**INDEP Qualitative Study Methodology**

The INDEP qualitative study was carried out among 25 families across urban and rural sites in the four INDEP countries. We used a collective case study approach to address four key questions: a) To what extent was the onset of dependence associated with household impoverishment and economic vulnerability? b) What were the pathways between care dependence and changes to household economic status? c) Which factors made households resilient in the face of increased dependence? d) To what extent did this depend on the external policy environment, including the reach of social protection and health services?

**Methods**

**Settings**

The INDEP study was conducted in 10/66 urban and rural survey catchment areas in four countries; China, Peru, Mexico and Nigeria. Urban sites were located in capital cities in Peru (Lima Cercado & San Miguel), China (Xicheng) and Mexico (Tlalpan). Urban catchments were selected to be predominately lower socioeconomic status, or mixed neighbourhoods, avoiding middle class or professional enclaves. Employment in these catchments was mixed, including formal work in services and informal working including trade. Rural sites in all countries (communities in Canete coastal province, Peru; Daxing, 40kms from Beijing in China; villages in Morelos, a mountainous district 70kms from Mexico City; rural communities in Dunukofia, Anambra State, Nigeria) were characterised by higher proportions of people working in the informal economy, carrying out activities such as farming, fishing or trade. The catchment area sites are not nationally representative or even necessarily representative of the city or rural region where they are located. For detailed description of the pensions and health insurance context in each setting, and the compositional characteristics of the households and older individuals, see our open access protocol paper.

**Design**

The qualitative study comprised a series of case studies, nested within the quantitative cross-sectional survey. Households were selected for participation in the quantitative study based on categorisation of the needs for care of older residents, as derived from data from previous 10/66 surveys (baseline and incidence) and confirmed or amended according to INDEP cross-sectional data. A priori household categories were defined as follows:

1. Incident care households (where all older residents were independent at baseline, but in which one or more may have become care dependent by the incidence survey).
2. Chronic are households (households containing one or more care dependent older people at baseline, who remained care dependent in the incidence survey).
3. Control households (where all older residents were independent at baseline, and remained so at the incidence survey).

Households were purposively sampled for inclusion in the qualitative study from the chronic and incident care households. We estimated that completing six case studies in each country would enable us to reach saturation in terms of themes relating to our research questions. We included equal numbers of households from urban and rural sites and used emerging themes from pilot data to identify other household characteristics of interest in relation to our research questions. Our aim was to capture variation. We wanted to include: households where care needs of the older person(s) were chronic; households were care needs were recent; diversity of severity of care needs; households experiencing long-term poverty; households experiencing acute poverty (arising for example from illness, job loss, or household changes); households that appeared to be coping well with care needs; both large and extended and small households. Collective case studies are characterised as concurrent consideration of multiple cases, in the real-life setting in which they occur. In the context of our study, “cases” were defined as older people with needs for care. The context was defined as the households in which the cases were resident and others playing an important role in their care. Our aim was therefore to carry out in-depth interviews (IDIs) with the dependent older person and all the key people involved in their care, including those providing: practical care, decision-making and economic support. Given that old age dependence is a shared experience located within the family system, we selected the collective case studies method as the most appropriate for our subject matter, with the overall aim of achieving multi-faceted understanding, which may be used to develop and test theory.

Interviews were carried out by local experienced sociologists or anthropologists with an interest in ageing. The cross-national qualitative team (including UK-based social scientists) met after piloting to reflect on initial findings and finalise methodology for the main phase of data collection. To clarify the context of the case, at the start of the interview, the main carer was asked to construct a map of the key relationships within the household/close family. Our IDIs were narrative, with the interviewer’s main role being to activate participants’ stories about the onset, course and experience of the older person’s dependence. The narrative style was selected as being closest to the way in which people “naturally” talk about the health problems of their loved ones, in a way that avoids fragmentation or imposition by the interviewer. Narratives facilitate reflection and interpretation of meaning, encouraging participants to select and order salient features. Interviewers prompted participants using questions from the topic guide, only to stimulate expansion related to our research questions, when this was not covered by the initial narratives.

The interviews provided in the data archive have all been effectively anonymised. All names have been changed. Biographical and topological information, and descriptions of some events have been altered in insignificant ways or redacted, where it was felt that there was a possibility of identification.