

Intergenerational Solidarity in the Care of Elderly with Disabilities

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ABSTRACT

Intergenerational solidarity as a multidimensional concept emphasizes the idea that generations can assist each other in ensuring the well-being of family members by offering mutual support, care and affection. As our population continues to grow and age, it is necessary to create a space that is accessible for all the generations to have a sustainable future together. Care, being one of the fundamental components of intergenerational solidarity, act as a vital force in strengthening the bond between different generations. When it comes to elderly care, it is deeply rooted in the traditional family structure, where older adults are regarded as the heads of the household. Intergenerational care is key to supporting older people with disabilities as families are the primary source of care across generations. This paper looks at the care dynamics, focusing on the handover of care from parents to children for aging people with disabilities. It examines the emotional, social and economic implications of intergenerational care, both the challenges and opportunities within family support systems. The paper also looks at the evolving role of social work and community interventions to reduce caregiver burden and increase inclusivity and dignity for the elderly.

Keywords: Intergenerational solidarity, elderly care, disability, caregiving, Indian families

INTRODUCTION

With advancements in healthcare infrastructure, life expectancy has significantly increased, leading to a growth in the elderly population in India. India's elderly population is projected to reach 193.4 million by 2031 and 347 million by 2050 (IIPS and UNPFA, 2023). India has a rich cultural heritage of revering elders as the heads of families, entrusting them with important decision-making roles. Children and grandchildren would respect and adhere to the wisdom and guidance provided by their elders. In joint family systems, which were once prevalent, the care of elderly members was a shared responsibility. When elders became bedridden, family members, particularly female members such as daughters or daughters-in-law, would take on the primary role of caregiving. This system, even though female-centred, ensured that elders received continuous care and support within the familiar environment of their own homes. In many Indian households, parents commonly hold the expectation that their children will provide care and support for them in their old age. However, the breakdown of the traditional joint family system has led to a shift in the dynamics of elder care. As nuclear families become more common, the responsibility of

carings for elderly family members often falls to fewer individuals, who may also be juggling work and other personal responsibilities. This change has necessitated the exploration of alternative care arrangements and support systems to ensure the well-being of India's growing elderly population.

Disability serves as a crucial indicator of the deteriorating quality of life among the elderly, as it restricts their patterns of interactions and engagement in the society. Elderly individuals with disabilities are not a uniform group. Some may have minor impairments and only need occasional assistance, often provided by family. Others might be physically healthy but face cognitive challenges that affect their independence. Meanwhile, some others may retain sharp mental abilities but develop chronic conditions that limit their physical functionalities (Ravi, Kuzhali, & Ramamoorthy, 2023). Elderly with disabilities (60 and above) constituted for 21% of the total population with disabilities in the country. Among disabled men, 18% are elderly, while among disabled women, 23% are elderly. When considering the specific disabilities affecting the elderly, movement difficulties and visual impairments are the most common, each affecting 25% of this population (NSO, 2021). The statistics indicates that geriatric disability care is an indispensable aspect to be emphasized within the field of gerontology. However, there is a notable scarcity of research on this subject, and the few studies that do exist are predominantly from China. This lack of comprehensive research is problematic because geriatric disability care involves addressing a wide array of unique needs and challenges faced by elderly individuals with disabilities. As the global population continues to age, the need for specialized care and support services tailored to this demographic will only increase. In India, it is crucial to consider the intergenerational component of disability care, as family support remains

the primary means of assistance for many elderly individuals.

BACKGROUND OF THE STUDY

In India, family is the largest institution, typically comprising parents, children, and grandparents. Traditionally, the father assumes the role of the primary breadwinner, working to support the family financially. The mother may either dedicate herself to managing the household as a homemaker or go to jobs. Grandparents play a crucial role in this dynamic by caring for the children while the parents are at work. In return, when grandparents fall ill or grow older, it is often their daughter-in-law who takes on the responsibility of caring for them. This intergenerational support system is a common and deeply ingrained pattern in many Indian families. People rely on their own parents to help raise their children, and grandparents expect to receive care and support from their children as they age or become infirm. One of the significant benefits of this familial structure is the rich learning environment it provides for children. Grandparents, with their wealth of experience and wisdom, can impart valuable life lessons and cultural knowledge to the younger generations, fostering a strong sense of tradition and continuity within the family. This mutual caregiving arrangement not only strengthens familial bonds but also ensures that each generation is supported and valued throughout their lives. Moreover, extended family members, neighbours and friends also show commitments towards the care of elderly people (Gustafsson, Morell, Johansson, & Santa, 2022).

RESULT

Role of Intergenerational Bonds

Research suggests that intergenerational relationships play a significant role in the care and well-being of the elderly. Research on intergenerational relationships gained prominence with the emergence of social aging studies and the formalization of gerontology as a field in the 1940s. The

intergenerational solidarity theory (Bengtson & Roberts, 1991) indicates that emotional, structural, and functional ties between generations can influence caregiving patterns. Bengtson and his colleagues have identified six dimensions of parent-child interactions (Bengtson & Schrader, 1982) which provide a comprehensive framework for understanding the multifaceted nature of intergenerational relationships.

Research has also delved into the origins and characteristics of conflict within

intergenerational relationships. Disparities in values, needs, lifestyles, and attitudes between generations, along with financial struggles and parent-child dependencies during adulthood, have been identified as significant contributors to intergenerational conflict (Fengler & Wood, 1972). Additionally, factors such as power dynamics, resource allocation, justice, and social identity have been recognized as sources of tension (Sherif & Sherif, 1953).

Construct	Nominal Definition
Associational solidarity	Frequency and patterns of interaction among the family members (face-to-face, telephone, mail)
Affectual solidarity	Type and degree of positive sentiments held about family members
Consensual solidarity	Degree of agreement on values, attitudes, and beliefs among family members
Functional solidarity	Degree of helping and exchanges of resources (e.g. financial, physical, emotional)
Normative solidarity	Strength of commitment to performance of familial roles and to meeting familial obligations (familism)
Structural solidarity	Opportunity structure for intergenerational relationships reflected in number, type, and geographic proximity of family member

Source: Adapted from Bengtson and Schrader (1982)

Some researchers highlight the pursuit of greater autonomy, independence, and personal identity as potential triggers for conflict (Greenberger & Chen, 1996). Furthermore, cultural differences, such as variations in parenting styles, have also been cited as causes of intergenerational discord (Laursen & Collins, 1994).

Numerous studies have highlighted regional differences in intergenerational support patterns between the West and the East. In Western societies, adult children often receive support from their aging parents. Conversely, in many Asian households, adult children tend to provide more financial assistance and support to their elderly parents than they receive in return (Lin, Chang, & Huang, 2011). The findings of research based in India shows that intergenerational support is less common in urban areas than rural locations. Intergenerational gap was more pronounced in urban families between older and younger generation than in the rural families (Mishra & Tiwari, 1980). In context of education, some researchers are of the opinion that

younger generation with high educational qualifications carries negative attitudes towards older generation. However, Bhingradiya & Kamala (1997) contend that education and modernization reduce the intergenerational problem within the rural family. Thus, demographic variables, such as age, gender, education level, geographic location, and socioeconomic status, can significantly influence how different generations interact and support one another.

Caring Elderly with Disabilities

In the context of population aging, unmet care needs among the elderly can significantly impact their quality of life, potentially causing psychological issues and increased use of medical services. It is crucial to assess the intergenerational care requirements of the elderly and examine how these needs interact with their disabilities. It is observed that disability leads to a notable increase in the medical expenditures covered by families. The more severe the disability, the greater the

financial commitment required from families for medical care (Bai, et al., 2021). Additionally, aging parents often seek to achieve a sense of generativity by mentoring younger generations (An & Cooney, 2006). While parents without disabilities might participate in various activities appropriate to their ability, to fulfil this need, disabled parents may face limitations in pursuing such external activities. For them, assisting middle-aged children could be a primary means of experiencing generativity.

The parent's economic standing, indicated by their current income, reduces the likelihood of their children providing care, while increasing the likelihood of the parent opting for formal care services. Sons, and their spouses if married, are less likely to provide care to a disabled elderly parent compared to daughters and their spouses, and are more likely to have parents who use formal care (Pezzin, Pollak, & Schone, 2009). Studies highlight that women frequently assume greater family caregiving roles, influenced by traditional gender expectations. Across various cultures, women are commonly seen as the main caregivers, responsible for the health and welfare of family members. Furthermore, women often opt for part-time or flexible work schedules, allowing them more time to care for elderly relatives or family members with disabilities (Lee & Tang, 2015).

Grandchildren also play a key role in caring for elderly individuals with disabilities. A study by Lou (2010) in Hong Kong revealed that emotional support from both adolescent and adult grandchildren contributed to the life satisfaction of older adults, highlighting the enduring significance of intergenerational bonds. When support from daughters is lacking, grandchildren often step in to provide care. Additionally, having more sons increases the likelihood of urban residents receiving assistance from grandchildren, likely due to a greater number of paternal grandchildren being available. This finding indicates that paternal grandchildren often assume responsibility for their grandparents' care,

acting as extensions of their fathers' duties (Silverstein & Xu, 2016).

As the demand for elder care increases, financial strain and traditional gender roles in caregiving remain issues. Women, especially daughters and daughters-in-law, often bear most caregiving responsibilities, sometimes sacrificing their careers and personal aspirations. This situation calls for a cultural shift in how caregiving duties are shared among family members. Encouraging men to engage in caregiving and promoting fairer social norms could lead to a more balanced caregiving approach. Financial challenges also make it difficult for families to provide adequate care, especially when specialized medical attention is needed. Policies offering financial support, tax incentives, and benefits for caregiving families could help alleviate these burdens and make home care more achievable.

Beyond the family unit, there are opportunities to enhance community programmes that promote intergenerational interaction. Connecting young people with the elderly can foster a sense of responsibility and emotional satisfaction while reducing loneliness among disabled elders. Activities, mentorship programmes, and shared community spaces can enhance elders' sense of belonging and provide young people with valuable life lessons. Technology is also crucial in elder care. Digital tools help family members stay connected despite distances, but many elders face challenges with technology. Promoting digital literacy for older adults can strengthen family connections, allowing communication even without physical proximity. Telemedicine and digital health solutions offer excellent alternatives for those with mobility issues, providing healthcare access without frequent hospital visits.

A major challenge is the lack of formal support for elder care. Although care facilities exist, they are often seen as a last resort due to cultural stigma. Improving home-based care options, respite care, and

accessible health services tailored for disabled elders can provide families with more respectful and practical caregiving choices. An inclusive policy recognizing intergenerational caregiving challenges is crucial for creating a sustainable model benefiting both caregivers and care recipients (Amrutha & Sathyamurthi, 2024). Future research should explore innovative caregiving models that balance tradition and modernity. Examining shared caregiving among extended families, the effect of financial incentives on family care, and the impact of digital connectivity on elder well-being could provide valuable insights into sustainable practices. Understanding differences in urban and rural caregiving and learning from international policies can help develop comprehensive elder care frameworks for India's diverse population. Additionally, exploring the connection between mental health and intergenerational care is important, particularly in supporting the emotional well-being of both caregivers and elders.

DISCUSSION

Family is the cornerstone of caregiving in India, providing care in familiar and safe environments. However, changes in society, urbanization, and migration have complicated family-based caregiving. The nuclear family model gives younger people more freedom but also leaves fewer family members to care for elders, increasing the burden on them. This shift underscores the need for a strategic plan to strengthen family bonds and develop sustainable care solutions for elders with disabilities. The proposed framework is grounded in an integrated theoretical foundation that draws from Intergenerational Solidarity Theory, the Strengths-Based Perspective, and the Ecological Model of Aging.

1. Intergenerational Solidarity Theory (Bengtson & Roberts, 1991): This theory posits that the quality of intergenerational relationships, especially between older adults and their adult children or

grandchildren, depends on multiple dimensions of solidarity. In the context of social work with elderly persons with disabilities, this theory explains why and how families continue to provide care even in times of rapid social change, and highlights which dimensions may be weak or under strain, thus guiding targeted interventions.

2. Strengths-Based Perspective (Benard, 2006): This practice orientation shifts the focus from deficits (e.g., frailty, dependency) to capabilities, resilience, and potential. Elderly persons, despite physical or cognitive limitations, possess life experience, wisdom, and generative capacity. Families and communities are viewed not as burdens but as assets capable of meaningful caregiving with appropriate support. Social workers using this model help caregivers and elders identify their existing coping strategies, cultural strengths (e.g., shared rituals), and tap into community resources. This aligns with empowerment-based practice and respects the dignity and autonomy of older adults, rather than pathologizing aging or disability.

3. Ecological Model of Aging (Lawton & Nahemow, 1973): This model explains how the interaction between the person and their environment influences functioning and well-being. It encourages assessment of micro (home), meso (family and community), exo (service systems), and macro (policies, norms) environments. It highlights the "person-environment fit", where mismatches (e.g., inaccessibility, social isolation, lack of support) can lead to distress or institutionalization. Social workers strive to modify the environment (e.g., ensure assistive devices, promote inclusive infrastructure) to enable elderly persons to live safely and meaningfully at home or in their community.

Multidimensional Intergenerational Care Framework for Social Workers

Component	Description	Social Work Practice Action
Assessment of Intergenerational Solidarity	Evaluate structural, functional, emotional, and normative ties between elderly and family.	Use structured tools/interviews to map family relationships, proximity, roles, support exchanges, and emotional climate.
Family Engagement and Empowerment	Recognize caregivers (often women) and facilitate open intergenerational dialogue.	Group work, conduct family meetings; apply genograms and ecomaps to identify support patterns and stress points.
Disability-Sensitive Case Management	Focus on physical, cognitive, and psychosocial impairments with an inclusion lens.	Develop Individualized Care Plans, conduct case work, link to CBR programmes, assistive devices, and health services.
Caregiver Support & Education	Address gendered expectations and caregiver stress.	Case work, facilitate psychoeducation, peer-support groups, and respite services (if existing).
Community Linkage and Advocacy	Mobilize community assets and reduce institutionalization.	Community organization- connect families with self-help groups, Panchayati Raj Institution units, NGOs, and social protection schemes.
Capacity Building and Policy Practice	Influence programmes to support aging in place.	Advocate for community day care centers, digital inclusion of elderly, and caregiver incentives.

CONCLUSION

Promoting intergenerational support through policy changes, community initiatives, and technology can transform caregiving in India. By recognizing changing family dynamics, we can build a system that better meets the needs of both caregivers and those they care for. As India's elderly population increases, it's vital to address the needs of older individuals with disabilities. The strong family connections across generations can play a significant role in building an effective support network. By utilizing these relationships, we can make sure that elderly individuals in India receive the care they need and live with dignity and comfort in their later years. Social workers can play an important role in this process by acting as facilitators, advocates, and change agents. By integrating individual, family, community, and policy-level interventions, social workers help bridge the gap between formal services and traditional family care, ensuring that support systems remain sustainable, culturally relevant, and equitable for all generations.

Declaration by Authors

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