to relocate to the OAH. She reflected:

*“Life is full of sorrow maybe it is a result of my karma that I suffered so much. Nowadays I suffer from arthritis and need support to move anywhere. My only wish is that my death comes early, and I liberate from this drudgery.”*

Sister Julia, the manager of the Missionary of Charity, describes the facilities provided by the OAH.

*“The elderly who are impoverished and needy would benefit much from this institute. Here, we provide them all the items of daily use. Residents are well cared with the staff of the institute. There are excellent medical facilities in this institute, which has helped a lot of individuals.”*

#### **4.4.5 Comparison with Vanaprastha & Sanyasa Stage**

The residents compare their relocation to the OAH as the Vanaprastha stage of life. They considered the relocation to be the result of their karma and a means to their salvation. However, as they didn't relocate voluntarily, some residents were apprehensive about calling it the Vanaprastha stage of their life. In the words of Mrs. Lata Singh:

*“The life in an OAH is similar to Sanyasa stage. As in ancient times, people used to leave their homes and relocated to the forest, today people move to the OAHs in the final years of their life. Nonetheless, unlike vanaprastha, people do not relocate voluntarily.”*

In a similar vein Mr. Ravindra Mishra reflected:

*“The life of residents in an OAH is as difficult and challenging as residing in the forest. The movement is not out of scarifying but out of compulsion. You will find many people coming to the OAH with varied issues like family, discord, health issues, financial penury, etc.”*

Ms. Meena Basu replied to the query in a different manner:

*“I compare life in OAH to vanaprastha stage of life for a different reason. Family is like a shelter and without family and relatives it is like residing in the forest.”*

**Table 5.5 Responses from the residents of different OAHs about their relationships with their families**

Types of relationship		Paid OAHs (In percentage)	Free type OAHs (In percentage)
Solidarity	Associational	60	8.33
	Affectual	40	12.5
	Consensual	20	20.83
	Functional	30	16.66
	Normative	30	16.66
	Structural	20	37.5
Conflict		12	54.16
Ambivalence		30	12.5

The above table depicts the various types of familial relationships experienced by the residents of the OAHs. Many respondents (60 percent responses) experienced

associational solidarity by virtue of frequently interacting with their family members through mobile phone and other technologies. In terms of affectual solidarity, 40 percent responses received from the paid OAHs of both cities indicated that they had favourable attitudes toward their families. Consensual solidarity was expressed by 20 percent of the total responses as the generations had different sets of values & attitudes. Some of the respondents provide financial assistance to family members or buy land/apartment for their children. These respondents experienced functional solidarity (30 percent responses) with their family members and consequently continued to maintain their authority & participation in familial matters. They experienced normative solidarity as well (30 percent of responses). Responses revealing structural solidarity was limited (20 percent responses) as mostly residents are settled in OAHs away from their families. However, they maintained regular contact with their family members through mobile phones, WhatsApp, Facebook, Twitter, etc. Few responses (20 percent) exemplified the existence of conflictual relationships within the families. This can be interpreted as financial stability of the residents reduces the likelihood of strained familial relationships. Around 30 percent of the responses indicated the existence of ambivalence relationship within their families. They neither have much attachment to their family nor dislike towards them.

On the other hand, there was very little evidence of solidarity amongst the residents of the free OAHs of both cities. A few respondents (8.33 percent responses) experienced associational solidarity because of less interaction with their family members. Similarly, affective solidarity (12.5 percent responses) was also found to be less. The main reason for less associational and affectual solidarity was their memories of familial discordance are in their minds and develop a sense of detachment from their families. Due to the varied sets of beliefs & attitudes throughout the generations, consensual solidarity was slightly

higher (20.83 percent responses). The prevalence functional solidarity (12.5 percent responses) was less as there little monetary exchange between family members. Few residents were involved in their familial matters and thus were experiencing normative solidarity (16.66 percent responses). For them, the movement to the OAH was an economic decision & an act of coinsurance. The structural solidarity (37.5 percent responses) was higher in the free OAHs because the residents were not far away from their family members. Most of the residents relocated to nearby OAH due to economic hardship. The majority of the residents facing conflictual relationship (54.16 percent responses) with their family members. Most of the respondents reported that their children had disagreement with them for financial reasons. This triggered the migration of many elderly to free OAH. Few of the respondents revealed that they experienced ambivalence (12.5 percent responses) situations regarding relationships with their family members. They are neither particularly attached too nor dislike their family. Because as their memories of familial discordance/ill-will have faded away, they develop nostalgia towards their families.

## Chapter-5: Discussion & Conclusion

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The research entailed a comparative understanding of private and public OAHs in Lucknow and Varanasi. The findings yielded many interesting insights. For the paid OAHs in Lucknow and Varanasi, the study moves beyond the traditional wisdom that people move to OAH because of the push factors within the family. The research reveals the decision to relocate to OAH is often independently taken by the older adult. It was found that residents usually use the term 'like home' while referring to the organization. When the residents compare the institute with their home, they find three similarities: suitable environment, opportunity to engage with cohorts, and ontological security. However, we believe that the affluent class status of the residents in question plays a paramount role in making a smooth transition to the liminal state and living life independently on their own terms in the twilight years of their lives. For instance, residents moved to paid OAHs in Varanasi to devote themselves to spirituality once their familial responsibilities are fulfilled. Therefore, we contend that the reasons for relocation to OAHs is not homogenous and it depends on the demographic profile of the older adult and the OAH in question. For the upper and upper-middle-class older adults relocation decisions may not be based on the push factor of familial discordance but instead may be based on the pull factor of facilities, comfort, and security offered in modern OAHs. The findings indicate that the environment of OAHs plays a significant role in the last phase of older adults. OAHs in India have evolved over the years and high-end OAHs are equipped with all the modern amenities and facilities for easier and more comfortable transition in the senile years of life. No wonder the urban upper/upper-middle class are drawn towards the comfort and service offered in OAHs. OAHs allow older adults to live life with self-respect and dignity and avoid the burden of loneliness and liability.

Institutional care has thus emerged as a new form of support for the older adult in the frailty of their old age and this has led to de-stigmatization of the 'relocation process to OAH' and seeing it as a means to positive ageing.

Residents were found to lead active lives in OAHs, and they developed close ties with the co-residents and created their own subculture in the company of people having similar socio-economic demographics. Their common habitus and bonding capital helped them to face the vagaries of old age more confidently. Not only with co-residents in OAHs, but older adults were also found to develop a convivial relationship with the caretakers as well. In terms of civic engagement, the institute's residents are active members of several associations and activities viz. president of pensioner's association, contributing to the education of underprivileged children, etc. The residents were found to be involved in religious activities/rituals that were organized, practiced yoga, raised their voices and concern regarding changing of mess menu, plantation etc. They felt relieved of the fact that they didn't have to worry about regular familial responsibilities like buying vegetables, cooking, paying electricity bills, water use bills, house maintenance issues, etc. in OAH. This indicated that the residents are grateful and content with the environment and experience of living in the institute. Since the majority of the residents were getting pensions from their government jobs, they were experiencing meaningful ageing without any concern or worry.

The findings thus challenge the propositions made by the Role Theory (Roscow<sup>11</sup>, 1985) that older adult people are more prone to lose roles than acquire new ones. While they may lose/voluntarily give up the roles like the head of the household, spouse, etc., they acquire new roles in the context of OAHs. They were found to acquire and actively

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<sup>11</sup> Role theory (Roscow 1985) states that older individuals are less likely to gain new roles than to lose old ones, which has an impact on their sense of self-worth and (social) identity.

participate in their newly acquired roles, be it religious, culinary, or other administrative roles in OAHs. And the mutuality of such a relationship added to the strength of the ties. Thus, borrowing from Erik Erikson's<sup>12</sup> (1985) stages of psychosocial development, our findings reveal that voluntary instead of forced relocation of the older adult to OAHs further facilitated them to experience 'integrity', satisfaction, and smooth transition in life.

The study underlines the functionality of OAH towards both the young and old generations. In the current age of globalization, the traditional structure of the family has undergone a transformation and the younger generation migrate far and wide in search of better opportunities. The provision of OAHs relieves the migrants of their anxiety about the well-being of their parents living alone. So, children are liberated from the obligation towards their parents and the older adult also contend because they no longer stand a hindrance in the career path of their children. Interviews revealed that while the elderly did not experience consensual solidarity with the children, they exhibited affectual and functional solidarity towards the younger generation time and again. In fact, as the residents in the paid OAHs were financially sound, their occasional economic contribution in the family improved their standing within the family and helped them to retain control and be involved in family matters. The study thus contends that associational solidarity within the family is influenced by functional solidarity i.e. the occasional financial contribution that the elderly make towards their offspring. Most of the respondents of free OAHs lived in the geographical proximity in their families but their relocation did not entail structural solidarity. On the other hand, the members of paid

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<sup>12</sup>According to Erik Erikson's stages of psychosocial development, in the last stage of life, humans encounter ego integrity or despair. They reflect on their lives and experience either a sense of satisfaction or failure. People who feel satisfied with their life, experience a sense of integrity. Those feeling dissatisfied about their life, despair that their life has been wasted.

OAHs often relocated to OAHs far away from their families (like those in Varanasi). Yet they maintained solidarity by regular interaction with their family member over mobile phone and other social media platform like WhatsApp, Facebook, and Twitter.

Interestingly, more residents in the paid OAH of Lucknow experienced structural solidarity (most residents were from Lucknow or at least belonged to Uttar Pradesh) than the paid OAH of Varanasi. It may be reasoned that Varanasi being a spiritual city, elderly prefer to travel a long distance to spend their last days in Varanasi. Nonetheless, it was found that technological communication substituted the requirement for maintaining structural solidarity. For instance, most elderly were technologically oriented and regularly had telephonic communication with their families and maintained ties through social media platforms like Facebook and WhatsApp. Most of the respondents of free OAHs lived in the geographical proximity in their families but their relocation did not entail structural solidarity. In sum, OAHs offer a holistic and acceptable solution to both generations. Additionally, relocation to the institutional home is seen as a measure to avoid adjustment issues, clashes, and emotional turmoil within the family. By the way of staying at OAH, the older adult believes that they can maintain harmony and reinforce intergenerational ties.

This research also examined the relocation dynamics at free OAHs in Lucknow and Varanasi. It was found that the elderly shifted because of factors like economic hardship, familial discord, misfortune and death, etc. It was found that their movement to OAH in Lucknow and Varanasi was involuntary and not happened out of their volition. The residents generally considered it their misfortune that they are forced to spend the last days of their lives in OAHs rather than with their family.



Most residents experienced intergenerational conflict (e.g., physical and verbal abuse, neglect, abandonment, emotional abuse, etc.). Echoing Takacs (2017), it was thus found that family relations were more likely to be disrupted among those living in poverty and hindering intensive contacts with members. Also, in some instances, relocation to OAH was a prudent decision and an act of coinsurance for the sake of the economic stability of the family. However, adjustment differences were observed between the newly joined residents and long-term residents. The long-term residents were well-adjusted in OAHs and acquainted with the living conditions. However, as their memories of familial discordance/ill-will have faded away, they develop nostalgia/attachment towards their families and bygone days. They anguish and long for seeing their family members. Most long-term residents therefore developed a sense of ambivalence towards their family or affectual solidarity to some extent. On the contrary, the newly joined residents were in their transition phase and are yet to develop their social circle in the OAH. Nonetheless, as their memories of familial discordance are fresh in their minds, the newly joined elderly develop a sense of detachment from their families and devote themselves to spirituality. Most newly joined residents had conflictual relationship with their family.

The residents used the Hindu philosophy of Karma to give meaning to their current conditions and sufferings. Consequently, they attribute the hardships and unfortunate incidents in their lives to bad karma and their suffering as penance to get over the karmic debts. Thus, suffering is not all negative and *“suffering can be positive if it leads to progress on a spiritual path, ...to be tested and learn from a difficult experience.”* (Whitman, 2007; 609). The residents, therefore, looked forward to their deaths and were against prolonging life artificially through aggressive medical treatments. Interestingly, such karmic philosophy of life helped them to make sense of the world around them and move beyond the utilitarian calculation of gains and losses in life. In fact, the very belief

that everything is predestined helped them to get over pessimism and attain solace in life. This underlines the persistent importance of religious philosophy in tiding over the crisis and struggles in life.

However, it was revealed that the residents felt inhibited about living on charity and considered it as a form of punishment. The management thus assigned each inmate certain responsibilities like helping in cooking, yoga session organizing, maintaining cleanliness of the premises, upholding security at OAH, etc. Further, they were given the option of earning small income by selling various handicraft items (e.g., flower garlands, tulsi beads, cotton wick making, pickle making, etc.). It was found that engagement with such activities helped in the enhancement of self-esteem among the residents. We also find that both these institutions have done well in providing more than the basic facilities required for sustenance.

The residents also formed their social circle in the OAH. The fact that they were in a similar situation and were in pursuit of the same goal, made them form a supportive social milieu. Moreover, it was found that the social ties among the residents of free OAHs were stronger than the social ties of the residents of paid OAHs. It is argued that the ties among the co-residents substitute the weakening of ties with their family members. It is no wonder that they experienced sorrow at the demise of their fellow residents. Moreover, the residents also entered into ties with the staff of the OAH and help/services received from the caregivers were perceived as receiving 'seva' from their 'substitute' children.

Since OAHs and older adults are not a monolithic category, the findings of the study are not generalizable and are peculiar to the residents of paid OAHs in Lucknow and Varanasi. The ethno-religious diversity of the country inhibits the extension of findings beyond the population in question. However, the study finds that the relocation decision

to the OAHs may be voluntary or involuntary depending on the residents and the OAH/city in question. The findings also point out that positive ageing is experienced mostly by the residents of paid OAHs i.e. those who were financially secure and experienced ontological security. Meditation, cultural activities, healthy eating, positive thought, gentle behaviour, etc. are signs of positive ageing. Such residents also exhibited increased social participation. For instance, they participated in meditation, gardening, carpentry, philanthropic activities, and other leisurely pastimes. While most relocated to OAHs of Lucknow because of utilitarian reasons, spirituality underlined the relocation decision of considerable number of elderly in Varanasi. However, the study also found that relocation to OAHs in Varanasi may not always be voluntary but be triggered by familial discords and economic insecurity. However, residents engaged themselves in spirituality once they relocated to Varanasi and spirituality helped them in making sense of their lives.

Despite the relevance of these findings, we recognize the limitations of the study. In the future, it will be interesting to study the perceptions of children about their parents residing in OAHs. Studying the thoughts of children will offer an important insight into the intergenerational discord that the elders explained. Finally, we could not address another parameter of the aged life i.e their health conditions in this study.



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## Appendix

### Interview Schedule

#### Demographic Profile

1. What is your name?
2. What is your age?
3. What is your address?
4. Describe your educational qualification.
5. What was your last occupation?
6. Discuss your income source if any at present.

#### Assessment of Family

7. Tell us elaborately about your family. Tell us about its type.
8. Are you still involve in decision making within the family? Please discuss how do you offer your views on various matter?
9. Do you considered old age to be an assets or liability? Why? Old age homes is a boon or bane please discuss.
10. Is there any land or property in your name?
11. Have your money/property or any means of assets being transfer or sold without your consult?
12. Do you think that Indian family values have eroded in the present times? Please discuss?
13. Have your health problems have ever been ignored at home?
14. Have you felt isolated to others at home?
15. What is your general expectation from family member as senior citizens? Do you think that your family have met those expectation?
16. Do you think that modernization and economic independence of women affected the Indian family structure in anyway?
17. Discuss some of your memories with your family? Discuss both happy and untoward once.

18. Who are closest to you in your family? Why? Are you still in touch?
19. Do you think that you have performed your responsibilities toward family? Do you considered such responsibility to be constraining and burdensome?
20. Can the movement to old age home be voluntary in India?
21. What advice would you give to young people wanting to put their parents in old age home?
22. Are you aware of the existing governmental program with regard to elderly people? Have you ever availed the benefits of any such program?
23. Have you ever face conflict or ill-treatment within your family? Was such incidence frequent? Do you attribute your movement to old age home to such incidence?
24. What was the last incidence that made you to make up your mind to leave home?

### **Assessment of Institutionalization**

25. Why did you move to old age home? Why this particular old age home? Did anyone suggested this institutions to you?
26. When did you join this old age home?
27. Did you stay in any other old age home before moving here?
28. Who took the decision of moving to old age home? Do you repent your decision of moving out of your home?
29. What is your opinion about the person(s) who placed you in the old age home?
30. Were you dependent in any way on your family members before coming here?
31. It is a charitable/paid old age home?
32. How much is the monthly expenses of staying in this old age home? Please give details?
33. Who makes the payment?
34. Do you face monetary hardship while you live in this old age home?
35. Did you miss your home environment or feel nostengle of your home?
36. Can old age home be a substitute for family?
37. Discuss the nature of contact with your family members and the frequency of such contact?
38. How often do you visit your family or they visit you here?

39. Do you think that technology can substitute the need for physical visit of family members to the old age homes?
40. Discuss your friends or co-residents in this institutions. Are you able to adjust with your co-residents in the institutions?
41. Can old age home be taken as Vanaprastha of the last stage of life as per the ancient Hindu scripture? Discuss your views?
42. Do you have any advice for people who are considering shifting to old age homes?
43. Now if you are offered the option of moving back to your family, will you reply be affirmative or negative? Please justifies?
44. What is your perception about this old age home?

### **Impact of Institutionalization**

45. What was your immediate reaction when you came to know that you will be sent to old age home?
46. How do you feel after coming to old age home? Are you happy staying in old age home? Provide the reason your answer?
47. Do you feel satisfied with the existing living condition in the old age home? Why or why not?
48. Do you have to compromise in small things such as watching T.V. (Particular Program/Channel/movie), eating food of your choice, and visiting places after coming to old age home? Please explain?
49. Do you think that old age homes have positively/negatively affected the lives of elderly? How?

### **Assessment of Social Capital**

50. Do you participate in social gatherings (elderly meeting, gardening, cooking, religious ceremonies, Bhajans) in the old age home?
51. Do you have any close friends in this old age home? What about your close friends (outsider) and relatives? Do they visit or call you at times?
52. Do you engage yourself in some festivals or community services after joining old age home?
53. Do you notice any change in your social circle after joining old age home?
54. Do you feel isolation or lack of companionship after joining old age home?
55. List out the celebration/happy if any occasion in the old age home?

## **Assessment of the Ability to Cope with Problems and Stresses in the Institutions**

56. How do you spend your time when you feel sad or lonely?
57. Do you openly share your stress and feeling of discordance openly to people?
58. Do you share your personal problem with anybody in this old age home? Please specify who are they?
59. Do you have complete functional autonomy? If not please specified?
60. Do you think that you are well prepared for facing the problem of old age beforehand?
61. Do you have any grudge towards people who misbehave or ill-treated you? Who are this people?
62. Do you feel anxious about your future?
63. Discuss some of your future wishes?

## **Assessment of Caretaker**

64. Do the management of old age home make you feel that you are a part of the institution?
65. Do the management make you feel secure in the Institution?
66. Do they display love and respect towards you?

## **Information regarding Old Age Homes**

1. Name of the old age home.....
2. Address of the old age home.....
3. What is the total area of old age home?
4. Institution is run by- Government/NGO/ Charitable trust/ Paid.
5. Number of caretakers.....
6. Meal timing A). Breakfast..... B). Lunch.....  
C). Tea..... D). Dinner.....
7. Ventilation- Good/ Fair/ Bad
8. General hygiene condition of the institutions- Good/ Fair/ Bad.
9. Medical Facilities- Yes/ No
10. Fees structure

11. Is there garden in the institutions? - Yes/No
12. Do you have facilities for recreation (indoor/outdoor)?
13. Do you have any outdoor play?
14. Do you have any celebration in the institution?
15. Whether counselling is given periodically?
16. How many residents are there currently? Male/Female
17. What kind of facilities/provisions do they receive?
18. What are the struggles elderly has to face (particularly single)?
19. To what extent are these elderly satisfied with their lives?





## Some pictures of research field



Inner structure of the room of OAH

Grassy space for morning walk, exercise, and yoga for the residents



Inmate's meeting with the manager of the OAH



Sarvajanik Shikshonayan Sansthan, Lucknow





