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## Middle-class older adults living alone in urban India: Older adults' understandings of ageing alone

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### ABSTRACT

This study sheds light on the value systems of the middle-class metropolitan older adults living alone, on the ageing self and the person's relationship to the surrounding society based on eight interviews. Ageing research has emphasized the traditional features of elderly care in India including its collectivistic values rooted in filial piety and the extended family as well as embracement of disengagement influenced by the Hindu texts on two phases in later life: "hermit" and "renunciate". Increased social and geographical mobility, however, challenges traditional family systems. Using the example of the urban middle-class older adults living alone, this study explored whether living alone constitutes a challenge to the norms that previous research associated with Indian elderly care. Using abductive phenomenographic analysis the study found that the understandings of older adults in the study show great reflexivity concerning key aspects of their lives. Although the life conditions of older adults living alone deviated in many aspects from dominant traditional norms of filial piety and a care regime based on strong intergenerational interdependence, their responses and reflections mirrored assemblages of values deeply rooted in Hindu Vedic philosophy of the Ashramas and perceptions of independence, autonomy and self-reliance associated with Western "productive" aging.

### KEYWORDS

Ageing; middle-class urban India; culture; religion; living alone

## Introduction

Indian elderly care is transforming. Caring for the elderly has traditionally been the task of intergenerational families (Isha, 2016) with an underdeveloped service sector and welfare system in support (Kaushik, 2016). India has rapid economic development, increasing internal and external mobility, and changes in gender norms as women enter the labour market in increasing numbers. These changes challenge the traditional care regime (Kumar & Bhargava, 2014) even if a preference for intergenerational family care of elderly prevails (Brijnath, 2011), confirmed by state policy enforcing the

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legal responsibility of children to take care of their elderly. Ageing and the well-being of the elderly is a growing concern. The proportion of the ageing population is expected to continue to grow, while the fertility rate and the population to take care of the elderly is declining (UNFPA (United Nations Population Fund), 2017a). Furthermore, the number of elderly living separately from their families, as well as the number living alone, has grown substantially to 5.9% (rural areas) and 6.5% (urban areas; Jadhav, 2013). The growth of the urban elderly living alone is especially strong (2.4% in 1992/93 to 5% in 2004/5; UNFPA (United Nations Population Fund), 2017a). Seventy-five percent of the urban elderly do so due to a lack of children or the fact that their children have moved away, there is an overrepresentation of widows, and women who never married (Government of India, 2006; Jadhav, 2013). According to a survey in 2011 living alone was most common (13.6%) among the poorest quintile (20%) of elderly, and least common among the highest two quintiles (1.2–1.4%). However, even a sizeable group of the middle-classes, (4.0% – 6.8%), i.e., those in the second lowest 20% and the middle-income categories, lived alone. Propensity of living alone was higher among Hindus (6.5%) compared to Muslims (4.7%) or Sikhs (2.7%; Jadhav, 2013)

Research on ageing in India has assumed a strong framework of cultural particularity, proposing that ageing in India is very different from ageing in Western societies because Hindu cosmology prescribes disengagement (Surayavanshi, 2016) and India is a collectivist not an individualist society (Brijnath, 2011). Others emphasize transitions and see the Indian care regime composed of assemblages of “Westernized” and traditional norms. The case of the urban middle-class elderly is of special interest, since this group has better economic conditions than the elderly at large (Alam et al., 2012) and they have shown growing interest towards “Western” non-traditional patterns of ageing, including living alone and choosing to live in old-age homes catering to their interests (Lamb, 2020). This raises the question whether these, “non-traditional” ways of ageing brought about normative changes in conceptions of ageing as well.

This study explores what living alone implies for the middle-class older adults and to what extent they embrace “Westernised” perceptions of ageing (Lamb, 2018). Using critical gerontological perspective (Torres, 2006). This study sets out with an open mind to explore elderly perspectives without fixating on cultural particularities. We elucidate agencies of older adults ageing alone, and ageing concerns based on interviews with 8 middle-class elderly living alone. We include older adults with a minimum middle level education and work-related pension or independent assets. The research has been financed by Forte (The Swedish Research Council for Health, Working Life and Welfare Foundation) and ICMR (The Indian Council of Medical Research).

## The Indian care regime

A care regime reflects the differential importance of family, state, market, and civil society in the provision of elderly care (Pfau-Effinger & Rostgaard, 2011; Szebehely, 1998). The Indian care regime is built on limited state liability, where neo-liberal premises have accentuated limitation on universality, with existing systems of provision based on exclusivity adding up to unequal provision. There is no comprehensive pension plan. According to the Ageing India Report, 16.5% of men, and 6.8% of women receive employer pensions. State provision for older adults and widows is offered to the very needy and is in form of poor relief reaching 13.7% of men and 22.4% of women. 58.7% of elderly women, and 26% of men, do not have any independent personal income (Alam et al., 2012). The high degree of dependency ratios reflects women's status as homemakers and the importance of the informal sector, which does not generate taxes and employment-related pensions. The older adults without independent incomes are forced to continue working. 41.5% of men and 10.1% of women have work-related personal incomes (Alam et al., 2012).

In India elderly care is predominantly performed by unpaid kin, based on gendered familialism (Palriwala & Neetha, 2009), which lays elderly care and economic responsibility on their kin. Family responsibility is reinforced by the Maintenance and Welfare of Parents and Senior Citizens Bill of 2007 (Passed in 2009 by the Ministry of Social Justice and Empowerment), which makes it punishable by fines and imprisonment to neglect elderly care. The state leaves the responsibility on the older adults to legally pursue their negligent children for financial maintenance. Thus, the state combines authoritarian and neo-liberal governance technologies, placing responsibility on the individual (Pyysiäinen et al., 2017) and their families. Critical voices argue that the geriatric population of India is in a state of helplessness, since Indian states do not guarantee their security and younger generations do not prioritize the needs of their own elders' care (Kaviarasu & Jai Dinesh, 2019).

## Care regime, norms and agencies

Care regime institutions are rooted in fundamental societal norms and values. Such norms find expression in the agencies and practices of older persons and their relations with the surrounding society. When more older adults live alone, thus challenging the dominant model of care, we may anticipate normative ruptures. While living in intergenerational families is the typical family arrangement for the older adults in India, living separately from families is the norm in "Western" cultures. Meanwhile, "Western" cultural values and institutions, with "productivist" ideals of ageing permeate the middle-classes in India (Lamb, 2014). This permeation is partly induced by

life-style changes, where intergenerational families are separated due to mobilities, and new economic opportunities open for old age homes for the affluent elderly. This permeation is partly ideologically transmitted through policies and INGOs propagating active ageing. Meanwhile, these new “Western” ideas are seen as incommensurable with traditional Indian values. What are then the main assets of this “Western” model of ageing and how does it depart from the Indian model?

The core ideas of “Western”, “productivist” ageing became manifest through a paradigm shift critical of the conception of ageing as a gradual disengagement by Rowe and Kahn (1997). Productivist ideals of ageing, such as the ideas of successful ageing, have permeated Western societies including the aspiration of policymakers, practitioners, civil society, and the elderly, professional and civic organisations. Lamb (2014, p. 46) highlighted four underlying assumptions in the successful ageing paradigm, emphasizing the importance of the individual self as a “cultural and biopolitical project”:

- there is a profound emphasis on independence in later life, corresponding to the overwhelming proportion of older adults living on their own in Western societies (in 2010 85% of those over 65 did not live with their children’s families in the US; Lamb, 2014, p. 45).
- the individual self becomes a project, making an anti-ageism stand, there is an explicit individual responsibility for achieving healthy ageing, avoiding bodily decline and “keeping their brains in top condition for life” (Lee and Jones, 2008 in Lamb, 2014, p. 44)
- one is expected to maintain physical, cognitive and social activity, “performing activities that are, in the broadest sense productive” (Rowe and Kahn, 1998: 50–51). Productive activity and health are thus tightly connected.
- the idea of an ongoing denial of “old age” and “agedness”, a kind of “third” age of “active, healthy and productive elders” (Lamb, 2014, p. 45), implies the exclusion of frailty and decay from permanent personhood.

Western societies are permeated with strong ideologies of ageing independently, seeing receiving care from next of kin as a burden. Beyond personal pension systems, older adults independence has been achieved by welfare mixes of intersecting systems regulating economic responsibilities and provision of care between family, community, market, state market and institutions (Lyon & Glucksmann, 2008). The societal preconditions for the pursuit of successful and active ageing are less favourable in societies of the Global South, including India, which lack comprehensive welfare provision (Goswami & Bhattacharjee, 2017).

In contrast to an emphasis on independent ageing based on nuclear families characterized by autonomy and looser relationships (Reher, 1998), Indian

tradition values interdependent intergenerational families (Willis, 2012). Filial piety and respect for older adults are strong. Elderly care, is perceived as an organic line of life-long intergenerational reciprocity (Lamb, 2014). Providing emotional and physical elderly care, including assistance with toileting, is seen as repayment for the care received as a child, and as a “natural” act (Gustafsson et al., 2022).

This family system is rooted in collectivistic, rather than individualistic values (Hilton et al., 2012; Hofstede, 2001; Schwartz et al., 2010). Schwartz (Schwartz et al., 2010) identified an underlying difference in how collectivist and individualist cultures perceive the relationship between the self and others. Individualist cultures see the individual as separate from others, while collectivists see the individual as connected to others. Others emphasize that individualist cultures prioritize the interests and preferences of the individual, and are “me”-oriented, while collectivistic ones prioritize collective interests and are “we”-oriented (Sivadas et al., 2008). India is found among the moderately collectivist countries (Hofstede, 2001).

The other contrasting feature to the biopolitical personhood project of “Western” ideologies denying decline, is how Indian perceptions of ageing embrace disengagement from social roles (Ranade, 1982; Van Willigen et al., 1995; Vatuk, 1980) and manifest an acceptance of the human realities of mortality and decline, influenced by Eastern philosophies such as Buddhism and Hinduism (Surayavanshi, 2016). An underlying normative system for ageing in India has its roots in the Hindu *Ashrama*, referring to four ideal stages of the life course. The basis of the Indian ageing perception are the four stages life as a normative model for disengagement through the ageing process (Ranade, 1982; Vatuk, 1980). The four stages of life are directed towards different life goals, which are associated with the notion of four essential goals of life (Van Willigen et al., 1995): *Dharma* refers to religious-moral duty, *Artha* means worldly affairs of an economic and political nature; *Kama* stands for the pursuit of pleasure (whether sexual or aesthetic); and finally, *Moksha*, the endeavour to ultimately escape the cycle of rebirth and achieve a merger of the personal soul (Atman) into the God. Through the four life stages, different goals stand in the heart which lead the individual towards the accomplishment of *Moksha*. The first stage is that of the *Brahmacharya* (student), followed by the *Grahastha* (householder), the *Vanaprastha* (hermit) and the *Sannyasa* (renunciate). The state of *Vanaprastha* requires the person to withdraw from the affairs of the world (Prabhu, 1963, p. 88). As a hermit, one should renounce family ties and social relations, practice “self-restraint, friendliness, charity and a compassionate attitude toward all creatures” (Van Willigen et al., 1995, p. 184). The goal during the fourth phase, *Sannyasa*, is to reach to the union between the person and God through total severance of worldly ties (Prabhu, 1963) and a focus on reaching inner spirituality.

Meanwhile, the rise of the importance of ageing alone in India presupposes reflexive changes in societal norms and values in a society with a dominant care regime where older persons live in extended families associated with filial piety and collectivistic values, to one where the elderly living alone may exemplify transitions in family structures. This raises the question, do such structural changes relate to normative changes? This could be of special interest regarding the middle-classes, with mobile adult children and a higher level of education. Could this group of older adults represent the adaptation to “Westernised” individualistic family models and ageing ideals? Western cultures have proceeded along what Beck, Giddens and Lash call “reflexive modernization”. What their theory of reflexive modernization entails is a process of de-traditionalization, a gain of agency over structure where individual identities and biographies are no longer restricted to traditions and previously configured parameters and become self-reflexive.

Rather than juxtaposing the Western active ageing paradigm that entrusts the individual with responsibility over their own health responding to the nervosity of Western culture about frailty and “agedness” with the Indian view of natural transience and the regular cycle of life and death, growth and decay” (Lamb, 2014, p. 46), Lamb (2020) suggests that traditional and Western ideas about ageing form “assemblages” (Lamb, 2020, p. 321). Alongside traditional Indian ideals of ageing, “Western” ideals of “successful” and “active” ageing find their way, through the practices of the middle-class urban elderly living alone and in old age homes catering to their needs, as well as in governmental and NGO agendas. At a time when Indian society is under rapid transition, with increasing mobility and encounters with Western cultures, research that fundamentally impacts the elderly (Gupta & Hershey, 2016) needs to encounter perceptions of ageing with an open perspective. As Torres (2006, p. 20) highlights, although cultural values might guide elderly people’s understandings, such values do not necessarily “predispose people to conceive of successful ageing in any one particular way”. Following Lamb (2020) and Torres (2006), this paper takes an open-ended approach in exploring older persons’ voices and normative preferences and takes a “bottom-up” perspective in an agency-oriented holistic model. Rather than a priori assumption of culturally specific value orientations, we use an inductive approach.

## Research design

This study aims to explore the understandings of ageing by urban older adults in India living alone and is part of an international comparative research project comparing ageing in India and Sweden. The subsample of eight older adults living alone is part of a larger qualitative study located in Pune District, in Maharashtra state, India. The Indian research team obtained ethical approval for the study by ICMR.

The study has an explorative qualitative design and is a phenomenographic study with open-ended interview questions. This is an analytical method for qualitatively illuminating differences in the way people perceive and thereby understand different phenomena in their world (Marton, 1981; Marton & Booth, 1997). A phenomenographic approach, yielding insights into variation, makes it possible to develop a greater understanding of the phenomena under study (Yates et al., 2012).

In the first phase, a semi-structured interview guide with open-ended questions was created jointly by a Swedish and Indian research team. In accordance with the phenomenographic approach, open-ended questions enabled greater freedom for older adults to express their views and invited them to reflect on key issues, such as elderly perceptions of ageing, health, care desired and received, and contextual aspects of ageing. Participants older than 65 years were identified through networks of researchers, using non-probability convenient sampling (snowball) technique. Two thirds of the interviews were audio taped and one third were video recorded. Interviews averaged approximately 1 to 1<sup>1/4</sup> hours. As part of this first phase, two of the Swedish authors of this study conducted an ethnographic study visiting diverse elderly care institutions and talking to the elderly accompanied by Indian research collaborators.

To validate the cultural adequacy of the interview guide, a series of pilot interviews were conducted with the elderly who had a good command of English with one Swedish and one Indian research team member. These test interviews were used for cultural validation of the questions and were followed by a revision of the interview guide.

The Indian research team carried out the second phase of the study. The interview guide was translated into native languages. After transcription in native languages, the interviews were translated into English. Translations were validated by the native speaking Indian project leader.

The third analysis interview phase was carried out by the Indian and Swedish colleagues through coding procedures to increase intercultural sensitivity. Cross-cultural understandings were discussed throughout the research process to culturally validate the interpretations. The Corona pandemic meant no opportunities for second interviews were possible.

The analysis steps follow Pihl et al.'s (2011) description of phenomenographical analysis, and proceeded in three phases. In phase one an inductive analysis was conducted based on the interviews with the elderly using first-cycle coding into themes (Saldana, 2013). In phase two a higher-level abduction was generated through second-cycle coding into categories aiming at saturated meaning. In the last phase these understandings were interpreted in relation to concepts of disengagement and collectivism representing normative expectations of ageing.



## Personal resources of the older adults in the study

The characteristics of the sample are discussed from three aspects: demographics, financial security and health situation (see, [Table 1](#)).

Our sample reflects the major demographic aspects of the results of a national survey (Jadhav, 2013). This survey indicates that the proportion of older adults living alone is higher among widows (14.4% compared with being married 0.5%), similar to our sample where all but one were widowed and one person had never been married. Another important group nationally are those not having children (26.9%). There were two childless older adults in our sample. For these older adults, living alone is a consequence of the lack of adult children to live with. The responsibility to take care of elderly parents is traditionally associated with the sons which increases the proportion of older adults with only daughters (15.0% compared to having a male child 5.2%) among those living alone. Two of the interviewed older adults had only daughters. Furthermore, two older adults had both daughters and sons and two had only sons.

Importantly, the national survey showed that mobility of adult children was the reason for the older adults living alone in 75% of the cases. Even in our sample we had three older adults who had children, where all children had moved away. In an additional two families only one child was left while other children moved away from the city. In one of the cases the elderly father moved to the city where the son had settled, yet in a separate close-by apartment. Living alone was more common for women (9.6% compared to being a man 2.0%). Five of the interviewed older adults were women.

However, the sample differs from this national survey in one important aspect. The national survey showed that living alone is more common among the poor (13.6% of those in the lowest wealth index compared to 1.4% among the highest) as well as among those with a low level of education (7.3% of those without formal education compared to 4.1% of those with 8 years or more education). In contrast, our sample contains a larger representation of more educated older adults. There was only one older adult who had only basic education, the others had either high school, military, university or one post-graduate training. Furthermore, four of the older adults had a sizeable pension from earlier government jobs as teachers or military. These were enough to live on. This is an overrepresentation of older adults with state pension. Two other interviewees had a small pension and required the financial support of their children to make a living. Four of the older adults, among those three without pension, had investments, such as an apartment to rent out, or savings in the bank, that could cover their living expenses. Thus, only one of the older adults relied fully on the financial support of the children and one needed partial support. Due to the overrepresentation of those with higher educational and economic level compared to what characterises older adults living



Table 1. Family composition and economy of elderly living alone.

No.	Age	Sex	Marital Status	Education and Former employment		No. of Children	Grandchildren	Children's living conditions	Living arrangement for elderly	Economy
				Marital Status	employment					
Deepa	70	W	widow	Graduate homemaker	Former employment	One deceased daughter	none	Deceased	Living alone in same house as husband	Economy interest from investment which is enough to live on
Manju	82	W	widow	Basic education homemaker	Two daughters and Two sons.	Two daughters and Two sons.	1	Elder son died 5 years ago.	Grandson comes at night to stay with her.	Rents out a flat in another city; interest from investment enough to live on
Nisha	74		widow	Graduate, worked as clerk	Two married daughters	Two married daughters	4	One daughter in the same city, one abroad	Living in own flat, visiting daughters when needed	Interest from investment, pension, support from daughter and son-in-law.
Faitha	73	W	widow	Graduate, teacher	3 married sons and 3 married daughters	3 married sons and 3 married daughters	Many	Children have moved to different cities.	Living in own apartment, she visits the children	Pension 25,000 INR Brother helped with money to buy apartment
Padma	75	W	single	Senior researcher	No children	No children	-	-	Living alone in a flat in a house with relatives. Brother living with his family in the adjacent apartment	Government pension of ca 35000 INR, manages own finance and savings
Bipin	67	M	Widow; looking for a bride as alter-native	Government service	Two daughters	Two daughters	3	Younger daughter with her husband and children in the same city 18 kilometres away from his house and older daughter living far off in another city.	Living in own house in home state. His cousins live in the neighbourhood. Regularly visits daughter with grandchildren	Property to pass to his daughters; Government pension
Madhav	79	M	widow	High school educated skilled garage mechanic	1 son with working wife	1 son with working wife	No	Son lives in another city	He lives alone in an apartment purchased by his son.	The son bought the elderly a flat and sends monthly financial support 1,000 INR pension
Varun	80	M	widow	Military service	1 son with working wife	1 son with working wife	2	Son lives in the same city	Son purchased flat in the same housing complex for the elderly	Manages on his pension.

alone at a national level, our study reflects upon the understandings of older adults from the urban middle-class.

### **Living alone and familialism: Older adults' values and agencies**

Maintaining individual interests and self-realisation is highly valued in the Western context of active ageing. It stands in sharp contrast with Indian tradition where filial piety is the norm. But how do older adults living alone reflect upon ageing alone in a society where filial piety is the dominant norm?

Many of the older adults in our study lived alone due to the mobilities of their children. They explained, however, that living alone was a result of their own priorities. These priorities were motivated by, what we interpreted as *meaning making life goals*, as the case of an older man (*Madhav*) illustrates. *Madhav's* adult children moved to a new location. We divided *Madhav's* justifications for staying into two categories. On the one hand, he referred to various “glue” effects related to the old place. He named the importance of his “circle of friends” and his daily prayer visit to the shrine of Shankar Maharaj and the town where he “can roam around”. Another justification was the sensations of his deceased wife, “*Even after my wife died, her existence is still there. How can I leave her and go?*”

On the other hand, we found “push” factors. *Madhav* expressed fears about becoming lonely if he moved to the town and his son's home: “*But I don't have anything to pass the time. I used to sit and stare at the walls . . . all alone*”, since both his son and his daughter-in-law worked. Minding a grandchild seemed to be an important motivation to move to the family of the adult child: “*They do not have any children. I could have stayed with them.*” Thus, on the receiving end, we found family relations not corresponding to the ideal of the traditional extended family, with a homemaker daughter-in-law and grandchildren to look after.

*Madhav's* account represents how older adults negotiate their relations to the families of their children. *Madhav* prioritised his personal needs for activities that brought meaning to his life, and life goals, such as companionship and spiritual well-being, were goals that he could best satisfy by staying in his own flat and neighbourhood. Meanwhile, this choice was also conditioned by the fact that his son did not have children. It seems, being with grandchildren would have outweighed personal gratification through own networks.

Another informant, *Nisha*, said “living alone” was a balance between living with the families of her two daughters for shorter periods and having her own place to return to. As previous studies indicated, having only daughters increases the chance among older adults of living alone, since it is the sons who are primarily expected to take care of the elderly parents in India (Jadhav, 2013). For *Nisha* visiting the overseas places where her daughters had emigrated to meant new cultural experiences and activities. Visits also gave her

opportunities to engage with her grandchildren, yet she did not want to move to any of the daughters permanently.

Thus, meaningful life in old age does not necessarily mean finding meaning in life solely through indulging in the life of one's adult children and their families. These two examples show how the older adults motivate their choice of living alone as rooted in their perceived need to have their own activities, social contacts, and nearness to places with attachment and memories and freedom to access these.

Another aspect of individualist values concerns personal economy. A well-educated retired university lecturer with a pension adequate to ensure financial independence entertained notions of economic autonomy from the children:

The school did the retirement ceremony very nicely. They advised us, "Whatever money you got till now it is because of your hard work! Don't hand over all this money to your children, save something for yourself too!" (*Farha*)

This promotion of some individualism seems to indicate new attitudes foreign to the Indian collectivistic context (Hofstede, 2001).

That the shift in value systems from collectivistic to one allowing more individual autonomy for the elderly is not without frictions could be illustrated by the dilemma of an economically independent widower *Bipin*. Approaching a frail old age, *Bipin* negotiated his choice between taking a young wife or, alternatively expecting support from his children at a time when he could no longer live alone and by this ensuring that his children received his economic assets. While entertaining the idea of remarriage, he sought the consent of his children. Thus, he made the interest of the family collective his priority.

These examples indicate that, individual interests are highly valued by the older adults living alone. However, individual priorities versus family pursuits (Sivadas et al., 2008) are constantly negotiated and reflected upon, as well as the perceptions of the ageing self as separate or as connected to the families of children (Schwartz et al., 2010). Thus, we can conclude, that rather than sanctioned by traditions, or purely individualistic pursuits, the decisions and strategies of the middle-class elderly living alone emerge in self-reflexive processes.

### **(In)dependency: Supporting institutions beyond familialism**

According to Indian tradition, providing emotional as well physical care "seva" (service including personal hygiene) for older relatives is seen as part of the expected duties of the adult son and daughter-in-law, a kind of lifelong interdependency and reciprocation of care received during childhood and an expression of deep respect for older adults (Lamb, 2013).

Living alone goes against these norms and assumes both economic resources and the replacement of the family as the provider of care. In the following, the reflection of older adults on sources of care beyond the family are discussed: government support, paid help, self-restraint and generalized reciprocity.

### **Government support**

Although the sample included several older adults with state pensions, there was a general lack of trust that the government could deliver good support. Among the main issues raised, the most important was that government resources *do not reach those who most need it*, such as poor people living in isolation and the illiterate. This was partly associated with the poor accessibility of information to the needy. Lack of outreach was attributed to the malfunctioning of government offices. This was either due to officers who did not let the poor know about their rights: “the person who is giving the tickets doesn’t even ask their age, but gives them a full ticket” (*Nisha*) or an effect of bureaucratic procedures, i.e. “people misusing the resources in between . . . 50% of the money is taken by the in-between people” (*Nisha*). Systemic failures, such as the complex bureaucratic procedures, contribute to the fact that the neediest didn’t know how to proceed.

The interviewees wanted to see that government resources support *those in most need* and that “government schemes should be directly applicable to the people otherwise there is no use for those schemes” (*Nisha*). Concerning their own needs, the interviewees did not have any expectations of the state.

### **Paid help and care deficit**

Most of the interviewees had liveable pensions, corresponding to the life situation of older adults in “Westernised” societies rather than the majority of older adults living alone in India. Due to these resources, all but two of them were not economically dependent on their adult children, even if many of them received some form of financial support from closest kin, such as support to make overseas visits possible. Even the two who had substantial support from adult children, had some independent income. However, with growing care needs the older adults living alone faced different dilemmas related to economic and/or care deficits. For the middle-class interviewees, hiring a maid seemed a common solution to ease care needs: “*Now I cannot do the sweeping and all so I hired a maid for sweeping and cleaning*” (*Farha*). For those lacking independent finances adult children paid for support, as did the son of *Madhav*. The availability of cheap, informal and reliable help illustrates class gaps in Indian society, and their privileged status.

## Self-restraint and perceived care burden

Nonetheless, the ability to follow a self-reliant lifestyle had a relational aspect. *Bipin*, who had only daughters, entertained the option of marrying a younger economically needy wife, who could provide him with care in exchange for housing. Envisaging the burden, he would lay on his educated daughters providing him with “*seva*”, care that might become necessary in the future, made him weigh-up accepting “*seva*” from his daughters, thus securing his personal economic assets for his daughters and remarrying.

*Madhav*, who depended primarily on the financial help of his son did not want to become a burden with all his problems and wanted to manage himself as much as he could. Although he thought it was important to inform his son if he became ill and needed a doctor, he wanted to take a rikshaw to the doctor himself: “*I go alone. I take a rikshaw and go to the doctor. I will go there anyhow . . . . I do inform my son*” (*Madhav*).

We found more elderly who restrained from asking for help for activities that they did not consider as absolutely necessary. *Padma*, for example, an elderly single woman with independent pension found it easier to ask for help from her brothers to get to a doctor, or to shop for groceries, or to get paid help with cooking and cleaning, than to ask for help to go outside for exercise. As a result, she gave up outdoor activities. Thus, *self-restraint* was expressed both as restraining from help conceived as a burden on the help provider and as limiting one’s ambitions.

Contentment with the help received was another aspect of self-restraint regarding expectations:

What expectations should I have? . . . Whom should I expect anything from? I am satisfied with whatever I have. My son takes care of all my needs, I am happy and satisfied with that. (*Madhav*)

Thus, self-restraint can be seen both as a precondition to being able to have a self-reliant, autonomous life, despite declining resources, and as a collectivistic concern, to avoid unnecessarily burdening of relatives with care related duties or with the finances that arise when these need to be carried out by paid providers. Rather than seeing the provision of care as a natural expression of “*seva*” by the younger generations, the interviewees reflected over becoming a care or financial burden to their children and tried to resolve this by applying self-technologies of ageing such as self-restraint. Repeated concerns about becoming a burden may reflect shifts in Indian society related to the weakening of filial piety and perceptions of care burden by care providers (Gupta et al., 2009; Hanspal & Chadha, 2006). However, as other parts of our research exploring older adults’ perspectives indicated, the practice of self-restraint is even a strategy for older adults living in families, as the practices of handing over responsibilities to daughter-in-laws

may illustrate (Asztalos Morell et al., 2020). Self-restraint can be even seen as an aspect of *Vanaprastha* and a withdrawal from making demands.

### Balanced and generalized reciprocity

The paucity of support structures from the welfare state, mean informal networks help complement the provision of care for older adults. The readiness to give and take help appears to be a key foundation for *trust* in society, illustrated by the statement “*As we live life, we get the same treatment*” (*Nisha*). At a most elementary level reciprocity is exercised between two parties and is based on the exchange of services over time. If one can expect help in return later in time, in parity with the help one has given, we talk about balanced reciprocity.

Daughters-in-law traditionally play an important role in taking care of the elderly parents of their husbands. Some of the interviews showed how older adults themselves contributed to laying the foundation for a reciprocal helping relation with their daughters-in-law. Care from daughters-in-law is seen as part of reciprocal loving and caring interpersonal family relations: “*I treat my daughters-in-law as daughters only . . . I do anything for them, whatever they like . . . So, they love me a lot*” (*Farha*).

Reciprocity embedded in the texture of society at large, is referred to as *generalized reciprocity* (Amurwon et al., 2017; Sahlins, 1972). This does not presuppose that a person we help will help us later. Generalized reciprocity is depicted as an organizing principle of society which serves as a moral, normative principle of human relations. It enriches the *generalized trust* (Putnam, 2000) in society that becomes a social asset for the elderly.

Compassion for others’ needs, makes one ready to listen to the needs of others and to help others, irrespective of who the person in need is and despite one’s own declining strength:

One should help a person who needs your help. You should have the will to help others . . . . You should have the ability to listen to others first. That may be your children, neighbours, friends or any other relatives. . . . Now because of my old age I can’t do that much but still I try my best. (*Nisha*)

Meanwhile, as the interviewees argued, being helpful makes the acceptance of help from others morally justified and a deed to appreciate:

you should feel satisfied after getting a job done by others. Whoever helps you, you should respect the help you receive from that person. (*Nisha*)

The functioning of generalized trust for the future safety of an older adult was well reflected on by *Nisha*, who accepted and trusted that her relations would make the best arrangements for her if she happened to need more help:

there are many people in my relations, so I will get some help. Whatever they will do for me, I am ready to accept that either at their place or in the old people’s home . . . That will

be dependent on them only and there are many other close people who will also do something for that. (*Nisha*)

The interviewees found themselves in a transitory life stage. As shown above, right now, they did everything to remain active and live in a kind of flow of give and take. Nonetheless, living a caring/loving life embedded in a generalized trust in the caring/loving of those surrounding them ensured them that other people living according to this caring/loving principle would make the best arrangements when they themselves could no longer participate actively in the flow.

### **The limits of ageing independently?**

In contrast to the Western conception of active self-responsible ageing, relying on economic autonomy, in India, most older adults rely on their families and on strong institutions of balanced and generalised reciprocal caring. Caring relations for the urban middle-class older adults who participated in the study emerged along assemblages of transforming traditional institutions, such as filial piety and reciprocity, pertinent informal institutions of paid care and the residual welfare state. Western norms of independence are negotiated against traditional norms rooted in lifestyles no longer available due to increased mobility and transforming society. None-the-less, it appears that ageing alone for the emergent group of middle-class older adults living alone is conditioned by the availability of cheap informal paid help and the institution of balanced and generalised reciprocity.

### **Permanent personhood versus coming to the stage of *Vanaprashta* (hermit)**

The Western preoccupation with what Lamb calls “permanent personhood” implies a denial of the “processes of decline, mortality and human transience”. Through an obsession with anti-ageing formula, the aging personhood is an “ageless self” (Lamb, 2014, pp. 45–46). In contrast, the Indian *Ashramas* accept decline, including death as part of a “natural” process (Surayavanshi, 2016). In the following three aspects of the ageing self are discussed: the individual responsibility for ageing, ageing and changing generational roles and the difference between the productive and compassionate self.

### ***The ageing self and individual responsibility for well-being***

The interviewees noted the importance of taking care of their own well-being, a type of self-discipline. *Padma* reflected upon her daily routines in the following way:



To wake up in the morning at 06:30 ... to make tea for myself. ... even if I feel like sleeping a little extra, I still get up ... after taking tea, I feel better ... For old age people it is needed ... they feel good (*Padma*)

What is striking in this account is the balance between cherishing personal autonomy through arranging daily activities at one's own pace, practicing self-discipline: "*I still get up*", while feeling content about leading one's life adjusted to one's condition, acknowledging the special conditions of "*old age people*". This balance between autonomy, self-discipline and acceptance of the ageing condition was appreciated even in relation to deciding how to follow medical advice, such as recommended physiotherapy: "*I feel good. Actually, ... I don't like to do exercise very vigorously*". *Padma* also enjoyed autonomy in doing things to the best of her ability: "*I cook and other related things. If it is possible, I do some cleaning*" (*Padma*).

While autonomy refers to the ability to decide upon the content of one's activities, self-reliance concerns the ability to manage everyday personal duties. One should keep doing chores one still can manage to carry out: "*I do everything according to my capacity*" (*Farha*). Keeping up with activities gave these older adults self-confidence, despite failing health: "*now my health is like this ... but I can still make chapatis in a very short time*" (*Padma*).

Therefore, these life stories, give expression to the high value attached to self-reliance and autonomy, features that older adults who age according to the traditional Indian norms, i.e., within the families of their children, need to bargain with. This was shown in the results from corresponding interviews of our study (Asztalos Morell et al., 2020). While these features are like the high value attached to self-reliance and personal responsibility in "Western" ageing ideals, these life stories indicate a clear comfort with the conditions of the ageing body and its declining capacities and express scepticism towards too much self-discipline. Thus, they indicate the lack of biomedically oriented self-discipline, as in a "productivist" "Western" approach.

### **Ageing and changing generational roles**

The life stories of older adults living alone indicated adjustments made in their engagement with family and society. These resonate with the normative shifts ascribed to the stage of the hermit. The interviewees explained the turn in their roles as the joint outcome of their changing capabilities and the decline in demands placed on them.

Up to the age of 70, I was thinking that my role is big. I have to do lot of things. But, after 70, I was thinking that now I am not able to do so much work and also expectations from others are also getting less. (*Nisha*)

The interviewees with a working life behind them expressed a feeling of being "cut off" after retirement from work and that their advice was not in demand

(*Padma*). This loss of the role of adviser was seen as the outcome of a generation gap between the ageing person's "old thoughts" and the thoughts and concerns of the younger generation.

The case was similar within families, and the older adult should accept not being able to influence the decisions of the young and be satisfied with being asked, or not being asked at all:

They [children] used to ask but now make their own decisions (laughs). I mean, they still ask, but as for them following that strictly, that doesn't happen. That is the natural thing . . . Our opinion will be . . . old thoughts. . . . They may find it troublesome to follow our suggestions. If they ask us, we should feel satisfaction in that only. We should not feel bad if they don't ask us about anything. (*Nisha*)

As another older adult father put it:

Now what can I do? It is their life, their future. They have to manage their responsibilities. I don't have any role to play. (*Madhav*)

New mobilities contributed to shaping expectations, as in the case of an older adult woman whose two daughters settled in the USA:

Now the grandchildren up to their fifth year need our help. We can care for them as we want to. But, after that, as they become older, they may not like the way we show our love for them or they may not need any of our help. (*Nisha*)

However, feelings could be hurt if mindsets were not attuned to the shifting relations between generations. As *Nisha* said, one needs the right mindset not to feel rejected by children, spouses of children, or grandchildren. Rather than having expectations, one should wait to see how the younger generation would like to be contacted and helped:

if you have the proper mindset then you can bear all the things . . . we should not expect all such things from them so that we don't feel bad or embarrassed. With anyone, for that matter, it may be your grandchildren, daughters, daughters-in-law, son-in-law etc. (*Nisha*)

Letting children come to the older adults allowed a transformation of the relationship between the generations from one of expectations to one of friendship:

if they need any help then they themselves can come to us. . . . there should be no more expectations. . . . When my grandchildren were small, I liked them as you like children but now they are like friends to me. (*Nisha*)

These accounts reveal an acceptance by older persons of the shift of their position, similar to that of the hermit, indicating a step back from the role of head of household, especially concerning the practice of authority over adult children. This acceptance is more in harmony with the *ashrama*, than the "Western" ideal of permanent personhood and corroborates with research

showing that despite “Western” influence, these Vedic wisdoms seem to permeate practices and reflections on ageing (Lamb, 2014; Van Willigen et al., 1995).

### ***The productive versus the compassionate self***

Maintaining high productiveness by maintained cognitive and physical function through life, are central notions of the Western successful and active ageing paradigm (Rowe and Kahn, 1998:39–40). During ethnographic study connected to this research we found evidence for the spread of practices reflecting these ideas in old age homes and NGOs, such as the *Longevity Center in Pune* catering towards the needs of an affluent urban middle-class. Visiting the *Atashri Old Age Home* catering for older adults with children abroad, we witnessed older adults engaging ambitiously in training for a dance performance with a professional choreographer, requiring great physical fitness that seemed far beyond the strength and capacities of many of the elderly engaging with this activity. These and other examples indicated that Western ideals concerning the productive ageing self, striving for self-realisation, are well established in Indian society. However, contrary to these individual centered values, we found strong representations of the traditional ideals of the *Ashrama* among those older adults we met in different old age homes who engaged as managers and volunteers in these organizations. These managers and volunteers told us that, after a long life in service, coming to retirement, they decided to dedicate their life to help others on a voluntary basis. They described a life-changing experience after retirement.

Notions of compassion were also paramount in our interviews with elderly living alone, which brought forward *Vedic* aspects of the ageing self. Disengagement with the roles of the *Grahastha* (householder) in the intermediate state of the *Vanaprashtha* (hermit) is not the same as withdrawal from all worldly engagement and striving for a union with God, characterising the final state of *Sannyasa*. Thus, the stage of *Vanaprashtha* (hermit) is a state of disengagement with the role of the householder as well as reengagement with new roles.

Many of the interviewees showed great personal dedication to helping others even after declining capacities, as the example of a 74-year-old woman (*Nisha*) illustrates. She used to spend time with a friend who was engaged in social work. While spending time with the friend the old lady helped this friend with her social work activities. The boundaries between care for others and leisure are thus permeable:

I am much more interested in sewing, knitting and embroidery work. One of my retired neighbours is also interested in that. So, we do that kind of work together. She is used to

doing social work. For those people she stitches something so I help her with that or I also participate in that social work . . . for my friend. (*Nisha*)

The interviewees continued being helpers themselves. They contributed in diverse ways to assist those in need:

One of my retired friends . . . used to go to a blind school as a reader for girls. She did everything for them and those two girls have taken a PhD. (*Nisha*)

This dedication can even become larger than a dedication to one's own family and might even clash with demands on a person from one's own family:

She didn't even go for her own daughter's deliveries because of those blind sisters. She was saying: "Their deliveries would take place anyhow, but these sisters' PhDs are important now!" So, that much dedication she had. (*Nisha*)

Thus, abstention from former social roles and authority does not mean an overall retreat from society. There was a strong sense of compassion for other people in most of the interviews. This found expression in a generalized personal engagement with encountered people: ". . . *everyone is close to me, there is no such single person . . . . Anyone who has a relation to me, that person is close to me*" (*Nisha*). Some found a life of love and compassion for other people to be to God's liking:

People should live with love, speak with love and spread love. What else do you have to do in life? We may earn lot of money but everything is going to be left here. If I talk to you with love and respect, only then will you speak to me with love. We need to spend our lives doing good deeds. God is watching us. God only supports those people who do good. (*Madhav*)

Helping others is an act of compassion that people, including the elderly, learn to exercise in their everyday relations. Being helpful and compassionate with others was seen as not merely caring for others, but as a necessary skill for self-maintenance:

Here also one of the neighbour's grandsons. He comes to my house to play. Most of his toys are kept here. Every day he comes and plays here. I really feel that he is my own grandson only . . . . [it is] my need. . . . I learnt that art. I did that for myself, not for others. (*Nisha*)

Thus, a life lived with compassion is both pleasing to God and self-fulfilling. Thus, the older adults living alone engaged to a large extent with activities that corresponded to expectations placed on those in the stage of the hermit, resigning from personal benefits and engaging for others. These were in contrast to some of the more individual gratification oriented Western ideals of active ageing.

## Discussion

This study explored whether “none-traditional” ways of ageing of middle-class older adults living alone are connected to normative changes in how ageing well is perceived and whether accounts of middle-class urban older adults in India can be understood as an adaptation to Western norms of ageing. The analyses took departure from the features of the successful/active ageing paradigm that has been associated with ageing in Western societies (Lamb, 2013). In contrast to this Western activist paradigm, research has emphasized the collectivistic features of Indian culture (Hofstede, 2001; Triandis, 2004), others have emphasized the propensity of Indian society to embrace ageing as a process of disengagement (Lamb, 2014). However, traditional norms are challenged. Enhanced by increased mobilities, ageing alone is a lifestyle growing in importance, while there is a growing acceptance for active ageing as a desirable model of ageing by civil society, and government policies and Western values are established. As Lamb (2020) argued, the care regime of India could best be understood as composed of assemblages of traditional and Western elements. Although, ageing alone seems to be partly associated with the increased mobilities of the younger generation, it was important to explore the agencies and understandings of the older adults living alone.

### *Permanent personhood versus acceptance of decline*

The most important difference between Western type ideologies of permanent personhood and the life-experiences of older adults in this study could be found in the clear acceptance of the ideas about the periodicity of life expressed in the *Ashramas*. Older persons in our sample are in a transitory state of life. They have left behind the state of the *Grahastha* (householder), a life of activity involving employment and raising a family. Even if they have health problems to varying degrees, they have preserved the ability to live life on their own. Yet they are on the way to a status where they can no longer maintain a life without more or less extensive support. At this stage of life older persons left behind their roles from an active life of the householder, such as those related to professional life or being the head of a family. Withdrawing from expectations of being in charge of or being the expert on others' lives is a form of self-restraint, as *Farha* so eloquently expressed it.

The notion of self-restraint and withdrawal is present in the transition from *Grahastha* (householder) to *Vanaprastha* (hermit), according to the Indian system of *Ashrama* (Ranade 1982; Van Willigen et al., 1995). Thus, it could be seen as a master example of disengagement from social roles in older age. However, older persons interviewed describe retirement from the role of householder as growing into another role. Rather than becoming idle, they turn instead to charitable actions, or roles as grandparents. They indulge in

social contacts that give meaning to their lives. Instead of passivity, the interviewees wish for a life of self-reliance and mutual helping relations filled with compassion. Thus, the norms and vital life goals expressed by older adults living alone concerning ageing in the hermit phase are anything but a total withdrawal from social life. This corroborates what Van Willigen et al. (1995) found, that older adults in India, just as in the USA, entertain extensive social networks. Meanwhile, older adults create these new spheres and forms of agencies taking account of and adjusting to decline in their capacities.

### ***Individualism vs collectivism***

This study shows on the one hand that the idea of striving for personal autonomy and pursuit of personal interests have been a strong motivation for older adults in the study to pursue living alone, rather than moving in with adult children. Being able to pursue an independent life depended to large degree on the social status of these elderly, since most of them had independent pensions. Those without needed the economic support of their children. From this perspective, older adults with liveable pensions had similar economic preconditions to living alone to older adults in Western welfare societies. In contrast to Western societies, the availability of cheap, informal paid assistance, in the form of maids, has been the key source for replacing the care deficit created by living alone.

The access to such informal care solutions varies in Western welfare societies. Care provision varies along the dimensions of informal systems dominated by paid migrant care (Italy) and regulated formal care (Sweden; Pfau-Effinger & Rostgaard, 2011) and where the state, resolute yet in varying degrees, provides a basic level of universal old-age pension and some care contribution to elderly care, reaching in cases like Sweden to what Trädgårdh (2013) calls “state individualism”. State individualism implies the state becomes the main guarantor for the wellbeing of older adults, financed by high taxes.

However, interviewee accounts indicate, that they use paid services, as well as occasional help from kin, with associated anxieties related to fears of burdening others.

There is thus a similarity to the Western concerns of the elderly wanting to avoid becoming a potential care burden to adult children, which is a key motivation for wanting to live independently and to be self-reliant (Lamb, 2014). What seems to characterise the interviewed older persons’ life stories was the prevalence of diverse practices of self-restraint, including letting be health promoting exercise to circumvent becoming an economic or care burden, to respond to the fear of becoming a burden. Self-restraint is also associated with the status of the hermit, where the ageing person is not to make demands on the younger, rather, they lay their trust in the younger generation,

to give them the care they see, fit (Asztalos Morell et al., 2020). Thus, self-restraint is a norm prevalent even in traditional conceptions of ageing. However, while the Indian older adults living alone share the desires of Western ones to be independent, autonomous and self-reliant, they resort to traditional strategies of self-restraint, to counteract anxieties about becoming a “burden” to their adult children. As Gupta et al. (2009) highlighted, notions of the lack of perceived care burden in the traditional intergenerational elderly care regime need to be revisited. While, care for elderly parents is assigned to sons, the actual care is provided by their wives. From the point of the older person, life in intergenerational families, assumes adjusting to new roles implying self-restraint (Asztalos Morell et al., 2020).

A further important resource that helped the older adults to manage an independent life has been their trust in and engagement with reciprocal relations. Reciprocity, beyond being a key organising principle contributing to social cohesion and development, has also been praised as an institution of care (Amurwon et al., 2017). Its importance is prevalent in the interviewees’ elaborate accounts of practices and values that can be associated to both balanced and generalised forms of reciprocity taking divine dimensions, as life according to God. Coming to age and the hermit state opens for engagement with the spiritual aspects of life, where engaging in compassionate acts of care and charity is accounted for as a contribution to the flow of mutual love and caring, a source that, in case of need one can entrust one’s faith to. These spiritual, divine aspects of trust in reciprocal flows of care, stand in contrast with the Western, more secular perceptions of ageing. In this case, trust is primarily in formal institutions of pension and state provision combined with the securities drawn from a pension and services it gives access to. Social networks play an important role even in the Western context (Van Willigen et al., 1995) yet in more secular ways and as resources for personal gratification. Though, in the discussion of the findings, not all eight interviewees are cited by specific comments the others were in agreement or responded similarly to raised questions.

## Conclusions

We are able to make conclusions regarding our research question about how much we can see that the rise in the importance of middle-class urban older adults living alone constitutes a shift towards Westernised values of aging. Our abductive phenomenographic analysis indicated that the understandings of older adults in the study show great reflexivity concerning key aspects of their lives. Their life conditions deviate from dominant traditional norms of filial piety and a care regime based on strong intergenerational interdependence. Nonetheless, their responses and reflections mirror assemblages of values

deeply rooted in Hindu Vedic philosophy of the Ashramas and Western perceptions of independence, autonomy and self-reliance.

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