

Interpersonal relationships of elderly in selected old age homes in urban India

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Abstract

Never before have there been so many old people in India. According the 2001 Census of India data, the projected figure for 2031 is 179 million seniors. Dual-career families, changing values, and nuclear family dynamics have altered the social landscape of India. An emerging phenomenon in urban India is the emergence of “pay and stay” homes as a late life living arrangement for middle and higher-income groups. This study focused on selected ‘pay and stay’ homes in the four cities of Hyderabad, Bangalore, Chennai, and Tiruvananthapuram. Personal interviews were conducted with 150 seniors to understand the relocation experience, the extent and nature of self-reported social networks, and evaluation by seniors of this late life arrangement. Majority of respondents were female (65%). More than half of the respondents (58%) reported being currently widowed. Results show that childlessness and strained intergenerational relationships were important considerations in the decision to relocate. Majority of the seniors had never conceived that they would be spending their autumn years away from family. Occupants frequently conceived of their living space as their “home.” Living amidst non-family members, the reported network sizes were small. The absence of family members was frequently cited as a source of dissatisfaction when evaluating these homes.

Key words: Kinship care of elderly, old age homes, interpersonal relationships

More than half of the world’s elderly population lives in the Asia-Pacific region. From a 52% distribution in Asia for 2000, the distribution of the aged population in 2050 is projected to be 63% in Asia (Chakraborti, 2004). The largest numbers of elderly persons in Asia are in China, followed by India, Japan, and several other countries. Like many of

¹ This project was made possible by a Fulbright research grant awarded to the primary author from the Council for International Exchange of Scholars.

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the world's nations, India's aged population is increasing both in absolute numbers as well as in proportion to the general population. The size of India's elderly population aged 60 and over is expected to increase from 71 million in 2001 to 179 million in 2031, and further to 301 million in 2051 (Rajan, Sarma, & Mishra, 2003). The projected demographic figures raise serious questions about India's capacity to provide care for the elderly against the growing norm of a nuclear family structure. In such a scenario, number of concerns arises on the care of this population. Who will provide care for these elderly? Who will they live with during their autumn years? What form will late life interpersonal relationships assume? This paper answers many of these issues of elderly care in a country like India.

Kinship Care of the Elderly in India

Amongst the various regions of the world, Asia has the highest proportion of elderly living with children or grandchildren, and with the lowest proportion of elders living with spouse only (United Nations Report, 2005). Demographics in India suggest that majority of seniors live with immediate family members, and family continues to be the main provider of elder care. According to the UN report titled, 'Living Arrangements of Older Persons Around the World', over 80% of the elders in India live with a child or grandchild. According to this report, only 3.3% of the elders live alone, and 8.2% live as a couple. Compare this to the average for Asia of 74% living with a child or grandchild, 16% living as a couple, and 7% living alone. Among Asian Indians, a strong sense of duty and obligation exists towards the family (Bisht & Sinha, 1981). The basic Indian philosophy is that it is the family's primary responsibility to take care of the old, and only when this fails should the state should come forward to assist.

Recently, the Government of India has enacted the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 for providing need-based maintenance and better healthcare facilities to the senior citizens; setting up of old age homes in every district of the country and for institutionalization of the mechanism for protection of life and

property of the senior citizens. The most important part of the bill is to make the maintenance of parents by their family as a legal right.

In India, for many older adults, children (especially male children) represent an old age security (Jamuna, 2002). Madhu & Jain (1991) summed up the expectations of older adults, "A child is like a sapling you plant. It will grow into a tree, and in your old age you can sit under it for shade." Such expectations tend to be promoted through the extended family system and multi-generation households. Reddy (1989) interviewed senior pensioners in the state of Andhra Pradesh. Majority of the seniors (76%) expected help from their sons. However, when asked about which child they would depend on during a crisis, the senior pensioners reported that their daughters were more dependable than their sons.

Caring for older people, once considered a problem only in Western nations, poses an interesting challenge for India. While the majority of older adults in India live with their children or other relatives, approximately 30% either have no family to live with or cannot live with the family they have (Ara, 1997). The decline of the joint family is an important factor that has undermined the position and status of the older adult (Ramamurti & Jamuna, 1991; Bose, 1994). At the same time, younger women, who traditionally have been providers of care for elderly family members, have entered the labor force in unprecedented numbers, thereby restricting the daytime care available for the growing number of elders. Another important consideration is globalization, which has created enormous career opportunities both within, and outside India frequently resulting in geographical mobility that may also influence elder care. Modernization, technological advances, mobility, changing lifestyles and values have altered the face of India. The shortage of housing in cities, rising costs of living, dual career families has led to the crunch of time, space, and money. Further, evident are changing priorities that affect the intra-family distribution of income in favor of the younger generation (Bose, 1994). All these have impacted the individual security in late life that was previously

accorded to older adults in the context of the joint family, and impacted intergenerational relationships (Jamuna, Lalitha, & Ramamurti, 2003).

Indian Cultural Ethos

In Indian philosophy, *karma* (Sanskrit for "action") stands for the sum total of one's actions, good or bad. These actions are attached to the soul as it transmigrates and each new body (and each event experienced by that body) is determined by previous *karma*. Not only do previous actions shape one's present experience but the activities of present life determine the quality of future experiences. The belief in *karma*, which can be traced to the Upanishads, is an important theme of Indian philosophy (Rao, 1993). Ramamurti & Jamuna (1993a) have identified belief in *karma* philosophy as ingrained in Indian culture. According to them, "When the frustrations of life get overwhelming, such belief in *karma* offers succor and comfort to the helplessness that many experience." It has been pointed out by Chandra (1996) that Indians view deterioration in old age as inevitable, and suffering is largely seen as an outcome of past mistakes (Shah, Veedon, & Vasi, 1993).

According to ancient Hindu scriptures, the lifespan of an individual is divided into four stages (*ashramas*), the first stage of *Brahmacharyashrama* (stage of a celibate student), the second stage of *Grihasthashrama* (stage of a householder), the third stage of *Vanaprasthashrama* (stage of gradual disengagement from worldly duties and social bonds), and the last stage of *Sanyasashrama* (stage of complete disengagement leading to renunciation). The last two stages encourage "disengagement" but are hardly observed (Rao, 1993). Clearly, this system has undergone drastic change over the centuries since the original prescription.

In present day situations, the values of *Sanyasashrama* which include *vairagya* (detachment) are generally practiced within the family context. It is not uncommon for many elderly Indians to withdraw from society by going on long pilgrimages over extended periods of time akin to the wandering ascetic (Tilak, 1989). The stages of life

model posited the ties of age as a balance to kin bonds. According to Tilak (1997), the stage of life model suggests the epistemological, emotional and ethical developments in the human being during the entire lifespan. The initial two stages focus on worldly demands that include social relationships in society, while the last two stages target spiritual ascent.

There appears to be a parallel between this traditional Indian concept and the more contemporary gerotranscendence theory. Gerotranscendence represents a shift in the elder's perspective from a materialistic, rational view of the world to a more cosmic and transcendent one, normally accompanied by an increase in life satisfaction (Tornstram, 2000). Savoring time with fewer people, opting to be less involved in various social obligations, this theory represents a shift away from activity, materialism, rationality, superficial social connections, and preoccupation with the physical body.

Old age homes in India

No longer can India maintain an ethnocentric outlook with regard to family care of elders. The drive for prosperity, modernization, and westernization has come with a hefty social price tag – the erosion of filial piety. Against the backdrop of a changing social landscape, many older adults are opting to spend their autumn years in alternate living arrangements such as old age homes.

Old age homes (as they are known in India) have begun to expand rapidly in most metropolitan areas in India. The concept of old age homes is not new in India as there were such facilities to care for destitute older adults as far back as the 18th century (Nair, 1995). What is new in India is the concept of “pay and stay” homes that cater primarily to middle class older adults. Affordable only for middle or higher income families, they are being sought by many older adults as a viable alternative to a life of feeling marginalized and discriminated against. These older adults represent a cohort of individuals who had been socialized to venerate their elders. They are “pioneer residents” of “pay and stay” homes, being the first generation to live with strangers rather than family members.

Unlike previous generations, this clearly marks a departure in the composition of late life social networks, social support, and interpersonal relationships.

Given the recent increase in old age home living as a late life arrangement, data available on understanding interpersonal relationships, social networks and social support is largely limited. Much of this has focused on comparisons between those living at home and in old age homes, with no specific focus on the increasingly common 'pay and stay' cadre of old age homes. Researchers (Chadha & Mangla, 1991; Chadha & Arora, 1995) have pointed out that there exists a sizeable difference in the smaller size of social networks among institutionalized elderly in India compared to those living at home. Malhotra (1996) indicated the network sizes for men in old age homes were $1/3^{\text{rd}}$ the size of those living at home. However, similar differences were not reported for women.

Social Networks of Elderly

One of the earliest to focus on interpersonal relationships from a life course perspective was the work of Kahn and Antonucci (1980). Their central proposition was that social support is important to individual well-being throughout the life course both for its direct effects as well as capacity to moderate the effects of stress. The importance of emotional and instrumental support within older adults' social networks is extensively documented. Blazer (2006) reported that older adults with limited social support were 3.6 times more likely to die within the next five years than those with extensive support. Social support can also mediate the effects of adversity and other negative life circumstances, such as retirement, relocation, widowhood, illness, etc. (Cohen, 2004; DuPertuis, Aldwin, & Bosse, 2001).

Social relationships in late life may be viewed as complex. Many social relationships are the product of a lifetime of association, and may have the potential to impact physical as well as psychological health. As an individual moves through the life course, he or she is surrounded by a set of people who provide or receive support. Such relationships may be symmetrical (equal amounts) or asymmetrical in terms of level of

support between individuals. Kahn and Antonucci (1980) developed the concept of convoys. Generally speaking, convoys are conceptualized as being dynamic and lifelong in nature. However, losses and gains in convoys may be related to death of spouse, weakened or strengthened intergenerational ties, role changes, change in settings, etc. Consistent with the work of Kahn and Antonucci (1980), Carstensen's (1995) socioemotional selectivity theory posits that reduced rates of social interaction in late adulthood are the result of a lifelong selection process by which individuals selectively strategize their social networks to maximize socio-emotional gains and minimize any losses. Research for over two decades has suggested that interactions with friends are more important to the psychological well-being of adults than family members (Antonucci & Akiyama, 1995; Pinquart & Sorenson, 2000). Antonucci (1985) suggests that it is the role of obligatory versus optional relationships that may explain this. Lyyra and Heikkinen (2006) pointed out that perceptions of support might be more important than the actual support received.

The impact of a changing environment on human well-being is widely recognized in many disciplines. A change in location may constrain an individual's range of adaptive behaviors. Age related changes tend to make older people more sensitive to characteristics of the physical environment that may have little effect on the typical younger person. They may impair the older person's ability to adapt to new environments and interact with unfamiliar people in a changed setting. Despite changing demographics and changing family structures in India, very little is known about older adults who live in India's rapidly proliferating 'pay and stay' homes. What types of social networks do these older adults maintain? Are they primarily kinship/non-kinship based? What is the quality of intergenerational relationships reported? What are their reasons for relocation to an old age home? What is the senior's perception of life in an old age home?

The present study seeks to understand the relocation experience of seniors who reside in these homes, the extent and nature of interpersonal relationships within old age homes, and their evaluation of this late life arrangement.

Method

Sample

The present study involved face to face interviews with 150 residents of 'pay and stay' homes in the principal southern cities of Bangalore, Chennai, Hyderabad and Tiruvananthapuram. Using Help Age India's current listing of 'pay and stay' homes, the proportion of interviews in each city was determined. Since the maximum 'pay and stay' homes were located in Bangalore than any of the other three cities, nearly 41% of the respondents were selected from Bangalore. By contrast, Tiruvananthapuram had the least number of 'pay and stay' homes among the four cities so the least number of respondents were selected from this city. In advance, administrators of the various 'pay and stay' homes were contacted and permission was sought to visit the facility and interview selected respondents. From the list provided of those who were willing and able to participate, selected respondents were interviewed in a quiet area of the facility. Interviews were conducted privately, after an explanation was provided about the study and voluntary participation was solicited. Interviews were conducted in English often interspersed with the local language of the state. The interviews lasted for approximately 60-90 minutes.

Majority of respondents were female (65%). While the reported average age was 75 years ($SD=5$), the age ranged from 65-90 years. Only 15% of this sample reported living alone before relocating to this home. The rest reported living with spouse, children or siblings prior to relocation. More than half of the respondents (58%) reported being currently widowed. Nearly a third of the respondents (30%) reported having no children. Majority of the respondents reported being Hindu (83%). This was followed by Muslims (7.4%), Christians (6%) and Others (Sikhs, Jains, and Buddhists) who accounted for less than 4% of the sample. The educational profile was quite diverse for this population.

While 5% reported having less than 5 years of formal education, nearly 31% reported 6-10 years of formal education. The average length of stay in the home was 4.3 years (SD=2.1).

Instruments

Participants responded to a detailed interview schedule that included many open-ended questions about socio-demographic characteristics, social supports, intergenerational relationships, perceptions of life in the home, etc. The Social Supports Inventory (Ramamurti & Jamuna, 1991) was part of the Interview Schedule along with The Self-Rated Health Index (Lawton and Brody, 1969). The hierarchical mapping technique developed by Kahn and Antonucci (1986) was used to assess their relationship with the first five people that they listed in their network. Respondents were presented with a set of three concentric circles with the word "You" written in the middle. They were asked to name the people close and important to them. The innermost circle represents the greatest degree of closeness than the remaining two.

Results

The findings from this study are presented below in terms of objectives outlined in this paper.

Relocation reasons

The first open-ended question, "Why did you move to this home?" elicited a number of responses that largely appeared to be relationship based. The top three reasons for relocation that was cited by responded included childlessness (30%), intergenerational strife (28%), and inability to live independently after bereavement (12%). In the category of 'intergenerational strife' the most common reason cited was 'inability to get along with daughter-in-law.' Other reasons cited were absence of daytime caregiver,

failing health, fear of crime, and children living overseas. Some adults expressed that they were victims of psychological abuse within the family or they “left before the situation got intolerable.” Tales of children taking over the family assets and driving the senior from their own home was not uncommon.

Movement into this ‘pay and stay’ home was reported to be “unexpected” for nearly one-third of the respondents. Several of them indicated that after some heated family discussion, an adult child packed their belongings and dropped them off at the home. Slightly over 40% indicated that this was a move that they had anticipated for some time. Many said they had visited such a home earlier or knew someone who was a resident. In other words, majority of them had been exposed to the idea of institutional living in late life.

Not all seniors carried the burden of distress or reported being there under duress. It is worth mentioning that a sizeable subgroup of seniors (22%) preferred this living arrangement to any other. These seniors pointed out that they enjoyed the freedom from the demands of running a household, they were answerable to nobody, they could engage in leisure pursuits when desired, and preferred to maintain “intimacy at a distance” with their offspring.

The next question was about their involvement in decision-making regarding the relocation to an old age home. While 40% of the total sample indicated that they made the final decision to move, 23% did not respond to this question. The remaining 37% of the total sample reported that others made the decision, primarily children. While some cherished independence, many stated that they decided to leave before the situation got intolerable. Yet, the majority of respondents (63%) indicated, “living at home with family” as the most preferred living arrangement of late life.

Interpersonal Relationships of Elders in Old Age Homes

The next set of question focused on social networks. Social relations as assessed by the hierarchical mapping technique indicated that respondents were most likely to name

an average of three persons in the concentric circles as part of their social network. The reported range for this assessment was from 2-6 persons, and this indicates the size of the reported social network that is marked by psychological closeness. Results showed that besides spouse, the most likely person named was the caregiver in the old age home. More than half the seniors reported that the old age home caregiver had assumed a sibling or offspring type relationship. The rest named as part of the social network were likely to be children, siblings, or select friends in the institution. On average, respondents were likely to mention both kinship and non-kinship members nearly equally.

In this sample, older women reported having larger social networks than men. There were few cross-gender relationships listed other than those stated as offspring or sibling relationships. The composition of the social network of older women was larger than that reported by older men. However, the differences were not statistically significant.

Of those who reported having male and female offspring, results show that the extent of social contact and reported closeness with daughters was greater than that reported with sons. On a scale of 1-4, respondents were asked to indicate extent of closeness to sons and daughters. The number 1 represented 'not at all close' and 4 indicated 'very close.' Results showed that closeness to son generated a mean score of 2.96 (SD=. 862) while closeness to daughter yielded a mean score of 3.53 (SD=. 572).

As seen in Figure 1, respondents were more likely to visit the home of their daughter than any other relative.

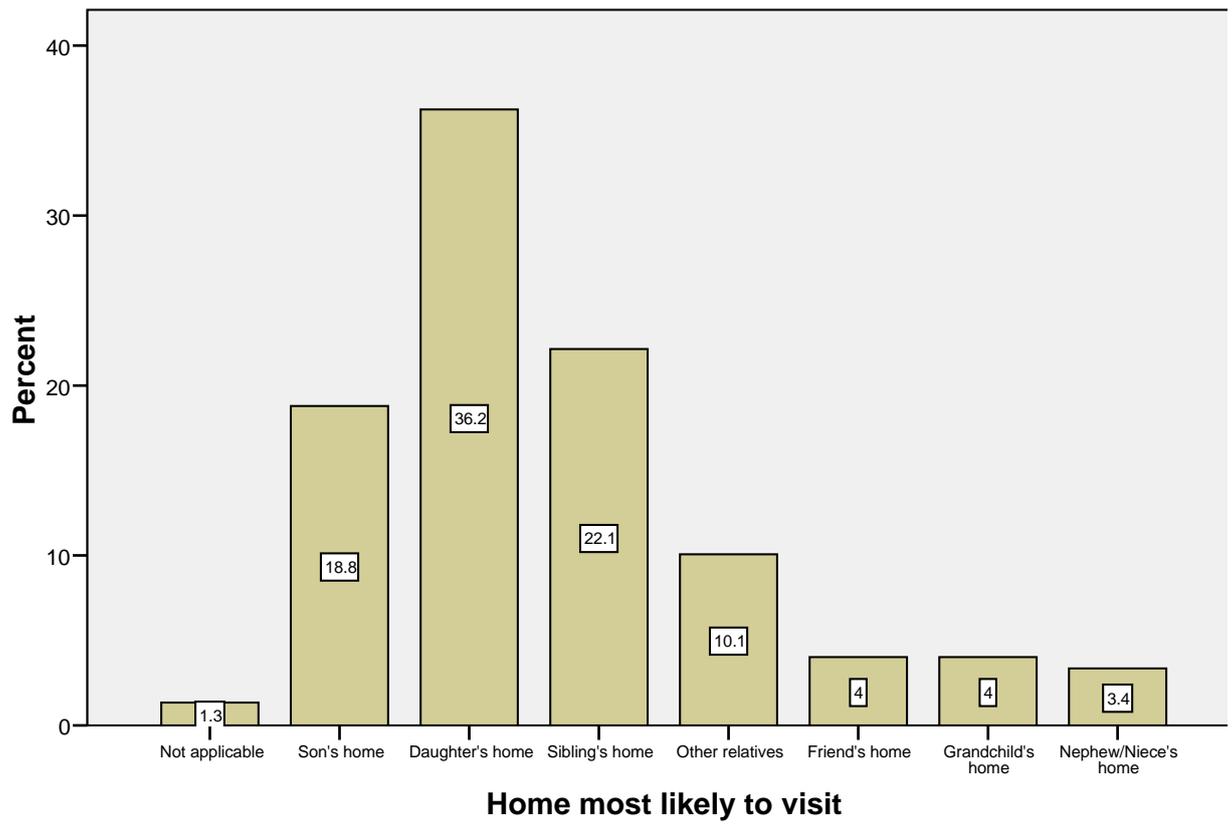


Figure 1. Self-reported home likely to be visited by senior

As shown in Figure 2, sons were more likely than any other relative to visit the senior respondent at the 'pay and stay' home.

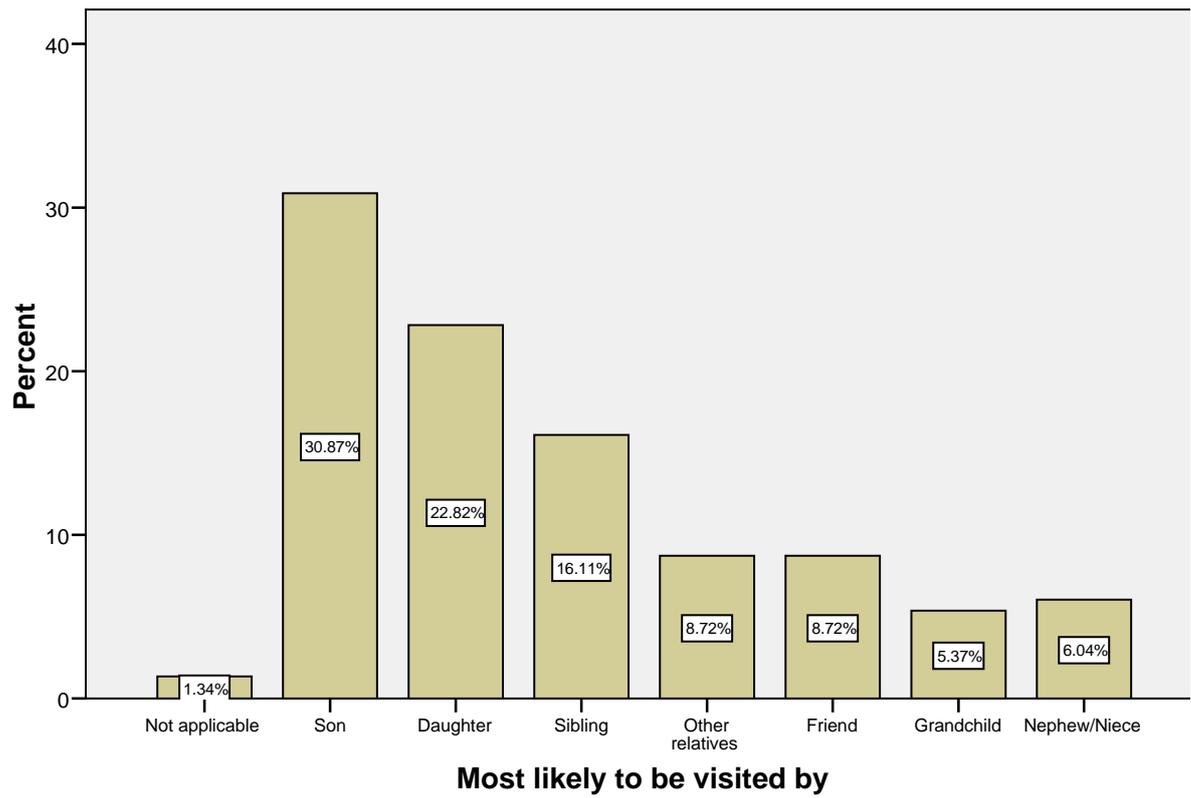


Figure 2. Relative most likely to visit senior (based on self-report by senior)

The next question addressed the extent of social contact with sons and daughters. Figures 3 & 4 highlight the extent of social contact between the senior respondent and their offspring. The reported extent of contact was sons were most likely to be once or twice a month (69%). Very few (3.6%) were likely to have contact 'once a week or more often.'

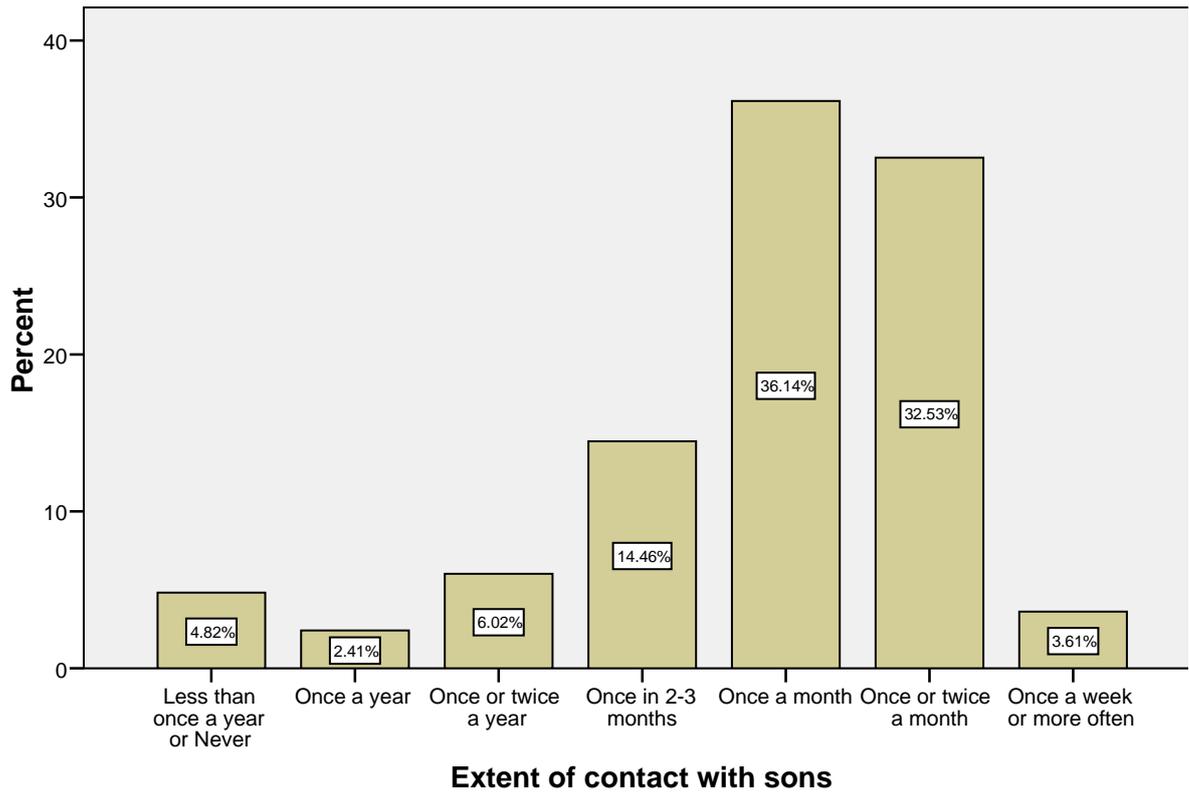


Figure 3. Self-reported extent of contact with sons by seniors

By contrast, reported extent of contact with daughters on a weekly or more frequent basis was higher than with sons (26.5%). However, the reported extent of contact on a monthly or twice a month basis was fairly similar (68%).

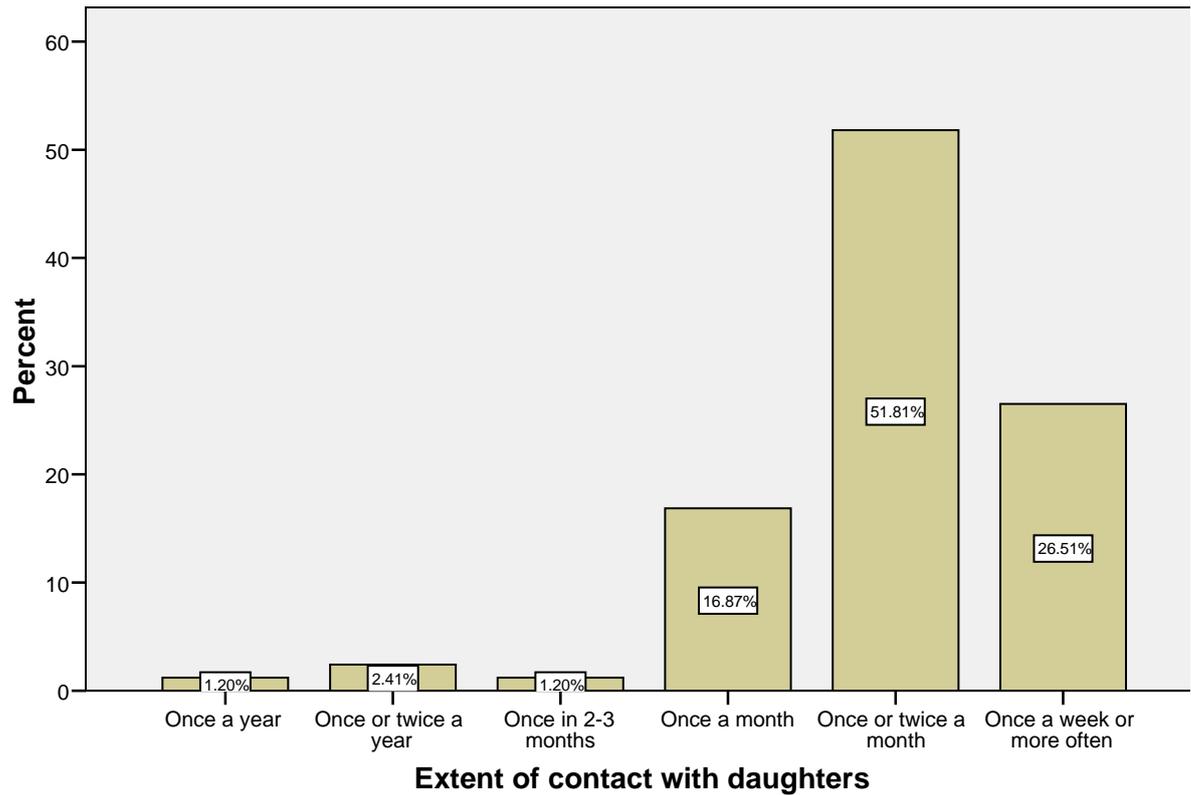


Figure 4. Self-reported extent of contact with daughters by seniors

While extent of social contact and reported closeness with sons differed from that of daughters, sons appeared to assume financial responsibility in greater numbers than daughters (see Figure 5). Whether singularly or with another, sons were more likely to assume responsibility for the monthly payment expense than daughters. Nearly half of the senior respondents indicated that they assumed personal financial responsibility for the monthly payment.

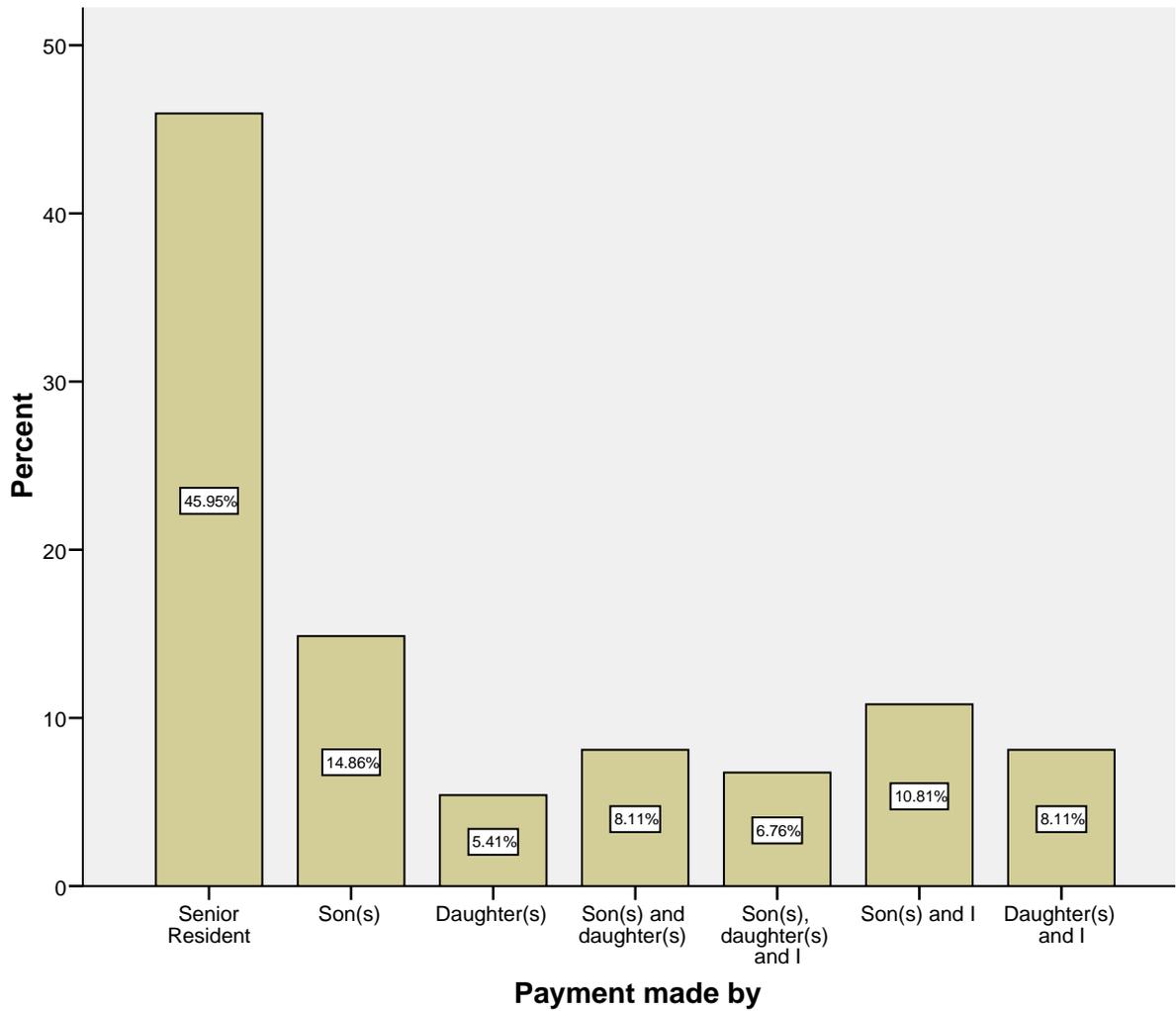


Figure 5. Self-reported monthly payment provider

Evaluation of the Old Age Home Living Arrangement

The last question focused on evaluations provided by the senior of their experience living in an old age home. The absence of family members in the old age home was frequently cited as a source of dissatisfaction by nearly 60% of the senior respondents. Though few directly admitted that strained intergenerational relationships was a factor in relocation, living in a formal care setting was reported as being monotonous. The absence of intergenerational contact or relationships, and age homogeneity within the old age

home were frequently cited factors for why the old age home was not comforting. Social interactions within the home tended to focus on sharing accounts of health, illness symptoms, and medication use. Though kinship networks were absent in the old age home, it appeared that seniors had created an alternate social support system within. From verbal accounts, it was evident that some social relationships within the old age home had replaced or even transcended biological ones. Some of the care providers had become “offspring” to them while some of the administrators had assumed sibling roles.

Discussion

By and large, it appears that individuals in old age homes maintain social contact with family members. Older residents were more likely to report higher levels of contact and closeness with a daughter than a son. And, they also indicated that they were most likely to visit their daughter’s home than that of their son. Unclear whether strained relationships with a daughter-in-law limited access to the son’s home, and this needs to be explored further. This appears to be a departure from traditional Indian expectations placed on the male child for provision of late life care. Other researchers have cited similar observations (Ramamurti & Jamuna, 1986; Jamuna, 1997; Anantharaman, 1979; Jamuna, 1991; Reddy, 1992). In Jamuna’s (1990) study, elderly respondents indicated a preference to live with daughters than sons. Reasons cited were strong emotional attachment and the high likelihood of receiving good care from them. Jamuna, Lalitha, & Ramamurti (2003) reported that an overwhelming majority of care receivers (81%) preferred to stay with daughters than sons or living alone. Similarly, Reddy (1989) found that pensioners in Andhra Pradesh regarded daughters as more dependable in times of crisis than sons. Additionally, as women become increasingly financially independent as wage earners, they may opt to provide support for their own parents rather than their husband’s parents. Like many Western countries, it appears that in future the social obligations for elder care in India may lean toward daughters. While this may be true in the context of social

support, the issue of finances yields a slightly different story. In line with traditional expectations, male children assumed greater responsibility for the monthly payment than female children.

Previously, the extended family system in India provided a safety net for the provision of late life care even for those who were childless. However, with the slow demise of the extended family in urban communities, childless elders may have had to explore alternatives for late life living. In this study, childlessness was cited as an important consideration in the decision to relocate to an old age home. This means that 'childlessness' was an important reason for relocation to an institutional care setting reflecting clear important social and interpersonal relationship changes within the Indian family context (Kalavar & Jamuna, 2006). Perhaps, most childless seniors had planned for what they envisaged in terms of personal care options in late life.

Data on social networks indicated that kinship and non-kinship relationships featured prominently in descriptions of social networks. Besides family members, the caregiver at the old age home and friends were likely to be mentioned. Reductions in social contacts across the lifespan reflect increasing selectivity in one's choice of social partners (Carstensen, 1995). While there is no longitudinal data available on network sizes in previous decades for this sample, gerontological research in India has consistently shown that network size in late life is considerably smaller amongst older people than those of younger ages (Chadha & Easwaramoorthy, 1992; van Willigen, Chadha, & Kedia, 1996). This late life shift in orientation must be systematically explored further to investigate whether it reflects the traditional Indian concept of disengagement in late life or notions postulated by the gerotranscendence theory.

While relocation to an old age home is a new late life arrangement that may mean different things to different older people, one thing is clear that the elders may need more care as they age. The government policy needs to pay attention to the changing needs of the elderly and to develop community services and long-term care options that are culturally sensitive. Lack of community services hinders many elders to get the care they

need. Within India, the percentage of seniors living alone or in old age homes is remarkably low than many other countries of the world. Multi-generation households have been the cultural norm in India for centuries. Care for the aged at home and community services may be promoted taken into consideration the socio-cultural ethos of India. At the same time, due to the projected growth of elders, government and NGOs should explore suitable alternatives to meet the long-term care needs of the elderly.

In India, demographic projections of aging necessitate that the challenges of elder care must be suitably addressed. It is expected that such 'pay and stay' facilities will gradually establish themselves as a viable late life arrangement, especially in urban India. These facilities must take care to provide opportunities to enhance the quality of life in these settings. Such options may include the establishment of intergenerational programs with the broader community so meaningful social relationships may develop. It is recommended that such institutions be situated next to an orphanage or childcare setting so the opportunity to socialize and develop intergenerational relationships is fostered.

Conclusion

The social landscape of India is changing. With the rapid proliferation of 'pay and stay' homes in urban India, it is clear that there is a movement toward this arrangement. Longitudinal research is recommended to uncover the process of adjustment from entry into an institutional living arrangement, and to examine the unfolding of interpersonal relationships and maintenance of former relationships within an old age home. Interpersonal relationships with daughters appear to be marked by a greater degree of contact, and closeness. Age-heterogeneity interactions should be fostered with children, and involvement of residents in the broader community may be encouraged. Dissemination of information about these homes is important, as this may be a preferred option for some elders who live a life of being marginalized at home. Information about these homes may be critical for informed decision-making to occur.

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Received: March 31st 2008

First Revision Received: September 19th, 2008

Second Revision Received: October 17th, 2008

Accepted: October 20th, 2008