Aging in India: From Family to Institutional Care

Deborah C. Menezes*

Abstract

This paper has two parts—the first reviews literature on institutional care in the world, in India, and in Goa; the second presents a case study of care homes in Goa. The study was carried out in three phases: scoping study for first two months, following which we applied participant observation for a month each in three homes, the three months following that, we conducted in-depth interviews on a sample of 24 residents, 12 employees and managerial staff distributed across the three homes. The review highlights transitions in the Indian socioeconomic, cultural and value systems which espouse the need for quality institutional care for the elderly. The case study explores the decision-making dynamics of admission into a care home as well as the process of moving into a care home.

Keywords: aging, care home, case study, ethnography

*The Urban Institute, Heriot Watt University, Edinburgh, UK ✉ D.Menezes@hw.ac.uk

With the progressive increase in the ageing population and the absence of home-based family care the need for institutional care for the elderly assumed a new significance across the globe. This move has both policy and theoretical implications. Policy-wise, it reflects the greater amount of quality institutional care necessary to meet the growing needs of older people who lack any alternative care. Theoretically, it exemplifies numerous concepts associated with institutional living which illustrate the lives of older people within care homes. This article examines the existing literature, the changing discourses on institutional care and the major policy frameworks that have formed these discussions, globally and locally in India. In doing so, this article is divided into two sections. The first section reviews the empirical and theoretical literature on institutional care in the world, in India, and in Goa, thus outlining the demographic, policy, and socio-historical contexts. In the second section, the literature within a case study of care homes in Goa, India is situated. This section analyses two specific aspects of moving into care homes: the decisions and factors contributing to the move and the preparation for this move. Each section will be explored and analyzed within a theoretical framework discussed in section one and relevant data from fieldwork while drawing out their implications for future research.

Method

The data for this article comes from an ethnographic fieldwork in three care homes in Goa: run by government, religious, and private management. Residents were interviewed and observed for a month in each care home along with their care attendants and the care home managers. The data was collected between May and December 2011. It took three phases to complete the study. The first two months were for scoping study, the next one month was spent in participant observation in each home while the last three months were used for conducting in-depth interviews with 24 residents, 12 staff members and four managerial level

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employees from across the three homes.The residents in the homes belonged either to Hindu or to Christian religion. The age ranged between 60 and 80 years. All of them were Goans. Though the ratio of residents of women to men in all homes was 60:40, equal numbers from the two genders were selected for interview. In view of the importance of ethical considerations in studies involving the elderly, the enhanced ethical guidelines prescribed by the Research and Ethics Committee of School of Social and Political Sciences, University of Ediburgh, which are in line with the Economic and Social Research Council's Research Ethics Frame work. Aspects related to informed consent, voluntary nature of participation, confidentiality clause anonymity of participants and transparency in interactions were strictly adhered to.

From Family to Institutional Care: An Overview of Literature

The population statistics reflects the fact of the aging population of the world. The projections of United Nations (2009), the older population in the world will be around 2 billion in the year 2050 compared to 737 million in 2010. The publication of Rajan, Sankara and Mishra (2003), while the population of children below 15 years of age was 3.3 times higher than the population above 60 years in 1090, the proportion of the older people will be higher to that of children by the year 2050. The developing countries host a majority of 62% of world's older population, among which a major part is shared by China and India. (Patel & Prince, 2001). As per the census data of India (2011)there appears to be a progressive increase in the number of elderly (above 60 years) which increased 12.1 million 1901. This number increased to 24.7 million in 1961, to 77 million in 2001 and crossed the 100 million mark in 2011. (Office of the Registrar General & Census Commissioner, India, 2011). This constitutes 8.6% of total population, which according to Bhat &Druvarajan, (2001; Office of the Registrar General & Census Commissioner, India, 2011). is likely to constitute 21%

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or323 million, by 2050.As per the 2011 census with respect to Goa, the proportion of those aged 60 years and above was 10%, which is above the all-India figure of 8.6% (Office of the Registrar General & Census Commissioner, India, 2011).

This demographic change is accompanied by socioeconomic developments such as globalization, liberalization, urbanization, and migration. Such changes bring about a concomitant changes in the family's capacity to support the larger proportion of the elderly people simultaneously with the changes in traditional cultural norms delineating such support (Kumar, 1997). Such changes led to older people considering alternatives for their care. The result is that the majority of older people who need alternative care arrangements turn to institutional care as they either cannot afford commercialized care within their own homes or there is a lack of such alternatives in their locality (Bhat & Druvarajan, 2001). The consequence leads to mushrooming of institutional care—care homes—for older people (Huang, Yeoh, & Toyota, 2012; Peace, Kellaher, & Willcocks, 2007; Watt et. al. 2014). The question is, how are these large number of older people cared for in care homes, and more importantly, how does this affect their quality of life and the opportunity to live with dignity and independence in these settings (Coons & Mace, 1996)?

'Graceful aging', 'active aging', 'person-centered care' of older people are concepts proposed by the United Nations to allow older persons the ability to optimize their potential for independence, good health, and productivity as well as providing them with adequate protection by and care from the family, the community, and the state (Chakraborti, 2004). United Nations (1991) Principles for Older Persons, the Ageing and Health Programme of the World Health Organization (1999), the Madrid International Plan of Action on Ageing (United Nations, 2002), International Policy on Ageing and Older Persons (International Federation of Social Workers, 2009) and subsequent international research and policy efforts show that a consensus is emerging among international policy makers concerning the

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provision of institutional care for older persons in need. This emphasizes the role that institutional care plays in the continuing development of older people. Thus, the need for institutional care and its ability to enable or inhibit the autonomy and identity of older persons is emerging as an urgent and pressing issue. This warrants a deeper study as well as the development of newer and deeper insights into the issues related to institutional care in developing countries where such studies are limited.

It is from the 1950s onwards that long term institutional care has been reflected in intellectual debate in the international sphere. Researchers such as Barton (1959), Goffman (1961), Foucault (1967), and Szasz (1961) pointed out the role of institutions in society and the impact that they have on their residents. While Foucault and Szasz conceptualized institutions as places of repression and social control, Barton and Goffman focused on the individual resident's experience of incarceration and examined the process of depersonalization of the resident's self which takes place within an institution. The theoretical paradigm of institutional care in this research relates to institutional care of older people. Although institutional care for older people has attracted wide-ranging literature on residential institutions in the West, particularly in the 1970s and 1980s, India has not thus far shared in this burgeoning of interest. There are obvious reasons for this neglect. The preference in India at present for the care of the elderly is within the family setting. This has its roots in the cultural concept of care and the system of joint families which contribute to cohesion of the family and family functioning. (Brijnath, 2012). These cultural practices are augmented by a legal provisionsthat place the primary responsibility of care on families. Further, compliance or non-compliance to this is associated with reward and punishment to families. The Senior Citizens Act 2007, for example provides tax relief to families caring for older relatives and applies penalties, like fines and animprisonment of three months, to those families abdicating their responsibilities (Ministry of Law & Justice, 2007). This is supported

by policy makers and opinion formers who have an ideological hostility to admitting the potential limitations of the family in caring for older people (Brijnath, 2012). Most of the primary surveys on the elderly population clearly indicatedthat the respondents showed a preference to stay with their children or own family members (Brijnath, 2012). Within such contexts, care homes are viewed with deep ambivalence, and stigma is attached to older people entering these homes. The source of this stigma is considered to lie in the "violation of traditional cultural norms" where older people are cared for by their children (Blyth & Moore, 2001).

As indicated, with economic development, migration, urbanization and the resulting changing family structures, care arrangements and the preference for home-based care for older people is changing in India. As a result, care facilities for the aged are rapidly increasing, and the policy and legislation of Government of India has defined its role in elder care as an auxiliary source of support rather than primary, source of support. As per the estimations of HelpAge India (2009) there are 1,014 care homes in India. Alongside this, government organizations, non-government organizations and civil society in India are debating whether this growth should be allowed, supported or curbed. There is a strong feeling among some policy makers and civil society groups that proliferation of care homes would make it easier for children to avoid their responsibility for taking care of their aging parents by placing them in these homes (Brijnath, 2012; Kalavar & Jamuna, 2002; Kalavar, Jamuna, & Ejaz, 2012). The argument put forth by them is that enhancing institutionalization of the elderly may result in erosion of traditional family values and place the very institution of family to risk of break ups. However, while possibility of this cannot be ruled out due to the decline in traditional filial obligations among children and absence of social security safety net, the need for care homes to house the progressively increasing number of older people who do not have the traditional means of familial care cannot be ignored either.

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However, if well-conceived and effective responses to institutional care in India are to be developed, critical engagement with residents' care experiences within these institutional paradigms is necessary. This will help to identify the improvements needed in the present condition of institutional care for older people in India. Against this backdrop, my study explores the experiences of residents in care homes in India, while limiting myself to homes in Goa. Hence, at the outset, one can argue that the experiences of residents from other parts of India may differ. However, many of the voices do echo the realities of residents' lives in care homes in the rest of India. Further, in this article I will only be concentrating on the transition of older people from family to institutional care—what are the factors that facilitate this move? I do not go on to claim anything more than this.

Research on older people entering care homes has shown that when they are exposed to this relocation, there is an increase in their physical and psychological problems, feelings of being a burden, loss of control and helplessness (Johannesen, Petersen, & Avlund, 2004; Scott, Valimaki, Leini-Kilpi, &Dassen, 2003; Svidén, Wikström, & Hjortsjö-Norberg, 2002). These feelings intensify when the move is involuntary (Lee, Woo, & Mackenzie, 2002). Furthermore, research points out that as a result of this entry, making choices and decisions in daily life risk becoming a lost ability and opportunity in the minds of older people (Scott et al., 2003). This element of dependency is further deepened in older people as a result of the losses associated with, and during, their relocation to institutional living. The process of becoming a resident may center on a set of events which occur in quick succession, or may be traced to an accumulation of changes which undermine the individual's ability to live at home (O'Neill et al., 1988; Peace et al., 1997). Various researchers in the west studying older people's admission into care homes have considered a variety of reasons to be important in explaining this move; these included physical inability to continue living independently, various losses of relationships resulting in an inability to cope, and the inability of

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responsible others to offer care (Clough, 1981; Johannesen et al., 2004; Lee et al., 2002; Scott et al., 2003; Svidénet al., 2002; Tobin & Lieberman, 1976). The arising implication points to the admission of older people into care homes in a state of dependency, feeling demoralized and rejected (Wiersma, 2007). Wiersma evinces how acknowledging that one is going to enter a care home is a key factor in the apathy within the home, i.e., the entry confirms the perception of oneself as an individual without valid social roles. Thus, in this case the inability to perform roles such as a breadwinner, the loss of a supportive relationship, and deterioration in physical and mental ability can each be seen by the resident as a sign of failure. The resulting outcome is stigma attached to older people and care homes.

The aforementioned literature provides a good basis for developing a framework within which I could examine the factors leading to older people's entry into care homes. However, these studies are limited to the Western understanding where negative attitudes to aging have declined. An understanding of that is definitely important; however, with my study being based in India, there is a need for admission in care homes to be examined against the background of the unique socio-cultural context of the region. Though this is an under-researched area in India because of the newness of this phenomenon, inferences from the changing family system will be used to further develop the framework for this article.

India, like many Asiatic societies, even in India, intergenerational care and co-residence are rooted in its strong traditional filial obligations. (Buch, 2015; Chang & Chang, 2010; Chou, Kröger, & Pu, 2015; Datta, 2017; De Silva, 2017; Hsieh, Huang, Lan, & Ho, 2017; Ramamurti, Liebig, & Jamuna, 2015; Samanta, Chen, & Vanneman, 2015; Watt et al., 2014). The role of families in caring for the aged is very much rooted in the traditional social structure of India. Thus, it is the joint families that assumed predominant responsibility of care giving to the elderly. (Devi & Murugesan, 2006). This ideaoriginates from the ancient *Dharma* that lays the rule that elderly parents are to be respected for their age and

wisdom.(Samanta et al., 2015). Indian family structure was patriarchal where the socio-economic affairs are controlled by the oldest male member. Reverence for elders was considered a significant part of the value system of traditional society. The proclamations of scriptures include: *Mathru Devo Bhava*, *Pithru Devo Bhava* (Mother is God, Father is God). Croll (2006) argued that taking care of the elderly parents is considered the sacred duty of their children, which is represented in the robust intergenerational contract. Failing to pay back (taking care of parents in their old age) according to the scriptures, would result in *Pithru Rina* (filial debt), which in turn would have dire consequences in the afterlife for the children. Collard (2000) supplements this argument when he speaks of the robustness of the intergenerational contract in Hindu India where those who fail to fulfill their side of the bargain can be sanctioned in afterlife. In fact, Hindu religious literature, the epics, folklore and tradition, all reflect this value system (Bhat & Dhruvarajan, 2001; Kalavar & Jamuna, 2002).

The impacts of technology, industrialization, urbanization, and globalization have brought a rapid social transformation in India. As a consequence to that traditional values and institutions are gradually giving way to preference for nuclear living in place of intergenerational co-residence. Thus, the society is in the process of erosion of old values and adaptation. (Jeffery, 2014; Samanta, 2017). The population pressure works as push factor while opening up of new economic opportunities and scope of modern communication prompt the young people to migrate, from rural to urban locations (Jamuna, 1998; Ramamurti & Jamuna, 2010). One of the reasons for the disintegration of joint families and family ties is the work places located away from residence. Equal participation of women in economic activities has been on the rise (Bhat & Druvarajan, 2001). These developments have spillover effect on the care for the elderly. It is an ambivalent situation where the working couple on the one hand find the presence of their older parents emotionally bonding and aiding in caring

for their own children while on the other, they find the financial aspects like high cost of housing and health care tough for them to have their parents living with them. The National Policy on the Older Persons of 1999 puts it:

> *"Due to shortage of space in dwellings in urban areas and high rents, migrants prefer to leave their parents in the native place. Changing roles and expectations of women, their concepts of privacy and space, desire not to be encumbered by caring responsibilities of old people for long periods, career ambitions, and employment outside the home implies a considerably reduced time for care giving."*(Ministry of Social Justice and Empowerment, 1999)

According to Kumar (1997) there is an undermining of the capacity to care for the elderly owing to, the changes in economic structures, higher mobility of people, change in attitudes and increasing numbers of dual-career families. This is weakening the traditional norms that is the basis to such support. Bhat and Druvarajan (2001) speak about the changes making single older people (unmarried, separated, and widowed) particularly vulnerable to poverty, inadequate care and neglect in old age. Single older people according to them are more vulnerable in old age as few people are willing to support non-lineal relatives. Furthermore, abuse and neglect in families, though underreported, is increasingly present in families in India (Patel & Prince, 2001). Thus, in view of the decline in home-based care, abuse and the lack of an adequate social security safety net, care homes are seen as the only alternative for accommodating the increasing number of older people facing abuse and lacking home-based care (Datta, 2017; Jadhav, Ghongte, & Ughade, 2017; Johnson, Madan, Vo, &Pottkett,2018; Samanta et al.,2015). The fallout is the stigma attached to moving into a care home because of the higher magnitude of societal disapproval attached to the absence of home-based care (Prakash, 1999). Goffman (1963) articulates how the departure from the ordinary and normal, in this case living with one's family, is discrediting, and the older

person or the act of moving into a care home is reduced in the eyes of others—thus acquiring stigma.

However, Cohen (1998: 103) notes that 'since the 1970s, gerontological writing in India has been dominated by a powerful and seldom challenged narrative of the decline of the joint family and the consequent emergence of old age as a time of difficulty'. The above comment supports Cohen's myth of a golden age, during which people never experienced old age traumatically because of the existence of family support systems (Cohen, 1998). Most of the literature on the family in India is confined to glorifying the joint family as a unit that bore the responsibility of taking care of the aged, whilst ignoring the authoritative and oppressive tendencies of the joint family which resulted in phenomena such as the presence of a large number of single older women specially widows in Varanasi (Chatterji, 2000; Cohen, 1998; Owen, 1996). This is also supported by the existence of institutions for the care of destitute older people such as, *'Venkatagiri Chaultries'*[1],which have been in operation since the early 18th century (Nair, 1995). Samanta et al. (2015) claims that some studies on Asia, Africa, and the Middle East have reported less conclusive findings on the association between co-residence and older adult well-being.

Furthermore, Shah (1998) points to the association between nuclear families and individualistic tendencies as a myth. He claims that nuclear families may arise as a result of a demographic accident[2] or a separation from the parent as a result of the development process. Rajan and Kumar (2003) support the argument and extend it to encompass the idea that support from the younger generation may also be provided in the absence of the joint family. Croll (2006) addresses the widespread fear of modernization facilitating individualism in India. This is seen in the dilemma faced by the young couples who get caught between their wish to invest heavily on their own children and their obligatory responsibility take care of

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[1]Institution for the care of the old
[2]This implies conditions in which an individual's parents have died and he is the only child of his parents who has no child

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their parents and repay them for the nurture and care they received from them. Her observations also include that in this process, people engage in reinterpretations and renegotiations of intergenerational contract based on optimizing benefits to all parties. Was this true for older people in my study? The finding of this article will attempt an answer to this question.

In line with the above literature, this article sets out to point to the circumstances under which residents in this study entered care homes. The article uses the above framework revolving around the changing family system in India to answer the following questions:

- What are the reasons that led respondents in my study to enter the home?

- Who made the decision for them to enter the home?

- How did they prepare for this move?

This article sets the ground for helping to understand the reasons, decisions, and preparation for entry. It is divided into two parts: in the first part, the reasons for the move illustrate the locus of the decisions to enter the care home, and in the second part the article describes the preparation for the move. Throughout the article, themes are analyzed to demonstrate the wider attitudes to aging and care homes in Goa, India.

Results and Discussion

1.1.   Decision to Enter Care Homes

The locus of the decision to enter the care home is very important for an older person, as this move heralds the end of living in one's own home environment (Peace et al., 1997). This decision involves personal trade-offs: personal care vs. personal neglect, security vs. privacy, company vs. solitude, warmth and regular food vs. familiar places and objects. It is the older persons who have to balance these trade-offs in such a way as to support their own identity and well-being (ibid.). In this section the entry reasons and decision of the residents

interviewed across the three homes are discussed. If the decision were taken by someone else, how was the older person informed about it? If the resident made the decision, why and how did s/he arrive at it?

They described to me a range of events, situations and circumstances that explained their joining the home. They included death of a member, health condition, limitations in housing, care deficit at home, concern and anxiety of other people for their wellbeing and the need for safety and protection for the elderly. In majority of cases, the move to home is described as 'the last resort' and 'last minute option' leaving them no room for preparation (Bowers et al., 2009). In addition, my findings also reflected the move into a care home as a step taken under pressure from family with limited personal choice manifested for the older person in making this decision. The most common reason was that older people described being perceived as unable to manage the risks and responsibilities which follow from their decisions—for instance, to stay at home—and hence they were denied the right to do so.

All of the 24 residents interviewed mentioned inability, or the fear of inability, to cope in the future as perceived by themselves or their families as one of the reasons for their entry. Some of the terms used to describe this included 'frail', 'danger to self', 'unable to cope'. An inadequate support system was noted also as another popular reason. Except for two residents, all mentioned breakdown of the existing support system which included 'breakdown with some member of the household', 'death of a spouse', 'moving away of family member', 'abuse by family members', or 'changed expectation of family members'.

From the interviews which were carried out across the three homes, only a minority of residents (6, $n=24$) described a positive choice to enter the home; one each from the religious and government home, and four from the private home. For the majority, the decision about moving into the home was taken by families, in one case a neighbor, and in three cases the local parish priest. Almost all the residents mentioned lack of independence and self-

maintenance, i.e., if they were helpless and incapable of walking, talking, feeding or cleaning oneself, then it would justify entering residential care. This helps to explain the reason for some of the residents agreeing with the decisions made for them to live in a care home as a result of or fear of limited physical/functional capacities. However, there appears to be almost universal antipathy towards care homes which centers on the importance of maintaining the self in a particular context and setting which may compromise identity. Another reason to this aversion was the stigma attached to care homes in India as noted in the theoretical framework. They are seen as places for the destitute old. This stigma was seen as an attack on the resident's identity—as a result of abandonment by family attached to the entry. In the following sections, the accounts from interviews in all three homes and their reasons and decision to enter the home will be illustrated. The accounts are categorized under two sub-themes which emerged from the analysis of data on reasons for entering the home—decision by the resident, and decision by others.

1.1.1 **Decision by the resident.** Reasons such as loneliness, frustration, need for company, health conditions, and insecurity in the living environment drove some people to seek institutional care(Ara, 1995). As noted in the theoretical framework in the beginning of this article, various Western scholars have studied this process and have evinced how the inability of older people to cope in their own homes, the death of a spouse, abandonment, an inadequate support system and other losses experienced by older people (physical and relational) contribute to factors that led to admission of older people into care homes (Clough, 1981; Wiersma, 2007). At the same time, scholars like Ramamurti and Jamuna (1997) and Ara (1995) have shown the various classifications of older people who seek institutional care in India:

a) The elderly living alone after their spouse dies, childless couple with good financial background, or couple with children migrated to other places

b) Childless older couples with financial constraints causing a problem in leading their lives independently

c) The elderly unable to put up with the mistreatment of their family or children

In the process of analyzing data for this article, the author was able to locate residents into one or the other categories mentioned above. The accounts by residents illustrated below contributed a narrative to these categories.

Laxmi who chose to move into a government home five years ago spoke about her decision to enter:

> *"I came here like a mad person because I had nowhere else to go. I was sick and weak and nobody to look after me. My husband had left me… this is the only care home I knew of as it was around my area so I came and I begged the manager for a bed in this place… I was desperate… she told me to go to the head office and fill out some forms and they would then process the application. I told her I am feeling very ill and do not have any more strength to carry on and neither do I have a place to go to in the meantime… I cried a lot and begged her she eventually agreed… I did the formalities the next day."* (Laxmi, Resident, Government home)

Laxmi's decision to enter the home was based on her desperate need to be assured of her basic needs. The lack of choice she had in the absence of the family was evident from the fact that the government home was the only option she felt she had left. Leena had a similar situation:

> *"I am a very timid person. People in the world today have changed from yesteryears where people used to help and be there but now even if you ask for help they say no. The result is that people lose hope in life and only ask for death, before old people never asked for death. So I was very scared to think of living by myself when my parents died. I was scared to even think of moving into my relative's home as who would hear their taunts about my decision of staying unmarried. Secondly I did not want to go into a home as I like to eat lots and move around and people told me that all this would be restricted. But I had a good friend who told me and tried to*

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convince me; she told as I keep growing old I will eat less and would not want to move out much. She also directed me to this place. So I convinced myself and came here." (Leena, Resident, Government home)

Arjun who surveyed different homes and then chose to live in the private home said:

"I was a school teacher, a freedom fighter and an excellent father. I have educated my three daughters to the highest level and got them married. I thought I had done my bit for society. Besides I am getting a big pension. I could have afforded home care but I chose not to because I was not sure of the future. My daughters did not support my decision but I was not sure of what they would say in the future. I therefore wanted to take a decision before it was too late. I decided to move into a home where I would get my meals and shelter, yet I would have the freedom and independence to do what I want. The main reason was I wanted a continuity to this scenario. I surveyed different homes in Goa and then selected this one. I am happy here." (Arjun, Resident, Private home)

Felix, from the religious home, was faced with a different situation. He was asked to move out by his family as he was the only one unmarried and the only available option according to him was entering a care home.

"I have my ancestral house but you know that saying right 'Ekalognak bara bandvodi' meaning 'many grooms to marry one bride'. In the same way this house has lots of issues. There are many people who are fighting for a right towards that house… To avoid all this my brother and I had bought the Candolim (place in Goa) house and used to live there with his family. I fell ill and there was no one who could take care of me in his family. The worst thing was that in three days' time they asked me to leave the house. Imagine! In three days' time. I could not even stand properly but I did all my packing. After that with my bags I went to the parish priest, he knew me, to help me with getting me admitted in that Siolim (place in Goa) home. He tried

but there was no place so he told me to come in one month. Here they are not allowing me for days; where will I go for a month? So I told him, so he spoke to the nuns there and they told me to go here so I came here with all my things on the same day."(Felix, Resident, Religious home)

The accounts from residents across the three homes illustrated above highlight a number of issues impacting on older people's decision to move into a care home. Firstly, though a few residents like Arjun point to their move as a preferred choice, the majority of the residents who made their own decision perceive the move as a last resort. The above accounts show that security and regular food are given precedence over privacy, solitude, and familiar environment. Secondly, as seen from the literature reviewed at the beginning of the article, single older people—widowed, separated, or unmarried—feel additionally vulnerable. As a result, they find it legally, socially and morally challenging to stake claims on simple issues regarding their own basic rights like ancestral property and, hence, in most cases are left destitute, with moving into care home being the only option. Thirdly, the fact that even as retired older persons, Felix and Leena felt vulnerable when their support system began to break down, contributes to the ongoing debate about the inadequacy of the social security system for older people in India. Finally, it did not matter to the majority of the residents in the above cases as to which care home they would be going to; they simply wanted an alternative arrangement which came in the form of the care home they were admitted into. The three points highlight the absence of any additional social security provision in Goa to enable single older people to continue living an independent life, thus leaving entry into a care home as their only option.

1.1.2 **Decision by others.** Interviews with residents also revealed that many of them were not involved in the decision about their move into the care home. Fatima, for

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example, was brought to a religious home by her family. She had no idea she was coming to a care home; her family told her that they were taking her for an outing.

"I didn't make this choice (iccha) – I think I would have said I wanted to stay at home if anyone would care to ask. They bullied me and got me here. I just came with the clothes I was wearing. It has been eight years and I am still angry, I have refused to see any of my family members."(Fatima, Resident, Religious home)

Residents from the other care homes also expressed the absence of choice (*iccha*) in moving into the home:

"My children thought this move was best for me after my husband's death. I just went with their decision. They know what is best for me I guess. They were in a hurry to go back to their jobs, so they decided these things quickly and got me shifted here. I did not even know what was happening. It was all too much for me." (Carmen, Resident, Government home)

"After my parents died, my siblings thought of selling our house. I did not want to and stopped them; they abused me. I was old. I could do nothing. And since I was unmarried, they decided that I go into the care home. My opinion was not really asked but they are paying the money for me here, so I think it is only fair." (Alice, Resident, Government home)

"I came here eight years ago. At first I didn't know this… my daughter one day told me that it was difficult for them if I stay at home and that she had enquired in a number of homes and found this one most suitable for me. I have not seen her since she put me in." (Valerian, Resident, Government home)

The above accounts indicate an entry that is clearly based on an arbitrary decision taken by the family over which the older person had no control. Nilu from the Government

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home had a similar experience but she was still in too much of a shock to narrate it. A staff present there told me:

> *"Nilu's son forced her into the home and then abandoned her. He has not visited her for the last six years. She keeps waiting for him."*(Savita, Staff, Government home)

Gopi from the private home has eight children who are well-settled. They decided to move her to this home. She said:

> *"They decided that I should move to this home. They know what is best for me, so I agreed to go with them."* (Gopi, Resident, Private home)

Though Gopi accepted her admission, she found it difficult to accept the fact that her children decided to move her into the home. Her contention was the intergenerational contract they shared which she perceived her children had broken. Similarly, the experiences of Nilu and Valerian are influenced by their traditional Indian values, spoken of in the literature above, where parents are to be looked after by their children. This in turn makes it difficult for them to accept the reality of their situation. The fact that they were not involved in the decision added to this difficulty. Being involved in the decision and giving time to come to terms with the decision would have potentially yielded different responses from Valerian and Nilu.

On the other hand, Sheetal from the private home had a different experience. Her decision to enter the home was the result of the abuse she suffered.

> *"I was made to do a lot of work. I did not mind it because they were my own children. But there were constant taunts and bad words heaved upon me. I forget things and do not remember so they started hitting me, even the grandchildren. I was shifted from one son to another and at last moved here."* (Sheetal, Resident, Private home)

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Julian from the religious home blamed his daughter-in-law (DIL) for all his present woes. He felt he was in the care home because of her:

> *"My son was an angel he cared about us a lot. We got him married to this girl who was a Satan in disguise... We brought him up with so much difficulty and never deprived him but he listened to her and disowned us. He threw us out of the house. Our parish Priest asked the nuns here and kept us..."* (Julian, Resident, Religious home)

Abuse from a family member was cited by other residents too:

> *"Who will listen to her (DIL) khit pit (grumblings), and when my son supports her it is even worse. They have even hit me at times. So it is better here. They used to hit me as well."* (Rajan, Resident, Private home)

> *"Rather than being at your children's mercy, it is better to be here where if you follow rules and regulations nobody interferes. At home my family used to create situations to cause trouble. They also verbally and physically abused me."* (Mary, Resident, Religious home)

> *"I was basically a servant in the house... my brother's kids hit me and called me mad."* (Alice, Resident, Government home)

For Sarita, it was her husband who had taken the decision before his death:

> *"I have always been a very reserved person, never able to speak for myself. My husband was aware of this. Hence he decided to shift to a care home. I did not want to, but he felt if I stayed at home and if something happened to him, I would be treated like a nanny by the kids. They would have me looking after the grandchildren. He thought instead of saving the money, we should use it to enjoy a good life in old age. The children were against this as they felt the people would taunt them, saying*

they threw their parents out. But my husband was adamant and we moved. I was fine with that, though I felt bad that I had to leave my children and grandchildren behind. The tragedy however was that my husband expired within a year—all of a sudden. I however got the courage to get over it. My children told me to come home, but I stuck to my husband's wish; maybe he was right."(Sarita, Resident, Private home)

The above accounts articulate two thoughts, firstly, they illustrate that the attitude towards institutionalized care in Goa is changing, and elderly are willing to consider it as an alternative to family living. Secondly and importantly, the illustrations point to the abuse of the elderly in families. Besides considering the fact that Sheetal's, Mary's and Alice's decision to enter the home was manipulated by the family, their account gave a different side to this study: the plight of some of the elderly living with their families in Goa. Although the majority of elders may be well-cared for by their families, there are instances of abuse of older people and neglect like those narrated above, which signal the need for a long-term policy for the care of older people in India.

Across all the three homes, residents' entry was a result of changed circumstances in their lives. Very few residents acted on their own to initiate the entry. In general, it was either a local parish priest, neighbors, doctors and most importantly, families who influenced a resident's decision to move into the care home. The family also had a significant influence on older people's admission into care homes across the three homes. Children were the most influential when it came to deciding the admission. The decision of children, as interpreted from the above accounts, was based on the negative attitude to old age, seeing it as dull, less of an opportunity to do new things, more boring and depressing. This raises a question about how far major decisions for older people to relocate are made on casual recommendations from others and sometimes even without their consent.

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As evident from this section, the residents described the entry as a new life, but also as a life that they were confined to without much individual choice. Getting ready to shift to care homes also represented an opportunity to bring the past into a closure, come out of unwanted trapping, and create a new home (Young, 1998). Many residents appreciated the fact that they had been able to execute some control over this process and recognized that failing health or physical ability would have precluded their involvement. For some older people, this move to a residential care setting may be viewed positively. The vulnerability which s/he experienced in the family setting may be such as to make the move both more acceptable and manageable. The next section will describe the actual moving-in process which was usually quick and rushed.

1.2.   Moving In

As seen from the above sections, for a majority of residents, the decision about residential care was usually undertaken by someone else. Young (1998) observed that research on shifting to care homes mainly focused on the characteristics of the move and the response of the individual to it but there has been minimal focus on one's actual preparation for the shift. In their study on a sample of 80 women over the age of 60, Mercer, Nichols, and Doyle (1989), identified seven phases, viz- pre-decision, decision to move, physical and mental preparation, packing and leave-taking, travelling, unpacking and relocating, and the settling-in constituting a uniform process of shifting to care homes. Wiersma (2007) spoke of residents' preparation to move in, which included expectations (for when they would be coming into the home as well as what the home would be like), past institutional experiences (if any), and community connections that they had in the home. In my study, where the decision for the majority of the residents was made by someone other than the resident and where residential care only materialized when the intergenerational contract ruptured, did the

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residents have time to prepare for a move? In this section, I aim to describe the experience of moving into residential care from the point of view of those who moved in.

As noted from the discussion above, the move into long-term care can be contextualized by the preparation to come into it. A few (8, *n*=24) among the residents I interviewed had the details as to where they were going; three of them were from the religious home, one from the government home, and four others from the private home. The remaining, as Gibbs and Sinclair (1992) put it, appeared to be resigned to or ambivalent about the idea of going into a home or entirely rejected it. From the eight residents who knew where they were going, only four had explored other homes, and the remaining four chose this setting without evaluating alternatives (on the basis of recommendations made by family and friends). Financial arrangements, independence, and freedom in the chosen home were the main criteria.

The length of the preparation phase also differed; some residents like Arjun had the opportunity to plan several months in advance of the move and to make an informed choice by surveying various homes. Others who were not involved in the decision to move into the home or its selection were rushed into the home by families with as little as a couple of days or as in the case of Fatima, had no time at all for preparing for this move. Residents who made an informed choice or who were involved in the decision to move into the home reported the greatest satisfaction with the decision and the process of moving.

A majority of the residents who were forced into moving in the home reported negative feelings about the preparation. The most frequent comments included:

> *"I didn't expect to come in here… it is not meant for people like me… it is for destitute people… but they (children) forced me into accepting it… I agreed and made myself accept the fact that I was also destitute now."*(Carmen, Resident, Government home)

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"They always knew I hated the idea of entering a care home… so they did not even tell me… I did not even know I was coming here…"(Fatima, Resident, Religious home)

"My sister informed me that I was supposed to move here in seven days. I told her I needed to pack and all, but she told me that they do not allow many things to be brought in so I needed to just pack two sets of clothes, the home would provide everything else. She also said that she would bring in things if I felt I needed them later. She gave me a polythene bag for my clothes and was rushed here (godbodan)"(Alice, Resident, Government home)

The accounts above suggest that there is very little evidence of older people planning a move into a home, and yet there are examples of residents who want to shed the risks and responsibilities of living by themselves.

"I decided to come here and look forward to it as I thought living by myself would be too risky…" (Rekha, Resident, Religious home)

"I lived alone and hence relied on others to help with paying bills, shopping etc. So I decided to move in here… here you pay your monthly fee and rest assured" (Leena, Resident, Religious home)

There were a few residents who had familiar people inside the home and this helped them look forward to the move.

"I knew Violet, she was from the same village as mine… our families knew each other… I knew she would be there for me when I go in. When I came in she introduced me to people and she was constantly there when I used to feel sad and miss my family. She always looked out for me especially in the beginning, telling me what to do and what not to. Now, she is my best friend here. When we talk about our

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past we both can relate to it… her being here has helped me."(Mary, Resident,

Religious home)

These connections helped to create an identity (*osmitay*) for the residents that was reminiscent of their lives before they entered the care home, and helped them to get to know others and to adjust to the home. Thus, there was some recognition of who the residents were prior to admission. This element of continuity was shown to ease the moving-in process.

Stigma which was attached to care homes was a final but significant factor which influenced the residents' move. For the Indian older people, joining a care home poses a challenge to their strong cultural beliefs related to the normal life-course. Almost all revealed and recounted their experiences in the interview related to incidents that made them fall in the eyes of others as they entered the care home. According to the predictions of stigma theory, these people were marked for deviating from the natural and ordinary. By reflecting on the accounts below, one will be able to understand the way in which society in general and residents in particular viewed their entry into a care home in Goa.

"I hated the thought of coming in as I was worried about what people would think… they are talking even now… I did not even say bye to anyone because I knew they would say 'oh she has eight children, yet today she has no one to care for her. Such a shame (loz). They all gave me pitiable looks. It was very upsetting." (Gopi, Resident, Private home)

"You know how people talk about coming in here right, things like, 'oh you have no one to care of you, such a shame. Even the staff sometimes say things like, 'You must have done something bad that is why you are here'…"(Laxmi, Resident, Government home)

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"Who wants to enter a care home? It is for someone who does not have anyone and it is basically a place where you will die soon and who wants to die in the midst of strangers, not me at least. I hated the thought of coming in but my daughter said this place is different so I said fine…" (Fatima, Resident, Religious home)

"People ask unwanted questions when you tell them that you are going into a home. Things like 'Did your children ask you to move out' 'such a shame you have only daughters, if you had sons they would take care of you'. It was I who decided to enter the home not my daughters. These gossipers troubled my daughters too, asking them, why they admitted their father into the home?" (Arjun, Resident, Private home)

The above accounts illustrated older people's exposure to stigma within personal and public encounters. These discrediting encounters led to the older people attaching shame and distress to their move into the home.

For the residents in this study, the move was thus contextualized by the expectations and anticipation of long-term care. Apart from connecting with familiar people it entailed loneliness, desolation, a place for the dying, and the stigma of being in a care home. A whole lot of research findings have identified the transition characteristics and the environment that influences the adaptation. (Mirotznik& Ruskin, 1984; Schulz & Brenner, 1977). They include controllability, predictability, structure of the new social environment, extent of preparation for the shift, and the importance of possessions. Residents like Arjun who were found to playa pivotal role in the process of decision-making reported greater satisfaction with the shift and control over the consequences of the transition (Lieberman & Tobin, 1983). Participant readily accepted and accommodated the meaning and the efforts to move when they were involved in the process of identification of need, decision to move and preparation for the move.

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Conclusion

In this article, the author has illustrated a deeper understanding of the reasons for entry into care homes from the perspective of residents. Residents in all three homes felt like taking admissions either as a result of decisions made by others, or as a result of their perceived dependency which they equated with old age. A number of reasons accounted for the entry. In a few cases, deteriorating health was mentioned as the reason for admission. However, in many cases the concerns of the elderly about their ability to take care of themselves in future triggered the move. While some reported that they had none to take care of them, others had family members either unable or unwilling to take the responsibility of looking after them. In certain cases, though they had children, they had migrated to other countries. Yet others considered the financial burden of taking care of the elders and hence refused the responsibility. Some others mentioned of being subjected to abuse. The preparation towards this entry for some was rushed and for others was filled with negative expectations and anticipations of entry—loneliness, desolation, a place for the dying, and stigma of being in a care home. In the analysis of illustrations in the two sections of these manifestations, the author has pointed to an overpowering neglect of older people's choices and autonomy in this decision.

Traditionally, elders have been venerated in Indian society and scholars claim that this continues to remain the dominant theme in how families care for elders today (Brijnath, 2012; Rao, 1993). Though this article does not reject this fact in its entirety, the findings of this article have demonstrated that family care is not guaranteed for the entire older population in Goa; indeed, instances of neglect and abuse were often mentioned by the residents as a main reason that led to their entry into a care home. As illustrated in the sections above, residents spoke of 'emotional problems', 'neglect by family members',

"feeling of insecurity", 'demeaning taunting', 'loss of dignity', 'maltreatment', and 'disrespect' by the family prior to their entry into the home. The assumptions that the extended family always provides a safety net for older people risks perpetuating complacency among health policy makers, social welfare and health care providers. Though Goanese families are the primary caregivers for the elderly, such arrangements are not always to the advantage of the aged. If the question is 'who cares for older people in Goa?', then the answer is certainly the family. Nevertheless, the single dominant theme that emerged out of interviews as a matter of concern was that reverence for the elderly and the caring traditions of the extended family are changing; elderly abuse in families is increasing rapidly (Soneja, 2001). The single residents—widowed, unmarried, and separated—can be seen as the worst sufferers of abuse and neglect in Goa. The constant fear they spoke of prior to their entry in the home was that of being abandoned or neglected. Marginalization was reflected in feelings of abandonment by the family. With this underplay, care homes are the only alternative care arrangement that older people in Goa have to turn towards. Because many of them expect to be cared for by their children in their own homes, their admission to a care home represents to them a sense of parental failure and loss of respect. As a result, though the move has been viewed as stigmatized, older people are willing to consider it as a viable option for the present and the future.

A few residents, however, spoke of their preference in choosing the home. Tobin and Lieberman (1976) contend that the resident-to-be cannot afford to be rejected because the home has been determined to be the best, if not the only, solution available. To handle the rejection and to maintain self-esteem, the resident-to-be usually emphasizes that the decision to enter the institution was wholly his or her own. They suggest that for some people this may be a reasonable mechanism for coping with anger and fear. This proposition, however, presumes that most old people have this fear of rejection which may or may not be true.

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However, a deeper look into the account of residents interviewed demonstrated a fear of rejection in the near future even to those like Arjun for whom the move was an individual choice (*iccha*). His comments which included phrases like 'not sure of what my daughters would say in the future', 'before it is too late', and 'wanted continuity' spoke about a change in the way his family/society would view him. Violet's conscious decision was based on her fear of loneliness. Similarly, Valerian's account, "I have only one daughter. I did not want to be a burden on her and asked to leave," and Marcus's response, "My son had got a job in the Gulf. I did not want to be in his way," to my question about their moving into the care home evince a choice in their decision to move, however there are two different strands in the reasons for entering the home. One acknowledges that the old person may be in the way of the family while the second stresses the wish not to be a burden. Thus, in both the strands, growing old was seen as a change in the worldview of oneself and moving into a care home was seen as escaping from this view.

Finally, the discussions tend toward nostalgia for context prior to modernization, globalization and capitalism when the elderly were cared by the families. Even during that period gender socialization and coercion guided these arrangements for care because women playing the roles of wives, daughters, daughters-in-law and care givers were disproportionately recruited for the purpose. (Buch, 2015). Even the commercialization of care where aging and care generate new social forms succeeds in gendering care based on the premise that caring comes more naturally to women than men (Huang et al., 2012). A further analysis of this will help provide important insights into the relations between morality, gender, and care.

The above accounts reflect a spectrum of initial reactions to entering the home which included despair, hopelessness, helplessness, abandonment, stigma, and anxiety about the future. The accounts reflect some unique experiences which related to their individual

personal identities. The findings reflect older people being caught between the changes in family system on one hand, and the absence of an adequate social security system on the other. Eventually however, they had to reconcile themselves to the notion of being a part of a care home and attempt to create a new meaning of the present scenario.

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