Changing Family Structures and Impact on the Care of Elderly in Family: A Review

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ABSTRACT: One of the most fundamental changes in society is the breakdown of the joint family and the growth of the nuclear and extended family systems. Although the family still constitutes a resource for mental health that the nation cannot ignore in today's altered world, family involvement in the treatment of mental diseases is still relatively low. The study looks at how changes in family structure have affected, how families care for their older members. The nature of family structure has been significantly impacted by changes in the country's demographics. In essence, the family is transitioning from an extended to a nuclear structure, which will have an impact on how well-off the elderly are today and in the future. The findings showed that the quality of care provided to the elderly had declined and that changes in family structure were noticeable and had taken place over time. The manner in which children care for or support elderly parents is affected by changes in the family structure. The government should implement laws to lessen the effects of changes in family structure and should counsel families on the importance of their primary role in providing care or other forms of support for the elderly.
Keywords: Family, changing family structure, care, elderly parents, children.

I. INTRODUCTION

The number of Indians aged 60 and over is continuously increasing (Dey, 2016). As a result, there will be a huge increase in the number of older persons who need help and care. It is inevitable that as people age, they will engage with fewer people in their social circles and sphere of influence (Cumming and Henry 1961). The changing nature, structure and function of the family have a significant impact on the ageing process (Srivastava and Tripathi, 2014; Raikhola and Kuroki 2009). The word "family" comes from the Latin word "familia," which means a household setup. It refers to a "group of individuals living together during significant stages of their lifetimes and tied to each other by biological or social and psychological relationships" (Sethi, 1989). A major challenge for the 21st century is the ageing of the global population. Ageing populations have an impact on people and countries around the world. Every country in the globe is seeing an increase in its elderly population. This is caused by a number of things, including a drop in fertility, improvements in public health, an increase in life expectancy, and adjustments in how families are organized. As a result of rising longevity and falling fertility, the population is ageing, which has become a widespread phenomenon. The number of older people (those 60 and older) in Asia as a whole increased from 322 million in 2000 to nearly 705 million in 2025, as per the Economic and Social Commission for Asia and the Pacific (ESCAP). By 2030, Japan and Singapore will probably have the oldest populations worldwide.

India's socio-cultural environment is changing at a breakneck pace, fundamentally altering family structure in the process. The previous decade had seen not only frantic and disorganized changes in the social, economic, political, religious, and professional arenas, but also shifts in power dynamics, marital customs, and the position of women inside families. An examination of the data from the national census and the National Family Health Survey (NFHS) indicates that, at least in metropolitan areas, nuclear families are increasingly taking over as the most common type of Indian family institution. Household fragmentation was initially suggested by the 1991 census, which for the first time showed household expansion to be faster than population growth. This pattern continued in the 2001 and

2010 censuses. A comparison of the three NFHS data reveals that over time, nuclear families have become increasingly prevalent, especially in urban areas, and that there has been a corresponding progressive decline in the number of members of the household (Bhat et al., 2007; NFHS, 1995; NFHS, 2000). Although urban nuclear families have largely supplanted traditional joint families, it would be incorrect to categorize modern Indian families into such straightforward bimodal divisions. In terms of its structure, patterns, role relationships, obligations and values, family systems today are highly diversified and heterogeneous social units. Joint families, or "transitional families," are those that share a home but have separate bedrooms, bathrooms, and living spaces as well as a lot of autonomy and less responsibility for the extended family (Sinha, 1984).

According to Notestein (1953), the old large family, which is focused on home economics, has given way to a tiny family, which is defined by the functions of urban industrialized society. This change is the result of modernization and economic development. People from various generations were asked to discuss how they currently perceive family life and how change has affected their lives (Bornat et al., 1997). The argument is made that family dissolution and reunification do not always hinder a family's ability to care for their elderly relatives. However, family breakdown may cause some older men to live in isolation since the mother-daughter bond takes precedence. The well-being of the older population was impacted by shifting family configurations. The need for institutionalized support services for the elderly is also influenced by changes in family patterns. Changes in marital status, fertility, mortality and migration result in a variety of alternative kinds of family and generational structures. A large portion of the research has concentrated on the traditional life paths (such as marriage, having children, and widowhood) and has not taken into account alternative life paths and their effects on living arrangements and well-being in later life.

CHANGING FAMILY STRUCTURES

There has been a dramatic transition from nuclear to single-parent or childless families. Dealing with financial, social, and moral obligations in such circumstances is getting tougher and harder for the family member who earns the money. The earning members are caught in the center of competing obligations, regardless of time, place, or intended attention. Furthermore, the other side will always beg for attention, even if they

choose one of them. The family seems to be the simpler solution when deciding where to compromise. However, as a result of this choice, the compromised party is now the distant or upset one. When the family members must relocate to far-off places, the issue becomes worse. Manageable difficulties like time, money, and attention have been replaced by major security and health concerns. Globalization's effects have recently intensified the world's changing social and familial systems and India is no exception. India's fertility rate has decreased, and couples are starting families later in life. The number of elderly persons who require care has also increased as a result of an increase in life expectancy. Increased urbanization, which is separating kids from elders and leading to the breakdown of family-based support structures, is the setting in which all of these changes are occurring (Srivastava and Sasikumar 2003).

There are more living generations and fewer living relations among these generations as a result of the transition from a high mortality/high fertility civilization to a low mortality/low fertility society. The length of time spent in some kinship positions, such as a spouse, parent of an independent kid, and sibling, may rise with increased longevity. A decline in fertility may shorten the tenure of some roles, like a parent of a dependent kid, or even the availability of others, like siblings (Harper and Levin, 2003). According to the World Bank (2008), lower fertility rates result in fewer children available to support the family, higher levels of education widen the generational gap between parents and children and possibly change people's perceptions and attitudes about their obligations to care for the elderly and the family as a whole. Changes in family structure may have a more nuanced impact on health. Given that there is evidence that women suffer a health penalty at high parity, a fertility drop may be advantageous for Indian women (Hognas et al., 2017). The improvement in life expectancy at older ages combined with low fertility will eventually result in a bigger share of elderly people in the population. When death rates decline, especially at older ages, it implies a growingly more significant role in population ageing (United Nations 2013). Since the family is responsible for raising children, providing for members as they get older, and insuring their welfare, family change has long been the main topic of demographic research (Dirgha and Axinn 2006; Thornton and Fricke 1987).

One of the most significant changes was the shift in the family unit from a big extended family structure to a smaller family structure, such as nuclear families (Dhirga and Axinn 2006). A

convergence of demographic, socioeconomic, and cultural pressures led to this significant change in the structure of the family. It has been noted that modernization as well as shifting demographic trends as well as the family as a social institution have contributed to these changes (Harper 2003; Bhat and Dhruvarajan 2001; Palloni 2001). The ability of families to care for their old has been gradually eroding in the setting of the transforming patterns of family structure (Abeykoon et al., 2008; De Silva 2006; Kottegoda 2006). According to Palloni (2009), there is an unwritten social compact between generations that states that older people in many developing nations expect their families to take on the duties of caring for their senior relatives.

Recent changes in the family structure and the relationships between old parents and adult children have amply shown that adult children find it challenging to handle the growing demands of caring for their elderly parents as they become weaker and frailer (Alavi 2013; Levine et al., 2005). The burden on the well-being of the senior population may increase due to the stresses brought on by the family's shifting role. It has been discovered that there has been a considerable transition in Sri Lanka from the dominance of an emotionally extended family structure to a nuclear family system (Weeratunga and Hugo 2014). Additionally, due to the enormous changes in the world's population, society and economy, there are now intergenerational inequities in inter and intra-family interactions (Kinsella and Philips 2005). It has been asserted that analyzing the shifting dynamics of intergenerational relationships would help us better understand how the family is changing.

AGEING AND FAMILY CHANGE

Researchers are becoming more interested in examining the connection between ageing & family change within emerging regions. This is mostly due to the developing countries' quick demographic, social, and economic change. It has been noted that the population has aged as a result of the interaction between declining mortality, which promotes increased longevity, and declining fertility within the population, which typically lags improvements in mortality (United Nations 2013; Harper 2003). Because vertical multi-generational families are replacing the previous lateral extended family forms, population change has a substantial impact on family structures and the relationships that arise (Harper and Levin 2003). Traditional family support given by the adult children in the family has been strained by the rapid ageing and

modernization processes (Aziz and Yusooff 2012; Raikhola and Kuroki 2009). The significant increase in the number of elderly individuals is putting stress on Asian families who have traditionally relied heavily on family support to care for their senior relatives. However, there is little information available in the developing world about the efficacy of formal training programs for the elderly (Mason and Lee, 2011). The informal support networks that were once accessible for the elderly in developing nations are being destroyed, according to the World Bank (1994). It has also been noted that developments in industrialization, globalization, migration, and urbanization are to blame for changes in family support for the elderly (Chan, 2005). Rapid social and economic growth in Eastern and Southeastern Asian nations has had a profound impact on family dynamics. Because of the swift transitions those nations are seeing right now, Asian governments have had less time than their Western counterparts to prepare for the ageing of their populations (Palloni, 2009).

Considering the structural changes in the family is crucial for understanding the family structures and intergenerational relationships. It has been demonstrated that nations with declining birth rates will still have fewer children overall (Kinsella and Phillips 2005). This implies a decrease in prospective caregivers for ageing parents, which will undermine the current support structure (Powell 2010; Kinsella and Phillips 2005). But during the past few decades, significant changes in relationship kinds have occurred. Because it can influence living arrangements and the long-term well-being of elderly populations, the process of ageing can also have a significant impact on family structures (Palloni 2001). Due to the social relationships and interactions across kin groups, as well as the tasks and obligations of various age groups, one of the most significant characteristics of the traditional extended family is its capacity to care for the elderly population (Mba 2010; 2002).

According to Mason (1992) and Schwarz (2003), economic change brought on by urbanization and rising migration could damage traditional family structures and eliminate traditional methods of caring for the elderly. In her research in Indonesia, Schroder (2006) noted various levels of vulnerability among the elderly. She went on to demonstrate that not all elderly people encounter difficult circumstances, but that their vulnerability may rise if their spouse or children are not around. The rise in the number of generations in the family and the emergence of a sizeable generation of elderly people who may be dependent on adult offspring are two important

consequences of population ageing. Successful ageing is not something that people deal with alone. Most of the time, they can manage when they are with others who can offer them social, emotional, and financial support as well as an atmosphere that is secure, loving, and understanding (Connidis, 2007). In this regard, older people's relatives typically offer a variety of caregiving help. All sorts of support and assistance provided to an ageing parent are considered to be caregiving assistance. This could be done through phone calls, visits, financial assistance, and providing physical care for the parent.

IMPACT ON THE CARE OF ELDERLY
According to Ahmad and Das (2011), family is frequently an important source of care and assistance for the elderly in areas with little or no public social security programmes and social services. In these circumstances, the elderly are mostly dependent on family members because as they become older, they become less physically and economically productive. Many industrialized nations today, a sizable portion of the elderly live alone, and the percentage is larger for the oldest age group (United Nations 2013; Kinsella and Phillips 2005). In affluent nations like the United States, where the majority of senior people are independent, the propensity for the elderly to live alone has become more pronounced (Engelhardt and Gruber 2004; McGarry and Schoeni 2000; Costa 1998). Bongaarts and Zimmer (2001) showed that approximately one in ten older persons live alone and that the likelihood of living alone is higher for older women than for older men. It has also been noted that living alone and receiving help from the family are seen as being mutually exclusive because they both require living together in order to receive care from the family (Lei et al., 2015). In order to obtain assistance from their adult offspring, elderly adults desire to live with them or at least close by, according to research on ageing in developing nations (Kinsella and Phillips, 2005).

According to the World Bank study on the seniors in Sri Lanka (2008) and the National Elderly Survey (2004), while the majority of older people co-reside with their children, living patterns will alter significantly in the near future. Further research by Siddhisena (2014) and Silva (2004) revealed that Sri Lanka's elderly homes are increasingly in demand for older residents. The chance of more and more elderly people living alone increases when all the demographic, social, and economic developments contributing to a growth in the ageing persons in the near future are taken into account. Marital status frequently dictates living circumstances and the availability of caregivers, which can have a significant impact on older people's emotional and financial well-being. Globally, the majority of elderly people without a spouse are widowed, however, some have never wed and others have gone through a divorce or separation (United Nations 2013). Because of a variety of reasons, such as women's longer life expectancies, men's propensity to marry women younger than themselves and older widowed men's greater remarriage rates than widowed women, older males are typically more likely to be living with a spouse than older women (United Nations 2009). According to Alavi (2013), the connection between elder parents and their adult offspring has been significantly impacted by Malaysia's changing family structure. It has been noted that today's elder parents' connections with their adult offspring include caregiving, the interaction between parents and children, roles and responsibilities, and quality relationships. The survey also showed that daughters were more likely than sons to be in charge of relationships and childcare.

According to Lei et al., (2015), the tension between family support, independence, and privacy can be resolved by living close to one another. They also show how crucial it has become to live close to parents in order to support the elderly while also preserving parental and child autonomy and privacy. Children who live close to their parents usually visit more often and give their parents more financial support than children who live farther away. However, it also demonstrates how crucial co-residence is as a resource for senior support. The stress on other children of visiting and the chance of providing economic transfers is also lessened when parents live with one child. According to Knodel and Chayovan's (2008) research, 70% of elderly people in Thailand live near or with their children. However, in recent years, the proportion of older people living alone or with a spouse has gradually risen. Additionally, due to an increase of adult children migrating, there is a trend in Thailand toward households with skipped generations and a lack of middle-generation married adults. Elderly people choose to co-reside with their kin, especially with their spouses and children, according to Cameron (2000), Knodel and Chayovan (1997), Chen (1996), and Martin (1989).

The state, other private institutions, and the family can provide financial help, but only family, relatives, and other cohabitants can provide emotional support (Ahmad and Das 2011). Asian research studies have demonstrated that adult children's primary care for their elderly parents has come through living arrangements such as co-

residence (Keasberry 2001; Cameron 2000; Knodel and Saengtienchai 1999; Knodel and Debavalya 1997; Hashimoto 1991). The issue of better care for the old, the demise of traditional-based support systems, and the current social and economic support system for the elderly have all been examined by Siddhisena (2005). He has demonstrated, though, that having children live with you does not guarantee that you will provide them with better assistance.

Zhuo and Liang (2006) discovered that older people who have children who have migrated have higher levels of financial support and better living conditions than their children those who have children who live nearby or have not migrated. Atchley (2000) asserts that adult children are typically seen as the first source of aid when their parents require caregiving assistance. According to his observations, the bond between ageing parents and adult children develops through interaction, typically as they fulfil their respective social responsibilities. According to Sijuwade (2008), a number of elements may weaken ageing relationships and thus have an impact on caregiving, including attitudes of racial superiority, selfishness, a breakdown in trust, withdrawal by one or both partners, and others. A connection can be permanently destroyed or weakened by geographic distance, or if both partners are unable to carry out their responsibilities due to illness or other commitments. According to Usita et al. (2004), the degree of care required and the emotional and physical strain of delivering it may directly correlate with the likelihood of a care-exit provider from the relationship.

II.   CONCLUSION

This study has shown that a family's duties and organizational structures have an impact on how well elders are cared for. The family's care is an effort to meet the requirements of elderly people. But because of shifting social and economic structures, older people are frequently left in the care of strangers, many of whom are young, uneducated, and disgruntled and lack the necessary training to be carers. Inequalities between the elderly and their adult offspring have resulted from the altering of the family, which was shown to be most impacted by changes in the family's economy, the relationship between parents and children, and a decline in family size. It has demonstrated that modernity is primarily to blame for the alteration in the structure of families. In contrast to the nuclear family, which is also a byproduct of modernization, the extended family has undergone the least amount of change in terms

of family structures. This structure shifts, particularly in terms of the adequate provision made for the elderly, which might have an impact on the standard of care that the elderly receive. To avoid this or lessen its impact, families and the government must take deliberate steps toward improving the care for the elderly.

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