

## Governmentality of 'Elderly Care' in India: Mapping discourses

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### 1. Introduction

Sample these recent headlines in some of the leading dailies in India:

“This country isn’t built to take care of its seniors.”

“kin who kill”

“No country for old men and women”

“Neglect and abuse the reality of Indian elderly”

India often touted as a country of younger population, today finds itself grappling with some of the major demographic and socio-moral issues confronting developed country and these headlines merely reflect those alarming realities. While the age pyramid continues to be bottom heavy, the rising life expectancy and the decline of crude birth and death rates indicates that India is well in to the demographic transition (Bloom 2011). The sheer number of elderly population in India was pegged at around 90 million and by 2050; the number is expected to increase to 315 million, constituting 20 per cent of the total population (Report on the Status of Elderly in Select States of India UNFPA, 2012).

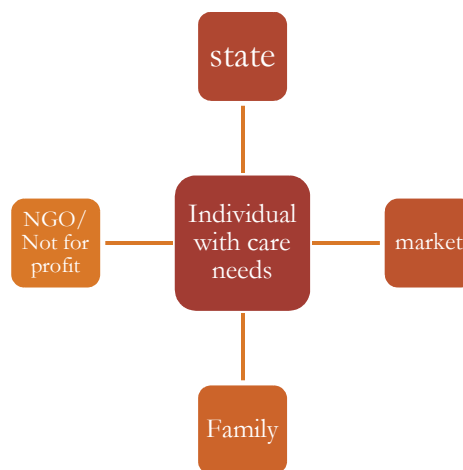
The “elderly” as group emerging as an equally prominent category of subaltern like certain traditionally oppressed Scheduled castes, Scheduled tribes and economically weaker classes. Studies assessing the National Sample Survey (2004-5) data indicate that approximately 18 million elderly (60 years and above) were below the poverty line in India (Kumar & Anand 2006). Figures on the poverty among elderly show that the percentage of elderly households living below the poverty line in rural areas varies from 5% in Punjab to 45% in Orissa (Kumar & Anand 2006). It is higher in those states where the overall poverty level is high (Jharkhand, Madhya Pradesh and Chhattisgarh) and lower in those states where the overall poverty level is low. The determinants of poverty among elderly are social group (traditionally excluded castes and tribes), religion and educational attainment, which also reflect the impact of unequal social development in the long run. Moreover, rural households with more number of elderly were more likely to be below the poverty line than in urban areas indicating the specific intersectionality of age, gender and poverty.

However, public attention to the problem of elderly has been a recent phenomenon. Coole (2012) points out that ageing becomes a public policy concern only in a certain context. Coole argues that nations do not just find themselves with more elderly people: they do so in a context of intense global competition. The interest in problem of ageing emerges within a set of political rationalities, of

seeking to balance economic exigencies with issues of elderly destitution. Coole in her significant work defines how neoliberalism provides the ideological contours within which the problem of ‘elderly’ and ageing demographics are framed and dealt with.

In India the policy discussions around the problem of elderly emerged only with various NGOs raising concerns over growing societal neglect of the elderly. Newspaper articles, judicial decisions which purveyed the changing familial values instigated a partial interest in the issues of elderly. Prominent NGO’s like Help Age India in their surveys, have pointing out to the severity of elderly neglect. Moreover, the growing advertisement of old age homes on T.V and even on social media such as Facebook have brought to light a phenomenon that was previously unheard of – marketization of elderly care. Where literature has drawn our attention to break up of families in the rural areas, transnational migration for work among upper and lower middle classes has further triggered new family structures and formations.

This paper attempts to summarise the mechanisms and modalities through which elderly care is delivered in India. These practices are embedded in the care diamond, a term Shahra Razavi elaborates as ‘care diamond’ “as the architecture through which care is provided, especially for those with intense care needs such as young children, the frail elderly, the chronically ill and people with physical and mental disabilities” (Razavi 2007). Exploring the various elements of the welfare mix in India I draw out the ways in which the state appropriates other elements particularly the family to meet the care needs of the elderly.



[Figure 1 : Care diamond structured along the lines of Razavi’s care diamond]

I argue in this paper that the state uses a combination of withdrawals and interventions in the governance of elderly population. Secondly, I map the parallel processes in which the withdrawal of the

state and shifting back and forth of the site of elderly care between family, state and market. While the fourth node of the diamond , i.e the not for profit sector has still a minor role in meeting care needs of the elderly.I also map the changing contours of the care diamond (between state- family- individual- markets) with the inclusion of new actors like employers, community.



[Figure 2 : Changing contours of the care architecture with the defamilialisation care ]

Furthermore, introducing the concept of ‘packaged elderly care’ in India I discuss the possible sociological implications of commodification of elderly care in India. I link these realities of elderly care with ideologies that structure state’s solution to the problem of elderly care.

While the Indian welfare state’s engagement with the issues of the elderly began with some financial outlay for the elderly as a vulnerable segment in sixth plan onwards, its attempt has been largely piecemeal and barely scratches the surface in addressing their major problems. Most programmes pertaining to the health insurance and pensions have been underutilised and under publicised and hence as a result appropriated by very few. In this paper, I instead turn to the shifting strategies of the state in shaping the sites of elderly care rather than the provisions of care itself. Looking more at the political rationalities shaping these sites I use narratives and examples from media and other available ethnographic literature to exemplify these strategies. One of the biggest challenges in this endeavour is however, the very scant academic, particularly sociological and anthropological work on the elderly population in India.

## 2. Situating care within families – Evasive Moralism

The welfare state in India has by and large has proactively constructed the role of family as a primary care giver vis-à-vis the elderly population. The National Policy on Older Persons (1999) was among the first few policy statements that brought to fore the state's stance on elderly care – that it is primarily the family's responsibility. The policy defined the limits of the state through three modalities:

1) **Promotion of familial values:** According to the Act, programmes will be developed to promote family values, sensitise the young on the necessity and desirability of intergenerational bonding and continuity and the desirability of meeting filial obligations

2) **Incentivise intergenerational living:** State policies will encourage children to co-reside with their parents by providing tax relief, allowing rebates for medical expenses and giving preference in the allotment of houses. Another provision highlights counselling services which will also be strengthened to resolve interfamilial stresses.

3) **State meets residual care needs:** Short term staying facilities for older persons will be supported so that families can get some relief when they go out.

Underlying this policy was the construction of elderly neglect as an 'anomie' of sorts emerging from intergenerational conflict and interfamilial stress. Far from acknowledging the pressures of globalisation, migration and rapid urbanisation that had triggered the stress, it attempted to harp on and incentivise individual conduct towards the elderly as a solution. By recognising the importance of family for the wellbeing of older persons, its provisions clearly help the state distance itself from addressing the issue of redistribution of resources and welfare. Many NGOs including prominent ones such as Help Age towed the policy line of the state and believed that family can and must be the best site of elderly care. However, mere policy reminders were not the only way in which this could be achieved.

In the following decade of the 2000s the Indian state began what we can call - **Enforcing care**. Indian welfare state has skilfully shifted the burden away from itself to the realms of society by actively intervening in family law and valorizing existing familial structures and mobilising familial values to protect the elderly. In a sense, the problem of 'elderly neglect' has been given a treatment similar to the problem of destitute and abandoned wives. Section 125 of the Criminal procedure code constitutionally obligates maintenance to parents, children and wives (dependents). The enforcement of maintenance was initially targeted at securing women economic entitlements within marriage particularly those from the lower economic strata. It also marks the state's increasing involvement in the problem of elderly in terms of their economic entitlements and their rights within the household. In order to examine its strategies however, we shall briefly look at the political rationalities that have structured the tactics of the state.

The instrumentality of using family law to protect the elderly follows the same logic of the use of law to protect vulnerable women post-divorce in India. Section 125 is often used as a social taxation on divorce. Flowing from the same this, the idea of using family law to appears to be used as a form of social tax on elderly neglect. It is not the law itself but its day to day adjudication that enables the state to reinstate the family as a primary site for elderly care. Menski who traces the genealogy of this law ascertains that the India looked towards examples from the Britain, where the state successfully shifted the pressure from its coffers in the matters of post-divorce maintenance by placing it on the spouses. Additionally, he points out in the case of India that the judicial activism around maintenance was more of a strategy of the Indian state for its own fiscal protection rather than an actual concern for the human rights of women (Menski 2001:247). We see a similar strategy of 'intervention' to 'withdraw' from the burden of care in case of elderly as well.

In reformulating and shifting the social burden, Indian courts have often used moralizing reminders about the duties of humans and the responsibilities of family members towards each other (Menski 2001 :236). This is an important aspect of the adjudication of maintenance backed by the ethnographic accounts of some authors. The state fashions itself as a site of appeal where the elderly bring their cases of neglect and assert their entitlements to familial resources. While this has been documented by the prominent work of Sarah Lamb (2009), I also point to another mode in which courts and other actors forming the judicial complex often become instrumental in renegotiating the terms of intergenerational relationships. This in turn indicates their active interest in making elderly care the prerogative of the family often by emphasising greater intergenerational accommodation among family members. We shall briefly look at these two in the subsequent paragraphs.

### **2-1. Enforcing Care**

The Maintenance and Welfare of Parents and Senior Citizens Act (2007) exemplifies the state's recent concern with 'problem' of elderly. Among various provisions, under the law, children may be fined 5,000 rupees and jailed for up to three months if found guilty of neglecting parents. It also calls for the formation of tribunals which are among other powers can also take suo-motu cognizance and initiate proceedings of the case. These tribunals were established keeping in mind the need for speedy disposal of cases. Conciliation officers appointed with these tribunals hold initial proceedings attempting to reason with errant sons and daughters. While the Act itself does not spell out the role of NGO networks in facilitating the use of this law by elderly, in practice it is found that NGOs catering to the issues of elderly often link them to lawyers who draw out petitions and assist them in filing maintenance claims (Lamb 2009). Moreover, the conciliation officers to be appointed by the tribunals must be from NGOs or organisations working for the welfare of the elderly.

The use of law to address the issues of the elderly needs to be understood more in terms of how it serves the interest of the government. Foucault argues that "...with government it is a question not of imposing law on men, but of disposing things: that is to say, of employing tactics rather than laws, and even of using laws themselves as tactics – to arrange things in such a way that, through a certain number of means, such and such ends may be achieved" (Foucault 2006 :137). *Law per se does not enforce elderly care but attempts to rearranges relationships between kin relations to meet its own requirements of economic exigency.*

The adjudication of cases in these tribunals follows a certain script. The invocation and activation of individual guilt and shame is often followed by the judge either giving some time to the disputing parties to iron out differences or invoking the fear of punishment under the law. The Judges see themselves as active social agents, often reminding the errant sons and daughters about their responsibilities. In using often informal and innovative methods they actively and creatively stretch the boundaries of law to accommodate the interest of the elderly.

Sarah Lamb cites one such example of this script. She quotes the coverage of a maintenance dispute in one such tribunal. The interactions in the court flowed in this manner:

“What is this? You don’t take care of your mother, give her food? This old woman had to come to the court—aren’t you ashamed?” With folded hands, [the son] later replied, “Sir, I have committed a wrong, my Lord. I apologize. From now onwards, I shall take care of my mother.” (Lamb 2009 :245).

Yet in another case, the judge evoked the sanctity of the mother-offspring ties as a part of their script, where a judge while granting a case in favour of the mother says : “If the sacred (pabitra) relationship between the mother and son gets tainted, that does not augur at all well for society. The values which human beings have nurtured over centuries cannot be allowed to degenerate out of mere self-interest (svartha)” (Lamb 2009 : 247)

It is not the judges alone but the lawyers and advocates who build into this mode of invoking guilt and responsibility to bring justice to the elderly. Such discourses of selfishness, self-interest, and moral repudiation become important instrument of the state in rearranging familial ties to meet its own ends of shifting the care burden back to the family.

Today most tribunals are embroiled in fraud based disputes where the elderly often file claims against properties taken away by their daughter-in laws. However, the tribunals at once while performing the task of reviving these ‘sacred’ ties from self-interest are also essentially converting what “used to” happen “naturally”—intimate support within the haven of the sustaining Indian joint family

into something may need now to be mandated by the state (Lamb 2009 : 237). Law in this case enables the understanding of elder-junior kin relations in terms of constitutionally enforceable contracts but contracts that need to draw their content and social sanction from traditional notions of care and responsibility.

## **2-2. Managing Intergenerational conflict**

Apart from these maintenance tribunals, the Family Courts are also other avenues for the elderly to seek redressal under the maintenance provision. It is also a forum where many familial conflicts involving intergenerational conflicts emerge. These courts however seek to address the issue of the elderly by factoring the interests of the elderly in what seem like mundane intergenerational problems specially those that may involve the desire of young couples to live separately.

This functionality of the state through its judicial body, as a mediator in intergenerational disputes in the domestic realm. The Family courts in India are complex specialised courts which emphasise on reconciliation of conflict through judicial and extra judicial counselling. They are marked by the presence of social workers and counsellors appointed to perform a role similar to ‘psy’ complexes of the juvenile courts in the early part of 20<sup>th</sup> century in France that Donzelot describes in his seminal work – Policing of families. There are no detailed ethnographic accounts about the role of these counsellors in mitigating intergenerational conflicts. However, I read the instances from Srimati Basu’s ethnography on Kolkata family courts in this light to highlight instances where intergenerational problems between in-laws was understood as a problem of maladjustment by the daughter-in-law, who needed to be counselled better about her responsibilities in the conjugal home even in case of considerable mental agony and pressure inflicted by the elder kin. Author Basu’s ethnography about the implications of the counselor’s methods of reconciliation on the conjugal relations, can be reinterpreted to demonstrate the effect on intergenerational conflicts.

Let us take one example: Manavi, one of the counselors narrates an account of her interaction with Priya, who complained that her mother-in-law fussed at her about household work by raising complaints such as that of the potatoes not being cut properly. Her mother-in-law had once also threatened her once mid argument that she would burn her to death one day. She even implied once that her father in law made sexual overtures. Manavi’s response however was to tell Priya that her mother in law had a lot of health problems like blood pressure and that ‘a lot of problems crop up in the domestic realm’ . Citing her own example where she often got criticised by her mother- in law for leaving home frequently for her Master courses, she further reiterated that “in five months you haven’t put down deep roots in your family’s soil yet’ you will have to make space here” ( Basu 2015 ).

Counselors and judges often advise women complaining of maladjustment to let to deal with these everyday conflicts in a non- confrontational way. In one particular case, in the same study on

family courts in India, the counsellor working on the case of one couple where the wife often claimed interference from her in laws and her desire to live separately, the counsellor then worked out a formula where she asked the husband to listen to wife and fulfil her expectation but not at the cost of staying away from his parents. This tactic of renegotiating ties between mother-son and daughter in law becomes instrumental therein in not letting families split, thus preventing the possible abandonment of elder kin. These examples indicate that most cases of Counselors often ask women to take it as a part and parcel of living in a join family and adjust with the same instead of breaking away from the family (Basu 2015 :245).The court's performance of the role of the mediator must be then carefully read in the inherent patriarchal expectations of care giving and the burden of the same on women particularly the daughter-in-law.

I flag a couple of issues in this aspect of governmentality of the 'elderly' issues. Where we see several cases of elderly neglect and abuse, we also can not dismiss the prevalence of systemic violence often inflicted upon women by the elderly kin (often mother in law). Family inflicted violence is hence dismissed and normalised as family problems in course of mediating them in family courts. It is known the expectation and burden of caring for the elderly falls disproportionately on the women of the household. The State neither clearly acknowledges neither dismisses this fact, but by placing the onus of care back into the family by addressing it more in terms of personal, individual failures , it neglects the gender dynamic of the burden of care itself, and hence depoliticises questions of familial violence itself.

The other issue is the quality of relief elders may get through such cases. Maintenance through Section 125 is often a meagre amount barely enough for very needy elderly to sustain their medical expenses, let alone their basic material comforts. More importantly, many elderly persons feel reluctant to seek legal aid owing to the embarrassment and additional work it may bring to them (Helpage India : 2012). The cases fought may often be for a few thousand rupees in a month, which too may not necessarily be regular. The relief sought through this provision hence creates a dependence of its own, making elderly more vulnerable in the long run.

### **3. The Marketisation of elderly care**

Beyond the state and its interventions and withdrawals a complex of networks are activated to manage elderly care. From 'pay and stay' elderly homes to care at door step, elderly care is finding expression and a market outside the family. According to a report in one of the leading dailies In India, home healthcare market is currently pegged at around \$3-4 bn, poised to be a \$10 bn in the next 8-10 yrs (Times of India 2015) . Fuelled by rising migration of professional upper middle class, to countries like Dubai and USA, cash for care has increasingly become an option for those who can afford the same. Where the state has left the void in quality and compassionate care , the market has attempted to



fill it with services at competitive values often providing an advantage to those with the means to afford them.

The model of cash for care in India prevails in predominantly two forms . One is the elderly homes and the other is the more recent phenomenon of home based care for elderly. The concept of elderly homes is culturally novel in India. Till a few decades back elderly homes were restricted to anglo- Indian missions and a few others for the abandoned poor. Today however, there is a rapid rise in their number, with many old age homes emerging in cities catering to a specific class and social strata among elderly. The 'pay and stay' homes and the care at home packages today represent in a sense the commodification and commercialisation of intimate life. At the heart of this commodification is the redefining of what 'care' constitutes and what forms of care can be commodified and what not. In a sense, it redefines the moral limit of market and adds a new vocabulary for care. On the other hand, it raises concerns as to who can buy these care services and how are these care services perceived by the elderly themselves.

Where commodified care exists alongside universal care in the Nordic countries with highly developed social security services, it is premised on the rationale that it empowers users, improving quality and offering more diverse forms of care. In such countries where individual care services exists along with universal health , elders have the rights to choose what services they want. However, in the context of India where care services are far from being universal, are forms of luxury in itself. We shall examine these two forms in some details in the subsequent paragraphs.

### **3-1.Repackaging elderly care**

Going through various websites offering home based care I found several websites with I chanced upon Tribeca services of the home based care services for elderly. I take up their case as a detailed example to illustrate one sort of way in which elderly care is constructed and marketed. In opening the website I found one particular menu that was particular interesting and titled 'family matters service'. The services they offered were packaged into 4 types combining various forms of medical and non-medical care. Each package had the potential to be customised according to the needs of the needs of the elderly. 'Care managers' are responsible for care visits, grocery shopping, even escorting the elderly to temple once in a month facilitating skype calls and overseeing their emotional and physical comfort. The nomenclature of 'manager' indicates the transformation of otherwise unpaid and emotional labour and the existence of a contract between caregiver and care recipient. The 'aador' package in the 'family matters services' consisted of a 24/7 Helpline servicewith Ambulance call-up services comprehensive medical & non-medical Care-At-Homes includes overseeing the elderly's physical and emotional comfort upto eight times a month , Escorted outing - temple, doctor, mall once a month, grocery shopping and other errands upto four times a month, Scheduled GP check up at home -

four times a year and so on and so forth. In another package the Care Manager visits once a week to ensure the Elderly are comfortable and cared for. There are frequent phone calls between physical visits to red-flag potential problems. This package is marketed as something “Perfect for those elders who love their independence, but need someone to just keep an eye out for them – especially during an emergency all this for Rs4000 per month”.

It is evident in the contrast between the two packages that the more personal the care, the greater the cost of the care package. It is in the process of commodifying various aspects of care that cultural expressions of care such as taking one’s parents to temples, that would otherwise have been submerged in ‘filial’ love are now given a value (often even bargained upon, if there is a discount offered by the services) and the more personal the care the higher the cost . A separate section even offers in- home companionship where ‘Care Managers’ give company and engage in conversation, or to sit down to share a meal together”. Other services in this package include dusting homes, helping out with reading medicines and even grooming. These services are particularly positioned for the Non Resident Indian who does not have time catering to largely middle class educated elderly population. Age well Foundation is another such organisation that provides for such as visits to chat over tea, escorts to the doctor or late-night wedding receptions, and the promise of presence at the time of death (Lamb 2009 : 173).

The reason I deal with these packaged care services is to highlight the fact that care is positioned as a commodity or a professional service for some who can buy it and use it to compensate for their time and presence. Sharing of meals and engaging in conversation or grooming entails there packaging of emotional labour performed by sons and daughters – in -law into a commodity that can be bought and sold much like child care but perhaps as a service that requires more skill and professionalism. Performance of emotional labour is itself outsourced and professionalised through the deployment of care managers. The targeted audience for these services are the NRI families and their testimonials<sup>6</sup> on their website indicate their particular appreciation for the ‘professionalism’ and the ‘personal touch’ of the care managers who are now becoming a part of their family.

Professional caregiving is a fairly new concept in India with respect to home based care of elderly. While there are no figures available at the all India level, however trained care givers are a still concept restricted to a certain socio economic class. Training for geriatric care is provided through very few professional short terms courses by the state.

Where home based care is one form of cash for care, there are other ‘pay and stay’ old age homes of different kinds. State based old age homes are very few and far in between and not much data is currently available on the same. However, anecdotes from Sarah Lamb’s study indicate that one’s social class, personality and the quality of care available influences their perspectives on paid services.

Where some felt like they were imprisoned, there were few others who found themselves live a new free life in the old age homes. The responses of elderly staying in rickety ‘vridh ashrams’ were contrasted to the experiences of those living in the better maintained old age homes. There was a sense of powerlessness among some members and for some others the old age home necessary evil as they were not able to maintain their homes and live alone. For a majority of inmates in such pay and stay homes painful circumstances, such as the death of a son or husband, family conflict etc. There were a few others who often chose to stay in these elderly homes happily were those who were from a particular class of the society, and believed that these homes rid them of various mundane day to day responsibilities which they were becoming too old to handle. These residents alluded to services such as food and tea are served, rooms are cleaned, the building is maintained, night guards are (almost always) present; and, importantly, one does not need to manage one’s own servants. A few others also found that these old age homes provided companionship with other peers (Lamb 2009:111).



[Figure 3 : (Up) An elderly woman living at the Dignity Foundation’s township in Neral near Mumbai Photo Courtesy – AFP. (Bottom) Elderly home in Karnataka (Source : Google images) depicting the contrast in services available according to different social strata]

Cash for care services are increasingly changing the way we look at care itself. In one way the preference and option of professionalised and ‘family-like’ care entails that others can perform the emotional labour perhaps even with greater expertise. Arlie Hochschild in her seminal work titled: *The Outsourced Self: What Happens When We Pay Others to Live Our Lives for Us*, makes two pertinent arguments. She shows in her experiences of paid services that these services were valued because they compensated for the time that family members could not give and also a source of expertise. Overtime

she shows that availability of such services alters the way we perceive care. One of the Cuban respondents who herself is a care giver in her study makes a poignant statement when she says “I maybe at the extreme but it seems to me that paid services are better than help you can get from friends and family – given what paid services can do and what family and friends can’t . I couldn’t turn to my own family for help and I know many others who can’t turn to theirs. So we are always going to turn to paid services. The more the better I say, The only sad thing is we can’t all afford them” (Hoschchild 2012). While Hoschchild’s respondent makes this statement in the backdrop of eroding familial values it will be interesting to further understand in future the different ways in which these paid services become increasingly significant and the care needs they can potentially fulfil in the Indian context where familial conflicts are on the rise.

In our previous sections we mapped the state’s cautious and limited intervention on the one extreme and the commercialisation of intimate life through the availability of individual home care and elderly homes on the other. However, there are some models of elderly care that use the community, and peer networks to fill the care deficit. Previously we mentioned that old age homes were often sought out as a source of companionship for some. However, there are some other NGOs who seek to bring this to the elderly without any costs by using volunteering by the able elderly and revitalising social networks. Take for example the dignity foundation, an NGO or rather a resource network where elderly can call a help line and volunteers who are often other aged persons, hence providing them support and company. This helps in reviving social networks and makes care accessible without creating the relationships of clients and care giver. Others like Age Well Foundation are attempting to fill in gaps on information needs.

#### **4. Shifting between market and state : Withdrawals and interventions**

It is evident from the previous section that old age income security is situated in the context of dependence on the younger kin for doles in the lack of any other form of financial support from the state. This is particularly so for families where elders have low levels of educational attainment and were previously engaged in the unorganised sector which is not covered by pension schemes and the salaries/ wages itself are meagre for any savings to be occur. Till very recently pension provisions were restricted to the government sector only. Most private companies structured old age social security schemes around the employees own contribution towards his pension fund. The growing call for universal pension as a right has emerged keeping in mind the vast pool of persons previously in the unorganised sector. The demand for a non-contributory, universal, public funded pension is on the rise. It is important to highlight here that the difference between socio-economic status of organised workers vs unorganised workers becomes accentuated in old age. The premise of valorising the family as a site for elderly care is one form of compensating for the past failings of the welfare state in addressing the unchecked growth of a vast unorganised sector and regulating labour rights within it.

In India, home to one-eighth of the world's population over 60, more than two-thirds of old women reported depending on transfers from children in the early 1990s (Lamb 2009 : 250). The development teleology that follows the transfer of the care from family to the state as the state itself moves from being poor to rich does not apply to India. However, it is only recently that the state has recognised this specific prevalence of old age vulnerability among the persons in this sector. The National Old Age Pension Scheme launched in 1995 was while on paper a bold move by the central government to provide monetary help to the destitute elderly particularly in rural India, the meagre amount pegged at Rs75 per month per beneficiary (Kumar & Anand 2006). The Pension scheme merely worked as an election sop and even the funds were distributed unevenly owing to the politics of beneficiary identification (ibid 2006). The more recent Svavlamban scheme launched in 2009 offers a solution to the workers currently working in the unorganised sector (between the age 18-55) to save a particular amount every month in addition to the government contribution towards their pension. The recognition of the problem of income security among the unorganised workers itself constitutes a paradigmatic shift in the problem of elderly destitution is being understood. The contribution of the government itself is very meagre but an important step towards ensuring old age security among them.

The government is not the only stakeholder recognising the importance of old age income security for this sector. Micro pension schemes where employers contribute one time are other models of pension in the unorganised sectors that are emerging gradually. An instance of this is the *gift a pension*, an initiative by the micro pension foundation where employers can contribute to the employee's pension. These pension models are however in their nascent stages and accessible to very few. Nonetheless, the move itself opens up the care diamond to include one more actor, i.e employers. This could potentially enlarge the state's responsibility in terms of facilitating such arrangements between employers and workers to potentially tackle the problem of future old age security by regulating the micro pension sectors. These trends also entails that the movement of the care giving burden is not entirely linear from the state to market but often shifting between various nodes of the expanded node of the care diamond.

## 5. Conclusion

The attempt of this paper is not to indicate what is the best site for elderly care, but to indicate how different sites of state, market and family and the new entrants including NGOs and employers care for specific needs of the elderly. It is not care giving alone but the new emphasis on quality care that has emerged in our discussions above. Governmentality of the state and its withdrawal from quality care provides the fourth node of the care diamond i.e the market a free hand in this aspect. Similarly, it intervenes in family law to withdraw from its own fiscal responsibility of provide economic support. Moreover, in valourising the family as a preferred site of care the state uses the creative adjudication of law and moralising reminders as a tool of its own

fiscal protection. The meagre pension reforms also reiterate the state's commitment to international commitments of fiscal austerity in the neoliberal era. However, this paper draws attention to changing facets of family in India itself. I point out that the widespread intergenerational conflicts must not be understood as a familial matter alone but as a response of the families and the individuals therein to pressures of the economy. Be it the market filling for the lack of time in transnational families or judges reminding sons and daughters-in-law of their responsibilities to their elder kin, these issues are located in the constant changes within the institution of the family itself and the state must give cognition to the new forms of burden emerging to the care givers as well. An effective policy for the elderly must also pay adequate attention to the gender and class of the care givers and hence calling for a redefinition of the problem of the elderly within policy discourses.

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