

Chapter 49

Crossing Oceans: A Cross-Cultural Look at Elderly Immigrant Women in the United States and Elderly Women in India

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Both the absolute numbers and proportions of elderly persons are rapidly growing throughout the world. Estimates are that the Third World will have 61 percent of the world's 590 million persons age 60 and over by the year 2000. In industrial nations, although social scientists, politicians, and the general public are increasingly aware of the "aging of the population," elderly immigrants are generally not considered a part of this group. Thus the diversity associated with a sizable foreign-born elderly population throws into question general statements regarding "the elderly."

In both cases, the absence of theoretical and empirical data documenting the effects of industrialization and development, specifically housing and support service schemes, is particularly acute with regard to women. The income and housing needs of elderly immigrants in the United States and elderly women in India are only beginning to receive attention and remain little understood. In India the impact of modernization on traditional extended families raises serious questions about continued incentives for and abilities of families to care for elderly women. Similarly, enormous pressures are placed on immigrant families in the United States with limited resources to provide not only financial but also psychological and social support.

The need for increased attention to this area is obvious. Politicians, researchers, and planners must reevaluate assumptions that the needs of elderly women are met within the family network. With increased research must come changes in policy and practice.

Sushila and Toui

Sushila lives in a small village in India with her daughter-in-law and three grandchildren. Everyday, Sushila is awake at 5 a.m. and can already hear her daughter-in-law making *chai* as she awakens the children. Sushila slowly rises to gather her bedding and as she bends over she feels a sharp pain shoot up her right leg. She pauses briefly, shifts her weight, and resumes her work. She has gotten so used to the pain, she hardly notices it any more. Her son took her to the health facility once, but the one-way three-hour bus ride was too much for her to bear and it had taken up a whole day of her son's short visit to the village.

As Sushila goes into the tiny kitchen, she remembers that yesterday's earnings were quite meager, not even sufficient to buy enough milk for today. She makes a mental note to herself to save the milk for the children

since they need it more than her old bones. After her cup of tea, Sushila goes out to the fields with Ratni, her daughter-in-law, and her two younger grandchildren, aged 12 and 13. The oldest, 14, has already left to take the bus to town where he will peddle vegetables well into the evening or until he sells out and then make the two-hour commute back to the village.

Toui was 62 years old when she first immigrated to the United States from China to be with her son and daughter who had settled in the States. Today, almost four years later, Toui still feels just as out of place as on her first day in America and the loneliness has just gotten worse. It hadn't been that bad when she lived with her daughter, but Toui's ailing health and her daughter's financial and time constraints required home health care services, but she couldn't qualify for the program as long as she lived with the family. Moreover, the language barrier was also a problem.

Seeing that both Toui and her daughter felt personally responsible for and guilty about the situation, a friend suggested that Toui live alone so she could qualify for home health care. After a long and fruitless search for a health care worker who spoke Chinese, Toui found herself living alone. She rarely left her small efficiency, going out only when she really needed to. Her daughter would come visit and sometimes do her shopping. Other times Toui relied on her neighbors and constantly found herself being torn apart as she reflected on the full and active life she had lived in China. Now, she was acutely aware of her dependency and often remarked that "if you can't drive or afford to drive in the United States, then you're virtually disabled."

Sushila and Toui are two fictional cases that depict the reality of millions of elderly women in India and elderly immigrant women in the United States. Sushila and Toui highlight women's day-to-day struggle to survive and live meaningful life as full, complete, living beings in a world that continually and constantly threatens, if not thwarts, their efforts.

Painting the Picture

Like Sushila, a large majority of elderly women in India live in rural areas. Like Sushila, the problems India's poor elderly women face are compounded by the lack of even the most basic services. Not only do poor elderly women suffer gravely and disproportionately from India's severe lack of decent housing, and health care, but they also lack financial and psychological security at a time when they need it most in their lives. India's full-

fledged, open-arm thrust for development has left her poor elderly population in the trenches, while national planners and politicians alongside with bilateral and multilateral organizations rush to create and finance schemes to hasten the process, virtually ignoring their impact on one of society's weakest and most vulnerable groups.

Increasing industrialization and modernization are steadily chipping away at the economic and social base of even the most remote areas of the country. And it is India's elderly women who are the forgotten victims of four decades of development. As cash-cropping, growing monetization, industrialization, and urbanization erode traditional family structures and systems of security, leaving little in their place, social services geared to this group are absolutely imperative.

Elderly immigrant women in the United States face similar problems. While popular culture, epitomized by the sitcom, "The Golden Girls" — which depicts four white active women living in a single-family suburban home — hardly acknowledges the reality of millions of elderly women in the United States, it is completely oblivious to elderly immigrant women. Besides tackling the daily difficulties of a society that offers little diversity in living, traveling, and working conditions, elderly immigrant women are confronted with a host of issues that they are little, if at all, prepared for.

Faced with cultural and language barriers, elderly immigrant women find that even the most basic function becomes an arduous task, requiring continuous help from and dependence on others. America's fascination with freeways coupled with its growing suburbanization make difficult daily activities like shopping and access to health care not only in suburban settings, but in central cities as well.

The cities' shrinking tax base, poor land-use and transportation planning, and America's affinity for the automobile have contributed to the low popularity and minimal maintenance of mass transit. Again, it is the elderly who suffer disproportionately, as their mobility is severely constrained. And in cities where mass transit is well developed, cultural and language barriers combined with inadequate safety and lack of user-friendly facilities create almost insurmountable situations for elderly immigrant women. Like elderly women in India, the lack of control over their environment coupled with their physical isolation usually leads to a life of alienation and disempowerment for elderly immigrant women in the United States.

This paper will examine the situation and needs of poor elderly women in India and low-income elderly immigrant women in the United States, highlighting four areas particularly important to improving the well-being of both groups: information, housing, transportation, and public welfare programs (known as pension programs in the Indian context). In all these areas, accessibility, affordability, and flexibility are the determinants of how and where both groups will live out the last years of their lives.

While the range of social services in the United States is wide and well-developed, these services do not necessarily reach elderly immigrant women. In comparison to the indigenous white population, elderly immigrant women make little or no use of services or programs established to cater to their needs. Ignorance, fear of government agencies, cultural differences, transportation difficulties, language problems, and racism are usually the underlying reasons for the low utilization of such services (Wong).

The U.S.'s housing stock and living arrangements lack diversity as well as flexibility. The diminishing pool of low-income housing in recent years has adversely affected elderly women, as a large majority of them tend to live in urban areas. And while the elderly living in urban areas may have greater resources than their suburban-dwelling counterparts, the urban areas are often unsafe and poorly maintained. Social, economic, and legal barriers discourage, and in some cases, deter, extended and creative family living arrangements.

Recently, growing national attention to "the aging of America" coupled with the drastic cuts in social services, have led to a proliferation of literature calling for more flexible, family-oriented living arrangements. Carefully planned strategies may offer creative alternatives to immigrant families with limited resources to help provide not only financial, but also psychological and social support to elderly immigrant women. Elderly immigrant women's diverse backgrounds and living experiences can serve as an important source of information in developing alternative and imaginative housing and living arrangements. Third World countries like India are also a rich source of information. An exchange of ideas and increased interaction between international and domestic planners and their target groups would do much to facilitate and implement effective programs and policies in their respective countries.

India needs to improve its social services markedly, paying particular attention to the needs of poor elderly women. Pension programs, health care, and transportation are some of the crucial areas requiring considerable attention. Development strategies and government programs aimed at improving India's social services have traditionally aimed at and funneled resources into urban areas, leaving rural areas vastly underserved. Worsening conditions in the villages "push" while the struggle to survive and hopes for a better life "pull" the most able-bodied to the cities (Dandekar). Consequently, as the younger persons migrate to the cities, elderly women are deprived not only of their support base, but are left alone in miserable conditions.

Lack of Information

Empirical and theoretical data on the needs of elderly women in India and elderly immigrant women in the United States are scanty. This lack of information not only impedes programmers and planners, but also presents a major barrier to testing theories devised to explain and predict program and policy development (Nair). The few studies conducted so far show that elderly women in India fare much worse than their male counterparts. Most Indian women live and work in agricultural areas, will probably age there, and, hence, are at considerable risk for living out the last years of their lives in impoverished conditions.

Indian old women in rural areas are more at economic and social risk than men. One major reason is that women tend to live longer and thus face more years of financial and social hardship as widows. Another is that a growing number of women live alone due to the increasing break-up of the extended family. As family support declines, public welfare becomes almost essential. It is important to understand the needs of this group if effective programs and policies catering to them are to be implemented.

Similarly, information on elderly immigrant women in the United States is insufficient, including their particular requirements as they seek to become meaningful members of their new society. For many immigrant groups, certain assumptions have served to cloud their particular needs and to delay effective policy and service development. For example, due to the traditional extended family system of many immigrant cultures, it has been assumed that the needs of elderly immigrant women are met within the family network. Literature on

the immigrant family often reinforces this stereotype by basing ideas and information on prior literature rather than on current hard data. However, recent research also shows that generalizing about housing from trends exhibited by native elderly women to elderly immigrant women is a mistake as well; living alone is less characteristic of the foreign-born elderly, especially if they migrate in old age (Martinez). Obviously the need for research is crucial if concrete improvements are to be made.

Information is particularly lacking in the area of housing and transportation needs of this group. Thus, the diversity associated with a sizable foreign-born population throws into question general statements regarding "the elderly." Such general statements consequently lead to programs and policies ill-equipped to address the need of elderly immigrant women. As elderly immigrants age alongside native-born Americans [projections show that by the year 2030, the percentage of the elderly in the total population may increase from 11 to 17 percent (Wong)], increased research on and programs for elderly immigrant women should be devised and implemented if they are to live meaningful lives in their adopted home.

Immigration to the United States generates two types of demographic cohorts: young immigrants, who, like their native-born counterparts, grow old, and elderly people, usually parents, whose immigration is stimulated by the immigration of young adults (Boyd). These varying immigration patterns further diversify the elderly population.

Housing and Transportation

While it is impossible to meet all the various needs of different groups, the need for diverse and affordable housing is shared by almost all sectors of the elderly in the United States. Likewise, the lives of older people, particularly those who are poor, will be improved by increased mobility. Knowledge of and ability to speak English increases the tendency of elderly immigrant women to live alone because such fluency helps to determine the ease or difficulty of obtaining support services by the elderly (Boyd). The tendency to live alone increases with length of stay in the U.S. Also, the loss in purchasing power experienced from moving to this country makes living alone more costly for elderly immigrants.

Flexible zoning, creative land-use and transportation planning, and a diversified and affordable housing stock are the keys to providing decent housing that fits the

needs of the consumer, particularly elderly immigrant women. Pedestrian areas which provide a comfortable living environment for a mixed group of people as well as accessibility to shopping and services is one way to improve the situation. Congregate housing, nursing homes sensitive to the needs of elderly immigrant women, and housing projects with reduced rent for extended family living are just some of the ways where a little imagination and flexibility will go a long way to ensure a safe and comfortable environment for elderly immigrant women.

Perhaps one of the greatest difficulties facing elderly immigrant women, particularly recent immigrants, is the virtual loss of mobility they experience. Since automobiles are the "legs" of America, many of the women find themselves "handicapped." One of the major challenges, then, is to encourage barrier-free transportation by expanding mass transit, while decreasing our dependency on the car. Also, existing mass transit must be seriously improved in regard to frequency, timing, and safety. Encouraging and subsidizing mini-van operations that would provide frequent and affordable door-to-door service is another option. A flexible and accessible transportation system will produce results that will benefit the society at large. Countries like India provide rich examples of flexible and accessible transportation, and improved communications between the two countries may generate some significant solutions.

India's housing crisis adversely affects a large majority of poor elderly women. Many of them are landless and have barely enough to survive from day to day. Serious and substantial improvements must be made in India's rural areas, with programs specifically designed for elderly immigrant women. Increased investment is necessary in programs and projects that will lead to tangible and long-term improvements for rural areas (improved utilities services, appropriate economic development, alternative sources of income, etc.). Stop-gap measures like free meal programs to meet the immediate needs of elderly women, coupled with long-term programs that provide sustenance are key to ensuring the survival not only of elderly women, but also of rural India.

Public Welfare

Poor elderly women's lack of income makes them especially vulnerable to destitution. Elderly Indian women are more disadvantaged than men because they usually have accumulated fewer savings due to fewer

days of work and lower pay through their working years. Moreover, the nature of the type and scope of work under arduous conditions coupled with women's primary responsibility for housework often leads to chronic health problems in old age, especially for women over 70. And in the rare case when pension programs are provided as part of a social welfare scheme, women are not only less likely than men to receive benefits, but also to receive a lower amount when they do. Moreover, older women are usually treated as marginal workers, are assigned fewer days of work, and are the first to be fired (Nair).

As traditional systems of support have gradually transformed a system of support for the elderly where the landlord assumed a part of the responsibility for housing and medical care and for providing jobs suited to an elderly person's capabilities, the burden has fallen on sons and daughters to assume full responsibility for their parents, even when they themselves are poor and ill-equipped to provide assistance. Even this traditional form of support is being threatened in certain parts of India where there is a growing number of elderly 70 and older, and their children themselves may be 50 or 60 and older, and living in poverty (Nair).

Clearly, the need for pension programs and a well-developed welfare program is great, especially for women. India should make a major effort to channel funds into rural areas, particularly for elderly women. Pension schemes should be well publicized and easily accessible to elderly women. The application process should be thorough, yet simple, since elderly women's applications are prone to be more defective than men's because of higher illiteracy rates and greater difficulties in obtaining necessary documentation. Pension programs should be implemented in rural areas nationwide, since they are probably the only source of income of India's poor elderly women and hence, their only source of survival.

Similarly, public welfare schemes are crucial to low-income immigrant women in the United States, especially when federal and state funds have been drastically cut for such services. And although social services still exist, elderly immigrant women know little, if anything, about them. Likewise, enormous pressures are placed on immigrant families with limited resources to provide not only financial but also psychological and social support. Accessibility and flexibility are important factors to consider in devising programs and policies for elderly immigrant women in the U.S. Because language

is often a barrier to women benefiting from social security and medical care programs, offices dealing with these programs should consider employing bilingual staff persons.

Home health care should be strengthened and encouraged rather than nursing homes. Currently, it is much easier for an older person to get into a nursing home than to be cared for at home. This unnecessary institutionalization entails high cost for a quality of care considerably lower than home health care. Moreover, most older people, particularly immigrant women, would prefer to "age in place." Families who would like to look after older relatives themselves should be supported with home health care support services.

Conclusion

In both India and the United States, the growing number of elderly will have a large impact on future social and economic conditions in both countries. In recent years, the "aging of the world," the "new population bomb," has received widespread attention, as researchers, demographers, politicians, and planners, among others, call for careful planning to address the needs of this cohort effectively. This paper has highlighted some of the crucial issues that need to be seriously considered and acted upon if elderly women in India and elderly immigrant women in the U.S. are going to live the last years of their lives in a meaningful manner. As both countries grapple with a burgeoning older population, both countries should tap each other's wealth of experiences to address successfully not only the needs of elderly women, but also of their diverse populations.

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