

Defence Seminar

Seminar Title	: Children's Education, Migration, and Co-residence: Paving the Path to Health and Well-being of the Indian Older Adults
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Venue	: Seminar Room, HS Department
Date and Time	: 18 Dec 2024 (11.00 AM)
Abstract	: Inadequate social security provision, the growing cost of health care services, and deterioration in health and economic status force older adults to depend on their younger kin or caregivers. In India, the relationships between parents and children have always been central to old-age support and have become increasingly important as the old-age dependency ratio is increasing significantly. However, the blend of urbanisation, Western culture and the overseas location of children due to rapid globalisation have been affecting the traditional family system, patterns of living arrangements, and support for older adults. While studies exist on the downward mobility of socioeconomic position from parents to children, very little is known about how the upward mobility from children to older parents is associated with older adults' health and well-being. The dependent variables are multi-morbidity conditions, functional health, nutritional outcomes, major depression, life satisfaction, and multidimensional well-being of the Indian Older adults. The predictors of interest are adult children's education, migration and co-residence with the parents. The data was extracted for 30,265 older adults aged 60+ from wave-1 of the Longitudinal Ageing Study in India, 2017-18. The findings indicate that one-fourth of the older adults were multi-morbid and had at least one limitation in the activities of daily living (ADL) meanwhile, one in every two older adults had at least one instrumental activities of daily living (IADL) limitation. The result also indicates that an increase in children's average years of schooling is associated with a significantly lower rate (Incidence Rate Ratios [IRR] = 0.984, $p < 0.05$) of multiple limitations in the ADL and lower rate (IRR = 0.975, $p < 0.001$) of multiple limitations in the IADL, and lower odds of underweight (AOR=0.939, $p < 0.05$). Additionally, an increase in children's average years of schooling is associated with a significantly higher rate (IRR = 1.035, $p < 0.05$) of multiple chronic diseases and overweight (AOR=1.068, $p < 0.05$). The association between children's migration and major depression among older adults is also statistically significant. Specifically, older adults living in an empty nest (OR=1.83 95% CI: 1.38–2.42) or were left behind (OR=1.5 95% CI: 1.15–1.97) had higher odds of experiencing MDD compared to those living with all their children. Compared to older adults living alone, those who were co-residing 'with both spouse and son' were significantly more likely to report a higher level of Life satisfaction (RRR=3.17, p -value<0.001), followed by those who are living 'with their spouse only' (RRR = 2.68, p -value<0.001) and 'with their spouse only' (RRR= 2.65, p -value<0.001). In terms of multidimensional poverty (MDP), older adults whose children never went to school and whose none of the male children were co-residing were the most vulnerable. For instance, older adults whose children's average years of schooling was 0-4 years were 28% less likely to experience MDP than older adults whose children never went to school. This pattern holds for the average years of schooling of both son(s) and daughter(s). While the migration status of son(s) seems to have an impact on the MDP, no significant association was established for daughter(s)' migration status. Based on the son(s) characteristics, it was found that the empty nester was 1.209 times (AOR=1.209, p -value<0.001) more likely to experience MDP.