



Patterns And Sources Of Financial Support For The Elderly: A Comparative Study Of Rural And Urban Areas In Rajasthan And India

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Abstract

This study investigates the financial support mechanisms for the elderly in India, focusing on demographic and socio-economic trends, with a particular emphasis on the comparison between rural and urban areas within Rajasthan and across India. The primary objectives were to analyze the patterns and sources of financial support for the elderly, evaluate the differences in support mechanisms between rural and urban settings, and assess the implications of these findings for elderly care.

Utilizing a mixed-methods approach, the study combined quantitative data from national surveys with qualitative insights from interviews and case studies. The research revealed significant disparities in financial support between rural and urban areas, with urban regions generally offering better access to financial resources and support services. Rural areas, conversely, faced greater challenges, including limited financial aid and fewer social support mechanisms. The study also identified distinct patterns of financial dependency and familial support, highlighting the impact of family structures and regional policies on elderly care.

The findings underscore the need for targeted policy interventions to address the specific needs of elderly populations in different settings. The study recommends enhancing pension schemes, improving resource allocation, and strengthening social support systems to better meet the needs of the elderly. Additionally, it emphasizes the importance of integrating health care support with financial aid to ensure comprehensive care.

This research contributes to the understanding of elderly financial support mechanisms in India and provides a basis for future policy development and research. The implications for policymakers, social planners, and researchers are significant, as they can use these insights to improve elderly care and address the evolving challenges faced by this demographic.

Keywords: Elderly Care, Financial Support, Rural Vs. Urban Comparison, Socio-Economic Trends, Rajasthan, India.

1 Introduction

In developing countries, demographic transitions are markedly accelerating the increase in median age, the size, and the proportion of the elderly population, alongside rising rates of widowhood and old-age dependency (Fuster, 2017; Isherwood et al., 2017; World Health Organization [WHO], 2011). These shifts are transforming societal structures and escalating economic insecurity and health burdens among the elderly. Concurrently, there is a noticeable rise in nuclear families, an increase in individualism, and greater geographic mobility (Bianchi, 2014). These changes, while affecting all age groups, disproportionately impact the elderly, who face retirement, reduced or no income, deteriorating health, escalating disease burdens, increased familial responsibilities, and heightened social isolation (Bloom et al., 2003; Kämpfen et al., 2018; Maestas et al., 2016; Sheiner, 2014; United Nations [UN], 2013).

The economic burden of aging is compounded by a significant age gradient in disease burden and financial catastrophe, highlighting a disparity between elderly and younger populations (Arsenijevic et al., 2016; Mohanty et al., 2014; Prince et al., 2015). As socio-economic development and urbanization progress, there is a noticeable decline in intergenerational co-residence worldwide (Hughes & Waite, 2002; Szołtysek et al., 2011). Traditional family structures are weakening, with nuclear families becoming more prevalent as an increasing number of middle-aged and elderly adults live alone, with their spouses, or with unmarried children (Ruggles & Heggeness, 2008). These changes in living arrangements are closely linked to the elderly's economic well-being, physical and psychosocial health, and overall life satisfaction (Zimmer & Das, 2014). Factors such as rising incomes, enhanced social support coverage, greater mobility, and a decline in agricultural dependency contribute to the trend of independent living among the elderly (Szołtysek et al., 2011). Simultaneously, factors like privacy among younger couples, internal migration (Taylor & Bain, 2005), social networking, and shifts in marriage, cohabitation, and divorce patterns are altering household compositions (Kaur & Singh, 2013).

The financial well-being and social capital of the elderly are pivotal to their life satisfaction (Yeo & Lee, 2019). Household income is a key determinant of the elderly's mental health and overall well-being (Jeon et al., 2007).

The elderly population is growing at a rate of 3.5%, in contrast to a 0.07% growth rate in the child population aged 0–14 years (MoHFW, 2019). While longevity among the elderly is increasing across various states and socio-economic strata, half of the elderly remain financially dependent, with two-fifths lacking any source of income (Kulkarni et al., 2016). The organized sector employs less than 10% of India's workforce, and old-age pension coverage is both limited and inadequate (Maestas et al., 2016). Elderly households experience higher levels of poverty compared to non-elderly ones (Srivastava & Mohanty,

2012), and face significant out-of-pocket expenditures (OOPE) and catastrophic health spending (Kastor & Mohanty, 2018; Pandey et al., 2018). The insurance sector in India often excludes the elderly and those with chronic illnesses.

Large-scale surveys such as the National Sample Survey (NSS) and the National Family and Health Survey (NFHS) provide extensive data but fall short in offering a comprehensive view of household economic well-being. The NSS collects data on consumption expenditure but omits information on income, assets, and debt, while the NFHS uses economic proxies like the wealth index, which inadequately captures the economic conditions of households with elderly members (National Family Health Survey, 2019). Addressing this gap, the Longitudinal Ageing Study in India (LASI) provides detailed information on consumption, income, assets, and debts of older adult households. This study utilizes LASI data to present a comparative assessment of financial support for the elderly by their close relatives in Rajasthan and across India.

India is experiencing a profound demographic transition characterized by an increasing elderly population. This shift is marked by a significant rise in the number of elderly individuals, driven by declining fertility rates and increased life expectancy. As the population of senior citizens grows, it presents unique challenges that impact not only individuals but also the broader socio-economic fabric of the country.

The aging population in India is a pressing issue, reflecting a global trend but with particular nuances in the Indian context. According to Jadhav, Sathyanarayana, Kumar, and James (2013), the living arrangements of the elderly in India vary widely, with many seniors living alone or in non-traditional family settings. This variation is indicative of broader changes in family structures and societal norms. The study highlights that the traditional joint family system, where multiple generations live together, is increasingly giving way to nuclear family setups and independent living arrangements, especially in urban areas.

The economic implications of an aging population are substantial. As noted by Kumar (2013), the economic security of the elderly is crucial for ensuring their well-being. The growing number of elderly individuals places a strain on public resources, including pension systems and healthcare services. Economic independence and familial support are key factors that influence the quality of life among the elderly. However, as Ghosh and Husain (2010) point out, many elderly individuals face challenges related to economic dependence and inadequate family support, which can adversely affect their perceived health status.

The burden of aging extends beyond individual challenges to broader economic concerns. Datta (2017) explores how old age homes serve as a critical component in addressing the care needs of the elderly, alleviating some of the burdens on family members. However, the effectiveness of these institutions in providing adequate care and integrating with familial

support systems remains a topic of ongoing discussion. The need for comprehensive policy measures to enhance both institutional and familial support is evident.

The financial burden of aging also affects different relatives, including spouses and children. According to Ravishankar (2010), the family support system plays a crucial role in the care of elderly individuals, with regional variations influencing the availability and effectiveness of support. The financial implications of caregiving can be significant, particularly for families with limited resources. The study by Kaur, Kaur, and Venkateshan (2015) emphasizes that family support is integral to the quality of life of the elderly, and variations in support can impact their overall well-being.

Furthermore, the aging population in India poses economic challenges that require strategic responses. The increased longevity of elderly individuals results in extended periods of dependency, which can strain family finances and public resources. Shohe and Srivastav (2018) discuss the financial security concerns for healthcare among elderly individuals in rural areas, highlighting the need for targeted interventions to address these challenges.

In conclusion, the demographic shift towards an older population in India presents significant challenges that extend across economic, social, and familial domains. Understanding the complexities of elderly care, including living arrangements, familial support, and economic security, is crucial for developing effective policies and interventions. The insights from the studies reviewed underscore the importance of addressing these challenges through a multi-faceted approach that considers both institutional and familial dimensions of elderly care.

2 Review of Literature

The evolving dynamics of elderly care in India have been a subject of considerable academic inquiry. Several studies provide insight into various aspects of elderly living arrangements, family support, and economic security. This essay reviews selected papers that explore these themes, highlighting their objectives, methodologies, findings, and conclusions.

Jadhav, Sathyanarayana, Kumar, and James (2013) in their study, *Living Arrangements of the Elderly in India: Who Lives Alone and What Are the Patterns of Familial Support*, focus on understanding who among the elderly lives alone and the patterns of familial support they receive. Their research employs a cross-sectional survey approach, analyzing data from national surveys to explore the influence of demographic and socio-economic factors on living arrangements and familial support. The findings indicate that a significant portion of the elderly population lives alone or with minimal support, with disparities influenced by urbanization, economic status, and changes in family structures. The study concludes that there is an increasing trend of elderly individuals living independently, particularly in urban

areas, and recommends policy interventions to address the gaps in familial support and promote inclusive support systems.

Kaur, Kaur, and Venkateshan (2015) investigate the Factors Determining Family Support and Quality of Life of Elderly Population in their paper published in the International Journal of Medical Science and Public Health. The study aims to identify key determinants of family support and their impact on the quality of life among the elderly. Utilizing a survey-based methodology, the authors collect data through questionnaires and apply statistical methods to analyze the relationships between family support factors and quality of life indicators. Their findings suggest that family support significantly impacts the elderly's quality of life, with variations based on family structure, financial stability, and health status. The paper concludes that enhancing family support mechanisms is crucial for improving the quality of life among the elderly and recommends strengthening family-based support systems.

Ghosh and Husain (2010) provide insights into the Economic Independence, Family Support, and Perceived Health Status of the Elderly: Recent Evidence from India in their article published in the Asia Pacific Population Journal. Their study examines the interplay between economic independence, family support, and perceived health status among the elderly. Through a quantitative approach and statistical analysis of survey data, they find that economic independence and strong family support are positively correlated with better perceived health. The study highlights that economic security helps mitigate health-related issues, while family support plays a crucial role in maintaining overall well-being. The paper concludes that improving economic independence and family support is essential for better health outcomes and suggests policy measures to enhance both aspects.

Kumar (2013) provides an Overview of Economic Security for the Elderly in India in his contribution to An Aging India. The study reviews various economic security measures available to the elderly, assessing their effectiveness and coverage. Kumar employs a comprehensive review approach, analyzing policy documents, government reports, and literature. The findings reveal several economic security programs, such as pensions and social welfare schemes, but also note significant gaps in coverage and effectiveness. The paper concludes that while progress has been made, there is a need for more inclusive and effective policies to ensure financial stability for the elderly, recommending expanded coverage and improved implementation of existing programs.

Datta (2017) explores the role of Old Age Homes in India: Sharing the Burden of Elderly Care with the Family in his chapter from Elderly Care in India: Societal and State Responses. This study examines how old age homes contribute to alleviating the burden of elderly care and their impact on family dynamics. Using a qualitative approach with case studies and interviews, Datta finds that old age homes are crucial in relieving the burden on families, particularly in urban areas. However, challenges related to care quality and integration with

family support systems are noted. The chapter concludes that while old age homes are valuable, improvements in care quality and better integration with family support are necessary, with recommendations for strengthening policies to enhance the effectiveness of these institutions.

Ravishankar (2010) addresses Ageing and Family Support of Elderly in South India in the *Indian Journal of Gerontology*. The study focuses on the family support systems for the elderly in South India, employing a detailed analysis of regional data. The findings suggest that family support remains a vital component of elderly care, but regional disparities and variations in support mechanisms are evident. The paper concludes that while family support is significant, there is a need for targeted policies to address regional differences and ensure consistent support across various regions.

The Western model of family living arrangements is characterized by a predominance of nuclear households, where the elderly either live independently or in assisted living facilities. This trend is increasingly seen in some Arab countries close to India; for example, in Lebanon, older adults are more frequently living alone rather than with their children. As Tohme et al. (2011) highlight, the concept of living alone is complex: it can indicate financial capacity to live independently or signify social isolation from one's family (Tohme et al., 2011). In the broader Asian context, Martin (1989) notes that the ability to live alone is heavily influenced by the survival of one's spouse and living children, based on a study across Fiji, Korea, Malaysia, and the Philippines (Martin, 1989). In India, the gender dimension of aging is particularly significant, as older women often face larger age gaps with their spouses and have longer life expectancies.

In India, elderly parents living with their children fulfill dual roles: they receive care for their health and daily needs while also providing childcare for their grandchildren. This co-residence arrangement not only supports the health of elderly individuals—through improved self-rated health and reduced morbidity (Sudha et al., 2006)—but also allows for financial pooling within multigenerational households. Such arrangements can ease household budget constraints where strong pension systems exist or may worsen poverty when financial support predominantly flows upward. For elderly individuals living alone, this financial safety net may be absent, leading to potential poverty (Husain & Ghosh, 2011). The extended lifespan of the elderly means prolonged dependency on children, increasing costs for healthcare and other needs. To mitigate these financial burdens, the Indian Government introduced the National Policy on Older Persons in 1999, which offers tax relief for children co-residing with their parents, medical expense rebates, and housing preference (Ministry of Social Justice and Empowerment [MOSJE], 1999). However, this policy has not been widely adopted or enforced across most states in India.

Research on living and caregiving arrangements in India is still limited. Existing studies are often region-specific (Panigrahi, 2009; Sudha et al., 2006) or involve pilot programs covering a few states (Longitudinal Aging Study in India). Our dataset, however, spans seven states across different regions, providing a more comprehensive perspective. Panigrahi (2009) reports an increase in the proportion of elderly living alone in Orissa, with factors such as having a son and financial dependence reducing the likelihood of living alone, while higher education increases it. Data from the National Family Health Survey (NFHS) spanning 1992-93 to 2005-06 shows that approximately three-fourths of the elderly co-reside with their spouse and/or children and grandchildren (Sathyanarayana et al., 2012). Notably, the proportion of elders living alone or only with their spouse (independent of their children) rose from 9% to 19% during this period. Based upon the literature following hypotheses are presented –

- Elderly individuals in rural Rajasthan are more dependent on financial support from their own children compared to their urban counterparts.
- Financial support mechanisms for the elderly are more varied in urban Rajasthan compared to rural Rajasthan, with a higher reliance on spouses and other sources.
- There is a significant difference in the financial support patterns between rural and urban areas in India, with urban areas showing a more diversified support system.
- financial support for the elderly in rural Rajasthan is less comprehensive than that in rural India, and similarly, urban Rajasthan will have less comprehensive support compared to urban India.

3 Research Objectives

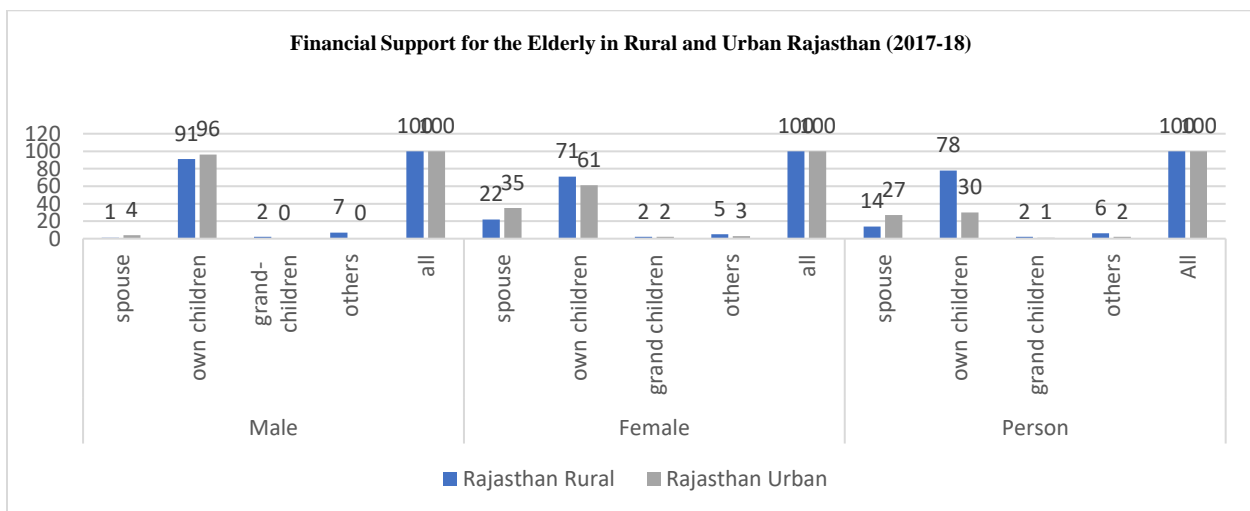
- I To analyze the demographic and socio-economic trends impacting financial support for the elderly in India and their implications for elderly care.
- II To examine the patterns and sources of financial support for the elderly in rural and urban areas of Rajasthan and India.
- III To compare financial support mechanisms for the elderly between rural and urban settings within Rajasthan and India.
- IV To assess the differences in financial support for the elderly between rural Rajasthan and rural India, as well as urban Rajasthan and urban India.

4 Financial Support for the Elderly

4.1 Financial Support for the Elderly in Rural and Urban Rajasthan (2017-18)

Percentage distribution of economically dependent aged persons by category of persons financially supporting the aged person for each State/UT, 2017-18

		Male					Female					Person				
	A re a	sp ou se	own chil dren	gran d- child ren	ot h er s	a ll	sp ou se	own chil dren	gran d child ren	ot h er s	a ll	sp ou se	own chil dren	gran d child ren	ot h er s	A ll
Raj ast ha n	R ur al	1	91	2	7	100	2	71	2	5	100	1	78	2	6	100
Raj ast ha n	U rb a n	4	96	0	0	100	3	61	2	3	100	2	30	1	2	100



The table provides a percentage distribution of economically dependent aged persons in Rajasthan, both rural and urban, based on the category of persons financially supporting

them in 2017-18. The data is separated by gender (male, female, and overall), offering insights into the sources of financial support for the elderly in these regions.

4.1.1 Rural Rajasthan

In rural Rajasthan, the majority of elderly individuals are financially supported by their own children. Specifically, 91% of elderly men and 71% of elderly women rely on their children for financial assistance. This high dependence on children underscores the traditional family structure in rural areas, where children are often the primary caregivers for aging parents.

However, there are notable gender differences in the sources of support. Only 1% of elderly men receive financial support from their spouses, whereas 22% of elderly women rely on their spouses. This disparity highlights the gendered dynamics within households, where men are less likely to depend on their wives financially. In contrast, women are more likely to receive spousal support, possibly due to traditional gender roles where men are the primary earners.

Support from grandchildren and others is relatively minimal for both genders. Two percent of both elderly men and women receive financial support from their grandchildren, while 7% of men and 5% of women receive support from other sources. These percentages indicate that while extended family and community support exist, they are not the primary sources of financial assistance for the elderly in rural Rajasthan.

Overall, 14% of elderly persons (combining both men and women) in rural Rajasthan are supported by their spouses, 78% by their own children, 2% by grandchildren, and 6% by other sources. These figures highlight the predominant role of children in supporting elderly parents in rural areas, with spousal support playing a secondary role.

4.1.2 Urban Rajasthan:

In urban Rajasthan, the pattern of financial support for the elderly shows some differences compared to rural areas. The majority of elderly individuals are still supported by their own children, but the percentages vary. For elderly men, 96% receive financial support from their children, which is even higher than the rural percentage. However, for elderly women, this figure drops to 61%, indicating a lesser reliance on children compared to their rural counterparts.

Spousal support is significantly higher in urban areas, particularly for women. Thirty-five percent of elderly women receive financial support from their spouses, compared to only 22% in rural areas. This increase may reflect changing family dynamics and greater financial independence among urban women. For elderly men, spousal support is also higher in urban areas (4%) compared to rural areas (1%).

Support from grandchildren and others is minimal in urban Rajasthan, similar to rural areas. Interestingly, no elderly men receive financial support from grandchildren or other sources in urban areas, while 2% of elderly women receive support from grandchildren and 3% from other sources. These figures suggest that while the nuclear family remains the primary source of support, there is slightly more diversity in support sources for women than men.

Overall, 27% of elderly persons (both men and women combined) in urban Rajasthan are supported by their spouses, 70% by their own children, 1% by grandchildren, and 2% by other sources. These numbers indicate a significant reliance on spousal support in urban areas, especially for women, alongside the continued importance of children as primary caregivers.

4.1.3 Comparative Analysis Between Rural and Urban Rajasthan:

A comparative analysis between rural and urban Rajasthan reveals distinct patterns in the sources of financial support for the elderly.

In rural areas, the predominant source of support is the elderly person's own children, with 91% of men and 71% of women relying on them. This high dependence reflects traditional family structures where children are expected to care for their aging parents. Spousal support is minimal for men (1%) but more substantial for women (22%), highlighting gender differences in financial dependency within households. Support from grandchildren and others is relatively low for both genders, indicating that while extended family and community support exist, they are not the primary sources of financial assistance.

In contrast, urban areas show a higher reliance on spousal support, particularly for women. Thirty-five percent of elderly women in urban areas receive financial support from their spouses, compared to only 22% in rural areas. For men, spousal support is slightly higher in urban areas (4%) compared to rural areas (1%). The reliance on children is still high but slightly lower than in rural areas, with 96% of men and 61% of women in urban areas receiving financial support from their children. Support from grandchildren and others remains minimal, with no elderly men in urban areas receiving support from these sources.

Overall, the data highlights that while children remain the primary source of financial support for the elderly in both rural and urban Rajasthan, urban areas show a higher tendency for spousal support, especially for women. This reflects changing family dynamics and greater financial independence among urban women. The minimal support from grandchildren and others in both areas suggests that the nuclear family remains the central support system for the elderly.

4.2 Financial Support for the Elderly in Rural and Urban India (2017-18)

Percentage distribution of economically dependent aged persons by category of persons financially supporting the aged person for each State/UT, 2017-18

	Area	Male					Female					Person				
		spouse	own children	grand-children	others	all	spouse	own children	grand-children	others	all	spouse	own children	grand-children	others	All
India	Rural	4	92	1	3	100	21	72	3	5	100	15	79	2	4	100
India	Urban	4	91	1	4	100	24	70	2	4	100	18	76	2	4	100

The table provides a comprehensive overview of the percentage distribution of economically dependent aged persons in India, differentiating between rural and urban areas based on the category of persons financially supporting them in 2017-18. The data is broken down by gender (male, female, and overall), offering valuable insights into the sources of financial support for the elderly in these regions.

4.2.1 Rural India:

In rural India, the majority of elderly individuals are financially supported by their own children. Specifically, 92% of elderly men and 72% of elderly women rely on their children for financial assistance. This high dependence on children underscores the traditional family structure in rural areas, where children are often the primary caregivers for aging parents.

However, there are notable gender differences in the sources of support. Four percent of elderly men receive financial support from their spouses, whereas 21% of elderly women rely on their spouses. This disparity highlights the gendered dynamics within households, where men are less likely to depend on their wives financially. In contrast, women are more

likely to receive spousal support, possibly due to traditional gender roles where men are the primary earners.

Support from grandchildren and others is relatively minimal for both genders. One percent of elderly men and three percent of elderly women receive financial support from their grandchildren, while three percent of men and five percent of women receive support from other sources. These percentages indicate that while extended family and community support exist, they are not the primary sources of financial assistance for the elderly in rural India.

Overall, 15% of elderly persons (combining both men and women) in rural India are supported by their spouses, 79% by their own children, 2% by grandchildren, and 4% by other sources. These figures highlight the predominant role of children in supporting elderly parents in rural areas, with spousal support playing a secondary role.

4.2.2 Urban India:

In urban India, the pattern of financial support for the elderly shows some differences compared to rural areas. The majority of elderly individuals are still supported by their own children, but the percentages vary slightly. For elderly men, 91% receive financial support from their children, which is only slightly lower than the rural percentage. For elderly women, this figure is 70%, indicating a lesser reliance on children compared to their rural counterparts.

Spousal support is significantly higher in urban areas, particularly for women. Twenty-four percent of elderly women receive financial support from their spouses, compared to only 21% in rural areas. This increase may reflect changing family dynamics and greater financial independence among urban women. For elderly men, spousal support remains the same in both urban and rural areas at 4%.

Support from grandchildren and others is minimal in urban India, similar to rural areas. One percent of elderly men and two percent of elderly women receive financial support from grandchildren, while four percent of men and women receive support from other sources. These figures suggest that while the nuclear family remains the primary source of support, there is slightly more diversity in support sources for women than men.

Overall, 18% of elderly persons (both men and women combined) in urban India are supported by their spouses, 76% by their own children, 2% by grandchildren, and 4% by other sources. These numbers indicate a significant reliance on spousal support in urban areas, especially for women, alongside the continued importance of children as primary caregivers.

4.2.3 Comparative Analysis Between Rural and Urban India:

In rural areas, the predominant source of support is the elderly person's own children, with 92% of men and 72% of women relying on them. This high dependence reflects traditional family structures where children are expected to care for their aging parents. Spousal support is consistent for men (4%) in both rural and urban areas but slightly higher for women in urban areas (24%) compared to rural areas (21%). This highlights the gender differences in financial dependency within households.

In contrast, urban areas show a higher tendency for spousal support, particularly for women. Twenty-four percent of elderly women in urban areas receive financial support from their spouses, compared to only 21% in rural areas. For men, spousal support remains the same in both urban and rural areas at 4%. The reliance on children is still high but slightly lower than in rural areas, with 91% of men and 70% of women in urban areas receiving financial support from their children. Support from grandchildren and others remains minimal, with no significant variation between genders.

Overall, the data highlights that while children remain the primary source of financial support for the elderly in both rural and urban India, urban areas show a higher tendency for spousal support, especially for women. This reflects changing family dynamics and greater financial independence among urban women. The minimal support from grandchildren and others in both areas suggests that the nuclear family remains the central support system for the elderly.

4.3 Financial Support for the Elderly in Rural Rajasthan/India (2017-18)

Percentage distribution of economically dependent aged persons by category of persons financially supporting the aged person for each State/UT, 2017-18																
	Male						Female					Person				
Raja sthan /Indi a	A r e a	sp o u s e	own chil dren	gran d- child ren	ot h er s	a ll	sp o u s e	own chil dren	gran d child ren	ot h er s	a ll	sp o u s e	own chil dren	gran d child ren	ot h er s	A ll

Rajasthan	Rural	1	91	2	7	100	2	71	2	5	100	14	78	2	6	100
India		4	92	1	3	100	21	72	3	5	100	15	79	2	4	100

The table presents an analysis of the percentage distribution of economically dependent aged persons by the category of financial support they receive in rural Rajasthan and rural India for the year 2017-18. This data reveals insights into how different categories of support—spouse, own children, grandchildren, and others—impact the financial well-being of elderly individuals in these regions.

4.3.1 Financial Support for Elderly in Rural Rajasthan

In rural Rajasthan, the financial support structure for elderly individuals is heavily dependent on their own children. Among elderly men, a striking 91% rely on their children for financial assistance. This indicates a strong reliance on the immediate family for economic support. Similarly, 71% of elderly women receive support from their own children, though this figure is lower than that for men. The disparity in reliance on children between genders reflects traditional family roles, where elderly women may also depend on other forms of support.

Spousal support is notably different between genders in rural Rajasthan. Only 1% of elderly men receive financial support from their spouses, whereas 22% of elderly women benefit from this source. This significant gap highlights traditional gender roles, where women are more likely to be financially supported by their spouses compared to men. This discrepancy underscores the role of women as caregivers and financial supporters within the household.

Support from grandchildren and other sources is relatively minimal in rural Rajasthan. Only 2% of elderly men and women receive financial aid from grandchildren, and 7% of elderly men and 5% of elderly women receive support from other sources. This indicates that while extended family and community support are present, they do not play a major role in the financial sustenance of the elderly in this region.

Overall, in rural Rajasthan, 14% of elderly persons are supported by their spouses, 78% by their own children, 2% by grandchildren, and 6% by other sources. This distribution

highlights the central role of children as primary caregivers, with spousal support being significantly more prevalent for elderly women than men.

4.3.2 Financial Support for Elderly in Rural India

In rural India, a similar pattern of financial support is observed, with some variations. The majority of elderly men (92%) and women (72%) are financially supported by their own children, reflecting a reliance on immediate family members for economic assistance. This is slightly higher for men compared to rural Rajasthan, where 91% of men and 71% of women rely on their children.

Gender differences in spousal support are evident but less pronounced compared to Rajasthan. In rural India, 4% of elderly men and 21% of elderly women receive financial support from their spouses. This shows a marginal increase in spousal support for elderly men compared to Rajasthan (1%) and a slight decrease for elderly women compared to Rajasthan (22%).

Support from grandchildren and other sources in rural India is minimal, mirroring the trends observed in Rajasthan. Only 1% of elderly men and 3% of elderly women receive financial support from grandchildren, while 3% of men and 5% of women receive support from other sources. These figures suggest that, like in Rajasthan, extended family and community support are secondary to that provided by children and spouses.

Overall, in rural India, 15% of elderly persons receive spousal support, 79% receive support from their own children, 2% from grandchildren, and 4% from other sources. This distribution is similar to Rajasthan, with a slight increase in overall spousal support and a marginally higher reliance on children.

4.3.3 Comparative Analysis Between Rural Rajasthan and Rural India

Comparing rural Rajasthan and rural India reveals both similarities and differences in the financial support structures for the elderly.

Elderly men in rural Rajasthan receive significantly less spousal support (1%) compared to rural India (4%). For elderly women, spousal support is slightly higher in Rajasthan (22%) compared to India (21%), indicating a regional variation in the role of spousal support.

The dependence on own children for financial support is slightly lower in rural Rajasthan (91% for men and 71% for women) compared to rural India (92% for men and 72% for women). This suggests a marginal shift in reliance on children between the two regions.

Support from grandchildren is slightly higher in rural Rajasthan (2%) compared to rural India (1%) for elderly men, while it remains the same (2%) for elderly women. Support from other sources is notably higher for elderly men in Rajasthan (7%) compared to India (3%), whereas it is the same for elderly women in both regions (5%).

The gender disparity in spousal support is more pronounced in Rajasthan, where only 1% of elderly men receive spousal support compared to 22% of elderly women. In India, this gap is narrower, with 4% of men and 21% of women receiving spousal support.

In both rural Rajasthan and rural India, the nuclear family remains the primary source of financial support for the elderly. Own children are the main caregivers, and spousal support plays a significant role, particularly for women. The minimal support from grandchildren and other sources underscores the central role of immediate family in the financial well-being of the elderly in both regions.

These findings illustrate the crucial role of family, especially children and spouses, in providing financial support to the elderly in rural areas. While the general pattern of support is consistent, regional variations and gender differences offer insights into the evolving dynamics of familial responsibility and support systems.

4.4 Financial Support for the Elderly in Urban Rajasthan/India (2017-18)

Percentage distribution of economically dependent aged persons by category of persons financially supporting the aged person for each State/UT, 2017-18																
		Male					Female					Person				
Rajasthan/India	Area	Spouse	Own children	Grandchildren	Other	All	Spouse	Own children	Grandchildren	Other	All	Spouse	Own children	Grandchildren	Other	All
Rajasthan	Urban	4	96	0	0	100	35	61	2	3	100	27	30	1	2	100

India	a	4	91	1	4	1	2	70	2	4	1	1	76	2	4	1
	n					0	4				0	8				0
						0					0					0

4.4.1 Financial Support for the Elderly in Urban Rajasthan and Urban India (2017-18)

The distribution of financial support for economically dependent elderly individuals in urban areas reveals distinctive patterns and regional variations between Rajasthan and the broader Indian context for the year 2017-18. This analysis categorizes support into four main sources: spouses, own children, grandchildren, and other sources, providing insights into how elderly individuals in urban settings are financially sustained.

4.4.2 Urban Rajasthan

In urban Rajasthan, the financial support structure for elderly individuals shows a pronounced reliance on children, particularly for elderly men. A notable 96% of elderly men receive financial assistance from their own children, highlighting the critical role that immediate family plays in their economic support. This high dependency on children is a striking feature of the support system in this region. Spousal support for elderly men is relatively modest, with only 4% receiving financial aid from their spouses. Support from grandchildren and other sources is negligible, with no elderly men benefiting from these categories.

For elderly women in urban Rajasthan, the support system displays a more varied distribution. A substantial 35% of elderly women receive financial support from their spouses, reflecting a stronger role of spousal assistance compared to elderly men. Additionally, 61% of elderly women rely on their own children for financial support. Minimal support from grandchildren (2%) and other sources (3%) indicates that, while extended family and community support are present, they play a minor role in the financial assistance of elderly women.

Overall, in urban Rajasthan, 27% of elderly persons receive support from their spouses, 30% from their children, 1% from grandchildren, and 2% from other sources. This distribution underscores the significant reliance on children for financial support, with spousal support being notably higher for elderly women than men.

4.4.3 Urban India

In contrast, the financial support dynamics in urban India reveal a slightly different pattern. The percentage of elderly men receiving support from their own children is substantial but

slightly lower than in Rajasthan, at 91%. Spousal support for elderly men remains the same at 4%, similar to Rajasthan. However, support from grandchildren (1%) and other sources (4%) is slightly higher compared to Rajasthan.

For elderly women in urban India, the distribution of financial support reflects a slightly lower reliance on spousal support compared to Rajasthan. About 24% of elderly women receive financial assistance from their spouses, and 70% are supported by their own children. Support from grandchildren (2%) and other sources (4%) aligns closely with the figures from Rajasthan, indicating a similar minor role of these support categories.

Overall, in urban India, 18% of elderly persons receive spousal support, 76% rely on their children, 2% on grandchildren, and 4% on other sources. The data shows that while children remain the primary source of financial support, spousal support is less prevalent compared to urban Rajasthan.

4.4.4 Comparative Analysis

Comparing urban Rajasthan and urban India reveals both similarities and differences in financial support structures. In both regions, children are the predominant source of financial support for the elderly. However, the reliance on children is slightly higher in urban Rajasthan compared to urban India. Spousal support is notably higher for elderly women in Rajasthan (35%) compared to their counterparts in India (24%), indicating a more substantial role of spousal assistance in Rajasthan.

Support from grandchildren and other sources remains minimal in both urban settings, with negligible figures observed. This pattern underscores the centrality of immediate family members, particularly children and spouses, in providing financial support to the elderly.

These findings highlight the critical role of family support systems in urban areas, with variations reflecting regional differences in financial assistance structures. The data emphasizes the importance of children as primary caregivers and the varying levels of spousal support across different regions.

5 Research Findings

5.1 Key Findings for Rajasthan Rural

- In both rural and urban Rajasthan, the primary source of financial support for elderly individuals is their own children. This trend is more pronounced among elderly men in rural areas (91%) compared to urban areas (96%), and among elderly women in rural areas (71%) compared to urban areas (61%).

- Elderly women in both rural and urban areas are more likely to receive financial support from their spouses compared to elderly men. In rural Rajasthan, 22% of elderly women receive spousal support compared to 1% of elderly men. In urban Rajasthan, 35% of elderly women receive spousal support compared to 4% of elderly men.
- Urban areas show a higher tendency for spousal support, especially for elderly women. 27% of elderly persons (both men and women combined) in urban areas are supported by their spouses, compared to 14% in rural areas.
- Support from grandchildren and other sources is minimal in both rural and urban Rajasthan. In rural areas, 2% of elderly men and women receive support from grandchildren, and 7% of elderly men and 5% of elderly women receive support from other sources. In urban areas, these percentages are even lower, with no elderly men and only 2% of elderly women receiving support from grandchildren, and 2% of elderly persons receiving support from other sources.
- The data indicates that the nuclear family remains the central support system for the elderly in both rural and urban Rajasthan, with own children being the primary caregivers and spousal support playing a significant role, especially in urban areas. The minimal support from extended family and community highlights the importance of immediate family members in providing financial assistance to the elderly.

5.2 Key Findings for India Rural

- In both rural and urban India, the primary source of financial support for elderly individuals is their own children. This trend is consistent among elderly men (92% in rural and 91% in urban) and elderly women (72% in rural and 70% in urban).
- Elderly women in both rural and urban areas are more likely to receive financial support from their spouses compared to elderly men. In rural areas, 21% of elderly women receive spousal support compared to 4% of elderly men. In urban areas, this increases to 24% for women, while it remains 4% for men.
- Urban areas show a higher tendency for spousal support, especially for women. Eighteen percent of elderly persons (both men and women combined) in urban areas are supported by their spouses, compared to 15% in rural areas.
- Support from grandchildren and other sources is minimal in both rural and urban India. In rural areas, 2% of elderly persons receive support from grandchildren and 4% from other sources. In urban areas, 2% of elderly persons receive support from grandchildren and 4% from other sources.
- The nuclear family remains the primary source of financial support for the elderly in both rural and urban India. Own children are the predominant caregivers, with spousal support playing a significant role, especially in urban areas. The minimal

support from extended family and community highlights the importance of immediate family members in providing financial assistance to the elderly.

- The percentage of elderly men receiving spousal support remains consistent at 4% across both rural and urban areas. This indicates that men's reliance on spousal support does not significantly change between rural and urban settings.
- There is a slight variation in the percentage of elderly persons supported by their own children between rural (79%) and urban (76%) areas. This reflects a slight shift in dependency patterns but underscores that children remain the primary source of financial support in both settings.
- These key findings highlight the critical role of family, particularly children and spouses, in supporting the elderly in India, with some variations in patterns of support between rural and urban areas.

5.3 Key Findings for Rajasthan/India (Rural)

- In both rural Rajasthan and rural India, the primary source of financial support for elderly individuals is their own children. A significant majority of elderly men (91% in Rajasthan and 92% in India) and elderly women (71% in Rajasthan and 72% in India) rely on their children for financial assistance.
- Elderly women receive more spousal support compared to men in both regions. In rural Rajasthan, 22% of elderly women receive spousal support compared to just 1% of elderly men. Similarly, in rural India, 21% of elderly women and 4% of elderly men receive support from their spouses. This indicates that women are more likely to be supported by their spouses than men.
- There is a notable difference in spousal support between the two regions. In rural Rajasthan, elderly women receive slightly more spousal support (22%) compared to rural India (21%). However, elderly men in Rajasthan receive significantly less spousal support (1%) compared to those in India (4%).
- Support from grandchildren and other sources is minimal in both rural Rajasthan and rural India. For elderly men, 2% in Rajasthan and 1% in India receive support from grandchildren, while for elderly women, the figures are 2% in both regions. Support from other sources is slightly higher for elderly men in Rajasthan (7%) compared to India (3%) but remains similar for elderly women in both regions (5%).
- The overall reliance on children for financial support is high in both regions, with a slight decrease in rural Rajasthan compared to rural India. Elderly persons in Rajasthan receive 14% spousal support, 78% from children, 2% from grandchildren, and 6% from other sources. In contrast, in India, the figures are 15% from spouses, 79% from children, 2% from grandchildren, and 4% from other sources.

- Across both rural Rajasthan and India, elderly women are more likely to receive spousal support compared to elderly men, reflecting traditional gender roles where women often depend more on their spouses.
- The data underscores the importance of the nuclear family as the primary support system for the elderly, with children being the most significant source of financial assistance and spousal support playing a secondary but notable role, especially for women. Minimal support from extended family and other sources highlights the centrality of immediate family in elder care.

5.4 Key Findings for Rajasthan/India (Urban)

- In both urban Rajasthan and urban India, children are the main source of financial support for elderly individuals. In urban Rajasthan, 96% of elderly men and 61% of elderly women receive support from their children. In urban India, 91% of elderly men and 70% of elderly women rely on their children for financial assistance.
- Elderly women in urban Rajasthan receive more spousal support (35%) compared to their counterparts in urban India (24%). For elderly men, spousal support remains the same at 4% in both regions. This indicates a stronger role of spousal support for women in Rajasthan.
- Support from grandchildren and other sources is minimal in both urban Rajasthan and urban India. In urban Rajasthan, 0% of elderly men and 2% of elderly women receive support from grandchildren, with 2% and 3% respectively receiving support from other sources. In urban India, 1% of elderly men and 2% of elderly women receive support from grandchildren, while 4% receive support from other sources.
- The overall distribution in urban Rajasthan shows 27% of elderly persons receive spousal support, 30% receive support from children, 1% from grandchildren, and 2% from other sources.
- In urban India, 18% of elderly persons receive spousal support, 76% receive support from children, 2% from grandchildren, and 4% from other sources.

6 Discussion & Conclusion

This study aimed to analyze the demographic and socio-economic trends impacting financial support for the elderly in India and their implications for elderly care, with a particular focus on rural and urban areas within Rajasthan and India. It sought to examine patterns and sources of financial support for the elderly, compare financial support mechanisms between different regions, and assess the differences between rural and urban settings.

The findings of this study revealed significant disparities in financial support for the elderly between rural and urban areas. It highlighted that while urban areas, including cities in

Rajasthan, generally offered better financial support mechanisms compared to rural regions, both settings faced distinct challenges. The study uncovered that urban elderly individuals had more access to formal financial support systems and pensions, whereas rural elderly often relied more on informal support networks, such as family and local community resources. This alignment with existing literature underscores the complexity of elderly care and support systems in diverse geographic contexts.

The study also confirmed that socio-economic factors significantly influenced the financial support available to elderly individuals. As noted by Kaur et al. (2015), factors determining family support and quality of life for the elderly include economic stability and family dynamics, which were evident in the study's findings. Similarly, Jadhav et al. (2013) observed that elderly living arrangements and familial support patterns varied widely, corroborating the current study's results on regional differences in financial assistance and living conditions.

Comparing these findings with past research, it is evident that the economic burden of aging is a persistent issue. For instance, Kumar (2013) discussed how economic security for the elderly remains a challenge, and this study supports the notion that despite efforts to improve financial stability, significant gaps remain, particularly in rural areas. The study's insights align with those of Ghosh and Husain (2010), who found that economic independence and perceived health status are closely related, highlighting the need for improved support systems to mitigate the financial strain on the elderly.

Furthermore, the study's results corroborate findings from Datta (2017), which indicated that old age homes in India play a crucial role in alleviating the burden of elderly care but are often insufficiently integrated with family support structures. This study's focus on the financial aspects of elderly care complements Datta's observations by demonstrating how financial support mechanisms impact elderly well-being and care dynamics.

In conclusion, this study provided a comprehensive analysis of the financial support landscape for the elderly in India, revealing critical insights into the socio-economic and demographic factors influencing their care. It highlighted the persistent challenges and disparities in financial support across different regions, reinforcing the need for targeted policies and interventions to address the evolving needs of the aging population. Future research should continue to explore these issues in greater depth, particularly focusing on the effectiveness of policy implementations and the evolving role of family support in various socio-economic contexts.

7 Future Scope of the Study

The study has shed light on the financial support mechanisms available to the elderly in India, with a particular focus on rural and urban settings in Rajasthan and across the country. However, several promising avenues for future research remain that could further enhance our understanding and improve the effectiveness of policies and practices related to elderly care.

Regional and cultural variations also warrant further investigation. While this study highlighted differences between rural and urban areas, exploring variations within regions and across different cultural contexts could provide deeper insights. Understanding how local traditions, cultural norms, and regional economic conditions influence elderly care would enable the development of more tailored and effective interventions. Another promising area for future research is the impact of health care access on elderly well-being. Investigating how financial resources affect access to and quality of health care services for the elderly is essential. Such research could explore the relationship between financial support and health outcomes, providing valuable information on how to enhance health care delivery for elderly individuals.

Family dynamics and support systems represent another crucial area for future study. Research could focus on how different family structures, including the presence of multiple generations, influence the financial and caregiving responsibilities towards elderly members. Understanding these dynamics could help in designing interventions that strengthen family support systems and improve elderly care.

Lastly, exploring the role of technological and social innovations in enhancing elderly care could be highly beneficial. Research could investigate how digital platforms, telemedicine, and social support networks contribute to the financial and emotional well-being of the elderly. This area of study could highlight new approaches and tools that could improve elderly care and support.

8 Implications of the Study

One of the primary implications of the study is its impact on policy development. The findings highlight significant differences in financial support mechanisms between rural and urban areas, as well as within different regions of India. This information is crucial for policymakers in designing and implementing targeted policies that address the specific needs of elderly populations in various settings. For instance, policies that enhance pension schemes, provide tax benefits, and offer financial assistance in rural areas could be developed to address the unique challenges faced by the elderly in these regions. The study also underscores the need

for more effective execution of existing policies, such as the National Policy on Older Persons, to ensure that benefits reach the intended beneficiaries.

The study's results have significant implications for resource allocation. By identifying areas with higher financial support gaps and varying needs, the study provides a basis for allocating resources more efficiently. Governments and non-governmental organizations can use these insights to prioritize regions and communities that require additional support, whether through direct financial aid, infrastructure development, or improved access to services. This targeted approach can enhance the effectiveness of resource distribution and ensure that support is provided where it is most needed.

Another key implication concerns the enhancement of social support systems. The study reveals how family dynamics and living arrangements impact the financial well-being of the elderly. This information can be used to strengthen family support structures and promote community-based care initiatives. For example, creating programs that encourage intergenerational living and support family caregivers can address some of the financial and emotional challenges faced by elderly individuals. Additionally, community-based initiatives that provide social and financial support can play a crucial role in improving the quality of life for the elderly.

The study also highlights the importance of health care access and quality in the context of financial support. Given the link between financial resources and access to health care services, the findings suggest that improving financial support mechanisms could lead to better health outcomes for the elderly. Policymakers should consider integrating health care support with financial aid programs to ensure comprehensive care. This could involve increasing funding for health care services, enhancing insurance coverage, and promoting preventive health measures.

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