



RESEARCH ARTICLE

Familial support of rural elderly in indian family system: A sociological analysis

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Abstract

A joint family system is considered a basic feature of our rural villages. Village people adopt this system as they employ this family living arrangement in managing their agricultural activities because of its extended and communitarian form. Hence, the older rural people do their best to approach their close relatives and try to develop the confidence level of their own young and married family members. The family's persistence is always successful. However, there are frequent instances that due to failure in the negotiation, there is always family separation, which happens in the case of both elderly father, mother, and three married sons, as a result of which, elderly individual who was always leading a popular and family head position do not get a proper treatment, which leads to a great loss affecting badly for his age-long family support and the same result in discontinuation of the elderly leader, who do not get any respect and reputation from others. This research helps in social science research, which was conducted in the selected areas of Salem district, in which systematic random sampling was employed to choose 400 aged in the rural region. The purpose of this research is to determine the family support available to the rural aged with the Indian family system. In the rural context, the elderly individual experiences many problems as they are based on the social, economic, and cultural factors in rural areas. In this research, 400 elderly individuals were chosen and this study is conducted using descriptive design, which involves a survey research method. The findings reveal that rural aged face a lot of problems in the process of determining their family support.

Keywords: Elderly, Familial support, Living arrangements, Dominance.

Introduction

The rural elderly play an important role in the family and community as well. Indian family system follows the tradition of respect, love and support for the elderly. In Indian culture, the aged are treated not as liabilities but as assets for the family and society (BHAT & Dhruvarajan, 2001). The joint family system is a unique feature of India, which helps to carryout agriculture. The joint family is headed by an aged member of the family who is designated as the

head of the family; all the members follow his opinions and as such, under his able guidance, things go on smoothly in the family circle. But nowadays, as a result of urbanization, westernization and migration, the institution of a joint family system has undergone many changes. As a result, the elderly who hold a position of authority in the family are neglected by their own family members (Missiriya, 2014). It puts them an unstable situation and it holds up various issues among aged people that they face in their day-to-day lives.

The family has the responsibility to carry a society's way of life, norms and values to the next generation from elder members. This function has its own importance as in the absence of culture the society could not survive. The family has the function of 'stabilizing the personality' of its elder members. By this, the family life provides a supportive system to the elder members (Haralambos & Holborn, 2000). The changing trend of structure, function and kinship bond in the Indian family system has given us a growing concern over the issues of aged people. The family and kinship bonds that offered social security for the care of the aged have gradually weakened over the past decades (Menezes & Thomas, 2018). In most Indian families, it has been considered the duty of the son to look after the aged parents. But due

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to the host of changes that have taken place in society and in the family over a period of years it has become difficult (Thomas, 2023). It has become beyond doubt that to grow old means only to invite various kinds of problems, but to attain old age has been considered valuable from an Indian cultural point of view. Rural aged in Indian culture have been regarded by such terms as procreator and caretaker of progeny, head of the family, teacher of members, the transmitter of family traditions, norms and values, etc (Evandrou et al., 2017).

Current literature on familial support available to rural elderly within the Indian family system highlights several important points. There is a lot of research to suggest that the traditional family type in India has been changing. So this has led to an increased no of old age home in India (Kalavar & Duvvuru, 2008). Other research meanwhile underlines the importance of inter-generational support, with a high incidence of financial transfers from children to parents in India indicating strong filial piety. Also, understanding the difficulties faced by the rural aged population, including health problems and maldistribution of medical facilities, demands policy initiatives that are specific to this rare category (Dutta, 2020). Understanding these multifaceted challenges and familial dynamics is essential for policymakers and healthcare providers to enhance the well-being of the rural elderly population in India (Das et al., 2023).

The familial support of the rural elderly constitutes a complex sociological phenomenon influenced by various factors (Zaidi et al., 2024). Older people in rural India, according to studies, are often made vulnerable because of their status when it comes to familial decision-making and how they sit within the family. These findings underscore the need for interventions designed to protect mental health among both rural and urban elderly, in particular when they live with spouses or children (Henning-Smith, 2020). The rural elderly population is at special risk of unmet food and medical needs in comparison with their urban counterparts, which underscores an urgency to develop targeted interventions on policy initiatives as well as primary care services aimed at supporting the well-being of older adults living in non-urban settings. Familial support networks among rural elderly are imperative to develop holistic strategies so as to fulfill their social, health and emotional requirements in the Indian context (Vaishnav et al., 2022).

Moreover, the studies indicate a high prevalence of loneliness among older adults in rural India, with kinship ties playing a pivotal role in alleviating this issue (Chokkanathan, 2020). Additionally, research on rural aging in India underscores the significance of family dynamics and the impact of aging on agricultural activities, emphasizing the decline in older adults' involvement in agriculture over time (Pandey & Misra, 2012). Moreover, the urban and

rural differences in successful aging for individuals further portray how the regional distribution of health indicators is affecting lifestyle factors that cater to the nature of older age. By understanding this familial support, we can develop targeted interventions to enhance family cohesion and the well-being of the aging population in rural India (Ronad, 2018).

In this study the researcher analyzed the familial support of rural elderly through five major variables along with the independent variables. The variables are Living arrangements, Kind of relationship with family members, Quality of time spent by family members, Problems faced in the family, and Dominance from the family members.

Materials and Methods

This research focuses on the rural elderly population in Salem district, Tamil Nadu. A total of 400 participants were selected from four villages—Ariyampalayam, Reddipatti, Parapatti, and Marulayampalayam—using a systematic random sampling method. The researcher has employed an interview schedule to collect the necessary information from the rural elderly. The study has certain limitations as the study is confined to the elderly people in rural areas only and does not cover the urban areas of the Salem district. There is no comparison between rural and urban areas. Moreover, the bedridden elderly were not included since they have severe health disorders and are not in a position to converse or speak.

Results and Discussion

Rural elderly persons in developed countries like India survive in joint families by means of a complex nature. The lived experience of rural older adults offers insight into complexities and local nuances that guide family support. The study showed that four out of five rural elderly belong to the age group of 60-69, with almost half falling in the next ten years and one-third above. Most of the respondents are female, i.e., 58.5% and rest, 41.50%, belong to the male category. More than half are married, 43% are widows. A high proportion of the respondents are illiterate, i.e., 76% and only a small section (24.50%) who are literate have completed their primary to post-graduation level education. Separated by 46.75% alone supported by the highest percentage fully dependent is 22.75%, while partial dependence was carried out at around 21.50%. The entire respondents were Hindus. Almost half of them hailed from the community MBC 41% BC and only (9.75%) SC. 35.75% of the respondents prefer to live alone, whereas 18.25% want just their spouses and 9.50% wish to stay with daughters' families. The majority of the rural elderly lived with their spouses, 37% with children and other family members; but a small percentage was living alone because of family conflicts to cause them to be displaced.

Table 1: Socio-demographic characteristics (n = 400)

Socio-demographic characteristics		Frequency	Percent
Age	60–69	202	50.50
	70–79	127	31.75
	80 and Above	71	17.75
Sex	Male	166	41.50
	Female	234	58.50
Marital status	Married	228	57.00
	Widow/Widower	172	43.00
Education status	Illiterate	302	75.50
	Literate	98	24.50
Economic status	Independent	223	55.75
	Fully dependent	91	22.75
	Partially dependent	86	21.50
Religion	Hindu	400	100.00
Community	MBC	197	49.25
	BC	164	41.00
	SC	39	09.75

Source: Primary data

The majority of respondents have cordial relationships with their family members, while 13.25% have strained relationships, 15% experienced indifferent relationships, and 10% have somewhat strained relationships. Regarding time spent with family, more than one-third of the rural elders spend time with relatives, 29% with their spouse, 22.25% with their son, and 9.50% with their daughter. A sizeable proportion has cordial relationships, but 18.50% could not maintain good relationships. Most respondents do not struggle with their family members, while 23.50%

Table 2: Respondents by living arrangements (n = 400)

Living arrangements		Frequency	Percent
With whom you want to live	Spouse	73	18.25
	Son's family	143	35.75
	Daughters family	38	09.50
	Alone	146	36.50
With whom you are living	Living alone	76	19.00
	Living with spouse	176	44.00
	Living with children and others	148	37.00
	Not applicable	324	81.00
Reasons for staying alone	Children away	41	10.25
	Family Conflict	16	04.00
	Prefer to be independent	13	03.25
	Still physically active	06	01.50

Source: Primary data

Table 3: Respondents by relationship with family members (n = 400)

Relationship with family members		Frequency	Percent
Relationship with Family Members during Illness	Cordial	247	61.75
	Strained	53	13.25
	Indifferent	60	15.00
	Somewhat	40	10.00
Time Spend by Family Member	Spouse	116	29.00
	Son	89	22.25
	Daughter	38	09.50
Cordial relationship with family members	Relatives	157	39.25
	Having	326	81.50
Struggle with Family Members	Lacking	74	18.5
	Struggle	94	23.50
Kind of Relationship after Partition of the Property	No-Struggle	306	76.50
	Not-applicable	50	12.50
	Cordial	231	57.75
	Strain	14	03.50
Indifferent	Indifferent	31	07.75
	Somewhat	74	18.50

Source: Primary data

faced livelihood-related issues. In the later stages of life, the aged transfer their assets to their children, who often do not reciprocate with caregiving. Over half of the respondents have cordial relationships with their children after property partition, 3.50% have strained relationships, and the remaining show indifferent or somewhat strained relationships. Some respondents do not have such property transfer incidents.

The study also disclosed that a noticeable number of rural elderly have some daily life-related problems concerning family members, but few do not. Regarding the nature of problems faced, close to two-fifths reported financial difficulties, one-fourth of the respondents experienced issues with help during illness and 9.5% had non-spousal children adjustment issues. There was a smaller proportion that faced mixed problems: assistance, finances and adjustment. There was a contrast in the respondents as 9.25% of them did not have any problem to date. The analysis also found that an appreciable percentage (84%) of respondents never had perceived family dominance, 16% of rural elderly reported as having experiences of family domination.

The research conducted an empirical study in which it studied age, sex, marital status and economic status relationship with attachment towards aged parents from their family members. The wealthy rural elders have good kin relations with their children, but the poor do not get along very well; this, in accordance with our earlier assertion, is a result of economic power, age and childbearing. It was found that the older and economically partially dependent

Table 4: Respondents by problem faced in the family (n = 400)

Problems faced in the family		Frequency	Percent
Problems faced in the family	Faced	363	90.75
	Not-faced	37	09.25
Types of problem	Assistance problem at the time of illness	97	24.25
	Financial problems	153	38.25
	Adjustment problems with children	38	09.50
	Assistance and Financial problems	27	06.75
	Adjustment and Financial problems	15	03.75
	Assistance, financial and adjustment problems	33	08.25
	No problem	37	09.25
Domination	Dominated	64	16.00
	Not-dominated	336	84.00

Source: Primary data

Table 5: Chi-square test on variables (n = 400)

Chi-square test	χ^2 -Value	p-value (<0.05)	
Socio-economic characteristics	Cordial relationship with family members		
	Age	8.99	0.01(S)
	Sex	2.23	0.13 (NS)
	Marital Status	2.29	0.13 (NS)
Socio-economic characteristics	Domination of family members		
	Economic Status	21.57	0.001 (S)
	Age	23.56	0.001 (S)
	Sex	1.59	0.20 (NS)
	Marital status	0.47	0.49 (ns)
Socio-economic characteristics	Struggled to adjust with family members		
	Economic status	0.89	0.64 (ns)
	Age	3.03	0.22 (NS)
	Sex	1.43	0.23 (NS)
	Marital status	10.46	0.001 (S)
	Economic status	8.39	0.015 (S)

Note: Chi-Square test at 0.05 level of significance, S – Significant, NS – Non Significant

or independent experienced more cohesion with their families than those fully dependent. The only personal characteristics had no significant association with the friendliness of family relationships among respondents were their sex and marital status. However, the numbers indicate that male elders and widows/widowers had better relationships with their families.

Moreover, the prevalence of domination by family members and the struggle to adjust to them by the rural elderly people have a significant relationship with their age density. There was a significant relationship between the age of the rural elderly and domination by family members, as domination by family members increased with increasing age due to the mutual relationship between the two. However, sex, marital status, and economic status did not have a significant relationship with the domination experienced by the rural elderly, while the struggle to adjust with family members showed a highly significant relationship with marital status and economic status. Therefore, the widows/widowers and the economically dependent people, that is, those partially or fully dependent, were more faced with a struggle to adjust to their families. However, age and sex did not have a significant relationship with the struggle to adjust with the family members of the respondents. The young-old and, the old-old and the oldest-old had more problems in adjusting to their families than the old-old, while the male elders had more struggles to adjust than the female elders.

Conclusion

This sociological analysis of familial support for the rural elderly in India highlights a varied and changing family dynamic context. Although the joint family support system is still prevalent and upheld among the elderly, its status and effectiveness are continuously being eroded and challenged by modern trends and societal changes. This includes urbanization, varying migration patterns, and a shift in family dynamics following different economic developments. Even decreasing in India may be more challenging for the elderly compared to people living with various sources of hardship. Reduced literacy levels, widowhood, and dependence on family show the fragile nature of the present support system and its insufficiency to cater to current and emerging needs. Intriguingly, the study indicates that the majority of the sample population prefers living independently despite the possibility of any hardships. This implies that older adults in the region believe that personal freedom is crucial in life and should be respected.

Overall, it was evident that various sociological dimensions influence the state of rural elderly family support in the country. Based on the various findings of the analysis, there is a need for various policy interventions and programs to help improve the lives of the rural elderly in India. Therefore, such programs should prioritize strengthening the social security program in the country to cater to people without family support. Similarly, there is a need to enhance the availability and access to affordable healthcare systems, especially geriatric care for the elderly in the rural settings of the country. Additionally, the government and different players should promote youth-elderly coexistence through comprehensive interaction to help enhance empathy and

the other attributes needed to cultivate more responsible youth. Finally, based on the possible future changes in the family dynamic component of different individuals, it is essential to continue conducting further research to keep up with the various vantage points of life changes and their impacts on rural elderly family support systems.

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References

- BHAT, A K., & Dhruvarajan, R. (2001). Ageing in India: Drifting intergenerational relations, challenges and options. *Cambridge University Press*, 21(5), 621-640. <https://doi.org/10.1017/s0144686x0100842x>
- Chokkanathan, S. (2020). Prevalence of and risk factors for loneliness in rural older adults. *Wiley*, 39(4). <https://doi.org/10.1111/ajag.12835>
- Das, J., Kundu, S., & Hossain, B. (2023). Rural-urban difference in meeting the need for healthcare and food among older adults: evidence from India. *BioMed Central*, 23(1). <https://doi.org/10.1186/s12889-023-16126-4>
- Dutta, S. (2020). Social, economic and health concerns for elderly in India: evidences from NSSO data. *Inderscience Publishers*, 13(3), 352-352. <https://doi.org/10.1504/ijmp.2020.106936>
- Evandrou, M., Falkingham, J., Qin, M., & Vlachantoni, A. (2017). Elder abuse as a risk factor for psychological distress among older adults in India: a cross-sectional study. *BMJ*, 7(10), <https://doi.org/10.1136/bmjopen-2017-017152>
- Haralambos, Michael and Holborn, Martin. (2000). *Sociology: Themes and Perspectives. Fifth edition, HarperCollins publisher* ISBN:9780003275070
- Henning-Smith, C. (2020). The Unique Impact of COVID-19 on Older Adults in Rural Areas. *Taylor & Francis*, 32(4-5), 396-402. <https://doi.org/10.1080/08959420.2020.1770036>
- Kalavar, J M., & Duvvuru, J. (2008). Interpersonal relationships of elderly in selected old age homes in urban India. *PsychOpen*, 2(2), 193-215. <https://doi.org/10.5964/ijpr.v2i2.26>
- Menezes, S., & Thomas, T M. (2018). Status of the Elderly and Emergence of Old Age Homes in India. , 5(1), 1-4. <https://doi.org/10.3126/ijssm.v5i1.18972>
- Missiriya, Sahbanathul. (2014). Quality of Life among Elderly People at Rural Area, Thiruvellore. *Indian Journal of Applied Research*. Pp-368-369 Vol. 4, Issue-11, Nov 2014, ISSN-2249-555X.
- Pandey, P., & Misra, P. (2012). Legal Protection of Elderly Persons in India. *RELX Group (Netherlands)*. <https://doi.org/10.2139/ssrn.2034622>
- Ronad, S.V. (2018). Old Age Health Problems among Family Members in Rural Community. , 16(2). <https://doi.org/10.19080/ctbeb.2018.16.555931>
- Sinhmar, S., & Kumar, R. (2016). SOCIO-ECONOMIC PROBLEM OF AGED PERSON: A STUDY OF ATELINANGAL MAHENDERGADH., 4(12), 2651-2657. <https://doi.org/10.21474/ijar01/2689>
- Thomas, S E. (2023). Law and its discontents: ageing and Family Law in India. *Springer Science Business Media*. <https://doi.org/10.1007/s40847-022-00211-2>
- Tripathi, S., & Rani, C. (2017). The impact of agricultural activities on urbanization: evidence and implications for India. *Taylor & Francis*, 22(1), 123-144. <https://doi.org/10.1080/12265934.2017.1361858>
- Vaishnav, L M., Joshi, S H., Joshi, A., & Mehendale, A M. (2022). The National Programme for Health Care of the Elderly: A Review of its Achievements and Challenges in India. *Korea Geriatrics Society*, 26(3), 183-195. <https://doi.org/10.4235/agmr.22.0062>
- Zaidi, I., Chaudhary, S., Sharma, T., Vardha, J., Khayum, A., Anjum, S., Bakshi, A., & Nuguru, G. (2024). Barriers to healthcare and health seeking behaviors among elderly people living in rural regions of India: a study based on 9 villages in Eastern Uttar Pradesh. *Medip Academy*, 11(7), 2765-2770. <https://doi.org/10.18203/2394-6040.ijcmph20241836>