



Gender-Differentials in Living Arrangement and Well-Being of Older Adults in West Bengal

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Abstract

This chapter analyses the gender difference among the older adults in West Bengal in terms of select indicators using data from four rounds of National Sample Survey (NSS) data and a small-scale survey carried out in West Bengal. West Bengal, the fourth populous state in India, shows striking gender difference, favoring older males, in terms of economic independence, marital status, living arrangement, and self-rated health. Between 1995 and 2018, the gender difference in the percentage of economically independent older adults remained high favoring the males. During the same period, nearly two-third of the older males were found to be living with spouse and children, whereas less than one-third of the older females did have the similar living arrangement. Compared to the older males, much higher percentage of older females report poor self-rated health and the relative disadvantageous position of the older females has not improved over the years. A small-scale survey with a sample size of 108, which was conducted among older adults living in old age homes as well as in family set up, offers

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support to gender differences observed in the earlier rounds of the NSS data. Compared to older males, the older females report higher incidence of chronic ailments such as hypertension, diabetes, arthritis, heart disease, and asthma and also report more frequent visit to doctors and episodes of hospitalization. Fewer older females reported having home ownership compared to older males. Compared to males, very few females have knowledge about Maintenance and Welfare of Parents and Senior Citizen (MWPCS) Act (2007), which provides some safeguard to older adults from possible vulnerabilities of income security and instrumental care. The chapter finds that the majority of older females are less likely to have the empirically established most favorable living arrangement – co-residence with spouse and children – thereby exacerbating overall gender differences between men and women in their later lives.

Keywords

Elderly · Gender · West Bengal · NSS data

1 Introduction

The growth of the older population is much faster in developing countries than in developed countries. The United Nations predicted that between 2017 and 2050, the size of the older population would increase by more than two-fold in the developing world, from 625 million to 1.7 billion. This is much higher compared to the developed countries where old population is predicted to be increased by only 38% during the same period (UN, 2017). In India, old population as a percentage of total population increased from 5.6% in 1961 to 8.6% in 2011 indicating a steady increase over the last half-a-century (Government of India, 2016). It is expected that both absolute number and share of old population in the country is going to increase further for the next couple of decades before reaching a stationary state.

Like many vulnerable population subgroups in the society, older adults form another vulnerable and discriminated group in terms of many aspects of economic and health-related well-beings (Gupta & Sankar, 2003). The growth and development experienced in India in the last few decades have brought many changes in terms of economic opportunities, women work participation, family structure, and living arrangements. Some of these changes might have directly and indirectly contributed to the disintegration of the joint family structure and a rise of nuclear families. As a result, the landscape of economic, physical, and emotional dependency of the old people on others, especially on their immediate family members has largely altered. This has serious implications for the well-being of the old population.

A large body of literature has found strong connection between the living arrangement of older adults and various indicators of their well-being. In Indian context, reduced family support is found to be consistent predictor of poor quality living conditions for the older adults (Agarwal, 2012; Samanta et al., 2015; Srivastava & Muhammad, 2021; Visaria & Dommaraju, 2019). Different streams

of literature have focused on the health conditions and social security issues (Rajan & Kumar, 2003; Reddy, 1996), effects of economic independence, and living arrangement on the quality of life of older adults (Ghosh & Husain, 2010). There is an extensive body of literature that shows that living arrangements are relevant to health along with social support for the older adults (Lund et al., 2002; Waite & Hughes, 1999). Living arrangements affect health in old age, such as poor self-rated health in developing countries (Sereny, 2011; Zunzunegui et al., 2001) and mortality (Feng et al., 2017; Zhou et al., 2018). Older adults living with their families are found to be in a better condition than older adults living alone or living in old age homes. Compared to those living with spouse and children, older adults in other living arrangement types (e.g., those living only with spouse or living alone) have lower probability of reporting functional health status (Sarwari et al., 1998), good self-rated health (Chen et al., 2015), and good health rated quality of life (Zhou et al., 2018). Such older adults are also the ones who are associated with higher risk of disabilities for daily activities (Saito et al., 2017) and mortality (Li et al., 2009; Sereny, 2011; Sun et al., 2011). Older adults living with an intergenerational household with relatives and children are also less likely to report loneliness and sadness (Tsai et al., 2013) and able to maintain a healthy lifestyle because of appropriate social and familial support (Li et al., 2009). Gangopadhyay and Samanta (2017) observed that intergenerational social contract is mediated by the economic dependence of the aging parents on their adult children. Financial independence is accepted as the most important factors of quality of life among the older adults and financially dependent older adults reported poor quality of life as their earnings do not properly cover their living expenses (Dasgupta et al., 2018).

Older females, who account for little more than half of the old population in India, are found to be in worse-off position compared to their male counter-part. Being both older and females make the group severely deprived in terms of many dimensions of well-being. Compared to older males, females are more likely to depend on others for financial and other supports and poor perceived health status is more reported among fully dependent older females than their economically independent counter-parts (Ghosh & Husain, 2010; Singh et al., 2013). While some studies find no gender difference in terms of quality of life (Top & Dikmetaş, 2015; Wiggins et al., 2004), there are studies that have found gender difference favoring older females (Amonkar et al., 2018; Zaninotto et al., 2009) and favoring older males (Li et al., 2009; Qadri et al., 2013). For example, Zaninotto et al. (2009) showed in the context of England that living with spouse is positively associated with better quality of life, especially for older males. Again, in a related study, there was a clear education effect, where older men with higher education experienced better quality of life than those with older women with lower levels of educational attainment (Soósová, 2016).

A number of studies have compared the conditions of the older adults living in old age homes and living within the family set up (Dubey et al., 2011; Lakshmi Devi & Roopa, 2013; Panday et al., 2015; Kumar et al., 2016;). Some studies have found better quality of life among the older adults living within family than those staying in old age homes and argued that love, care, respect received from family and friends, which were generally available at home and not at old age homes, made a huge

difference in the quality of life for the older adults (Amonkar et al., 2018; Chandrika et al., 2015).

2 Why West Bengal

West Bengal is the fourth populous state in country, accounting for 7.54 per cent of total population and 8.5 per cent of older (60 years and above) population (Government of India, 2016). Though the state is not among the top states having very high percentage of older population in India, the state depicts some striking gender differences with regard to the older adults. According to the latest NSS (2017–18) data, the state has a very high male-female difference in percentage of older adult who are financially independent (56.5% for the older males as against 10.4% for the older females). An older adult is considered financially independent if he/she is not required to take financial help from others in order to lead his/her day-to-day normal life. The state also shows a high male-female difference in percentage of older adults who are currently married. The percentage of currently married older adults (married and spouse alive) is 85.2 and 39.1 for the males and females, respectively. The percentage of older adults living with spouse and family members (primarily sons and/or daughters) is 65.7 and 31.3 for the males and females, respectively. However, in spite of these striking facts, there are limited studies on West Bengal focusing on the gender gap in indicators of well-being for the older adults. This chapter is an attempt to bridge the evidence gap.

Other than its exclusive focus on West Bengal, the analysis of this chapter is unique on two grounds. First, by using the last four health rounds of National Sample Survey (NSS) data, it allows us to examine how the gender difference with regard to lives of the old adults has changed in West Bengal over the years. Second, in addition to multiple rounds of NSS data spanning over 23 years, the chapter supplements the analysis through findings from a small-scale survey data conducted during July–September 2019. The survey data compares the lives of old adults staying in old age homes and those staying in their own homes with family members. Needless to say, there are limited studies that collected information on old adults staying at old age homes in the context of West Bengal.

3 Data on Older Adults in West Bengal

Data from four rounds of National Sample surveys (NSS) for West Bengal (NSO, 2019; NSSO, 1998, 2006, 2016) and a small-scale survey covering 108 older adults living in and around Kolkata have been used (Paul, 2019). The NSS rounds are 52nd round (July 1995–June 1996), 60th round (January–June 2004), 71st round (January–June 2014), and 75th round (July 2017–June 2018). For West Bengal, sample sizes of older adults are 2120, 2394, 2087, and 3043 for 52nd, 60th, 71st, and 75th rounds, respectively. The NSS questionnaires for the older adults covered a number of questions on economic independence, dependents, living sons and

daughters, living arrangements, mobility, reported morbidity, and self-rated health in addition to basic individual- and household-level information. The small-scale survey data covered 54 residents living in nine old age homes (*Old Age Home group*) as well as a comparable group of another 54 older adults who were staying with their family members (*Home group*) in Kolkata and surrounding areas. The old age homes were selected from a list of Old Age Homes (prepared by *Help Age India* – a leading NGO established in 1978, which works for the cause and care of disadvantaged older persons to improve their quality of life) considering their heterogeneity in terms of size, amount of one-time deposit and monthly cost of staying, and convenience of conducting the survey. While selecting older adults for the *Home group*, attempts were made to choose them as much comparable as possible with *Old Age Home group* in terms of socioeconomic and demographic profiles such as age, sex, education, marital status, past occupation, monthly pension, etc. The survey used both structured and open-ended questions and detailed information on various health and non-health dimensions of the older adults along with their basic socioeconomic and demographic details were collected. In addition, in-depth interviews were conducted with few older adults.

4 Gender Difference Among the Older Adults

4.1 Evidence from Large-Scale NSS Data

The older females are in more disadvantaged position compared to the older males in terms of many indicators of well-being. According to the latest available NSS data (2017–2018), in India nearly half of the older males are financially independent but the figure is as low as 10% for the older females (Table 1). Economic dependence on others is a common feature for the older females in all major states. The percentage of economically independent older males in West Bengal (56.5) is slightly higher than the national average (50.9); but for the females (10.4), it is almost similar to the national average (10.0). The large gender difference in economic independence is a universal feature for all states and West Bengal is no exception. Being married and living with spouse is often considered as an important indicator of well-being (Chakraborty & Mukherjee, 2016). As far as marital status is concerned, the percentage of currently married older males well exceeds that of older females for all the states. This indicates that an astonishingly large percentage of older females are widowed, though never married, separated, and divorced females also add to those figures of currently unmarried females. The gender difference in percentage of currently married older adults favoring male is 46.1 (85.2 for males as against 39.1 for females) for West Bengal, which is substantially higher than all India figure 36.3 (83.2 for males as against 46.9 for females). The gender difference in currently married status favoring older males is fourth highest in West Bengal among the major Indian states after Andhra Pradesh (53.0; 82.4 for males as against 29.4 for females), Karnataka (48.3; 86.8 for males as against 38.5 for females), and Tamil Nadu (47.4; 85.3 for males as against 37.9 for females). In terms of living

arrangement, the picture is gloomy for the older females. Only a subset of the currently married older adults enjoys a living arrangement of staying with spouse as well as with other family members, especially children. This is an expected trend with the upsurge of migration for employment-related reason and rise of nuclear families. In other words, many older couples live without the presence of their children and/or other family members at homes. As it has been argued earlier that living with spouse and other family members, especially children, is generally a preferred living arrangement for an older adult in the Indian context, older females are found to be not as advantageous as older males. Whereas almost two-third of the older males are living with their spouses and other family members, only little higher than one-third of the older females are found in such living arrangement in India. In West Bengal, as per the recent estimates, the percentage of older males who live with spouse and children is 65.7 whereas only 31.3 older females are having similar living arrangement as per the recent estimates (Table 1).

All three indicators (viz., economic independence, marital status, and living arrangement) depicted in Table 1 show striking gender difference not only for

Table 1 Economic Independence, marital status, and living arrangement of the older adults across major Indian states

States	Economically independent (%)		Currently married (%)		Staying with spouse and other members (%)	
	Male	Female	Male	Female	Male	Female
Andhra Pradesh	47.4	14.7	82.4	29.4	48.6	17.5
Assam	30.5	8.1	75.4	37.7	67.1	34.5
Bihar	50.6	4.9	78.3	48.31	69.1	39.1
Chhattisgarh	43.8	12.3	76.0	48.2	60.6	35.5
Delhi	62.4	5.6	84.4	62.41	79.3	51.6
Gujarat	45.7	8.5	83.2	56.61	60.4	44.3
Haryana	57.8	14.3	85.7	63.0	74.0	53.5
Jammu & Kashmir	58.6	2.8	85.5	63.4	71.8	56.6
Jharkhand	37.5	6.5	79.3	48.7	66.2	39.3
Karnataka	55.4	9.7	86.8	38.5	68.2	33.5
Kerala	49.7	9.8	88.2	42.1	64.5	30.9
Madhya Pradesh	56.3	11.5	84.1	57.6	68.6	45.7
Maharashtra	49.1	11.4	86.8	49.0	62.8	35.2
Odisha	43.5	9.0	85.8	44.2	64.2	34.2
Punjab	48.9	3.4	78.8	55.1	70.0	49.7
Rajasthan	51.0	8.7	83.8	55.9	65.63	45.8
Tamil Nadu	54.4	13.0	85.3	37.9	54.3	24.8
Telangana	50.2	15.4	75.2	35.4	50.2	23.4
Uttar Pradesh	51.6	7.3	78.5	54.7	67.5	48.4
Uttarakhand	65.7	5.4	75.6	35.9	51.3	26.1
West Bengal	56.5	10.4	85.2	39.1	65.7	31.3
India	50.9	10.0	83.2	46.9	64.1	37.0

Source: Estimates from 52nd, 60th, 71st, and 75th rounds NSS data

West Bengal but also for many other major Indian states as well as India as a whole. However, West Bengal figures among the top few states with strikingly high gender difference. Table 1 presented the most recent available estimates from latest available survey and does not tell us how the patterns evolved over time. By comparing the estimates from four different NSS rounds (1995–1996, 2004, 2014, and 2017–2018), Table 2 presents the picture of economic independence and living arrangement for West Bengal over the last two decades (1995–2018). Between 1995 and 1996 and 2017 and 2018, in terms of economic independence, both older males and females gained equally (measured by percentage point increase) but males always remained in a better off position than females. The gender difference in financial independence has remained almost same (around 46–47%) between 1995 and 2018 though it declined marginally in the intermittent years (2004 and 2014). If one considers the living arrangement with spouse and children, the gender difference against older females has remained huge though it has declined in favor of the females. Whereas nearly two-third of the older males were found to be living with their spouses and children, the percentage of elderly females who had the same living arrangement was less than one-quarter (23.9%) in 1995–1996 and in spite of some increase over the years, it was still less than one-third (31.26%) in 2017–2018. Chi-square statistics and P-values suggest that both economic independence and living arrangement are not independent of gender of the older adults. It is worth noticing that the percentage of older females who live in a situation without spouse and children increased markedly between 1995 and 1996 and 2017 and 2018. This could be a result of the combined effect of age-differentials between couples,

Table 2 Economic Independence and living arrangement of the older adults in West Bengal (1995–2018)

	52nd (1995–96)		60th (2004)		71st (2014)		75th (2017–18)	
	Male	Female	Male	Female	Male	Female	Male	Female
Economic independence								
<i>Independent (%)</i>	51.4	4.2	53.8	10.4	52.1	11.9	56.5	10.4
<i>Partially dependent (%)</i>	16.6	5.4	15.9	8.5	18.5	12.7	15.6	11.4
<i>Fully dependent (%)</i>	32.1	90.4	30.4	81.1	29.5	75.4	27.8	78.3
χ^2 value	751.4869		642.8702		482.1913		850.8940	
<i>P-value</i>	0.0000		0.0000		0.0000		0.0000	
Living arrangement								
<i>With spouse and children (%)</i>	67.4	23.9	69.0	22.3	62.6	20.0	65.7	31.3
<i>Only spouse (%)</i>	11.9	3.4	11.0	5.0	20.8	10.1	19.2	9.1
<i>Only children (%)</i>	17.7	68.5	14.4	59.3	13.0	58.7	9.2	46.2
<i>Other (%)</i>	3.0	4.2	5.6	13.4	3.6	11.2	5.9	13.4
χ^2 value	555.4701		668.9193		617.7367		705.5403	
<i>P-value</i>	0.0000		0.0000		0.0000		0.0000	

Source: Estimates from 52nd, 60th, 71st, and 75th rounds NSS data

greater longevity of females compared to male, declining family sizes, and migration of male members for employment purposes. Moreover, remarriage among older adults remains rare in India; it is either socially unwelcome or discouraged.

In West Bengal about 60% of the older adults are in their 60s (i.e., age group 60–69 years), another 30% are in their 70s (i.e., age group 70–79 years) and the remaining 10–11% are in their 80s or above (Table 3). This is similar to all India pattern. In spite of females having higher life expectancy, their shares among older adults of 70s and 80s are not substantially higher than that of males. The lack of association between gender and distribution of older adults by age groups is confirmed by the insignificant chi-squared statistic values. The recent NSS data also suggests that the percentage of older adults, who have restricted mobility due to confinement to home or bed or on wheelchair, is higher for the females than the males indicating a higher absolute number of older females with restricted movement compared to older males. Studies in other contexts have found stronger connection between activities of daily living (ADL), mobility restriction, and poor self-rated health (Hoeymans et al., 1997; Simonsson & Molarius, 2020). The poorer state of the restricted mobility of the older females compared to males is perhaps reflected in huge gender difference in self-rated health. In all four survey years, significantly lower percentage of older females reported excellent or very good health status and significantly higher percentage of older females reported poor health status compared to older males. The interdependence between gender and self-rated health were confirmed by the significant chi-squared statistics values.

Table 3 Age structure, physical mobility, and self-rated health of the older adults in West Bengal (1995–2018)

	52nd (1995–1996)		60th (2004)		71st (2014)		75th (2017–2018)	
	Male	Female	Male	Female	Male	Female	Male	Female
Age Structure								
<i>60–69 years (%)</i>	61.6	61.6	62.8	64.4	63.1	55.9	61.8	59.3
<i>70–79 years (%)</i>	28.7	29.3	27.3	26.5	31.4	35.2	28.0	29.3
<i>80 years and above (%)</i>	9.7	9.1	9.8	9.1	6.5	8.9	10.2	11.1
χ^2 value	0.2482		0.6793		11.9687		3.5402	
<i>P-value</i>	0.9569		0.8293		0.2720		0.8768	
Restricted mobility (%)	9.2	13.2	10.0	13.5	5.9	12.9	7.3	8.2
Self-rated health								
<i>Excellent/very good (%)</i>	12.1	6.1	6.5	1.6	5.0	2.5	6.8	1.1
<i>Good/fair (%)</i>	70.0	64.9	62.2	59.3	69.3	59.8	63.6	59.9
<i>Poor (%)</i>	17.9	29.1	31.3	39.1	25.6	37.7	29.7	39.0
χ^2 value	50.8205		43.3730		40.1010		80.3050	
<i>P-value</i>	0.0000		0.0000		0.0084		0.0002	

Source: Estimates from 52nd, 60th, 71st, and 75th rounds NSS data

4.2 Evidence from a Small-Scale Survey

The small-scale survey data also brings out a similar gender differential where older females make fewer gains in living arrangement provisions and health than older males in the same age groups (Paul, 2019). This difference remains remarkably consistent across both the sample sets – *Home* and *Old Age* home groups. Like the NSS sample, the sample of the small-scale survey comprises higher share of older adults from their 60s and 70s (Table 4). Contrary to the findings from NSS data, the small-scale survey found more older males with no living sons or daughters compared to older females. Again, contrary to the common belief, not having any living son or daughter is not found as a major reason behind some older adults choosing institutionalized living over own family homes. This is evident from the fact that out of 54 sample older adults living in the old age homes, 37 have living son or daughter or both. Fewer older adults (12) belonging to *Old Age Home* group have houses in their names compared to the older adults (46) belonging to *Home* group. This indicates that home ownership may be an important determinant for decisions around housing in later life. As expected, in both groups, fewer females reported owning houses than older males. In terms of a social security measures such as pension, a lower number of older females report of having either own or family

Table 4 A comparative picture of sample older adults staying at old age homes and staying at homes with families in West Bengal (frequency)

	Older adults staying at Old Age Homes		Older adults staying at home with family	
	Male (26)	Female (28)	Male (26)	Female (28)
Age structure of sample				
60–69 years	10	9	14	14
70–79 years	10	13	11	12
80 years and above	6	6	1	2
Living son or daughter				
None	10	7	6	2
Son only	9	6	10	6
Daughter only	4	8	4	4
Both son and daughter	3	7	6	16
House in own name	8	4	26	20
Pension				
Own pension	20	13	25	8
Family pension	4	7	0	10
Economic independence				
fully	20	12	23	5
Partially	4	6	2	8
No independence	2	10	1	15
Dependence on children	2	13	3	23
Knows about MWSS Act	14	9	12	2

Source: Paul (2019)

pension than the males. The chances of having own pension are higher for females belonging to *Old Age Home* group compared to those belonging to *Home* group.

As it was observed in the NSS data, higher number of older males are economically independent than the older females. The male-female difference in economic independence is lower for those older adults belonging to *Old Age Home* group compared to those belonging to *Home* group. In other words, higher number of older females belonging to *Home* group is found to be partially or fully economically dependent on others compared to older females belonging to *Old Age Home* group. This is expected because only older adults having good financial condition can afford to stay in old age homes. It is observed that higher number of older females (13 and 23 belonging to *Old Age Home* and *Home* groups, respectively) are financially dependent on their children than the older males (2 and 3 belonging to *Old Age Homes* and *Home* groups, respectively). Only about one-third of the sample older adults (37 out of 108) are familiar with the Maintenance and Welfare of Parents and Senior Citizens (MWPSA) Act. The Act, which was passed in the parliament in 2007, has made it a legal obligation for children and heirs to provide maintenance to senior citizens and parents by monthly allowance. A striking gender difference (26 males against 11 females) is also observed with regard to older adults' knowledge about the Act and the difference is more pronounced in the *Home* group (12 males as against 2 females) than *Old Age Home* group (14 males as against 9 females). It is worth noting that older adults staying in old age homes are more aware about the Act than older adults staying at homes with family members.

The quality of life (QoL) of older adults has become a much relevant concept with the demographic shift all over the world. Research suggests that the concepts and measurement related to QoL in older ages are different from the younger population (Netuveli & Blane, 2008). A number of studies have divided the QoL of older adults into a few observable dimensions such as physical, psychological, environmental, and social relationship (Gee, 2000; Parasuraman et al., 2021; Top and Dikmetas 2015). Though these dimensions explicitly capture most of the satisfaction, well-being, and social support aspects of an older adult's life, there is no uniformity in the empirical literature on the selection of indicators. Table 5 presents a few health and non-health indicators capturing select dimensions of life experienced by the sample older adults. Information on non-health aspects such as "keeping regular touch with family and friends," "opportunities for having yearly tour or pilgrimage," and "scope for political participation," are rarely collected. These are important indicators of QoL and indicative of an old person's physical and social participation beyond the confinement of home. The opportunity and ability for casting vote in local, assembly, or parliamentary election show to what extent an old person is able to exercise his/her democratic right.

There is no substantial gender difference in indicators such as being in touch with the relatives or friends, going for pleasure trips or pilgrimages and casting votes for both *Old Age Home* and *Home* groups. However, there is noticeable difference between *Old Age Home* and *Home* groups older adults in three out of the four

Table 5 Health and non-health aspects of life of sample older adults staying at old age homes and at homes with families in West Bengal (frequency)

	Older adults staying at Old Age Homes		Older adults staying at home with family	
	Male (26)	Female (28)	Male (26)	Female (28)
In regular touch with relative	15	16	24	22
In regular touch with friends	10	9	14	14
Any tour or pilgrimage in last 1 year	10	13	11	12
Cast vote in last election	0	1	26	25
Select ailments				
<i>Hypertension</i>	11	17	14	17
<i>Diabetes</i>	6	12	8	9
<i>Arthritis</i>	6	9	8	11
<i>Heart disease</i>	2	3	2	6
<i>Prostrate or kidney</i>	6	3	1	1
<i>Spondylitis</i>	0	1	3	2
<i>Asthma</i>	1	3	0	2
<i>Neurological problems</i>	3	1	1	4
Received medical treatment in last 1 month	10	13	10	17
Hospitalized in last 1 year	10	11	2	5

Source: Paul (2019)

indicators. The older adults belonging to *Home* group are more in touch with friends and relatives than the older adults belonging to *Old Age Home* group. A striking difference between these two groups is observed on exercising voting rights. Whereas 51 out of 54 older adults belonging to *Home* group could cast their votes, only 1 out of 54 from *Old Age Home* group cast her vote.

Overall, older females report higher incidence of chronic ailments such as hypertension, diabetes, arthritis, heart disease, and asthma. As expected, the older females also report higher number of visits to doctors and hospitalization. It is worth noting that both older males and females from *Old Age Home* group have reported higher number of hospitalization episodes than older adults from *Home* group. This is surprising as in terms of reported incidence of chronic conditions, older adults from *Home* group show poorer health status than older adults from *Old Age Home* group. Perhaps outpatient care-home care mix is able to reduce the need for hospitalized care in many situations for the older adults in *Home* group. Another explanation could be that older adults who have longstanding chronic health conditions are more likely to move into institutionalized homes due to unavailability of a caregiver in their own homes.

5 Insights from a Qualitative Study

As a part of qualitative data collection, in-depth interviews were carried out among few older adults (Paul, 2019). These interviews provided detailed descriptions of various aspects of lives of sample older adults living in old age homes. The main reason for those older adults who are financially self-sufficient but living in old age homes is desire for a “peaceful environment” to live for the rest of their lives. They are financially independent as incomes from their pensions or savings are sufficient for managing their own expenses.

Amal Kar (all names changed, male, 74 years) a resident of Narasinghapur Old Age Home for the last 3 years narrated “. . . *I worked in the telecom department for 30 years. Now I have my own pension which is more than enough for me. My only expenses now are monthly payment to the old age homes and costs of my medicines. . .*” Sabita Das (72), another woman resident of the same old age home for the last 8 years told us, “. . . *my late husband was having a job with pension . . . being a widow I get family pension, which is enough for me. Every month I write a cheque and give it to the caretaker of the old age home . . . he collects the money from the bank and hand it over to me. . .*”.

A few older adults, partially dependent on others for money, especially on their children, were found. For them, their children bear a part of the monthly payments to old age homes. Most of them are living in old age homes not by their choice but because of the circumstances at home. Ratna Roy (67), a female living in Swasti Old Age Home for the last 3 years told us. “. . . *I never wanted to live in an old age homes but my son had to make this arrangement for me because my daughter-in-law. My monthly pension is not enough for paying for the old age home. I have to depend on my son. . .*” Manoj Roy (65 years), a male resident of Ramthakur Briddhabas for the last 10 years said “. . . *I am unmarried. I used to work in a private company but had to take voluntary retirement because of health problems. My savings are not enough for meeting my current expenses and I still have to depend on my brother who bear the rest of the costs. . .*”.

Binita Dutta (75), a female resident of Seba Old Age Home for the last 5 years stated “. . . *after death of my husband I lived with my son and daughter-in-law in a flat. Both of them were busy with their jobs. No one had time for me. Most of the time they even forgot to ask me how I was doing. I was completely alone and was getting depressed. I decided to shift to an old age home.*” Raman Kar (69), a male resident of the same old age home for last 6 years narrated, “. . . *I came here 6 years ago, after the death of my wife. I have only one daughter who is married and live in a different city. I was completely alone and no one was there to look after me. It was not possible for my daughter to take care of me. I am also a heart patient. It is difficult for me to live alone because if anything happens in the night, there is no body to take me to a doctor or hospital now so living alone is difficult for me. If I become ill at night no one would be there to take care me.*”

Almost all the older adults (45) who are currently staying in old age homes are either never married or widowed. Out of them, 17 do not have any living son or daughter. Their main reason for choosing old age homes is they do not have anybody

to look after them at home. For majority of older females staying at old age homes, absence of adult children or conflict with adult son/daughter-in-law are the main reasons for preferring institutionalized living over family homes. Surprisingly no such reasons were cited by older males suggesting that the social realities of men and women remain distinct throughout their life course. The in-depth interviews with the residents of old age homes also provided a clear impression that not only more older males are economically independent than the older females, the degree of economic independence is also stronger among the males. The qualitative observations presented in Paul (2019) are consistent with the empirical findings from many quantitative studies (Agarwal & Arokiasamy, 2010; Amonkar et al., 2018; Panday et al., 2015).

6 Conclusion

Demographic research on India have consistently shown that older females who account for almost half of the elderly population are more disadvantaged in terms of health and security provisions as compared to their male counterpart in most indicators of well-being. West Bengal, the fourth populous state in India, is no exception. The state is among the top few major Indian states with very high recorded gender differences in shares of financially independent older adults, older adults who are currently married, and older adults who live with spouse and children – all favoring the older males. This chapter made an attempt to describe the current status of gender differences among the older adults and how the differences changed in the state over the years. Between 1995 and 2018, the NSS data show that the large gender gap favoring the older males in economic independence has remained almost the same, though it declined marginally in the intermittent years. Whereas nearly two-third of the older males are found to live with spouse and children, for older females it is not even one-third of their population. Moreover, the number of older females living without spouse and children increased markedly between 1995 and 1996 and 2017 and 2018. Higher numbers of older females are found to live difficult lives with restricted mobilities compared to older males. There is a large gender difference in self-rated health favoring the older males. Compared to the older males, significantly higher percentage of older females report poor self-rated health and the relative disadvantageous position of the older females has not improved over the years. The small-scale survey data too reiterates the striking gender difference in terms of certain indicators, which are not known from large-scale NSS data (Paul, 2019). For example, the qualitative findings from the survey revealed that older adults with house ownership are less likely to end up in old age homes and fewer elderly females have house ownership compared to older males. Compared to males, very few females have knowledge about MWPSA Act – an act which makes it a legal obligation for children and heirs to provide maintenance to senior citizens and parents by monthly allowance. Compared to older males, the older females report higher incidence of chronic ailments such as hypertension, diabetes, arthritis, heart disease, and asthma and also report more frequent visit to

doctors and hospitalization. When both quantitative and qualitative evidence are considered together, it is found that a favorable living arrangement does not necessarily reduce the gender differences in terms of health and security provisions among older adults in West Bengal.

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