

Chapter 2

Beyond the Barriers of Aging—Coping, Caring, and Contributions of Older Women



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Abstract The article titled “Beyond the Barriers of Aging—Coping, Caring and Contributions of Older Women” will begin with discussion on need for addressing issues of aging population, their well-being, negative stereotypes and images of older people, specifically older women. It will move on to talk about how contrary to these beliefs many older women not only lead active lives but also make important contributions that remain unrecognized. It will further discuss the variants linked with positive and successful aging using research-based evidence and theoretical perspectives drawing from important theories of aging. The article will throw light on contributions made by older women at family, community, and societal levels. It will include qualitative analysis based on individual interviews of nine actively aging women using verbatim and narrative responses. The article will conclude with a discussion of learning based on life experiences of older women who exemplify active and satisfactory aging.

Keywords Older women · Aging · Successful aging · Positive aging

Introduction

Longevity and health have been the most widely conveyed wishes and benediction showered people across cultures and times. With the passage of time due to medical advancements, better healthcare facilities, and improving quality of life, these blessings are becoming reality. There is an increase in life expectancy worldwide, and India is no exception. The aged population of India is fast increasing, and in the next few decades, India will be placed in the zenith of both having the largest population and also the highest number of the older population in the world. The life expectancy at birth, in India, has improved from 49.7 years in 1970–75 to 67.9 years in 2010–14, registering a significant surge in the last four decades by 18.2 years. Census data of 2011 suggests that the percentage of the elderly population (60+) has gone up

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from 6% in 2001 to 8% in 2011. This is due to better education, health facilities, and an increase in life expectancy. The decline in the Total Fertility Rate (TFR) from 3.2 in 2000 to 2.4 in 2011 is also an important factor in this demographic change. “India Ageing” report (by UNFPA, 2017) warns that India’s window of opportunity for demographic dividend will be closing soon. The report projects that by 2030 around 12.5% of India’s population will be 60 years and above and by 2050 one-fifth of India’s population will be aged. This in fact makes it crucial for academicians, researchers, human service professionals and policymakers to analyze and understand the situation and needs of older people. As the years are getting added to the lives, adding more life in these years will be an important issue for all to contemplate in the years to come to ensure quality life in later years.

Women and Aging

Aging women’s issues need special attention as the experiences of men and women across the lifespan differ considerably. Across countries and cultures, social scientists and activists have raised concerns regarding the secondary status and the differential treatment of women throughout their life course. During the cross-cultural study on the effects of gender and residence on disability and aging in India and China, it was claimed that gender inequality in India is attributed to the distribution of employment, education and household wealth (Williams et al., 2017). According to Srivastava (2010), the problems faced by aging women are the product of widespread perception of inferior status of women throughout their lives rather than “aging.” In the words of Davis (2005),

The challenges of aging often are more pronounced in women because of the cycle of discrimination. This cycle begins with educational disparities, early marriage and childcare; and continues with occupational segregation, lower income, movement in and out of the job market to provide care for the family members, physical and mental health problems and limited retirement income.

Additionally, when researchers study the issues of aged, they too often fail to analyze the data from the lens of gender, thus glossing over the differences and losing valuable information (Payne & Whittington, 1976). Impact of previous experiences of discrimination and its continuation makes women further vulnerable when faced with age-related changes, generally decline in physical and health condition and other socio-cultural barriers. Negative stereotyping of aged, particularly aging women is another important issue that needs to be addressed. Payne and Whittington (1976) pointed to concerns, particularly in western culture, about older women being socially devalued and subject to harmful negative stereotypes that picture her as sick, sexless, alone, and uninvolved except for church work.

Traditionally in Indian culture, older people are assigned higher status and their wisdom used to be highly valued; modernization in the last five to six decades, though, has had a serious impact on structure and functions of families and status

of older people (Jamuna, 2000). In the process of this transition, individuals and families seem to be caught up between modernity and traditions creating ambivalence in society about the value of older people. Abilities, maturity, and contributions of the older women are easily overlooked due to the stereotypical image of frail, weak, and powerless individuals who are dependent and burdensome on families and communities. Often, gender stereotypes confine older women into either being dependent or in certain specific caregiving roles. Challenging the stereotype about older women being dependent and burdensome, Rajan and Mishra (1995) argued how elderly women could be labeled as dependents if they were participating in economic activities, quoting the statistics from government report on the agricultural sector which indicated that, 70% of elderly females worked as cultivators compared to 62% elderly males. Giridhar et al. (2015) point out harmful cultural and traditional practices that lower the status assigned to widows which creates additional road blocks for the aged women.

Bai (2014) suggested an important link between the image and status of older persons. He warned about negative stereotypes toward “aging” resulting in discrimination and mistreatment of older people. At the same time, he also talked about possible links between positive images of aging with effective utilization of human resources and a better intergenerational relationship. Furthermore, recognition of capacities and contributions by older women in families and societies will help in shifting the outlook from considering them as a burden to appreciating them as valuable assets. Although there are no defined and standard measures on which the effectiveness of aging can be evaluated, researchers have increasingly started discussing the promotion of healthy and successful aging.

Successful Aging

Successful aging as a term is comparatively recent; however, different ideas about what makes transition to old age more effective, meaningful and satisfactory have been explored and discussed for centuries. In Hinduism, since ancient and medieval era, human life is believed to comprise four stages. The two later stages—the life of Vanaprastha and that of Sannyasa—are the stages of withdrawal from the world and adoption of the path of renunciation and being totally devoted to God. Over the years, several theories have been developed worldwide to explain what makes life in old age fulfilling and meaningful. Cottrell (1942) explained the role theory of aging as Individual’s adjustment to changing roles as per one’s age; learning to perform new roles while relinquishing the old ones. According to Srivastava (2010), the role theory provides directives for the aged about role learning, role changing, and role transition.

Havighurst (1961) proposed that a theory of successful aging is about a statement of conditions whereby an individual gets maximum satisfaction and happiness at the same time society maintains an appropriate balance among satisfactions for the

various groups including different age groups as well as gender. It was proposed that individuals should be able to choose how one could derive maximum satisfaction.

Disengagement theory also talks both about accepting the changing roles as suggested by role theory; however, it further suggests the change toward more sedentary roles and even withdrawal akin to ashrama dharma theory. It assumes that all societies must find ways for encouraging older people to disengage from their previous roles to ensure they can be undertaken by the younger generation that is presumably more able to carry out these roles; while accepting roles more appropriate to their physical and mental decline (Cumming & Henry, 1961). Furthermore, it propels withdrawal of aging individuals and society from each other as an important basis for successful aging as well as orderly continuation of the society (Dhillon, 1992).

Contrary to above, the activity theory developed by Havighurst (1963) assumes that normal and successful aging involves preserving as long as possible, the attitudes and activities of middle age. The belief is that both the older people and society benefit if elderly remain active and try to continue to perform the roles they had earlier. A number of research studies have established the relation between activity level and its impact on physical and mental health as well as life satisfaction in old age (Cramm & Lee, 2014; Dhillon, 1992; Havighurst and Vries, 1969). Rowe and Kahn (1997) define successful aging as including three main components: low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life.

What makes life most meaningful and gratifying during old age actually can be quite subjective and is often influenced by different factors such as one's priorities, values, or beliefs. However, there are certainly some common determinants that help the journey toward successful aging. Chatterjee (2019) has summarized the determinants of successful aging in the following diagram. According to him, as the below given chart illustrates, successful aging is a composite and dynamic concept, influenced by few non-modifiable factors like gene and environment, but mostly modifiable factors like diet, regular physical activity, personality, aspiration index (preparation), happiness quotient (life satisfaction), morbidity profile, and subjective well-being (Fig. 2.1).

Case Studies

To understand and appreciate how different theoretical explanations and assumptions link to life experiences of older people, particularly women, in the present context; nine case studies were conducted. In-depth one-to-one interviews, and discussions were carried out with nine women aged 65 years and above. These women were considered to be “aging successfully”, or “aging positively” or “aging well” by themselves as well as their families, friends, and as other associates. People in their social network also considered them to be well-adjusted and inspirational. The sample was chosen using purposive snowball technique, and the objective was to explore the factors linked with successful aging through life stories of the older women who

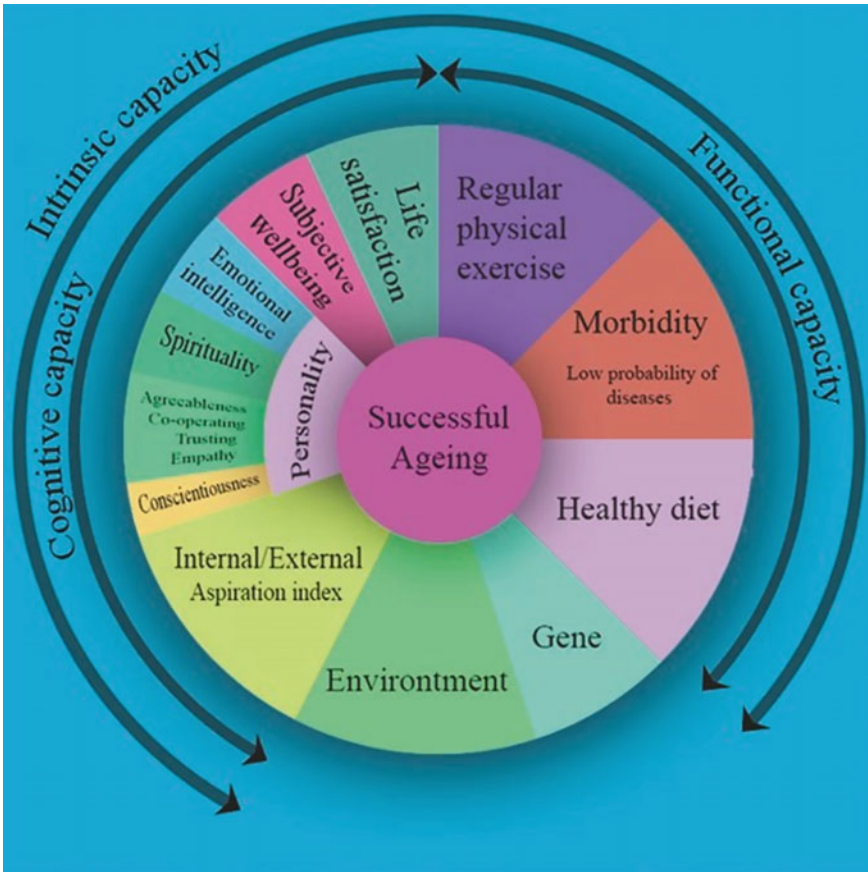


Fig. 2.1 Determinants of successful aging. *Source* (Chatterjee (2019). <https://link.springer.com/content/pdf/10.1007%2F978-981-13-8938-2.pdf>)

personified successful or optimum aging. These case studies were aimed at understanding overall life experiences of the older women including their childhood and adulthood experiences, their health status, support system, their contributions to families and societies, their views, and attitudes toward aging as well as their aspirations. Narratives of the respondents were analyzed to understand the determinants of satisfaction and sense of well being in their lives. All the respondents were from urban and middle or upper-middle socio-economic background. The names of the respondents have been changed to maintain anonymity and protect their identity.

Case Study 1—Namrata Patil (83 Years)

Namrata is a gentle, soft spoken, and confident woman with a special glow on her face which she attributes to her long years of practice of meditation. Eighty-three-year-old Namrata proudly shares her story of teaching transcendental meditation to more than two thousand people on a voluntary basis in her lifetime. She possesses an extreme level of self-motivation and enthusiasm through which she could teach and train many for meditation. The long list of those who she taught includes successful professionals such as doctors, engineers across the Indian cities including some of the eminent members of the royal families across Gujarat.

Namrata, an Arts graduate in Hindi literature from the M. S. University of Baroda, firmly believes that age cannot curb her passion. She presently resides in a nursing care home in Vadodara, Gujarat. She spends several hours meditating, reading books about meditation and spiritual gurus and listening to soft music. She wishes to teach meditation to the residents of the care home as she believes this will help all the residents for their physical health and mental peace.

Due to her husband's transferable job with Indian Railways, she traveled and lived in different cities of India. She owns a house in the city; however, preferred to stay in the care home after her husband passed away a few months ago. She feels that the current arrangement is convenient as all her practical needs are taken care of by the management of the care home.

Namrata's sons settled in the United States after obtaining their higher education from there. She is a proud mother and has visited them on a few occasions but chooses to live in India. She has her siblings and other extended family members, who live in the city, yet she has chosen to live independently in the care home. According to Namrata, she is living "comfortably" in the care home. She is able to support her living cost with her husband's pension and financial support from her sons.

Namrata was brought up in a highly educated and well-respected family. Her father was a chartered accountant, and mother was a homemaker. She was born in Kolkata (India) and completed her elementary education there. However, the family moved to Vadodara due to communal riots which took place in Kolkata in 1946–47. She continued her education and went on to become an arts graduate. She had an arranged marriage at the age of 20 with an officer who worked with the Indian Railways. "*Moving and living in different places due to my husband's transfer to different cities made me a very sociable and friendly person and I built very warm and cordial relations with many people*" she says.

Namrata found her passion when she learned meditation from Maharishi Mahesh Yogi, an Indian guru, known for developing the transcendental meditation technique. She claims, "*My husband was very supportive and only because of his support I could move forward in my spiritual journey through meditation.*" Off late she needs a walker to support her mobility; however, she maintains a very good health for which she credits the meditation practice. She remembers she had a tachycardia attack, a cardiac condition, about 10 years ago; however, she managed the emergency situation very well with her meditation until she reached the hospital. "*Even the doctors were*

surprised to see my recovery. I explained to them about meditation and taught them as well!” she shares.

Besides being an extremely satisfied mother for raising her children who are well-established today, Namrata is very proud and happy for the life she led and the contributions she made to other people’s lives. She expresses her inner joy stating, *“I have lived my life very well. All I want to do now is to attain higher levels in spirituality through meditation.”*

Case Study 2—Savita Dwivedi (67 Years)

“Old age is only a state of mind. One can be lively and cheerful at the age of 75 if one is positive and strong, or helpless and hopeless at the age of 37 if one gives in to the challenges of life.” These are the words of 67-year-old Savita who has lost her eyesight due to glaucoma; however, her never-say-die attitude keeps her going; taking life in her stride; using her strong will and humor to live her life meaningfully. Savita is a very jovial, confident, and outspoken person who can easily strike a conversation with anyone and make them laugh with her contagious laughter. She is a resident of a care home in Vadodara. Savita is a trained dancer and has a special liking for classical vocal music. She loves listening to music and enjoys singing. She knows several Indian languages as she traveled extensively due to her husband’s transferable job.

Although Savita’s blindness has brought restrictions to her movement and confined her within the four walls of an old-age-home room for the last five years, she is very much in touch with the world through her constant companion—radio (*Vividh Bharti*). *“My radio is on from 6 am to 11 pm. I listen to news, talks and music which not only keeps me occupied but also informs me about what is happening in the outside world.”*

Savita is very particular about her daily routine. She is an early riser and starts her day as early as 4 a.m. Her strict daily routine includes doing body and head massage, physical exercise and prayers. *“I am a dancer and I have to look after my fitness, I have an NCC background since my school days so exercise has always been part of my life.”* Savita regularly orders audio books to quench her thirst for knowledge which according to her is her mental exercise. She is a very active and confident resident who regularly gives feedback to the management about improvement of the care home and betterment of their services as well as welfare of other residents. *“My eyes have gone; my movements have got restricted but my brain is my biggest asset and my strength. I am able to think, remember and make decisions!”* Savita exclaims.

Savita was born in an aristocratic family in Madhya Pradesh, India. Both her parents were well educated. They provided ample opportunities and encouragement to her for her education and training. Her parents ensured that she regularly took part in extracurricular activities for holistic development. She obtained a master’s degree in Science and stood forth in her university. She also completed *Visharad (Master’s degree)* in Performing Arts (Dance).

Savita's husband, an engineer by profession, loved traveling. Due to his work in different cities of India, Savita got ample opportunities to travel around the country which gave her exposure to different cultures and languages. *"He encouraged me to learn and do whatever I wished to do. In childhood I was overprotected by my parents and siblings as I had four older siblings, but my husband gave me a lot of confidence and made me an independent person,"* she shares. Unfortunately, Savita lost her husband due to a heart attack, when she was only 37 years old. She raised her daughter who was just 15 years of age then. *"Although we were financially secured, there were a lot of other challenges...lots of decisions about the education and future of my daughter but these experiences only made me and my daughter stronger."* Savita's daughter is married and settled in the USA. She shares a very close bond with her daughter.

Savita expresses her gratitude to God for giving her a fulfilling life. She believes in having a positive attitude as one of the most effective qualities in life. She extends her advice to others that they must surround themselves with people having positive attitudes. Savita says, *"I pray to god to keep me strong and positive till the last day of my life!"*

Case Study 3—Vidya Talati (66 Years)

Vidya Talati, 66-year-old yoga instructor, starts her day with an early morning yoga session, followed by a visit to the temple. She returns home to complete her household chores before heading to her office. She started this office about 2 years ago to expand her start-up on matrimonial services which she used to operate from home earlier. *"I just don't feel tired,"* says very energetic Vidya. *"The belief that you can't do certain things after a certain age is completely a mental block; old age is in the mind."*

Vidya is a simple and family-oriented person. She grew up in an upper-middle-class business family which faced lots of hardships due to uncertainties around her father's business. Vidya was an apple of her mother's eye, whereas her father was a strict disciplinarian. She went to school; however, education came to halt when her family arranged her marriage just before she could give her final examination of Class XI (based on the old SSC model in the State of Gujarat, India). As her fate decided she had to move to a remote village of Gujarat to join her husband who lived in a joint family. While living with her in-laws, Vidya experienced immense restrictions and discrimination from her extended family members. However, she took this experience as a "challenge" and ensured her children were well educated. She also encouraged her children to participate in extracurricular activities on a regular basis which in fact boosted their confidence.

According to Vidya, she experienced enormous hardships in her life. In order to survive and to meet the family's financial needs, she took up odd jobs including making and selling potato chips, stitching clothes, and giving tuitions to little children. A strong will power, and conviction always led Vidya's future action. In order to make economic progress, the family moved to Vadodara about 15 years ago. Her

self-conviction and positive attitude toward her life culminated in starting her own business. Today, she runs a successful matrimonial service. In the midst of all the roles, she also made significant contributions in raising her granddaughter. Due to her ongoing support, her daughter-in-law could continue her work. As her daughter-in-law who is a school-teacher, expressed that she would be struggling to manage household work, child care, and her career without the much needed support from her mother-in-law (Vidya).

Vidya is a successful business woman today and takes immense pride for finally realizing her dreams. Exploring new things has never been a challenge for Vidya, as a result, she is now learning to use the computer and smartphone for her office work. Her son runs an independent business now, and the family has bought their “own” house and a car. She gets very emotional and tearful thinking that her husband is no longer alive to witness the success and achievements she made as he passed away 8 years ago.

With Vidya’s successful business initiative and satisfying family life, she feels that the current phase is the best time of her life. *“I just don’t like to sit idle, I always feel like doing something whether it is the household work, office work, community services like yoga sessions. People ask me how I get so much strength, I think it is God’s gift,”* says Vidya.

Case Study 4—Pallavi Desai (71 Years)

Pallavi is a retired university professor who believes in active aging and enjoying each moment of her life as it comes. She lives independently in her own apartment in Vadodara. Not a single day is dull and boring for her as she has learnt to enjoy her “me time”. Nevertheless, she has a strong social network of friends and relatives. Pallavi believes in being a lifelong learner thus she continues to take up opportunities to learn new skills, be it drawing, swimming, playing musical instruments or meditation. She is very particular about following her daily routine which includes physical exercise, meditation, and attending prayer meets. She enjoys solving crossword puzzles and playing carom. Pallavi considers independent living as bliss. She says *“Fortunately, I am living alone and don’t need to make adjustments unlike some of my friends who live with their sons and daughters-in-law.”* According to Pallavi, *there is a difference between being alone and being lonely.*

Pallavi recalls, she was a very well-looked-after child. She remembers how relentlessly her parents pursued her treatment when one of her legs got affected due to polio at a very young age. In those days, the polio vaccine was not easily available. She was one of the very few children who not just survived but could also walk and lead a normal life. This was possible due to the strong determination and care given by her parents that included long hours of exercise, massage, and physiotherapy. Pallavi’s mother was very an efficient homemaker and a disciplinarian at the same time. Her father was a businessman; had a great sense of humor and love for literature. Pallavi gives credit to her mother for her academic achievements.

Pallavi had a love marriage and a relatively short; nevertheless, very fulfilling married life as the couple had complementing personalities and similar interests. Pallavi shares how they enjoyed and appreciated the game of bridge, music, or bird watching together. The couple did not have children. Unfortunately, Pallavi lost her husband in her early 40s which left her emotionally devastated. In spite of this emotional blow, she gathered courage to focus on her career.

Pallavi had a very successful career as an academician, researcher, and administrator. She traveled around the world for her academic work and held several important positions. Her work received recognition from national and international academic institutions. Pallavi retired at the age of 62; however, continued to work on voluntary basis to share her expertise with different academic bodies. While she was making interesting retirement plans to enjoy the freedom and peace of retired life, all of a sudden, she was diagnosed with cervical cancer at the age of 65. Unfortunately, soon after this diagnosis she also developed retinal macular degeneration that affected her eyesight. For a strong and independent person like Pallavi, this was the first instance when she felt that age was taking a toll on her. Nonetheless, she gave a brave fight to two major health related crises in a short span of time and came out victorious on both the fronts. She continues to lead a healthy life and maintains discipline about her diet, exercise, and medical follow-ups.

According to Pallavi, she has learnt some important lessons that help her to live happily. *“I have learnt to accept the changes which are inevitable; accept the people as they are. I have learnt to detach from situations and people. Meditation has helped me to control my anger. Some people tend to be very negative and complain a lot; I have learnt to respectfully say ‘no’ to be in the company of such people.”* She goes on to recommend that acceptance is the key to happiness.

Case Study 5: Geeta Nanavati (71 Years)

Geeta (71 years) is an expert at making designer women’s garments. She states *“I feel life in old age is wonderful! I can relax on the sofa and read for hours. In fact, these days I read on kindle which my son has gifted me.”* She goes on to share how she appreciates this new technology which allows her to find meanings of any unfamiliar word at one click. Geeta is a voracious reader and also spends time to reflect and understand her own self.

Although Geeta has now closed her boutique, thousands of her clients wish that she would start her work again. *“I still design and stitch but that is to keep my own sanity; I do not want to do anything where I have to commit myself now,”* says Geeta who has penned a very informative and educational book on dressmaking and tailoring which was published and accepted by several prestigious fashion institutes. While explaining her inspiration to write this book she said, *“I wanted my knowledge, skill and talent to benefit others rather than die with me.”* She is also a certified yoga instructor and has been practicing yoga for several years. She is very regular with

regard to her physical exercise and morning walks and does not miss them, no matter whatever the circumstances.

Geeta is grief-stricken due to the demise of her husband about three months ago; however, she still demonstrates immense courage to move on alone. She was the primary and sole caregiver to her ailing husband who had a decade long battle with several health issues. Geeta has a son and a daughter who currently live away from her due to their jobs in different cities. Her husband was on dialysis for more than 8 years; during which she managed all his health care needs by herself. In addition, she managed the household work and all her professional commitments without compromising on her personal routine of yoga and physical exercise. At the age of 64, Geeta started driving again after a decade-long break from driving to facilitate her husband's hospital visits. She could manage these multiple responsibilities as she is highly organized. She does not have any major health issues at present; however, due to her tall and thin structure Geeta suffers from chronic backache which she has been managing with the help of yoga.

As a child, Geeta received lots of stimulation from her parents. Her mother was a simple yet highly organized and efficient homemaker. Her father, an artist trained at prestigious J.J. School of Arts in Mumbai, is a healthy and completely independent man at the age of 95. Geeta did not study further after completing class 11 as she did not consider further education important at that time. Due to her interest in music, her parents sent her to Mumbai where she learned Sitar from the great sitar maestro Pandit Ravishankar. Geeta continued learning Sitar till she had her first child. She decided to dedicate herself only to her son as she did not want to compromise her children's care. Geeta subsequently had her second child, a daughter. When both her children started school, she decided to do something of her own. She started reading books about designing and began stitching clothes for family members and neighbors as she enjoyed doing it. Soon she received very positive feedback from people who gave her the confidence to initiate this work professionally.

In the early 1980s, Geeta's family moved to Vadodara. After a few months of the shift to Gujarat (Vadodara), Geeta started her own boutique. In a short span of time, her popularity grew and she had a huge clientele. However, she had to close her very successfully running boutique to support her daughter who was suffering from leukemia. She frequently travelled to the USA as her daughter lived there. At that time, she took personal initiative and trained all her 15 workers, who would be left jobless if and when she closed her business, in special techniques of designing to ensure that they could start their independent businesses and support their families. Such was the generosity and magnanimity of Geeta.

According to Geeta her children are her greatest support and they have been extremely supportive and responsible children. However, she would like to live on her own till the time she can. She explains, "You can enjoy old age when you are not dependent. If you are dependent, and the other person stops responding according to your dependency, you will start feeling bad." Geeta shares that she is extremely satisfied that she could be there for her family members and care for them when they needed her the most.

Geeta has seen lots of ups and downs in her life, but her mantra is “positive outlook and positive thinking”. She states, “*Age should not take over one’s state of mind. Whatever I can do, I will do.*” She adds, “*One needs to find one’s passion in old age and this might be same or different from one’s occupation; not necessarily to earn living but for one’s inner self.*” Geeta believes in aging gracefully which she explains by saying “*With age body gets old and less powerful but mind gets mature, I would never like to color my hair, it has taken so many years for them to turn gray.*”

Case Study 6: Purna Shah (65 Years)

Purna’s life has gotten busier with advancing age. After her children got married, her responsibilities had reduced to a great extent. Her children and other relatives advised her to join *Mahila-Mandal* (women’s group) in her housing complex to utilize her free time. Instead, Purna thought of working toward realizing her unfulfilled dream to start something of her own. Purna had been a homemaker all her life as in her family women were not allowed to work outside homes.

Over the years, Purna had a burning desire to start her own business. She shares, “*I used to always think, how nice it would be to earn money with my own efforts!*” Her dream finally came true three years ago when she started her own home-based business. All her life she was praised for her culinary skills which she thought could be used for her new start-up. Her friends from her morning walk group became her first clients. In no time Purna’s popularity grew and now she receives lots of appreciation along with big orders.

Purna also is a grandparent who is the main caregiver to her three grandchildren. She encouraged, both her daughter as well as daughter-in-law, not to give up their careers due to responsibilities of child care. With multiple responsibilities of household, grandchildren and business, life for Purna, at the age of 65, is busier than ever!

Purna was brought up in a conventional middle-class family in a small town of Gujarat (India). She was married after she completed her board exam at the age of 18 and moved to Mumbai. This also was a conventional joint business family consisting of 13 family members. Her life revolved around the household chores and her three children. Soon after the birth of her third child, her husband suffered a huge financial loss in his cosmetic business which left him severely depressed. Like the saying goes “you don’t know how strong you are until being strong is the only choice you have”, Purna had to find inner strength to support her family. Although her in-laws did not believe in medical treatment of depression, she put her foot down and availed psychiatric help for her husband’s treatment. She stood by him through thick and thin.

Soon after this challenging phase, the family moved to Vadodara, Gujarat. Gradually her husband’s business prospered, her children completed their studies and got married. Purna remained strong through all the ups and downs of her life. She says,

“whatever God does, he does for our good, even though we might not understand at that time.”

Purna has some chronic health problems including high blood pressure and diabetes. She manages her health by being very particular about her medication, exercise, morning walks, and diet control. She believes in taking full responsibility for her own health for which she says, “first of all, I need to be healthy to live well and fulfill my duties.” She wishes to be completely independent till her last breath. Purna Shared, “I feel very inspired when I look at people who are much older yet very active and productive.” She wishes to expand her business and live with her children and grandchildren in harmony. Her motto is “be active, live healthy”.

Case Study 7—Usha Joshi (72 Years)

Usha is an ever-smiling, jovial and easy-going person. Unlike many older women who lose interest in grooming themselves, Usha is very particular and conscious about her appearance. She is always keen on dressing up well and does not shy away from wearing her choice of bright colored sarees, wear nail paints, *Mehendi* (Heena) and diamond studded jewellery. She says, “*Some people make fun when women of my age groom themselves, some of my friends feel very hesitant because of this but I believe in doing things that make me feel good and give me pleasure.*”

Usha lives in a joint family with her husband, three sons and daughters-in-law and four grandchildren. Her sons and daughters-in-law are caring and extend support; however, their obligations toward their own work and children keep them busy. Usha, as a result, is the main carer for her husband who is 77 years old and has restricted mobility due to severe back pain. She also is a great support for her youngest daughter-in-law who has two young children. Usha looks after her granddaughters when her daughter-in-law is busy with her work as fashion designer. Beside family, Usha is actively involved with a women’s group of the temple she visits regularly. They gather together in temples and sing *bhajans* (religious hymns and songs). She enjoys singing *bhajans* which is her hobby as well as means to worship god.

Usha was brought up in a traditional middle-class business family. Her parents were very gentle, kind, and religious. She studied till Class 9 and was married off at the age of 18 years. She had repeated miscarriages before she gave birth to her first son. This had taken a toll on her health at that time; nevertheless, she recouped. Lately, she has developed some health issues due to high blood pressure and dental problems; however, Usha ignores her own health needs over her husband’s physical well-being.

Usha says, she doesn’t like to let her age interfere in the way she wants to live her life. According to her, no matter what the age, young or old, one might come across various physical and emotional challenges due to health or relationships issues in joint families; however, they are best handled by not getting bogged-down by them. She says, “*Complaining about your problems to the world is not going to solve anything. It is best to put up a brave front, smiling face and high spirits.*”

Case Study 8—Jayna Soni (73 Years)

Jayna has been actively engaged in charitable work for the past 30 years. She is the secretary of the women's wing of the NGO run by members of her own community. The women's group raises funds to provide monthly groceries to the poor families and support financially disadvantaged students for education. Jayna shares that despite her wish to retire and repeated requests to her organization to appoint a new secretary, members of the group are insistent on her continuation due to her active and committed role. She spends substantial amount of time of her day in the activities of the organization.

Jayna was raised in a conventional family in rural Gujarat by a very strict father and a very simple mother who did not really have much of a say in decision making in the family. After completion of her secondary education, she got married through an arranged marriage; thereafter, she moved to Vadodara. Her husband had just returned from the USA after completing his studies there. According to Jayna, he was a broad minded and sophisticated person. He always encouraged her to follow her heart and pursue her interest. Jayna shared that she travelled a great deal with her husband, both within and outside India.

During the initial days after marriage, Jayna's primary role was that of a homemaker with the responsibility of raising her three children. However, with her social skills and curious mind, she was not the person to be confined to the four walls of her house. In the midst of household responsibilities, she developed her interest in studying the stock markets and following the national and international news to remain updated with time. Now she spends substantial time in these activities besides charitable work as the household responsibilities are taken over by her daughter-in-law. For the past three years, her role in managing the family business and properties has increased following her husband's death due to kidney failure. Jayna shared that she missed the companionship of her husband a lot. She talked about the importance of being connected with the outside world and remaining socially active, especially in old age as she expressed, *"It is painful to lose your companion, but you have to be strong. You need to go out of the house, meet people, engage in different activities and live meaningfully rather than locking yourself up in your house."*

Jayna accepts that age adversely affects the body and as a result health. She reported experiencing some health related difficulties in the past few years including difficulties in hearing. She has been diagnosed with diabetes recently. She has also undergone knee replacement surgery two years ago. Jayna says, *"Although due to these health issues I can feel the impact of age lately, it has not deterred me from performing my roles and responsibilities whether household or social."* Jayna has recently become a great grandmother, and she jokingly boasts in front of her siblings about having the highest status of them all as she was the first one among her 3 siblings to have a great granddaughter.

According to Jayna, life is all about keeping an open mind. In her own words, *"One should respect the traditions but challenge the exploitative and unjustifiable practices and welcome change"*. She gave her own example whereby she learnt

trading financial market and became a seasoned trader in the stock market which was unheard in her community. She also gave an example of inter-community marriage of both her daughters at the time when such marriages were not easily accepted in her community. Jayna puts it as, “*ability to embrace change makes life, specifically old age, easier.*”

Case Study 9: Ganga Patel (84 Years)

Ganga feeds around 250–300 people every day. Feeding the poor patients and their relatives at the government hospital in Vadodara has been Ganga’s special mission for the last 29 years. Such is the commitment and zeal of Ganga that at the age of 84, her day starts with cleaning and cutting the vegetables and cooking full Indian meals for the poor and the sick. The mission of helping the disadvantaged section of society who cannot afford their basic needs was the initiative of Ganga’s husband. He had expressed his desire to do this noble cause as a means to serve God. Ganga had not only supported this noble idea but also fully dedicated herself to this mission. The couple used to cook food themselves and carry it to the hospital. Almost 18 years have passed after the death of her husband; however, Ganga relentlessly carries out this work. She has now hired a van to carry the food as the number of beneficiaries has increased with time.

Ganga has put up pictures of Gods and Goddesses in her kitchen and has a firm belief that God watches over her and provides the strength to continue the good work. She says “*Not even once have I cut my finger, or ever got burned. That’s because they are watching over me.*” She does not make any efforts to publicize or raise funds for her work “*Thanks to grace of God, there are always well-wishers and donors who are willing to support this mission*” Says Ganga.

Ganga was born and brought up in a joint family in a village of Gujarat. She studied till class six. Growing up in a large-conventional family, she got trained to do household work, especially cooking. At the age of 16, her marriage was arranged by her parents; after which she moved to Vadodara. Ganga lived all her life as a homemaker and a loving mother of two sons and a daughter. She was always very religious and had a strong faith in God. Her life completely changed once she dedicated her life in service of humankind. Presently, Ganga lives in a joint family who are very supportive of her cause.

At the age of 84, Ganga is completely independent and enjoys good health and has lots of stamina to carry out such physically demanding work. “*I have no health issues and my needs are very limited. I have a very loving and supportive family*” she says. “*I have never thought about till what age I will continue this work. I will serve as long as God gives me the strength to carry on.*”

Analysis and Discussion

As discussed earlier here, the above case studies indicate that there is no set formula for successful aging. Sense of satisfaction and feeling of well-being are subjective phenomena. There are, however, some evident commonalities and repeated themes in the life stories and routines of the respondents which could be clearly linked with positive aging experiences. Following important factors were identified after analyzing the life stories of these older women.

Health

There is a very popular saying in Gujarati “pehlu sukh te jaate narya” which can be translated as “the first and foremost element of well-being is good health”. This proverb is applicable across all the stages of life; however, it is the utmost important aspect in the context of old age. Health has been officially defined by the World Health Organization (WHO) as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity.

All the older women interviewed reported enjoying good levels of health and mobility as a result of which they were independent. Only one respondent had dependency on others for mobility due to loss of eyesight as a result of Glaucoma; however, she was completely independent in managing her personal care needs. Some of the respondents talked about experiencing less energy and physical tiredness which is an established phenomenon that with advancing age decreased metabolic activity results in changes such as decrease in vigor and physical capability (McLain, 1978). Despite these physiological declines, all the respondents were found to be active and zealous.

This is not to suggest that the respondents did not suffer from any health-related problems. In fact, most of them had some chronic health-related issues varying in severity such as diabetes, back or knee pains, partial or full sensory impairment such as vision impairment or difficulties in hearing. Some of them had suffered episodes of most severe health problems such as cancer or cardiac problems. However, they had managed and coped with these effectively with the help of proper medical treatment and in some cases alternative healing methods like yoga and meditation combined with strong will power, firm discipline about their life-styles, eating habits, exercise, family and social support and of course, the positive attitude. This is in line with the findings of the study by Jamuna (2001) where all persons with longevity were found to be slender, had good eating habits, and deep faith in God and religion.

It is a well-established fact that physical health is closely associated with emotional well-being, particularly for older people who suffer much higher levels of chronic ill health than the rest of the population. Health is overwhelmingly felt to be the most important determinant of happiness among the over 55s. It has been estimated that up to 70% of depression arising in older people may be caused by disability

associated with health (Surr et al., 2005). Being healthy is one of the most important determinants of positive aging. Respondents expressed their wish to be independent till the last day of one's life, which is directly linked with good health.

Exercise, Meditation, and Yoga

Seven out of the nine respondents followed a strict routine involving physical activities. For some it was conscious efforts through morning walks, physical exercise, and yoga, whereas for others it was part of their routine of physical household work. Although in different forms, all the respondents reported engaging in physical activities. According to Chatterjee (2019), physical exercise increases oxygen supply in the body, prevents depression by releasing endorphins in the bloodstream, reduces stress and anxiety; and most importantly adds years to life. Importance of physical activities in later life was also highlighted in a longitudinal study conducted in Finland which concluded that mental well-being is associated with higher physical activity, better health, and better mobility status (Lampinen et al., 2007). A study conducted by Age UK in 2017 also found physical activity to be the 2nd biggest individual direct factor linked with well-being. In addition to physical exercise, practices like yoga and meditation were also found to be helpful in coping with ailments and emotional stressors as well as feel energetic and positive.

Religion and Spirituality

The present study also reveals that meditation, chanting of *mantras*, and other forms of prayers helped in developing positivity and mental peace in these older women.

Regular visits to temples, chanting of *mantras*, singing "*Bhajans*" (*religious hymns and songs*), and listening to spiritual talks were some of the important activities of the daily routine of most of the respondents. Most of the participants mentioned the importance of engaging in religious or spiritual activities to achieve inner strength or peace and develop coping mechanisms to deal with the challenges in life. Dull and Skokan (1995) have developed a cognitive model to explain the relation between spirituality and the immune system. In their model, they posit that spirituality is a complex system of beliefs that can have an impact on all aspects of an individual's daily life. Spiritual practices may affect a person's cognitions and subsequently impact health practices and outcomes. Although the respondents did not categorically identify religious and spiritual practices as means to successful aging, it was mentioned as their way of life. This was a common practice in the lives of most of the older women and likely to be strongly linked with their feelings of positivity, enthusiasm meaningfulness.

Economic Security

As it is evident from the case studies that all the respondents had a sound economic situation. Personal savings, pension from one's own or spouse's job, financial support from children, and valuable assets owned by them were some of the different sources of financial support for the respondents. None of the respondents were entirely dependent on their children for their financial needs. All of them reported that their children were always willing to extend financial and material support however they were self sufficient owing to their own income or security as finances were planned well by of their husbands.

Although most of the respondents stated that their needs were very basic, having assurance about financial needs was an important factor that made them feel secure. This further substantiates the importance of financial stability for positive aging experience as they could avoid the fear and anxiety faced by older people living in economic deprivation. According to Pslithil (2009), socio-economic status is one of the important factors that decides if the person is likely to be happy or unhappy.

While financial stability and security alone cannot assure successful aging, it is one of the essential elements especially in a country like India. According to a report published by the Government of India 2011–12, 82% of total workforce worked in the unorganized sector in India (Government of India Report, 2013–14), most of them in agriculture, where there are minimal or no social security provisions like pension schemes or financial assistance for the older people. Thus, there are only a limited numbers of older people who enjoy security of pension and other savings after retirement. Financial security thus is a crucial factor for older people to ensure quality of life and access to healthcare which increase feeling of security in later years.

Meaningful Engagement

The power of meaningful engagement was found to be helpful to all the older women interviewed for this study. It was observed that all the respondents had active involvement in different activities that they enjoyed or valued the most. These activities include meditation, reading, cooking, grandparenting, caregiving to other family members besides getting involved into social activities or voluntary work, or even learning a new skill such as drawing, painting, or playing a musical instrument. Whether these activities were a continuation of what they did in their younger days or a newly taken up hobby; the older women did not perceive age as a constraint. Passion and commitment toward activities that had a meaning for them was found to be present among the respondents which was certainly having linkages with their positive experience in old age. Age UK report (2017) also reported participation in enjoyable, meaningful activities as the biggest direct factor for well-being. This could be in creative, cultural, civic, and/or social activities. Chatterjee (2019) in his

work on successful aging highlighted the importance of meaningful engagement. He went on to state that when someone becomes utterly absorbed in what one is doing, one pays undivided attention and dedicated action toward the task which contributes to successful aging.

Contributions

In the current study, four of the older women were involved with charity/voluntary work contributing for the welfare of their communities and society at large. They were involved in raising funds to help the poor families, feeding the hungry or training people to meditate. One of the respondents was a retired professor who actively contributed to other educational institutions and students with her expertise on a voluntary basis. Two respondents had been the main caregivers either to their old and unwell spouses who had high levels of health and personal care needs. Three respondents were very active grandparents and primary caregivers to their grandchildren as their parents were in full-time employment. Thus, contrary to the beliefs about older women being dependent on families, these women were making active contributions to their families and communities.

These and many such contributions made by women in families and societies irrespective of their age tend to go unnoticed. Contributions and care given by older women further tend to be invisible due to negative stereotypes about old people being dependent and weak. Due to social conditioning, women themselves look at these tasks more as their duty and responsibility and do not recognize these as important contributions toward smooth functioning of their families and betterment of their communities. Confirming this trend, most of the respondents did not recognize or consider their work as contribution; nonetheless, they reported deriving great satisfaction from the same.

As Lee (2006) put it, the older people often refer to being an active grandparent to their grandchildren as both a source of pleasure, and as giving them a purpose. In his study in the UK, Lee found that grandparents provided 26% of child care, more than any other source, either formal or informal, which in turn saved families in the UK £3.9 billion in child care costs annually and made a highly significant contribution to the national economy and to the lives of children. In the Indian context, joint families have been a source of immense support in child rearing. Older people are also playing a very significant role as grandparents when an increasing number of women with children are taking up full-time employment. Although, exact numbers are not available, observations and trends suggest that there is an increasing number of grandparents in India who travel to different countries to care for their grandchildren. This trend is increasingly becoming visible in some of the states and cities of India where a sizable number of youth have immigrated to different countries for better educational, career and economic opportunities.

The study revealed that satisfaction derived from these positive contributions is an important determinant of feeling of fulfillment in old age. Recognizing these

contributions would be an important step toward creating a positive image of older people rather than having a stereotypical view of older women who are believed to be always at the receiving end of the care and support.

Social Support

The study found that four of the nine older women lived in joint families with their children and grandchildren. Despite the increasing trend of nuclear families due to several socio-economic factors, family remains to be an important and a strong source of support. It is important to point out that physical and social support received within the families was mutual. The respondents received care and practical support from their family members in terms of arranging and escorting them for their medical appointments, ensuring supply of medication and other essentials besides providing emotional support. The older women on the other hand provided support in terms of managing household chores and active grandparenting. It is important to note that physical ability as well as willingness of the older women was an important factor that allowed them to be extending their support.

Not all the respondents lived with their children though. One of the respondent did not have children and lived alone in her house with considerable support from the paid help. Three respondents' children lived away from them either in other cities or countries and out of these three respondents, two lived in the care homes. One of them lived alone in her house and visited or stayed with her children occasionally. According to conventional expectations, this would be a source of disappointment and unhappiness for older people, especially women. These participants, however, did not perceive living alone or in the care home as a negative experience. In fact, they celebrated the achievements of their children and felt grateful about the availability of quality care services which provided practical solutions for their day-to-day living. Those who lived alone valued their independence and used modern communication technologies to maintain close contact with their loved ones.

The traditional intergenerational agreement is that parents raise their children and when the children attain adulthood, they in turn provide care and support to parents in old age; however, this traditional agreement is undergoing some changes (Chakrabarty & Bansod, 2014). These changes are mainly due to increasing nuclear families led by urbanization as well as migration within and outside countries for better educational and employment opportunities.

It is important to note that besides children, siblings, friends, relatives, and, other people such as colleagues and neighbors were providing social support to the older women irrespective of their living arrangement. Emphasizing the importance of friendships in later life, Jerome (1981) suggested that old friends contribute something unique to the acceptance of aging and adjustment to changing circumstances. Positive social support system can thus be linked to well-being in old age leading to positive aging. These findings are confirming the findings of Amin (2017) who

studied perceptions of successful aging concluded that successful aging is multi-dimensional, including adaptation to an aging body, financial security, family and intergenerational care, and social participation.

The study also suggests that most of the older women had received a lot of support and encouragement from their husbands. Two of the respondents mentioned about their husbands being their active partners like teaching meditation or doing charitable work. Two other respondents shared about their experiences of companionship in pursuing hobbies or leisure activities together with their husbands.

All the other respondents also suggested that they received a lot of understanding and cooperation from their spouses to fulfill their wishes and follow their dreams, whether it was about completing their education after marriage, learning new skills and arts, or starting their own business. These positive experiences of support and encouragement from their spouse, especially in the backdrop of conventional society where women are compelled to sacrifice their identity and wishes to live under patriarchal control; had a positive impact in their lives. These experiences also helped the respondents to be independent and build on their strengths. As per Erikson (1982), when one looks back at one's life during old age and feels satisfied and happy, it leads to coherence and wholeness. Positive life experiences during the life course are important to experience "integrity" during old age as per Erick Erikson's psychosocial theory.

Childhood and Other Life Experiences

Education and Training

The educational levels of the respondents varied, from some women who barely could finish their school education to others who had gone to universities and even had completed doctorate level education. Three respondents had studied up to graduation or above. They came from families, with progressive thinking, where parents encouraged their daughters for educational attainment. It is important to note that although there were vast differences in the respondents' level of education, all of them, by and large, had positive experiences in childhood and received a lot of encouragement and stimulation from their parents. Majority of the respondents were supported by their parents to acquire additional skills like typing, sewing, playing musical instruments, and dancing. Opportunities for self-development through skills was a common theme among the respondents.

Travel and Exposure

More than half of the respondents shared about their experiences of traveling extensively or having lived in different cities, states, or countries due to the job of a

spouse or children who are settled away from home. It is quite likely that exposure of different cultures, ways of life languages and interactions with people is linked to confidence and resilient personalities of the respondents. Considering that positive aging is not just about old age but includes all the experiences during the course of life, it is highly likely that these experiences contributed to positive outlook towards life in later years.

Positive Outlook and Acceptance of Change

One of the common aspects found among the respondents was their positivity and their optimism. All the respondents during the interviews mainly talked about their blessings and things they were grateful about. All the respondents had seen different kinds of difficulties and crises relating to health issues of their own self or family members or financial issues. However, they focused on positive aspects which gave them strength to overcome these challenges.

Most of the respondents not only just talked about the importance of accepting the change but also showed how they had put it in practice. For example, three of the respondents had adopted electronic gadgets like Kindle (a product of Amazon) and audio books to pursue their interest in reading. They were using smart phones to communicate with their children through video calls. Some of the respondents also talked about importance of accepting the physical impact of aging on their bodies such as reduced strength to do work, graying of hair, and physical ailments. Retirement was seen as an opportunity to enjoy life on one's own terms, and solitude was seen as an opportunity to get in touch with self and attain higher spiritual levels by them. This acceptance prepared them to take things into their stride and deal with changes positively rather than denying or complaining about them.

All the respondents talked about old age being a mind-set rather than biological or physical constraint. It is because of this belief and conviction that they could do different things like initiating new start-ups, learning a new skill, providing intensive care to ailing family members and serving the society in different ways by dedicating themselves for a social and humanitarian cause.

Conclusion

Good health, economic security, and strong support system emerge as the pillars of successful aging. Additionally, a positive attitude, wisdom, and maturity to accept the changes which include changes in one's body, health, strength, relationships, family, and society at large are the key to build further on the foundation of positive aging. Since aging is not a one-time event that happens overnight, experiences of childhood and adult life influence adaptation to old-age. A lot of good and healthy habits,

discipline, values, attitudes, and qualities like resilience and courage are developed early in life and are constantly imbibed through the course of life.

As per the continuity theory, people retain a high degree of consistency in their personality over the various stages of the life cycle. Thus, it is important to understand some of the behavior patterns and skills that help in achieving healthy and successful aging and start shaping them from earlier on. Although detachment from commitments and compulsions was seen as a way forward by a few, active physical and social life along with meaningful engagement and making positive contributions led to positive and successful aging for others. There is no carved-out formula or universally accepted theory of positive aging; however, comprehensive understanding of events during the life course and determinants linked with vital aging, can help in designing interventions and adopting pro-active approach to prepare for greater well-being in later years.

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