

Societal Challenges Of Aging And Family Cohesion In Semi-Urban India: A Case Study Of Sarnath, Varanasi.

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Abstract

This paper aims to investigate the social obstacles that elders face in Sarnath, a semi-urban city in Varanasi district of India. It particularly focuses on two aspects of family cohesiveness in relation to socio-economic problems of elders. With the transition towards nuclear families as India modernizes, elders in India are increasingly experiencing greater issues of economic dependency, health issues, and social isolation. By utilizing a combination of qualitative and quantitative data collection and analysis via interviews and computation and statistical analysis of the sample group aged 60 and over, the paper explores the interactions between individual opportunities for vulnerability and family support systems. The key findings are as follows; first, 66.67% of respondents were pensioners. Secondly, that 73.33% of respondents reported chronic health issues, and thirdly, it was found that 73.33% of respondents lived in joint families. Joint families provide emotional and economic support to elders, but were limited due to more modern socio-economic problems and changes. The paper appropriately makes recommendations on policy implications at governmental, social and familial levels. Recognizing that the well-being of elders can only be improved with more inclusive government policies and practices and maintenance of cultural heritage, faith and beliefs to support and sustain family cohesiveness in an additional globalizing society.

Keywords: *Aging, Family Cohesion, Elderly Care, Semi-Urban India, Social Policy, Gerontology.*

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I. Introduction

India's demographic profile is radically changing, especially with predictions that its old-age population will reach 194 million by 2031. Population ageing that arises from the combination of declining mortality rates with increasing longevity signifies significant sociological challenges especially as they are positioned between the traditional and modern worlds in a semi-urban context like that of Sarnath in Varanasi. Earlier, when migrations for employment opportunities to urban centers in India were far fewer, the elderly population was absorbed through a formal system of intergenerational cohabitation and informal social compact in the joint family system. The older generations occupied authority in the family system and transfers of resources and knowledge were recognized at every level, but now the rapid urbanization of affordable housing options, constraints placed on the Indian economy, moving away from socially acceptable modes of cohabitation and new types of attachment or associations of nuclear families, familial mediation of old-age issues resulted in many older adults remained experiencing chronic economic dependency, social isolation and deepening health challenges. This article aims to provide an overview of what challenges are being faced by the elderly in Sarnath community from a sociological perspective; including family cohesion, socio-economic vulnerabilities, health challenges, and social engagement issues associated with older adults. Mixed methods employed in the study, using quantitative demographic data contrasting qualitative family dynamics will provide a well-rounded perspective. This paper has a number of goals including considering the socio-economic background of older adults in this community, identifying health-related challenges for the elderly, ascertaining the level of economic dependency, family cohesion, and existing knowledge of government managed funded schemes available to the elderly. The

findings will ultimately further our understanding of aging in a changing society and provide actionable recommendations to policymakers, communities, and families.

Aging Population in India

With increased advances in medical science and public health, life expectancy in India increased drastically from 49.7 years in 1973 to over 60 years projected in 2025. The elderly population (60+ years) grew from 19 million in 1901 to about 79 million in 2001 and is projected to be 196 million in 2030. A remarkably sharp decline in mortality rate from 44.4 per thousand (1901-1911), to approximately 9.7 per thousand (1991-1994) and the demographic transition from young to ageing population has created a different situation. Additionally, it is estimated that by 2025, 70% of the global elderly will be living in developing countries like India.

Defining Old Age

Old age is a multifaceted concept that encompasses physical, social and psychological dimensions. On the physical front, old age is a time of biological change, including reduced mobility, visual impairment, chronic conditions, etc. On the social dimension, it is conventional to identify it with statutory measures, such as the notion of retirement age (between the ages of 55 to 62 years in India) marks old age. The United Nations and Indian Parents and Senior Citizens Maintenance Welfare Bill (2007) recognizes individuals aged 60 years as elderly, indicating declining organ elasticity and increasing vulnerability. But how we understand our old age can vary immensely depending on particular traditions and cultural values, making it a belligerently complex concept to determine.

Socio-Cultural Shifts

In Indian society, the elder is placed on a pedestal and is viewed as a purveyor of knowledge and wisdom and has been, within the context of joint families. The facet of family concurrency offers emotional, physical and fiscal support and is encouraged by the structure of the family environment representing multiple generations considered to be the traditional structure of family living. One or two generations in a model of family can be acceptable, but the current pace of development, urbanization, and desire to live a modern lifestyle has increased the trajectory of a shift towards nuclear families; this is now the norm in India. Counters to this trend say considering how to dispose of the elderly to different locations, relevant in some segments to nuclear families, situated in either an urban or semi-urban context dictates many dimensions of contemporary history. The values and beliefs thus have placed the elderly further out of the inner circle, and importantly diminished the authority of the older person or older adult due to generations making them now reliant on their family and subsequently their children; prior, to family interactions, the elderly was influencing authority and responsibility, now the younger generation are "can I get my cell phone" person in backstage, finding their goals prior to family responsibilities.

II. Literature Review

Aging in India is a multifaceted subject which touches upon multiple disciplines including sociology, gerontology, political science, economics, and cultural anthropology. Given the rapid pace of modernization throughout India, it becomes particularly important to understand how the older adult learning process will affect traditional family tendencies. This critical literature review will examine the theoretical foundations, empirical investigations emanating from India, social and cultural considerations as well as policy concerns. We will show what we do know (theories and empirical studies) and what we still do not understand (for further research).

Theoretical Perspectives of Aging

Classical theories of aging have attempted to explain how individuals manage the transition and development of later life. Disengagement Theory (Cumming & Henry, 1961) argues that aging is an inevitable movement to disengagement from social roles and relations, which is beneficial to both society and the individual as we are ultimately preparing everyone for the time of loss of the elder. Activity theory (Robert J. Havighurst, 1961) suggests that people derive life satisfaction in old age when they remain socially active and engaged. Continuity Theory (RC Atchley, 1989) offers both perspectives as it argues that people age by holding on to behaviors, identity, and relationships that have been lifelong practices.

Ageing and Family Forms in India

Historically the family has been the primary source of social security for older people in India. In joint family systems, older persons tended to live with their children, had decision-making authority within the family, and were engaged with children or grandchildren and in religious activities. As has been observed by Shah (1998) and Dandekar (1996), this situation fulfilled both emotional and economic needs for all family members.

However, this arrangement has been under increasing stress. Urbanization, migration, increased individuality, and the commodification of labor have weakened the joint family system. Mehta (2005) observes that nuclear families are more common today, even in small towns and semi-urban areas. This shift often leaves older family members either physically distanced or under emotional distance within their histories.

Chakraborty and Sarkar (2014) indicate that many generational factors must be considered when discussing how families communicate and interact with each other. Younger family members in particular will often communicate with each other, but they have made a significant shift in their views on the role of caregiving. Caregiving is not only an exchange of duty but duty that can be negotiated. This leads to what Lamb (2000) describes as a "cultural contradiction" where there is articulable respect for elders, but the respect does not necessarily translate into a lived experience. While Sarnath, with 73.33% of households reporting as joint families, does provide some evidence for the theory of continuity in future generations, the increase in blended and nuclear families (26.66%) are also affected by the shared national context. Therefore, I conclude that family cohesion in semi-urban India appears to exist along a continuum rather than simply divided.

Ultimately, factors such as gender and caste are important when apprehending why aging occurs in India. Desai, S. and Andrist, L. (2010) claim elderly women, especially widowed women, face numerous obstacles: including lower rates of literacy; poorer nutrition; financial dependency and property ownership, but furthermore are restricted in their decision-making by customs found at earlier ages.

Caste significantly influences life lived. Scheduled Castes (SC) or Other Backward Classes (OBC) typically have fewer resources, less access to pensions, and also less access to health care (Bose, 2006). For instance, in our study out of respondents, almost 46.67% were backward castes with many of the respondents stating that economic including health conditions were very challenging for them. The relationship between caste and aging is instructional; as Dube (1997) and Caldwell (1982) indicate - social inequity in life is being carried over into aging. The degree to which structural disadvantage, reflected in lack of pension access, health care affordability and treatment of older persons, is replaced by indignity in later in life when material inequities result in SCs and OBCs have limited access pensions, have unstable healthcare, and as per research (per Irudaya Rajan et al. (1999) and Mohanty & Mishra (2021): SC, OBC older persons are more likely to be subjected to elder abuse and neglect as well as being excluded from formal social interim social safety nets.

Social Isolation and the Digital Divide

Social isolation amongst the elderly is becoming a greater concern as families become smaller and children move away from their families. Traditionally, Indian culture brought elderly citizens into the fold of religious, family, and community life, but modernization has eroded those bonds.

Chatterjee (2014) stated senior adults that had no social interaction every day reported considerably more psychological distress than those who had social interaction every day (in addition to report depression and anxiety). HelpAge India (2020) examined elderly citizens across Indian cities and found that more than 23% of elderly citizens they studied reported feeling "lonely" for most of the time.

The digital divide could be exacerbating this isolation - especially for seniors in semi-urban and rural regions. Joshi (2021) found that the percentage of Indian seniors that were digitally literate and comfortable using mobile phones was extremely limited - let alone those that accessed online services or used digital means to interact with family members. This scenario you have described in your research captures a similar narrative as only 50% of respondents used mobile phones, and that 53.33% of respondents did not read newspapers, representing a more general exclusion from not only technology too, but civic engagement.

Government Activity and Policy Environment

The Maintenance and Welfare of Parents and Senior Citizens Act, 2007 was a considerable legislative attempt to strengthen elder welfare in India, and it required children and heirs to rightfully care for their older family members, and permitted seniors to apply to the courts to seek maintenance. However, findings show that people are not more aware of this law, and enforcement is weak.

Reports published by the Ministry of Social Justice and Empowerment, 2021, suggest that even though pension and health schemes exist—such as the Indira Gandhi National Old Age Pension Scheme (IGNOAPS)—coverage across rural and urban areas is inconsistent at best, and encumbered by bureaucracy. Findings from our study, also support this finding, which determined that only 6.67% of respondents were actually receiving government benefits, and 43.33% were aware that government schemes existed.

Scholars like Bose (2006), Sharma and Gupta (2023) and Mohanty & Mishra (2021) argue that unless there is decentralization of responsibility to initiators and promotion through campaigns in communities, such policies will likely remain just something on paper.

This study explores a semi-urban area within India, utilizing statistical and both qualitative and quantitative approaches to fill a substantial gap in Indian sociological literature. This study responds to the call

made by Cohen & Sriram (2013) and Bhattacharya (2004) for much more contextualized and culturally sensitive studies focused on aging in India.

This review is in preparation for the empirical study that follows and emphasizes the ability to incorporate sociological insights into policy design and planning. This is necessary, to ensure that India's older people do not remain invisible during India's development phase.

Gaps in Literature

In terms of aging, much global research has been published, with little direct literature surrounding aging and family cohesion in semi-urban India. Most, if not all research prior to 2020, either focused on urban, or rural elderly populations, thereby missing a distinctive semi-urban context. More recent literature (Sharma & Gupta, 2023; Patel & Kumar, 2021), while it may address wider trends of aging, does not adequately consider the regional context. Very little focus has been given to the extent to which caste, gender, religion, and the digital divide has influenced elderly experience. In sum, the study will consider the gaps in literature by providing a localized perspective on aging in Sarnath.

Despite a wealth of literature relating to aging in urban and rural studies, semi-urban settings, like our study site Sarnath, are somewhat neglected in both Indian and larger global research. And as noted by Uberoi & Patel (2012), semi-urban contexts are noted as mixing traditional rural customs with urbanism economic strain. Therefore, semi-urban contexts provide unique challenges and opportunities for eldercare and family relationships.

There are limited studies that consider the interplay of caste, religion, gender, and conflict among generations in transitional contexts. There are also regional factors, too, such as the proximity to historically and religiously significant sites such as Sarnath, which might modify aging experiences as much as cultural continuities, pilgrimages or even family responsibilities.

III. Research Methodology

Research Design

This study utilizes a descriptive mixed method approach. This combines quantitative data for statistical significance with qualitative interviews for more nuanced experiences. The combination of quantitative and qualitative approaches allows us to examine the more intricate nature of the challenges experienced by older persons and the family dynamics in a semi-urban context.

Study Area

Sarnath in Varanasi, Uttar Pradesh is a very culturally rich semi-urban locality with both traditional and modern aspects of cultural diversity. Our study site for data collection was Ward No. 19 due to the mix of castes, religions, and family patterns. This site represents the true social and economic orientation of Varanasi.

Sampling

Using a purposive sampling technique, we selected 30> respondents aged 60 years and older with a good mix of gender (56.67% female respondents), castes (46.67% backward castes), and marital status (70% married). The number of respondents is relatively small due to the constraints on resources nevertheless, the data collected provides insight into the lived experiences of elderly persons.

Data Collection

Upon arrival at the field site, we collected primary data through structured interviews, using a 29-question schedule focused on social and economic status, health issues, family patterns, and social engagement activities. The structured interview was in Hindi, with recordings and translations of the responses. We took notes, observations of living environments through visits, and company of respondents to see and understand their experience. Our data was also informed with secondary data, demographic reports, policies by governments, and literature available.

Data Analysis

The quantitative data were analyzed for percentages to identify trends pertaining to age, caste, health and family cohesion. The qualitative answers were organized into themes such as social isolation and economic dependency. Where appropriate we used statistical methods such as frequency distributions to clarify our findings.

Ethical Considerations

All participants provided informed consent, were ensured that their data would maintain confidentiality, anonymity and any distressing topics were approached with care. The respondents were free to withdraw from the study at any time without consequence.

IV. Findings And Analysis

Socio-Economic Profile

The characteristics of respondents show major vulnerabilities. 40% of respondents are between the ages of 60-65 and are still active, but 20% are over 75 years old and struggle with advanced aging challenges. 46.67% of respondents belong to backward castes, indicating historical systemic disadvantage. Also, respondents are predominantly women (56.67% versus 43.33%) revealing a gender based nondiscrimination issue, along with 16.67% of respondents being widows. There are predominantly Hindus (93.33%) with Muslims (6.67%) being the minority and likely at a disadvantage. Most respondents are married (70%) and can receive physical and cognitive support from their spouse. Joint families are still prevalent, as most respondents live as a joint family (73.33%). All families are experiencing modern day pressures.

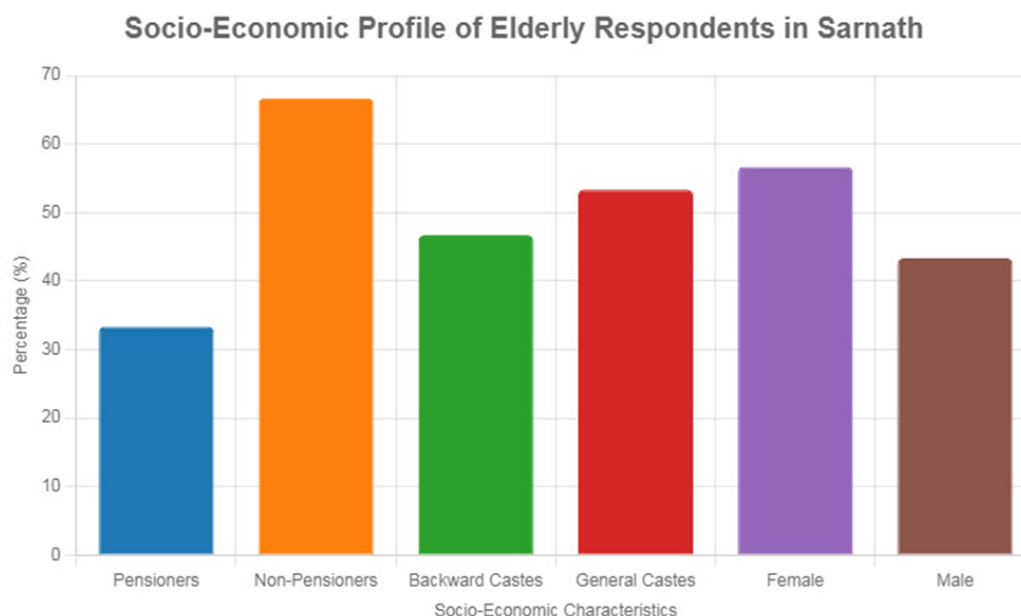


Figure-1: Socio-Economic profile of Elderly respondents in Sarnath, Varanasi.

Health Issues

Health issues account for life quality and are important to the elderly population. Health issues affect 73.33% of respondents. Blood pressure problems (26.67%), cataracts (13.33%) etc., are very prevalent. Vision impairment broadly affects our elderly population as a result of 73.33% of individuals who wear glasses. Assessment for glasses is critical where affordable eye care is unavailable. 56.67% of respondents pay their own health expenses annually. 30% of respondents have children who cover their health expenses, which suggests direct reliance for an elderly population. Lastly, 26.67% of respondents indicated that they have no health issues; however, underdiagnosed elderly persons may live in lieu of access.

Economic Condition

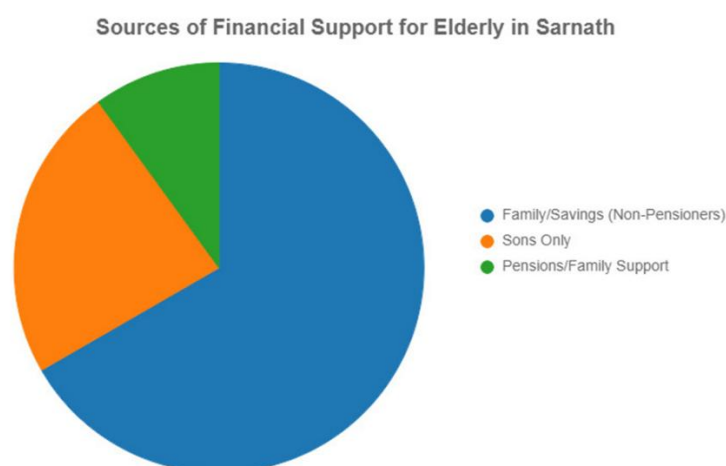


Figure-2: Income Source of Elder in family.

The economic situation of respondents is quite a hurdle, with 66.67% of the respondents not getting any pensions relying on family or their own savings. Almost half (46.67%) are in economically hard situations - increasing costs coupled with little or no income are the driving force. Moreover, traditional gender roles are extremely strong, with 43.33% relying on their sons for help. Conversely, those who had pension or family support (30%) had less economic issues, reflecting the importance of social security.

Family Cohesion

Family cohesion is solid; the respondents were generally satisfied with their family life, with an impressive 86.67% are happy with their family life. Joint families (73.33%) provide both emotional and financial support; there are a possible inter-generational conflict within the siblings living in joint families, those organizations that are now nuclear, (13.33%). The majority of respondents (90 %) indicate a certain dependency on families, with respect to spouses (46.67%) and dependents, in particular to their children (46.67%). The larger proportion of respondents (83.33%) would have no problems discussing their problems with their family; hence families play a crucial role as a support system.

Social Engagement

Social isolation is a serious concern, with only 53.33% reading newspapers due to challenges with literacy or sight issues. Mobile phone use is moderate at 50%, and 40% of those who do not use them either cite not having "enough money" for them, or lack of knowledge of how to use them. Over 43% of people report not receiving visits from friends, which indicates some loneliness, but 40% who do receive regular visits also tend to be more socially connected to a network of likeminded individuals. Most people (73.33%) feel they are socially considered to be normal, 26.67% feel they have good social standing and likely benefit from supports like employment or family handouts.

Awareness of Government Schemes

95% of respondents reported a lack of awareness of any Government schemes that could help them in their engagement process. Half of the respondents were unaware of any government schemes, and only 6.67% actually benefitted from Government Schemes, let alone Government support. Again, this may suggest greater outreach, and government scheme should address red tape bureaucracies and apply more streamlined processes to engage more people and facilitate connections. The upside is community networks are helping the 43.33% of people who are aware of schemes, which indicates grassroots campaigns may help to as a way forward.

V. Discussion

Socio-Economic Vulnerabilities

A problematic 66.67% do not have a pension, which highlights the challenge of economic dependency, and correlates with what Muttaji (1997) identified as insufficient social security. Backward castes and women, particularly widows, are undergoing systemic marginalization as suggested by Chowdhary (1992). Although living in joint families provides a buffer to economic uncertainties, families are increasingly strained by modernity, which parallels Sati's (1994) observations. To address these situations of vulnerability, it is important to enhance pensions and implement policies that are sensitive to caste and gender.

Health Challenges

The high level of chronic conditions (73.33%) and vision impairment mirrors trends globally, (Stuart-Hamilton, 2006). Many are paying out of pocket for health expenses, and are relying on children, which adds a greater level of economic stress, particularly for those without pensions. The underdiagnosis of health issues highlights the lack of access to healthcare, especially to women. Mobile clinics and subsidized care opportunities are more urgent solutions to the challenges outlined.

Family Cohesion

A remarkable 86.67% of family units reported experiencing a level of satisfaction associated with strong emotional bonds especially for those identified as joint families. Conversely, there was a high dependency rate of 90% and a level of dissatisfaction of 6.67% indicating weaknesses with family cohesion especially with younger generations occupying nuclear family units or couch surfing. Creating opportunities for intergenerational dialogue could help address gaps in family weaknesses.

Social Engagement

Barriers to social engagement like literacy, vision and cost provide a huge risk of social isolation (Takahashi, 2020). Accessible and affordable technological devices and establishing clubs for seniors may help enhance connectivity and improve mental health.

Government Programs

People's lack of knowledge and access to government programs typically indicates a systemic inefficiency. Bottom up campaigns followed by streamlining the process to ensure that elderly persons receive their benefit is the next step.

VI. Recommendations

Government Level

- 1. Increase Pension Amounts:** Increase pension amounts (currently at ₹1000), keep in mind inflation, and extend pension to workers in the non-formal sector.
- 2. Fund Research:** Fund sociological research that focuses on policy development according to site.
- 3. Promote Health:** Introduce mobile clinics, subsidize health care (preferably for chronic disease and eyes).
- 4. Improve Infrastructure:** Accessible and affordable transport, and outdoor public spaces for seniors.
- 5. Improve Implementation:** Awareness campaigns and ease of application for schemes.

Societal Level

- 1. Establish Community Committees:** Make village committees of older people to take up the work on the issue of neglect including pensions access.
- 2. Awareness Campaign:** Educating communities on the contributions of older people will return some respect to the culture.
- 3. Provide Social Space:** Provide a seniors' club to help with socializing and loneliness.
- 4. Youth Engagement:** Joint efforts to address the lack of shared values among youth and elders are needed.

Familial Level

- 1. Involvement of Senior:** Involving an elder member of the family in all household family decisions that may include household involvement.
- 2. Accessible food:** Protein and nutritional support should be easily accessible and available.
- 3. Affectionate contact:** Contact between family members in the home on a regular basis can build more affectionate bonds.
- 4. Involvement of caregivers:** Using an elder family member for small household jobs may provide some relative comfort in isolation and reduce feelings of loneliness and sadness.

VII. Conclusion

The demographic and socio-cultural changes shaping India have reached the tipping point. The rising life expectancy paired with declining fertility rate alters the shape of the demographic pyramid with greater impact on families, communities, and the state accountability to age citizens. The study conducted in Sarnath, Varanasi in semi-urban areas provided some insight into the lived experience of aging in a world shaped by traditional forces merged with emerging social forces.

From the participants surveyed, the evidence indicated that while there are some aspects of traditional joint family systems maximized, the pillars of continuity are not sustainable in the past forms. While 86.67% reported satisfaction in family life, there is a disconcerting 66.67% no- pension percentage, and in excess of 73% reporting chronic illness. The disparity between elder living scenarios in contrast to family body ideals is significant and seemingly increasing. Elders are caught between fading cultural practices of respect for and care for, and the limitations of available institutional social safety nets.

The resilience of older people we seen in study - particularly women, widows, and older people from marginalized caste, reflects family support systems of India, which are both strength and a weakness. Due to lack of resources, and systemic neglect, for most of them, nevertheless, they derive some meaning, a purpose in family life as well as religious practices and social warranties. While we do see heavy emotional dependency and financial dependency, but it still reflects the 90% of the population acknowledges that they are reliant on others for multiple forms of support, and about half of us were into an express economic vulnerability. Therefore, we need a structured and policy based solution which is inclusive of older people.

The contrast between different experiences of the digital divide in semi-urban and rural India, creates circumstances for older people to be cut off from substantive resources, information, welfare schemes and even contact with family members who live far away. In our findings, 50% of people reported to have mobile phones sufficient enough to allow them to keep in touch with others and 53.33% reported they never read newspapers. The divide is not simply a discrepancy in access to technology; it illustrates the much broader and bigger gaps in terms of forms of civic participation as well. A representative proportion of people (43.33%) reported that they were aware of government programs, yet, only a small (6.67%) reported they were able to engage with these as the benefits listed were not commensurate with their experiences and outcomes, which illustrated big issues with implementation, awareness and access.

This sociological research suggests that while the statistics of aging are concerning, it is more than just numbers; it is about dignity, inclusion and fairness across generations of different people and communities. The policy implications are clear.

We must:

- Transform welfare programs by reducing red tape, increasing awareness, and providing quality service through timely pension payments.
- Provide community services, such as seniors' clubs and intergenerational programs, to create connections and ultimately reduce isolation.
- Develop and facilitate health care services (mainly mobile-enabled subsidized services) to follow through on chronic conditions that often remain undiagnosed or untreated.
- Cultivate a cultural shift away from respecting our elders simply as artifacts from our past and toward seeing them as repositories of wisdom and experience.

Respecting elders in the family must go beyond basic politeness; it needs to exist in all aspects of daily care, include the elder in choices of all decisions, and reconsider their role arrangement in the home. Elders are contributing values and are not simply dependent members of families and communities.

References

- [1] Sharma, A., & Gupta, P. (2023). Elderly Care And Family Systems In India: Emerging Challenges In Semi-Urban Areas. *Indian Journal Of Social Research*, 64(1), 22–38.
- [2] Joshi, S. (2021). Bridging The Digital Divide For India's Elderly: Challenges And Policy Directions. *Indian Journal Of Gerontology*, 35(2), 87–102.
- [3] Mohanty, S. K., & Mishra, U. S. (2021). Social Security And Aging In India: New Dimensions Of Vulnerability. *Journal Of Population Ageing*, 14(3), 213–229. <https://doi.org/10.1007/S12062-020-09291-1>
- [4] Patel, D., & Kumar, R. (2021). Elder Care In Urbanizing India: Challenges And Prospects. *Journal Of Gerontological Social Work*, 64(6), 591–608.
- [5] Helpage India. (2020). *State Of Elderly In India Report*. New Delhi: Helpage India.
- [6] Chakraborty, R., & Sarkar, M. (2014). Intergenerational Dynamics And Elderly Care: Evidence From Semi-Urban India. *Social Change*, 44(1), 51–67.
- [7] Chatterjee, S. (2014). Loneliness And Psychological Well-Being Among Indian Elderly. *Indian Journal Of Psychology*, 29(3), 207–219.
- [8] Cohen, L., & Sriram, M. S. (2013). Aging And The Indian Imagination: Narratives Of Care In An Era Of Social Change. *Journal Of South Asian Studies*, 36(2), 280–297.
- [9] Uberoi, P., & Patel, T. (2012). Revisiting The Family In India: Belonging And Rationality. *Contributions To Indian Sociology*, 46(1–2), 61–87.
- [10] Desai, S., & Andrist, L. (2010). Gender Scripts And Age At Marriage In India. *Demography*, 47(3), 667–687. <https://doi.org/10.1353/Dem.0.0118>
- [11] Bose, A. B. (2006). Social Security For The Old: Myth And Reality. *Economic And Political Weekly*, 41(5), 463–469.
- [12] Stuart-Hamilton, I. (2006). *The Psychology Of Ageing: An Introduction* (4th Ed.). London: Jessica Kingsley Publishers.
- [13] Mehta, K. K. (2005). Elderly Caregiving In India: Changing Cultural Values And Care Dynamics. *Ageing International*, 30(3), 63–78.
- [14] Bhattacharya, A. (2004). Ageing In India: Challenges And Policy Responses. *Journal Of Aging & Social Policy*, 16(2), 45–56.
- [15] Lamb, S. (2000). *White Saris And Sweet Mangoes: Aging, Gender, And Body In North India*. University Of California Press.
- [16] Irudaya Rajan, S., Mishra, U. S., & Sharma, P. S. (1999). *India's Elderly: Burden Or Challenge?* Sage Publications.
- [17] Shah, A. M. (1998). *The Family In India: Critical Essays*. New Delhi: Orient Blackswan.
- [18] Dube, L. (1997). *Women And Kinship: Comparative Perspectives On Gender In South And South-East Asia*. Tokyo: United Nations University Press.
- [19] Muttaji, A. (1997). Pensions And The Informal Sector: A Policy Perspective. *Journal Of Social And Economic Policy*, 4(1), 87–98.
- [20] Sati, V. (1994). Family Support And Intergenerational Relationships Among The Elderly In India. *Indian Journal Of Population Studies*, 20(1), 33–45.
- [21] Chowdhary, D. P. (1992). *Aging And The Aged: A Sociological Perspective*. New Delhi: Inter-India Publications.
- [22] Atchley, R. C. (1989). A Continuity Theory Of Normal Aging. *The Gerontologist*, 29(2), 183–190.
- [23] Caldwell, J. C. (1982). *Theory Of Fertility Decline*. New York: Academic Press.
- [24] Cumming, E., & Henry, W. E. (1961). *Growing Old: The Process Of Disengagement*. New York: Basic Books.
- [25] Havighurst, R. J. (1961). Successful Aging. *The Gerontologist*, 1(1), 8–13.