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FOR DISCUSSION

**Is Caring for Elders an Act of Altruism?
Some Evidence from a Household
Survey in Delhi**

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Abstract

With erosion in family values and ageing going hand in hand and simultaneously, there has been a growing concern in public policy debates to find ways to ensure altruistically motivated intergenerational linkages. This exploratory analysis examines some of these issues using a survey of 1000 households with elderly co-residents in Delhi. Our findings *inter alia* suggest a good degree of altruism among younger respondents who believed caring older parents as their socio-moral and religious responsibility. Their assertion was further confirmed as we tried to examine past ailments and hospitalization record of their elders. It was noticed that many of them have volunteered to arrange paid hospital care for their elders without any wealth to transfer. A small fraction of respondents—little over eight and bulk in higher age brackets—did however

concede parental care a burden. The study also reveals that the socio-moral values and faith leaders may have a role and can bring the drifting generations of young and old closer.

Is Caring for the Elders an Act of Altruism? Some Evidence Drawn from a Household Survey in Delhi

1: Introduction

The ongoing public debate in India and many other developing countries on income security of rapidly growing older population has unearthed the perceived risk of weakening in ties between young and old and a shift in long-term filial commitments towards them. There have also been questions about the basis of intergenerational linkages. Are these linkages, for instance, rest on some form of exchange considerations implying mutuality in gains drawn from each other or there remains a sense of altruism that keeps them going and motivates young to care for the elders? If the former — i.e., exchange based relationship — is true, it brings many questions for countries like India where old age poverty is rampant, and a large number of older parents/persons owns nothing tangible to offer in exchange and find favour from their younger siblings. This problem may assume further complications in countries where public transfer to old is either non-existent or weak. India is particularly a country where filial piety remains critical in absence of a well-designed and wide spread social security cover.

Going by these considerations and also in view of the growing debate around changing family roles and intergenerational relationship (Kohara and Ohtake, on line; Logan and Spitz, 1995; Rossi and Rossi, 1990; Brody, Johnsen and others, 1983), this exploratory analysis attempts to investigate altruism among youngsters towards their parents or elderly family members – especially at a critical time such as ailments. The

data for this exercise was drawn from a household survey conducted in second half of 2002 as part of a bigger study in urban Delhi (Alam, 2004; Alam 2006).¹ The survey, which covered over 1000 households from all the 9 administrative districts of Delhi, included a younger respondent in addition to co-residing old/s of the same household. Three major questions were asked to the younger respondents in 15-59 age groups — namely:

- Motivational factors in caring the aged,
- Altruism in care providing, and
- Non-elderly views on self-ageing – especially their health and income security aspects.

Older adults aged 60 and above were questioned regarding their health, type of ailments, functional capacitations, incidence of hospitalization over a period of past 12 months, nature of hospital accessed (i.e., non-payment public hospital or private facility) and source of payment towards hospitalization charges. While this survey was conducted with many other issues of ageing under consideration, the discussion to follow is largely on grounds of a set of questions noted above.

This paper is organized as under. First it briefly provides the underpinnings behind the altruism and exchange based relationships. This will be followed by a description of the sample population. Section 4 will be devoted to a discussion on altruistic siblings or care providers in our sample. This was observed on the basis of our empirical findings obtained by analyzing: (i) nature of responses given by younger family members (mostly sons and grand sons) on elderly care, and (ii) how best the offered responses were translated into action at the time of the ailments and needed hospitalization of their old. At the end, a few policy implications will be highlighted.

¹ Being a city state and capital of India, Delhi is over 94 percent urban.

Two caveats of the study must be borne in mind while interpreting the results. One, given the size and diversity of India, a study based on 1000 households may at best be viewed as exploratory. This is despite the fact that a stratified sample was used to carry out the study with explicit attempts to make the sample diverse and represent a mix of income groups including slum dwellers, high income households, public sector employees, and the rest (i.e., excluding the preceding three). Second important caveat relates to the fact that the study fails to include the rural population that accounts for over three quarters of the older population in the country.

2. Altruism Vs. Exchange Relationship: A Brief Description

Comment [11]:

"How selfish so ever man be supposed, there are evidently some principles in his nature which interest him in the fortune of others, and their happiness necessary to him, though he derives nothing from it, except the pleasure of seeing it."

Adam Smith. Cited in Piliavin and Chang (1990, p.27)

Like Smith, several recent studies and theoretical advancements in most areas of the social sciences have agreed with the notion of conformity between altruistically motivated behaviour and the rational choice (Piliavin and Chang, 1990). Many economists, and especially those dealing with the intra-household/intra-family distribution of resources, have particularly used this concept for a long time. We therefore decided to rely on some of these studies in our own brief application of this concept, and the way these studies have drawn an economic rationale out of it.

Economists have brought to bear a number of perspectives to explain why individuals may like to support parents or close family members (Ermisch, 2003; Pezzin and Schone, 1997; Hayashi, 1995). One explanation, for example, focuses on the altruistic (or benevolent) behaviour - commonly seen to ensure an intra family bonding or

bonding among descendants and relatives (Becker, 1974, 1991).² Another hypothesis, mostly known in literature as the hypothesis of ‘generational stake’, argues in favour of support to be directed mainly from the older family members to the younger generations (Bengtson and Schrader, 1982). This hypothesis however allows bi-directional flows as well - with younger generations helping their older parents.

Without going much into these hypotheses, it needs to be mentioned that the tests for altruistically guided resource flows still remain mired by various contradictions and inconclusive empirical findings.³ Two studies may be cited to illustrate these contradictions.

Supporting the idea of altruistic exchanges, for instance, a study by Eggebeen and Clogg (1993) found that, other things being equal, adult children with widowed or infirm parents helped more than those whose parents were not suffering from these conditions. Contradicting this viewpoint, Spitze and Logan (1989) have noted in a study that women's early life investment in care giving and kin keeping activities is a strategy to create obligation in men and children for later assistance and help in old age.

Another competing hypothesis in the context of inter-generational flows, as was noted at the outset, relates to the ‘exchange relationship’. This hypothesis considers these flows more as a reciprocal process. It also suggests that the exchange may be immediate, circumstantial or may occur over the life span (Cox, 1987; Cox and Rank, 1992). Which of the two - the altruism or the exchange based relationship – is closer to reality is however not very clear from the literature available to us.

Given some of these contradictions and also because of the growing hiccups in intergenerational linkages, we tried to analyze the empathy and altruism implied in responses made by the care giving younger respondents in our Delhi survey. We undertook this exercise by assessing the health care support provided by younger siblings to their fully dependent and ailing parents. If support is found to be greater in cases where the ailing persons is financially dependent and unsecured, it may be presumed as altruism

² Becker's model was originally related to the benevolence of parents. There is however no reason why this notion cannot be extended to other family members.

³ For a very comprehensive discussion on some of these issues including data limitations and lack of conclusive support on different perspectives of altruism, see Eggebeen and Davey (1998).

or benevolence – a situation closer to what has been argued in the study by Hogan, Eggebeen and Clogg (1993).

We however begin with a brief description of the sample population - both young and old - followed by a few of the motivational factors linked with altruistically driven parental care.

3. Study Population and Motivational Factors in Care Giving

Characteristics of Sample Population

As already noted, this study involved a stratified survey of 1019 households in all the 9 administrative districts of Delhi (for further details, see Alam 2006, Ch. 3) covering a total of 4525 younger persons in 15-59 age groups, and 1385 older persons aged 60 or more. The stratification was designed on the basis of 2001 Census and included a mix of respondents from four major socio-economic categories: residents of identified slums or slum dwellers (14.85 % of sample households), high income households residing in posh localities of Delhi (4.40 %), households employed in non-military civilian establishments (3.96 %), and the middle or lower middle income households not covered under the three preceding categories (76.79 %). The size of study population — both young and old — and a few of their important socio-economic characteristics are furnished in Tables 1(a) and 1(b), respectively. A few notable points emerging from these tables indicate the fact that the age variations among 15-59 population is much higher than those of the 60+, share of respondents with ‘others’ tag is overwhelmingly higher (1-b) characterizing the primacy

Table 1(a): Sample Population by Sex and Age

Age Groups	N	Mean Age (Years)	CV (SD/Mean)*100	Median Age (Years)
<i>All Ages (14+)</i>				
Male	2259	41.6	47.0	37
Female	2266	44.1	44.0	40
Total	4525	42.9	45.0	38
<i>Young (15-59)</i>				
Male	1642	31.3	34.0	30
Female	1498	32.3	35.0	30
Total	3140	31.8	35.0	30
<i>Old (60+)</i>				
Male	617	69.3	10.0	68
Female	768	67.2	10.0	65
Total	1385	68.1	10.0	66
<i>Older Old (75+)</i>				
Male	134	80.1	6.0	80
Female	120	79.0	6.0	78
Total	254	79.5	6.0	79

Source: IEG/CIDA Delhi Survey, 2002

Table 1(b): Socio-economic Characteristics of Sample Population: Young and Old
(Percent)

Age Groups	Socio-Economic Groups				
	HIG	Slums	Government	Others	Row Total
Young (15-59)					
Male	4.0	14.6	4.4	77.0	100.0
Female	4.3	15.4	3.7	76.7	100.0
Total	4.1	15.0	4.0	76.8	100.0
Old (60+)					
Male	5.3	16.0	3.6	75.0	100.0
Female	4.6	15.2	3.8	76.4	100.0
Total	0.6	1.9	0.4	9.2	100.0
	Literacy, Marital Status & Economic Participation				
Young (15-59)	HIG	Slums	Government	Others	Row Total
Currently Married	69.2	66.2	66.9	66.1	66.2
Illiterate	0.0	48.3	9.4	7.9	13.7
Economically Active	44.6	49.8	46.5	45.1	45.8
Old (60+)					
Currently Married	64.7	61.6	45.1	59.6	59.6
Illiterate	1.5	83.8	45.1	43.9	48.1
Economically Active	19.1	34.3	11.8	11.1	15.2

Source: IEG/CIDA Delhi Survey, 2002

and large share of middle and lower middle income households in Delhi, high levels of illiteracy specially among lower income slum dwellers, and low participation of aged in economic activities. Interestingly, although not surprisingly, more of aged from low-income households are economically active – a sign of coping tactics.

Motivational Factors in Care giving

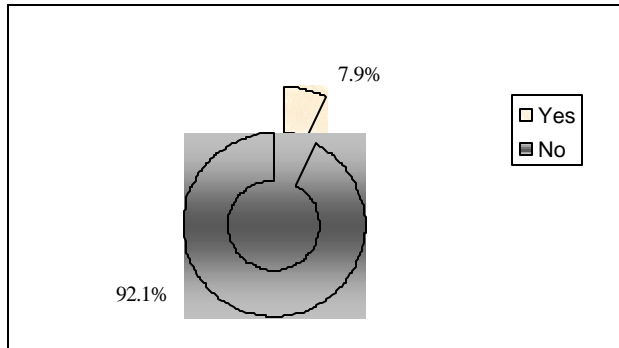
As was noted, two basic questions were asked to younger participants:⁴ These were:

1. Is caring for the aged an economic burden?
2. Why should the younger siblings (or other family members) be responsible for caring for the aged? Is it because caring the old a:
 - social obligation for them?
 - their religious and moral responsibility? Or,

⁴ These questions were mainly drawn against the backdrop of growing economic liberalization in the country, growing role of private capital and very high informalization of the labour market that is likely to result in more and more insecure and low wage employment. The burden old age dependencies on low wage persons may eventually be a constraining experience — especially if there are also young age dependencies. A question that arises is: will such difficulties make old age care less altruistic? If yes, the aged with better economic means may draw better filial care and respect. The inheritance factor may also have a role in offering care to the aged.

- is it in return for the care they received during childhood or while non-earning dependent? Yet another question was asked to ascertain if the responding care provider would be willing to offer support without involving others.

Figure1: Is Caring for the Aged a Burden?



Source: IEG/CIDA Delhi Survey (2002) .

Interestingly, an overwhelming majority (92 percent) of the respondents denied that caring for the aged is a burden (Fig. 1). However, it may also be noticed that about 8 percent of the respondents have felt that caring for the aged is becoming a burden with time. Further, males exceeded females in holding this view (Table 2 a). Though smaller in size, their answer dispels the notion that the family system in a tradition bound country like India is impregnable and would remain so in future as well. One may smell a change from these results. Tables 2 (b) and 2 (c), distributing those agreeing with this question by stratum and educational level, substantiate our argument.

An interesting observation arises from the age-wise distribution of respondents. Figure 2 indicates that the younger young (i.e., teens and those relatively young) are more

Table 2 (a): Is caring the Aged a Burden? Sex-wise Responses

Is elderly care a burden?	Male		Female		Total	
	No.	%	No.	%	No.	%
Yes	55	9.7	25	5.6	80	7.9
No	511	90.3	424	94.4	934	92.1
Chi-square = 5.94			p-value = 0.015			

Source: IEG/CIDA Delhi Survey (2002).

Table 2 (b): Is caring the Elderly a Burden? Stratum-wise Responses

Caring the elderly a burden?	HIG		Slums		Government		Others		Total N	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	4	8.7	17	10.6	3	7.3	56	7.3	80	7.9
No	42	91.3	144	89.4	38	92.7	711	92.7	935	92.1
Col. Total	46	100.0	161	100.0	41	100.0	767	100.0	1015	100.0

Source: IEG/CIDA Delhi Survey (2002). Figures in italics are percentages.

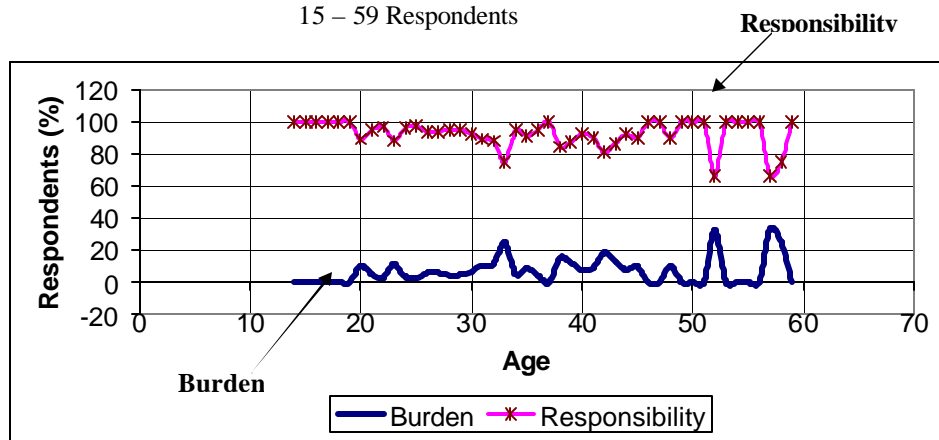
Table 2 ©: Is Caring the Elderly a Burden? Responses of Literate and Illiterate

Caring the elderly a burden?	Illiterate & literate without formal schooling	Schooling up to 8 th standard	Matriculates	Higher Secondary (up to 12 th standard)	Graduates and above	Total N
Yes	12.3	8.0	8.2	9.7	5.1	7.9
No	87.7	92.0	91.8	90.3	94.9	92.1
Col. Total	12.0	18.5	18.0	18.3	33.1	100.0
Chi-square = 23.3				p-value = 0.000		

Source: IEG/CIDA Delhi Survey (2002).

Figure 2: Elderly Care: Is It a Burden or Responsibility?

15 – 59 Respondents



Source: IEG/CIDA Delhi Survey, 2002

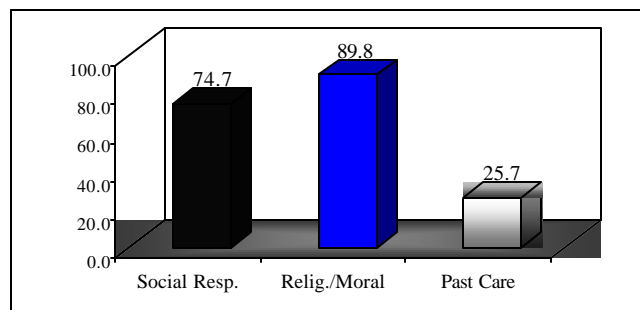
favorably inclined to the elderly care, and treat care giving to old as a moral responsibility. In contrast, many of the higher age care givers — especially mid thirties and fifties — believe aged as economic burden (Fig. 2) and endorse the view that aged should provide support in domestic activities and child care.

Caring for the Aged: Motivational Factors and Determinants

Reverting back to the preceding set of drivers towards the cause of elderly care, we notice from Figure 2 that in most cases a combination of social, moral and religious factors act to motivate transfers from young to old. Among the three, the most potent motivational factor is turning out to be the religion combined with a sense of strong moral values. While social responsibilities are also significant for about three-fourths of the respondents, a sense of religion or religious conviction appears to work more decisively. In other words, socio-religious institutions and leaders of different faiths may play a significant role in helping to inculcate altruistic values and sentiments towards the old.

Caring for the older parents or relatives in response to their past contributions drew relatively fewer responses. Only about a quarter of respondents—and interestingly a big proportion of them from migrant households—agreed that past contributions and hard work in raising children by parents is an important factor in care giving by the young (Fig 2).

Figure 3: Motivational Factors in Caring the Old

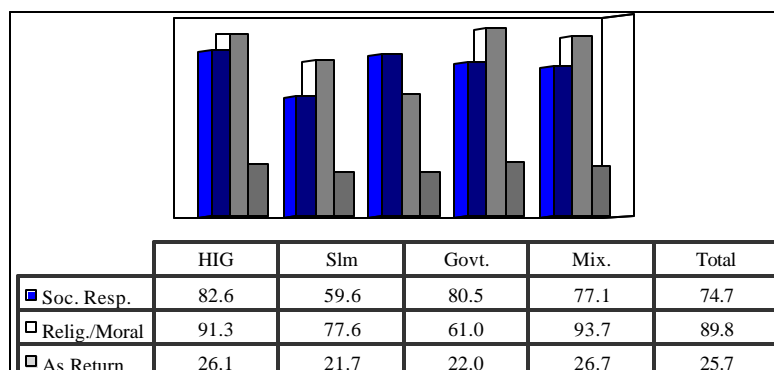


Source: IEG/CIDA Delhi Survey (2002).

Notwithstanding the role of socio-religious or moral factors in care giving, Figure.2 also reveals that over ten percent of the respondents did not believe in most of these values, and consented with the view that the elderly are turning to become as a growing financial burden. How these responses vary across four different stratum of sample population? A cross-classification of all the three motivational factors by different

socio-economic groups is provided in Figure 4 and in its appended table. It may be noticed from this table that the moral criterion works better with better-off categories including those from higher and middle-income background. Social pressure and a sense of social responsibility however play catalyst for low-income households.

Figure 4: Elderly Care as Socio-Moral and Religious Responsibility
Distribution of Younger Persons by Stratum



Source: IEG/CIDA Delhi Survey (2002).

To reconfirm some of these findings and also to identify the roles of a few socio-economic factors helping to generate pro-aged sentiments described above, we conducted a set of multivariate logit exercises with explained variables changing from 'elderly care a burden' to 'elderly care a socio-moral/religious responsibility' and so on. Following specifications have been used for this analysis:

Explained & Explanatory Variables: Multivariate Logit

Explained variables:	Explanatory variables
1 Elderly a burden: yes = 1, no = 0	d_HK & BS: House keeping and baby-sitting dummy. Those agreeing with HK/BS role of aged = 1, Otherwise 0
2. Elderly as social responsibility: Yes = 1, no = 0	d_WCA: Willing to care elderly alone: Yes =1, No (other family members must also contribute) = 0
3. Elderly as moral-religious (M-R) responsibility: Yes = 1, no = 0	d_migration: Migrants = 1; Non-migrants = 0
4. Elder care in return of childhood care: yes = 1, no = 0	d_Sex: Sex dummy: Male = 1; Female = 0
	d_religion: Hindu = 1; Others = 0
	d_marital status: Currently married = 1, Otherwise 0
	d_caste: Higher caste = 1, Others (SC/ST/OBC) = 0

	Education: Educational level of respondents
	Age: Age of younger respondents (15 – 59 years)
	WHHDM/THHDM: Working household members as proportion of total household members

Four logit regressions have been estimated, each with a view to make an assessment about a set of likely socio-economic factors contributing towards the pro-elderly vibes shown by sample young. Those results are presented in Table 3—panels 3 (a) to 3 (d). In all the four estimations (see the box explaining variables), we notice that acquired socio-moral values are a likely outcome of several complex socio-economic factors ranging from age, income, gender, religion, migration status, educational level, etc. Sense of family responsibility and conviction in serving to older family members unconditionally (without thinking to involve others in the family) is yet another critical factor that turns out to contribute immensely in building up a pro aged environment and piety in young-old relationship.

Interestingly, while all the four equations, presented in panels 3 (a) to 3 (d), do not represent a uniform pattern and mutually vary in terms of variables or their significance levels, two variables turn out to be statistically significant in every equation. These are the house keeping/baby sitting (d_HK&BS) and sex (d_sex) dummies. It may be noticed that women in all the four equations are likely to be more willing to take responsibility of their old than men. Further, most care givers would expect their elders to contribute in routine household activities including childcare. These result however pose two very pertinent questions—namely (i) for how long could these values be at work? This question arises because of growing fragility of various traditional values and increasing role of market institutions in most developing societies. Another question relates to the elders who are senescent or frail due to bad health and may not therefore be able to do grand parenting or provide help in daily activities.

Acquired values also help in predisposing the younger family members towards the aged. We notice that the WCA dummy (willingness to care the aged alone) remains highly significant in most equations with a negative sign. A similar relationship holds for education as well. We notice from Table 3 that younger household members with better educational level are likely to be more supportive, and help the aged better.

Income level is also an important determinant of intergenerational relationship. It also appears from the results that migrant households may to some extent differ with

3: Results of Logit Regression: Factors Influencing Respondents' Views towards the Old

Number of observations: 1012

Panel: 3(a)				
Dep. Variable: Is caring elderly a burden?				
	Coefficient	Std. Err.	z	P> z
Constant	-2.626	0.667	-3.94	0.000
Age	0.041**	0.013	3.30	0.001
Education	-0.117@	0.067	-1.74	0.083
d_sex	0.718**	0.275	2.61	0.009
WHHM/THHM	-1.561*	0.624	-2.50	0.012
d_hk-bs	0.583*	0.270	2.16	0.031
d_WCA	-1.179**	0.356	-3.31	0.001
d_caste	-0.514@	0.268	-1.91	0.056
d_migration	0.589*	0.267	2.21	0.027
Panel: 3(b)				
Dep. Variable: Aged as moral-religious responsibility				
Constant	1.281	0.597	2.150	0.032
Age	-0.021@	0.011	-1.840	0.066
Education	0.244**	0.054	4.490	0.000
d_sex	-1.121**	0.254	-4.410	0.000
WHHM/THHM	0.601	0.483	1.240	0.214
d_hk_bs	1.276**	0.383	3.330	0.001
d_WCA	0.915*	0.360	2.540	0.011
Panel: 3(c)				
Dep. Variable: Aged as social responsibility				
Constant	2.196	0.539	4.070	0.000
Age	-0.009	0.010	-0.890	0.373
Education	0.177**	0.047	3.810	0.000
d_sex	-0.748**	0.181	-4.130	0.000
d_hk_bs	-2.213**	0.183	-12.100	0.000
WHHM/THHM	0.230	0.373	0.620	0.537
d_martsts	-0.379	0.216	-1.760	0.079
d_caste	0.362	0.186	1.950	0.051
d_WCA	-0.618	0.400	-1.550	0.122
Panel: 3(d)				
Dep. Variable: Care in return to childhood care				
Constant	0.045	0.463	0.10	0.922
Age	0.001	0.008	0.10	0.920
Education	-0.019	0.040	-0.49	0.624
d_sex	0.302@	0.155	1.95	0.051
WHHM/THHM	-1.038**	0.353	-2.94	0.003
d_hk-bs	-0.340@	0.193	-1.76	0.078
d_WCA	-1.057**	0.284	-3.72	0.000
d_migration	0.569**	0.156	3.65	0.000
d_religion	-0.353@	0.184	-1.92	0.055

Source: IEG/CIDA Delhi Survey (2002).

Note: ** Statistically significant at the 1%, * significant at 5%, @ significant at 10% levels.

non-migrants (panel 3 d). It however requires further analysis because migrant dummy remained statistically insignificant in rest of the equations.

We have also tried to include some other economic variables such as work status, nature of employment, per capita monthly consumption expenditure and so on while estimating the equations under reference; none have however worked as expected. Interestingly, and as already noted, women as more benevolent and likely to remain altruistic in helping the aged. It clearly implies that son preference may overtime lose some its sheen in traditional societies like India.

4. Altruism in Elderly Care: Hospitalization of Older Dependents and its Financing

Altruistically, elderly care – health or non-health - ought not to be linked with their financial status or asset holding. These principles are however subject to violations as may be noticed from literature cited earlier. To ascertain some of these issues and their magnitude, especially in our own context, we tried to work through the following question: Is non-altruism taking over elderly support in India? Or, in other words, do support providers expect something tangible in return for what they do? And if the answer is yes, does it happen routinely? In response to both these questions, we present below the results of a simple exercise based on data presented in Tables 1 (a) and 1 (b). Methodologically, this exercise was conducted in two stages, and relates to ageing dependents hospitalized for treatment in preceding 12 months.

Financial Security Index (FSI) of the Aged

At the first stage, a financial security index (FSI) of the sample aged was constructed to differentiate between those who are:

- (i) completely dependent with no own source of income — in other words unsecured, and
- (ii) persons with self or spouse generated single or multiple income sources.

The following income sources were used to construct the index:⁵

⁵ We do not include destitute pension or support provided by NGOs in this exercise. Both these income sources are considered here as out of self or family ambits.

1. Earnings through self or spouse's work,
2. Employer's pension,
3. Income from family business,
4. Annuity or investment earnings,
5. Income from real estate, and
6. Farm income.

Based on these income sources, we tried to construct a financial status index (FSI) of the sample elderly. The range of this index lies from 0 to 6. The maximum value (i.e., 6) will be assigned to persons drawing income from all the six sources. Against this, a minimum index value 0 will be given to persons without any income. Financially, such a person will be treated as completely unsecured and family dependent.

FSI Values of the Sample Aged

Table 4 (a) gives the distribution of sample elderly by their FSI values. One of the most significant points to notice from this table is that two-thirds share of the elderly were completely unsecured with grave risk of income vulnerability and family dependence. Another 31 percent have merely one source of income. Persons with two or more sources are simply negligible. We may also notice that nobody in the sample has more than three income sources. Also, the situation worsens for persons aged 70 or more (see the last column of Table 4 (a)).

Table 4 (a): Distribution of 60+ and 70+ by FSI: Persons

FSI values	60 +		70 +	
	N	%	N	%
0 (no independent income)	909	65.6	380	70.8
1 (income from 1 source)	432	31.2	142	26.4
2 (with two income sources)	43	3.1	14	2.6
3 (with three income sources)	1	0.1	1	0.2
4 (with four income sources)	0	0.0	0	0.0
5 (with five income sources)	0	0.0	0	0.0
6 (with six income sources)	0	0.0	0	0.0
Column Total	1385	100.0	537	100.0

Source: IEG/CIDA Delhi Survey (2002).

Sample men and women distributed by their FSI values are given in Table 4 (b). This table clearly reveals a strong gender dimension with women turning out to be financially more vulnerable than men. We notice that more than two-thirds of the elderly

women do not have any independent source of income. In the case of men, this proportion is simply half of that. It tends to suggest that women are likely to remain more critically dependent on altruistic values.

Table 4 (b): Sex-wise Distribution of 60+ by FSI

FSI Values	Male (%)	Female (%)	N (M+F)
0 (no independent income)	33.7	66.3	909
1 (one income source)	64.8	35.2	432
2 (two income sources)	69.8	30.2	43
3 (three income sources)	100.0	0.0	1
4 (four income sources)	-	-	-
5 (five income sources)	-	-	-
6 (with six income sources)	-	-	-
Column %	44.6	55.4	1385

Source: IEG/CIDA Delhi Survey (2002).

Out-of-Pocket Expenditure on Medical Care

At the second stage of this exercise, we tried to cross tabulate the out-of pocket financial support provided by the children and grand children on the treatment of older parents or relatives by their FSI rankings. ⁶ A reference period of 12 months prior to the date of survey was used to collect the expenditure data. One of the objectives of this analysis was to make an assessment about filial support given to persons with low financial rankings. Lack of support to the financially insecure may be viewed as a contradiction to the socio-moralist stands emanating from Figures 2 and 3. ⁷

Table 5 (a) cross-tabulates the health care supports for the aged by their FSI rankings. Out of a total of 1385 sample aged, 669 (48.3 percent) received these supports over the reference period. About 16 per cent of those medically treated did not receive any support from their families – a majority of them of course had their income sources. The children or grand children supported the rest of them – a big majority without any own-source income (Table 5 a). The chi-square test, used to indicate the role of FSI in

⁶ For doing that, we constructed an *altruism dummy* where the variable takes the value 1 if the children and the grandchildren have supported the cost of hospitalization or non-ambulatory medical treatment; takes the value 0 otherwise.

⁷ It may however be noted that many of those failing to meet the cost of parental treatment may themselves be financially weak.

familial decisions, confirms that children opt to support unsecured parents.⁸ To some extent, this finding appears to coincide with the argument made by Eggebeen and Clogg (1993).

Table 5 (a): Expenditure on Medical Care by Children and the FSI Rankings of the Old

Sources of Medical Expenditure	Ranking of Aged by FSI				Row Total
	0	1	2	3	
Self or Non-family Expenditure (%)	8.9	26.6	26.9	0	15.8
Expenditure by Family or children (%)	91.1	73.4	73.1	100.0	84.2
Total N	405	237	26	1	669
%	100.0	100.0	100.0	100.0	100.0
	Chi2 (3) = 37.770			P-value = 0.003	

Source: IEG/CIDA Delhi Survey (2002).

We tried to further tabulate these results: (i) by gender, and (ii) by the two broad age categories of the old — i.e., 60-69 and 70+. Tables 5 (b) and 5 (c) give these results, respectively.

Table 5 (b): Cross-classification of Expenditure on Medical Care by FSI Values & Age: Aged 60-69 and 70+

Sources of Medical Expenditure	Age Group: 60-69 FSI Values			Row Total	Age Group: 70 + FSI Values				Row % age
	0	1	2		0	1	2	3	
Non-Family Expenditure	9.9	28.0	31.3	18.0	7.7	23.7	20.0	0.0	12.6
Family Expenditure	90.1	72.1	68.8	82.0	92.3	76.3	80.0	100.0	87.4
Total N	223	161	16	400	182	76	10	1	269
%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	Chi 2(2) = 20.700 P-value = 0.000				Chi2(2) = 13.066 P-value = 0.004				

Source: IEG/CIDA Delhi Survey (2002).

⁸ A further analysis of this data reveals that over 42 percent of the total elderly – mostly from the mixed category - have used private medical facilities for their treatment. Apparently, therefore, the altruism shown by the younger adults in caring for the health of their parents has not been very much affected by cost considerations.

Table 5 ©: Gender-wise Cross-classification of Expenditure on Medical Care by FSI

Sources of Medical Expenditure	Male FSI (60+)				Row Total (N)
	0	1	2	3	
No Family Exp. %	27.3	65.5	7.3	0.0	55
Family Exp. %	50.0	44.0	5.6	0.4	234
Total %	45.7	48.1	5.9	0.3	289
	Chi2 (3) = 9.750		P-value = 0.021		Row Total
	Female FSI (60+)				N
	0	1	2	3	
No Family Exp. %	41.2	52.9	5.9	0	51
Family Exp. %	76.6	21.6	1.8	0	329
Total %	71.8	25.8	2.4	0	380
	Chi (2) = 27.620		P-value = 0.000		

Source: IEG/CIDA Delhi Survey (2002).

These tables further substantiate our earlier findings suggesting inverse linkages between the filial support and the FSI rankings of the ailing old. A big majority of them in both the age categories – 60-69 and 70+ – are able to draw support from their siblings. The same is true for elderly women. Elderly women are in fact placed in this regard better than their male counterparts. Chi-square results also indicate the same.

That the children also support a good number of persons with higher FSI ranks can also be noted from both these tables.

5. Concluding Observations

This analysis was largely designed to highlight the views of non-elderly persons aged between 15 - 59 on caring for the aged, especially in the current economic regime characterized by growing influence of market institutions, decelerating growth of quality employment and large-scale informalization of the labour market with rising inequality and poor wages. Three specific issues were subjected to empirical scrutiny:

- (i) how far are the non-aged willing to support and look after their old?
- (ii) what motivational factors are at work in this direction? and
- (iii) Is there altruism in elderly care?

Our results clearly bring out the positive role by socio-religious and moral factors in motivating people, especially the younger siblings, to help the aged. A very large

majority of the responding younger adults, for example, have agreed that caring for the aged is their socio-moral responsibility. This sense of their confessed morality was further tested in our subsequent analysis by probing the cases of hospitalization required by their elderly family members – both men and women. We observed that the younger siblings have helped in accessing hospitalization care for their ailing elders, especially women, even if they had no tangible or intangible wealth to bequeath. This leads us to infer that the sense of altruism still exists between the young and the old – that too in a cosmopolitan society like Delhi. Stretching this argument a little further, it implies that the socio-moral institutions, particularly the religious leadership of different faiths, may have a role in fostering the sense of altruism in elderly care. Educational institutions, especially at the elementary level, may also do the same. We also notice that females and relatively younger siblings brook greater sense of altruism for the aged.

Though a small fraction of households, the study clearly reveals that especially those in higher age brackets are considering parental care as a financial burden. With growing income disparities and shrinking role of government, persons with similar responses are likely to grow with time. Public pillared social security is therefore a part of reforms process in countries like India. In addition, measures to improve intergenerational bonding through education and religious means need to be given due attention.

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