Families and Migration: Older People from South Asia
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Older Punjabis in India

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BACKGROUND

The second half of the twentieth century saw increased levels of immigration to the United Kingdom from India, Pakistan and Bangladesh. The ageing of this South Asian population will be rapid over the next decade. The research project *Families and Migration: Older People from South Asia,* was developed to examine the effect of migration on people as they age in both the United Kingdom and in sending communities in South Asia. In particular, we were interested in the effects of migration on the availability of support for older people. This is a regional report on the general findings on older Punjabis in India.

This report is primarily descriptive and covers basic demographic characteristics; migration history; health; education, language and religion; work and income; and, family and social support systems. This report focuses on older **Punjabis in India** and seeks to describe their predominant family and social support systems at the beginning of the 21st century.

The Study Area

The country

India's population is aging rapidly because of increases in life expectancy and decline in fertility. The proportion of children (under 15) in the population of India has declined from 42% in 1971 to 37.8% in 1991, while the proportion of older people (over 60) has increased from 6% to 6.7% (Devi 2000). However there are considerable differences in the proportion of population aged 60 years and above between states, for example in 1991 in Assam only 5.3% of the population were over 60 compared with 9% in Kerala. By 2050 it is expected that in India there will be nearly equal proportions of children aged 0-5 and older people aged 65-70, and that 21% of the population will be over 60 years (Devi 2000).

Unlike many countries in the world, the sex ratio of India's population exhibits a larger number of males than females. The 1991 census indicates the sex ratio among persons 60 and over to be 93 females for every 100 males (Devi 2000). However, the United Nations has projected that women will outnumber men in the 21st Century. For example by 2050 it is project that there will be 109 females to every 100 males over 60 and that the 'feminisation' of ageing will be most pronounced for those over 80 years of age with 135 women to every 100 men (Devi 2000).

The State

There has been a recorded history of the Punjab since 518 BC, when Punjab was annexed to the Persian Empire. Muslim emperors ruled over Punjab until 1526 when the Mughals took over. Under the Mughal emperors the Punjab was peaceful and prosperous for more than 200 years (MapsofIndia.com 2003). However during the late 18th century, the Mughal emperor's authority declined and the Punjab became a battleground fought over by competing empire builders: the Persians, Afghans, British, and Sikhs. The Persians under Nadir Shah invaded from the northwest India in 1737-1738 to sack Lahore and Delhi

and to ransack the region's treasures. Notably, the Peacock Throne and Koh-I-noor diamond were removed from the area. Later, the Afghans launched a series of invasions in the region (Center for Educational Technologies 2002).

At the same time as the Afghani invasions, the British East India Company was beginning to expand its influence and control over northwest India, including the Punjab. However, the British were unable to immediately exert control over the Punjab. In 1793 a 13 year-old boy, Ranjit Singh, succeeded his father as the ruler of a small Sikh state. Five years later at the age of eighteen, he expanded his territory and united all Sikhs under his rule building a powerful kingdom in the Punjab (Center for Educational Technologies 2002). After the death of Ranjit Singh, the state disintegrated into anarchy and came under British rule in 1849 (Britannica Concise Encyclopaedia 2003). In 1947 the partition of India created East and West Pakistan and the Punjab region was split into two parts. The larger part of Punjab became part of Pakistan. The present provincial boundaries within the Indian state of Punjab were drawn in 1970 (MapsofIndia.com 2003).

Over time the boundaries of Punjab have expanded and shrunk. Historically the Punjab spanned the expanse of land between the basin of the River Bias in the east to the basin of the River Indus in the west. To the north was the natural boundary created by the Himalayas and in the south it stretched to the plains of Cholistan and Rajasthan (Punjabilok.com 2003). Nowadays, the Indian state known as the Punjab is situated in the north-western corner of India. It has a total area of 50,000 square kilometres and is bordered on the north by the Indian states of Jammu and Kashmir, on the east by Himaachal Pradesh and the Union territory of Chandigarh, on the south by Haryana and Rajasthan, and on the west by Pakistan (MapsofIndia.com 2003). Punjab has a population of over 24 million people (Census of India 2001), and an average density of 403 people per square kilometre (MapsofIndia.com 2003). Nearly eight percent (7.8%) of the population are over 60 years old (Devi 2000) and life expectancy is slightly higher in the

state than for India as a whole (in 1992, 65 for men and 67 for women) (Adlakha 1997).

During the British occupation of the Punjab and under the leadership of John and Henry Lawrence, the British government greatly transformed the topography of the region (Centre for Educational Technologies 2002). In 1865 it was recognised that the area needed a substantial drainage system and the Punjab Government made early reports on development of soil salinity to the Governor General (Gupta 2002). From 1917 onwards (Gupta 2002) the British government built a network of canals and dams to irrigate the *doabs* of rich alluvial soil between the rivers of the Punjab. However, the irrigation programme increased surface water and the number of mosquitoes in the region. Subsequently, the incidence of malaria increased in Punjab and prompted many rural dwellers to migrate to safer areas (Gupta 2002). However, the combination of natural alluvial soil and irrigation has helped to make Punjab one of India's richest agricultural areas (Center for Educational Technologies 2002). The state has developed around 30,000 miles of road (around 75% are surfaced), and has a railway network (MapsofIndia.com 2003).

Punjab has a typically tropical climate. In the summer (April to June) the temperature can rise to 45 degrees centigrade during the day. The monsoon season is between July and September when most of the rainfall occurs. The average annual rainfall is 770mm. Winter (October to March) is the coolest season and temperatures can drop to 16-17 degree centigrade at night.

The main occupation of the people of Punjab is agriculture and it is one of the major contributors of wheat and rice in India, accounting for 62% and 50% of the production in India respectively. Other major crops include maize, pulses, sugarcane and cotton. Both sugar and pine oil are processed in the region. Farmers also rear buffalo, other cattle, sheep, goats and poultry. Other Punjabi industries include the manufacture of textiles, sewing machines, sporting goods,

starch, fertilizers, bicycles, scientific instruments, electrical goods and machine tools (MapsofIndia.com 2003).

Migration

At the time of the 1991 census more than 70 percent of older people in India lived in rural areas. This has implications for the provision of care and services for older people. As the population of India has grown, rural areas have also experienced changes in agricultural production. In addition, in the face of the increases in the rural population, there is perceived to be a lack of economic opportunities in the countryside. The most common way to overcome this problem is to migrate away from the area (Zelinsky 1971). Zelinsky (1971) identifies four possible destinations for out-migrants:

> "cities in the native country; cities in alien lands with an expanding economy; rural settlement frontiers, if these are to be found in one's own land; and the pioneer zone in a hospitable foreign country."

India has experienced a growth of urban areas (Mohan & Pant 1982, Crook & Dyson 1982). The propensity to migrate is initiated in the most advanced of these settlements and gradually spreads to the less advanced and less accessible areas in the country (Zelinsky 1971). In addition, it has been identified that chain migration (delayed family migration and serial migration) occurs from rural areas of India, to urban areas (Banerjee 1983, 1984). It has been noted that most Sikhs (especially Jat Sikhs) who emigrated from Punjab went abroad as passenger migrants rather than as indentured labourers to the Pacific Rim and to the UK. When reports of job opportunities, favourable immigration policies and reliable transportation routes reached the villages of central Punjab, family resources were commonly pooled to finance the trip abroad of one of the family members. In addition to the Jat-dominated migration to the Pacific Rim and to the UK, early Sikh migration dominated by *Ramgarhias* (artisans) was also evident. Between 1897 and 1901 *Ramgarhias* migrated to East Africa to build the Ugandan railway

and subsequently provided skilled labour in the colonial economies (Barriar 2003).

The out-migration of younger people from rural areas to urban areas or to other countries in search of employment opportunities is likely to cause substantial population imbalances in rural communities of India (Singh 1994, Reddy 1996, Jamuna 1998, Kumar 1999, Government of India 1999). Studies have shown that the rural out-migrants are likely to be educated and to have some capital (Connell et al. 1976, Lipton 1980, Dasgupta 1982, Oberai & Singh 1983, 1984, Skeldon 1985), thus depleting the 'dynamic manpower' of the rural sector (Skeldon 1986). Today it is estimated that there are 600,000 Sikhs in Britain, 250,000 Sikhs in Canada, and 500,000 Sikhs in the United States (Barriar 2003). The migration of family members is also likely to affects the sources and availability of help and support to older people in a specific range of situations (Singh 1994).

Immigration of Punjabis to the UK

Punjabi immigrants mainly came to the UK in the 1960s. The first Punjabi settlers in the UK were members of trading castes and later Sikh soldiers, who remained in the UK after fighting in France during the First World War (Ballard 1986). Military service in the Second World War again offered many young Sikh men the opportunity to emigrate to the UK (Ballard 1986). Many emigrants were from the Jalandhar district, a densely populated area in which our study communities are situated. People in Jalandhar suffered from shortage of land and therefore the means of self-support (Marsh 1967). The partition of India in 1947 meant that some villages' resources came under pressure due to the influx of refugees from Pakistan (Helweg 1986).

A post-war rebuilding programme in Birmingham required much unskilled labour. In addition, Birmingham's industrial base expanded, significantly increasing the demand for both skilled and unskilled workers. During this time, Sikhs from the

Punjab arrived in Birmingham, primarily to work in the foundries and on the production lines in motor vehicle manufacturing.

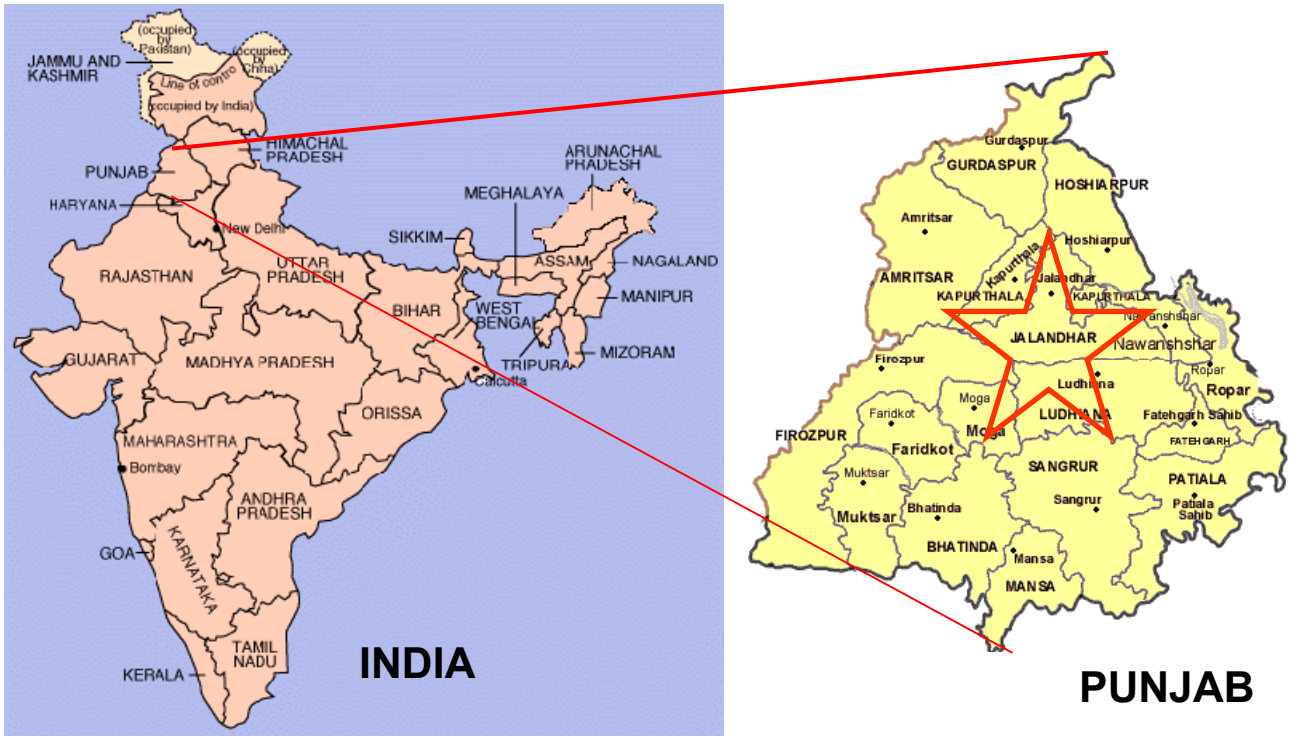
Emigrants to the UK in the 1950s were predominantly men who settled in inner city areas. During the late 1960s and 1970s families left Punjab to be reunited with men who had settled abroad (Ballard 1986). Some additional Punjabi immigration to the UK from East Africa took place in the 1970s as a result of the Africanisation of labour and the expulsion of Asians by Idi Amin (Kalka 1990).

Residence Patterns

As this study was interested in the effects of migration on the availability of support for older people it was necessary to draw our sample from areas that had experienced emigration. In Punjab, the selected study areas were the villages, of Bilga and Bhanoke in Jalandhar District. The area in which these villages are located is between the rivers Satluj and Beas and is called *Doaba*, which means the land between two rivers. The Doaba area is considered to be the most progressive and advanced in terms of prosperity in Punjab (Agarwal 1997, Mearns 1999).

There has been emigration from both villages to the United Kingdom, the United States and to a range of European countries, such as Italy, Germany, Greece, and to the Middle East. As noted above, the families from which emigration takes place are wealthier than others. Some of the families have been associated with emigration for the past two generations. In most cases, the emigrant leaves the village alone and is joined later in the host country by his wife and children, followed by his parents and other family members. Currently, about 15% of the households in the study villages have family members that have emigrated.

Figure 1. Map of India showing area of Punjabi sample



Services and Amenities

Bilga is spread over different localities known as *patti.* Bhanoke is ten kilometres east of Bilga. It is smaller in size and population but the social and economic patterns are the same as Bilga. Bilga has a medium sized market in which a wide range of consumer goods are available. Telephones, radios and televisions are accessible to most villagers. The village has schools for both boys and girls. There is one privately run school for both genders. The houses are made of bricks with roofs of reinforced concrete. The crime rate is low except for minor theft or scuffles.

There is a public transport system in the region that is partly run by the state government and partly by other service providers. Most people use public

transport, however, some of the richer families own cars. Almost 70% of the people in the region own mopeds.

There are two main sources of water in the villages. The first is centrally organised by the *panchya*t from an overhead tank. It is managed by the state government Public Health Department and is tested and treated to make it fit for human consumption. The second source of water is from hand pumps. Hand pumps are installed by local mechanics who also drill wells. The wells are drilled until a point is reached where “good water” (in the opinion of the locals) is reached.

Bathrooms and kitchen are connected to septic tanks and soak-aways. The latter is common for houses and farms on the periphery of the village. Houses located in the central part of the village have a covered sewage system running through the village roads or lanes. Sewage is disposed of outside the village.

Electricity from the state Electricity Board is used for lighting and *bottled* gas is used for cooking. Older houses have ‘squatting’ cooking and washing facilities, but new houses have ‘standing’ kitchens. In Jalandhar, the younger generation is used to working in the kitchen while standing. Refrigerators, ceiling fans and air conditioners are used in summer depending on the economic situation of the household.

At present in the region, there is one small government run dispensary. The village also has a couple of drug stores. Most of the villagers, especially the affluent ones, go to nearby cities of Phillaur, Phagwara, Jalandhar and Ludhiana for specialist services. Jalandhar and Ludhiana have a wider range of health services including large hospitals and private nursing homes. A general hospital is under construction in Bilga and is expected to provide services such as general medicine, orthopaedics, ophthalmology and dentistry.

Family Structures

A typical household in North India is patrilocal and usually multigenerational (Das Gupta 1999, Cain 1986, Kumar 1996). Usually, when daughters marry they relocate to their spouse's parents' household (Das Gupta 1999, Cain 1986). A marriage does not therefore necessarily create a new household, rather imports another women into the household "to bear children and carry out the other tasks assigned to females" (Das Gupta 1999). It has been noted that it is commonplace for married brothers also to share a household during some part of the household lifecycle. However, separate households may form as siblings' children grow (Das Gupta 1999). Therefore, households may consist of parents and son(s), unmarried daughters, with brothers and their families, sharing both property and income (Vatuk 1982 p. 60, Gore 1992, Das Gupta 1999, Gangrade 1999, Bhat & Dhruvarajan 2001). Sons inherit their parents' property and women are deprived of major property rights (Ross 1961, Kapadia 1966, Basu 1992, Miller 1981, Chen 1998, Jejeebhoy & Sathar 2001, Dyson & Moore 1983, Mason 1992, Agarwal 1994, Sengupta & Agree 2002) however it is the responsibility of fathers (and their brothers) to use household resources to arrange marriages for daughters (Cain 1986).

It has been argued that rapid transformations in Indian society, such as industrialisation, urbanisation, increases in technology, education and globalisation are leading to changes in the family structure (Dandekar 1996, Bhat & Dhruvarajan 2001, Rajan & Kumar 2003). Rather than dwelling in an intra- and intergenerational household (mentioned above), more frequently, parents live with one son, while other sons live in adjacent but separate households (De Souza 1982, Cain 1986, Rajan et al. 1999, Mason 1992, Sengupta & Agree 2002). Nowadays, the gerontological literature stresses changes in Indian household living arrangements that are moving towards nuclear household formation (Guha 1992, Bambawale 1993, Cohen 1995, Bhat & Dhruvarajan 2001), although recent findings in Asia suggest that there is only a modest trend towards a reduction in cohabitation with children (Knodel & Debavalya 1997,

Martin 1990). However, there are various factors which increase or decrease the probability of older people living with children: married couples are less likely to live with children (Rajan & Kumar 2003), people with a greater number of children are more likely to co-habit (Kumar 1996, Rajan & Kumar 2003), and the likelihood of living with a child increases for both men and women after the death of a spouse (Lamb 1999, Sengupta & Agree 2002).

In former years, parents had claims to support from their sons (Das Gupta 1999) and all sons (regardless of living arrangements) were likely to contribute to the support of dependent parents (Cain 1986). Less frequently, parents might circulate around sons' households for support from each in turn (Cain 1986). After the death of a spouse, in most instances most of the daily household chores would be undertaken by a daughter-in-law (Lamb 1999, Sengupta & Agree 2002). However, widowed men in need of physical care are unlikely to receive as much help from a daughter-in-law as they would have received from their spouse (Rajan et al. 1999, van Willigen & Chadha 1999, Sengupta & Agree 2002).

It is argued by many academics, that the changes in Indian society mean that older people can no longer expect care to be provided by their children (Bagchi 1998, Kumar 1999). Others emphasise the 'burden' of older people on their families (Kaur et al. 1987, Sharma & Dak 1987). Despite these assertions, the Government of India states that most children are still concerned with filial obligations (Government of India 1999). Surveys have shown that older people prefer to live with family members than enter residential care (Nanda et al. 1987, Prakash 1999, Bali 1997, Rajan et al. 1999, Bhat & Dhruvarajan 2001), although other studies have indicated that residential care was seen as preferable to living with a son where the older person was not welcome (Subrahmanya 2000) or when care was not forthcoming at home (Shah 1993).

METHODOLOGY

This regional report on Punjabis in India covers one sample from the larger study. The larger study also includes samples of Gujaratis, Punjabis and Sylhetis in Birmingham in the UK and parallel samples in sending communities in Gujarat, India and Sylhet, Bangladesh. The study was funded by the Department for International Development (DFID) and conducted under the overall supervision and co-ordination of Professor Clare Wenger (Project Co-ordinator).

The Punjabi study was conducted under the supervision of Dr. N. S. Sodhi as Principal Investigator (PI). Interviewers were recruited in Punjab and were native speakers of Punjabi. Interviewers were trained by the PI. After training, interviewers understood the necessity of obtaining consent from interviewees, issues regarding confidentiality, contact with respondents and the confounding affect from the presence of other family members or friends during the interview session.

Sampling

The target sample was 100, 50 men and 50 women, aged 55+. The achieved sample included 54 men and 56 women. The age limit was set lower than has been used in previous studies of older people in the United Kingdom, because of the shorter life expectancy in South Asia (in 1998: 63 in India; in 2002: 61 in Bangladesh (Virtual Bangladesh 2003)). In addition, it has been noted that the marriage of the first son and introduction of a daughter-in-law to the household, is often taken as a sign of old age in India (especially for women), as it signifies shifts in the roles and status in the family (Vatuk 1980, 1982, Sati 1996, Bali 2003, p. 15). It is likely that people over the age of 55 would have married oldest sons, and thus be considered to have entered the life stage of ‘old age’ (*burhappa*) (Vatuk 1980).

In Punjab, entry to the village was obtained through village leaders i.e. *Mehatbar*. A household census was taken in Bilga and Bhanoke from which a random population sample was drawn from all households containing an older person (regardless of class or migration status of household). This was to ensure that the sample was representative of the social structure in the area and would include older people whose children have emigrated overseas or migrated to other areas of India.

Data Collection

Where possible, interviews were conducted in the respondent's own home. The interviews were conducted by interviewers in the first language of the respondent (Punjabi), using an interview schedule. All questions were read to respondents by the interviewers

The interview schedule was written in English by the Project Co-ordinator and the Principal Investigator based on a schedule, which had previously been tested in a pilot project, conducted in Dhaka and Sylhet in Bangladesh and with Bangladeshis living in Tower Hamlets, London, in the UK (Burholt et al. 2000). The interview schedule was subsequently edited and refined based on the outcomes from the pilot study.

The interview schedule was translated into Punjabi by one translator and then translated back into English by a second translator. Disagreements were then discussed and best forms negotiated and agreed. The interview schedules used were printed in the appropriate language and script. Where verbatim responses were asked for, responses were recorded in Punjabi and translated into English at a later date.

The interview schedule included sections on the following topic areas: basic demographic data; health; education and language; work and income; migration;

household composition and marital status; family, friends and relatives; sources of support and help; religion; and, funeral rites.

Data Analyses

All completed questionnaires from Punjab were sent to the Principal Investigator in the UK who entered (SPSS version 9.0) and cleaned the data. This was facilitated by all questionnaires using the same numbering system irrespective of language used.

Analysis of the data was completed by the Principal Investigator in the UK. In this report frequencies for variables are reported to provide an overview of the situation of Punjabis living in rural India. Where comparisons are made between genders, Pearson Chi square is used. The Appendix to this report presents tables for all variables.

FINDINGS

Demographic Characteristics

The Punjabi survey sample was 100: 54 males and 46 females (Table 1). This sample cannot be treated as a representative sample due the gender differences. Despite the stratification of the sample, the sampling procedure did not include equal numbers of women and men. The female population outnumber the male population for people aged 60 and over in India (1.09 women/men) (Devi 2000), so a proportional representation of women has not been achieved. However, where we believe that differences may exist between the situation of men and women, we have cross-tabulated the data by gender. In this report, the data are discussed in the text and tables giving all figures are presented in the Appendix.

Age Distribution

Only 2% of the older Punjabis were under 59, between 20 and 28 percent of the sample were in each of the other age bands (Table 2). The mean age was 68.7 (s.d. 6.4). There were no significant differences in the ages of men and women in the sample. It is worth noting that nearly nine-tenths (88%) of the respondents had estimated their age. In these instances methods were applied to establish the age of respondent by referring to historical and biological events (e.g. partition of Pakistan, and childbearing) (BRAC 1980, Wilson et al. 1991).

Marital Status

Reflecting the average age of 68.7, it is not surprising to find that only just over half (56%) of Punjabis were still married, and 39% were widowed. Only two had never married and three people were divorced or separated (Table 3).

There were significant differences in marital status between genders (level of significance for Pearson Chi Square test $p<.005$). More men than women were currently married (70% vs. 39%) and conversely more women than men were widowed (57% vs. 24%). None of the women had never married. Although the differences between the marital status seem abnormal, other studies in India have also shown a preponderance of married men, and widowed women (Chanana & Talwar 1987, Devi 2000, Bose 2000, Bhat & Dhruvarajan 2001).

Prakash (1999) has noted that one of the main effects of increased life expectancy is the extension of the period of widowhood for women. This is because men are more likely to marry younger women and widows are unlikely to remarry after the death of their spouse (Banarjee 1998, Prakash 1999) Although elsewhere it has been noted that Sikhs in Punjab exhibited few of the mainstream culture's prejudices against widow remarriage (Goody 1990) this does not appear to be the case in this sample. Widowhood is particularly important in India as a woman's survival and well-being are entwined with her marital status: a majority of widows have no assets or income of their own

(Government of India 1999). Widows without kin are particularly vulnerable as few people are willing to support non-kin (Bhat & Dhruvarajan 2001).

The data for the current or last marriage showed that Punjabis tended to marry between the ages of 20 and 29 (50%) (Table 4). One-third (33%) of the sample married between the ages of 16 and 19. Only one-tenth of Punjabis married under the age of 15 and 6% above the age of 30. There were no significant differences between the genders in the age at marriage.

Although there were no significant differences between genders in the age at marriage, over time the mean age of female marriage in Punjab has changed dramatically. Studies have shown an increase in mean age of marriage in Punjab from 15 years in 1901 (Banerjee 1998), to 17.4 years (Agarawala 1972) or 17.6 years (Goyal 1988) in 1961. The present study showed that the average age of marriage for female respondents in the villages of Bilga and Bhanoke was 19.4 years. Female respondents had been married for an average of 40 years (approximately since 1962). The mean age of marriage for women has continued to increase and was 21.1 years between 1992 and 1993 (National Family Health Survey 1995). One would expect that as the average age of marriage for women and men is becoming more congruent, although women in the future will be more likely to be widowed than men (due to differences between genders in life expectancy) the length of widowhood would perhaps be shorter than for the present cohort of older Punjabi women.

Given the age at time of marriage one would expect most of this sample to have been married in the 1950s or 1960s. Table 5 shows the number of years married for the current (or last) marriage (for respondents who were both currently married and widowed). Accordingly, nearly two fifths of the sample had been married for between 40 and 49 years. One-fifth (20%) had been married for between 30 and 39 years and a further one-fifth (20%) had been married for 50-59 years.

Migration History

Almost one-third (31%) of the Punjabi sample were born in the villages in which they were living and just over one-half (55%) were born in another rural area (Table 6). In total, 97% of the sample was born in Punjab. Respondents were asked if they had moved and 92% reported that they had never moved (Table 7). However, given that only 31% of the sample were born in their current villages there are obvious discrepancies in the answer to this question. We think that local moves were not considered by the respondents as being relevant to the study as nine of the twelve moves reported were to another country.

Unfortunately, the poor quality of these data means that we cannot examine local moves within the Punjab, for example for work or marriage. However, elsewhere there are descriptions of in-migration from Uttar Pradesh and North Bihar to the 'wheat revolution' areas of Punjab (Lipton 1980, Wood 2003) and out-migration from rural areas of Punjab (Oberai & Singh 1984), influenced both by the the land-tenancy system introduced in the 1850s which forced Punjabi Sikhs to become migrants (Hedetoft 1985) and a 'culture of migration' in the Punjab influencing young men in their decisions to move or remain in the area (de Haan 1997).

Living Arrangements

Only 4% of the sample lived alone which is slightly fewer than reported elsewhere (6%) for rural areas of India (Prakash 1999, Bhat & Dhruvarajan 2001) (Table 8). Six percent lived with a spouse only, which is a similar proportion to that reported in the National Family Health Survey for rural areas of India (5%) (Rajan & Kumar 2003). Ninety percent of Punjabis lived in a multigeneration household with over two thirds (67%) living in a three or four generation household, which once again is similar to the proportion for rural India reported elsewhere (89%) (Rajan & Kumar 2003). This is reflected in the number of

people in a household. A third (32%) of older Punjabis lived in a household with less than four people, however, over two-fifths (42%) lived in a 5-6 person household and one-quarter (26%) lived with more than seven people (Table 9). A study in villages in Uttar Pradesh found that 53% of older people lived in households with six or more persons (Raj & Prasad 1971), which is very similar to the proportion of older people in this study (52%).

As noted above, multi-generation households are the most common household structure for Punjabis (Cain 1986, Rajan et al. 1999, Mason 1992, Bhat & Dhruvarajan 2001, Sengupta & Agree 2002). In this study the mean household size was 5.5 persons (s.d. 2.3) the same as reported for a Rajasthan village study (Purohit & Sharma 1972). However, the mean household size is slightly greater than the number stated in other studies (5.2) for Punjab (Meenakshi & Ray 2002), but fewer than the statistics for rural India as a whole (7.3) (Rajan & Kumar 2003).

Most had been in their current house for over 30 years (82%) (Table 10). Only 4% had been in their current residence for less than 11 years and a further 13% percent of the sample had been the house for 11-29 years. Over one-half (57%) moved to their current property under the age of 20, one-fifth (21%) were between 20 and 39 and one-tenth (12%) were between 40 and 59 (Table 11).

Over four-fifths (85%) of the sample were home-owners (Table 12). A further one-tenth (10%) lived in their child's home (or in the case of one respondent, the home of a daughter-in-law). The high level of home-ownership and low level of renting is a reflection of the evolution of the land revenue system that was introduced in Punjab under British rule. Under British rule three types of land revenue system were introduced in rural India: *zamindari, ryotwari* and *mahalwari* (Baden-Powell 1892, Sharma 1992, Mearns 1999). In Punjab between 1820 and 1840 the *mahalwari* system was adopted. Under this system of tenure villages

were considered to be tax-paying collective units. Peasant farmers contributed to the revenue proportionally according to the size of their land (Mearns 1999).

Transfers of land were also institutionalised under the British rule. Legislation introduced in *mahalwari* areas during the 1850s enabled money-lenders to recover debts on loans secured on land holdings. Subsequently, indebtedness grew, and dispossession of land led to a rise in tenancy. However, this also led to uneven distribution of land and a polarisation of society with one faction containing landlords and rich peasants whilst the other encompassed agricultural labourers and tenants (Mearns 1999).

In 1935 the Government of India land became a 'state subject' (Mearns 1999). After independence three types of land reform legislation have sought to transfer land 'to the tiller'. The legislation has sought to abolish intermediary tenures, regulate the size of land holdings and settle and regulate tenancy (Ray 1996, Appu 1997, Mearns 1999). It has been reported that state initiated land-consolidation in Punjab (Thangaraj 1995) has lead to an increase in the economic viability of many farms in the area (Oldenburg 1990). However, others have argued that the consolidation of land has lead to an increase in functional landlessness, that is since 1953 there has been an increase the proportion of Punjabis who may own a homestead but have no arable land (Chadha 1994). The upshot of these land reforms seems to have been a decline in the residential and agricultural rental markets in rural Punjab. Indeed, in this study, only 2% of the respondents lived in rented accommodation.

Children

In India where the responsibility of supporting older people falls on the family, changes in the fertility rates of women may impact on family size and the number of family members available to provide support. The total fertility rate (TFR) in India has changed dramatically over the last four decades. In the mid 1960s TFR was 5.7 but by 1997 TFR had declined by 42% to 3.3 children per women of

child-bearing age (Adlakha 1997). Over two-thirds (67%) of Punjabis interviewed had had four or more children and one-fifth (21%) had six or more children (Table 13). Only three Punjabis interviewed were childless. However, 15% of Punjabis were without daughters compared with only 8% without sons. Elsewhere it has been noted that there is an elevated mortality rate for girls born into families where there is already a girl (Das Gupta 1999). The excess mortality of female children is achieved by manipulation of the sex ratio at birth though sex-selective abortion (Das Gupta 1999), infanticide (George et al. 1992, Das Gupta 1999), and medical and nutritional discrimination against female children (Sopher 1980, Miller 1981, 1989, 1993, 1997, Cowan & Dhanoa 1983, Dyson & Moore 1983, Das Gupta 1987, 1999, Chatterjee 1990, UNICEF 1990, Bennett 1992).

Given the predominance of multigenerational households, the nearest child is most likely to live in the same household and for 87% of Punjabis their nearest child is a member of the household or lives within a mile (Table 14). A vast majority (88%) had daily contact with a child (Table 15). Fewer than one-tenth (8%) saw a child less often than weekly.

Given the predominance of emigration from Punjab many of the Punjabis' children were living outside the country (Table 16). Over one-third (37%) of the sample (72 children) had children abroad, however, for only one respondent did their nearest child live abroad. Most children living abroad were residing in the UK (N=23) (Table 17). There were also children in North America (N=15) and the Middle East (N=12).

A majority of parents (81%) kept in touch with their children living abroad (Table 18). Contact was maintained by letter in over two-fifths (44%) of the relationships, and by telephone in three-quarters (75%) of relationships. In addition, nearly one-third (32%) of relationships were maintained by parents sending their children gifts, and over one-half (56%) of children abroad sent gifts to their parents.

Respondents with children living abroad were asked whether they sent or received regular remittances to their children. The economic benefits of emigration are visible in Asia in the form of stone houses built in the sending areas, compared with usual mud and thatch huts elsewhere (Gardner 1993, Kessinger 1979, Watson 1975). However, some literature suggests that international remittances may worsen rural inequality as they are earned mainly by upper-income villagers, that is the families that could afford to send a member abroad (Gilani et al. 1981, Adams 1989, 1991, Gardner 1993). Elsewhere it is reported that remittances may have an egalitarian or neutral effect (Stark et al. 1986, Adams 1992). Regardless of the impact on the sending area, it is apparent that in some cultures there are clear expectations that remittances will be dispatched to the sending community. The sponsorship of a family member, by supporting them to emigrate, may be seen by the family unit as an investment, where economic benefit will be gained through the receipt of remittances.

In this study only none of the respondents sent a remittance to a child. On the other hand, nearly half (47%) of children abroad sent remittances to their parents. The remittances averaged 725 Rs. (£9.52) per month. Of the respondents who answered, over four-fifths (81%) said that the remittances were used for household expenditure.

Siblings

We were also interested in relationships with siblings. A minority had no living siblings (17%), 15% had one living sibling, around one-quarter (23%) had two living siblings, but nearly one half (45%) had three or more siblings (Table 19). The modal number of siblings was 2 and the mean average was 2.56 (s.d. 1.95).

The siblings of the Punjabis tended to live nearby. One-fifth (19%) of the respondents had siblings living in the same household or within one mile, a further one-fifth (20%) had a sibling living within 5 miles. For nearly one-tenth

(9%) of the Punjabis the nearest sibling was over 50 miles away and for a further 3% of the sample their nearest sibling was in another country (Table 20). The frequency of contact with siblings is lower than with children. Only 18% of the Punjabis saw a sibling daily, however, a further one-quarter (28%) saw a sibling at least monthly (Table 21). On the other hand, one-quarter (25%) of the sample saw a sibling twice a year or less frequently.

Punjabi respondents were less likely to have siblings than children living abroad. Only 17% had siblings overseas (representing 29 siblings) (Table 22). Most siblings living abroad were residing in the UK (N=21) (Table 23). There were also siblings in North America (N=7). The preponderance of siblings in the UK reflects their age and the peak of out-migration to the UK for Punjabis in the 1960s (Burholt & Wenger 2003).

Ninety-six percent of siblings abroad kept in contact with their siblings in Punjab (Table 24). Over half (52%) of relationships between Punjabi siblings were maintained by letter, but a more frequently used form of communication was the telephone. Nearly three-quarters (72%) of sibling relationships were maintained by using the telephone. One-tenth (10%) of relationships were maintained by sending gifts to siblings aboard, but over four times as many siblings abroad (41%) sent gifts to their siblings in Punjab. None of the siblings abroad received remittances from brothers or sisters in Punjab, or sent remittances to their siblings in Punjab.

Relatives

Over three-quarters (76%) of Punjabis saw a relative and a further 6% saw a relative at least weekly (Table 25). Only 15% of the sample saw a relative less than weekly.

Other than children or siblings, only 8% of Punjabi respondents had other relatives living abroad (representing 16 relatives) (Table 26). Most relatives living

abroad were residing in the UK (N=9) (Table 27). All Punjabis (100%) with other relatives abroad kept in contact (Table 28). Only one-quarter (25%) of relationships were maintained through letter writing, but over four-fifths (81%) of relationships with relatives were maintained through telephone calls. Over half (56%) of the Punjabis sent gifts to other relatives abroad, and over two-thirds (69%) of relatives abroad sent gifts back to Punjab.

None of the Punjabis in India sent remittances to relatives, however, two relatives abroad sent remittances back to their relatives in Punjab. These remittances were spent on household expenditure. The average amount received from other relatives was 750 Rs. (£9.85) per month. A son-in-law sent one remittance to his widowed father-in-law who had two living daughters but no sons. The other recipient of a remittance was a widow who was childless and was sent money by her nephew living abroad. The latter scenario may be an example of fostering, whereby a childless couple adopt a male relative, with the most popular choice being a brother's son (nephew). The agreement between the adopted 'son' and the parents is usually an exchange of care provision (in this instance monetary provision) for inheritance of the adopter's property (Vatuk 1982).

Friends, neighbours and community integration

In addition to maintaining relationships between kin, Punjabis kept in contact with friends albeit less frequently. Over half (54%) of the sample saw friends at least weekly, with one-quarter (26%) noting that they saw their friends daily (Table 29). However, one-third (33%) of the sample never saw any friends, or did not have any friends. A study of older men in Chandigarh also found that just over one-third (36%) of older men said that they never visited friends (Mishra 1987).

Respondents were asked to give the names of up to five friends. Again around one-third (34%) of Punjabis did not name a friend (Table 30). This meant that the modal number of friends named was none, however, the mean average number of friends mentioned was 2.5 (s.d. 0.7). One-quarter (25%) named two friends,

and a further quarter (23%) named three friends. Over one-quarter (27%) of Punjabis said that there was someone who was dependent on their friendship.

Contact with neighbours was more frequent than contact with friends (Table 31). Three-quarters (74%) of Punjabis saw neighbours daily, and a further 17% saw neighbours at least weekly. Although little evidence exists on older people's contact with neighbours in India, research has shown that neighbour relationships are important in Asia as secondary sources of support (Kattakayam 1998), especially for vulnerable older people with no children who may be reliant on informal support from neighbours (Barrientos et al. 2003). Nearly five times as many Punjabis had no contact with friends compared with no contact with neighbours (33% vs. 7%). The proportion of people who never had contact with neighbours was identical to the proportion noted in Mishra's (1987) study in Chandigarh (7%). Very few (8%) saw neighbours less than weekly.

Two-thirds (67%) of the Punjabi sample attended social or community meetings (Table 32). Over one-quarter of the respondents (28%) said that they attended such meetings regularly, that is at least once a month. A further two-fifths (39%) attended meetings occasionally. In Bilga and Bhanoke the social and cultural organisations in the villages occasionally organise functions to which prominent folk singers are invited. Some of these organisations also organise sporting activities and team games.

Due to the large size of households, only one-tenth (9%) of older people in our sample said that they were alone in the house for more than nine hours a day (Table 33). Over four-fifths (83%) said they were in the house alone for less than three hours a day. A majority of Punjabis who said they were never or rarely lonely (99%) spent less than three hours a day alone in the house. A majority of Punjabis who said they were often lonely (69%) were alone in the home for more than six hours a day (level of significance for Pearson Chi Square test $p<.01$)

(Table 34). All but one (91%) of the Punjabis who were alone for over six hours were often lonely or lonely most of the time.

Religion

Elsewhere it is noted that Punjabis are predominantly Sikhs. Within the state, Sikhs account for 61% of the population, 37% of the population are Hindu, 1% are Muslim, 1% Christian and 0.5% Jain (Folkert 1984, p. 261, Gall 1998, p. 643). Punjab has the largest Sikh population in India (O'Brien & Palmer 1993). The Punjabis in this sample are mostly Sikh (64%), however around one third (31%) were Hindus (Table 35). Other religions recorded were Islam (1%), and Christianity (1%). As Punjabis are predominantly Sikh access to Gurdwaras in the villages is important. It has been reported that there are over 1000 Gurdwaras in Punjab (O'Brien & Palmer 1993).

There is a *Gurdwara* and a *Mandir* available to the people of Bilga and Bhanoke. Accordingly, over three-quarters (77%) of the Punjabis attended religious meetings (Table 36). One third (33%) attended regularly and over two-fifths (44%) said that they attended such meetings occasionally. Only one-tenth (10%) of Punjabis never attended religious meetings. There were no significant differences between the genders in attending religious meetings, which is probably because fundamental aspects of Sikh theology include implicit gender equality (Sikh Women 2002).

Unfortunately the information on participation for religious events contained a large amount of missing data. This ranged from 65-89% for participation in events with members of the family and members of the community. As it would not be meaningful to report on these findings in this section, only individual participation in religious events is commented upon. Over two-thirds (67%) of Punjabis visited places of worship on their own (Table 37). More of the sample engaged in prayer rather than visiting a place of worship. Seventy-two percent of

Punjabis said that they pray on their own. The Principal Investigator in Punjab noted that:

> "In the Sikh *Gurdwara* hymns are sung by the priest, concluded by prayer by the priest and reading of the scripture Guru Granth Sahib. In the Hindu temple, the morning and evening services – known as *arti* – are performed. The congregation in the Hindu temple is comparatively smaller than in the Gurdwara. Apart from this, some of the people recite their individual prayers from the religious book in their homes in the morning and evening. Older people devote more time in this regard compared with young people."

As would be expected fewer Punjabis went on pilgrimages than prayed or visited Gurdwaras or Mandirs. The data suggest that this activity is one that is engaged in individually on an occasional basis for around one-third of the sample (36%). In the scriptures written by the Sikh Gurus the word used to describe places of pilgrimage is *tirath*. Michaud (1998) notes that:

> "A *tirath* is a sacred ford, a place of crossing between the mundane and the divine usually located, symbolically or actually, along the bank of a river".

The journey to the tirath, know as a *tirath yatra* cannot be directly translated as a pilgrimage, as it carries with it other connotations including merit-giving efficacy of austerities, rituals, vows, purifications, and other practices (Michaud 1998).

Singh (1985) noted that:

> "There are no rivers, mountains or places held sacred by the Sikh faith. 'To worship an image, to make a pilgrimage to a shrine, to remain in a desert, and yet have the heart impure is all in vain,' said Nanak. Although

no places are sanctified by the Sikh faith, Sikhs do go on pilgrimage to temples associated with the Gurus."

Historically, dwellings associated with Gurus have received great numbers of visitors. A network of historical shrines, that are traditionally visited by Sikhs, stretch across the Punjab in India and beyond (Michaud 1998). There is a road (Guru Gobind Singh Marg) that connects all of the places visited by the tenth Guru during his travels in 1705, which is nowadays frequented by Sikh Pilgrims (Randhir 1990, Michaud 1998).

Two of the most sacred shrines in India, to which Sikhs make pilgrimages from elsewhere, are the *Golden Temple* and *Gurdwara Hemkund Sahib* (India Visit Travel Network 2002, Michaud 1998). The Golden Temple (or *Harmandir Sahib*) is situated in the town of Amritsar, Punjab. The temple houses the 'Pool of Immortality', which was constructed by Guru Ram Das and also contains the Sikh holy book the *Guru Granth Sahib* (India Visit Travel Network 2002). This shrine is in the neighbouring region (Karputhala) and it may be that visits to this shrine, covering a relatively short distance, were not considered as pilgrimages by the respondents. On the other hand, the *Gurdwara Hemkund Sahib* is not situated in Punjab but is located in the Uttaranchal's Garwhal region and journeys to this sacred site would probably be deemed as pilgrimages. Sikhs believe that *Hemkunt Parbat Sapatsring* ('lake of ice' 'mountain' with 'seven peaks') is the place where the tenth Guru meditated in his previous life and became one with God (Michaud 1998).

The findings from this study show that around two-thirds (67%) of Punjabis in this study partake of festivals individually. In Bilga and Bhanoke religious festivals celebrate the birthdays and days of martyrdom for the gurus or gods of the religious communities. During the festivals there are religious congregations and preaching about the guru or god concerned. There are also stalls and shops

selling food and fairground attractions such as games of skill, merry-go-rounds and other rides which are also part of the festival entertainment.

During *Basanth* (January/February) when the mustard fields turn golden, Punjabis welcome spring by dressing in yellow garments, holding huge feasts and kite flying competitions. *Lohri (*13th January) signifies the end of winter and is celebrated as a harvest festival. *Lohri* is considered an extremely auspicious day and is celebrated on a larger scale if there has been a birth or marriage in the family. If it is a child's first *Lohri*, the maternal grandparents send gifts of clothes, sweets, rayveri, peanuts, popcorn and fruits. A new bride also receives gifts of clothes, jewellery and sweets from her parents as well as her in-laws. A fire is usually made where friends and relatives gather. The group circles the fire three times, giving offerings of popcorn, peanuts, rayveri and sweets. Then, to the beat of the *dhol* (traditional Indian drum) the people in the gathering dance around the fire. The ritual is a prayer to *Agni* for abundant crops and prosperity. Additionally, an elaborate traditional Punjabi dinner is served (HinduNet.Inc 2003).

Baisakhi or *Vaisakhi* (in April) is the most popular festival of Punjab. This festival signifies the day (in 1689) that Guru Gobind Singh founded *Khalsa* and marks New Year's Day in Punjab. Punjabi Sikhs and Hindus celebrate the day with music and dancing. Hindu Punjabis visit temples and offer prayers, whereas the Sikhs visit gurdwaras and listen to *keertans*. Alms are given to the poor and the needy and married daughters receive gifts of clothes and sweets (HinduNet.Inc 2003).

In addition to the aforementioned Sikh festivals, the Hindu festivals of *Holi*, *Dussehra* and *Diwali*, are also celebrated in Punjab.

Education and Language

Education is important in terms of social inequalities (Evandrou 2000). Educational attainment is linked to income, health and well-being (Abel-Smith 1994, Blane et al. 1996). In this respect it is important to note that over two-thirds (69%) of the older Punjabis had not had any full time education (Table 38). A further twelve percent had had less than five years education, and 14% between 6 and ten years of education. Only 5% of Punjabis had been in full time education for over sixteen years. Only one Punjabi had been engaged in any part time education (Table 39). There were significant differences between the genders in undertaking full-time education (level of significance for Pearson Chi Square test p=.001). More women than men had never had any full-time education (87% vs. 54%). Elsewhere it has been reported that in India in 1981, the levels of illiteracy for older men and women was 65% and 98% respectively (Ponnuswami 2003).

Unsurprisingly all (100%) of the respondents considered that Punjabi was their first language (Table 40). Two-fifths (40%) of Punjabis who went to school were educated in Punjabi and a further two-fifths (43%) were education in more than one language (Table 41).

Only 16% of the sample could speak another language (Table 42). The most frequently spoken other languages were Hindi (N=15) and English (N=11). More Punjabis could write in one or more other languages (18%) than could speak other languages (Table 43). Once again, the most frequently written other languages were Hindi (N=16) and English (N=13). Slightly more Punjabis could read another language, one-fifth of the sample could read one or more other languages (20%) most frequently Hindi (N=17) or English (14) (Table 44).

Sources of Support and Help

This section explores the sources of informal help and support available to older Punjabis in India. In many cases, responses refer to what would happen if the need arose, in others the need has already arisen and responses refer to what happened. Before moving on to look at sources of help with particular needs or tasks, the informal support networks available to the members of the sample are discussed.

Support Networks

Support networks were measured using the Wenger Support Network Typology and support network type identified using the assessment of network type instrument (Wenger 1991). The typology, based on qualitative and quantitative research conducted in the UK and subsequently tested in Bangladesh (Burholt et. al 2000) and China (Wenger & Liu 1999, 2000), as well as other developed countries, identifies five types of support networks. The different types are based on: the availability of local kin, frequency of face-to-face interaction with family, friends and neighbours and community integration (Wenger 1989).

The Local Family Dependent Network – the older person relies for most help and support on relatives living in the same community.

The Locally Integrated Network – associated with helping relationships with local family, friends and neighbours.

The Local Self-contained Network – reflects a more privatised household-centred life style with reliance on neighbours if essential.

The Wider Community Focused Network – is associated with an absence of local kin, primary focus on friends and involvement in community groups.

The Private Restricted Network – is associated with an absence of local kin and low levels of contact with neighbours and the community.

Support network type has been found to be correlated at high levels of statistical significance with most demographic variables, social support variables, sources

of informal help and support for a range of needs and tasks (such as advice, companionship, household chores, personal care), outcome variables (such as health, morale, isolation, loneliness) and various aspects of formal service use (such as presenting problems, length of time on case loads and reaction to interventions). Research has shown that some network types are better able than others to provide help and support of various sorts, including personal care.

Local family dependent and locally integrated networks were found to be better able to support older people in the community in the face of physical or mental impairment. Nearly all of the aforementioned variables were correlated with network type at the highest level of statistical significance (Wenger & Shahtahmasebi 1990). Network type has been demonstrated to have high predictive value for outcomes in the context of illness or other crises (Wenger 1994, Wenger & Tucker 2002)

In this study, 85% of respondents had either family dependent (55%) or locally integrated support networks (30%) (Table 45). These are the two network types that have been identified as providing the highest levels of informal care. It would be expected, therefore, that high proportions of Punjabis would receive most informal help and support from family members. Fewer Punjabis (4%) had wider community focused support networks, which are based on friendship and community integration. One-third (34%) of Punjabis therefore, had locally integrated and wider community focused types of support networks indicating community integration with friends, neighbours and community groups.

Confidants

Respondents were asked 'Is there someone in whom you can confide or talk to about yourself or your problems?' Responses were coded by the relationship of the confidant to the respondent. At one extreme, respondents said that there was no one and at the other extreme they mentioned more than one person to whom they could talk (Table 46).

One-quarter (25%) of the older Punjabis did not have a confidant or did not confide. This could be interpreted in one of two ways: either there was no one to whom they were close enough to confide, or it was not in their nature or culture to confide. Among those who named a confidant it was possible to identify the most frequently mentioned relationship category as friend or neighbour (23%), son (15%), spouse (14%) or other relative (11%). Although nearly a quarter of the sample, who named a confidant, named a friend or neighbour, over half (51%) of the sample named a relative. Although not statistically significant, men were more likely than women to name a friend or neighbour (30% vs. 15%) and women were more likely than men to name a daughter-in-law as a confidant (13% vs. 2%).

Person to talk to when unhappy

Respondents were also asked to whom they talked if they felt unhappy. A significant minority of Punjabis (30%) said they talked to no one (Table 47). Of those who did mention someone that they would talk to, the most likely people were friends or neighbours (19%), other relatives (17%) or spouse (12%). However, when the analysis takes into account gender it becomes apparent that men were more likely than women to have no-one to talk to if they were unhappy (43% vs. 15%). Women were more likely than men to talk to other relatives if they were unhappy (26% vs. 9%) (level of significance for Pearson Chi Square test $p<.05$).

Respondents were asked if anyone came to talk to them when *they* were unhappy. Forty-four percent of the Punjabis said that no-one came to talk to them when they were unhappy (Table 48). However, three-tenths (29%) said that friends and neighbours came to talk to them if they were unhappy, 12% said that their spouses talked to them and one-tenth (10%) said that other relatives would talk to them. There were no statistically significant differences between the genders.

Personal Problems

Respondents were asked to whom they would talk if they had personal problems. Just over one-third (35%) of Punjabis would talk to no-one. When they did talk to someone they were most likely to talk to their spouse (20%), friend or neighbour (19%) or a son (13%) (Table 49). There were no significant differences between men and women.

Respondents were also asked if people came to talk to *them* about personal problems. Over one-half (53%) of Punjabis said that no one talked to them about these issues (Table 50). However, nearly one-fifth (18%) of Punjabis said that a friend or neighbour would come to talk about personal problems, one-tenth (10%) mentioned a spouse and a further tenth (10%) said that an 'other' relative would talk to them. There were statistically significant differences between the genders; this was because men were more likely than women to have no-one come to talk to them about personal problems (67% vs. 40%) (level of significance for Pearson Chi Square test $p<.05$).

Informal Health Care

Before discussing the sources of help for respondents when they were ill, it is necessary to discuss the health status of the sample. Self-assessed health is a difficult variable to compare. While in the US and UK self-assessed health has been shown to be highly predictive of mortality (Mossey & Shapiro 1982, Kaplan & Camacho 1983, Kaplan et al. 1988, Idler et al. 1990, Lee & Markides 1990, Idler & Kasl 1991, Rakowski et al. 1991, Roos & Haven 1991, Wolinsky & Johnson 1992), self-assessed health is culturally affected. In India, it has been found that self-assessed health is associated with life satisfaction in older people (Mishra 1987, Sinha 1989, Ramamurti & Jamuna 1993, Jamuna 1994). In Punjab, nearly three-quarters (74%) of the sample thought that their health was at least all right for their age, and just over one-quarter (26%) reported that their health was only fair or poor (Table 51).

Our findings suggest that in Punjab self-assessed health may be based on the health conditions that they have. For example, only 38% of the sample said that they had a serious health problem and nearly two-thirds (65%) of this group reported fair or poor health (Table 55). The proportion of the sample with a serious health problem is slightly less than reported elsewhere for the level of chronic diseases for people aged 60 and over in rural areas of Southern India (45%) (Reddy 1996), but this sample aged 55+ is younger than in that study. However, it must be borne in mind that there are vast regional differences in morbidity in India (Tout 1989, p.254) and in addition, it has been noted that over-reporting and overstating diseases are common in studies as respondents often believe that researchers are able to arrange medical treatment (Reddy 1996). There were significant differences between Punjabis with a serious health condition and levels of self-assessed health (level of significance for Pearson Chi Square test p=.001). In addition to the aforementioned relationships, 71% of respondents who reported good or excellent health did not have a serious health problem. Although elsewhere it has been reported that women were more likely than men to report poor health (Joseph 1991, Kohli 1996, van Willigen & Chadha 1999), in this study there were no statistically significant differences between genders in the reporting of self-assessed health or serious health problems.

One-quarter (24%) of Punjabis said that they had a health condition that limited their activities in some way. Once again, there were significant differences between Punjabis with a limiting health condition and levels of self-assessed health (level of significance for Pearson Chi Square test p<.001). Over three-fifths (62%) of respondents who reported fair or poor health had a limiting health condition, whereas 89% of people reporting good or excellent health did not have a limiting health condition. There were no differences between men and women in reporting limiting illnesses.

As noted above, nearly two-fifths (38%) of the Punjabi sample reported a serious health problem. The most frequently reported health conditions were arthritis

(N=12), asthma or breathing problems (N=8), hypertension (N=7), diabetes (N=4), impaired vision (N=4) and coronary heart disease (CHD) (N=4) (Table 53). Elsewhere it has been reported that arthritis was the most common disease in older Indians followed by hypertension, visual problems, ischaemic heart disease, hearing impairment, diabetes mellitus, protozoal and worm infestations, chronic bronchitis, asthma and emphysema (Singh et al. 1996). It can be seen in the present study that asthma or breathing problems came higher in the list of most frequent diseases than in the study conducted in 1992 in a rural area of Uttar Pradesh.

The leading cause of death for older people in India is cardiovascular disease (Prakash 1999). In the UK, studies have shown that mortality rates from coronary heart disease are around 40% higher for South Asians than for the white population (Balarajan 1991, 1995). Similar findings have been found for South Asian communities living in different parts of the world (Bardsley et al. 2000). Studies have suggested that the risk factors for coronary heart disease in South Asians are diet, obesity, high blood pressure (7 Punjabis in this study reported hypertension), deprivation in childhood, and insulin resistance (McKeigue & Sevak 1994, McKeigue 1989, McKeigue et al. 1991, Nath & Murphy 1988, Gupta et al. 1995, Pais et al. 1996, Bhopal et al. 1999). In Mumbai, it was estimated that 24% of the older population had cardiovascular disease (Tout 1989) and in 1996, it was estimated that the number of hypertensives in the older population had nearly reached nine million (Prakash 1999). In Bangalore, a study noted that 14% of the male population and 16% of the female population in a rural area were hypertensive (Prakash 2003, p. 5), which was considerably higher than another rural study where only 6% of the rural older population reported high blood pressure (Rajan et al. 2001). In this study, over one-tenth (11%) of the sample reported hypertension or CHD.

In a study of older people in Bangladesh and India it was found that the overall prevalence of hypertension (using the WHO-International Society for

Hypertension criteria) is between 62 and 67%. However, the prevalence was lower in rural areas than in urban areas. Amongst the older people who had hypertension, 45% were aware of their condition and 40% were taking anti-hypertensive medications. The study showed that visiting a physician in the previous year, higher educational attainment and being female were important correlates of hypertension awareness (Hypertension Study Group 2001). The study concludes that strategies should be developed to reduce the average blood pressure in the population.

Other studies have looked at the prevalence of the other medical conditions mentioned in the current study. There is a paucity of good epidemiological studies on arthritis from India (Chandrasekaran & Radhakrishna 1995). However, studies have estimated that the prevalence of arthritis in the Indian adult population is 0.75%, which is similar to the incidence of the disease in the West (Malaviya et al. 1993, Mijiyawa 1995). The incidence of arthritis increases with age, and in a study of older people in rural areas of Bangalore 16% of men and 27% of women reported arthritis (Prakash 2003, p. 5). In this study 12% of the sample reported the disease. In the West the economic burden of musculoskeletal diseases is high, accounting for up to 1-2.5% of the GNP. This burden comprises both the direct costs of medical interventions and indirect costs, such as premature mortality and chronic and short-term disability (Reginster 2002). Arthritis can limit physical activity and the ability to undertake activities of daily living (Yelin & Katz 1990, Yelin 1992, Hochberg et al. 1995) and will therefore impact on older Indians' dependence on other people for support with daily household tasks.

In Mumbai, it was estimated that 9% of the older population had a respiratory disease (Tout 1989), which is similar to the proportion of the sample in this study reporting asthma or breathing problems (8%). However, a study in rural Uttar Pradesh of clients visiting a Primary Health Centre, showed that the proportion of this sub-population of older people presenting with asthma was much greater

(22%) (Singh et al. 1996). In Delhi too, a higher prevalence of respiratory disorders was observed (pulmonary tuberculosis 16%, Chronic Obstructive Pulmonary Disease 10%, asthma 4.5%) (Gupta et al. 2002) and in rural Bangalore, 22% of older men and 9% of older women reported that they had asthma (Prakash 2003, p. 5).

It was estimated that in 1996 there were approximately 11 million older blind people in India and that 80% of the blindness was due to cataracts (Angra et al. 1997). A study in Delhi suggests that cataract was present in 7.5% of the older population (Gupta et al. 2002), which is nearly twice the proportion of respondents with impaired vision in the current study. However, it has been noted elsewhere that there are fewer diagnosed disorders in rural areas because of poor access and affordability of health care (Prakash 2003, p. 5-6). A study estimated that 3.2% of the population of older people in rural areas of India (in 2001) would be visually impaired (Chanana & Talwar 1987) which is similar to the levels reported in this study (4%). Although there have been efforts to increase the number of cataract operations that are undertaken in India, studies have shown that an unacceptably high proportion of operations do not achieve visual acuity for the patient (Limburg et al. 1999, Dada et al. 1999, Johnson 2000). However, it has been suggested that these results could be improved as evidence from camps in Punjab and Madhya Pradesh suggest that good results can be achieved with skilled surgeons and good organisation (Reidy et al. 1991, Kapoor et al. 1999).

The prevalence of diabetes for older people in rural areas of India is estimated to be 3.5% (Prakash 1999), which is similar to the levels reported by older people in this study (4%).

The levels of impairment in this study appear to explain the levels of self-assessed poor health, as a relationship was observed between the two variables. This relationship is also seen when limiting conditions are examined. As noted

above, over three-fifths (62%) of respondents who reported fair or poor health had a limiting health condition, whereas 89% of people reporting good or excellent health did not have a limiting health condition.

The most frequently reported limiting conditions or the activities they limited were: cannot walk (N=7), arthritis (N=2), housework (N=2), cannot go out alone (N=2) and coronary heart disease (N=2) (Table 54). A lack of functional ability is considered to be severely limiting by over one-tenth (13%) of the sample that reported either restrictions in mobility[1], or arthritis.

In this current study, respondents were asked who they needed to look after them. The modal response was no one (50%) (Table 55). However, over one-quarter of the respondents named a son (28%). Over one-tenth of the sample (11%) said that their spouse cared for them. There were significant differences between the genders, with more women than men saying that they needed their daughters-in-law to care for them (9% vs. 0%) (level of significance for Pearson Chi Square test $p<.05$). This distribution was partially reflected in terms of the person they would expect to care for them if they were ill.

The incidence of ill health is higher amongst older people e.g. coronary heart disease, cerebrovascular disease and stroke, arthritis, osteoporosis (Charles 2000) and dementia (Hofman et al. 1991, Lobo et al. 1990, Rocca et al. 1990, Rocca et al. 1991). Therefore, having someone to care for one at home if one is ill can be very important. However, over one-tenth (11%) of Punjabis said that there was no one to take care of them when they were ill (Table 56). Most frequently mentioned were: son (35%), spouse (20%) and daughter-in-law (19%). Daughters were not mentioned as routine carers, as they have not traditionally provided the primary support for their parents (Cain 1986, Das Gupta 1999).

[1] **Mobility restriction was a collapsed category that included: cannot walk/difficulty walking, cannot go out alone, getting up stairs/steps, housework, in/out of bed and picking things up.**

There were significant differences between genders. Men were more likely than women to say that a spouse would look after them when they were ill (28% vs. 11%) or that their son would take care of them (50% vs. 18%). On the other hand, women were more likely than men to say that daughters-in-law would look after them (40% vs. 2%) or an 'other' relative (13% vs. 2%) (level of significance for Pearson Chi Square test $p<.001$). It can be seen that caring for a sick person is undertaken by both genders and usually comes from a same sex member of the household.

Interviewees were also asked if someone needed *the respondent* to look after them. The modal response was that no-one needed the respondent to look after them (82%). However, just over one-tenth (13%) said that a spouse needed them to look after them (Table 57). There were no gender differences in whom respondents cared for.

Punjabis were also asked who would expect the respondent to care for them *if they were ill*. Over one-half (55%) of the sample did not look after anyone, however, one-quarter (26%) would look after a spouse if they were ill and one-tenth (11%) would look after another relative if they were ill (Table 58). Once again there were no differences between the genders in who respondents would look after when they were ill.

Research in developing and low-income countries has indicated that despite higher levels of illness, older people use health services less frequently than other age groups (Ahmed et al. 2000, Kalache & Sen 1999). In this study, respondents were asked who would accompany them to see the doctor or to the hospital (Table 59). Only 14% said that they would go alone. Over half of the sample named a son (58%) and over one-tenth (12%) said that another (male) relative would accompany them to the doctors. What is interesting here is that when a respondent is accompanied to the doctors, their companion is likely to be

male whether they are male or female. Consequently, there were no significant differences between genders

Respondents were also asked if they accompanied anyone to the doctors or hospital. Over one-half (55%) of the sample did not accompany anyone (Table 60). One-fifth (19%) accompanied a son to the doctors or hospital. Surprisingly, given that we observed a gender dimension to the companions for respondents, there were no significant differences between men and women in accompanying someone else to medical facilities.

Domestic Help

Respondents were asked about a range of common domestic tasks or situations with which they might be likely to receive help. These included: borrowing small items (such as food, tools or small sums of money), food preparation, shopping, cooking, donations of food, laundry and other household chores.

Borrowing is clearly not undertaken lightly by Punjabis. Nearly nine-tenths (87%) said they would not borrow from anyone (Table 61). Among those who would borrow things, the most common person to ask would be a friend or neighbour (6%). There were no significant differences between genders.

Respondents were asked if anyone borrows from them. Again the findings demonstrate that borrowing is not commonplace for Punjabis. Eighty-nine percent said that no-one borrowed from them (Table 62). Only friends or neighbours (9%) were mentioned frequently enough to indicate that they borrowed from respondents. There were no significant differences between genders.

As far as **shopping for food** is concerned, just over one-half (58%) shopped for themselves (Table 63). When Punjabis do receive help with their shopping, most of it is provided by sons (26%) or spouses (10%). There were differences

between men and women in receiving help with shopping (level of significance for Pearson Chi Square test $p<.05$). Men were more likely than women to do the shopping alone (72% vs. 44%) and women were more likely than men to receive help from a son (37% vs. 17%). Elsewhere it has been noted that male household roles are often defined as interactions with persons outside of the household. Consequently, shopping is seen as a male task (van Willigen & Chadha 1999, p. 108). In a study in Delhi, older men mentioned that their roles included shopping for groceries and milk (van Willigen & Chadha 1999, p. 108). A vast majority of respondents did not go shopping for anyone else (82%) (Table 64). However, when shopping was undertaken it would be for spouses (7%) or other relatives (9%). There were no significant differences between genders.

Almost all Punjabis received **help with cooking.** Help came mainly from daughters-in-law (65%), spouse (13%) and less frequently from a daughter (7%) (Table 65). In the latter instance a majority (86%) of the daughters providing help were unmarried (one was divorced) and co-residing with her parents, in only one case the daughter providing help was married. The married daughter was co-residing with her widowed father and her children but not her husband, her father had no sons.

It has been noted elsewhere that an older person living with a married daughter is likely to be considered by others as a 'poor soul', implying that under no circumstances should a parent receive anything from a daughter or her in-laws (Vatuk 1982, Gore 1992). However, in this instance the widower was living in his own home, not that of his daughter. It has been suggested that this is a more acceptable alternative for an individual without sons, than it is for parents to marry their daughter to a man who is willing to live in his spouse's parents home (Vatuk 1982). However, the position of *ghar jamai* (son-in-law of the house) has low prestige as the son-in-law is under the control of his wife's parents (Vatuk 1982).

There were significant differences between genders in the sources of help with cooking (level of significance for Pearson Chi Square test $p<.01$). It is apparent that significantly more men than women receive help with cooking from their spouses (23% vs. 2%). Van Willigen and Chadha (1999) note that in the private sphere within the home, women are generally in charge of the cooking.

Over three-quarters (76%) of Punjabi elders do not help anyone else with their cooking (Table 66). One-tenth (11%) of the sample provided help to daughters-in-law. There were statistically significant differences between the genders. More men than women did not help anyone with cooking (98% vs. 50%). Women were more likely to help daughters-in-law (24% vs. 0%) or other relatives (11% vs. 0%) than men were (level of significance for Pearson Chi Square test $p<.001$). These data indicate that Punjabi women mainly undertake cooking, and within this group it is most likely to be carried out by daughters-in-law.

Respondents were also asked about **people who might bring them food** that they had grown or cooked. Hardly any Punjabis received food from anyone (4%) or took food to others (6%).

Laundry is much easier in the UK than in India. Only just over one-tenth (14%) of respondents in Punjab had a washing machine, however, only 17% of the older Punjabis did their own washing (Table 67). The most common sources of help were a daughter-in-law (54%) or spouse (12%). A study in Delhi also found that daughters-in-law were most likely to undertake the laundry for older people (van Willigen & Chadha 1999). There were gender differences in the source of help for women and men (level of significance for Pearson Chi Square test $p<.005$). Men were more likely than women to get help from a spouse (21% vs. 2%), and women were more likely than men to do the laundry alone (31% vs. 6%). A vast majority (86%) of the Punjabis did not help anyone with their laundry (Table 68). However, there were once again differences between the genders. None of the men helped anyone with the laundry, whereas fewer women (71%)

reported that they did not help anyone. Women were more likely than men to help spouses with laundry (16% vs. 0%). Laundry appears to be an activity primarily carried out by the younger generation. For both men and women, daughters-in-law were most likely to do the laundry.

The findings for help with **other household chores** were similar to laundry, although more say that no help is received (52%) (Table 69). In this study, as in others (van Willigen & Chadha 1999), most help came from daughters-in-law (26%). There were significant differences between genders in help with household chores (level of significance for Pearson Chi Square test $p<.001$). Men were more likely than women to say that they did the chores alone (72% vs. 28%), whereas women were more likely to say that daughters-in-law helped with household tasks (52% vs. 4%).

Nearly two-thirds (64%) of respondents did not help anyone else with household chores (Table 70). When help was given this tended to be to daughters-in-law (22%). Once again there were gender differences, but these seem to be anomalous. Previously men had stated that no-one helped them with household chores (i.e. they did them alone). Given that 70% of the Punjabi men were married one would expect that they would say that they did the household chores for their spouses, however this was not the case. Analyses showed that men were more likely than women to say that they did not help anyone (89% vs. 35%). Women were more likely than men to assist daughters-in-law (46% vs. 2%). Household chores appear to be undertaken specifically by daughters-in-law with assistance from mothers-in-law. Men appear to say that they do not have help, however it is doubtful whether this is accurately reported. Perhaps the expectation of male respondents was that women undertook household tasks, and therefore they did not report any help because it was not their responsibility. Elsewhere it has been reported that older men become more peripheral to the household's day-to-day routine and spend increasing amounts of time outside of

the home with friends and neighbours (Vatuk 1982). Indeed the PI in Punjab noted:

> "The older men in the village go to the common places and spend time gossiping, playing cards etc. They may also visit the temple, do some minor shopping or buy vegetables for the family. Those belonging to agricultural families may take food and tea to the people working in the fields. Men may participate in family agricultural activities. "

The PI also noted that women undertook all of the household tasks in the home. Elsewhere it has been noted that the older women are more involved in the day-to-day running of the household than older men (Vatuk 1982). They continue to manage the household until very late in life. The expectation is that a daughter-in-law will take over all of the cooking, cleaning, laundry and childcare, but will be overseen by her mother-in-law. The mother-in-law expects a hardworking, obedient, submissive daughter-in-law. This division of labour is often a source of tension between the generations (Vatuk 1982, Gore 1992, van Willigen & Chadha 1999).

Work and Income

Income in later life may be determined by employment history and contributions from relatives. Van Willigen and Chandha (1999) note that a number of studies have identified a positive relationship between economic factors and life satisfaction (Sinha 1971, Mishra 1987, Sinha 1989, Easwaramoorthy 1993). It has been reported that India has inadequate social security provision for older people (Bhat & Dhruvarajan 2001), and therefore they are mostly reliant on their own income or savings, or on contributions from the family (Prakash 1999, World Bank 2001). Older people who are functionally impaired and no longer capable of working are likely to be more dependent on family and other sources of support (Bhat & Dhruvarajan 2001). The rights of older people to be supported by the children have been legally enforced in India (Bhat & Dhruvarajan 2001). Research has shown that only 29% of the rural population of older people are

financially independent, 15% are partially dependent on their families, but a majority (56%) are fully economically dependent on their families (Bhat & Dhruvarajan 2001). Rural dwelling older women are more likely to be dependent on their families than men (91% vs. 49%) (Bhat & Dhruvarajan 2001). This has consequences for the well-being of older people, as studies have found that older people who are in control of their own finances have better care provision than those who have no income or are financially dependent on their family (Nayar 2000).

It is difficult to make an accurate estimate of the economic status of older people in India, as although a majority of the workforce is engaged in agricultural labour only 40% are wage earners (Prakash 1999). However studies have noted that inadequate financial resources are a major concern of older people in India, especially women and the rural poor (Desai 1985, Dak & Sharma 1987, Punia & Sharma 1987, Rajan et al. 2000).

Respondents were asked if they currently work for money. Nearly two-fifths (39%) of the Punjabi respondents were working for money at the time of the study (Table 71). For those who still worked, the average working week was 31 hours. Elsewhere it has been noted that Indians in rural areas continue to work, although the numbers of hours worked per week decreases with age (Singh et al. 1987, Rajan et al. 2000).

The occupations respondents had for most of their lives are classified using the International Standard Classification of Occupations (ISCO-88) (International Labour Office 1990). ISCO-88 provides a hierarchical framework of occupations that are classified according to the degree of similarity in tasks and duties performed in each job. It identifies occupations in 10 major groups (Table 72). In these analyses housewives have been included in elementary occupations. ISCO-88 also delineates four broad skill levels. These are defined in terms of the educational levels and job-related formal training which may be required for

people who carry out such jobs. Skill level is not defined for two of the major groups (Legislators, senior official and managers; and armed forces), as there are aspects of the work that are important as similarity criteria but may represent significant differences in skill levels within each group. Tables 73 and 74 report the highest classification of the married couple (i.e. spouse's occupational classification is used if higher than the respondent's) in addition, the tables report the respondent's own classification displayed for men and women.

Historically in India, there has been a strong link between occupation and caste. However, in Punjab this association is weaker than elsewhere, due to the land reforms described earlier (Marenco 1976, Simmons & Supri 1997) and the minority status of Hinduism. The largest proportion of Punjabis in India had jobs classified in Group 9 and were typically housewives and farm or day labourers (Table 73). According to the 1991 census almost 80% of older people work in agriculture (Bhat & Dhruvarajan 2001. It has been noted that around 62% of older males work as cultivators and 70% of older females in India work as agricultural labourers (Rajan et al. 1999). Elsewhere it has been demonstrated that cultivators and casual agricultural labourers are the largest groups amongst the chronically poor in India (Mehta & Shah 2003).

Nearly two-thirds (65%) of the older Punjabis had skills classified at level 1. There were significant differences in the skill levels of men and women (level of significance for Pearson Chi Square test $p<.01$). Nearly all (98%) of the women have level 1 skills compared with only half (54%) of the men. In addition, significantly more men than women have skill at level 2 (26% vs. 2%). However, the extraordinarily low participation of women in occupations other than household work in rural Punjab has been noted elsewhere. It has been explained in terms of concealment of the actual involvement of women in labour, due to the feeling of *sharma* (embarrassment) by the household. Consequently, the range of economic functions performed by women tends to be categorised as 'housework' (Simmons & Supri 1997).

Unlike many other surveys, the response rate for the income question for Punjabis was very good, 97% of the sample answered the question (Table 75). As noted above older people are economically reliant on their income-generating ability or contributions from relatives. The data on sources of income show that one-third (33%) of respondents were receiving income from working and a further 17% from a spouse's job. However, one-half (49%) of respondents received income from children, 35% from children living in the same household and 14% from children living elsewhere. Around one-quarter (26%) of the Punjabis interviewed received a state pension, which is a greater proportion than the estimated level of receipt of National or State pensions for India as a whole (World Bank 2001). The two types of benefits available to older people in India are the National Old Age Pension (75 Rs. per month) and various state pension schemes (ranging from 60 to 250 Rs. per month) (HelpAge India 2000, Subrahmanya & Jhabwala 2000, Bhat & Dhruvarajan 2001).

There were considerable differences between the income sources for men and women. Men were more likely than women to be earning an income from work (52% vs. 13%) whereas women were more likely than men to receive an income from a spouse's job (33% vs. 4%) (level of significance for Pearson Chi Square test $p<.001$). Similar findings have been reported elsewhere, as it has been demonstrated that rural dwelling older men are more likely than women to be working for an income (51% vs. 11%) (Chanana & Talwar 1987). Consequently, women are more reliant on income from children and spouses and less likely to be financially independent. The Government of India (1999) has said that the financial situation of widows in India in worse than other groups as a majority have no independent income and few or no assets of their own.

An examination of the income variable suggested that respondents had stated the household income, which would be expected as joint families tend to pool income from different sources (van Willigen & Chadha 1999, p. 104). Although

pooled money is generally used for household expenses and allocated as required (van Willigen & Chadha 1999, p.104), it was decided for the purpose of this study to divide the household income by the number of household members to give an average income that *could* be allocated per head. The mean level of income for Punjabi men in this study was 1030 Rs. (approximately £13.51)[2] per month (ranging from 25 to 6,667 Rs.), however removing the largest outlier (6,667 Rs.) reduced the average income for men to 920 Rs. per month (approximately £12.06). The average income for women was much lower than for men at 573 Rs. (approximately £7.52) per month (ranging from 33 to 4,320 Rs.). The lower income of older women compared to the income of older men has been noted elsewhere (Chowdhry 1992). Chronic poverty is disproportionately high among older people and it has been estimated that 90% of the older population in India live below the poverty line (Bhat & Dhruvarajan 2001, Mehta & Shah 2003).

When asked to whom they would turn for **financial advice,** a majority of Punjabis said no-one gave them financial advice (59%) (Table 76). Most of those who would ask for financial advice said that sons (14%) or spouses (12%) gave them guidance regarding money. Likewise, when respondents were asked if they gave financial advice to anyone over one half (58%) replied that they did not. However, one-quarter (25%) gave advice to their sons and one-tenth (11%) gave advice to a spouse. There were no gender differences in the sources of financial help for women and men. However, elsewhere it has been noted that sons and husbands are most frequently mentioned in connection with the preparation of bills and financial records (van Willigen & Chadha 1999).

Dying in India

It appears that it is not commonplace to use legal mechanisms to ensure the transfer of inheritance in India as only one-quarter of the respondents in Punjab had made a will (Table 77).

[2] £1 was equivalent to 77 Rupess at the time of the survey

The Punjabis in this sample were mostly Sikh (64%), however around one third (31%) were Hindus. There were also a lot of missing data for questions relating to death, suggesting a reluctance to discuss death. Sikhism approaches death with attitudes of resignation and detachment (http://www.sgpc.net/sikhism/antam-sanskar.asp). Sikhs believe in reincarnation and that certain actions and attachments bind the soul to this cycle. Because the soul never dies, there is no mourning at the death of a Sikh. All ceremonies commemorating a death include much prayer to help the soul be released from the bonds of reincarnation and to become one with God again.

Respondents were asked about a recent death of someone near to them, not necessarily a relative, and where that person had died. Of those for whom there was a valid response, three-fifths (61%) had died at home (Table 78). Around one-fifth (22%) had died in hospital.

In a vast majority of deaths, a son of the deceased had arranged the funeral (81%) (Table 79). None of the funerals were arranged by a female. It appears that the rituals surrounding funerals have remained unchanged over the last few decades, as only one Punjabi said that they differed from the way they had been practised in the past (Table 80).

SUMMARY AND CONCLUSIONS

Three-tenths of the Punjabis in this sample were born in Bilga or Bhanoke and nearly one-half were born in another village or rural area. Most of the Punjabis in this study have lived in their present house for over 30 years. Their average age was 68.7. Only 2% of the older Punjabis were under 59, between 20 and 28 percent of the sample were in each of the other age bands. Ninety percent live in multi-generational households. Just over half are still married and two-fifths are widowed. Far more men than women are currently married and conversely far more women than men are widowed. Two-thirds of the Punjabis are Sikhs and three-tenths are Hindus. Three-quarters of the Punjabis attend religious meetings regularly or occasionally. Two-thirds of the Punjabis interviewed had received no formal education.

Older Punjabis have large families, with most having four of more children. Most have a child living in the same household and see a child every day. A majority have living brothers or sisters and half of the sample have a sibling living within fifteen miles. Contact with siblings is less frequent than with children. However, most see at least one relative daily. Most also have contact with friends and neighbours, although contact with neighbours is more frequent. Around two-thirds of the Punjabis interviewed attend meetings of community groups (at least occasionally). Most older Punjabis are alone for less than three hours a day, consequently, around two-thirds are never or rarely lonely. Family cohesion appears to be strong for Punjabis. In addition community cohesion is also high.

Most Punjabis are typically well supported by their family and community, and in turn play an important role in supporting other family members and friends. Families tend to provide practical support for domestic tasks whereas friends and neighbours play an important role in emotional support. The analyses show gender differences in responsibility for domestic work. The only male oriented domestic task is shopping, when sons or an older man are most likely to shop.

Within the household, the older women oversee the domestic tasks that are most often carried out by a daughter-in-law, assisted by her mother-in-law.

There is a significant minority of Punjabis who are without emotional support: 25% do not confide in anyone, 30% have no one to talk to when unhappy, and 35% have no one to whom they can talk about personal problems. These data may reflect cultural preferences for confiding and seeking emotional support.

Average incomes are low and it appears that household incomes rather than individual incomes were reported, reflecting the practice of pooling household resources (van Willigen & Chadha 19999). Over half of the older Punjabi men earn a wage but Punjabi women are dependent on income from their spouses, children residing in the same house or elsewhere. The average income of Punjabi women is nearly half of the average income of the men. These findings highlight the financial dependence of older women on their relatives, and the lack of alternative options for non-familial support. Indian law requires children to financially provide for their parents (Bhat & Dhruvarajan 2001). In addition, normatively other relatives also have a responsibility to provide for older relatives if they are going to receive an inheritance (Vatuk 1982).

Deficits in the provision of care for the older population in Punjab are likely to be especially acute for older women, who constitute the majority of the older population in nearly all low-mortality populations (Day 1985, Andrews et al. 1986, Martin 1988, Chen & Jones et al. 1989, Chayovan et al. 1990, Hermalin et al. 1990, Mason 1992). In India, there is already a differential between the life expectancy of men and women, with older women living longer than men. In addition, men have demonstrated a propensity to marry women younger than themselves. Therefore, women are more likely than men to end their lives as widows. Older men are able to rely on spouses for support as they grow older and more frail. On the other hand, older women are likely to have cared for ageing parents-in-law and perhaps an ageing husband. Once they are widowed

they may be left without a spouse or adult children to provide the care they need as they age. However, even when spouses are alive this study has demonstrated that older women are not likely to receive help with household chores from a husband but from a daughter-in-law. Perhaps more importantly, older women have the added difficulty of accessing a paid wage, pension and property rights. It is therefore imperative that the Government of India pays attention to the economic, social support and health care needs of older women (Mason 1992).

The study has raised some important issues. Firstly, as noted above, the financial reliance of older women on their spouse or offspring with little option for support from elsewhere. Other studies have noted that the lack of access to independent resources has been related to mortality for older women (particularly widows) in other areas of South Asia (Rahman et al. 1992). Secondly, the fairly high levels of poor health need to be referred to. A majority of the Punjabis in this sample rate their health as good/excellent or all right for their age. However, around two-fifths have a serious health condition and one quarter have a health problem that limits their activities. It is not possible here to tell whether support to older parents is guided by cultural and social expectations, a need for help due to functional limitations or anticipation of inheritance. However, it is important that policy makers attend to the needs of the population in order to address health deficiencies.

A study of South Asian countries reported that,

> '"in countries so inadequately provided with the facilities to care for the sick, the poor will generally go from birth to death without receiving the administration of a medically qualified person or lying on a hospital bed."
>
> (UNCTAD 1985)

Access to health care is particularly limited in rural areas, as there are few qualified personnel, with most choosing to practice in urban areas (UNCTAD

1985). It has been noted elsewhere that increases in life expectancy are only desirable when levels of health are improved through successful delivery of health care (Hansluwka 1986). Although India spends a higher proportion of its GNP on health care than China, Indonesia, Sri Lanka or Thailand (Griffin 1992) it has been estimated that the current health care infrastructure is unable to meet the demands of a population with decreasing mortality, but increasing morbidity (Nair & Nair 2003). In the researchers' experience rural Primary Health Care Centres are rarely staffed adequately, and when they are staffed older people have difficulty in affording treatment. The goal in India should be the provision of a free or subsidised health care service for poor and older people in India, particularly in rural areas. In addition, efforts should be made to ensure that the staff that are employed to work in the rural Primary Health Care Centres are actually present to perform their duties.

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Families and Migration: Older People from South Asia
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Older Punjabis in India
Appendix – Data Tables for Punjabi Sample

March 2003

By Vanessa Burholt, G. Clare Wenger and Zahida Shah

TABLE OF CONTENTS

Demographic Characteristics

Table 1. Gender distribution

Gender	**Punjabis (N=100) %**
Male	54
Female	46

Table 2. Age distribution

Age bands	**Punjabis (N=100) %**
55-59	2
60-64	23
65-69	28
70-74	27
75+	20

Table 3. Marital status distribution

Marital status:	**Punjabis (N=100) %**
Never married	2
Married	56
Widowed	39
Divorced/separated	3

Table 4: Age at current (or last) marriage

Age:	**Punjabis (N=100) %**
10-15	9
16-19	33
20-29	50
30-39	4
40-49	0
50-59	1
60+	1
Missing	2

Table 5: Number of years married for current (or last) marriage

Number of years:	Punjabis (N=100) %
<10	2
10-19	2
20-29	2
30-39	20
40-49	38
50-59	20
60+	2
Missing	14

Migration history

Table 6. Place of birth

Number of moves:	Punjabis (N=100) %
Born here	31
Large town/city	7
Small town	6
Village/rural area	55
Missing	1

Table 7. Number of moves

Number of moves:	Punjabis (N=100) %
0	92
1	4
2	4

Living Arrangements

Table 8. Household composition

Household composition:	**Punjabis (N=100) %**
Lives alone	4
Lives with spouse/ partner only	6
Lives with younger (2) generation	23
Lives in 3 or 4 generation household	67

Table 9. Number of members of household

Number:	**All (N=100) %**
Less than 4	32
5-6	42
7+	26

Table 10. Length of time living in current house

Number of years:	**Punjabis (N=100) %**
< 1	1
1-5	1
6-10	2
11-20	4
21-30	9
30+	82
Missing	1

Table 11. Age came to live in current house

Age:	Punjabis (N=100) %
Under 20	57
20-39	21
40-59	12
60-69	5
70+	2
Missing	3

Table 12. House tenure

Owned by:	Punjabis (N=100) %
Self or spouse	85
Child	10
Landlord	2
Other	3

Children

Table 13. Number of living children

	Punjabis (N=100) %		
Number of living:	**Children**	**Sons**	**Daughters**
0	3	8	15
1	4	21	27
2	9	32	28
3	17	22	15
4	27	13	7
5	19	3	6
6+	21	1	2

Table 14. Distance from nearest child

Distance from nearest child:	Punjabis (N=100) %
No children	3
In the same household/ within 1 mile	87
1-5 miles	1
6-15 miles	0
16-50 miles	6
50+ miles	2
In another country	1

Table 15. Most frequent contact with any child

Frequency of contact:	Punjabis (N=97) %
Daily	88
More than once a week	4
Once a week	0
2-3 times a month	1
Less than once a month	7

Table 16. Number of children living abroad

Number of children living abroad:	Punjabis (N=100) %
0	63
1	21
2	9
3	5
4	2

Table 17. Where children abroad live

Child living in:	Punjabis N
UK	23
Other Europe	7
North America	15
Latin America	3
Middle East	12
South East Asia	1

Table 18. Keeping in touch with children abroad

Keep in touch :	**Punjabis (N=72) %**
Yes	81
By:	
Letter	44
Phone	75
Sending gifts	32
Receiving gifts	56
Other	4

Siblings

Table 19. Number of living siblings

Number of living siblings:	**Punjabis (N=100) %**
0	17
1	15
2	23
3	16
4	11
5	9
6+	9

Table 20. Distance of nearest sibling

Distance of nearest sibling:	**Punjabis (N=100) %**
No siblings	17
In the same household/ within 1 mile	19
1-5 miles	20
6-15 miles	12
16-50 miles	17
50+ miles	9
In another country	3
Missing	3

Table 21. Most frequent contact with any sibling

Frequency of contact:	Punjabis (N=83) %
Daily	18
More than once a week	4
Once a week	4
2-3 times a month	6
Once a month	14
3-11 times a year	30
Twice a year	11
Once a year	5
Less than once a year	3
Never	6

Table 22. Number of siblings living abroad

Number of siblings living abroad:	Punjabis (N=100) %
0	83
1	9
2	5
3	2
4	1

Table 23. Where siblings abroad live (N).

Sibling living in:	Punjabis N
UK	21
North America	7
Middle East	1

Table 24. Keeping in touch with siblings abroad

Keep in touch :	Punjabis (N=29) %
Yes	96
By:	
Letter	52
Phone	72
Sending gifts	10
Receiving gifts	41
Other means	0

Relatives

Table 25. Frequency of contact with any relative

Frequency of contact:	**Punjabis (N=100) %**
Daily	76
2-3 times a week	6
At least once a week	0
< weekly, but > monthly	9
Less Often	3
Never/no relatives	3
Missing	3

Table 26. Number of relatives (other than children or siblings) living abroad

Number of relatives living abroad:	**Punjabis (N=100) %**
0	92
1	3
2	3
3+	2

Table 27. Where other relatives abroad live (N)

Relative living in:	**Punjabis N**
UK	9
Other Europe	1
North America	2
Latin America	2
Middle East	1

Table 28. Keeping in touch with relatives abroad

Keep in touch :	**Punjabis (N=16) %**
Yes	100
By:	
Letter	25
Phone	81
Sending gifts	56
Receiving gifts	69
Other means	0

Friends, Neighbours and Community Integration

Table 29. Frequency of contact with friends

Frequency of contact:	**Punjabis (N=100) %**
Every day	26
2-3 times a week	20
At least once a week	8
< weekly, but > monthly	4
Less often	3
Never/no friends	33
Missing	6

Table 30. Number of friends named (up to five)

Number:	**Punjabis (N=100) %**
0	34
1	7
2	25
3	23
4	6
5	5

Table 31. Frequency of contact with neighbours

Frequency of contact:	**Punjabis (N=100) %**
Every day	74
2-3 times a week	15
At least once a week	2
< weekly, but > monthly	0
Less often	1
Never/no neighbours	7
Missing	1

Table 32. Attendance at social or community meetings

Attend:	**Punjabis (N=100) %**
Never	19
Regularly[1]	28
Occasionally[2]	39
Missing	14

Table 33. Hours per day at home alone

Number of hours:	**Punjabis (N=100) %**
<3	83
3-5hrs 59mins	3
6-8hrs 59mins	2
>9	10
Missing	2

Table 34. Feels lonely

Frequency:	**Punjabis (N=100) %**
Never	56
Rarely	12
Sometimes	16
Often	13
Most of the time	3

[1] More than or equal to once a month
[2] Less than once a month

Religion

Table 35. Religion

Religion:	**Punjabis (N=100) %**
Sikh	64
Hindu	31
Muslim	1
Christian	1
Other	2
Missing	1

Table 36. Attendance at religious meetings

Attend:	**Punjabis (N=100) %**
Never	10
Regularly	33
Occasionally	44
Missing	13

Table 37. Participation in religious events

Religious activity & frequency:	Punjabis (N=100) %		
	Individually	**With family**	**With community**
Prayer:			
Never	17	2	1
Regularly	34	14	14
Occasionally	38	3	0
Missing	11	81	85
Festival:			
Never	2	1	0
Regularly	31	15	7
Occasionally	36	20	7
Missing	31	64	86
Going to place of worship:			
Never	12	0	0
Regularly	33	12	10
Occasionally	46	5	1
Missing	9	83	89
Pilgrimage:			
Never	42	0	0
Regularly	6	1	1
Occasionally	36	19	10
Missing	16	80	89

Education and Language

Table 38. Length of time in full time education

Number of years:	Punjabis (N=100) %
None	69
1-5	12
6-10	14
11-15	0
16+	5

Table 39. Length of time in part time education

Number of years:	Punjabis (N=100) %
None	99
1-5	0
6-10	0
11-15	1
16+	0

Table 40. Language of schooling (for those who went to school)

Language:	Punjabis (N=47) %
Punjabi	100

Table 41. First language

Language:	Punjabis (N=100) %
More than one	43
English	3
Hindi	7
Punjabi	40
Urdu	7

Table 42. Other spoken languages

	Punjabis (N=100) %
0	83
1	6
2	4
3 or more	6
Missing	1

Table 43. Other written languages

	Punjabis (N=100) %
0	81
1	8
2	5
3 or more	6

Table 44. Other languages read

	Punjabis (N=100) %
0	80
1	8
2	6
3 or more	6

Sources of Support and Help

Table 45. Support network distribution

Support network type:	Punjabis (N=100) %
Family dependent	55
Locally integrated	30
Local self-contained	2
Wider community focused	4
Private restricted	2
Inconclusive	7

Table 46. Relationship of confidant

Relationship:	Punjabis (N=100) %
No-one	25
Spouse	14
Son	15
Daughter	4
Daughter in law	7
Other relative	11
Friend or neighbour	23
Missing	1

Table 47. Relationship of person to whom respondent talks when unhappy

Relationship:	Punjabis (N=100) %
No-one	30
More than one	7
Spouse	12
Son	9
Daughter	4
Daughter in law	2
Other relative	17
Friend or neighbour	19

Table 48. Relationship of person who talks to respondent when they are unhappy

Relationship:	Punjabis (N=100) %
No-one	44
More than one	0
Spouse	12
Son	1
Daughter	2
Daughter in law	1
Other relative	10
Friend or neighbour	29
Missing	1

Table 49. Relationship of person who respondent talks to about personal problems

Relationship:	Punjabis (N=100) %
No-one	35
More than one	0
Spouse	20
Son	13
Daughter	4
Daughter in law	2
Other relative	6
Friend or neighbour	19
Missing	1

Table 50. Relationship of person who talks to respondent about personal problems

Relationship:	Punjabis (N=100) %
No-one	53
More than one	0
Spouse	10
Son	4
Daughter	3
Daughter in law	1
Other relative	10
Friend or neighbour	18
Missing	1

Table 51. Self assessed health

	Punjabis (N=100) %
Good or excellent	15
All right for age	59
Only fair	22
Poor	4

Table 52. Health problems

	Punjabis (N=100) %
Serious health problems:	
Yes	38
Limiting condition	
Yes	24

Table 53. Reported serious health conditions

Condition:	**Punjabis (N)**
Arthritis	12
Asthma	8
Hypertension	7
Diabetes	4
Impaired vision	4
Coronary Heart Disease	4
Lung damage	2
Back pain/sciatica	2
Non-specific weakness	2
Parkinson's disease	1
Knee problems	1
Oral cancer	1
Varicose veins	1
Skin disease	1
Brain haemorrhage	1
Hypotension	1

Table 54. Reported limiting condition (or activity)

Condition:	Punjabis (N)
Cannot walk/difficulty walking	7
Arthritis	2
Housework	2
Cannot go out alone	2
Coronary Heart Disease	2
Asthma/breathlessness	1
Parkinsons	1

Table 55. Relationship of person who respondent needs to look after them

Relationship:	Punjabis (N=100) %
No-one	50
More than one	4
Spouse	11
Son	28
Daughter	2
Daughter in law	4
Other relative	0
Friend or neighbour	0
Professional	0
Missing	1

Table 56. Relationship of person who would look after respondent if ill

Relationship:	Punjabis (N=100) %
No-one	11
More than one	0
Spouse	20
Son	35
Daughter	5
Daughter in law	19
Other relative	7
Friend or neighbour	2
Professional	0
Missing	1

Table 57. Relationship of person who needs respondent to look after them

Relationship:	Punjabis (N=100) %
No-one	82
More than one	0
Spouse	13
Son	1
Daughter	1
Daughter in law	0
Other relative	3

Table 58. Relationship of person who needs respondent to look after them when they are ill.

Relationship:	Punjabis (N=100) %
No-one	55
More than one	1
Spouse	26
Son	3
Daughter	1
Daughter in law	2
Other relative	11
Friend or neighbour	1

Table 59. Relationship of person who would accompany respondent to the doctors or hospital

Relationship:	Punjabis (N=100) %
No-one	14
More than one	1
Spouse	7
Son	58
Daughter	3
Daughter in law	1
Other relative	12
Friend or neighbour	4

Table 60. Relationship of person who respondent accompanies to doctors or hospital

Relationship:	Punjabis (N=100) %
No-one	55
More than one	2
Spouse	8
Son	19
Daughter	2
Daughter in law	3
Other relative	9
Friend or neighbour	2

Table 61. Relationship of person respondent would borrow from

Relationship:	Punjabis (N=100) %
No-one	87
More than one	0
Spouse	0
Son	1
Daughter	0
Daughter in law	0
Other relative	3
Friend or neighbour	6
Employees or other non-related	2
Missing	1

Table 62. Relationship of person who borrows from respondent

Relationship:	Punjabis (N=100) %
No-one	89
More than one	0
Spouse	0
Son	0
Daughter	0
Daughter in law	0
Other relative	0
Friend or neighbour	9
Missing	2

Table 63. Relationship of person who goes shopping for respondent

Relationship:	Punjabis (N=100) %
No-one	58
More than one	0
Spouse	10
Son	26
Daughter	0
Daughter in law	0
Other relative	5
Friend or neighbour	0
Missing	1

Table 64. Relationship of person who respondent shops for

Relationship:	Punjabis (N=100) %
No-one	82
More than one	0
Spouse	7
Son	1
Daughter	1
Daughter in law	0
Other relative	9
Friend or neighbour	0

Table 65. Relationship of person who cooks for respondent

Relationship:	Punjabis (N=100) %
No-one	6
More than one	4
Spouse	13
Son	1
Daughter	7
Daughter in law	65
Other relative	3
Friend or neighbour	0
Professional	0
Missing	1

Table 66. Relationship of person who respondent cooks for

Relationship:	Punjabis (N=100) %
No-one	76
More than one	1
Spouse	4
Son	1
Daughter	2
Daughter in law	11
Other relative	5
Friend or neighbour	0

Table 67. Relationship of person who does laundry for respondent

Relationship:	Punjabis (N=100) %
No-one	17
More than one	3
Spouse	12
Son	1
Daughter	7
Daughter in law	54
Other relative	3
Friend or neighbour	0
Professional	1
Missing	2

Table 68. Relationship of person who respondent does laundry for

Relationship:	Punjabis (N=100) %
No-one	86
More than one	2
Spouse	7
Son	1
Daughter	1
Daughter in law	1
Other relative	1
Friend or neighbour	0
Missing	1

Table 69. Relationship of person who helps respondent with household chores

Relationship:	Punjabis (N=100) %
No-one	52
More than one	3
Spouse	5
Son	5
Daughter	6
Daughter in law	26
Other relative	3
Friend or neighbour	0
Professional	0

Table 70. Relationship of person who respondent helps with household chores

Relationship:	Punjabis (N=100) %
No-one	64
More than one	2
Spouse	4
Son	3
Daughter	2
Daughter in law	22
Other relative	3
Friend or neighbour	0

Work and Income

Table 71. Currently working for money and average hours worked per week (for those still working)

Relationship:	**Punjabis (N=100) %**
Yes	39
	(N=39)
Mean number of hours per week	31 (s.d.14)

Table 72. ISCO-88 major occupational groups and skill levels

	Major group	**ISCO skill level**
1	Legislators, senior official and managers	
2	Professionals	4th
3	Technicians and associate professionals	3rd
4	Clerks	2nd
5	Service workers and shop and market sales workers	2nd
6	Skilled agricultural and fishery workers	2nd
7	Craft and related workers	2nd
8	Plant and machine operators and assemblers	2nd
9	Elementary occupations	1st
0	Armed forces	

Table 73. Major occupational groups

ISCO major group:	**Punjabis household (N=93) %**	**Punjabi men (N=43)**	**Punjabi women (N=43)**
1	4	5	0
2	6	5	0
3	2	14	0
4	3	5	0
5	6	5	0
6	0	-	-
7	8	9	2
8	5	7	0
9	56	2	98
0	3	49	0
Significance level of Pearson Chi Square		P=.001	

Table 74. Skill levels

ISCO major group:	Punjabis household (N=86) %	Punjabi men (N=39)	Punjabi women (N=43)
1	65	54	98
2	26	26	2
3	2	5	0
4	7	15	0
Significance level of Pearson Chi Square		P<.001	

Table 75. Sources of income

	Punjabis (N=100)
Source of income:	**% Yes**
Work	33
Spouse's work	17
Business	0
Children residing in home	35
Children elsewhere	14
Other relatives	2
Other agency[3]	3
Former (spouses) employer	6
Savings, investments etc.	4
State old age pension	26
Other source	3

[3] Not including retirement benefits

Table 76. Relationship of person who respondent would ask for financial advice for all ethnic groups in the UK.

Relationship:	Punjabis (N=100) %
No-one	59
More than one	1
Spouse	12
Son	14
Daughter	2
Daughter in law	4
Other relative	4
Friend or neighbour	3
Professional	0
Missing	1

Dying in Punjab

Table 77. Written a will

	Punjabis (N=100) %
No	69
Yes	25
Missing	6

Table 78. Place of death for the last (or recent) death of someone in family

	Punjabis (N=100) %
In their home	37
At the home of a family member	1
At someone else's home	0
Hospital	13
Nursing hone	1
Somewhere else	8
Missing	40

Table 79. Relationship and gender of person who arranged the funeral

Relationship:	**Punjabis (N=100) %**
More than one	1
Spouse	3
Son	46
Daughter	7
Other relative	0
Missing	43
Gender:	
Male	59
Female	0
More than one	1
Missing	40

Table 80. Difference in funeral ritual from childhood

	Punjabis (N=100) %
No	71
Yes	1
Missing	28