LOCAL ORGANIZATIONS IN KERALA
SUPPORT AGEING IN COMMUNITY

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ABSTRACT

The purpose of this study is to explore how local governments and community-based organizations can make it easier for people to age well in community and for families to support and care for their elders. It focuses on two initiatives in Kerala, India that support ageing in community in important and different ways. Kerala outpaces the rest of India in the growth of its population over 65 years of age and has given rise to a number of innovative approaches to this new group in need of support. One of the initiatives of focus in this study is explicitly directed towards older people, the Elderly Inclusion Programme.The other is a housing/slum improvement project that is neither explicitly planned nor designed for older people but has the potential to affect their quality-of-life in significant ways. One aims to strengthen the social infrastructure needed to age in community well, and the other contributes to the necessary physical infrastructure.This study focuses on a partnership involving the Kerala Local Self-Government (LSG) on one hand, and on the other, *Kudumbashree*, a well-established community network of women in Kerala.

The main aim of the study is to explore how the two different initiatives support ageing in community well. In particular, it examines the perspectives of managers and older people themselves on the benefits of involvement in NHGs in the Elderly Inclusion case, and on the consequences of the relevant policies in the case of housing/slum improvement, both for themselves and their family. The analysis is based on qualitative data collected through in-depth, semi-structured interviews with managers and residents involved in each of the projects.

Study findings indicate five main ways that the Elderly Neighborhood Groups (NHGs) created under the Elderly Inclusion Programme help make it easier to age well in community. The first four indicate that NHGs help older people age well in community on account of both the resources and the opportunities created through them. These include (1) services and benefits; (2) livelihood activities; (3) social interaction and support; (4) advocacy and rights protection. The fifth captures aspects of group process that yield these resources and opportunities. Services and benefits are available to older people simply because of their membership in an NHG. Other resources and opportunities are realized as group members build community among themselves and with others outside the group. The fruits of community-building in turn strengthen the social infrastructure that helps older people ageing in community and makes it easier for families to support and care for them well.

The housing and slum improvement project supports ageing in community well for all ages, and is neither explicitly planned nor designed for older people. The benefits of the housing and infrastructure improvements for residents of all ages are substantial: water, electricity and indoor toilets, own kitchen, greater privacy. However follow up studies are needed that examine the consequences for older people of two issues identified in the interviews. Both of these initiatives, whether they address older people directly or indirectly, have an important role to play in supporting the inclusion of older people in all aspects of community life.

Keywords: ageing, age-friendly communities, community-based organizations, local government, Kerala

I. INTRODUCTION

Around the world, countries are facing a rapidly increasing proportion of their population that is over the age of 65 years. In India, the 65+ population doubled between 1991 and 2011 and now stands at 57 million older people (2011 Census of India). Residing with a married son or daughter remains the culturally-expected living arrangement for older people, and the idea that ageing in one's home or community is the best option for older people is well represented in India's national policies. The National Policy on Senior Citizens 2011 promotes the concept of ageing-in-place or ageing in one's own home (http://vikaspedia.in/social-welfare/senior-citizens-welfare/policies-and-acts#section-8). Ageing-in-place in turn supports another objective of the National Policy on Senior Citizens 2011: to strengthen the capacity of the family to take care of senior citizens, thereby allowing them to continue to live in the family.

Indian society is in transition however. Family sizes are smaller and there are fewer children available to support and care for older people, and increasingly adult children are moving to different parts of India or abroad in search of work. This makes it difficult to strike a balance between realistic expectations of family support and care, on one hand, and the appropriate role for government and non-governmental organizations concerned with the welfare of the ageing, on the other hand.

This study focuses on Kerala which is the southern Indian state that outpaces the rest of India in the growth of its population over 65 (Barik, Agrawal, and Desai, 2015). Rapid population ageing began earlier in Kerala than elsewhere in India in large part because of Kerala's economic growth and social welfare policies that led to earlier fertility and mortality declines. Kerala is widely known for having human development indicators that are much higher than many countries with far more economic resources, and for its growth-with-equity agenda including a successful land reform in the 1960s and numerous state-initiated social programmes.

The local organizations of interest in this paper comprise a partnership between local government and a community-based organization that began to take shape at a time when locally-based, practical problem-solving for economic and social development was being promoted, and social change was giving rise to a new group in need of support: those over 60 years of age. By the late 1980s, Kerala's pace of economic growth had slowed and the costs of its social welfare programs had risen. At the same time, two amendments to India's Constitution in 1994 required all states to implement a three-tier local self-government (LSG) system – *panchayats*, municipalities, Corporations — that was meaningfully empowered through a massive transfer of resources as well as administrative powers in

the late 1990s (see Heller, 1995 and 2001, and Heller, Harilal, and Chaudhuri, 2007, cited in Williams et al., 2011, p.1264). Kerala embarked on an innovative experiment in decentralized planning in the context of the devolution of powers to the Panchayat Raj Institutions (PRIs), and became widely known as a leader in participatory governance since the 1996 People's Planning Campaign.

> "The **PRI-CBO Convergence** domain is built on the principle that an empowered community exercising its democratic rights through its empowered citizens will make *panchayats* conscious towards their constitutional roles and responsibilities. A conscious *panchayat*, in turn, gets empowered in the process of working along with a strong community network of the poor." (Retrieved 4/20/2017 from http://keralanro.org/)

The partnership of focus in this study involves the Kerala Local Self-Government (LSG), on one hand, and on the other, *Kudumbashree*, a community network of women in Kerala established in 1997. *Kudumbashree* has a three-tier structure that parallels the LSG system: Neighborhood Groups (NHGs) (*Ayalkoottam*) at the lowest level, Area Development Societies (ADS) at the middle level (wards in the LSG system), and Community Development Societies (CDS) at the *panchayat* level in the LSG system. It also includes the *Kudumbashree* Mission, known formally as the State Poverty Eradication Mission (SPEM). The Mission is the State government's arm for poverty eradication and is under the LSG Department. The main components of *Kudumbashree*'s programming for women are loans and entrepreneurship, livelihoods, and empowerment for the less-privileged.

I focus on two of the partnership's initiatives that support ageing in community in important and different ways. One of the initiatives is explicitly directed towards individuals over the age of 60 years, the Elderly Inclusion Programme.The other is a housing/slum improvement project that is neither explicitly planned nor designed for older people but has the potential to affect their quality-of-life in significant ways. Similarly, the first initiative aims to strengthen the social infrastructure needed to age in community well, and the second contributes to the necessary physical infrastructure.

The first initiative expands *Kudumbashree*'s scope to include a community network of Elderly NHGs alongside its well-established network of NHGs for women. It aims to promote the inclusion of older people in all aspects of community life and thereby to improve the health and quality-of-life of older people as they age in community, particularly those who are neglected. According to the WHO (2007):

> "Respect and social inclusion deal with the attitudes, behavior and messages of other people and of the community as a whole towards older people… On the one hand, many [older people] feel they are often respected, recognized and included, while on the other, they experience lack of consideration in the community, in services and in the family."

The Elderly Inclusion Programme is funded by the National Rural Livelihoods Mission (NRLM), and carried out by *Kudumbashree* in partnership with the LSG (*Kudumbashree* Circular, 2016; *Kudumbashree* n.d.; NRLP n.d.). The Elderly Inclusion Program involves to date a pilot programme

carried out in limited parts of two rural districts, and is being expanded state-wide as of early 2017 (personal communication, Manager, Social Inclusion, *Kudumbashree* State Mission).

The housing/slum improvement project falls under the Basic Urban Services Project (BUSP) umbrella which is a sub-mission of the Jawaharlal Nehru National Urban Renewal Mission (JNNURM), and more recently under the Rajiv Awas Yojana (RAY) (The Hindu, 2014; John, 2015). I focus on two sites in urban slums in the district of Thiruvananthapuram. Projects were designed to improve living conditions for current residents of all ages and focused mainly on housing and infrastructure; they involved replacing small overcrowded houses/huts with flats in multi-story buildings (3 to 4 floors). Policies related to how housing units are allocated leave open the possibility that older people will be differentially affected in complex ways. In particular, the changes in living arrangements from joint families to nuclear families or extended families (nuclear family + older parents) brought on by the project may affect the care and support that older people receive from family members. In general, parents living with or near married children are expected to receive better care and support than those whose children live farther away, however this is not always the case (Rajan & Kumar, 2003). The rapid change away from joint-family-living may also affect how children are cared for with implications for women's mobility outside the home.

The main aim of this paper is to explore how these two different initiatives, one focusing explicitly on older people and the other without such a focus, are making it easier for people to age well in community and for families to support and care for their elders. In particular, I examine the perspectives of managers and older people themselves, on the benefits of involvement in NHGs in the Elderly Inclusion case, and on the consequences of the relevant policies in the case of housing/slum improvement, both for themselves and their family. I also explore potential unintended consequences that need further consideration. The analysis is based on qualitative data collected through in-depth, semi-structured interviews with managers and residents involved in each of the projects.

II. METHODS

I adopted a grounded theory approach to the inquiry and conducted face-to-face, in-depth interviews with managers and key informants, i.e. local leaders in the projects of interest who were knowledgeable about the experience of other older people in the area as well. I was assisted by a research assistant/translator. In early February 2017 we conducted interviews with people involved with the Elderly Inclusion Programme in Ernakulam. We carried out a similar set of interviews in Kollam starting in March 2017. In each area, we interviewed 3 people who were involved in developing and managing the Elderly Inclusion Programme (see Appendix I for full schedule of interviews). At least two of them were 'animators' who met regularly with the neighborhood groups in their area, provided guidance and encouragement, and helped solve dilemmas of various kinds. And second, we interviewed 3-4 members of Elderly NHGs who played a leadership role and also knew a range of other older people in the area; we stopped at 3 if we were no longer hearing new or potentially

conflicting information. We completed a total of 7 interviews with managers including 5 women and 2 men; these usually took place at the ward or *panchayat* office. And we carried out a total of 7 interviews with members in their homes, including 4 women and 3 men all over the age of 60 years. Each interview lasted between 60 and 90 minutes. There were usually a number of audience-participants in the member interviews including but not limited to other members of the particular NHG and local *Kudumbashree* leaders who work closely with the groups.

During the months of February and March, we also carried out interviews with 4 managers involved in the two urban slum housing projects, both located in Thiruvananthapuram, and 7 key informants living in the two sites (Appendix I). Each interview lasted between 60 and 90 minutes. Interviews with managers were conducted in their office either at the *Kudumbashree* State Mission or at the Corporation headquarters. Key informant interviews took place in the older peoples' homes, or in one case, at her workplace.

I recorded the interviews and had the narratives translated into English. I then extracted from the translated narratives the information used in this paper. I used holistic coding to identify themes and sub-themes in the translations, and memo-writing to capture reflections about connections between categories and/or their characteristics. I do not use individuals' names to protect the privacy of those who agreed to be interviewed.

III. ELDERLY INCLUSION PROGRAMME

1. Background

The pilot project started in 2015 in rural areas within two districts: Ernakulam and Kollam. According to the 2013 Kerala Ageing Survey carried out by the Center for Development Studies in Thiruvananthapuram, a significantly smaller proportion of older people live in rural areas in Ernakulam compared to both Kollam (58.6% vs. 79.4%), and Kerala as a whole (58.6% vs. 78.7%). The standard of living of older people living in rural Ernakulam is also substantially higher than those living in rural Kollam: 14.5 % have a low standard of living in Ernakulam compared to 23.2% in Kollam[1], and 21.2% have a high standard of living compared to 15.1% in Kollam[2].

The Elderly Inclusion Programme envisions that all older women and men 60 years of age and older who are interested and live in close proximity to one another would have the opportunity to belong to an Elderly NHG, according to project documents (*Kudumbashree* Circular, 2016; NRLP, n.d.); ward-level campaigns helped spread the word about the formation of the NHGs to as many older people as possible within the pilot project areas. Each group includes 10 to 20 members, at least 5 of

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1   Defined as having a standard-of-living index that falls in the lowest quartile for this sample; quartiles divide the sample into four equal groupings.

2   Defined as having a standard-of-living index that falls in the highest quartile for this sample.

whom must be women. There was concern that if there were more than 5 men per group, NHG proceedings would be dominated by men (manager, Kollam). There is no restriction regarding how many members of the same family may join. However the President and Secretary of each NHG must be women according to *Kudumbashree* by-laws, a policy that gave rise to some conflict and creative problem-solving at the start of the Elderly Inclusion pilot project, as will be discussed further below.

Furthermore, the NRLM channels two types of funding through the LSG in pursuit of the goal of financial inclusion for older people: a revolving fund and a Community Investment Fund. NHGs that meet certain criteria are given up to 15,000 rupees per year in a revolving loan fund; for example they must conduct meetings on a regular basis with an attendance of at least 90% of members at each meeting, and they must keep a proper book of meeting minutes and a bank passbook for group savings (see *Kudumbashree* Circular (2016) for further details). Revolving loan funds had not yet been distributed to NHGs in Kollam at the time of the interviews. Community Investment Funds were not yet established in either site.

2. Four Main Ways Elderly NHGs make it Easier to Age Well in Community

Five main themes emerged from the analysis of manager and member perspectives on the way(s) that Elderly NHGs make it easier to age well in community. These are drawn mainly from responses to open-ended questions about what interviewees thought were the main reasons older people joined NHGs, what they liked about the NHGs, and what the group's activities consisted of. The first four indicate that NHGs help older people age well in community on account of both the resources and the opportunities created through them. These include (1) services and benefits; (2) livelihood activities; (3) social interaction and support; (4) advocacy and rights protection. The fifth captures aspects of group process that yield these resources and opportunities.

Some of the resources – mainly the ones provided by the LSG — are available to older people simply because they are members. Other valuable resources represent 'possibilities' (as used in Devika, 2016): trust and solidarity among group members, creation of friendships and economic ties, increased social interaction, cooperation, capacity for collective action, and respect and consideration. The extent to which these are realized depends on the ability of group members to learn to work together, identify shared interests, and act collectively to achieve goals, i.e. to build community within the group, and to make valuable connections with people and groups outside the NHG that share similar values.

i.   Services and Benefits

By joining an NHG, members gain access to government services and benefits through the Elderly Inclusion Programme. Project documents indicate that all available sources of government assistance at the *panchayat* level will be directed towards NHGs and their members (Project for the Sustenance and Welfare of Senior Citizens/ Elderly People (NRLP – Pilot). In addition, the Programme

coordinates access to awareness-raising or educational programmes, and to training opportunities; interviewees indicated that programme leaders also conduct some programmes themselves.

All interviewees mentioned that members value services provided by the programme such as medical camps and physiotherapy camps. Awareness-raising/educational activities were also frequently mentioned, on topics of importance to older people's physical and mental health, residential environment, or rights, and information about other government programmes they may be eligible for. Interviewees in one area spoke about yoga classes, and another spoke about home care assistance facilitated by regular *Kudumbashree* members; the home care services are free for those who cannot afford to pay and require payment of a fee for all others [manager, Kollam]. Interviewees also indicated that many people expected that they would receive free medicines by joining NHGs. For the most part they remained with the groups even though free medicines were not included in the project budget, perhaps anticipating their availability at a later date. Some however decided not to join, at least initially (member, Kollam). One interviewee reported that his NHG is looking into how they might subsidize the costs of medicines for their members using funds the NHG controls (member, Ernakulam).

ii. Livelihood Activities

By becoming members of an NHG, older people gain access to the low-interest loans controlled by the NHG. This can be critical for members who need to earn income to cover their daily expenses. For example, one NHG gave the whole revolving fund for one year to a couple in their group whose financial need was particularly acute. The husband is a heart patient and his wife has a serious chronic disease; they set up a lottery kiosk with the funds (manager, Ernakulam).

> Most people – even older people themselves – believe that we are elders and it is not our duty to earn money and save. We suffer from diseases and need medicines. In our NHG, most members are in their 80s. However, within their physical capabilities, they are interested in being active. We give them some cash and they buy a hen or a goat and take care of it at home. (member, Kollam)

Sometimes NHGs will give or loan cash from their savings account for members interested in participating in a livelihood activity as much for the activity and social interaction involved as for the income it may generate. The majority of livelihood activities that were mentioned in the interviews, particularly by NHG members, were of this type. They were organized by smaller groups within NHGs (or sometimes across two NHGs).

> In one of the other NHGs that I am familiar with, one of the members taught others how to make soaps and candles. The activity is not for financial benefit but rather for the sense of accomplishment it brings. Many are joined by family members in these activities. Through elders' interaction with other group members they are learning about the community. And when they go to market their products, they make connections outside the group. (member, Ernakulam)

Members participate because they value the social interaction and the physical activity involved, or because they want to help raise funds for NHG activities, or both.

Several of the small groups where financial need was not a priority, donated any profits they made to their NHG. I observed a small group engaged in soap powder-making for example, where the members contributed the small profit to the NHG's savings account (personal communication, NHG member, Kollam). These funds can be used to cover the costs of group outings for example, or a celebration of World Elder's Day (member, Ernakulam). In other livelihood activity groups where financial need was not a top priority, members split any profits they made among themselves. I observed some groups in Ernakulam for example, where members were making candles, jackfruit chips, or mango chutney; their animator indicated that she helps them market their products so that they can make at least a small profit.

iii. Social Interaction and Support

By joining an NHG, older people gain access to opportunities to get out of the house and meet with others to share stories, experiences, talents, and concerns; to participate in activities and outings; and to provide needed assistance to each other as they are able. These are the benefits of belonging to an NHG that were most commonly mentioned by both members and managers; the extent to which individuals take advantage of opportunities however varies.

> In our group we meet two times in a month. When our children go to work, the elderly parents are often alone in the house. These days, the family is a nuclear family consisting of father, mother and one or two children. If a grandfather or grandmother also lives with them, the elders may feel lonely. However when we join an NHG and sit together and share experiences, it gives us a chance to relax. (member, Kollam)

In order of frequency of mention, valued opportunities for social interaction and support included:

a.   sharing experiences and information; getting to know each other; discussing things; and sharing sorrows or difficulties;

b.   social support when a member dies: types of support mentioned include visiting, collecting money among members and purchasing a wreath, consoling the family, cooking for family and guests, praying;

c.   mutual assistance: types mentioned include in times of emergencies; when bedridden or sick (this includes limited financial assistance when possible); or when member's family is not caring well for them;

d.   intergenerational interaction: most mentions referred to structured get-togethers with K*udumbashree*'s children's group, *Bal Sabha*;

e.   visits to bedridden/ differently-abled/ sick members;

f.   participating in recreational and cultural activities; those mentioned include sight-seeing tours, singing, dancing, drama;

g.   conducting NHG meetings at the home of bedridden members;

h.   making connections with other organizations or groups: these included mention by a member from Ernakulam of a visit to an established elderly NHG to learn from them; and a trip to the joint Ernakulam-Kollam programme inauguration; in addition, a manager in Kollam told the story of one NHG visiting older people in a church old age home outside their area.

Interviewees indicated that their family members particularly appreciated the social interaction and support aspect of the NHGs' purpose. One interviewee mentioned that family members often ask about what goes on in the group: they are happy that their elders are with age-mates (manager, Kollam). Another reported that his grandson enjoys coming to meetings with him (member, Ernakulam). Several interviewees mentioned that family members often provide hospitality for the group when they meet at their house. And some family members give funds to their elders to contribute to the NHG savings account. Furthermore, there is some indication that elders' participation in an NHG provides respite for family caregivers. In one case the family arranged for the grandparents and grandchildren to be out of the house at the same time (member, Ernakulam).

iv. Advocacy and Rights Protection

Two of the managers and one of the members indicated that older people are given more respect and consideration as a result of belonging to an NHG; one of the managers also mentioned that NHGs can help raise awareness of elder abuse. Only a limited number of the interviewees spoke about current NHG activities that protect older people's rights. Most were examples of complaints or petitions to local government bodies. However there were a few examples of actions to confront neglect or abuse of elders.

One member told stories of the times members of his NHG lodged a complaint with the LSG on issues such as mosquito control and drinking water (Ernakulam), and another told of a petition his NHG circulated to request home visits by doctors (Ernakulam). A manager spoke about the success members of one NHG group had in petitioning for longer hours at the community hospital.

> In my area the community hospital is only open until 1:00 p.m. But during an NHG monthly meeting, members pointed out that they need it to remain open for more hours, until 4:00 p.m., because some older people need emergency care. Members agreed to take action. They got together and delivered a request to the *panchayat*. The *panchayat* president promised

to extend the hospital's hours until 4:00 p.m. in due course. In the same area they requested and were granted a separate queue for older people so that they do not have to wait in long lines for medical services (manager, Kollam).

One interviewee pointed out that these initiatives benefit families and communities as a whole, not just older people.

Interviewees generally reported that all older people in their area were being properly cared for by their families. One alluded to the fact that married children have no choice but to care for their elders (Kollam). Others however followed up with vague statements that were less absolute, such as "some are cared for and some aren't" (Kollam), or "how well children care for and/or support their parents varies" (Ernakulam), or "parents are expected to make themselves very small" (indicating that they are expected not to place demands on the family) (Kollam), or "elders do not talk to children about their health issues" (in the context of a statement about one of the benefits of NHG meetings: older people can speak more freely about their health issues and receive useful information from age-mates) (Ernakulam).

Two different interviewees however gave examples of members taking action to protect other members from neglect and abuse. One member for example reported that NHGs in her area have visited families that are not taking in, or are not taking care of an elder family member (Kollam). And one of the managers reported that NHGs in her area had visited the families of members who were neglected (Ernakulam); she told the story of how members of one group confronted violent behavior of a son towards his elderly mother.

An interviewee reported that a member of one of the NHGs was being beaten by the son with whom she lived. Several senior male members of the group saw her son on the road one day, approached him saying that they were from his mother's NHG and that as members of the group they stand up for each other. They demanded that he stop his physical violence towards his mother. The interviewee reported that the son stopped his violent behavior, probably to protect his reputation in the community (manager, Ernakulam).

3. Why Older People Might not Join an NHG

The analysis also points to barriers to participation that may make it harder for some subgroups of older people and their families to reap the benefits of the Elderly Inclusion Programme, compared to other subgroups. Interviews included an open-ended question asking what managers and members thought were the reasons older people did not join an NHG when groups were being formed in their area. The findings indicate that the top two reasons for not joining involved economic resources, both not having enough and having plenty. The specific reasons mentioned included (ranked by frequency mentioned, highest first):

i.   They are rich or from a good family, or have retired from a good position, and have the resources and services they need. Two managers however indicated that there were exceptions to this explanation. They indicated that some rich people in their area joined NHGs after hearing about them, mainly for the social interaction (Kollam). And a manager in Ernakulam told the story of a member of an NHG who was from a 'very rich family'.

> In the early stage of the pilot project a member of one of the NHGs who was from a very rich family was suddenly bedridden due to a stroke. The NHG started conducting the meeting at his house after that. At first he would listen to the discussion from his bed. Soon he started getting out of bed for the meeting, then he started walking with his wife's support, and eventually he came out into the courtyard for the meeting. Now he attends NHG meetings at other members' houses. He does not think about the fact that he is from a rich family. Doctors had said he would not live much longer, but he continues to live thanks to help from his group members. (manager, Ernakulam)

ii. They are facing financial hardship and are not willing to contribute to the group savings account. This occurred despite other members' best intentions according to interviewees.They reported that their groups set the amount of the savings contribution low enough that all members could afford it, or did not make it mandatory. For example, one member stated that in her group they never compelled members to give their monthly share; nevertheless two members left the group because they felt they could not pay (member, Kollam).

iii. They are still employed or self-employed, for example they may be managing a business, and do not have time for meetings and group activities; (manager, Ernakulam)

iv. They do not want to be President or Secretary, or they feel they lack the qualifications for such positions as some education is needed to keep accounts; (members, Ernakulam)

v.   They do not want to go out and meet with people because of their personality; (Ernakulam)

vi. They are not interested, do not want to attend meetings, don't like the savings scheme, do not believe they will get anything out of membership; (Kollam)

vii. Their family members do not support their interest in joining. Two of the managers who were active in recruiting members when the groups were first being formed reported cases where the married children were opposed to their parents' joining an NHG. They needed the elders at home to do housework or other chores, or to take care of the grandchildren; (Ernakulam)

viii. Another manager we interviewed indicated that some families were not supportive of their elders' joining an NHG because they believed these groups would not be successful; they had seen weak *Kudumbashree* women's neighborhood groups and were not confident that neighborhood groups for older people would be any stronger. (Kollam)

4. Participation that Builds Community

An analysis of the interview narratives also revealed signs of community-building practices that can be conceptualized as steps towards inclusion, and they shed light on the reasons why community-building is likely to be easier in some NHGs than others.[3] Inclusion demands a kind of participation that builds community and that requires ongoing efforts over time (Quick & Feldman, 2011). Inclusion describes valuable connections that are made in different ways between individuals and groups, between different perspectives, issues, and sectors. Inclusion gives communities ways to create resources that are valuable for community-based problem solving, including relationships, community attention to issues, and knowledge.

The signs of community-building practices appeared mainly in interviewees' explanations of how groups were formed and what their activities were, and in response to prompts intended to draw them out on how decisions were made in the groups and problems solved at this early stage in the program.

Practices that help build community that were mentioned by interviewees include:

i.   **Ensuring proper record-keeping.** Groups differ in their capacity to maintain fair and transparent records. On one hand, one manager indicated that a number of the groups need help writing up meeting minutes, opening their bank account and making regular deposits, maintaining their passbook and other registers (Kollam). On the other hand, one of the managers told the story of an innovative way accountability is practiced in Elderly NHGs in her area that builds confidence in the group's decision-making.

> Usually in *Kudumbashree* women's NHG meetings, we take attendance at the beginning and then write the minutes about the decisions that were made towards the end. But I discovered that in the Elderly NHG meetings they were not taking attendance at the beginning. I asked the members why and they replied that they will only sign after the meeting decisions have been written up; otherwise other points could be added without their approval. (manager, Ernakulam)

ii. **Developing a culture of regular and prompt attendance at meetings**. Managers in both districts indicated that on the whole, older people regularly arrive early to group meetings, in contrast to members of the women's NHGs who tend to arrive late. Attendance can be very

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3   Community-building here is taken to refer to "a way to engage residents … in solving their own problems" (Saegert, n.d., p.3), to "locally focused approaches to collective problem-solving that aim to solve public problems and to promote socially valuable forms of connectedness, sustained stakeholder engagement, a sense of common purpose, and greater institutional capacity" (Briggs, 2002, p.16). It derives from the experience of the United States at a time when what were formerly governmental responsibilities were devolved to local levels and when social policy was 'marketized' and 'nonprofitized' (Briggs, 2002, p.3). It refers both to "building common purposes, useful relationships, and capacities **within the community** and connecting the community to **external** resources and influences" (Saegert, n.d., p.4).

important to the effectiveness of NHGs. One manager pointed out that it affects morale and the group's ability to make decisions and to carry them out. "Suppose the NHG gathers regularly for a time, then some begin to come irregularly, and soon there are not enough members for a quorum; decisions made in those meetings will not be carried out". (manager, Kollam)

iii. **Learning how to solve problems as a group – how to handle opposition to the requirement that the President and Secretary of NHGs must be women?** One of the main issues the programme faced at the outset was opposition to the requirement that the President and Secretary be women, as specified in the *Kudumbashree* by-laws. One member reported that he had belonged to a men-only Elderly NHG under the *panchayat* before the groups were placed under *Kudumbashree*. Members of his old group opposed women as leaders and refused to join the *Kudumbashree* program; however he himself had no problem with women as leaders and made the shift (member, Ernakulam). Another member dismissed the issue and stated that men are the de facto leaders in the NHGs because of their greater experience; he indicated that in his group, he completes the official paperwork, keeps the accounts, and writes the minutes, even though the President and Secretary are women (member, Ernakulam).

Other members also did not see the requirement as an issue but for a different reason: they indicated that men and women have different strengths. One saw men as more confident when it comes to visiting LSG officers and making trips to the bank for example (female member, Ernakulam). Another indicated that in her group, the President and the Secretary take minutes and go to the bank to make the deposits; men help in other ways (member, Kollam). In Kollam, NHGs created a position with the title 'patron'; one of the active male members is selected for the position by the group members. He does not have any greater decision-making power than regular members (member, Kollam).

iv. *Making decisions as a group* – **How much should members contribute to the NHG savings account? Will they require a monthly membership fee and if so, how much?** One of the main activities NHG's may choose to engage in is to create and maintain a group savings account; in order to be approved for a revolving fund, NHGs must have opened a savings account in a nationalized bank and maintain passbooks in a proper manner (*Kudumbashree* Circular, 2016). The group can decide to use these funds to give an internal loan to a member in need, or to help members in financial trouble due to medical emergencies for example.

NHGs determine the amount their members should contribute to the group's savings account, and decide whether or not a member may be exempted from paying because of financial hardship; contributions are made at each group meeting. They also decide whether or not they will assess a monthly membership fee and if so, how much it will be. The cash generated by these fees can be used for transportation to the bank, or to the *panchayat* office, or other for other activities related to the NHG.

Such decisions can be controversial. A member indicated that in his group everyone was in agreement on these issues. He had heard about disagreements in some other groups however. Members argued: "We are living on financial assistance from our children: they are buying our medicines and feeding us. We will put them in a difficult position if we also ask for money for the savings contribution. And we cannot depend on our old age pension for our savings contribution because we do not receive it regularly." (member, Kollam)

v. *Making decisions as a group* – **who gets a loan?** Requests for a loan from sources under the control of the NHG to support livelihood activities are considered by the membership as a whole and a vote is taken to decide whether or not to approve the loan. Group activities are organized in meetings of the membership or by sub-groups within NHGs who then approach the group for their support. Learning how to make these decisions together can help build community, especially where conflict is involved.

> A member told of her group's experience with a member who did not want to contribute to the savings scheme and did not attend meetings regularly; however he demanded a share of the revolving loan fund. NHG members met and decided they were not ready to give him a loan. They decided that in general they would agree to a loan only for people who had been members for more than a year (member, Kollam).

Community-building is likely to be easier for some NHGs than for others. Interviewees indicated that some NHGs had more of an existing network of relationships to build on than others. For example:

- A number of the NHGs in Ernakulam had started under an earlier Elderly NHG initiative launched by the *panchayat*; those who chose to join the *Kudumbashree* programme therefore brought with them their experience and pre-existing relationships;

- Some of the livelihood activity groups in Kollam had been working together for some time; membership in the NHG gave them access to low-interest loans;

- Some groups were made up of people who had known each other for a long time. A member from Ernakulam district mentioned that members of his group already knew each other well and shared with one another before the NHG was formed. A manager in Kollam indicated that pre-existing relationships may make it more likely that members will provide more demanding mutual assistance or help that requires greater intimacy such as giving a bath, or ensuring someone takes their medicines.

> Pre-existing relationships may explain why members of some NHGs are more willing to engage in more demanding care giving activities than others. Because this is a rural area, people have a strong rapport with each other, and they know each other and therefore have a strong 'helping mentality'. They realize that someday they too may need help taking a bath, or taking their medicines at the right time (manager, Kollam).

5. Conclusions – Elderly Inclusion Programme

The findings of this study suggest that participation in NHGs strengthens the social infrastructure that helps older people ageing in community and makes it easier for families to support and care for them well. This is both because of the resources and the opportunities created through them — the services and benefits, livelihood activities, social interaction and support, and advocacy and rights protection – and because of the group process that gives rise to these. Some resources and opportunities are available to members simply because of their membership in an NHG, mainly the services and benefits. Other resources and opportunities are realized as group members learn to build community: to work together, identify shared interest, and act together to achieve goals. This is a process that takes time.

Some of the practices that contribute to community-building may seem insignificant, merely routine activities. However they involve regular social interaction. Another study of Self-Help Groups in India found that repeated social interactions between members of a group strengthened social capital, particularly in the absence of external involvement (Vandevalle, 2017). For example, a loan from the revolving fund provides funds for livelihood activities which also play a role in strengthening relationships and leadership skills within the activity group. The loan may also allow those who participate to make a financial contribution, albeit small, to family finances; this can improve an older person's interactions with family, the respect and consideration they receive, and ultimately their care.

The capacity to build community and create valued connections outside the group allows NHGs to address 'harder' issues, such as advocating for better living conditions and advocating for older people and their rights. Capacity-building also takes time. Substantial time and effort is needed to create the strong relationships and leadership skills needed to build community, yet the benefits are substantial and extend beyond older people to their families and the community as a whole, as pointed out by members and managers in both districts.

The time it takes to build community may help explain why interviews only yielded a small number of examples of how NHGs had sought to protect older people's rights. The pilot programme had only been in operation about a year and a half at the time of the interviews, and some components had not yet been carried out. It takes time for groups to raise awareness among members of what they can do to improve their living conditions and protect themselves against neglect or abuse, to build their own capacity for collective action, to make valuable connections with people and groups outside the NHG that share similar values, and to organize and encourage the various parties to take action. It is also possible that members were reluctant to talk to us – or possibly to others who were present during the interviews — about tensions within families, or stories of neglect or abuse.

The interviews also raise a cautionary note. There may be greater barriers to participation for some population subgroups than other. Further exploration is needed into whether older people who

are neglected or financially destitute are less likely to join when NHGs are being created in their area, and what the reasons for this are. At the same time, it would also be fruitful to investigate the extent to which access to services and benefits such as low-income loans and medical services may help make it easier for the most neglected to participate and reap the other benefits of membership in an NHG.

V. HOUSING PROJECTS

Background. The housing/slum improvement project in Thiruvananthapuram that is the focus of this study supports ageing in community in an indirect way and contributes to building the physical infrastructure needed to help older people age well in community. It was not explicitly planned or designed for older people (personal communication, housing project architect). However a national government policy and LSG policy that relate to how new housing units are allocated leave open the possibility that older people will be differentially affected in complex ways. The national policy relevant to this study gives older people and those who are 'Differently-Abled' priority when it comes to the allocation of ground floor apartments (Government of India, 2016); this is particularly important because the new housing units are in buildings with up to 4 floors above ground level and include only staircases, no elevators. Furthermore, the apartments and common areas were not designed for residents with functional limitations.

The relevant LSG policy included the intention to allocate a separate housing unit to each nuclear family that had been living in a joint family arrangement, including older parents, before the housing scheme. The purpose was to reduce overcrowding and increase privacy (personal communication, housing project architect). Local multi-stakeholder Cluster Development Committees (CDCs) were formed under the RAY project and are responsible for the actual allocation of housing units, and therefore determine whether elders realize their rights, and what the implications are for families. These committees include representatives from the Corporation, the political party, the mosque (in the case of Mathipuram which comprises a predominantly Muslim population), older and younger representatives, the ward councilor, and other community leaders (personal communication, manager at the Mission-level). Project managers envision that the CDCs eventually will become neighborhood associations (personal communication, manager at the Mission-level), making them part of a stronger social infrastructure for the project communities.

Context. Policy implementation differed substantially between the two areas due to significant differences in context. The first housing/slum improvement project is located in a housing colony, Karimadom, near the capital city's main market (Devika, 2015; John, 2015; COSTFORD, n.d.). Prior to the project it was plagued by poor quality housing, chronic flooding and drug-dealing and an unstable population, and had deteriorated into a slum over time. The land was owned by the Corporation. The second of the housing projects is located in a coastal fishing village just outside the capital city, Mathipuram, near Vizhinjam, where land availability is a significant constraint (The Hindu, 2014). The land is owned by the state of Kerala. Prior to the project, joint families lived together in huts; the

crowding was so extreme that family members often chose to sleep outdoors (two residents, Mathipuram). The construction of new housing units was further along in Karimadom than in Mathipuram at the time of the interviews.

Differences in policy implementation: priority to elders for ground floor apartments. In Karimadom, priority for ground-floor flats was given to older people and the 'Differently-Abled' as intended by design. One of the residents interviewed reported that all those who could not manage steps received ground floor flats; other older residents received flats on the 1st floor. She reported that in general, top units were the most coveted because each rooftop flat has two terraces.

In Mathipuram however, the outcome was negotiated in the CDCs. Because of the land constraint, there were not enough ground floor flats to cover all older and Differently-Abled residents. (ward councilor, Mathipuram)

Differences in policy implementation: separate housing unit allocated to older residents. In Karimadom, all elders who had a house and land before the survey was conducted received their own flat (residents and managers, Karimadom). Adult children/couples who were married at the time of the survey also each received one of the new units.

> I am now living with my daughter. As soon as I am given a flat in the new buildings, I will live on my own. And my son will be in an apartment upstairs from me so he will be there if I need help. (widow, resident, Karimadom)

> Before the project, my younger sister's family, my elder sister and family lived in the house with us. In total, four families lived in that house. We all cooked together. But if there was any quarrel among the family members, then for a number of days, they would purchase food from outside. Once the quarrel ended, we would all start cooking and eating together again. Now we all received separate houses and we are all living separately. The new housing is a very good system. Each family has their own toilet. (separated from husband, resident, Karimadom)

One resident interviewee indicated that eligible older residents who are totally dependent on their children for food and medicines are living with a married son or daughter in the improved housing colony; they may then rent out the housing unit they were allocated.

In Mathipuram, a Mission-level manager indicated according to local custom, older parents would live with their youngest married son, i.e. they would not get their own flat; exceptions were made in some cases, for example if they had unmarried children living with them. There was a land constraint that meant there was not enough land for all the new units that would have been needed under the policy of separate housing units for all older residents. One of the resident interviewees confirmed this.

However we heard from four other interviewees of cases where older people received their own flat. One of them indicated that elders had to request a flat, and if they did, they received it; having personal connections also helped. Another indicated that finances were an issue. Residents have to pay 10 percent of the construction costs for each new housing unit (ward councilor, Mathipuram). In this area where most of the families make a living from fishing, many older parents did not want a separate flat because they could not afford the cost of the housing and their daily expenses. (interviewee, Mathipuram)

> Five years earlier, a survey was taken that determined how many units were needed. In the first wave of new units, some older couples got their own unit (20) but not all. Only older residents who knew to ask received their own unit. There has been a new survey because time has passed and new questions have arisen: children who are now married and were not married at the time of the original survey, will they receive their own new unit? Older parents with no dependent children any more, will they receive their own new unit? We have to wait and see what happens. (resident, Mathipuram)

> Before the housing project started we had five cents of land and a big house with lots of rooms. We tore down that house and kept the land for a time when our married children now living elsewhere, might want to come back and build a house for themselves. My daughters are living in Tamil Nadu and one of my sons is living and working in the Gulf. When the survey was conducted, they did not come and request a flat through the housing project. My second son who is living next door got a house, and I also received one through the housing project. We could have gotten houses for all my children and grandchildren, but I thought it was enough to get one for those who are actually living here. The others can come back and settle here when they are ready. (resident, Mathipuram)

Unintended consequences? It is too early to assess the impact of the rapid change from joint family living to extended family or nuclear family living that resulted from project housing unit allocation policies in many cases. There is some indication however that the rapid change may affect the care and support that older people receive from family members. It may also affect how children are cared for, and may have implications for women's mobility outside the home.

One interviewee distinguished 'living near us' and 'living with us', suggesting that care and support for older parents are more likely when 'living with'.

> [Before the housing project] all of us cooked together and ate together. But now all are separated because there is not enough land to construct large, stand-alone houses. In joint families in the past, all members lived in the same house. If there were health problems, family members were there to take care of us. Now my wife and I are living alone here; if something happens to us, no one is here. Our married children live nearby in another house

but they are not here with us. Furthermore, if we were still living as a joint family, when we are not able to cook, we could always eat with others in the same house. (resident, Mathipuram)

Another interviewee, a woman with small children whose husband recently died of cancer, echoes the sentiment, with reference to care and support for children.

> I personally like living in a joint family. We can cook food together and it is easier to watch over and take care of our children; if I have somewhere to go, other members will take care of my children. We can also share joys and sorrows, and talk to each other. Because of the new housing project, these opportunities may be lost. Some are happy with the new housing system; they still all cook together outside their house for themselves and their parents and children, and are happy that they can also sleep inside and have their own, separate house. (resident, Mathipuram)

Conclusions – **Housing & infrastructure improvements**

The benefits of the housing and infrastructure improvements for residents of all ages are substantial: water, electricity and indoor toilets, own kitchen, greater privacy. However follow up studies are needed that examine the consequences for older people of both of the issues explored here. First, there is no data yet on the number of older people who ended up being allocated flats that are not accessible to differently-abled people because they are not on the ground floor; even if older residents are mobile at this point, they face an increased likelihood of mobility limitations as they age. Second, a follow up study is needed into how the changes in living arrangements – from joint family-living to living in nuclear or extended families – have affected the level and quality of support and care for older people. The results of this exploratory study suggest these are likely to vary across the two sites because of differences in context.

VI. Overall Conclusion

The focus of this study is on two initiatives that support ageing in community in important and different ways. One, the Elderly Inclusion Programme, is explicitly directed towards older people. It channels services and benefits to all members of NHGs, and provides opportunities for social interaction and participation; these benefits are available to members simply because of their membership in an NHG. Other resources and opportunities are realized as group members build community among themselves and with others outside the group. The fruits of community-building in turn strengthen the social infrastructure that helps older people ageing in community and makes it easier for families to support and care for them well.

Interview findings suggest that the network of Elderly NHGs being created under the programme has the potential to become an important force for advocacy to improve the physical infrastructure in the future. Improvements might include pedestrian safety infrastructure, parks and recreational facilities,

and universal design for housing and neighborhoods for example; such improvements benefit families and individuals of all ages, not just older people. Members of NHGs however need time and support to allow them to build community and learn advocacy skills: to learn to work together, identify shared interests and act collectively to achieve goals, and to make valuable connections with people and groups outside the NHGs that share similar values.

The other initiative, a housing and slum improvement project, is neither explicitly planned nor designed for older people and primarily contributes to upgrading the physical environment. Interview findings indicate that the Cluster Development Committees created as part of the project however, may also contribute to strengthening the social infrastructure in project communities. They are intended to become neighborhood associations after the project is completed. Both of these initiatives, whether they address older people directly or indirectly, have an important role to play in supporting the inclusion of older people in all aspects of community life.

Acknowledgements:

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APPENDIX I

Interview Schedule: January – March 2017

Date	Managers	Female/Male	Date	Members	Female/Male
24-Jan	UH - Karimadom	F			
30-Jan	UH - Corporation	F			
15-Feb	UH - Corporation	M			
22-Feb	UH - Mathipuram	F			
			22-Feb	UH - Mathipuram	F
			5-Mar	UH - Mathipuram	M
			5-Mar	UH - Mathipuram	F
			5-Mar	UH - Mathipuram	F
			5-Mar	UH - Mathipuram	F
			21-Mar	UH - Karimadom	F
			23-Mar	UH - Karimadom	F
3-Feb	EI - Ernakulam	F			
3-Feb	EI - Ernakulam	F			
24-Mar	EI - Ernakulam	M			
			3-Feb	EI - Ernakulam	M
			4-Feb	EI - Ernakulam	F
			4-Feb	EI - Ernakulam	M
			4-Feb	EI - Ernakulam	F
16-Mar	EI - Kollam	F			
16-Mar	EI - Kollam	F			
16-Mar	EI - Kollam	M			
	EI - Kollam	F			
			4-Feb	EI - Kollam	F
			4-Feb	EI - Kollam	M
			4-Feb	EI - Kollam	F
Total	**11**	**8 F, 3 M**		**14**	**10 F, 4 M**

UH= Urban Housing project

EI= Elderly Inclusion

F = female

M = male