



Successful Aging in the Indian Socio-cultural Milieu

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Abstract

There is a growing recognition of the importance of subjective definitions of successful aging from a clinical and policy perspective, and for their social and cultural relevance. However, the voices of older Indians remain largely underrepresented in the emerging body of qualitative literature on successful aging. Given this gap, and India's burgeoning older population, the present study set out to examine their subjective perception of successful aging. Using convenience sampling, data was collected from older men and women (N=63, M Age=71.21) living in the community, and in old age homes in Delhi NCR, through face-to-face interviews and focus group discussions. Reflexive thematic analysis resulted in four primary themes and eight sub-themes - *Successful Aging as Personal Well-being*, *Tensions between Agency and Fatalism*, comprising three sub-themes viz. the person as an active agent, co-existence of agency and fatalism, and negotiating with the invisible powers; *Linked Lives* comprising two sub-themes viz. the aging parent and the adult child, and spousal interrelationship; and *The Social and Built Environment* comprising three sub-themes, viz. complexity of social life: the health interface, social life in the neighborhood, and the good house. These findings provide a culture-specific view of successful aging in the Indian context, and reveals the multifaceted conceptualization of successful aging of older Indians - one that encompasses various biopsychosocial components.

Keywords Successful aging · Subjective perception · India · Older people · Reflexive thematic analysis

Introduction

The successful aging movement along with its various incarnations including active, healthy, productive aging, and aging well arose as a counter-narrative to the ageist notion of growing old in North America, and has persisted in Gerontology since the 1980s (Lamb, 2014; Samanta, 2018). While Havighurst (1961) is credited with having introduced this term, the breakthrough for the concept of successful aging came with the work of Rowe and Kahn (1987). They posited three components as being critical for successful aging – lower likelihood of disease and age-related disability, higher physical and cognitive functioning, and “active engagement with life” (Rowe & Kahn, 1997, p.443).

In their 2015 article, Rowe and Kahn, acknowledged the relative absence of social factors in their initial MacArthur model of successful aging (Rowe & Kahn, 1998), and stressed that “successful aging at the societal level will obviously facilitate successful aging at the level of the individual” (Rowe & Kahn, 2015, p.594). According to them the necessities of contemporary society demand that successful aging of the person must be supplemented with a corpus of theoretical inquiry and empirical research at the societal level. They argued that to enable successful aging, a society needs legislation and social institutions, news roles and responsibilities for older persons as well as the use of their ability and knowledge for employment and civic involvement (Gangopadhyay, 2021).

The successful aging movement in North America as well as the healthy or active aging discourses in Europe largely emphasize individual agency and control, the value of autonomy and independence, activity, productivity, and ‘permanent personhood’ – characterized by the denial or avoidance of aging and maintenance of the younger self (Gangopadhyay, 2016; Lamb, 2014, 2020). Such an initiative encourages people to take charge of their own aging by remaining healthy, active, productive, and self-reliant (Lamb, 2014). It has been argued that the successful aging movement prevailing in Northern America provides a specific normative model of aging well, one that can be seen as part of a larger political, cultural, medical, economic, and moral endeavor promoting healthy and self-reliant older persons — what one might call the “contemporary cultural biopolitics of aging” (Lamb, 2020, p.328).

Indeed, different cultural values, social roles and expectations are attached to different age groups in different societies (Jary, 1995) which greatly shape the experiences of the later phase of life. Hence, it is likely that the meaning of successful aging is also culture-specific (Feng & Straughan, 2017). Studies on subjective perceptions of successful aging might be able to encapsulate such cultural embeddedness by showing how different value systems shape one’s views of successful aging (Keith et al., 1990; Nosratty, 2018). Given that there have been far fewer studies from non-western cultures compared to Euro-American ones (e.g. Cherry et al., 2013; Ferri et al., 2009; Jopp et al., 2015; Tate et al., 2003), scholars have increasingly stressed the need to examine the successful aging perspectives of older adults across diverse cultural contexts (Torres, 2006). Although we are witnessing a gradual emergence of such studies from Asian countries such as Singapore (Feng & Straughan, 2017), Korea (Chung & Park, 2008), Bangladesh (Amin, 2017), Sri Lanka (Perera et al., 2015), and Japan (Sato-Komata et al., 2015), the view of older people living in India remains largely

underrepresented (Gangopadhyay et al., 2018). This is an undesirable oversight considering that India is the largest and most populous South Asian country and is home to over 104 million older people (Census of India, 2011). Moreover, it has been projected that by the end of the century older people will constitute nearly 34% of our total population (Central Statistics Office, 2016). Accordingly, the present study set out to examine the subjective perception of successful aging of older Indians.

Socio-cultural Conceptions of Aging in India

Traditionally in India the marriage of the eldest son signals the beginning of old age (Sati, 1996). With his marriage, the household management passes down to his wife, and his mother has to compete with the new daughter-in-law for her son's affection. These bring significant shifts in the status and role of the Indian mother within the realms of the family. Similarly, the Indian father also experiences a change in his status and role as his eldest son's marriage signifies giving up the position of the head of the family in substance, if not in name (Bhat & Dhruvarajan, 2001).

As per the age-based *ashrama* system of the Vedic period, *vanaprastha* or the phase of retired life is meant to concur with the eldest son reaching his maturity and being willing to take over the family responsibilities (Prakash, 1999 in Bhat & Dhruvarajan, 2001). This is followed by the *sannyasa* or forest-dweller phase once his sons have married and have their own children. It entails leaving one's home and leading the life of a hermit or remaining within the household but becoming increasingly focused on God and renouncing all worldly ties and pleasures (Lamb, 2019). According to the Hindu scriptures, these two phases -*vanaprastha* and *sannyasa* constitute old age. The first two life stages are *brahmacharya* (student life with chastity) and *grihastha* (the householder phase). However, no strict age classifications were made (Tilak, 1989) and as found in the *Dharmasastras* (ca. 200 BCE–100 CE), it is the 'upper-caste' male Hindus who were expected to move through these four stages, viz. *brahmacharya*, *grihastha*, *vanaprastha* and *sannyasa* (Cohen, 1992; Tilak & Pathak, 2006). Women, on the other hand, were expected to follow their husbands throughout life and no such life stages were laid down for them or for those belonging to the lower castes (Prakash, 1999 in Bhat & Dhruvarajan, 2001).

Our religious texts, epics and folklore also enshrine the value of filial piety and obligation. Caring for one's aged parents and older adults, referred to as *seva* or respectful service is considered to be a form of moral and religious duty (Brijnath, 2014; Cohen, 1992). The Hindu scriptures, for instance, liken parents to God and proclaim '*Mathru Devo Bhava, Pithru Devo Bhava*' (Mother is God, Father is God). It is also believed that the person who fails to pay back *pithru rina* (filial debt) has to face dire consequences in their after-life (Lamb, 2019).

Being a predominantly patrilineal society, here sons are expected to take care of their aged parents. Daughters, on the other hand, become an integral part of their husband's family once married, and are expected to bear the caregiving responsibility of their parents-in-law. In line with these socio-cultural norms, co-residence with ones married daughter is not a preferred form of living arrangement, while co-residence with a married son is a common practice in India (Bhat & Dhruvarajan, 2001). In

fact, there is a strong preference among older Indians to live with their children (Brijnath, 2012; S Irudaya Rajan et al., 1999). Studies have shown that majority of older Indians reside in some form of multigenerational household, and multigenerational co-residence has been linked to greater health gains compared to solitary living or living only with one's spouse (Samanta et al., 2015).

Although informal family care continues to be a major source of old age support and elder-care for Indians, there is an increasing demand for and proliferation of service providers offering a wide range of support services as well as a mushrooming of senior living facilities and eldercare institutions, commonly referred to as old age homes (OAHs) (Lamb, 2009; Menezes & Thomas, 2018). While these OAHs traditionally served as a form of sheltered accommodation to destitute elders (Datta, 2017), the newly emerging 'pay-and-stay homes,' are predominantly inhabited by the middle and the upper class, and are commonly run by private organizations (Liebig, 2003). However, given that interdependence within a close family structure and *seva* rendered to older family members are key to popular notions of aging well in India (Lamb, 2017), elder-care outside of the family is still not seen as indicative of 'progress' in India (Liebig, 2003), and is viewed rather ambivalently (Lamb, 2009). Interestingly, the legal framework in India also situates the primary obligation of old age care on families, particularly children. It rewards or punishes them for fulfilling or failing to fulfil those obligations, respectively. The Senior Citizens Maintenance and Welfare Act of 2007, for instance provides tax benefits to families that care for older members but imposes penalties including imprisonment on children who ignore their filial duties. This is reinforced by policymakers and opinion leaders who are ideologically opposed to accepting the family's potential limits in caring for older persons (Brijnath, 2012).

Broadly, dependence on one's children for material and emotional support, expectations of *seva*, and help with daily activities including toileting assistance from their children/junior kin are not viewed as inappropriate in the Indian context (Lamb, 2014). This is in stark contrast to the American context where dependence on younger family members in old age is viewed as damaging to one's sense of dignity and self-worth (Lamb, 2014; Simic, 1990). Given this distinct cultural context, we propose that older Indians may conceptualize successful aging differently from their western counterparts. Through the present qualitative study, we attempted to illuminate the subjective perspectives of successful aging from an Indian and non-western lens, thereby extending the US-focused successful aging literature.

Method

Participants

Using convenience sampling, data was collected from older men and women (>60 years; Age range = 61 to 95 years; M Age = 71.21, SD = 7.42) living in the community (N = 36), and in four old age homes (N = 27) (OAHs) in Delhi NCR through individual interviews (N = 39, Males = 20 and Females = 19), and 6 mini focus group discussions (FGDs) (N = 24; 4 participants in each group; Males = 12 and Females = 12). Majority

of the participants were Hindus (90.48%; 3.17% Muslim; 3.17% Christian; 1.58% Sikh; 1.58% Jain), graduates (52.38%), married (50.79%), retired (58.73%), and beneficiaries of the central government health scheme (CGHS; 57.14%). The number of self-pensioners (39.68%) was very close to the number of non-pensioners (38.10%), and our participants had an average of 2.22 (living) children ($SD=1.13$; range=0 to 5), and 1.1 grandchildren ($SD=0.93$; range=0 to 4). Detailed demographic profile of the participants based on gender (male or female) and living arrangement (community-dweller or OAH resident) is depicted in Table 1.

Research Setting

The primary research setting for collecting data from the community-dwellers were six parks located in South Delhi. Older visitors in the parks were approached and explained the purpose of the study. Among those who volunteered to participate, the majority wanted to be interviewed in the park itself on a set time and date. However, a few of the female participants invited the first researcher to conduct the interviews at their home.

The OAH residents, on the other hand, were either interviewed in their rooms or in common areas such as the garden as per their convenience. The OAH sample of our study comprised residents of two pay and stay institutions under the New Delhi Municipal Corporation (NDMC), and two charitable institutions run by not-for-profit Non-Governmental Organizations. Both the paid institutions admitted members of both the sexes. One of them had a monthly rent of approximately Rs. 3,300 whereas the other had a monthly rent of nearly Rs. 13,500. In case of the charitable institutions, one specifically catered to the needs of destitute elders (both men and women), while the other was an institution only for older women. It was open to admitting women of all socio-economic strata. The residents of neither of these two charitable institutions had to pay any monthly rent for food or accommodation. However, in case of the all-women's institution - the residents/their kin could pay any amount of money as donation during the time of admission, although this was not mandatory.

Materials and Procedure

Following methodological triangulation (Erzberger & Prein, 1997), we conducted both individual interviews and FGDs. Apart from validating the data derived from the interviews, focus groups also stimulate commentary that is often not elicited in one-to-one interviews, thus helping generate additional insight (Lambert & Loiselle, 2008; Pope et al., 2000).

Keeping in view the gender-segregated environment characteristic of the Indian context (Raina et al., 2020), we decided to conduct separate FGDs for men and women, to avoid their reluctance (particularly of the women) in openly sharing their views in front of the other gender. For both the interviews and FGDs, we firstly established rapport with the participants, after which they were explained the purpose of the study, and informed about the confidentiality and anonymity of their

research participation, their right to withdraw participation at any stage, the concept of informed consent, and the need for audio-recording their interviews/focus groups. Upon obtaining and recording their consent, their socio-demographic information (age, sex, number of children, grandchildren, educational, occupational and marital status, religion, and whether they were pensioners and had a medical insurance) was noted by the first researcher.

They were asked three open-ended questions – ‘what does successful aging mean to you? According to you what are some of the facilitators of successful aging? According to you what are some of the inhibitors of successful aging?’ Given the composition of our sample, the participants were mostly asked questions in English. Sometimes the questions were asked in Hindi using the English phrase ‘successful aging’ or ‘aging successfully’ (for instance, *Aapke liye successful aging ka matlab kya hain?*). Instances in which participants were observed to be more comfortable in Hindi, the questions were repeated for a second time and were posed entirely in Hindi (sample question: *Aapke anusar safal umr badhne ka matlab kya hain? Or Aapke anusar safaltapoorvak aayu badhne ka matlab kya hain?*). Participants were instructed to respond either in Hindi or in English or a mixture of both, depending upon their comfort and linguistic proficiency. Some of them alternated between both the languages. However, the majority responded in Hindi.

An interesting observation in our data was the ease with which participants from a relatively higher socio-economic background articulated their views about what ‘successful aging’ means to them, whereas participants from a lower socio-economic background, particularly those having no formal education and living in the charitable OAH for destitute elders found it difficult to understand the term. In such cases we asked the participants to tell us their ideas of what it means to ‘age well’ (*Aapke anusar achhe se umr badhne ka matlab kya hain?* which closely translates to ‘According to you what does it mean to age well?’); no difficulties were expressed in understanding the term aging well.

Analytic Strategy

After transcribing the recorded audio files, we conducted reflexive thematic analysis (Braun & Clarke, 2019), following an inductive approach (Braun & Clarke, 2006, 2013). The analysis was conducted in a social constructionist framework and we focused on the semantic level of the data. NVivo 12 was used for data management and analysis.

As outlined by Braun and Clarke (2006), reflexive thematic analysis involves a (recursive) six phase process which includes becoming familiar with the data, developing initial codes, developing initial/candidate themes, reviewing these themes, defining and naming them, and writing the report. As the first step of our analysis all the transcripts were read and re-read several times for gaining familiarity with the data. At this stage annotations were made and preliminary ideas for subsequent coding were noted. In the next step, preliminary codes were formed and assigned to meaningful units of the data. After all the data were coded and collated, the codes were sorted into potential themes while looking for and identifying meaningful

Table 1 Socio-demographic characteristics of the sample

	Individual Interviews	Community-dwelling females	Community-dwelling males	OAH females	OAH males	Sample total	%
Number of Participants							
	Individual Interviews	9	11	10	9	39	
	FGDs	8	8	4	4	24	
Age	Mean±SD	69.41±6.04	71.63±8.55	71.71±9.02	72.38±5.62	71.21±7.42	
	Range	61–80	62–95	62–92	64–81	61–95	
Education	No formal education	-	-	3	-	3	4.76
	<than high school (till 8th grade)	2	2	1	-	5	7.94
	High school (9th -12th grade)	5	7	1	3	16	25.40
	Graduate	7	9	7	10	33	52.38
Marital status	Post-graduate	3	1	2	-	6	9.52
	Married	11	15	3	3	32	50.79
	Widowed	6	4	10	5	25	39.68
	Separated	-	-	-	4	4	6.35
	Never married	-	-	1	1	2	3.17
Employment status	Retired	4	11	9	13	37	58.73
	Employed (on extension)	1	4	-	-	5	7.94
	Part-time	-	3	-	-	3	4.76
	Self-employed	1	1	-	-	2	3.17
Pension	Homemaker	11	-	5	-	16	25.40
	Self	-	9	6	10	25	39.68
	Family pension or widow pension	2	-	1	-	3	4.76
	(Living) Spouse	3	-	1	-	4	6.35
	No	10	5	6	3	24	38.10
Medical Insurance	Still working	2	5	-	-	7	11.11
	CGHS	6	13	7	10	36	57.14
	Private Insurance	6	4	1	-	11	17.46

Table 1 (continued)

	Community-dwelling females	Community-dwelling males	OAH females	OAH males	Sample total	%
No Insurance	5	2	6	3	16	25.40
Alone at one's home	3	1	-	-	4	6.35
With spouse	5	6	-	-	11	17.46
With spouse and children	2	4	-	-	6	9.52
With children	2	1	-	-	3	4.76
Multigenerational household	5	7	-	-	12	19.05
Charitable Institution	-	-	4	2	6	9.52
Paid Institution (Monthly charge < Rs.5,000)	-	-	5	11	16	25.40
Paid Institution (Monthly charge > Rs.10,000)	-	-	5	-	5	7.94

patterns. These were reviewed several times. Some of the candidate themes were merged, while others were broken down into separate themes. We not only kept moving back and forth between the transcripts but also between the different phases of the analysis several times, as is characteristic of thematic analysis. Finally, after a series of iterations, the themes and sub-themes were finalized.

Findings

Our analysis resulted in the development of four themes and eight sub-themes. These have been elucidated below:

Theme 1. Successful Aging as Personal Well-being

This theme embodies our participants perception of successful aging as encompassing three related well-being dimensions and factors, namely physical, psychological, career and financial well-being.

Good health and fitness, having a healthy lifestyle, being functionally independent, and not having any debilitating diseases were core to their definition of successful aging as physical well-being:

“A person who has not gone through major diseases and is physically healthy even in old age, such a person is aging successfully” (Participant-38, 64 years, married female, homemaker, community-dweller).

“Successful aging is waking up on time, making a daily schedule for oneself, doing yoga etc. and having a balanced diet” (Participant-18, 67 years, widowed male, retired pensioner, community-dweller).

On the other hand, sensory and cognitive impairment and having diseases such as diabetes in old age were perceived as barriers to successful aging considering their impact on the overall quality of life:

“There are many people who can’t hear properly at this age. I know many such people. They were so hardworking and sincere in their jobs till the end. But now their problem is with age they have developed hearing problems...hearing properly is very important” (Participant-6, 64 years, married male, working after retirement, community-dweller).

Different facets of psychological well-being also featured in their definitions of successful aging, the most common being happiness:

“If there is happiness in your life then you can enjoy your life. But if your life is full of unhappiness, then you will not like anything, you will not be able to enjoy your life. So, for those people who have happiness in their life, their old age will be a good time, they can say that “I am aging successfully (Participant-33, 69 years, widowed female, self-employed).

Their happiness in turn was greatly influenced by the well-being of their family and society at large. India, is largely a collectivistic society, and individuals from collectivistic cultures tend to view happiness as an experience that is rooted within shared relationships and place a strong emphasis on nurturing interpersonal relations (Uchida & Oishi, 2016), including those with families, co-workers and neighbors. This is in contrast to the individualistic orientation of Euro-American cultures which place greater emphasis on the pursuit of individually-oriented positive affect, individual autonomy and individual achievements (Ye et al., 2015). Asians have typically been found to place a stronger emphasis on socially as opposed to individually oriented subjective well-being (Lu & Gilmour, 2004):

When I see that people at home are very happy, then even I feel happy. and when they are unhappy, say my daughters have some problem in their life, then seeing them upset also makes me very upset. Even when my family members fall sick then that also makes me very unhappy (Participant-38, 64 years, married female, homemaker, community-dweller).

Whatever wrong things are happening in this world for example the riot that happened, like the rapes that happen, then the fights that happen in some places...all of these things make me feel very sad... (Participant-56, 64 years, married female, homemaker, pay and stay home resident).

Their psychological definitions of successful aging also comprised psychological growth gained through experiences, and mentoring of the younger generation:

“...helping children like you in making good decisions, teaching you how to stay positive, for me this is successful aging” (Participant-36, 74 years, widowed female, homemaker, community-dweller).

“With growing age, we become more experienced. In every moment of our life, we learn something or the other, (and) become more experienced...so we can tell them ‘‘child do this, don’t do that’’ (Participant-53, 82 years, widowed female, homemaker, charitable home resident).

Their view of successful aging as psychological growth aligns with the ‘personal growth’ component of the successful aging model of Ryff (1989) in which she stressed the potential for continued psychological growth in the later years.

Several other participants defined successful aging as having positive psychological resources and attributes such as positive thinking, health-related hardiness, will-power and an accommodating nature:

“...Even our thoughts are important. One who is aging successfully is the one who has good thoughts, he has positive thoughts...” (Participant-35, 72 years, widowed female, homemaker, community-dweller).

A similar emphasis on a vast array of psychological traits (such as positive attitude, contentment, sense of humor, goals and challenges, being mentally active; Tate et al., 2003) and well-being is also found in the extant literature on subjective perceptions

of successful aging in other cultural contexts (Cherry et al., 2013; Knight & Ricciardelli, 2003; Reichstadt et al., 2007).

Moving on, successful aging was also commonly defined as ending one's career well, and having had a job where the person was respected, regardless of their salary and irrespective of whether the job was a private or a government one:

“Successful aging means the person has ended his career well...having a good career” (Participant-6, 64 years, married male, working after retirement, community-dweller).

“As for the meaning of successful aging...a good job where you are respected even if the pay is a little less” (Participant-40, 61, married female, retired, non-pensioner).

“Successful aging means that you have worked hard previously...you are retiring well in whatever job you have, not necessary that it has to be from a government job only” (Participant-7, 65 years, married male, working after retirement, community-dweller).

These definitions featured prominently in the transcripts of the male community-dwellers. Only one female participant drew reference to career or job in her definition of successful aging. She is among the few female participants of our study to have been a part of the paid workforce. The labor of the majority of our female participants, however, was unpaid as they were homemakers. In traditional societies, the majority of the older women had never been a part of the paid workforce (Bakshi & Pathak, 2016). Hence, the traditional gender norms and expectations might explain the gendered nature of this definition.

On the other hand, the salience of career identity (Meijers, 1998) of the male community-dwellers many of whom continued working after retirement might explain the higher prevalence of this definition among the community-dwellers relative to the OAH residents. While all of the men living in OAHs were retired, some of the community-dwelling men continued being engaged in some form of paid work after retirement. They were either working on extension in government service or part-time as consultants, or were self-employed.

If career emerged as an important aspect in their definition of successful aging, financial well-being and its different facets including financial security, financial strength or lack of it, financial issues such as being in debt or having been financially cheated, emerged as their perceived determinant of successful aging. They particularly emphasized the importance of finances for healthcare and for leading a comfortable life in the older years:

“If you have financial strength then you are successful, be it in life, be it for other people or be it in old age. Why do we need money in old age? Because illness will come, then (you have to pay) doctor's fees, hospital fees...” (Participant-3, 72, widowed male, self-employed, non-pensioner, community-dweller).

There was also a recognition of the psychological impact of financial worries and debts on the older person and a belief that it leads to accelerated aging:

“Any financial problems will break you down and make you age faster” (Participant-9, 76 years, married male, retired non-pensioner, community-dweller).

Although the dominant models of successful aging do not incorporate financial security/stability as a core component, studies on the subjective perceptions of successful aging across different countries and cultures point to its perceived significance for the older population (Amin, 2017; Lee, 2018; Reichstadt et al., 2007).

Theme 2. Tensions Between Agency and Fatalism

Underpinning our participants view of successful aging as personal well-being were their underlying assumptions about the role of agency and fatalism. While the majority of our respondents were of the view that the decisions regarding physical health, career, finances and use of psychological resources for successful aging are largely a matter of individual choice, some expressed both agentic and fatalistic beliefs, whereas others acknowledged the role of fate while also expressing the belief that one can exert agency to maximize the possibility of favorable outcomes.

Sub-theme 1. The Person as an Active Agent

Most of our participants shared the conviction that the decisions which people make with respect to their health, career, finances, and use of innate psychological resources and attributes in everyday life are largely a matter of individual choice.

Characterized by this sense of personal agency, they stressed the importance of positive health behaviors for promoting successful aging. Some of these included engagement in age-appropriate physical activities such as walking, adherence to prescribed medications and other health treatments, consumption of healthy food such as pulses, fruits and nuts, avoidance of food such as red meat and of behaviors detrimental to one's health such as physical inactivity:

...waking up on time, making a daily schedule for oneself, doing yoga etc. and having a balanced diet (Participant-18; 67 years, widowed male, retired pensioner, community-dweller).

Having medicines regularly is important, having your blood pressure checked, then food...you must be careful about your eating...I have meat only twice a month, the doctor has told me that having too much red meat at this age is not good for my health (Participant-51; 69 years, widowed female, homemaker, non-pensioner, charitable home).

Among the health-damaging behaviors, there was a particularly strong emphasis on the dangers of alcohol consumption and cigarette smoking. Some of the men even reported that they themselves had these habits previously, however, they had given these up over time - thus, bringing to light their assertion of personal control:

Let me tell you; I used to smoke bidi. I was addicted to it...I have left it, now my health is fine...I left it because I felt it was better for my health (to do

so) because these things are harmful... (Participant-20; 67 years, married male, retired non-pensioner, charitable home resident).

In addition to health, the individual was also viewed as exerting control through the use of psychological attributes and resources such as resilience, positive thinking and attitude, and willpower. A 78-year-old community-dwelling woman, for instance, conceptualized successful aging in terms of willpower, and gave the example of a person who came to the park regularly despite a decline in his health:

... there is one person...whose health condition is very poor but you will be surprised to know that he comes to the park every day. He uses this walker kind of a thing. It takes him so much time to enter the park...but he still comes every day...So much willpower one needs to do that...This kind of thing if you can maintain in old age then definitely, I will say this is successful aging. Your willpower is your thing, it is under your control (Participant-48, married female, retired non-pensioner).

Likewise, individuals were also viewed as exerting personal control in other dimensions of successful aging, such as finances through proper financial planning and management:

...financial planning is important. From the very beginning of you do proper financial management, you don't have to worry about money when you reach 60s. You will not have to borrow money from your children, or your relatives. You can keep a nurse to take care of you, you can visit good doctors, eat good food. Financial security is a really big mental strength in old age (Participant-4; 63 years, married male, working after retirement, community-dweller).

While the majority of our respondents focused on individual responsibility in the context of successful aging, one of them drew attention to the health and economic disparities faced by older people living in rural India:

Out of all the old people, hardly 10% I would say are able to live with dignity or able to support themselves, the other 80–90% they live in rural areas, there is no medicine, they don't have any source of income in old age, they are dependent on their spouses who are also old (Participant-29; 71 years, married male, pay and stand home resident, pensioner).

The focus on individual responsibility in successful aging shows one's belief in self-determination, encourages the person to adopt positive health behaviors, and helps them feel in control of their lives. However, the socio-economic and cultural contexts in a person's life (Martinson & Berridge, 2015), including the inequities in life chances resulting from one's age, gender, caste, religion, social class, geographic location and the interplay among these variables (Minkler, 1990) have also been identified as playing a critical role in shaping one's successful aging trajectory.

Sub-theme 2. Co-existence of Agency and Fatalism

Some of our participants expressed a belief in lifestyle management and psychological attributes such as positive thinking as an effective way to age successfully, while also expressing fatalistic beliefs, mostly referring to God or a higher power, in the same sentence or exchange. This co-occurrence of agency and fatalism was observed in the narratives of those who spoke of close social relations or family relations or distinguished personalities (for example, one respondent spoke of Swami Vivekananda) who had passed away at a relatively younger age. The co-existence of fatalistic beliefs with sentences endorsing the value of behavioral change usually indicates attempts of the participants at sense-making, uncertainty management or stress relief (Keeley et al., 2009), which might have been the case for our respondents:

Successful aging is good lifestyle. Everything comes under this, eating, exercise...our sleep schedule...so if you have a good lifestyle from the very beginning and your thinking is always positive, don't think negative, then you will be able to lead a good life...See, whatever he has said or written that is bound to happen...my own cousins who are 10–20 years younger than me they passed away, my son passed away, my wife...was aged 25 years when she passed away. So, these things, whatever he has written it has to happen according to that plan... we are like (wind-up) toys, we breathe till God keeps winding our key” (Participant 24; 80 years, widower, non-pensioner, pay and stay home resident, Hindu).

The co-existence of both fatalistic and agentic beliefs revealed in our data appear to be contrary to the traditional conceptualization of fatalism as the antithesis to agency, where the individual is either viewed as fatalistic or non-fatalistic, but not both (Bell & Hetterly, 2014). However, our findings are in line with an emerging body of scholarly work which has demonstrated that fatalism and agency are not always distinct and mutually exclusive (e.g. Bell & Hetterly, 2014; Chaturvedi et al., 2009; Jones et al., 2016; Potter et al., 2019), and that acknowledging the role of fate in influencing outcomes does not make personal actions irrelevant (Au & Savani, 2019).

Sub-theme 3. Negotiating with the Invisible Powers

Some of our participants clearly articulated how God, fate, destiny and karma play a role while also expressing a belief that one can negotiate control with these invisible powers by exercising agency through the use of one's innate psychological resources (such as resilience, living in moderation, positive thinking) and/positive health behaviors to make the best out of the situation for aging successfully:

Health is very difficult to predict. Some people eat well, sleep well, exercise every day and still fall sick...You can't predict life. Even cancer, so many young healthy people have cancer. So, you can try your best to eat healthy and be physically fit, and if God is good to you then you might live till your 80s and 90s without any major disease. Otherwise, what can you do? You have to

be mentally strong enough to live with the problem... The key is to be mentally strong... (Participant-22; 81 years, unmarried male, pay and stay home resident, Hindu).

Another way in which some respondents expressed tensions between fate and agency was through their view of God as a just figure who supports the benevolent and is punishing towards the malevolent. Guided by this belief they perceived that attaining God's support for successful aging is negotiable as it is contingent one's behavior and thoughts towards others:

Any person, if he has good thoughts for others, then God will help him to do what he wants to do, he will not face any impediments in his way. One must always keep good thoughts. You should never have bad thoughts for anyone. Always keep good thoughts, always do good for others, and say good things to them then God will do good to you as well and the later years of your life will go well. You will attain successful aging (Participant-6; 64 years, married male, community-dweller, working after retirement, Hindu).

The concept of investing in *karma* was also evoked in reference to the idea of negotiating with one's fate. Karma can be thought of as an individual's fate as dictated by the actions of a former life (Biswas-Diener et al., 2012). Within Hinduism, it denotes a cycle of cause and effect in which a person's right actions produce good outcomes, and bad actions produce bad outcomes (Reichenbach, 1988). The concept of karma is also intricately linked to the concept of rebirth as these outcomes may not be realized in a single lifecycle (Tull, 2011). Hence, it is believed that the nature of one's next life will be based on the moral quality of their previous lives (O'Flaherty, 1980). For instance, a female Hindu respondent who has been encountering problems in her older years attributed it to her wrongdoings in her past life. She further reasoned that she only wants to do good things in the present life so as not to suffer the same fate in her next life, thus suggesting that she is investing in good karma:

Now in my life I am passing through a crisis...All these problems that I am facing now are the consequences of my *karma*...I must have engaged in some bad actions in my earlier life because of which I am suffering so much today...I don't want to do anything bad in this life and then again suffer in my next life... I just want to end all the bad things, immoral things I did in my earlier birth ... (69 years, female, widow, community-dweller).

In other words, while one cannot undo their past actions and the bad fate bestowed upon them in their present life, they can, however, make good karmic investments to ensure a good fate in their next life. Negotiable fate refers to the belief that individuals do not have complete and direct control over their fate, nevertheless, they can negotiate control with fate through agentic actions for more favorable personal outcomes (Au et al., 2012; Au & Savani, 2019; Chaturvedi et al., 2009). The belief in negotiable fate has been a long-standing tradition in Hinduism (Chaturvedi et al., 2009). A verse in the *Bhagavad Gita* (IX.22), for instance, states that while Lord Krishna controls

people's outcomes, one can have some control over their fortunes by practicing his teachings, and expressing devotion towards him: "But those who always worship Me with exclusive devotion, meditating on My transcendental form—to them I carry what they lack, and I preserve what they have".

Notably, our data reveals that Indian notions about agency and control over successful aging are far more complicated than the prevailing Euro-American notions where the focus primarily lies on individual responsibility and control over aging. As we have seen, much like their western counterparts, many of our participants emphasized the role of individual responsibility over health maintenance and promotion, financial stability and planning, timely attainment of important milestones, viz. education, job and marriage ("It is important to do timely planning for your education, job, for your marriage"; Participant-4, 65 years, married male, retired pensioner, community-dweller). However, interestingly, none of these participants raised the issue of independence in the context of family, old age care or living arrangement. It has been observed that such dependence is not viewed as inappropriate, rather too much independence is widely seen as one of the worst things that can happen to someone in old age, and the Indian media depicts living alone in old age as a severe concern of modern society (Lamb, 2017). While this is in contrast to the Euro-American perspective, the aspects of negotiable fate and the co-existence of agency and fatalism as emphasized by some of our other respondents are markedly absent in the prevailing Euro-American successful aging discourse, thus, pointing to the complexity of the Indian perspective on successful aging.

Theme 3. Linked Lives

Broadly, this theme captures the role of the family, particularly children and spouse in influencing one's successful aging trajectory, and shows how family members are linked in important ways throughout life.

Sub-theme 1. Parent-child Relations

The parent-child relation is amongst the most salient of all family relationships, and negative life circumstances of the adult child, such as their divorce, problems with addiction, or not reaching the normative expectations of their parents such as completing their education, having a job and being married, were perceived as endangering the latter's successful aging, apart from causing them worry and tension, and preventing them from focusing on their health:

Children being settled properly, getting a job, getting married, and completing their education properly, that is very important. Those whose children are not settled properly, for them this becomes a source of tension and eventually it doesn't let them age successfully. They can't focus on their health; they have to constantly worry about their children and their future (Participant-7; 64 years, married male, working after retirement, community-dweller).

...their (children's) divorce affects parents, it becomes a cause of tension for them. And if you have to tolerate all this in your old age, how will you age

successfully? (Participant-4; 63 years, married male, part-time consultant, community-dweller).

Parents have goals and expectations regarding their child's education, finance, career, and relationship. When such goals remain unrealized, they are likely to experience negative emotions such as worry, disappointment or guilt, as they are highly invested in their children as a legacy for their future (Cichy et al., 2013; Giarrusso et al., 2004).

Besides, our participants also pervasively viewed and defined successful aging in terms of their children's professional success: "...seeing my daughter as a successful physician is my successful aging" (Participant-21; 76 years, married male, pensioner, pay and stay home). Parents tend to believe they have a critical influence in their child's development and often interpret their child's success or failure as their own success or failure in the parental role (Ryff et al., 1994; 1996).

Similarly, the growth of one's child into an adult who is respecting and loving towards his/her aging parent was considered to be contingent on one's parenting skill, and was meant to be interpreted as one's successful aging: "Their upbringing depends upon us only. So, if we have been able to bring up children who respect us and love us when we are old that means we are successful agers" (Participant-62; 76 years, widowed female, pay and stay home resident, retired pensioner).

Children's demonstration of care, respect ("parents only want respect") and filial support were believed to be critical for the successful aging of their parent: "I believe if children look after you, serve you food at proper time, then you will age successfully...if children are treating you well, talk to you respectfully..." (Participant-18; 67 years, widowed male, retired pensioner, community-dweller). In India, respect for elders and care of the aging parents by their adult children are salient socio-cultural expectations, and the value of filial support and care is also highlighted in our epics. In the Ramayana, for example, the legend of Shravan Kumar, is commonly invoked in discussions on filial piety. He epitomizes the ideal offspring. It is said that when his frail, aging and blind parents desired to go on their religious pilgrimage, he carried them on his shoulders in two baskets fitted with a bamboo stick, and took them from one religious' site to the other (Khan et al., 2014).

In addition to respect and filial care, the expectation of co-residence with one's children in old age was also evident in our data, particularly in one of our FGDs. As maybe observed from the following excerpt, living in an OAH was viewed as an exception rather than the norm. The relocation to institutional living was seen as being an unwilling move, that was primarily driven by the (mis)behavior of one's children:

Parents want to live happily with their children, they want their children to inquire about their well-being, whether they need anything...no parent wants to go an OAH leaving their own place (FGD-4; respondent d; Participant-45; 63 years, widowed female, homemaker, community-dweller).

Why would any parent want to leave the house they have built with their hard-earned money, where they have brought up their children? Why would they, isn't it? They will only think of moving if there is some really big reason... if you are sending your parents to an OAH it is very wrong on your part to

be doing so (FGD-4; respondent b; Participant-43; 72 years, widowed female, homemaker, community-dweller).

In India, OAHs are viewed as spaces that signify an avoidance of family responsibility (Brijnath, 2012; Kalavar & Jamuna, 2008; Lamb, 2009), and represent a sign of social degeneration, where older parents and relatives are abandoned, and affection and *seva* are now commercialized (Bhat & Dhruvarajan, 2001; Kalavar & Jamuna, 2008). Much of the prevailing public discourse in the media and daily interactions is that contemporary forms of non-family-based care in India are signs of a deplorable societal and moral degeneration. In a country where the family is seen as the proper site of aging, the neglected older person living in an OAH represents the perceived collapse of traditional value system (Lamb, 2009).

Sub-theme 2. Spousal Interrelationship

Older married couples who have been living in a shared environment for several years often influence one another in important ways (Walker & Luszcz, 2009), and spousal support and care appeared to be an important area of spousal influence for our female participants. This is best illustrated in the views of a 66-year-old woman who stressed the importance of a caring and supportive spouse more so in the later years after one's children are married and settled:

If you are married then your husband or your wife must be caring, supportive... then...no matter how many difficulties come in your life you will know that no, I have my husband with me... Firstly, your children grow up, if you have daughters then they get married so only the husband and wife remain, and even if you have a son, he will have his own life. If your husband is not good then you will have to suffer from a lot of sadness for the rest of your life (Participant 39; married female, community-dweller, homemaker).

The marital relation occupies an especially important position in the lives of older adults whose children are no longer living at home (Bouchard & McNair, 2016). It is a time when they experience a shift in focus from their role as a parent to that of a husband or a wife (Nagy & Theiss, 2013).

Another significant event in the life of an older married person is spousal loss, a factor that appeared prominently in the transcripts of the widowed men as an inhibitor of successful aging, although the number of widows (25.40%) were higher than the number of widowers (14.29%) in our sample. "Death of your spouse is a very difficult thing", said a 63-year-old community-dwelling widower, "it will stop you from aging successfully", he remarked.

The benefits of marriage for men are primarily psychological (Lieberman, 1996), and the death of their spouse creates an emotional vacuum, leaving them without the companion with whom they were spending their everyday life:

It is very important to have your life partner by your side. My wife expired in 2016. I am still alive and will turn 70 in a few years. It is even possible that

I might live till I'm 80 but passing each day becomes more difficult. Whom do I talk to?" (Participant – 18; 67 years, widowed male, retired pensioner, community-dweller).

Another marital factor mentioned by the men in the context of successful aging was marital happiness. Interestingly, while spousal loss was mentioned in the individual interviews as well as FGDs, marital happiness was only mentioned in the FGDs: "The happiness of marriage also I feel is important, then life can be smooth even in old age, even if you are ill or something" (Participant-13; 81 years, married male, retired pensioner, community-dweller).

However, as far as marital relations are concerned, a smooth marital life was considered to be contingent on the relation that the husband and wife share with their respective in-laws. As one of our participants stressed:

...it is not enough to have a good relation with your wife. Even your wife must have a good relationship with your parents and you should have a good relation with your in-laws, otherwise your married life will be very difficult, and all this will affect you only, isn't it? (65 years, married male, working after retirement, community-dweller).

Incompatibilities with in-laws is one of the most commonly reported marital problems of urban middle-class Indian couples. This is reflective of the strong influence of the extended family in the marital dyad within Indian families. If the in-laws exert an important influence in the relation between the husband and wife, the Indian daughter-in-law plays a pivotal role in the relation between her husband and his aging mother. She is perceived as a potential threat to the mother-son relationship – her husband may be so enamored in her affections that he could neglect his filial responsibilities (Sonpar, 2005).

A pressing task for the man after marriage is to negotiate a new position as a married man who now owes allegiance both as a son and as a husband. Achieving a balance between both these roles, and respecting both his mother and his wife are important for family peace and his successful aging:

Many times, the boy feels stuck, 'should I listen to my mother or my wife, because family is such a thing that you can't say no to your mother and your wife has come from a different family, even she has some wishes that must be respected (FGD-4; respondent 'a'; participant-42; 66 years, widowed female, widow pension, community-dweller)

It is very important to have balance. You must respect both your mother and wife. If there is peace at home you will age successfully but if your mother and wife are constantly fighting at home then you can't live in peace (FGD-4; respondent c; Participant-44; 61 years, married female, non-pensioner, community-dweller).

Interestingly, neither spousal interrelationship nor meaningful interdependence with adult children feature prominently in the existing Euro-American models of success-

ful aging. Instead, they primarily focus on independence. However, consistent with our findings, studies from other Asian countries such as Bangladesh (Amin, 2017) and Singapore (Feng & Straughan, 2017), also found that older persons from these cultures perceive co-residence, and dependence on the family for care and old age support as normal and appropriate. Such similarities appear to be rooted in the strong societal value attached to familial relationships in these cultures. For instance, while exploring dementia care in India, Cohen (1998) observed that the stigmatization of an older person having dementia was viewed as stigmatization of the family - pointing to how deeply and strongly the older person is embedded within the family.

Theme 4. The Social and Built Environment

The last theme encapsulates the importance of socio-environmental factors in facilitating or inhibiting successful aging:

Sub-theme 1. Complexity of Social life: The Health Interface

Apart from family relations, there was a widespread consensus on the importance of positive social relations and social connectedness outside of the family such as with one's friends and neighbors for aging successfully:

For successful aging one should have a social life...one should always have good social bonding, discuss things with your friends, interact with people socially, with good people (81 years, married male, pensioner, community-dweller).

While a good social life was perceived as important for successful aging and general well-being, social isolation was perceived as a risk factor for depression:

Actually, isolation is the cause of depression. One should not isolate oneself. He should have a social life with friends, neighbors, whoever it is (Participant – 14, FGD-1, 76 years, male, community-dweller)

A few of our community-dwelling participants were also members of senior citizens groups and acknowledged the importance of such organizations/groups in helping older people remain socially connected to their peers:

Me and my wife, we are part of two senior citizens group – one group has members from all over Delhi NCR and another is the senior citizens group of our locality. Whenever they have any gathering, any function they invite us...this helps us staying socially connected to people of our age group. It is very important (Participant-1; 75 years, married male, non-pensioner, community-dweller).

Previous studies from India have reported that financially secure older people often strengthen their social capital outside the family by joining various clubs and associations which help in combating loneliness and provide a sense of purpose and meaning (Van Willigen & Chadha, 1999).

Similarly, our findings pointed to the significance of parks for the community-dwellers. Parks were not only perceived as a space for physical wellness but also as a social space. They sat together in the park benches and engaged in various discussions every morning and evening after completing their walk. It served as a source of happiness and was something they looked forward to:

My social group - visiting them, meeting them, talking to them, gives me a lot of happiness. We meet every day in the park for two hours, walk, and then sit and have different kinds of discussions (Participant 4, 65 years, male, community-dweller)

We just talk, walk and discuss something...then we go to our houses and have breakfast and all (Participant – 14, FGD-1, 76 years, male, community-dweller)

We look forward to it every day in the morning (Participant 12, FGD-1, 95 years, male, community-dweller)

Social relations and interactions are known to exert a strong influence on health and well-being (Umberson et al., 2010), and have also been associated with mortality (Glass et al., 1999). However, social interaction in the later years is complicated by health declines. Our oldest participant aged 95-years, for instance, highlighted the plight of the bed-ridden while emphasizing the importance of social interaction in aging successfully, and remarked:

...it (social interaction) is very important for successful aging.... Some people I know are bed-ridden, of course they are much (more) younger than me but they are bed-ridden and they crave for somebody to come and talk to them... they have servants to take care of them but still they are not satisfied because they need care but social interaction, that is missing (Participant-12; 95 years, married male, pensioner, community-dweller).

Emphasizing the intersection between hearing impairment and social interaction another participant said: “There are many people who can’t hear properly at this age...As a result, many times they stop going out and don’t interact much with others...” (Participant-6; 64 years, married male, working after retirement, community-dweller). Both functional decline and hearing impairment are associated with a reduction in the social network of older individuals and limits their opportunities for social interaction (Asakawa et al., 2000; Ogawa et al., 2019).

The interface between social life and health was also observed in the responses of the OAH residents, many of whom had found an active social life inside the institution. Unlike the community-dwellers, they did not need to step outside the premises of the institution for ensuring a social life. However, as one of them reasoned, this had reduced his physical movements and he felt less confident in stepping out of the institution when needed. In the long-term, however, this was perceived as a benefit – even if he developed health issues such as a knee pain he could continue to remain socially connected to his age-mates inside the institution:

I have stopped going out...but when I was staying on my own, I would go out everyday but here, ever since I moved here, I hardly go out, because see I have made friends here itself so I don't need to go out to socialize. Now when I have to go somewhere I feel a little scared also. This would not have happened if I had been living alone. I would have to go out to socialize and all these things. I would have to go out to socialize and all these things. I would have remained physically active also. Here I am socially active no doubt but physically not so confident. But if you see it, then after a certain age if I couldn't move out say due to knee pain my social life would have stopped. Here that will never happen (Participant 22, 81 years, male, paid OAH resident).

Further, the two charitable OAHs often had outside visitors/donors who came over to celebrate their birthdays and often donated food and other commodities to the residents. Such events were a source of enjoyment and created opportunities for social interaction, without them having to step outside the premises:

We have visitors who come to celebrate their birthdays, they come here to spread joy. Sometimes people also come here to donate food and other things. When we have such social functions, we enjoy a lot and have a lot of fun (Participant 51, 69 years, female charitable OAH 1 resident).
...there are many outsiders who come here and donate things to us such as clothes, food. they come and sometimes we even have celebrations, we get to interact, we all sit together and chat, it feels good (Participant 53, 82 years, female charitable OAH 2 resident).

Sub-theme 2. Social life in the Neighborhood

Apart from health status, the social environment of the neighborhood was also considered to be instrumental in determining one's level of social interaction. Some neighborhoods are characterized by the lack of a meaningful social life, and the limited social interaction in such neighborhoods was widely perceived as causing loneliness. Under such circumstances, public spaces such as parks acquire great importance in creating opportunities for social interaction among older people. This is best illustrated in the views of a 75-year-old man living in an upscale locality in South Delhi:

The place where you stay that should be good. If you don't live in a good locality then others keep a tab on you where is he going, what is he doing, why is he sitting at home, they will feel jealous, so these things are there in the bad localities. And in the posh localities the ones living downstairs are not ready to talk to the ones living upstairs and those living upstairs rarely come down...If the social interaction is very limited then one will experience loneliness. This is why if you go to parks you will find a lot of seniors...for instance, I have been staying in [V.K.] since 1970.... There's no social mixing here, no interaction between neighbors...no social bonding, this is why we have to come to the park (Participant-1; 75 years, married male, non-pensioner, community-dweller).

Interestingly, individuals who continued working after retirement felt that the social environment of the neighborhood was particularly important for those who had retired and were spending a significant portion of their time at home:

The surrounding atmosphere in your society that can also create troubles. Ultimately this will not allow you to live well, it will prevent you from aging successfully...but for people like me who are still working after retirement we can ignore these as we have to focus on work. But those who have to spend their entire time at home think about them, for them having a good society and good neighbors is very important (Participant-5; 63 years, married male, community-dweller, working after retirement).

Sub-theme 3. The Good House

The house occupies a central position in the lives of older people as the physical space where they spend a considerable amount of their waking hours (Molinsky & Forsyth, 2018). A good house for an aging person was largely perceived as one that has proper ventilation, allows entry of natural light, and has a balcony. Further, its location is such that essential facilities and services are locally available and it is in close proximity to the hospital:

...a good airy place to stay, a proper ventilated house where at least he can sit in the balcony or see the outside world if he cannot go out of his house very often because of his health issues. Then good doctors to whom he can go in case of any emergency or maybe a hospital nearby...location is definitely there. It is important (Participant-38; 64 years, married female, homemaker, community-dweller).

Overall, this sub-theme was more prevalent in the responses of the community-dwellers relative to the OAH residents. This is not surprising. As informed by the managers of these institutions, the residents could ask the caretakers to bring them items of their daily need if they did not wish to go out themselves. Further, in the event of a medical emergency, the institutions themselves made arrangements to take the residents to the nearest hospital. For community-dwellers, on the other hand, the community was their locus of aging. Consequently, features of the house, community and neighborhood are important as they can create opportunities as well as constrains for the older residents (Scheidt & Windley, 1985).

Within the gerontological literature, these ‘socio-environmental determinants’ related to the house and neighborhood are considered critical for ‘successful aging in place’ (Cise et al., 2018). The concept of aging in place recognizes the value of encouraging independence for aging adults of all abilities while enabling them to live safely and comfortably in their own home and community (Emler & Moceri, 2012), and calls for the establishment of ‘elder-friendly communities’. Such a community has provisions for the involvement of older residents in community life, opportunities

for civic participation, and has a well-connected transportation network that links the community to hospitals and places of entertainment (Lau et al., 2007) to name a few .

Concluding Comments

The present study sought to make an original and timely contribution to the limited knowledge we have regarding the meaning and experience of successful aging in the Indian context. If definitions and models of successful aging are to be relevant for the aging population, clinical practice and policy-making, they should incorporate the subjective components that are considered to be important by older people (McLaughlin et al., 2010).

Moreover, interventions and policies that are in line with the views of the target population tend to receive greater involvement and commitment on their part. Apart from this, consulting older people about their views might provide newer insights that can help shape scientific discussions and inform the development of theoretical models (Bowling, 2006; Jopp et al., 2015; Montross et al., 2006; Strawbridge et al., 2002). The perspective of aging individuals also helps in understanding the role of culture in shaping one's views of successful aging (Keith et al., 1990; Nosraty, 2018).

It was found that older Indians conceptualize successful aging as a multifaceted construct. Broadly, the findings revealed the underlying tensions between agency and fatalism in their view of successful aging as personal well-being, highlighted the perceived significance of immediate family members, namely children and spouse as well as the social and built environment as determinants of successful aging. The present results help extend the US-focused successful aging literature by illuminating older people's subjective perspectives of successful aging from an Indian and non-western lens. Besides, these findings have implications for future intervention studies aiming to promote successful aging among older Indians, and are also relevant to clinicians, family and marital counselors dealing with older clients, and geriatric counselors and social workers. However, the generalizability of the present findings is subject to certain limitations. The present sample comprised urban individuals living in Northern India having relatively intact physical and sensory functioning, and primarily belonging to the middle and upper-class. Hence, their views maybe not be representative of older Indians living in rural areas, in other parts of the country or those having restricted movement or late-life disability or belonging to lower socio-economic classes. Therefore, future studies comprising older people across India, both rural and urban individuals having varied levels of functional capacity, and comprising more persons from the lower socio-economic strata may reveal additional components of successful aging. Such studies may also benefit from examining nuanced differences, if any, in the conceptualization of successful aging across the different decades of old age resulting from the subtleties of life transition.

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Code Availability Not applicable.

Declarations

Compliance with ethical standards The study was performed in accordance with the 1964 Helsinki Declaration and its later amendments and comparable ethical standards.

Informed Consent Informed consent was obtained from all the participants who were a part of the present study.

Conflict of Interest The authors declare that they have no conflict of interest.

References

- Amin, I. (2017). Perceptions of successful aging among older adults in Bangladesh: An exploratory study. *Journal of Cross-Cultural Gerontology*, *32*(2), 191–207. <https://doi.org/10.1007/s10823-017-9319-3>.
- Asakawa, T., Koyano, W., Ando, T., Shibata, H., & Fry, P. S. (2000). Effects of functional decline on quality of life among the Japanese elderly. *International Journal of Aging and Human Development*, *50*(4), 319–328. <https://doi.org/10.2190/3TR1-4V6R-MA5M-U1BV>.
- Au, E. W. M., Chiu, C., Zhang, Z. X., Mallorie, L., Chaturvedi, A., Viswanathan, M., & Savani, K. (2012). Negotiable fate. *Journal of Cross-Cultural Psychology*, *43*(6), 931–942. <https://doi.org/10.1177/0022022111421632>.
- Au, E. W. M., & Savani, K. (2019). Are there advantages to believing in Fate? The belief in negotiating with Fate when Faced with Constraints. *Frontiers in Psychology*, *10*, 2354. <https://doi.org/10.3389/fpsyg.2019.02354>.
- Bakshi, S., & Pathak, P. (2016). Aging and the socioeconomic life of older adults in India: An empirical exposition. *SAGE Open*, *6*(1), <https://doi.org/10.1177/2158244015624130>.
- Bell, A. V., & Hetterly, E. (2014). There's a higher power, but he gave us a free will": Socioeconomic status and the intersection of agency and fatalism in infertility. *Social Science and Medicine*, *114*, 66–72. <https://doi.org/10.1016/j.socscimed.2014.05.036>.
- Bhat, A. K., & Dhruvarajan, R. (2001). Ageing in India: Drifting intergenerational relations, challenges and options. *Ageing and Society*, *21*(5), 621–640. <https://doi.org/10.1017/S0144686X0100842X>.
- Biswas-Diener, R., Tay, L., & Diener, E. (2012). Happiness in India. In H. Selin & G. Davey (Eds.), *Happiness Across Cultures* (pp. 13–25). Springer. https://doi.org/10.1007/978-94-007-2700-7_2
- Bouchard, G., & McNair, J. L. (2016). Dyadic examination of the influence of Family Relationships on Life satisfaction at the empty-nest stage. *Journal of Adult Development*, *23*(3), 174–182. <https://doi.org/10.1007/s10804-016-9233-x>.
- Bowling, A. (2006). Lay perceptions of successful ageing: Findings from a national survey of middle aged and older adults in Britain. *European Journal of Ageing*, *3*(3), 123–136. <https://doi.org/10.1007/s10433-006-0032-2>.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>.
- Braun, V., & Clarke, V. (2013). *Successful qualitative research - A practical guide for beginners*. Sage. <https://uk.sagepub.com/en-gb/eur/successful-qualitative-research/book233059>.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport Exercise and Health*, *11*(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>.
- Brijnath, B. (2012). Why does institutionalised care not appeal to Indian families? Legislative and social answers from urban India. *Ageing & Society*, *32*(4), 697–717. <https://doi.org/10.1017/S0144686X11000584>.

- Brijnath, B. (2014). *Unforgotten: Love And The Culture Of Dementia Care In India*. Berghahn. <https://www.berghahnbooks.com/title/BrijnathUnforgotten>
- Census of India. (2011). *2011 Census data*. Govt. of India.
- Chaturvedi, A., Chiu, C., & Viswanathan, M. (2009). Literacy, negotiable fate, and thinking style among low income women in India. *Journal of Cross-Cultural Psychology, 40*(5), 880–893. <https://doi.org/10.1177/0022022109339391>.
- Cherry, K. E., Marks, L. D., Benedetto, T., Sullivan, M. C., & Barker, A. (2013). Perceptions of longevity and successful aging in very old adults. *Journal of Religion Spirituality and Aging, 1*(1). <https://doi.org/10.1080/15528030.2013.765368>.
- Chung, S., & Park, S. J. (2008). Successful ageing among low-income older people in South Korea. *Ageing and Society, 28*(1). <https://doi.org/10.1017/S0144686X08007393>.
- Cichy, K. E., Lefkowitz, E. S., Davis, E. M., Fingerman, Cichy, K. E., Lefkowitz, E. S., Davis, E. M., & Fingerman, K. L. (2013). You are such a disappointment!": Negative emotions and parents' perceptions of adult children's lack of success. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 68*(6), 893–901. <https://doi.org/10.1093/geronb/gbt053>.
- Cise, A., Cise, A. C., Lindquist, L., & Cameron, K. (2018). Successful aging in place: Seniors' reflections and perspectives about what constitutes successful aging. *Journal of the American Medical Directors Association, 19*(3), B30. <https://doi.org/10.1016/j.jamda.2017.12.091>.
- Cohen, L. (1992). No aging in India: The uses of gerontology. *Culture Medicine and Psychiatry, 16*(2), 123–161. <https://doi.org/10.1007/BF00117016>.
- Cohen, L. (1998). *No aging in India: Alzheimer's, the bad family, and other modern things*. 367. <https://www.ucpress.edu/book/9780520224629/no-aging-in-india>
- Datta, A. (2017). Old Age Homes in India - Sharing the Burden of Elderly Care with the family. In S.I. Rajan & G. Balagopal (Eds.), *Elderly Care in India* (pp. 95–116). Springer. <https://doi.org/10.1007/978-981-10-3439-8>
- Emlert, C. A., & Moceri, J. T. (2012). The importance of social connectedness in building age-friendly communities. *Journal of Aging Research, 2012*. <https://doi.org/10.1155/2012/173247>
- Erzberger, C., & Prein, G. (1997). Triangulation: Validity and empirically-based hypothesis construction. *Quality and Quantity: International Journal of Methodology, 31*(2), 141–154. <https://doi.org/10.1007/BF00117016>.
- Feng, Q., & Straughan, P. T. (2017). What does successful aging mean? Lay perception of successful aging among elderly Singaporeans. *Journals of Gerontology - Series B Psychological Sciences and Social Sciences, 72*(2), 204–213. <https://doi.org/10.1093/geronb/gbw151>.
- Ferri, C., James, I., & Pruchno, R. (2009). Successful aging: Definitions and subjective assessment according to older adults. *Clinical Gerontologist, 32*(4), 379–388. <https://doi.org/10.1080/07317110802677302>.
- Gangopadhyay, J. (2016). Aging across Worlds: Examining intergenerational Relationships among older adults in two cities in transition. *Ageing International 2016, 42:4*(4), 504–521. <https://doi.org/10.1007/S12126-016-9271-5>.
- Gangopadhyay, J. (2021). Growing Old in a transnational setting: Investigating perceptions of ageing and changing filial ties among older Indians in Saskatoon. *Journal of Cross-Cultural Gerontology, 36*(2), 169–186. <https://doi.org/10.1007/s10823-021-09428-w>.
- Gangopadhyay, J., Bapna, N., Jain, A., & Kapur, W. (2018). Understanding the everyday processes of aging in urban Delhi. *Ageing International, 42:4*(4), 504–521. <https://doi.org/10.1007/s12126-018-9329-7>.
- Giarrusso, R., Feng, D., & Bengston, V. L. (2004). Annual Review of Gerontology and Geriatrics, Volume 24, 2004: Intergenerational Relations Across Time and Place. In K. W. Schaie (Ed.), *The intergenerational-stake phenomenon over 20 years* (Vol. 24, pp. 55–76). Springer Publishing Company. <https://www.barnesandnoble.com/w/annual-review-of-gerontology-and-geriatrics-volume24-2004-merril-silverstein/1128013166>
- Glass, T. A., De Leon, M., Marottoli, C., R. A., & Berkman, L. F. (1999). Population based study of social and productive activities as predictors of survival among elderly Americans. *British Medical Journal, 319*(7208), 478–483. <https://doi.org/10.1136/bmj.319.7208.478>.
- Havighurst, R. J. (1961). Successful aging. *The Gerontologist, 1*, 8?13. <https://doi.org/10.1093/geront/1.1.8>.
- Jary, D. (1995). *Collins dictionary of sociology* (2nd ed.). HarperCollins.
- Jones, R. K., Frohwirth, L. F., & Blades, N. M. (2016). If i know i am on the pill and i get pregnant, it's an act of God": Women's views on fatalism, agency and pregnancy. *Contraception, 93*(6), 551–555. <https://doi.org/10.1016/j.contraception.2016.02.005>.

- Jopp, D. S., Wozniak, D., Damarin, A. K., De Feo, M., Jung, S., & Jeswani, S. (2015). How could lay perspectives on successful aging complement scientific theory? Findings from a U.S. and a German life-span sample. *The Gerontologist*. <https://doi.org/10.1093/geront/gnu059>.
- Kalavara, J. M., & Jamuna, D. (2008). Interpersonal relationships of elderly in selected old age homes in urban India. *Interpersona: An International Journal on Personal Relationships*, 2(2), 193–215. <https://doi.org/10.5964/ijpr.v2i2.26>.
- Keeley, B., Wright, L., & Condit, C. M. (2009). Functions of health fatalism: Fatalistic talk as face saving, uncertainty management, stress relief and sense making. *Sociology of Health & Illness*, 31(5), 734–747. <https://doi.org/10.1111/j.1467-9566.2009.01164.x>.
- Keith, J., Fry, C. L., & Ikels, C. (1990). Community as context for successful aging. In J. Sokolovsky (Ed.), *The cultural context of aging: Worldwide perspectives* (pp. 245–261). Bergin and Garvey. <https://doi.org/10.1007/s10823-009-9099-5>
- Khan, M. M. (2014). *Negotiating Tricky Territories: Filial obligation, caregiving experiences and processes of acculturation among recently-landed South Asian immigrant women*. <https://dspace.library.uvic.ca/handle/1828/5618>
- Knight, T., & Ricciardelli, L. A. (2003). Successful aging: Perceptions of adults aged between 70 and 101 years. *International Journal of Aging and Human Development*, 56(3), 223–245. <https://doi.org/10.2190/CG1A-4Y73-WEW8-44QY>.
- Lamb, S. (2009). *Aging and the Indian diaspora - cosmopolitan families in India and abroad*. Indiana University Press. https://www.researchgate.net/publication/236157958_Aging_and_the_Indian_Diaspora_Cosmopolitan_Families_in_India_and_Abroad.
- Lamb, S. (2014). Permanent personhood or meaningful decline? toward a critical anthropology of successful aging. *Journal of Aging Studies*, 29(1), 41–52. <https://doi.org/10.1016/j.jaging.2013.12.006>.
- Lamb, S. (2017). Ageless Aging or Meaningful decline? Aspirations of aging and dying in the United States and India. In S. Lamb (Ed.), *Successful aging as a contemporary obsession: Global perspectives*. Rutgers University Press. https://www.researchgate.net/publication/317786368_Ageless_Aging_or_Meaningful_Decline_Aspirations_of_Aging_and_Dying_in_the_United_States_and_India_Ch_15_in_Successful_Aging_as_a_Contemporary_Obession.
- Lamb, S. (2019). Hinduism Teachings and Aging. In *Encyclopedia of Gerontology and Population Aging* (pp. 1–3). Springer International Publishing. https://doi.org/10.1007/978-3-319-69892-2_144-1
- Lamb, S. (2020). Assemblages of Care and Personhood: “Successful Ageing” across India and North America. *Perspectives from South Asia. Heidelberg Studies on Transculturality*, 8. <https://doi.org/10.17885/heiup.597>
- Lambert, S. D., & Loiselle, C. G. (2008). Combining individual interviews and focus groups to enhance data richness. *Journal of Advanced Nursing*, 62(2), 228–237. <https://doi.org/10.1111/j.1365-2648.2007.04559.x>.
- Lau, D. T., Scandrett, K. G., Jarzebowski, M., Holman, K., & Emanuel, L. (2007). Health-related safety: A framework to address barriers to aging in place. In *Gerontologist* (Vol. 47, Issue 6, pp. 830–837). Gerontological Society of America. <https://doi.org/10.1093/geront/47.6.830>
- Lee, J. (2018). A qualitative study for perceptions toward successful aging among older Korean immigrants in the United States. *International Journal of Social Work*, 5(2), 1. <https://doi.org/10.5296/ijsw.v5i2.12961>.
- Lieberman, M. (1996). *Doors close, doors open: widows, grieving, and growing: Lieberman, Morton A., 1931- : Free Download, Borrow, and Streaming : Internet Archive*. Gosset/Putnam. <https://archive.org/details/doorscloseddoors00000lieb>
- Liebig, P. S. (2003). Old-age homes and services: Old and new approaches to aged care. In *An aging India: Perspectives, prospects, and policies* (pp. 159–178). https://doi.org/10.1300/J031v15n02_10
- Lu, L., & Gilmour, R. (2004). Culture and conceptions of happiness: Individual oriented and social oriented swb. *Journal of Happiness Studies*, 5(3), 269–291. <https://doi.org/10.1007/s10902-004-8789-5>.
- Martinson, M., & Berridge, C. (2015). Successful aging and its discontents: A systematic review of the Social Gerontology Literature. *The Gerontologist*, 55(1), 58–69. <https://doi.org/10.1093/geront/gnu037>.
- McLaughlin, S. J., Connell, C. M., Heeringa, S. G., Li, L. W., & Roberts, J. S. (2010). Successful aging in the United States: Prevalence estimates from a national sample of older adults. *Journals of Gerontology - Series B Psychological Sciences and Social Sciences*. <https://doi.org/10.1093/geronb/gbp101>.
- Meijers, F. (1998). The development of a career identity. *International Journal for the Advancement of Counselling*, 20(3), 191–207. <https://doi.org/10.1023/A:1005399417256>.

- Menezes, S., & Thomas, T. M. (2018). Status of the Elderly and Emergence of Old Age Homes in India. *International Journal of Social Sciences and Management*, 5, 1–4. <https://doi.org/10.3126/ijssm.v5i1.18972>.
- Minkler, M. (1990). Aging and disability: Behind and beyond the stereotypes. *Journal of Aging Studies*, 4(3), 245–260. [https://doi.org/10.1016/0890-4065\(90\)90025-4](https://doi.org/10.1016/0890-4065(90)90025-4).
- Molinsky, J., & Forsyth, A. (2018). Housing, the built environment, and the Good Life. *Hastings Center Report*, 48, S50–S56. <https://doi.org/10.1002/hast.914>.
- Montross, L. P., Depp, C., Daly, J., Reichstadt, J., Golshan, S., Moore, D., Sitzler, D., & Jeste, D. V. (2006). Correlates of self-rated successful aging among community-dwelling older adults. *American Journal of Geriatric Psychiatry*, 14(1), 43–51. <https://doi.org/10.1097/01.JGP.0000192489.43179.31>.
- Nagy, M. E., & Theiss, J. A. (2013). Applying the relational turbulence model to the empty-nest transition: Sources of relationship change, relational uncertainty, and interference from Partners. *Journal of Family Communication*, 13(4), 280–300. <https://doi.org/10.1080/15267431.2013.823430>.
- Nosrati, L. (2018). *Successful Aging Among The Oldest Old* [University of Tampere]. <https://trepo.tuni.fi/bitstream/handle/10024/103279/978-952-03-0723-3.pdf?sequence=1&isAllowed=y>
- O’Flaherty, W. D. (Ed.). (1980). *Karma and rebirth in classical indian traditions by Wendy Doniger O’Flaherty - Paperback - University of California Press* (First). University of California Press. <https://www.ucpress.edu/book/9780520302174/karma-and-rebirth-in-classical-indian-traditions>.
- Office, C. (2016). statistics. *Situation analysis of elderly persons in India*. http://mospi.nic.in/sites/default/files/publication_reports/ElderlyinIndia_2016.pdf
- Ogawa, T., Uchida, Y., Nishita, Y., Tange, C., Sugiura, S., Ueda, H., Nakada, T., Suzuki, H., Otsuka, R., Ando, F., & Shimokata, H. (2019). Hearing-impaired elderly people have smaller social networks: A population-based aging study. *Archives of Gerontology and Geriatrics*, 83, 75–80. <https://doi.org/10.1016/j.archger.2019.03.004>.
- Perera, B., Watt, M., Ostbye, T., Rajapakse, H., Ranabahu, S., & Maselko, J. (2015). Perceptions of successful ageing in sri lankan older people: A qualitative study. *Asian Journal of Gerontology and Geriatrics*, 10(1), 22–30.
- Pope, C., Ziebland, S., & Mays, N. (2000). Qualitative research in health care: Analysing qualitative data. *British Medical Journal*, 320(7227), 114–116. <https://doi.org/10.1136/bmj.320.7227.114>.
- Potter, E. C., Allen, K. R., & Roberto, K. A. (2019). Agency and fatalism in older Appalachian women’s information seeking about gynecological cancer. *Journal of Women and Aging*. <https://doi.org/10.180/08952841.2018.1434951>.
- Raina, M., Ollier-Malaterre, A., & Singh, K. (2020). Happily exhausted: Work Family Dynamics in India. *Occupational Health Science*, 4(1–2), 191–211. <https://doi.org/10.1007/s41542-020-00059-0>.
- Rajan, S., Irudaya, Mishra, U. S., & Sarma, P. S. (1999). Indian Elderly: Some views of Populace. *Indian Journal of Social Work*, 60, 487–507. <http://ijsw.tiss.edu/collect/ijsw/archives/HASH1fde/626c9b8c.dir/doc.pdf>.
- Reichenbach, B. R. (1988). The Law of Karma and the Principle of Causation. *Philosophy East and West*, 38(4), 399. <https://doi.org/10.2307/1399118>.
- Rowe, J. W., & Kahn, R. L. (1987). Human aging: Usual and successful. *Science*, 237(4811), 143–149. <https://doi.org/10.1126/science.3299702>.
- Reichstadt, J., Depp, C. A., Palinkas, L. A., Folsom, D. P., & Jeste, D. V. (2007). Building blocks of successful aging: A focus group study of older adults perceived contributors to successful aging. *American Journal of Geriatric Psychiatry*, 15(3), 194–201. <https://doi.org/10.1097/JGP.0b013e318030255f>.
- Rowe, J. W., & Kahn, R. L. (1997). Successful aging. *Gerontologist*. <https://doi.org/10.1093/geront/37.4.433>
- Rowe, J. W., & Kahn, R. L. (1998). *Successful aging*. Pantheon Books. <https://www.worldcat.org/title/successful-aging/oclc/37527651>.
- Rowe, J. W., & Kahn, R. L. (2015). Successful aging 2.0: Conceptual expansions for the 21st Century. *The Journals of Gerontology: Series B*, 70(4), 593–596. <https://doi.org/10.1093/GERONB/GBV025>.
- Ryff, C. D. (1989). Beyond Ponce de Leon and Life satisfaction: New directions in Quest of successful aging. *International Journal of Behavioral Development*. <https://doi.org/10.1177/016502548901200102>.
- Ryff, C. D., Lee, Y. H., Essex, M. J., & Schmutte, P. S. (1994). My children and me: Midlife evaluations of grown children and of self. *Psychology and Aging*, 9(2), 195–205. <https://doi.org/10.1037//0882-7974.9.2.195>.
- Samanta, T. (2018). Successful aging: Asian perspectives. <https://doi.org/10.1080/08952841.2018.1458393>

- Samanta, T., Chen, F., & Vanneman, R. (2015). Living arrangements and health of older adults in India. *Journals of Gerontology - Series B Psychological Sciences and Social Sciences*, 70(6), 937–947. <https://doi.org/10.1093/geronb/gbu164>.
- Sati, P. N. (1996). *Needs and problems of aged: A study for social intervention - P. N. Sati* - Google Books. Himanshu Publications. https://books.google.co.in/books/about/Needs_and_Problems_of_Aged.html?id=gyjaAAAAAAAJ&redir_esc=y.
- Sato-Komata, M., Hoshino, A., Usui, K., & Katsura, T. (2015). Concept of successful ageing among the community-dwelling oldest old in Japan. *British Journal of Community Nursing*, 20(12), 586–592. <https://doi.org/10.12968/bjcn.2015.20.12.586>.
- Scheidt, R. J., & Windley, P. G. (1985). The Ecology of Aging. *Handbook of the psychology of aging* (pp. 245–258). Academic Press Inc.
- Simic, A. (1990). Aging, World View and Intergenerational Relations in America and Yugoslavia. In Sokolovsky Jay (Ed.), *The cultural context of aging: Worldwide perspectives* (pp. 89–108). Bergin and Garvey. <https://products.abc-clio.com/abc-clio/corporate/product.aspx?pc=A5253C>
- Sonpar, S. (2005). Marriage in India: Clinical issues. *Contemporary Family Therapy*, 27(3), 301–313. <https://doi.org/10.1007/s10591-005-6211-z>.
- Strawbridge, W. J., Wallhagen, M. I., & Cohen, R. D. (2002). Successful aging and well-being: Self-rated compared with Rowe and Kahn. *Gerontologist*. <https://doi.org/10.1093/geront/42.6.727>
- Tate, R. B., Lah, L., & Cuddy, T. E. (2003). Definition of Successful Aging by Elderly Canadian Males: The Manitoba Follow-Up Study. In *Gerontologist*. <https://doi.org/10.1093/geront/43.5.735>
- Tilak, S. (1989). *Religion and Aging in the Indian Tradition*. Suny Press. <https://www.sunypress.edu/p-727-religion-and-aging-in-the-india.aspx>
- Tilak, S., & Pathak, Y. (2006). *Meanings Of Old Age And Aging In The Tradition Of India - AbeBooks - Shrinivas Tilak; Yashwant Pathak: 1934192015*. <https://www.abebooks.com/9781934192016/Meanings-Old-Age-Aging-Tradition-1934192015/plp>
- Torres, S. (2006). Different ways of understanding the construct of successful aging: Iranian immigrants speak about what aging well means to them. *Journal of Cross-Cultural Gerontology*, 21(1–2), 1–23. <https://doi.org/10.1007/s10823-006-9017-z>.
- Tull, H. (2011). *Karma - Hinduism*. Oxford Bibliographies. <https://doi.org/10.1093/OBO/9780195399318-0029>
- Uchida, Y., & Oishi, S. (2016). The happiness of individuals and the collective. *Japanese Psychological Research*. <https://doi.org/10.1111/jpr.12103>.
- Umberson, D., Crosnoe, R., & Reczek, C. (2010). Social relationships and health behavior across the life course. *Annual Review of Sociology*, 36, 139–157. <https://doi.org/10.1146/annurev-soc-070308-120011>.
- Van Willigen, J., & Chadha, N. K. (1999). *Social aging in a Delhi neighborhood*. Westport, Conn: Bergin and Garvey. <https://www.worldcat.org/title/social-aging-in-a-delhi-neighborhood/oclc/41035413>
- Walker, R. B., & Luszcz, M. A. (2009). The health and relationship dynamics of late-life couples: A systematic review of the literature. In *Ageing and Society* (Vol. 29, Issue 3, pp. 455–480). Cambridge University Press. <https://doi.org/10.1017/S0144686X08007903>
- Ye, D., Ng, Y. K., & Lian, Y. (2015). Culture and happiness. *Social Indicators Research*. <https://doi.org/10.1007/s11205-014-0747-y>.

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