



Ageing in Isolation: The Care Crisis of the Middle-Class Aged in Kolkata

Dr. Sinjini Roy

Assistant Professor, Department of Sociology, Chapra Government College, West Bengal, India

Abstract

Loneliness and the care crisis together constitute a new menace troubling middle-class elderly citizens in urban India in recent decades. The breakdown of the traditional intergenerational family care system and a modernity-induced “rationalised life” of the urban middle class, while negotiating the unsettling impact of the neoliberal order, are the root causes of the crisis. The middle-class urbanites consciously check fertility, adhering to the new norm of single-child families, and take all possible care in bringing up their children. The children disperse to cities across the country and abroad to study and build careers, exploring the opportunities offered by the national and global markets. By the time the elderly couple retire from service, they find their child/children married or settled in a distant city in their new life with their own families. In India, thus, the number of couples living alone is ever-growing. When one of the spouses dies, the surviving spouse lives alone in his/her house or shifts to old age homes in the last phase of life. This creates a situation of loneliness and a care crisis. Some elderly citizens hire the services of professional caregivers, but that is never a substitute for family care. The crisis deepens when the living members develop health complications and are no longer in a position to take care of themselves. The elderly members are thus trapped in a crisis of their own making; the children, too, are stuck in their new and irreversible life away from home. Data for the paper have been drawn from an empirical study of the life of the elderly neighbourhoods in Kolkata and secondary sources.

Keywords: Rationalisation of life, Dispersal of Family Members, Fertility Check, Loneliness, Care Crisis

1. Introduction

Nearly 200 years of European colonial rule exposed India to Western modernity. After its independence in 1947, the country followed a path of “self-reliance” and a semi-seclusionist “nationalism”, but that was not enough to arrest the process of westernisation and modernisation of Indian society and culture. The rapid industrialisation in the decades following independence and globalisation since the 1990s has added speed to the process.

The migration from rural to urban-industrial areas, migration of refugees from the less urban neighbouring countries (such as Bangladesh, Pakistan, Myanmar, Sri Lanka, Nepal and Tibet) particularly in the decades following independence, migration from one city to the other within the country and to the global cities have also brought about some irreversible changes in the traditional social life and the social institutions as the more heterogeneous urban population had to negotiate new existential and aesthetic challenges.

One prominent outcome of all these changes is the “rationalisation of life” where people move away from “tradition”, “emotion”, “sentiments”, and, at times, “universal moral standards” and rearrange their lives on “self-oriented”, “calculative” and “logical-rational-formal” principles. Max Weber, the German sociologist, in his book *The Protestant Ethic and the Spirit of Capitalism* (1930), interpreted this phenomenon as an inevitable and irreversible part of modern Western capitalist societies. There is no denying that the educated middle and upper-class urbanites take a rational approach to life in negotiating the challenges unleashed by the globalised neoliberal order; yet, they make sensible efforts to uphold some of the “traditional” values rooted in family, culture and the “philosophy of empathy” in treating the elderly family members. By no means are the members of the young generation bereft of “care philosophy” in treating their parents ageing in loneliness and a care crisis.

The signs of rationalisation of life could be seen in the life of the urban, educated middle-class population. The multigenerational joint and large families are splitting into small nuclear families; one household is getting fragmented into many households as the growing up family members are migrating and dispersing to places for educational and employment opportunities to comply with the demands of modern market society; members of a family or kinship group are spreading to different places in response to the housing crisis; even within the small families there are signs of “individual-orientation” or individuation. The micro-level changes reflect macro demographic trends, namely, a fertility drop, downsizing of families, greying of population, greater spatial movement of the population, a change in sex ratio and so on. The social-cultural and demographic changes are inseparable and happening simultaneously. This is how the social and cultural patterns and collective perceptions take shape. Simmel has explained how subjective and objective cultures impact each other (Simmel, 1950, 1971).

Following Ulrich Beck, one can also argue that the collective perception of the “risks” embedded in the neo-liberal economic order comes into play in this process (Beck, 1990). The market-all system transforms all the basic services like health, education, transport, and communication into commodities, inflating the cost of living and impacting the middle and lower economic classes' quality of life. Post-1991 India has experienced a speedy dismantling of the State-funded education and health sectors, all-around taxation of the income and consumption, rising inflation, rising unemployment and insecurities in private and informal sector jobs, which are irregular and mostly contractual. This shift in the art of governance has greatly unsettled the lives of the middle and economically vulnerable classes of people. A collective perception of risks of life shared by a class of people drives them to apply “reason” in calculating the “life chances” and organising their lives accordingly. The fertility control and rationalisation of family size, the upbringing of children for a secure life, making arrangements for a decent life, savings for old age, and insurance of different kinds are thus rooted in a collective perception of “risks” in a neoliberal order. As a result of a sharp decline in public sector employment, the educated youth of middle-class background are migrating globally in search of employment opportunities (ILO, 2024). It is not just one individual or a few individuals who do all this, but it happens on a grand social scale and thus indicates a social pattern. The fertility check, career-oriented education (technical and skill-based education), and market-oriented upbringing happen at the collective level. All this is reflected

in the slowing down of the population growth rate and the rationalisation of life. The vulnerability unleashed on the underprivileged classes and the middle class forces them to make adaptive changes, marrying late, checking the reproductive behaviour, dispersal to places for opportunities are just some examples.

Following the global population trend in India, too, the population growth rate is progressively dropping, and at present, the annual growth rate (TFR) has dropped to two, which is below the global replacement level of 2.1. As a consequence, the population in the higher age group is increasing both in number and proportion to the total population; this is a trend that is called the greying of the population. The break-up of the intergenerational joint families because of the large-scale dispersal of the already downsized families induced by growing insecurities and search for better career opportunities and changing modernist (individualist) perception of life is creating a situation when the elderly couples live alone in their houses in the latter years of their life. With their children dispersed and other family members spread out, they live in loneliness in their old age. After the death of one of the spouses, the living spouse lives the last years of life alone, confronting loneliness and a serious care crisis. Breakdown of health and serious ailments make them completely insecure, vulnerable to violence and “dependent” on others.

Unfortunately, in India, the State has not come forward with policies and programmes for the care of elderly citizens and not even for those who suffer from acute loneliness and care crisis, leaving the responsibility of care for the elders on the family members. When the younger family members are simply not there to take care of the elderly members, the latter learn to live alone or arrange for an alternative care arrangement. In urban India, the burgeoning old age homes are offering an option, but my study in Kolkata (2019) shows that elderly citizens are not free from loneliness and care deficit even after their move to old age homes. The children who live away are not necessarily “inhuman” or “unempathetic” towards their elderly lonely parent/parents back home; they indeed try to extend a kind of support by making periodic visits, keeping regular contact using modern gadgets of communication, extending financial support (when needed), being by the side of the parents in moments of health crisis and so on. However, in their life away from home, they meet workplace responsibilities (as most of them follow the demanding work schedule of the corporate employers) or career demands which they cannot leave behind and spend months with their lonely parents. Many of them want to take their parents to the place where they work, but, in most cases, the parents do not feel comfortable living in an alien, distant place and culture in a foreign land; they would rather take a conscious decision to stay in their houses and keep socially and culturally rooted. Many of them feel that this is a life of dignity. They are logical in accepting the fact that their children have grown up and they have the right to live the life of their choice (Roy, 2019).

The present paper, thus, is designed to outline how the elderly citizens in India are going through a process of social (familial) transformation and reaching a stage where they have to live alone confronting loneliness and amid a “care crisis” and how they suffer and make efforts to combat the multiple crises that come with ageing.

2. Methodology

For building a narrative of the process, I have drawn information from secondary sources, reports and my study on the life of the elderly citizens in Kolkata, which was conducted in the middle of the last decade (Roy, 2019).

I conducted an in-depth exploration of the middle-class elderly populace in Kolkata from 2013 to 2015 as part of my doctoral research, culminating in my PhD thesis in 2018 and a

book titled *Life of the Middle-Class Aged in Kolkata* (2019). My study focused on two distinct groups: first, those residing in their familial abodes or apartments in Salt Lake, and second, individuals inhabiting two old age homes, Mukto Bihanga, situated on the southern periphery of greater Kolkata, and Rabindra Niketan in South Kolkata. This investigation was done in two phases; in the first phase I did a preliminary survey delving into the socio-economic fabric of the elderly, encompassing 54 individuals from Salt Lake and 56 from the two elder care homes, and, in the second phase, I did elaborate case study of 64 elderly citizens, selecting 32 individuals from each category. Selection of respondents from amongst those living with their families and those living alone in a Home presents us with an opportunity to do a comparative study of the degree of isolation and loneliness in these two situations. To get a square view of their life-cycle, I selected those couples whose only son or daughter is living at a distance, as well as those whose children live in Kolkata city. This also gives us a point of comparison. In selecting my respondents, I used the *snowball sampling* technique, where I first selected one family from my known circle, and after interviewing the family, I used the social network of the interviewee to find another respondent. But this technique helped me only partially because the network soon got exhausted. I, then, used my network of people (relatives and friends) and sought their help in finding the right kind of respondents. I used my network to find entry into an old age home (Navaneer) to interview the aged boarders. By combining these strategies, I could complete my field study and collect the necessary information (Roy, 2019).

In presenting the information, I have adopted a descriptive style, prioritising the accounts and perceptions of the elderly citizens covered in my study. I have been cautious not to impose my personal views onto the narratives collected from the field. Since I dealt with a small number of respondents, I stuck to the case-study method, which is popular among anthropologists rather than sociologists and purposefully avoided the quantification of the information.

3. The Process of Becoming Lonely

In the post-colonial era, the Indian State looked at the fast-growing population as a problem and took measures to arrest the population growth rate. The persistent “family control” and “family welfare” campaigns in the post-colonial years backed by incentives, persuasion and coercion (particularly during the national emergency in the 1975-77 period), worked on the collective psyche of the nation as one would notice a great degree of voluntarism among the people to modify their fertility behaviour to adhere to the State prescribed two-child norm and adopt one-child norm, even when the child is a daughter. Chatterjee and Riley (2001, pp. 811-845) have examined how, driven by the Western concept of modernity and development, the Indian State has resorted to strategies to check the menace called the “population explosion”. Recent population trends indicate a falling fertility rate across the Indian states, both in urban and rural areas. India’s fertility rate dropped slowly from 6.5 in the 1960s to 2.7 in 2006, thanks to the rising literacy, improved health indicators and economic growth (Nilekeni, 2008, p. 51).

According to the *State of the World Population Report 2018* by the United Nations Population Fund (UNFPA), although India's population has risen to almost double, from 566 million in 1971 to 1.35 billion in 2016, the fertility rate is on the decline. In urban India, the total fertility rate has dropped below 2, which is less than the replacement level of 2.1. Because of this, India’s family size has steadily declined since 1971. According to the UNFPA (2018) report, the family size in India has shrunk from 5.2 children per family in 1971 to 2.3 in 2016. The report observes that India, along with many other countries, has witnessed a substantial drop in infant and child mortality, partly due to a wider reach of

health care systems, economic development, reduced poverty and increased enrolment of females in primary and secondary education (UNFPA, 2018).

According to the 2011 Census, the median household size in urban India is now less than four for the first time in history. Data on houses and households released by the Census office show that 56 per cent of households in urban India now have four or fewer members. The mother's education level is marked as the biggest determinant of the number of children she wishes to have in her lifetime. However, women in India across regions and communities are having fewer children than ever before, irrespective of the state of education or wealth.

Basu and Desai (2012) have identified a demographic trend in the Indian population, indicating that a large section of younger couples is opting for single-child families. Based on data from the *Indian Human Development Survey 2004-2005*, the authors observe: "... a small segment of the Indian population has begun the transition to extremely low fertility. Among the urban middle classes, it is no longer unusual to find families stopping at one child, even when this child is a girl" (Basu & Desai, 2012, p. 2). A similar trend, named the "rising trend towards one child families" has been found in the other younger age groups in India. According to the survey, about 73 per cent of mothers with a single child declared that they did not want more children; 22 per cent of them were already sterilised. Only about 27 per cent said they may want another child at some point (Basu & Desai, 2012, p.11). According to the scholars, one-child families are found predominantly among the urban educated middle class. While one-child families account for barely 5 per cent of all Indian families, they constitute 13 per cent of families living in metropolitan cities. About 40 per cent of the families which appear to have stopped at one child had only a daughter (Basu & Desai, 2012, p. 12). This is a remarkable change since preference for male children is still overwhelming, particularly in northern India and in the Hindi-speaking areas of the country.

Fertility checks and the resulting drop in family size indicate the rationalisation process that the urban middle-class population is going through. The growing number of urban parents prefer one-child families because (1) they want to avoid the constraints of childbearing, and (2) they want to prepare their child well so they can avail of the employment or work opportunities offered by the market (Basu & Desai, 2012, p. 14). The fertility check among the urban middle-class families could also be rooted in their perceptions about the career risks embedded in the neo-liberal order. Amartya Sen (2005) has argued that the spread of higher education and higher work participation among women, especially urban middle-class women, has given them the much-needed "agency" which, in effect, is responsible for the rising age at marriage, fertility check and higher quality of life. The urban educated working women are enlightened about technology and the importance of fertility checks. Going a step beyond Sen, we may argue that the agency in an individual woman gradually finds replication in the collective self or collective social perception, and thus, a cultural or social trend or style crystallises. Once this happens, it is collectively sustained and reproduced at the cultural level. I would argue that the urban middle class, which is well-informed about the changes in the socio-economic order, is driven by a risk perception at a time when education and health are fast being privatised (commodified) and there is growing uncertainty in the job market. An interesting aspect of this social trend is that there is an elaborate social and cultural arrangement of reproduction of the "rational values and norms", which, in turn, constrains the action pattern of the class in question. One can thus notice a fine convergence of the demographic and socio-cultural trends.

4. Reasons Behind the Loneliness of the Aged

From my study in Kolkata (Roy, 2019) I have found that five major factors contribute to making the middle-class elderly citizens in Kolkata lonely. These are: rationalisation of

family size through fertility control, dispersal of the younger members of the family because of marriage and career opportunities, death, particularly of one of the spouses, the decision to remain unmarried, and weakening of kinship and neighbourhood ties.

4.1. Rationalisation of Family Size

Following the demographic trend laid out in the West, the fertility rate in India, and more so in urban India, has been on the decline in recent decades. As per research estimates from the Global Burden of Disease 2021 Study (IHME, 2024), the Total Fertility Rate (TFR) has more than halved in the last 70 years, from around five children for each woman in 1950 to 2.2 children in 2021. In India, the TFR was 6.18 in 1950, which dropped to 4.60 in 1980 and further to 1.91 in 2021. China is already dealing with the demographic disadvantage of an ageing population; India is heading towards that direction (Mascarenhas, 2024).

As already shown in this paper, in India, following the global trend, the average size of families has been sharply declining in recent years. My study in Kolkata endorses this population trend; I have observed that the average family size has dropped from 7-8 to 3-4 from the parental generation to the present generation (from the 1960s and 70s to the second decade of the present century); all the case studies of the elderly citizens, which I covered in my fieldwork, indicate to this trend.

I have observed in my study that the average middle-class families in Kolkata are feeling the hit of the rising cost of living in recent decades, when education and health have largely been privatised; they feel the pressure of sustaining the quality of life as the “risk perception” has grown. With the rise in the level of education and work participation among women, individualism and careerism have grown – these factors together have contributed to the rationalisation of life (to use Weber’s phraseology).

4.2. Dispersal of Family Members

The opened up national economy and society in the new global order which comes with withdrawal of the State from its responsibilities in the economic, health, education and communication sectors unsettles the life and livelihood of the common people and drive the jobseekers to the market, national and global. The members of the younger generation assess the “risks” unleashed by the new economic order and take rational steps towards building capacity by mastering education and skills, and compete for opportunities offered by the national and global job markets. This “new reality of life” induces the youth to be more spatially mobile; hence, mass-scale dispersal of the family members. Even within smaller urban families, younger members disperse for education and work to cities within the country and to global (primarily in Western Europe and the United States) cities. Many middle-class parents in Kolkata hope that their children will settle in American or European cities after a top-class education. Pursuing careers in academia, research, or the corporate sectors abroad is seen as a path to material success and the elevation of social status. Urban middle-class families in Kolkata and other Indian metropolises are increasingly supporting their sons’ and daughters’ migration for education and well-paid jobs in Europe or America. The middle-class parents and their children see this as a pragmatic and logical step for a secure life. In my study in Kolkata, I found that out of 32 cases in Salt Lake, 15 families had their children settled in different cities in India and abroad. Many elderly citizens living in old age homes also had their children settled abroad.

4.3. The Death of a Spouse

The death of one of the spouses of elderly citizens, whose children are dispersed either because of marriage or career-related emigration, leaves them lonely in their homes. In my

study in Salt Lake, 15 out of 32 citizens lived alone in their houses after their spouses passed away. Most of the elderly citizens who lived in old age homes moved to old age homes only after the death of their spouses; the pain and insecurities associated with a lonely life forced them to move to old age homes for a better and secure life.

4.4. Unmarried Elderly

In the West, marriage is a progressively ebbing institution. In my study in Kolkata, too, a lot of unmarried elderly men and women, in particular, have lived their lives alone or with close family members, mostly parents and siblings. For them, the family bonds remained weak, and after having their kin relations further weakened over time, they moved to old-age homes. I have found, in my study, that among 56 elderly citizens living in old age homes, 21 were never married.

4.5. Weakening of Kinship and Neighbouring Ties

Alongside dropping family size and dispersal of family members, the larger kinship and neighbourhood relations are weakening in urban India; Kolkata is no exception. Living in intergenerational joint families has become out of fashion. Most of my respondents said that they have some kin spread out in places both within and outside the city, and they maintain some contacts of different levels and even meet them occasionally. However, most of the elderly urbanites do not hope that the relations beyond their children, and in some cases, siblings, will stand by them in moments of crisis. The urban elderly citizens maintain some social relations with their neighbours, but again do not hope that they will be of substantial help in crisis moments. The friendship circles in Kolkata are not generally attached spatially to one neighbourhood, but the friends are spread out to different parts of the city, yet they maintain close contact using cell phones and through occasional meetings. There is a fluid sense of neighbourhood centring the community programmes like Pujas, but the working and superficial acquaintances thus formed do not get translated into a community support system.

5. Care crisis of Aged Citizens

One can see that in Kolkata and other Indian cities, a large number of elderly citizens live alone in the last years of their lives. The lonely life comes with a care crisis, particularly when the close family members or kin are absent. The elderly couples or individuals who live alone generally manage with the help of hired service givers so long as they are in good health, but at some point, as they age further, they catch ailments of different kinds and levels, and they are no longer in a position to take care of themselves. The “dependents” then dip into a care crisis and need a care arrangement for them. They find their children settled in distant places, and they cannot depend on other kin or neighbours, as these relations are either absent or thin. Many of the elderly citizens, after having exhausted their familial and kin-based care arrangements, move to old age homes, which have mushroomed in and around the metropolis in recent decades. The old age homes, which flourished under private ownership, offer reasonable care packages. The middle-class elderly choose from among the available homes according to their financial condition and facilities. In the city, thus, there are homes with varying care packages to cater to the needs of different categories of the middle-class elderly population. In old age homes, they get some kind of companionship and care, but they do not consider it to be an adequate substitute for family care. In India, unfortunately, the State is by and large absent in providing care for the elderly citizens. My respondents in old age homes generally agreed that “family care” is always better than the quality of care they receive in old age homes, and they moved to old age homes only when the family care was completely exhausted or absent. They rated the care package in old age homes on different scales, ranging from “good” to “bad”; they further viewed that the owners and the

management are generally indifferent and offer only a “formal” treatment without much emotional touch. Independent of their impressions about the services, they prefer to stay in old age homes because they are left with no other option. Notwithstanding the loneliness and longing in the life in old age homes, the elderly citizens living there do not feel completely “abandoned”; rather, their relatives and family members not only support them financially and materially but also make efforts to visit them and spend time with them periodically. The home management also keeps the close kin of the boarders informed in case of health emergencies and payment-related issues. The close kin visit their relatives with gifts and home-made delicacies in old age homes on important occasions such as birthday celebrations or Durga Puja.

Living alone goes against human nature, yet those who have to live with ailments and worries grapple with the pain of solitude and reflect on distant loved ones and cherished memories. Living in loneliness with ailments, they gradually lose the motivation to live. Insecurities about safety, property, sudden illness, and the welfare of distant family members further weigh in their minds. In the following section, I have presented a few cases of elderly citizens’ versions of their lives in their houses in Salt Lake and the old-age homes.

Giving an account of her case, **Mrs. I Talukdar**, aged 76, said this:

“I have been living in this South Kolkata house for the last 35 years with my husband, who is a retired university professor. I did my Masters in English from Jadavpur University and taught in Vivekananda College before my retirement in 2015. I was born and grew up in a joint family of my parents, uncles and siblings. My husband had a big family of nine members at Alipore. We have two sons: the older one is a businessman in Kolkata, and the younger son is a school teacher in Delhi; they live in separate places with their families. We miss our sons but accept their dispersal pragmatically, and there is nothing to be upset about. Our sons have a right to decide about their lives, and we prefer not to interfere. This also helps in keeping good relations based on love and mutual support. We acknowledge the inevitability of separation but worry about our potential isolation and dependence in old age; the state of our health will be a big factor in this. Our sons and grandchildren visit us occasionally and keep in regular contact; they take care of us, but from a distance. We also visit our sons occasionally, but consciously prefer not to be a part of their households.”

Mrs K Barua, aged 72, a widow who lives in Salt Lake with her widowed sister, told me her story like this:

“I was born and raised in a twelve-member joint family in Rangoon. I moved to Kolkata about 60 years back after my marriage; my parental family moved to West Bengal in the 1950s. My husband was a Reserve Bank officer, and I lived with my in-laws in government quarters in another part of Kolkata. Later, after the retirement of my husband in 1987, we moved to our newly built Salt Lake house. In our Salt Lake house, we lived with our two children, one son and a daughter. My daughter got married in 1985 and left us to live with her husband and in-laws. My son lived with us until 2000 with his wife and two daughters. My son then had a divorce in 2000. After that, he married for the second time and left us to live in the family of his wife. He left his two daughters with us. My husband died in 2010 after suffering from dementia for about 15 years. One of my granddaughters got married in 2022 and left to live in the USA with her husband. I now live in my house on a family pension and some house rent with my widowed sister, who joined me in 2015 after losing her husband, and the younger granddaughter, who is a film actress. We do not have much financial worry, but we do

not count much on our son for support. He visits us occasionally, and particularly at times of health emergency and family function. He played a big part in arranging his daughter's marriage. My younger granddaughter takes good care of me. We, of course, experience isolation and anxiety. We have hired a maid who shoulders much of the domestic chores, as I cannot work much because of chronic arthritis."

Mrs G Banerjee, 65, who is living in Navaneer old age home, articulated her story as thus:

"I was born in Chetla, Kolkata, and grew up in a joint family of 10 members. After my marriage at the age of 17 with my college teacher husband, I shifted to my in-laws' house at Jadavpur, where I lived a happy life for years. Over the years, my husband's parents died, and we were reduced to a nuclear family with two of our children. In 2010, I lost my husband and both of my children in an accident while on a tour in the hills of Himachal Pradesh, although, unfortunately, I survived. This shocking incident robbed me of all my peace and put me under severe mental strain. The accident still haunts me like a nightmare. I could not live alone in my house for many years. My younger sister, who was married and had a family in North Kolkata, took care of me for about two years, and then she put me in the Navaneer old age home. My sister gives me financial support and takes care of me, but I am still under the spell of shock. Despite my sister's support, I feel insecure; a lot of worries haunt me, and I cannot sleep properly. The fear of death looms large."

Mrs K Roy, 68, who lives in her flat with her husband, Mr A Roy (73), narrated her life like this.

"Only two of us live in this house. Our only daughter lives in Muscat, where she works as an officer in a private bank with her husband, who is an engineer with a private construction company, and a 15-year-old son. My husband and I had big families of origin, but we settled with a son and a daughter. Although my husband is doing fine health-wise, I suffer from chronic joint pain and cannot move without help. Our only son died of illness in 2010, and we are still struggling to overcome the shock. I feel lonely when my husband goes out during the day for work. I live with the memories of my deceased son and long for my daughter, son-in-law, and grandson. Our daughter and son-in-law visit us once a year with their son. I cannot ask my daughter to come and stay with us, because it is difficult for them to manage time for frequent home visits."

I had a chance to meet Mrs Roy's daughter and talk to her during the Durga Puja celebration in 2013. She told me this:

I understand that I should have been by my parents' side in their old age, and I know how badly they miss me. I, along with my husband and son, also miss my parents badly. Although we hold video chats often and talk every day over the telephone, we miss the warmth of being together. However, we have to live with this physical distance; we cannot come back, giving up our career opportunities abroad, since a comparable opportunity is not there in Kolkata or India."

Here is one more case, that of **Mrs R Moitra (68)**, who said:

"I have been living in Salt Lake with my elder sister, Nirmala (70), who is a widow. My parental family had 10 members (eight siblings), and my husband's family of origin had nine members (six siblings). After my marriage at the age of 20, I lived in my in-laws' family at Behala for many years. In 1990, we shifted to our present apartment, where, in 2014, my husband died. Our only son, now 45, works as a chartered accountant with the World Bank in Canberra, Australia. I have been a homemaker all my life. My husband,

who was a government employee, had retired from his service in 2006. After the death of my husband, I have been living on a family pension and periodic remittances from my son. In Australia, my son lives with his wife, son and daughter. They visit home once a year. I have been suffering from high blood sugar and hypertension, and my sister has chronic joint pain. In this house, we take care of each other, and a maid does much of the household chores. I badly miss my husband and long for my son, daughter-in-law, and grandchildren.“

She further said:

“We regret having to live far from one another, but this is a kind of trap of our creation; my husband and I always wanted our only son to be successful in life; the result is a lonely life for us in our old age. I visited my son's place in Australia a couple of times, but I never wanted to be a burden on my son. I enjoy living with my sister, who also needs me badly in this old age. I love to live in my house, in my city, and it is here that I want to breathe last.”

Mr N. C. Gupta (69) lives alone in his big two-storey bungalow in Salt Lake. He narrated his story as thus:

“I was living happily in this house until a few years ago with my wife and two sons. My wife passed away in 2004, and my sons, who are computer engineers, shifted to the US a few years back. My sons now live in different cities in the US with their families. I visited my sons about two years back once but I did not like life there; hence, I came back. I feel at ease living in my house in Kolkata. Since my sons live with their wives in the US, all working, I prefer not to disturb them by talking about my problems. As a father, my responsibility was to see them settled in life, but now they deserve to live the life of their own. However, despite their busy schedule, my sons and daughters-in-law care for me; they visit me once a year and keep insisting that I should live with them in the US. I do not take their suggestion seriously because I believe that the language of life of my generation is so different from that of my sons' generation. “Isn't it wise not to try and mix them?” – he asked. Keeping in mind I am ageing and developing health complications, my sons have hired a caregiver, who now stays in my house all day long, cooking food, doing household chores, besides taking good care of me.”

Case after case narrates a largely similar story, the story of progression from a large parental family to a relatively small family and to loneliness and isolation. The elderly citizens narrated the process of their being alone and the pain and suffering that loneliness brings them. They narrated how loneliness brought them a care crisis and how they managed with the help of hired caregivers in the absence of a proper family or in the absence of children who are dispersed and spouses who are no more. The case studies presented here also state clearly that the dispersed children still uphold some care values even while negotiating the stresses of their professional life in a distant city, and that the elderly citizens take logical, adaptive steps to address their problems while ageing in loneliness.

6. Discussion

The brewing care crisis facing the urban middle-class elderly population in India is directly rooted in the macro phenomenon of the fertility dip, rationalisation of family size, the dispersal of the younger members for livelihood opportunities and the process of becoming alone. Population surveys cited in this paper suggest that the growing number of urban couples stick to the “one-child norm” even when the lone child is a daughter (Basu & Desai, 2012). This demographic trend in India in recent decades is in line with the global population

trend. The result is that in the last stage of their lives, the senior citizens find themselves lonely and amid a care crisis.

Experts such as Radkar (quoted in Mascarenhas, 2024) argue that the sustained family welfare programmes undertaken by the State, maternal and child healthcare-related financial incentives, the dip in family inheritance, the rising cost of upbringing of children, and rising education level and work-participation rate have together contributed to the accumulated fertility dip. Amartya Sen (2005) has argued that with the spread of higher education among women (urban women in particular) and growing economic self-reliance through greater work participation women are being empowered with agency, which, in turn, finds expression in career planning, in their marriage decision, selection of life partner, fertility control and so on. The rational choice of fertility check is never a matter of individual choice, but it has become a social pattern, a social phenomenon, ingrained in the new way of life. Following sociologists like Simmel and Bourdieu, one can see the emergence of a social form or cultural pattern or “habitus”, which is essentially “collective” or “objective”, which, in turn, impacts the thinking, actions and life process of the individuals (Simmel, 1950; Bourdieu, 1992).

The educated middle-class urbanites fall into the trap of calculative rationalism, which, according to Weber, is an inevitable fallout of capitalism (Weber, 1930). The crisis, therefore, is self-made, following an objective, rational culture. For the urbanites, this is a rational choice, in conformity with the dominant social pattern, since they logically justify all their actions - late marriage, fertility control, injection of careerism in their children, and so on. Both the parents and the educated children are now prepared to take advantage of career opportunities in the global market and establish themselves in life. Middle-class families, influenced by neoliberalism, prioritise career success abroad for material security and social status. Despite missing their children, who have settled in the USA or Europe, they prioritise their careers while negotiating the unsettling impact of the neoliberal global order. The inevitable consequence of this is the large-scale dispersal of the younger members of the family and lonely ageing for the elders. The lonely parents draw immense pride in the “career achievements” of their children and, at the same time, prepare to live the last phase of their lives in the absence of the physical warmth and care of their children. The social phenomenon named “care crisis” is no longer an individual concern, but it has emerged as a social pattern or social form. Weber’s rationalisation theory holds good only partially, as, in the Indian context, the members of the younger generation make efforts to extend some form of care to the ageing parents while striking a balance between “self-love” (read, careerism) with empathy.

7. Conclusion

In conclusion, we can argue that the care crisis faced by urban middle-class elderly in India is a direct result of demographic changes and rational decisions shaped by globalised neoliberal values. As the younger generations prioritise career success in line with the demands of the new global order, the elderly citizens are left to navigate their later years in isolation, relying on hired caregivers or old-age homes. This trend highlights the unintended consequences of modern capitalism, where the pursuit of individual success leads to the erosion of traditional family care structures, at least partially, leaving elderly citizens to age alone. The two generations of educated middle-class urbanites who bear the brunt of the larger social process make efforts to rationalise their actions and sufferings by adjusting their values and norms in line with the changing metropolitan culture.

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Notes

1. In his classics, *Discourse on Inequality* (1754) and *Emile* (1818) the French philosopher Jean-Jacques Rousseau has argued that human beings are, at the same time, driven by *amour de soi* (self-love) and *pitié* (love for others), the two conflicting traits that represent individuation or ego-centrism and the philosophy of empathy; striking a balance between the two tendencies is essential for social stability. The French sociologist Emile Durkheim echoed Rousseau's views in his *Division of Labour in Society* (1997) when he argued that egoism and altruism combine in human nature and all social formations.
2. According to the *All-India Survey on Higher Education (AISHE) Report for 2021-22*, 60 percent of school enrolment and 70 percent of higher education enrolment are now controlled by the private sector (AISHE, 2024. Available: <https://aishe.gov.in/>), while 70 percent of health services, including infrastructure, human resources, and patient visits, are controlled by private capital (Govt. of India, 2024).
3. The employment data published by the Government of India periodically do not provide information on how the public sector employment has declined over the years since 1991. However, the ILO report (2024) informs that 90 per cent of the workforce in India is informally employed in insecure, low-wage service sector jobs and that the unemployment rate is the highest among the educated youth (ILO, 2024).
4. According to the data released in the lower house of the Parliament by the Ministry of Health and Family Welfare, Government of India, on 20.12.2024 (Govt. of India, 2024a). (Available: https://sansad.in/getFile/loksabhaquestions/annex/183/AU4254_cGQwLB.pdf?source=pqals)
5. In one of my recent articles (Roy, 2024) I have elaborated how the vulnerable elderly men and women in Kolkata and other cities become the victims of crimes of different kinds, including rape, murder, theft, dacoity, usurpation of landed property, house and ornaments, and so on.

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