

Intergenerational Family Support for Older Men and Women in South India

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Abstract:

This study examines the pattern of intergenerational familial support among older men and women in South India, indicated by older persons' residence with children vs. with their spouse only or alone, and by any report of receiving financial support from children. We examine a 1993 sample survey relating 1755 elderly persons (664 women and 1091 men) in three states of South India (Kerala, Tamil Nadu and Karnataka).

Our aim is to examine different models of family support of older persons in Southern India: modernization theory related models; power and bargaining models, and need-based models. Each of these models implies different covariates and directions of support for older persons. We also enquire whether covariates of support differ for men vs. women.

Modernization related covariates receive limited support in our findings, except with regard to men under some conditions. Among need-based factors, widowhood is the most important trigger of receiving support, among both sexes; poor health or other need-related factors play little role. Strikingly, higher asset ownership is associated with higher likelihood of support, lending support to the power / bargaining model. There are more similarities than differences between the sexes in patterns of covariates.

Implications for familial intergenerational support from this study are that modernization factors are not likely to erode familial support for older persons in India. Rather, general poverty or lack of assets are likely to make seniors more vulnerable. If modernization promotes prosperity, it may be associated with better support for older persons in India.

Keywords: Family support | older men and women | South India

Article:

Aims of the Study

In most Asian societies, fertility and mortality declines have substantially contributed to population ageing; and shrinking family size and social and economic changes have the potential to transform traditional patterns of familial relations and old age support. The conditions associated with variations in whether older men and women co-reside with family, or receive other forms of support, are thus important to examine. Indian society is no exception to this trend, and further research on intergenerational support patterns is needed to illustrate changing dynamics. We examine factors deriving from different theories, which are associated with older persons' residence with children; and receipt of financial assistance from children; in Southern India. The focus of our enquiry is to examine the relative importance of factors associated with modernization, and those indicating various forms of familial relationship dynamics, with the receipt of residential and financial support by older men and women. These theories have different implications for familial support of older persons under conditions of social change.

Background

In Western gerontology, a strong research tradition examines how intergenerational relations are likely to change during modernization. The first set of ideas predicted that nuclear family forms would prevail and that older persons would cut off and isolated from their descendants (e.g. Parsons, 1942, 1944). In reaction to this idea, subsequent studies showed how intergenerational bonds do remain strong, and ties of affection remain between the generations, under modernization (e.g. Bengtson and Harootyan, 1994; Silverstein and Bengtson, 1997; Treas and Bengtson, 1998;). Current research in turn focuses on the fact that intergenerational relations, like other familial ties, are characterized by "ambivalence", i.e. a combination of ties of seemingly opposite nature: e.g., affection along with tensions (Luescher and Pillemer, 1998).

With regard to Asia too, while studies have not yet examined ideas relating to solidarity or ambivalence in family relationships, studies drawing on modernization theory show that modernization factors are associated with familial residence and support of seniors. For example, in Malaysia (South-East Asia) co-residence of seniors with adult children is influenced by opportunities, costs, benefits, and preferences for co-residence versus separate living (DaVanzo and Chan, 1994). Other inter-generational exchanges, such as giving / receiving help of various kinds are influenced by ethnic, socio-economic, and demographic characteristics of parents and children (Chan, 1996).

For India, most research on the impact of modernization on ageing is based on a general idea that modernization processes such as urbanization, industrialization, women's participation in extra-familial work etc. will erode the traditional familial supports for older persons and leave them vulnerable and isolated (e.g. Sharma & Dak, 1987). However, some studies indicate that familial support is still the mainstay of most seniors in Asia (e.g. Knodel, 1992). Questions therefore

arise regarding sources of variation in familial support received by seniors, including coresidence and financial support. Will modernization related factors be associated with reduced support for seniors? Or will other models of familial support for seniors be more useful in clarifying the situation of older persons? More research is needed to clarify these questions with regard to India.

Alternative perspectives provide insights on familial dynamics that modernization approaches do not address. Sun (2002) reviews two alternative models of old age support based on familial relations: the power and bargaining model vs. the corporate group / mutual aid model. The former model suggests that familial exchange of support is determined by the capacity of different members to extract resources from others; while the latter highlights the notion that members' needs (such as age or ill health) determine receipt of support. In China, Sun (2002) finds support for the latter model. That is, children's provision of help to elders in that Confucian society depends on elders' needs and children's capacities, rather than the parents' power to extract resources from children.

The power and bargaining model of family relations, compared to the mutual aid model, are based on contrasting familial dynamics and consequently seem to imply different types of variables that will be associated with support, as indicated in the previous paragraph. Modernization theory in turn suggests additional variables associated with the receipt of support, as described above. These three different familial models of old age support also have great potential to illustrate old age living arrangements and support patterns of men compared to women, particularly in South Asia.

The Southern portion of South Asia (including Southern India and Sri Lanka) have experienced substantial population ageing, there has been less research focused on clarifying the situation of older persons. It is relevant to compare the situation of older men vs. women in South Asia, for two reasons. First, although worldwide women outnumber men in older age groups, this is less true for Asia than the West (Knodel, 1999). For e.g., sex ratios among those aged 60+ are male-dominant in Bangladesh and India (U.S. Bureau of the Census, International Data Base), reflecting greater female mortality earlier in the life course, though age-specific death rates are higher for men in India after about age 35. Despite the preponderance of older men, the likelihood of older women being widowed is much higher than that of older men. South Asian marriage patterns include early, nearly universal marriage, with husband's age greater than that of the wife; and strict restrictions on remarriage of women but not of men. Thus, among those aged 65 and above in India, 66.5% of women are widowed compared to 16.3% of men (U.N. 1991).

Second, interest in gender comparisons in South Asia arises from deep gender inequalities in social and economic status that persist over the life course, making women particularly vulnerable in old age. The lower proportion of women to men in older ages in South Asia is argued to result from gender bias associated with excess female mortality at younger ages.

Social norms whereby women receive less education and their roles are confined predominantly in the domestic sphere, economic patterns whereby their productive activities occur mostly in the unpaid or non-formal economic sector, and socio-legal structures that do not provide them with effective property rights, make women vulnerable in old age, and increase their reliance on spouse and children (especially sons) for old age support. The greater risk of widowhood makes women especially vulnerable. Though Southern India is more gender-egalitarian in many domains than Northern India, there are still significant gender gaps in female vs. male literacy, work participation, and asset ownership (though the gap is less in south than in the North). Widowhood is high in Southern India too. Thus, examining gender differences in old age support in Southern India has salience.

The familial models of old age support discussed above have great relevance for South Asian gender comparisons, because of the gender dynamics of South Asian familial systems. For e.g., it is theorized that within the more egalitarian kinship regimes of Southern India elderly women are likely to get as much familial support as elderly men, while in the more patriarchal systems of the North, women's position would be much less secure (Mason, 1992). However, this hypothesis has not specifically been examined so far. While Southern Indian kinship regimes, and the general societal respect accorded to older persons and mothers may make older women more secure in receiving familial assistance (according to the mutual aid model), women's generally lower socioeconomic status may nonetheless make them vulnerable in old age, especially if they are widowed (according to the power model). We examine these diverse possibilities. Also, the South Indian kinship system has been described as more endogamous with regard to preferring cross-cousin or uncle-niece marriages where possible, demographic patterns show that son-preference is not so strong as in Northern regions. Thus, under these kinship systems, it is likely that daughters and sisters (i.e. female kin) will play as great a role in supporting parents, as sons and brothers (male kin).

Third, marital status, specifically widowhood, plays a significant role in influencing vulnerability and receipt of support during old age. Due to social and economic disadvantages described above, women face progressively greater vulnerability as they age since few assets are in their direct control. Widowhood in particular may further remove assets or means of sustenance from their direct grasp, rendering them at risk of destitution. Women's socio-economic position derives greatly from their marital status (e.g. Rahman, Foster and Menken, 1992). If the mutual aid and need model of family relations is more applicable then widowhood should trigger receipt of aid for women and men. However, if power and bargaining are more characteristic dynamics then widowhood should be not be associated with higher receipt of aid, including for women.

We therefore aim to examine these different models as they account for sources of variation in older men's and women's residence with children, and receipt of financial assistance from children, in Southern India. First, we consider whether specific models of old age support, namely, 1) the modernization -related framework, and 2) frameworks of familial relations, affect women's chances of residence and financial support are similar to men's. That is, we examine

whether the impact of modernization factors such as higher education, urban residence, and non-agrarian work, decrease chances of co-residence and financial assistance (presumably by promoting norms and means of self-reliance), and whether they do so for men and women equally. We consider whether power and bargaining models (e.g. level of resources in the family) vs. need models (e.g. poverty, health status and widowhood) will be more associated with old age residential and financial support. Second, we examine gender differences in that we enquire whether older men's receipt of support from their children will be governed more by power bargaining models, given their relatively higher status as senior males; while older women's receipt will be governed more by need factors. We thus hope to clarify how social change and familial relations affecting old age support in South Asia are conditioned by gender inequality.

Hypotheses

This study tests the following hypotheses:

1. Those who are more educated, urban residents, or engaged in non-agrarian occupations, are less likely to live with children or receive familial support (modernization factors).
2. Elders who are widowed, have lower economic status, or are in poorer health, are more likely to live with children and receive familial support, rather than those whose needs are less and resources / power are greater (need-based models vs. power / bargaining models).
3. Older women's receipt of support will be governed by need, whereas older men's receipt will be governed by familial resources.
4. Older women in South India will be as likely to live with children and receive financial support from them, compared to older men, controlling for socioeconomic and demographic characteristics.

Data and Methods

We test these hypotheses in a sample of 1755 elderly persons (664 women and 1091 men) in three states of South India (Kerala, Tamil Nadu and Karnataka). The Aging Survey 1993, a study on the elderly in India, randomly selected one district in each of these three states. Two rural areas and one urban area were further randomly selected from each district, and a total of 7,500 households then sampled. Household interviews were conducted which identified families with elderly persons (those aged 60 plus) for the detailed survey. In households with more than one eligible elderly person, all were interviewed. The incidence of refusal to participate or non-response was negligible.

A standard survey schedule answered by the older persons gathered cross sectional information on socio-economic variables, health status, residence patterns, and support networks among family members. Material support, social contact, and life satisfaction on various dimensions were also ascertained.

The dependent variables are:

1. Residence pattern of elder: alone with spouse (includes seniors living alone) coded as 0, or with children (includes those living with spouse and children) coded as 1, analyzed through logistic regression techniques.
2. Older persons' report of receiving financial support from children, coded 1 if yes and 0 if no, again analyzed through logistic regression techniques.

Explanatory variables include demographic factors such as age (in years), and gender (male = 1; female = 0). Numbers of living male and female children, and living brothers and sisters of the respondent, indicate kin availability revealing the potential for familial support.

Variables associated with modernization and social change include: literacy (1 = yes; not literate = 0), rural/urban residence (rural = 1; urban = 0), whether the elder is currently engaged in an agricultural occupation, a non-agricultural occupation, retired, or never worked (dummy variables in each case who never worked as the reference category).

Variables suggesting need include: marital status, i.e. whether or not the respondent is currently widowed (coded 1 if yes). Increasing age (in years) is another indicator. Physical health status is indicated by two variables: first, subjective health perception; those who report feeling in excellent health or in OK health (coded 1 in each case) are contrasted with those who feel in bad health (reference category). Second, a dummy variable indicates whether the respondent suffered any illness in the previous month. No information on the nature of the illness is available.

Variables that indicate elders' power and status include economic status measured by an index comprising household land ownership and numbers of household possessions; and individual receipt of pension and ownership of bank account. We include both household and individual indicators in the measure to capture both dimensions of sources of economic status.

Other background socioeconomic variables include religion (Hindu=1, other=0). Weekly contact (exchange of letters, or gifts, or visits) with children elsewhere and siblings elsewhere is included, to examine whether residence patterns are associated with increased interaction with non co-resident kin. These are coded 1 in each case and 0 otherwise, and summed to create an index of contact for children and siblings respectively.

We examine the relative impact of different variables of interest in a multivariate equation; and analyze sex differences in equations stratified by sex.

Sample characteristics

Of the total respondents, almost 90% were Hindu, 38% were female (N=664) and 62% male (N=1091). Table 1 presents other characteristics of the respondents, by sex. Men and women in the sample are similar in average age: 65 and 66 years respectively. Women's lower literacy and lack of access to productive resources or assets is significant. Sources of economic support also vary by sex, with men relying more on self only, or self and children combined, while women rely more on children only.

Significant sex differences are apparent in widowhood, but not in % residing with children. Very small proportions resided alone. Eighty-three percent of men, contrasted to 26% of women report being currently married; and 84% of men and 26% of women report that their spouse lives in the house with them. Thirteen percent of men versus 71% of women report being widowed. Those who never married, or divorced, or are separated, account for less than 2% of each sex, reflecting South Asian marriage patterns.

Table 1: Sample characteristics

Variable	Men	Women
Socio-economic characteristics		
Respondent own land? (% yes)	50	34
Any household member owns land? (% yes)	56	57
House in own name? (% yes)	68	38
Have savings for emergency? (% yes)	26	14
Bank account in own name? (% yes)	29	10
Have pension or regular cash income? (% yes)	53	37
Per cent currently engaged in agricultural work	27	12
Average number household possessions owned	2.4	1.7
Can read and write? (% yes)	48	18
Per cent Rural residents	78	78
Per cent Hindu	88	87
Mean Age	65 yrs	66 yrs
Kin availability :		
Currently Married	83%	26%
Widowed	13%	69%
Never married / Divorced / Separated	1.8%	1.8%
Average number of children	3.0	3.4
Average number of siblings alive	1.6	1.8
Co-residence :		
Lives with spouse	84%	30%
Lives with children	86%	85%
Lives alone	1%	7%
Average number of people living with	4.1	3.8
Source of economic support :		
Children only	25%	51%
Self only	20%	12%
Other relatives only	0.6%	0.9%
Other sources only	0.1%	0.5%
Self and children	51%	30%

Emotional support :

Average weekly interaction with children living elsewhere	1.9	1.7
Average weekly interaction with siblings	1.6	1.4
Feel left out by family	30%	32%
Family respects or consults	98%	94%

Physical health status :

Report illness within last month	28%	27%
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Subjective health perception :

Very Healthy	28%	29%
Fairly all right	68%	66%
Unhealthy	5%	6%

N	1062	634
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Significant sex differences do not emerge in considering subjective health perception and self-reported physical health status. Nor do they emerge in considering contact with children or siblings living elsewhere.

Bivariate relationships not presented here show that there is a strong and significant positive cross-sectional association between living with children, and receiving financial assistance from them. The association is significant for both sexes, and it is stronger for women than men. That is, coresidence and financial support do not appear to be substitutes for each other, but are supplementary to each other, going hand in hand. Therefore, we do not pursue the mutual association between coresidence and financial support in a multivariate context.

Multivariate analysis results

In Table 2 we examine the likelihood of older persons living with, and receiving financial support from, children (Panel A and Panel B respectively). Those who are widowed, have more economic assets, male, are more likely to live with children. Contrary to expectation and against the need-based familial relationship model, older persons appear less likely to live with children. Compared to those not working, those in any other occupation (except professional) are more likely to live with children. Those who have more sons or daughters (i.e. greater kin availability) are more likely to live with children. Most health related factors are not associated with the likelihood of coresidence; however, reporting feeling in OK health (vs unhealthy) is associated with a greater chance of living with children. Other than age and health factors, similar factors are associated with the likelihood of receiving financial support from children.

In Table 3 we examine whether the pattern of residing children differs among men vs. women. Broadly speaking, other apart from rural residence, similar patterns are seen among the determinants of coresidence for men and women. These patterns are in line with the results seen in Table 1. That is, those who are more wealthy, or have a history of working, or who have more children or either sex, are more likely to coreside with children. Health status and surprisingly,

widowhood, have no impact. Among men, but not among women, rural residents (in line with the modernization hypotheses) and those who are Hindu, are more likely to coreside.

Table 4 examines the covariates of receiving financial support from children among men vs, women. For both sexes, being widowed, having more assets and having more children of either sex, are associated with more likelihood of receiving financial support from children. In other covariates, some gender differences appear. For women, rural residents are less likely to receive financial support; and contrary to expectation, those in better health are more likely to receive financial support. Work history has no association. Among men, those who are older and Hindu are more likely to receive financial support from children; while having any kind of work is associated with less chance of financial support.

Broadly speaking, the picture that emerges is that modernization related factors receive less support, except in some situations among men. Among need-related factors, widowhood appears the most important, but health status plays little role. Considering widowhood, older men and women who have more assets are consistently likely to receive residential and financial support, lending support to the power / bargaining hypothesis.

Table 2: Likelihood of A. living with and B. receiving financial support from children: both sexes

	A Exp(B)	95.0% C.I for EXP(B)		B Exp (B)	95.0% C.I for EXP(B)	
		Lower	Upper		Lower	Upper
AGE	.932***	.908	.958	1.016	.991	1.041
LITERATE	.839	.574	1.229	.879	.646	1.195
HINDU	1.344	.786	2.298	1.356	.883	2.083
RURAL	1.451	.940	2.239	.737	.507	1.070
HIGH LEVEL OF ASSETS	1.152***	1.100	1.207	1.064**	1.025	1.105
MALE	1.767***	1.154	2.707	1.085	.755	1.559
CURRENTLY WIDOWED	1.613*	1.063	2.447	1.566**	1.102	2.227
AGRICULTURAL WORK	.471***	.300	.740	.797**	.555	1.145
LABOUR	.295***	.144	.601	.447*	.259	.772
PROFESSIONAL WORK	.575	.326	1.012	.627**	.402	.980
NUMBER OF SONS	1.868***	1.608	2.170	1.784***	1.578	2.017
NUMBER OF DAUGHTERS	1.653***	1.419	1.925	1.429***	1.267	1.612
NUMBER OF BROTHERS	1.010	.857	1.190	.848***	.749	.960
NUMBER OF SISTERS	1.122	.934	1.348	.995	.864	1.145
SICK IN THE LAST MONTH	1.252	.873	1.794	.943	.708	1.256
SELF-RATED HEALTH GOOD	.757	.349	1.642	1.759	.981	3.155

SELF-RATED HEALTH OK	.779*	.378	1.609	1.838	1.064	3.175
INTERACT WITH KIDS ELSEWHERE WEEKLY	.747	.422	1.321	1.634	1.067	2.503
INTERACT WITH SIBLINGS ELSEWHERE WEEKLY	1.674*	1.093	2.565	1.529	1.086	2.154
Constant	24.879				-2.688	
	-2LL chisq	284.38 sig .000	-2LL chisq	1522.93 sig .000		

*p #.05; ** p#.01; ***p<.001

a Reference category: housewife or did not work

b Reference category: feel unhealthy

Table 3: Likelihood of residing with children: by sex

	A Exp(B)	Women 95.0% C.I for EXP(B) Lower Upper	B Exp (B)	Men 95.0% C.I for EXP(B) Lower Upper
AGE	.950***	.910 .991	.914***	.881 .948
LITERATE	.771	.379 1.569	.909	.568 1.453
HINDU	.888	.369 2.139	2.186***	1.055 4.530
RURAL	.969	.493 1.905	2.102***	1.167 3.784
HIGH LEVEL OF ASSETS	1.157**	1.069 1.251	1.151***	1.085 1.221
CURRENTLY WIDOWED	1.740	.970 3.120	1.452	.805 2.621
AGRICULTURAL WORK	.479***	.269 .853	.412***	.187 .906
LABORING WORK	.070***	.015 .325	.318***	.119 .849
PROFESSIONAL WORK	.764	.326 1.787	.437	.180 1.063
NUMBER OF SONS	1.632***	1.316 2.024	2.187***	1.773 2.698
NUMBER OF DAUGHTERS	1.666***	1.322 2.099	1.704***	1.383 2.099
NUMBER OF BROTHERS	1.008	.782 1.299	1.029	.817 1.296
NUMBER OF SISTERS	1.136	.866 1.491	1.217	.926 1.598
SICK IN THE LAST MONTH	1.339	.754 2.378	1.172	.723 1.899
SELF-RATED HEALTH GOOD	.746	.234 2.377	.700	.227 2.159
SELF RATED HEALTH OK	.766	.262 2.241	.676	.232 1.970
INTERACT WITH KIDS E LSEWHERE WEEKLY	1.030	.480 2.211	.474	.186 1.209
INTERACT WITH SIBLINGS LSEWHERE WEEKLY	1.821	.934 3.549	1.538	.848 2.789
Constant	10.920			124.488

a Reference category: housewife or did not work

b Reference category: feel unhealthy

b MALE = .00 -2 LL chisq 453.21 / .000

b MALE = 1.00 -2LL chisq 645.87 / .000

Table 4 Likelihood of receiving financial support from children: women vs. men

	A Exp(B)	Women 95.0% C.I for EXP(B)		B Exp (B)	Men 95.0% C.I for EXP(B)	
		Lower	Upper		Lower	Upper
AGE	.975	.938	1.014	1.045***	1.010	1.080
LITERATE	.872	.464	1.637	.920	.633	1.338
HINDU	.632	.278	1.435	2.056***	1.192	3.547
RURAL	.260***	.121	.558	1.135	.715	1.799
HIGH LEVEL OF ASSETS	1.106**	1.030	1.188	1.057**	1.010	1.106
CURRENTLY WIDOWED	1.747***	1.036	2.945	1.738***	1.026	2.942
AGRICULTURAL WORK	1.015	.608	1.692	.593	.328	1.073
LABORING WORK	.306	.061	1.544	.365***	.180	.741
PROFESSIONAL WORK	.756	.344	1.661	.480***	.250	.920
NUMBER OF SONS	1.541***	1.277	1.859	2.056***	1.742	2.426
NUMBER OF DAUGHTERS	1.329***	1.106	1.596	1.591***	1.350	1.876
NUMBER OF BROTHERS	.891	.721	1.101	.799***	.677	.942
NUMBER OF SISTERS	1.120	.890	1.408	.981	.815	1.181
SICK IN THE LAST MONTH	.760	.462	1.249	1.081	.748	1.561
SELF-RATED HEALTH GOOD	3.099**	1.185	8.109	1.346	.621	2.915
SELF RATED HEALTH OK	1.995	.841	4.733	1.754	.838	3.675
INTERACT WITH KIDS ELSEWHERE WEEKLY	1.269.6	502.477	1.734	.975	3.085	
INTERACT WITH SIBLINGS ELSEWHERE WEEKLY	1.501	.836	2.695	1.559	.989	2.458
Constant	3.665					.006

a Reference category: housewife or did not work

b MALE = .00 -2 LL chisq 521.98 / .000

b Reference category: feel unhealthy

b MALE = 1.00-2LL chisq 952.69 / .000

Discussion

The purpose of our paper was to examine three different models related to familial support in old age in Southern India. Our first hypothesis concerned the impact of modernization related factors. This hypothesis receives limited support from our study. Older persons who are more educated, working in more “modern” occupations, who live in urban areas, or who are literate, are not less likely to receive familial support. Only among older men, rural residence and work history are associated with support. However, one of the key variables in the modernization model: the kinds of occupations that older persons’ children participate in (e.g. paid work

participation of daughters / daughters in law) were not measured, and thus cannot be addressed by this study. In sum however, our study provides little support for the idea that modernization in general is associated with lower support of older persons.

Our second hypothesis had dealt with two other models of family support: the power / bargaining model and the need-based model. In a bivariate association, women were as likely to live with children, but more likely to report financial support from children, than men. In a multivariate analysis, men were more likely to live with children (even controlling for widowhood), but equally likely to receive financial support from children, compared to women. Separate analyses by sex suggest that broadly similar variables affect receipt of support among men and women. These appear to relate more to power (higher economic status of parents and household), than to need (age, health, or widowhood). Kin availability is strongly stressed, as numbers of children are among the strongest predictors of receiving residential or financial support. Need based models receive limited support, because apart from widowhood, poor health status or poverty of older persons does not appear to trigger support from children. Widowhood however is a strong determinant of support.

There also appear to be broad similarities between men and women in the pattern of determinants of receiving support, other than work status and rural residence. For both sexes, widowhood, kin availability and familial economic status appear associated with support.

Based on the data in our study, we suggest that the sources of vulnerability and support for older persons in Southern India are not related to the commonly feared situations of modernization, but are more closely related to asset ownership (given importance in the power / bargaining model) and to a lesser extent, need (only widowhood, and not health status). Modernization in our study, even in its limited form, appeared to affect men rather than women. The emerging picture that higher asset ownership promoted familial support, and that need factors (other than widowhood) did not, suggests that poverty in general is more a source of vulnerability for older persons of both sexes in India rather than modernization. In fact, if modernization factors promote prosperity, then we speculate that they may promote well being among older persons by increasing wealth and therefore triggering familial support.

Our study, being cross sectional in nature, has several limitations. First, because of the cross sectional nature of the data, we cannot be sure whether patterns of support may change over time with variations in levels of need or asset ownership. Second, some factors related to modernization (such as extra-familial employment of women in the younger generation) have not been measured. Third, only the older persons' report of support is recorded. We do not have any information from the younger generation on their reports of support they give to their parents. Fourth, we do not have any information on reciprocity, i.e. support given as well as received by older persons. Despite these limitations, however, our study casts some light on the applicability of different models of familial support with regard to older persons in Southern India.

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