

Living in Care Crisis: The Case of the Urban Middle-Class Elderly in India

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Abstract: *For ages, the aged in India lived in the care of their children, grandchildren, other family members, close kin, and neighbours. However, in recent times, especially in the urban middle-class context, a growing number of elderly are made to live lonely lives in their own house or apartment, mainly under the care of hired service providers or in old age homes. In such living arrangements, the elderly, with broken health and multiple ailments, live amidst insecurities, fear of illness and death, the pain of living alone and away from children, who are now dispersed to different places, and so on. They live with the happy memory of living amid close ones and with never-ending longing for their children and grandchildren who live afar. The care crisis, thus construed, is rooted in some radical changes in the life world of urban middle class families over the last two-three generations, especially in the post-Independence period. The modernity-induced rationalization of life, reflected in fertility checks, careerism, and spatial movements of the younger generation, which have grown manifold in the recent decades of globalization, have contributed to this crisis.*

Keywords: Care crisis, dropping fertility, old age homes, dispersal of family members, single member households.

Introduction

The burgeoning urban “middle class”¹ is transitioning alongside the shift of the Indian socio-political-economic order from a relatively protected tradition-bound position to a fast-liberalizing-globalizing order. The new neo-liberal socio-political order that thrives on commodifying all resources and services,

consumerism, and new hedonistic ideals is contributing to the making of a “risk society,” which is out to unsettle the life of the urban middle class. When the state protection and support in the fields of education, health, employment, and other essential services such as housing, transport, social security, and so on is on the wane, people experiencing poverty and the middle class find themselves amid crises of different kinds; they need new orientation and new calculative rationality to enhance their “life chances” to be able to encounter the risks embedded in the new order. In *Risk Society* (1992), Ulrich Beck gives a vivid account of the risks ingrained in the neo-liberal order of the West. Zygmunt Bauman has also catalogued the livelihood risks inherent in neo-liberal economic orders in his *Postmodernity and its Discontents* (1997). In India, in the post-liberalization era (since 1991), the massive privatization of the PSUs, mechanization of the industries, and market volatility have led to a massive drop in organized sector jobs (only about five percent of the labour force now work in the organized sector), which, in turn, has led to the alarming rise in youth unemployment (youth of 15 to 24 age group) and casualization of workforce.² Understandably, the educated, informed, urban middle class would take note of these employment risks and take a rational, pragmatic approach to life. In order to combat the risks of the new order, the middle-class urbanites make some noticeable adaptive changes in their reproductive behaviour, in the mode of educating and upbringing their children, career planning, marriage, family and household arrangement, relational adjustments, spatial movements, health plans, planning for old-age, in consumption pattern and so on, all of which bear severe social implications.

While experiencing the abrupt flight from a state-protected economy to neo-liberalism (and the structural adjustments since the 1990s), the aged persons in the middle class have made some significant adjustments in terms of orientation, education, and career planning of their children. The middle-class parents, who spent their professional life in the public sector units, realized that the secure public sector jobs, a hallmark of the state-protected Nehruvian economy, would shrink rapidly. Their children must find jobs in the private sector, run by national and global corporations, or set up their businesses. As the opportunities in the global market opened up, they started preparing their children according to the demands of the new order, which prompted large-scale commodification of education, health, and services. Noticeable changes against this backdrop are (1) fertility check, (2) dispersal of the children (both daughters and sons) for education, marriage, and jobs, both within and outside the country, and (3) mental and physical preparation to spend the old-age with the spouse or alone. These

processes contribute to the transformation of the traditional multi-generational joint families into two-member or single-member families/households. The urban middle class is thus at a cross-road, moving from an old phase to a new phase, responding rationally to the demands of the new order. Max Weber has termed this “a process of rationalization” in his book *The Protestant Ethic and the Spirit of Capitalism* (Weber 1904/1930), where he argued that rational arrangement of work and social relations would be considered essential for attaining the goals with the highest degree of efficiency. Adapting the spirit of Weber’s argument to the present context, one could see that the educated, informed urban middle class takes a rational approach to life while adjusting to the market society’s demands. While responding to the appeal of consumerism, they define “success and happiness” in terms of career success and degree of consumer freedom, which are also considered markers of one’s social status.

Albeit all middle-class elderly individuals, irrespective of gender, go through this process, the position of older women could be significantly different from that of older men. First, the life expectancy of women is higher among women, and there could be more women than men among those who live alone in their old age. Second, many women remain unmarried, increasing the number of women living alone. In my study in Kolkata (2016), I found that women outnumber men in old age homes. Third, the women who lose their spouses in old age and have their children dispersed find it extremely difficult to adjust to lonely life since, until the death of their spouses, they were heavily dependent on their husbands for all practical purposes. Fourth, the women who have to live alone in their houses/flats have to confront not only loneliness but also a whole range of insecurities, namely the fear of losing property, theft, larceny, the fear of being killed at the hands of burglars, and a whole lot of health-related concerns and so on. Finally, women of all ages have to bear the burden of patriarchy; they cannot escape it even in their old age and even after moving to old age homes.

This paper aims to identify the social forces that make the care crisis for the urban middle-class elderly. Drawing from the demographic accounts, reports, and my study on elderly persons in Kolkata (Roy 2016), I have tried to grasp the macro and micro factors contributing to the care crisis and examined some of its social implications. The theoretical argument of the paper is that the risks embedded in the neo-liberal-global order leave a destabilizing impact on middle-class life, and the rationalization process the members of this class embark on contributes to the making of the care crisis for the elderly population.

Dropping Family Size and its Implications

In recent decades, India is experiencing a drop in fertility rate alongside economic growth, the spread of higher education, growing work participation among women, rapid urbanization, and rising level of consumption. The educated urban middle and upper classes have widely accepted the small family norm while sticking to one child or two children.

According to the State of the World Population Report 2018 of the United Nations Population Fund (UNFPA), although India's population has risen to almost double, from 566 million in 1971 to 1.35 billion in 2016, the fertility rate is declining. In urban India, the total fertility rate (TFR)³ has dropped to 2. Because of this, India's family size has steadily declined since 1971. According to the UNFPA (2018) report, the family size in India has fallen from 5.2 children per family in 1971 to 2.3 in 2016. The report observes that India, along with many other countries, has witnessed a substantial drop in infant and child mortality, partly due to a broader reach of health care systems, economic development, reduced poverty, and increased enrolment of females in primary and secondary education (See Choudhary 2018)⁴.

According to the 2011 Census, the median household size in urban India is now less than four for the first time in history. The Census data also suggest that 56 percent of households in urban India now have four or fewer members. The mother's education level is identified as the most critical contributor to fertility drop. It is also evident that women in India, across regions and communities, have fewer children than ever, irrespective of education or wealth.

Basu and Desai (2012) have identified a demographic trend indicating that a large section of younger couples opt for single-child families. Based on data from the Indian Human Development Survey 2004-2005, the authors observe: '... a small segment of the Indian population has begun the transition to extremely low fertility. It is no longer unusual among the urban middle classes to find families stopping at one child, even when this child is a girl (Basu and Desai 2012: 2)⁵. Comparing data from National Family Health Survey 1 (1992-93) and National Family Health Survey III (2005-06) Basu and Desai (2012)⁶ found out that the proportion of women in the 30-34 age group with one child has increased from 6 percent in 1992-93 to 9 percent in 2005-06. A similar trend has been seen in the other younger age groups, and they have named it a "rising trend towards one-child families" in India. According to the survey, about 73 percent of mothers with a single child declared that they do not want more children; 22 percent were already

sterilized. Only about 27 percent said they may want another child at some point (p. 11). According to scholars, one-child families are mainly found among the urban educated middle class. While one-child families account for barely five percent of all Indian families, they form 13 percent of families living in metropolitan cities. About 40 percent of the families which appear to have stopped at one child were having a daughter (p. 12).

Fertility checks and the resulting drop in family size indicate the rationalization process the urban middle class is going through. The growing number of urban parents prefer one-child families because (1) they want to avoid the constraints of childbearing, and (2) they want to prepare their child well so they can avail of the employment or work opportunities offered by the market (Basu and Desai 2012). Amartya Sen (2005) has argued that the spread of higher education and higher work participation among women, especially urban middle-class women, gives them the much-needed “agency” which effectively works on fertility checks and higher quality of life. Going beyond Sen, we may argue that the agency in an individual woman is gradually finding replication at the collective level. Thus, a cultural or social trend or style begins. Once this happens, it is collectively sustained and reproduced at the cultural level. The fertility check is a “rational” choice of the urban middle class, which is well-informed about the changes in the socio-economic order. A risk perception drives it at a time when education and health are fast being privatized (commodified). There is growing volatility in the job market.

Status of the Elderly Women and Men in India

According to the 2011 Census, there are nearly 104 million elderly persons (aged 60 years or above) in India, of whom 53 million are female and 51 million are males. Between 1961 and 2011 the share of the elderly population increased from 5.6 per cent to 8.6 per cent. According to the population projection, the share of the elderly in the total population will be 17.3 percent in 2050 (Irudaya Rajan 2006)⁷. The share of elderly females was nine percent against the male share of 8.2 percent in the 2011 Census. Keeping parity with a rural-urban share of the population, 71 percent of the elderly reside in rural areas and 29 percent in urban areas (GOI 2016: i-iv).

In 1951 the sex ratio among the elderly population was 1028 (number of females per 1000 males), which has further risen to 1033 in 2011. In 2009-13 the life expectancy at birth for females was 69.3 as against 65.8 years for males. At 60 years, the average remaining length of life was 18 years (16.9 for males and 19.0 for females), and at 70 it was less than 12 years

(10.9 for males and 12.3 for females). We can thus see that females outnumber males among the elderly population. This is explained by the fact that the life expectancy at birth is always higher among females and that the women in India generally marry men older than them (2011 Census cited in GOI 2016: i-iv)⁸.

The old-age dependency ratio has risen from 10.9 percent in 1961 to 14.2 percent in 2011 for India as a whole. In 2011 the dependency level for the female was higher at 14.9 percent compared to 13.6 percent for the males. In rural areas, 66 percent of elderly men and 28 percent of elderly women were found to be working, while in urban areas 46 per cent of elderly men and about 11 per cent of elderly women were working. The higher level of dependency of the elderly women and lower level of work participation make them economically vulnerable (2011 Census cited in GOI 2016: i-iv)⁹.

The literacy rate among elderly persons has increased from 27 percent in 1991 to 44 percent in 2011, although the gender gap in literacy is still high (2011 Census cited in GOI 2016: i-iv). In the 60-64 age-group, 76 per cent persons were married while 22 percent were widowed. Remaining two per cent were either never married or divorced (GOI 2016: i-iv)¹⁰. Growing incidence of widowhood in old age is one of the factors that contributes to their loneliness.

For the elderly in India, the incidence of living alone or without immediate relatives is growing over the years. According to an estimate by Rajan and Kumar (2003), based on NSSO data, about six per cent of the elderly lived in households without their immediate relatives. The incidence of living without children or other close relatives is ever growing. This could be an effect of dropping fertility and dispersal of the younger members. Yet, a large majority of the elderly prefer to live in their own houses. According to a GOI (2021) report, 92 percent of the elderly in rural areas and 87 percent of the elderly in urban areas live in their own houses; 4.4 percent in rural areas and 3.6 per cent in urban areas live alone; 13.4 percent of the rural elderly and 15.5 percent of the urban elderly live only with their spouses. Taking these two categories together, we can see that about 20 percent of the elderly in urban areas live without their children. The trend is sharper in the urban areas. Another interesting finding is that around 30 per cent of the elderly are without spouses and they live as dependents with their children and other relations (GOI 2021: 83-84). The percentage of female elderly persons (60 years and above) living as dependents in the others' houses is more than double the number of elderly men. Among those who live in old

age homes the share of females is much higher compared to that of the male (GOI 2021: 58). Among those who are aged more than 60 years the share of women participating in unpaid domestic services is more than double than that of the men, both in rural and urban areas. Similarly, the proportion of women with paid employment is much less compared to the proportion of men with paid employment, both in rural and urban areas (GOI 2021: 58). On an average, the elderly women 245 minutes a day while providing free services to other household members against 112 minutes by the male members (GOI 2021: 58). The all-India data presented in this section indicate (1) growing number of single-member households, (2) growing share of working population among the elderly, (3) gender inequality and (4) greater vulnerability and dependency of the aged women compared to that of the aged men.

General Problems Facing the Elderly in India

A recent report titled *Elderly in India 2021* (GOI 2021)¹¹ has identified four general problems that trouble the elderly in India, namely, (1) economic problems, which make the elderly vulnerable and dependent on others and push them to work beyond the age of retirement, (2) physiological problems, which refer to “anatomical and physiological changes” that come with aging and prompt psychological, behavioural and attitudinal changes in the elderly, (3) housing-related problems, which refer to homelessness and absence of aged-friendly housing with care facilities for those who are partially or fully immobile, and (4) crime against the aged persons (GOI 2021: 2)¹².

As the findings of my study in Kolkata (Roy 2019) suggest, the problems thus identified are genuine. However, the report fails to point out that the intensity of the problem would vary depending on the class and social conditions of the aged persons. For example, the middle- and upper-class elderly living in metropolises do not have much of an economic or housing problem; they, however, encounter psychological problems and possible crimes as they are generally more vulnerable and live with insecurities of different kinds. The most serious problem that faces, as I understand from my study, is the care crisis, which is not mentioned in the GOI (2021) report. As I have outlined above, the care crisis is more remarkable for older women than for men. Older women, especially those who live alone, either in their own house or in old age home, suffer from a greater sense of insecurity and anxiety since they face greater degrees of crime and atrocities.

The Care Crisis Facing the Elderly in Kolkata

I studied the middle-class elderly persons in Kolkata between 2013 and 2016 for my Ph. D. (2016), later published with the title *Life of the Middle-class Aged in Kolkata* (Roy 2019). I studied the elderly persons of two categories (1) those who live in their own house or flat along with their family members in Salt Lake and (2) those who live in two old age homes, namely, Mukto Bihanga, located in the southern fringe of greater Kolkata, and Rabindra Niketan in South Kolkata. I have conducted the study in two phases: (1) a preliminary survey on the socio-economic background of the elderly persons, 54 from Salt Lake and 56 from the two homes, and (2) an in-depth study of 32 individuals each from the two categories (a total of 64 case studies). Since the universe was unknown and I reached out to elderly persons using snowball sampling in Salt Lake. There could be a problem with the representation of the subcategories among middle-class residents. However, I could not know the constituent differential categories, and I took only the age factor (i.e., those above 60 years of age) to select my informants, keeping a manageable number in mind. The old age homes were selected using secondary contacts; I covered more than 80 percent of the residents in my study's two old age homes and did not draw any sample.

Socio-Economic Background of the Elderly in Salt Lake: Of the 54 elderly I covered in my study from the Salt Lake area, 37 were men, and 17 were women. Selection of a more significant number of men in the population was not deliberate; it just happened that a more significant number of heads of the households were men; the women who came in my study were the heads of their families (in the absence or illness of their husbands). Of 54 respondents, 22 (41 percent) lived in their own houses, and the remaining 32 (59 percent) lived in their flats. The socio-economic indicators suggest that the respondents belonged to upper-caste and middle and upper middle class; 36 of them lived in houses with three or more bedrooms; all belonged to three castes, namely, Brahmin, Kayestha, and Baidya; a large majority of them were graduates and post-graduates (and some had technical education). However, the children of the informants, both sons and daughters, were better educated than their parents (Roy 2019). My study in Salt Lake reveals that while the parents, mostly retired and living on pension after serving as teachers, and employees in the public sector, their children, the present generation educated, both men and women, were mainly doing private sector jobs. Business entrepreneurship was almost absent among the Bengali elderly. Despite being educated, many older women were homemakers and had a greater dependency level (Roy 2019).

The social and economic indicators endorse the middle-class and upper-caste background of the elderly persons in Salt Lake.

The most important finding of my study in Salt Lake is the progressive downsizing of families. Of the 54 families of procreation of the informants, only two were childless (one respondent was unmarried), nine were with single child (daughter only), 17 had only a son, another 23 had two children, and only three had more than two children. However, all the families of their orientation had more than four members on average, and as many as 27 out of 54 families (i.e., 50 percent) had more than eight members. The sharp fall in family size over two generations has been possible because of fertility checks, and this conforms to the all-India demographic trend reflected in Census data and other studies already discussed in this paper. Out of 54 married informants, 40 lived with their spouses, while five were widows and seven were widowers. Notably, 74 percent of the informants were seen living with their spouses, which carries enormous significance in averting the possible care crisis and the pain of living alone. Having some form of family and care was the most crucial factor preventing the aged persons from moving to old age homes. However, widows and widowers are at a greater risk of living in a greater degree of care crisis; they are the most likely to move to old age homes (Roy 2019).

Socio-economic background of the elderly persons in old age homes: I studied 56 elderly persons in two old age homes, namely, Mukto Bihanga and Rabindra Niketan, of whom only 10 were men and the remaining 46 women. The numerical dominance of the women among the home inmates indicates the collapse of the family support system before they landed in the homes. The spouse's death is one of the main reasons behind their shift. This is confirmed by the fact that 30 out of 56 informants were widows and two were widowers, and as many as 21 were unmarried; only three had their spouses alive at the time of their shift and, interestingly, one of them was deserted, and the remaining two were living in the old age home with their spouses. The instability in the family and care system is also evident because out of 56 home inmates, 21 were unmarried, five were childless, 11 had only one daughter, four had only one son, and the remaining 15 had two or more children. Stable marital life and stable family life is the most important factor that binds elderly persons to their own houses where they live in care, and when this becomes unstable, the middle class tend to move to old age homes. In this case, the women are more vulnerable since they feel more insecure without a stable family. Out of 56 home inmates, 48 (85.71 percent) were above 70. The predominance of the 71+ members

among the elderly in the homes indicates that they become more vulnerable with growing age as their family care system collapses (Roy 2019).

As in Salt Lake, the elderly in the old age homes belonged to three upper castes, and the remaining two belonged to Vaishya caste. Out of 46 women living in homes, nine had primary school level education, 10 had high school level education, 19 were graduate, five were post-graduate, and the remaining three had technical education; the husbands and children of the older women were relatively better educated. Regarding occupation, 25 were homemakers, 12 were school or college teachers, seven were retired government employees, only one served in the private sector, and another woman was self-employed (Roy 2019). The home inmates essentially had urban backgrounds; 47 (84 percent) were from within Kolkata, while only nine were from the suburbs of Kolkata. A large majority (42 out of 56; 75 percent) of the home inhabitants had their own house or flat and could afford the cost of living in the home, ranging between Rs. 10,000 and 25,000 then; this indicates middle-class living. Out of 42 house/flat owners, 19 (45 percent) had disposed of their property, and 13 had left their house/flat behind to use their family members. In one exciting case, a senior citizen donated his house to Ramkrishna Mission (a charitable, religious organization with a global network) (Roy 2019).

Crises Facing the Elderly: From my fieldwork in Salt Lake and in two old age homes, I have drawn home the fact that the factors like rationalization of family size, the urge to live a life driven by hedonistic desires, dispersal of the family members for marriage, jobs or higher studies, the death of spouse, and ailments that make them physically immobile not only make the aged lonely but also take them to a point where they have to face insecurities and severe care crises of different orders. The crises that face the elderly individuals who remain unmarried, those who have lost their spouses, those who are not economically self-reliant, those who do not have a proper house to live and those who are physically immobile are more serious. In this section, I will discuss some of the crises that face the middle-class elderly covered in my study.

(Absence of) economic crisis: The aged women I studied in Kolkata lived independently or were economically dependent on their spouses or other close family members. The widows were living on their husband's pensions. Those who never married and were dependent on their siblings continued depending on them even after moving to old age homes. Most of the women living in old age homes did not have economic hardship. A few of them, however, were economically dependent on close relations.

In Salt Lake, only seven of 17 women were homemakers, and they were utterly dependent on their husbands; the remaining 10 were retired teachers (school, college, or university) or government employees. In old age homes, 25 out of 46 women were homemakers, and they had to depend on the economic support of their children or other family members. However, the remaining 21 women were economically self-reliant, mostly living on pensions or savings. Among the ten male residents, four were self-employed, and the remaining six were retired employees in the public sector. Among the women, 30 had their income, and 11 depended on others (primarily children and close family members).

In contrast, among the ten male home inhabitants, only three were economically dependent on close family members. There were a few exceptional cases, like that of 70-year-old Mrs. Dutta of Mukto Bihanga, who never had a job and was unmarried. She gave voluntary services to Bharat Sevashram and had a share of her father's house. All her life, she was dependent on her elder brother, who continues to pay her bills in old age home.

All the older women, both in Salt Lake and old age homes, who never did any job or business either live on the pension of their living or deceased husbands or are supported by close kin. This is an indication of the fact that the family and kin support system has not broken down, at least for the middle-class elderly, men or women. Overall, economic dependence is greater among women than men (Roy 2019). However, the economic support system gets stressed when they face a severe health crisis. In the absence of insurance coverage, which is the case with most of the elderly, they find it extremely difficult to pay hospital bills. Those who depend on private caregivers round the clock, like 78-year-old Mrs. Anima Basu of Rabindra Niketan, are also financially stressed.

Crisis in health care: Some older men and women in my study with ailments who lacked proper care in their everyday lives. The elderly living with spouses do not face many crises as long as they are healthy. Nevertheless, with aging, they develop ailments of complex nature and face many issues in managing their everyday life. The healthier has to take responsibility for her/his spouse's food, medicine, tests, and overall lifestyle. The husband or the wife reverses his/her roles when the situation demands, like, the husband extending his hands in domestic chores and the wife doing the activities outside the home. As long as she/he is healthy and active, she/he does all the activities smoothly, but when she/he becomes sick, the situation worsens. When one of the spouses dies, the living partner gets mentally devastated,

and the family management system gets derailed. The living aged gets moral support from their relatives and close kin but not for long. He/she then leaves everything in the hands of the caregivers or the maids. When the caregiver's support appears inadequate, the elderly shift to the old age home, disposing of the house or flat. However, even after going to the old age home, the health crisis does not end. Old-age homes provide a care package to cover their health and security worries. However, those suffering from various physical and mental illnesses do not get adequate care. Living away from their children, grandchildren, and their close relatives, the elderly persons miss the warmth of the physical presence of their children and grandchildren. The psychological impact of this separation is difficult to measure or articulate. The pressure of living alone also takes a toll on their health. The health worries and worries for their children, who might be living afar, do not harm their mental health.

In my study in Salt Lake, I found that only 6 out of 54 (only 11 percent) were in good health; among others, 32 (59 percent) were living with various ailments (blood sugar, blood pressure, and joint pain being prevalent), and 16 (29.6 percent) of the respondents live with critical ailments (like problems in heart, kidney, lung, spine or bone); some of them have already undergone surgery. The latter category of ailing elderly depends on professional service providers in one way or the other; many of them cannot move without help. Aged with poor health and critical ailments are more likely to take shelter in their homes in search of security and care, mainly when they live alone. Thus, in two old age homes, I found that 48 out of 56 (86 percent) elderly were living with different ailments, and 27 (48 percent) of them had critical ailments as they were seen living with the support of professional caregivers and had their physical movements highly restricted (Roy 2019).

I have found that the share of persons with critical illness is much higher in old age homes than in Salt Lake. This indicates that those who live in old age homes are in a higher age bracket and suffer from health issues of a more complex nature. This also indicates that the aged persons do not shift to old age homes immediately after crossing the age of 60; instead, they make all efforts to live in their own house, even if they have to live alone with the help of hired caregivers. However, when they become critically ill and do not feel secure at the hands of the care givers, they move to old age homes.

Dispersal, loneliness, and longing: The crisis of isolation, loneliness, and longing for the love and care of children and close relatives is common among aged persons. Middle-class parents make a rational choice in sending

their children for higher studies and career opportunities. Most of the middle-class parents had successful professional careers. The hedonistic approach to life, the impact of consumerism, and the perception of risks in market society (Beck 1992) guide the life of urban middle-class parents to a point when they limit the number of children to one or two and bring them up so that they can have a secure successful career. The parents draw immense gratification and pride in their son's/daughter's achievements in education and professional career. The parents are happy to see their children going abroad for higher studies and jobs and settling there. The parents prefer to marry their daughters off to those having successful careers abroad, the NRIs.¹³ This is not a matter of a few individual cases; instead, it has turned out to be a social phenomenon, a cultural pattern. Out of 32 case studies I have done in Salt Lake, 15 families had their sons/daughters dispersed to cities within India and abroad (Roy 2015). The parents try to make different kinds of adjustments to cope with the crisis of living alone – they visit their children occasionally, they ask their children to visit them on occasion, they ask their married daughters to buy or rent a house close to their house, and make use of modern electronic gadgets to keep in regular touch. The older men and women who have lost their wives/husbands or have to live with physically immobile ailing wives/husbands, who have their children dispersed to different cities within India and abroad, make some adaptive changes in adjusting to life. Here are a few illustrations of this point.

Mrs. L. Sengupta, 80, lives with her 87-year-old husband in their flat in Salt Lake, while her only daughter, married, lives in Mumbai with her husband and son. Her husband is ill and almost immobile. Mrs. Sengupta has been a homemaker all her life, and now she has to share the outdoor responsibilities she never did before. She looks after the family with the help of a cook and a maid. She also has hired a nurse who looks after her ailing husband. Mrs. Sengupta had undergone bypass surgery, and her daughter and son-in-law took care of her during the surgery. Although her daughter and her family come twice a year and support her in all possible ways, she misses her daughter's touch, singing, cooking food for her, gossiping about their neighbours, and everything she used to do with her. She also longs for her grandson, as she often recalls the moments of cuddling him, kissing him. The aged parents and their daughter's family maintain close and regular contact using modern communication gadgets. However, the parents miss them badly in daily life and in times of crisis.

Mrs. K. Moitra (68) lived with her elder sister in her flat in Salt Lake. Her only son works as a chartered accountant with World Bank in Sydney. She

has been a homemaker all her life. Her husband, a government employee, died in 2006, and she lives on his pension and periodic remittance from her son. Her son lives in Australia with his wife, a son, and a daughter. He comes home once a year. Mrs. Moitra suffered from blood sugar and hypertension; her sister had chronic joint pain. They take care of each other and do the household chores with the help of a maid. Mrs. Moitra misses her husband and long for her son, daughter-in-law, and grandchildren. Mrs. Moitra said, 'I visited Australia in 2013 once, but I did not like life there; I feel comfortable in my own house in Salt Lake and love my sister's company'.

Mrs. G. Banerjee (78), a professor at a college in Kolkata (now retired), was living alone in her flat in Salt Lake while her husband, who served as a government officer, passed away in 2010. Her only daughter, who was married to another part of the city, has now shifted to a flat in Salt Lake nearby to care for her. Mrs. Banerjee's only grandson, now grown up, was preparing to leave for the USA for higher studies. Mrs. Banerjee had some minor ailments, and the shift of her daughter close by has helped her and has freed her from much of her worries. Her daughter visits her almost daily, spends time with her, and takes all possible care.

Mr. N. C. Gupta (69), a retired engineer, lives alone in his big house in Salt Lake, as his wife died in 2004 of a stroke, and his two sons live in the USA with their nuclear families. Living alone since the death of his wife, Mr. Gupta often feels lonely. He now does some household chores that used to be taken care of by his wife. He faces many difficulties doing the household chores but somehow manages with the help of his hired caregiver. Since his sons and daughters-in-law live in the USA, Mr. Gupta prefers not to disturb them by discussing his everyday problems. About his sons and daughters-in-law, Mr. Gupta said:

I took a lot of pride in seeing my sons building careers in USA and was happy to see them settling down there. They wanted to take me with them to the US, but I refused since I love living in my own house with my associations and culture. My caregiver, who stays in my house all day long, does the cooking and washing besides taking care of me. My sons visit me once a year and keep close contact; we talk over the phone every day. I have some minor ailments, and I manage them. However, living alone in this big house away from my children and grandchildren is so painful.

Mr. J. Dutta (76) lives in his apartment with his wife, while his married son lives in a separate house in the same city with his wife. Mr. Dutta is Ph.D. in economics, while his wife is a Ph.D. in Bengali; both are now retired

college teachers. His son did a Masters in Computer Application. His son works in a multinational company. Mr. Dutta's son is restless and careerist, frequently changing jobs. In connection with his job, he often goes abroad. Sometimes he joins a new job with a posting in Hyderabad or Delhi. Mr. Dutta is unhappy at his son's frequent change of jobs. Mr. Dutta has decided not to interfere in his life. His son and daughter-in-law come to visit them only occasionally. Even when they come, their minds are elsewhere; they are always on cell phones. Mr. Dutta and his wife expressed their unhappiness about their careerist son thus: 'We inform our son and his wife when we fall ill or if there is a crisis; they come to see us with great reluctance; we want them to stay with us, but they go back to their apartment after spending a few hours with us.' Now Mr. Dutta does not inform his son on occasions of minor sickness, knowing well that his son would not come. His son has upset him because of his selfish focus on careerism and indifferent approach to his parents. 'We miss our son, his wife, and their son (now 10-year-old), and want them to stay with us, but they do not care for our feelings', Mr. Dutta said.

Mr. S. Dasgupta (76) lost his wife in 2011 and now lives alone in his flat. His daughter is married, and his son lives in a flat in another city with his family. His daughter was married in 1991 and left him to live with her in-laws, while his son married in 1992 and lived in the parental house until 2002. In 2002 his son shifted to a flat at Golf Green. Mr. and Mrs. Dasgupta were liberal in their outlook and believed in giving space to their children. Thus, when their son and daughter-in-law decided to move out, they were sad but accepted it positively. When Mrs. Dasgupta passed away in 2018, her son and daughter took good care of their father, who was shocked. For the first month of the crisis, Mr. Dasgupta's son used to come and stay with him for three days every week, and for the rest of the days, he was taken care of by his daughter. Since Mr. Dasgupta's children are employed, this arrangement could only be maintained for a short time. After 3-4 months of experimentation, they hired a caregiver for cooking and other household chores. Now the caregiver stays in Mr. Dasgupta's house all day long. His daughter, who stays nearby, visits him every alternate day. Mr. Dasgupta also spends the weekends with his daughter and her family. Mr. Dasgupta said: 'Both my son and daughter visit me often and keep close contact; I feel happy in their company but feel lonely and sad when I have to live alone. I miss my wife badly, whom I loved all my life and who was my dearest friend. I will miss her the rest of my life'.

Crimes and Atrocities Against the Elderly

Crime Statistics in India, 2019, (GOI 2021: 109)¹⁴ offers a list of 17 crimes that are often committed against the elderly in India. The list includes crimes like murder, culpable homicide not amounting to murder, attempt to murder, attempt to commit culpable homicide, simple hurt, assault on women with intent to outrage modesty, kidnapping and abduction, rape, theft, extortion, robbery, criminal trespass, forgery, cheating, and fraud, and so on. Most of the victims of all these crimes are women who live alone or with their aged, ailing spouse in their own house. Daily newspapers often report crimes committed against the elderly in Kolkata, who live in their own houses amidst insecurities. Here are a few incidents.

On July 16, 2015, Prangobindo Das (78) and Renuka Das (75), retired college professors, were murdered in their flat in Indralok Abasan in Paikpara, North Kolkata. The only daughter of the couple was living in the US. The investigating police officer claimed that the motive behind the murder was to loot the couple's belongings; they were killed because the assailant(s) were known to them. The maid, who was absconding, might have done the crime in connivance with other criminals.¹⁵

On February 26, 2014, a group of miscreants looted money and ornaments of 70-year-old Padma Bhattacharya, at gunpoint, from her residence at B 3/2 Northern Park, Bansdronei, South Kolkata, at around noon. The promoter husband of the lady had gone out for some work. Their only daughter, married, lives in another part of the city. On the same day, around the same time, a 93-year-old woman, Shanta Bhattacharya, was strangled in Ultadanga, and her belongings, money, and ornaments, were robbed¹⁶. In 2012, 68-year-old Phoolrenu Choudhury, living alone in her house in South Kolkata, was brutally killed by robbers while her belongings were looted (Ghosh 2015)¹⁷. According to a newspaper report (Ghosh 2015), between 2012 and 2014, as many as 666 senior citizens were kidnapped in Bengal, most of whom were women. *Ganasakti* (2016: 5)¹⁸ reports that Mr. Malin Kumar Datta, 69, was murdered in his flat on the second floor of the Manoprobha housing complex at Santoshpur Avenue in Kolkata. Mr. Datta was living alone in his flat and had acute asthma. Such incidents, collected from newspapers, indicate that the elderly who live alone in their old age, in the absence of close family members, are more vulnerable to crimes of different kinds, and it is understandable that the "risks" of aging in this manner are many. They make a dent into the psyche of such elderly.

On June 25, 2016, 75-year-old Widow Madhabi Jana was beaten to death by her daughter-in-law and 20-year-old grandson in her house at Baranagar.

Madhabi Jana was the mother of a son and three daughters, two of whom are married. She was living with her son, daughter-in-law, and grandson in the house constructed by her late husband. She had a long history of being ill-treated by her daughter-in-law and grandson and was taking food in the house of one of her married daughters, who lives nearby. Mrs. Jana recently gave away a part of her five-cotta land to one of her daughters. Angry, her daughter-in-law and grandson pressured her to give them the remaining part of her land, which she declined. Following an altercation, the daughter-in-law and grandson beat her to death¹⁹.

Gangopadhyay (2013) reports two incidents of extreme ill-treatment of elderly persons by their family members. An 81-year-old widow who served as a police officer, now retired, used to live in her own house with her son, a government employee, and daughter-in-law. On many occasions, the daughter-in-law abused her verbally in the absence of her son. Apprehending further trouble, she refrained from complaining to the police. Nevertheless, some of her friends came forward and had an informal talk with the local police officer. The police called the daughter-in-law and threatened her with action if she did not amend her behaviour. After this, the situation improved for the elderly lady. In another case reported by Gangopadhyay (2013), the son of an elderly lady who lives in the US came and persuaded his mother to hand over her South Kolkata house to a promoter and promised to take her with him to the US. On the day of departure, the son left for the USA, leaving his mother at the airport²⁰.

An 82-year-old chartered accountant Mr. Ranjit Chatterjee was strangled to death when he was reading the morning newspaper sitting in a chair with a cup of tea. The incident took place at his residence at 17 Bipin Pal Road, near Desopriya Park in South Kolkata. Mr. Chatterjee was living in his apartment with his bedridden wife. Their only daughter lives in the US. The police arrested a cleaner, Sona Das (40), who has worked in this housing complex for 15 years. Das has confessed to the crime. According to investigating officer, the motive behind the crime was money²¹.

Mr. Deb Kumar Mukherjee (78) was murdered on June 11, 2015, in his 108 Elliot Road, Kolkata house. He was killed despite being covered by the “pronam” programme of the State police, which promised to ensure his protection. Under the “pronam” scheme, a police officer from the local police station is supposed to visit the elderly, inquire about their health, security, and other needs, and provide the necessary support.²²

Such inhuman and unempathetic treatment of older women and men at the hands of their close kin/family members, caregivers, and criminals brings to light their everyday life's vulnerability and insecurities. This partially confirms the "bad family" thesis upheld by a large majority of the social gerontologists in India (Cohen 1998). Taking the lead from a large majority of social gerontologists in India, Cohen argued that "the decline of joint family" and its associated care values under the influence of "modernization, industrialization, urbanization, and Westernisation" has led to the sufferings of the elderly individuals in India (Cohen 1998: 17; Lamb 2012: 4). Such incidents of cruelties indicate to a process whereby the material calculation and lust defeat the traditional family care system and human values. However, crimes and atrocities are committed against the urbanites of all age groups, only their nature varies. If anything, the incidents primarily indicate the failure of the state administration to provide the necessary security to elderly citizens.

The root cause of the care crisis lies in a social process called modernization, which leaves a widely felt impact on the life of the urban middle class. Max Weber observed that one of modernization's inevitable and irreversible outcomes is the rationalization of life. Sarah Lamb, in her landmark study *Aging and the Indian Diaspora* (2012), has argued that the urban middle-class families are becoming smaller, and the younger members of modern families, while making calculative efforts in making careers, disperse to different places, both within and outside the country, leaving their aging parents to live alone. The mainstream argument of the present paper is that there could be some stray cases of atrocities against elderly citizens at the hands of close kin. However, the newfound "rational" approach to life is pushing the urban middle-class elderly to a care crisis. The care crisis is thus rooted in the rationalization of reproductive behaviour, family size, household rearrangements, adherence to careerist values, and some of the unavoidable problems like aging, ailments, and deaths. Despite living away from their parents and meeting the high demands of their professions, the younger members try to extend care and support to their parents.

Conclusion

The "care crisis" for the urban middle-class elderly is primarily rooted in a more extensive social process, which has been happening over the last two-three generations as an impact of modernity. The explicit factors that are contributing to the care crisis are (1) rationalization of family size through planned fertility control, (2) growing spatial mobility of the younger family

members due to career compulsions and marriage, and (3) transformation of urban families into single-member households. By the time the senior citizens retire from jobs, they find that their families have been reduced to two-member households having their child/children already dispersed. Within a few years, many of these families turn into single-member households with the death of one of the spouses. The number of women (substantial, particularly among those who live in old age homes) and men who remain unmarried inevitably land up in single-member households. Those who live longer see the death of their spouses, who had been with them in their moments of joy, happiness, pain, and crises, the source of support, and thus become alone.

Although the care crises face all elderly individuals, older women are more vulnerable since they remain dependent on their husbands for economic support and shouldering family responsibilities. In this paper, we have seen that the work participation rate among women is low, and the share of homemakers is very high. The women face many difficulties when they lose their spouses and find their children dispersed. They make adjustments by (1) shifting close to the family of their daughters/sons, (2) by making their daughters close to them, and when nothing works, (3) they shift to old age homes²³. While living alone in their houses, older women are more likely to be crime victims.

The “care crises” facing the urban middle-class women and men are not so much economic, not much because of loss of family values; it is rather rooted in dispersal or the loss of close ones (children, husbands, siblings, grandchildren). They can, of course, hire caregivers, but that is no replacement for the close ones. The ailments, treatment arrangements, insecurities in every life, the fear of loss of property, atrocities at the hands of the unknown, the fear of death, and, most importantly, the pain of living alone are all crises facing the elderly. It is not that the members of the younger generation have turned inhuman all of a sudden; the career calculations and too much emphasis on careerism (both by parents and children and which is an integral part of the middle-class culture), which bring them security and social status, force some adaptive (rational) relational and role changes.

The decision to check fertility and restrict the number of children to one, in most cases, even when the child is a daughter, is no more a matter of individual choice. This rational choice reflects the ever-dropping total fertility rate (TFR), which currently stands at 2. Amartya Sen (2005) has argued that with the spread of higher education among women (urban women in

particular) and growing economic self-reliance through greater work participation, women are being empowered with agency, which, in turn, finds expression in career planning, in their marriage decision, selection of life partner, fertility control and so on. Going further, it is not a matter of individual choice, but it has assumed the nature of a social pattern, a social phenomenon, ingrained in the new way of life. A social form or cultural pattern or “habitus”, which is essentially “collective,” is thus set, which, in turn, impacts the individual life (Simmel 1908; Giddens 1984; Bourdieu 1992)²⁴. Thus, educated middle-class urbanites fall into the trap of calculative rationalism, which, according to Weber, is an inevitable fallout of late capitalism (Weber 1904/1930).²⁵ The crisis, therefore, is self-made since, for the urbanites, this is a rational choice. However, in conformity with the dominant social pattern, they would always logically justify their decisions like late marriage, fertility control, injection of careerism in their children, and motivating them to tap career opportunities in the global market and be established in life. Middle-class parents and their children may be haunted by the uncertainties, insecurities, and “risks” embedded in the neo-liberal economic and political order. The logical (rational) route to life and a lucrative job in Europe or America earn them material security and elevate their social status. The parents, as well as their children, do not see any moral crisis in giving priority to career compulsions over care responsibilities. Middle-class parents take great pride in their children settling in the USA or Europe. They miss them and long for them but cannot secure the warmth of their presence and care.

Notes

1. According to *Collins Dictionary*, the “middle class” are the people in a society who are not working class or upper class. Business people, managers, doctors, lawyers, and teachers are usually regarded as middle class. Sarah Lamb has defined the middle class as the ‘English-speaking, email-using, refrigerator-purchasing, world-traveling, financially comfortable persons’ Lamb (2012: 3). Clearly, Lamb has used financial comfort and consumption criteria in her definition. In my study in Kolkata (2016), I covered mostly the white-collar officials (officers and clerks), doctors, bank officials, professors, teachers, and engineers who live in middle-class residential areas of the city and have access to all gadgets of modern living. Although the urban “middle class” cannot be a perfectly homogenous category, the class members are expected to have a

high level of education and have some commonness in their cultural traits, thought process, and approach to life.

2. Aron O'Neill, in an article 'Youth Unemployment in India' (Statista, January 27, 2023), mentions that according to an ILO report, the youth unemployment rate stood at 28.26 percent in 2021; the rate has been more than 22 percent in the last decade <https://www.statista.com/statistics/812106/youth-unemployment-rate-in-india/#:~:text=Youth%20unemployment%20rate%20in%20India%20in%202021&text=In%202021%2C%20the%20estimated%20youth,is%20the%20youth%20unemployment%20rate%3F>, accessed on 12.04.2023.
3. Total fertility rate (TFR) is the average number of children a woman can give birth to in her lifetime. According to NFHS-5 report, in India it was 2.3 in 2011 and 2.2 in 2015-16; the TFR dropped further to 2.0 in 2019-2020. For further details, see Aniruddha Dhar, 'India's total fertility rate drops from 2.2 to 2.0 reveals NFHS -5 report', Hindustan Times, Monday, April 03, 2023: <https://www.hindustantimes.com/india-news/indias-totalfertility-rate-drops-from-2-2-to-2-0-reveals-nfhs-5-report-101652208129487.html>; accessed on 03.04.2023.
4. Data cited from the UNPA Report in A. Choudhury. 2018. 'Shrinking Family Size in India! UN report explains how it helped India's Economic growth.' Financial Times: <https://www.financialexpress.com/economy/shrinking-family-size-in-india-un-report-explains-how-it-helped-indias-economic-growth/1352184/>. Accessed on 22/10/2020.
5. Basu, A. M. and Sonalde B. Desai. 2012. 'Middle-class Dreams: India's One Child Families': [tprism/doc2html?actualname=One_child_families_IUSSP.pdf&file_name=1599979439.S.897462.3150.H.WUFydW5pbWEgQmhvd21pY2sAT25lIGNoaWxkIGZhbWlsaWVzX01VU1NQLnBkZg__.RU.rfs224,rfs224,1011,680.f5-224-160&folder=Inbox&angular=1](https://prism/doc2html?actualname=One_child_families_IUSSP.pdf&file_name=1599979439.S.897462.3150.H.WUFydW5pbWEgQmhvd21pY2sAT25lIGNoaWxkIGZhbWlsaWVzX01VU1NQLnBkZg__.RU.rfs224,rfs224,1011,680.f5-224-160&folder=Inbox&angular=1). accessed on 17/09/2020.
6. Ibid.
7. Irudaya Rajan S. 2006. *Population and Health in India*. Mumbai, The Centre for Enquiry into Health and Allied Themes (CEAT): <https://mail.google.com/mail/u/0/?tab=rm#inbox/>

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projector=1&messagePartId=0.2. Accessed on 1/10/2021.
8. GOI 2016. *Elderly in India*. Ministry of Statistics and Programme Implementation, General Statistics Office: www.mospi.gov.in, http://mospi.nic.in/sites/default/files/publication_reports/ElderlyinIndia_2016.pdf. Accessed on 12/11/2021.
 9. Ibid.
 10. Ibid.
 11. The report has been prepared based on the findings of NSS 75th Round (July 2017-June 2018) data. See GOI, *Elderly in India 2021*. Ministry of Statistics and Programme Implementation, General Statistics Office, www.mospi.gov.in: http://mospi.nic.in/sites/default/files/publication_reports/Elderly%20in%20India%202021.pdf, accessed on 15/11/2021.
 12. Ibid.
 13. Sarah Lamb has discussed this crisis of the elderly in India in her book *Aging and Indian Diaspora: Cosmopolitan Families in India and Abroad* (2012), particularly in her essay 'Living Alone as a Way of Life' in the same book.
 14. See GOI *Elderly in India 2021*. Ministry of Statistics and Programme Implementation, General Statistics Office: www.mospi.gov.in, http://mospi.nic.in/sites/default/files/publication_reports/Elderly%20in%20India%202021.pdf, accessed on 15/11/2021.
 15. Reported in *Ganasakti*, Siliguri, 17 July 2015: 5.
 16. Reported in *Ananda Bazar Patrika*, Kolkata, February 27, 2014: 7.
 17. D. Ghosh. 2015. 'Alarming rise in crimes against elderly', TNN: <http://timesofindia.indiantimes.com/city/Kolkata/Alarming-rise-in-crimes-against-elderly/articlesshow/48106976.cms?gclid=CNeXj-fzoc0CFRcfaAodfTMMDg>, accessed on 1/01/2017.
 18. Reported in *Ganasakti*, Siliguri, 21 June, 2016: 5
 19. Reported in *Ganasakti*, Siliguri 26 June 2016: 5.
 20. R. Gangopadhyay, 'Balai 65'. *Anandabazar Patrika*, Kolkata, 30 November, 2013: 7.

21. Reported in *The Telegraph*, Kolkata, November 22 2013: 22.
22. Reported in *Ganasakti*, Siliguri, 12 June 2015: 2.
23. A detailed account of why and when the elderly shift to old age homes in Kolkata could be found in an article by Roy (2018).
24. Explaining the relationship between subjective and objective culture, Simmel observes: ‘...there can be no subjective culture without an objective culture, because a subjective development or state constitutes culture only by including such objects. On the other hand, objective culture can, relatively speaking, become substantially (though not wholly independent of subjective culture (Simmel 1997: 45). In my understanding, Bourdieu and Giddens have retained this core idea in their interpretation of structure-agency dynamics.
25. Weber observed with a great deal of anxiety that at the last stage of this cultural development as a part of modern capitalism, there would be a celebration of profit, material gain, and efficiency, and there would be: ‘Specialists without spirit, sensualists without heart; this nullity imagines that it has obtained a level of civilization never before achieved’ Weber (1904/1930: 181).

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