Chapter 1

Introduction and Review of Literature

1.1 Introduction

Over the past two centuries, with remarkable advancements in medicine, nutrition supply, public health, lifestyle and political stability, human life spans have been considerably lengthened. Consequently, global life expectancy has also jumped from 46.9 years in 1950 to about 70 years during 2010-2015, with considerable geographic, gender and economic differentials over time (UNDESA, 2011; United Nations, 2013a). The latest edition of the United Nations Population Projection indicates that global life expectancy may reach up to 81.8 years (varying from 77.6 years in the least developed regions to 88.9 years in more developed regions) by 2100 (United Nations, 2012). Concomitantly, falling birth rates in tandem with rising life expectancies have led to substantial changes in the population age structure. These result in the relative reduction in the share of people in the prime working ages to the proportion of older adults – a phenomenon often termed population ageing. The global share of the elderly has increased from 9.2 percent in 1990 to 11.7 percent in 2013 and is projected to reach 21.1 percent by 2050 (UNDESA, 2002a; United Nations, 2013b). However, the pace of population ageing varies across countries. In 2012, the elderly population (60 years or above) accounted for about 23 percent of the total population in the more developed countries, which was projected to reach about 32 percent by 2050. Several developing countries are also experiencing population ageing at a rapid pace as older adults, who accounted for nine percent of the total population in 2012, are projected to reach 19
percent by 2050 (United Nations, 2012). Importantly, it is projected that by 2050, nearly eight in every ten elderly persons of the world will live in the least developed regions.

The ageing of the population also brings numerous social and economic challenges ranging from fiscal pressures to support older adults, rising burden on health systems to cater to diverse health care needs of the elderly (particularly non-communicable diseases and disability) as they reach an advanced age. The increase in elderly population in the developing countries is of great concern to policy makers (Kinsella and Velkoff, 2001; United Nations, 2002; World Bank, 2001). In the context of developing countries, many elderly engage in the economically gainful activity for their livelihood. In several cases, the poverty rate among the elderly remained higher than the incidence of poverty in the overall population.

In most countries, women live longer than men (United Nations, 2013c; UNDESA, 2011; Balagopal, 2009; Rani and Suguna, 2002; Lhungdim, 2014; UNDESA, 2002a; 2002b; United Nations, 2013b) and India is not an exception in this regard. Women make up 55 percent of older people globally, with women to men ratios increasing consistently with age (UNDESA, 2002a). For instance, there were about 85 men per 100 women aged 60 years or above, and 61 men per 100 women aged 80 years or above globally in 2013 (UNDESA, 2002b; United Nations, 2013b). It implies that issues related to ageing are mostly concerned with older females.

India is also witnessing a rapid surge in elderly population during recent decades fuelled by falling birth rates and rising life expectancy. In fact, the life expectancy at birth in India moved up from 37 years in 1950 to 65 years in 2011 and is projected to rise to 74 years by 2050. On the other hand, total fertility rate, measure for the number of children per woman, plummeted from 5.9 children per woman to 2.3 per woman (Haub and Sharma, 2015; Kapila,
This will, in turn, lead to a steep rise in the share of the elderly in India’s overall population from 8.6 percent (104 million) in 2011 to a projected estimate of 20 percent (296.6 million) by 2050 (United Nations, 2013b). However, these national averages mask tremendous heterogeneity in the process of demographic transition across states that are situated at different levels of socioeconomic development, with varying cultural norms and patterns of local governance. Of the total elderly population in India, majority reside in villages, and about half of them have poor socioeconomic status. Besides, 50 percent of the elderly are dependents on their families, either due to widowhood, divorce, or separation (Dey et al., 2012; CSO, 2011). In addition, India is experiencing feminization of ageing as an overwhelming majority of elderly are females (Rajan, 2001).

The improvement in life expectancy since independence is considerable, as the life span of Indians has increased considerably, and a large proportion of them are now entering into senior age clubs. However, population ageing presents a new plethora of challenges. The ageing of a population is often linked with a gradual decline in physical capacities, multiple disabilities, social isolation, and heightens the risk of numerous degenerative diseases, especially in the advanced age of 80 years or above. This stage of life poses a heavy burden on health care expenditure that may further push the elderly into poverty. Thus, the process of population ageing primarily involves a gradual shift in the population age structure as it moves from high mortality/high fertility to low mortality/low fertility and consequently an increased share of older people in the total population (Mishra, 2014; James and Sathyanarayana, 2011). India is presently undergoing profound demographic change across diverse regions and its population. The absolute size of the elderly population (60 years and above) in India has risen from 24 million in 1961 to 43 million in 1981, 77 million in 2001 to 103 million in 2011, and it is projected to reach 315 million by 2050 (ORGI, 2011; Subaiya
and Bansode, 2009; Rajan, 2006). Compared to the developed world where it took more than 100 years for the elderly population to double, it took only 20 years in India. Moreover, different population cohorts that enter into the old age brackets (beyond sixty years) have undergone tremendous socioeconomic and cultural changes that present numerous challenges for realising healthy and active ageing. In particular, the problems faced by the female elderly are relatively more critical than those faced by their male counterparts due to relatively limited educational attainment, customary ownership of property by male heirs and restricted participation of women in the workforce during their prime ages, with a minuscule proportion having worked in the organised sector. This implies that the gender component must factor into policies related to the elderly. These concerns and challenges must be appropriately addressed for securing healthy and active ageing.

However, there is a dearth of studies both from the micro and macro perspectives that highlight emerging issues and concerns of ageing people in India. In particular, studies addressing the gendered issues in population ageing from the micro perspective are rare in the context of India. Such a study may help to fill the existing evidence gap and enable policy formulation on pressing social, economic and health issues of the elderly, particularly females.

1.1.1 Scenario of Ageing in India

Population ageing is defined by the United Nations as ‘the process whereby older individuals become a proportionately larger share of the total population’ (Lloyd-Sherlock, 2010). According to the Census of India 2011, the elderly population in India is 103.84 million (8.6 percent of total population) of which 51.07 million are males and 52.77 million are females. In India, the majority of the elderly population resides in rural areas (Alam, 2009) and almost
30 percent of them live below the poverty line (Sekher, 2005). Globally, regarding absolute numbers of the elderly, India is the second highest whereas, when it comes to the proportion of elderly, India stands 90th. With the increasing age of the population, the sex ratio declines. The population aged 60 years and above in India is projected to be almost 15 percent of the total population by 2025 and 21 percent by 2050 (UNDESA, 2002b). The old age dependency ratio (population above 60 years of age to the population in the working age group, that is, 15-59 years) is also projected to increase over the years. The old age dependency ratio for India was 10.9 in 1961, 13.1 in 2001 (MOSPI, 2011) and 14.2 in 2011 (ORGI, 2011). According to the Census of India 2011, there was 15 percent of elderly widowers, while the proportion of older widows was nearly 48 percent. The work participation among elderly men in India is 39 percent as compared to only 11 percent of older women (UNFPA, 2012).

**Table 1.1:** Projected Population aged 60+ years by sex on 1st March, 2001-2026, India (In million)

<table>
<thead>
<tr>
<th>Year</th>
<th>Males</th>
<th>Females</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>32.53</td>
<td>33.85</td>
<td>66.38</td>
</tr>
<tr>
<td>2006</td>
<td>39.27</td>
<td>41.75</td>
<td>81.02</td>
</tr>
<tr>
<td>2011</td>
<td>46.98</td>
<td>50.27</td>
<td>97.24</td>
</tr>
<tr>
<td>2016</td>
<td>56.50</td>
<td>60.57</td>
<td>117.07</td>
</tr>
<tr>
<td>2021</td>
<td>68.26</td>
<td>73.56</td>
<td>141.82</td>
</tr>
<tr>
<td>2026</td>
<td>81.87</td>
<td>89.79</td>
<td>171.66</td>
</tr>
</tbody>
</table>

*Source: Office of Registrar General of India, 2006.*

*Table 1.1* gives the projected population of the elderly (60+ years) from 2001 to 2026. The population was 66 million in 2001, which was expected to increase up to 172 million in 2026, with increased number of elderly women than elderly men.

India is poised to experience a major demographic challenge of the 21st century, that is, ageing of the population as a consequence of demographic transition. *Table 1.2* gives a clear
picture of population ageing by residence and sex in India. The proportion of the elderly population (60 years and above) has been rising consistently from 5.6 percent in 1961 to about 8.6 percent in 2011.

Table 1.2: Percentage Distribution of Population (60 years and above) by Residence and Sex in India, 1961-2011

<table>
<thead>
<tr>
<th>Years</th>
<th>Place of Residence</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
<td>5.8</td>
<td>5.7</td>
<td>6.0</td>
</tr>
<tr>
<td>1961</td>
<td>Urban</td>
<td>4.7</td>
<td>4.4</td>
<td>5.1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>5.6</td>
<td>5.5</td>
<td>5.8</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>6.2</td>
<td>6.3</td>
<td>6.2</td>
</tr>
<tr>
<td>1971</td>
<td>Urban</td>
<td>5.0</td>
<td>4.7</td>
<td>5.3</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>6.0</td>
<td>5.9</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>7.2</td>
<td>7.6</td>
<td>6.9</td>
</tr>
<tr>
<td>1981</td>
<td>Urban</td>
<td>5.4</td>
<td>5.1</td>
<td>5.7</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>6.5</td>
<td>6.4</td>
<td>6.6</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>7.2</td>
<td>7.2</td>
<td>7.0</td>
</tr>
<tr>
<td>1991</td>
<td>Urban</td>
<td>5.8</td>
<td>5.6</td>
<td>6.0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>6.8</td>
<td>6.7</td>
<td>6.8</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>7.7</td>
<td>7.4</td>
<td>8.1</td>
</tr>
<tr>
<td>2001</td>
<td>Urban</td>
<td>6.7</td>
<td>6.3</td>
<td>7.2</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>7.4</td>
<td>7.1</td>
<td>7.8</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>8.8</td>
<td>8.4</td>
<td>9.2</td>
</tr>
<tr>
<td>2011</td>
<td>Urban</td>
<td>8.1</td>
<td>7.7</td>
<td>8.6</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8.6</td>
<td>8.2</td>
<td>9.0</td>
</tr>
</tbody>
</table>

Source: Author’s calculation from Census of India.

However, it clearly emerged that there persists a striking variation in the process of ageing across rural and urban areas. Overall, population ageing is mainly concentrated in the rural areas than in the urban centres. Again, elderly females outnumbered old males in India from 1961 to 2011 and similar trends have been projected for the future as well. These changes suggest that the rising share of elderly population shall present innumerable unforeseen challenges to be met by individuals, households, communities and states to provide socioeconomic support and security to the ageing population, particularly to elderly women.
Table 1.3:  Sex Ratio of the Elderly in Different Age Groups in India, 1991-2021

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1991</th>
<th>2001</th>
<th>2011</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-69 years</td>
<td>94</td>
<td>104</td>
<td>98</td>
<td>96</td>
</tr>
<tr>
<td>70-79 years</td>
<td>92</td>
<td>98</td>
<td>114</td>
<td>106</td>
</tr>
<tr>
<td>80+ years</td>
<td>92</td>
<td>108</td>
<td>116</td>
<td>135</td>
</tr>
<tr>
<td>All elderly (60+ years)</td>
<td>94</td>
<td>102</td>
<td>105</td>
<td>103</td>
</tr>
</tbody>
</table>


Another noticeable feature of the ageing population in India relates to the phenomenon of feminization of ageing, that is, the increasing proportion of female elderly in the overall elderly population. Table 1.3 presents the sex ratio of the elderly population between 1991 and 2021 that indicates a growing trend from 94 older women per 100 elderly men in 1991 to 105 older women in 2011. It is projected to remain at around 105 elderly women per 100 elderly men by 2026 (Subaiya and Bansod, 2009). This implies that it will be largely the older women who may need particular economic assistance and social/health support, particularly the widows among them.

Table 1.4:  Distribution of Elderly Population by Broad Age Groups in India

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2001</th>
<th>2011</th>
<th>2021</th>
<th>2026</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-69 years</td>
<td>4.5</td>
<td>4.8</td>
<td>6.3</td>
<td>7.2</td>
</tr>
<tr>
<td>70-79 years</td>
<td>2.1</td>
<td>2.7</td>
<td>3.1</td>
<td>3.7</td>
</tr>
<tr>
<td>80+ years</td>
<td>0.3</td>
<td>0.8</td>
<td>1.2</td>
<td>1.4</td>
</tr>
<tr>
<td>60+ years</td>
<td>6.9</td>
<td>8.6</td>
<td>10.6</td>
<td>12.3</td>
</tr>
</tbody>
</table>

Source: Registrar General and Census Commissioner of India, 2006; Census of India, 2011.

Table 1.4 presents the percent distribution of elderly population across broad age groups in India during 2001-2026. There persist sharp differences by age categories among the increasing elderly population in India. Further, it may be noted that the proportion of 80+
elderly population is expected to quadruple by 2026. It underscores the vital socio-economic and health implications for supporting the oldest-old population in the near future in India.

Table 1.5: Distribution of the Elderly Population by Current Marital Status and Sex, 2011

<table>
<thead>
<tr>
<th>Age-Group</th>
<th>Never Married</th>
<th>Currently Married</th>
<th>Widowed</th>
<th>Divorced/ Separated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>60+ years</td>
<td>2.9</td>
<td>2.0</td>
<td>82.1</td>
<td>49.6</td>
</tr>
<tr>
<td></td>
<td>14.6</td>
<td>47.9</td>
<td>0.4</td>
<td>0.5</td>
</tr>
<tr>
<td>80+ years</td>
<td>7.5</td>
<td>4.5</td>
<td>61.9</td>
<td>26.1</td>
</tr>
<tr>
<td></td>
<td>30.1</td>
<td>69.0</td>
<td>0.4</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Source: Census of India, 2011.

Table 1.5 presents the percent distribution of the elderly population by marital status and sex. Relatively sizeable proportions of elderly females were widowed as compared to their male counterparts, particularly among the 80+ elderly. It confirmed the notion about feminization of ageing in India. The majority of elderly women would be extremely vulnerable as most of them would be leading extended years of life in ill-health and largely be dependent upon others (family members) for financial support and caregiving.

According to traditional Indian culture, the lifespan of a human being was about a hundred years. It was further subdivided into four stages/‘ashramas’ by Manu, the lawgiver. The first 25 years of ‘bramhacharya’ are to be used in education and training. After this period, the person enters the ‘grihasta’ ashram. He gets married, bears children and is bound to fulfil duties towards his parents (pitrarin). In this stage, a person meets his various social and physical needs such as love, marriage, bearing and rearing of children, status and wealth. The next stage is the ‘vanprashtha’ ashram, which means ‘moving towards the forest’. As a man ages, he is supposed to give up worldly desires. Finally, a man enters the stage of ‘sanyas’ ashram, where he lives the life of an ascetic/a hermit or ‘sanyasi’. There is no such division in a woman’s life and it is believed that a wife would follow her husband faithfully at every
stage of his (husband’s) life. The marriage of a son and arrival of daughter-in-law in the family is considered a symbol of old age for a woman when she would have to hand over the responsibilities of the house to the daughter-in-law and this symbolises the transition in the status of the older women (Sharma, 2007).

In most of developing countries including India, the majority of the older persons live with their children (UNDESA, 2011). Like many other Asian cultures, Indian culture also follows ‘filial piety’, that is the duty of a son to care for parents (Seelbach, 1981; Walker et. al., 1990). Sons are considered to be a major source of economic support for the elderly (UNFPA, 2012). This is one of the most important reasons for son preference in India, where the sons are considered ‘budhaape ka sahara’ or key source of support in old age. Adherence to social norms, desire and need for social security, power and prestige are often cited as reasons for having a son. In India, parents usually live with sons and their families. The most common living arrangement in India is parents living with their eldest son and his family (Prakash, 1999).

According to the findings of India Human Development Survey (a nationally representative household survey) conducted in 2004-2005 across states and union territories in India, 85 percent of women aged 15-49 years expect to live with their sons in their old age, whereas only nine percent of them wish to stay with their daughters. However, twenty-four percent of women would like to live with their daughters if the son is unable to support them. Another characteristic feature is the financial help that women expect from their children at older ages. Eighty-six percent of women reported that they would expect financial support from their sons, whereas only 11 percent of women expected financial assistance from their daughters.
On an average, 30 percent of women reported that they would expect financial help from their daughters if the son was unable to provide the same (Desai et al., 2010).

The family cares for its aged by providing physical, social and economic support (Grundy, 1999). The elderly, traditionally, enjoy a respectable position in India, but the joint family tradition is under pressure from the forces of urbanisation, modernization and migration. Increased labour force participation of youth reduces the availability of the younger generation to provide care to elderly family members. Their increased desire or ability to form a separate conjugal household rather than co-reside with their parents also led to the gradual disintegration of joint families. A study conducted by Sandhu and Bakshi (2004) in India found that, with the changing times, there was a positive impact on the social life of the elderly and an adverse effect on their mental well-being.

1.2 Gender and Ageing

In India, the patriarchal family system typically involves not only a relatively marginal or vulnerable position for females but also a sharp differentiation of authority along generational lines. Patriarchal families are characterised by the dominance of the senior male or males in family decision-making, whereas, women are not even asked about their opinions while taking decisions which concern them. In 1995, the Human Development Report of the United Nations Development Programme (UNDP, 1995) concluded, “In no society do women enjoy the same opportunities as men”. Older women are an extremely marginalised group of the population, who rarely receive state protection. Women’s inheritance rights are tenuous in India. Family resources, including the house, land and money, are assigned to a male member, preferably to sons (United Nations, 2002). Female security depends on the willingness of fathers, husbands or sons to support them, whereas, male security rests on the ownership and
control of the family property. During the pre-colonial period in the patriarchal set-up, women were treated as chattels and were denied the right to own property. *Manu* emphasised that “A woman must be dependent upon her father in childhood, upon her husband in youth and upon her sons in old age. She should never be free” (Agnes *et. al.*, 2004).

In general, the property rights are vested in the hands of the male members of the family. If the father died, then the property was automatically inherited by the son. Thus, there was no practical scope for the female members to have a share in the property. The International Conference on Population and Development held in Cairo on September, 1994 declared the need for the empowerment of women and improvement in their political, social, economic and health status (UNFPA, 2004). It was also declared during this conference that ‘*Women should be seen not merely as the beneficiaries of change but as the agents of change as well’* (UN-HABITAT, 2006).

Feminization of ageing is a worldwide phenomenon and an important emerging feature in India (Lhungdim, 2014; Alam, 2009). Elderly women generally outnumber elderly men in most nations, and therefore the health and socioeconomic problems are to a large extent, the problems of elderly women (Kinsella and Gist, 1998; Velkoff, 2001; WHO, 2007; Estes, 2005; UNDESA, 2011; United Nations, 1991; Siva Raju, 2011; Agewell Foundation, 2012; Bagga and Sakurkar, 2013; Mishra, 2014). The impact of gender differences and inequalities in education and employment opportunities increases through every stage of an individual’s life, hitting hardest in old age. As a result, older women are more likely to be poorer in old age (United Nations, 1991), and more likely to face discrimination. Females are the worst sufferers due to lack of education and a less stable economic base (Borg *et. al.*, 2006). Older women everywhere, at all levels of society and in all forms of living arrangements, can be
subjected to abuse and violence. Such abuse takes many forms, including physical, emotional and financial abuse and neglect (Sebastian and Sekher, 2010). As women live longer, their caregiving duties do not end. Older women in rural areas are often responsible for looking after their grandchildren because their own children migrate to cities in search of work. Older women experience more stress due to childcare responsibilities, supporting the extended family, husband and elders. Older men can rely on their wives for care as they grow frail, but older women, often after having first cared for an ageing parent or parent-in-law, then for an ageing husband, are themselves left without spouse or grown up children to provide them with care when they really need it. There is no one left to take care of elderly women and thus they have to seek care from the formal agencies other than family (Arber et. al., 2003; UNDESA, 2002a; Joshi, 2006; Agewell Foundation, 2011; Kumari and Sekher, 2012).

Gender is a powerful factor affecting the quality of life at all stages of life. Gender-based stereotyping, discrimination and exploitation of women have led to undernourishment, high illiteracy rates (Knodel and Ofstedal, 2003), low wages and small income, lack of entitlement to pensions and high risk of violence (Ramachandran and Radhika, 2006). Low social status, discriminatory practices, early marriage, food taboos, multiple pregnancies and poor attention to health are responsible for the poor health of older women (United Nations, 2009).

In countries like India, with a predominantly patriarchal ethos, older women face triple jeopardy- that of being female, of being old, and being poor (Prakash, 1999). Compared to men, a large number of women report high psychological distress and lower life satisfaction (Prakash, 1997). Women’s status is deeply rooted in the gendered division of labour, which assumes that women’s primary function is to involve in reproductive labour, unpaid household work, caregiving and unequal power relations at home. These asymmetric
functional responsibilities restrict women’s employment opportunities, mobility, educational attainment and skill development (Stone, 1989; Atchley, 2000). Thus, women experience inequality at work both at home and in society (United Nations, 1999).

It has often been argued that older women are universally more vulnerable to health disadvantages than older men (Nathanson, 1975; 1977; Waldron, 1976; 1983; Verbrugge, 1979a; 1979b; Kumari and Sekher, 2010; Agewell Foundation, 2012). Compared to elderly men, functional disability in terms of activities of daily living (ADL) and instrumental activities of daily living (IADL) is relatively more among the female elderly (Dolai and Chakrabarty, 2013). The reported relative disadvantages that elderly women face are related to differences in men’s and women’s earlier life course experiences, including the different economic and caregiving roles they fulfilled and the different rewards they received. Older women were more likely to live alone, whereas, older men relied on their wives for care. Approximately, 10 percent of elderly women in India lived alone (UNFPA, 2012). Lower male life expectancy is a disadvantage for women who have to live long periods as widows (Kumari and Sekher, 2012).

In a study conducted by Agewell Foundation across 25 states of India in 2011, it was found that more than 60 percent of elderly women were illiterates and only half were married at the time of the survey. Previous studies have also suggested that as compared to elderly men, older women were found to have lower life satisfaction (Berg et. al., 2009; Ferring et. al., 2004; Kudo et. al., 2007; Kooshair et. al., 2014), social support as well as less subjective well-being (Pinquart and Sorensen, 2006). Thus, ageing women experienced a range of changes- physical as well as psychological- and this period is known as the period of serious crisis.
The pattern of living arrangements and family support is crucial for the well-being of an ageing population. The living arrangements of older people are influenced by several factors such as gender, health status, and the presence of disability, socioeconomic status and societal traditions (Prakash, 1999). It has been found that co-residence with family/children is the need of the elderly, but research shows that co-residing is mutually beneficial to both the generations, where older persons contribute in the socialisation of grandchildren and housekeeping (Casterline et. al., 1991; Chan, 1997). The gendered life course of a woman would be at its best if she were made of clay so that she is easily shaped by the potter (her husband), discarding previous loyalties, attributes and ties to get absorbed into her in-laws family. Women’s ties are disjoined and then remade (from her parental residence to her in-laws/husband’s residence), whereas, men’s ties are extended and enduring (Sarah, 1997). Changing social roles and relationships with advancing age may be mainly due to social and economic factors, rather than decline in health or ageing.

Marital status directly affects the socioeconomic situation, living arrangements and overall health and well-being of elderly men and women (Kinsella and He, 2009). It has also been found that marital status is one of the most important factors in determining a woman’s property rights (Deere and Doss, 2006). Owing to gender inequality over the course of their lifetime, older women are more subject to loneliness, poverty and social isolation than older men (Agewell Foundation, 2012). In developing countries like India, the social security or the pension systems cover a minority of women, which depends on the kind of employment their husbands had. Older women rely on traditional support systems, their children and other members of the family (United Nations, 1999).
Women are classified by their marital status (Agnes, 1999). Women serve as caregivers which restrict their participation in employment particularly after marriage, whereas, men without partners do not get the benefit of support provided by wives for employment/careers or social networks and social organisational activities. As compared to never married men, never married women have more involvement in social organisations. Material and social inequalities in later life are linked to both gender and marital status, reflecting gendered power relationships over the life course (Arber, 2004). In a study conducted in Netherlands, older men living alone were found to be lonelier than older women who were residing alone (Gierveld, 2003).

It may also be noted here that the number of widowed women is generally more than widowed men because of slightly high life expectancy of females compared to that of males, men generally marry women of younger age than themselves and higher rate of remarriage among widowed men compared to widowed women (Gulati and Rajan, 1999; WHO, 2007; Gibson, 1996; UNDESA, 2011; Waldron, 1976; ONS, 1996; Mini, 2009; Bell, 1989; Audinarayana et. al., 2002). In addition to this, lesser attractiveness also leads to the low remarriage of old women (Gibson, 1996). Women get more marginalised in society after the death of the husband. She loses the respect, care and security when she enters into widowhood (Rani and Suguna, 2002; Dharmalingam and Murugan, 2002; Kumari and Sekher, 2012).

Previous studies have reported greater levels of disability/physical functioning among older women than older men in terms of physiological ageing (Arber and Cooper, 1999; Park et. al., 2010; Logue, 1991; Kumari and Sekher, 2010), as a result of which older women experience more constraints on their social activities and everyday lives due to the difficulties in
mobility. The disadvantages suffered by old women does not suddenly appear in old age, it is a continuous process and is cumulative across the lifespan. Among elderly men, higher monthly income was positively associated with successful ageing that is, physical and social functioning, while elderly women with a higher educational level reported higher successful ageing (Park et. al., 2010).

1.3 Theorizing Ageing

1.3.1 Introduction

There is a growing consciousness among researchers and policy makers that ‘ageing may be a universal phenomenon but its impact and meanings are mediated by economic, structural and cultural factors’ (Hendricks and Achenbaum, 1999). Several important questions emerge related to factors influencing the experience of ageing for any individual and population as it ages over time in a given context. For instance, what does ageing essentially mean to an individual? How has the meaning of ageing undergone change over time? What kind of social roles, status, experiences and adjustments (dis)continues as a person grows old with time? What kind of impact does ageing of individuals have on social institutions and societies?

Several attempts have been made by demographers, sociologists, gerontologists and allied social scientists to understand salient processes and relationships involved in population ageing. The existing body of research on the social aspects of ageing has been criticised as being rich in data and poor in theoretical construction. Some explanations for the purported paucity of theoretical construction in studies of population ageing have pointed to the persisting dilemma related to the divergent focus between micro perspectives emphasising individual actors and macro-level perspectives highlighting the structural characteristics of society. Studies have included both perspectives to explain the process of population ageing.
Thus, theories in studies on ageing help researchers to integrate research findings and build knowledge systematically in social demography/gerontology.

Ageing studies employ two broad approaches. One views ageing as a ‘problem to be addressed’ usually focussing on characteristics and behaviours associated with some age other than ‘old’ as a benchmark for successful, normal, or positive ageing. Any departure from these ideals of successful ageing has been considered a problem that requires policy intervention. The second approach tries to explain the social processes of age and ageing as a ‘puzzle to be solved’ within social systems, with careful focus on conceptual precision, theory testing, explanation and links back to the sociological theories (Bengston and Schaie, 1999). Social demographers/gerontologists have traditionally drawn upon problem solving and puzzle solving approaches and focussed on explaining both the continuity and change in ageing individuals and ageing societies. They attempt to understand ageing by examining how institutions and social settings structure individual lives through time, and how those settings and institutions, in turn, were shaped by individuals undergoing transition from adulthood to old age.

Social demographers/gerontologists have resorted to different theoretical frameworks to understand issues of ageing individuals and ageing societies (unit of analysis and research design) depending upon the problem and puzzle at hand. For instance, some theories have focussed upon individual social relationships, either with families and friends or within primary social institutions like education, work or religion. Others more concerned with ageing societies have looked at how social structures enable or restrain an individual’s choices and life chances. The above frameworks have enabled researchers to explain how individuals experience ageing (micro level), how ageing individuals relate to the social
system (meso level), and how ageing populations, institutions, and societies interact at the system level (macro level) (Estes, 1999; Marshall, 1999; Blackburn and Dulmus, 2007).

1.3.2 Historical Developments

The origin and development of social theories of age and ageing may be traced to the post-war years with rising government concern about the implications of demographic changes and the shortage of younger people in the workforce in UK and USA (Biggs and Powell, 2001). During the mid-twentieth century, the interest of social demographers/gerontologists in the formal study of ageing was confined to the social and psychological aspects of adjustment, life satisfaction and the activities of individuals. These social scientists borrowed major theoretical principles from established disciplines during the 1960s and 1970s including functionalism, symbolic interactionism and life course perspectives to explain the changing structure of population and its diverse societal implications. Ideas of critical gerontological (political economy) influences on ageing and the role of feminist viewpoints were also incorporated to explain the ageing of individuals and societies between the 1980s and 1990s. However, it may be noted here that theories often echoed the norms and values of their creator and their social times, reflecting culturally dominants views of what should be the appropriate way of analysing social phenomena (Turner, 1989). This was exemplified by the two functionalist theories which dominated gerontological literature during the 1950s onwards, disengagement theory and activity theory.

Theories of ageing have been classified according to their subject matter of interest and research focus. For instance, micro-level theories of ageing (disengagement theory, activity theory and continuity theory) emphasize upon the individual as the subject of interest and explore psychosocial and sociological factors that improve understanding variations in the
outcome for elderly individuals. On the other hand, meso-level theories (subculture theory and exchange theory) examine the relationships between individuals and social systems. For instance, the formation of subcultural groups of elderly individuals can occur due to positive (similar interest, friendship) or negative (exclusion from social participation) social processes. Macro-level theories of ageing (modernization theory and age-stratification theory) have been used to understand ageing at the societal level. Modernization presented as a general theory explains how the social conditions of the elderly changed as societies became less dependent on agriculture and family-centered production, and entered the modern-industrial age. The age stratification theory focused on analysing how age structures and ageing is structured by institutional arrangements in modern societies. Recently, critical social demographers/gerontologists have used political economy perspectives to focus on social structural influences on ageing, emphasising how old age is defined and treated as result of social struggle arising from power relations. Feminist theories have emphasized the gendered nature of society generally, and ageing individuals more specifically (Arber and Ginn, 1991; Ginn, Street and Arber, 2001).

1.3.3 Sociocultural Theories on Ageing

i) **Disengagement Theory**: Elaine Cummings and William Henry (1961) described the first formal theory of ageing. They suggested that there was a decreasing level of interaction between an ageing individual and the social system. This was considered a functional adjustment, benefitting both the ageing individual and society. Since death was inevitable, the individual’s withdrawal from society was theorized to represent a normal process that minimized disruption in the social system. According to Cummings and Henry (1961), disengagement represented a corrective to the widespread “implicit
theory” of normal ageing, which assumed well-adjusted, satisfied and happy individuals who remained active and socially involved. In opposition to such unexamined assumptions, they offered a theory of normal ageing that involved a process of increasing and inevitable disengagement of aged individuals from their social world. Individuals who recognize that they have limited time left in their lives want to withdraw from many social interactions. Disengagement can be initiated either by an ageing person or by society; regardless, the process becomes circular once initiated, weakening the norms of behaviour shaping interactions as social interaction drops off. Individuals reduce the number and intensity of roles they play; society gives the individuals “permission” to withdraw, reinforcing the process of disengagement. Optimal ageing, from a disengagement perspective, is ageing in ways that are least disruptive both for individuals and society.

What distinguished the Disengagement theory from exclusively psychological theories was its simultaneous focus on the individual and the social system. The reciprocal process of disengagement—individuals withdrawing participation, society anticipating declining engagement—creates a functional outcome, permitting both the individual and the social system to experience death with little disruption to society. The disengagement approach was consistent with functional sociological theories that emphasized the smooth and efficient functioning of society and interpreted individual activities within social systems as smoothing the way to socially functional outcomes (Parsons, 1942, 1951). Critiques centred on whether disengagement was sufficiently comprehensive to represent a general theory of ageing. Was disengagement a universal process, occurring in all historical times and societies? Was it inevitable, happening to everyone?
ii) **Activity Theory**: Robert Havighurst formalized the Activity theory, the previously normative counterpoint to the Disengagement theory. The Activity theory challenged the notion that elderly individuals’ psychological or social needs were substantially different from those of middle-aged adults, or that most individuals had a propensity to withdraw from social life. Instead of disengagement, Havighurst and his colleagues (Havighurst, Neugarten and Tobin, 1968) proposed that what was natural and normal for most ageing individuals was to remain active—at levels of activity similar to those experienced in middle age—for as long as possible. When events beyond individual control intervened, such as a personal illness or frailty or when a family member died, optimal ageing as predicted by the Activity Theory suggested that individuals would actively resist shrinkage of their social world. As individuals aged, the Activity Theory predicted that they would use strategies that involved forging new social roles and relationships or intensifying existing ones to fill the gap rather than disengaging.

iii) **Continuity Theory**: A distinctive theoretical contribution in its own right, the Continuity theory refined elements of both disengagement and activity theories of ageing to develop a more encompassing theory that conceptualized normal life course experiences that intersected with the adjustment processes of ageing individuals. The theory identifies key distinctions between internal and external continuities and ageing processes and between normal and pathological ageing (Atchley, 1989, 1999). Internal continuity reflects a variety of persistent individual experiences such as temperament, emotion, experience, preference, disposition and skills (Atchley, 1989). External continuity reflects the capacity of individuals to call upon the repertoire of skills, activities, roles, and relationships of middle age to extend them into old age successfully. In the continuity framework, sustaining usual activities and dispositions of middle-aged individuals into
old age is the implicit gold standard of normal ageing. From the personality and social bases of middle age, ageing individuals readily incorporate change into their lives in ways that are adaptive, both in terms of their individual personalities and preservation of social support systems.

Normal ageing, according to the Continuity theory, occurs in the absence of mental or physical disease (Atchley, 1989) and distinguishes people who age normally by meeting their own income, housing, health, and social needs (among others) from others who age pathologically, by being so poor or disabled that they cannot meet their own needs. Under the rubric of the Continuity theory, disengagement can occur, but it is not the inevitable, functional process envisioned by Disengagement theorists. The Continuity theory regards disengagement as a process caused by a disruption in internal or external continuity, setting the stage for pathological outcomes. The Continuity theory regards disengagement as a dysfunctional outcome, in contrast to the Disengagement theory of functional social withdrawal. The Continuity theory emphasizes that a foundation of earlier life experiences (skills, personality traits, dispositions, etc.) creates a repertoire of coping strategies that older individuals can call on to adapt to age-related changing circumstances.

iv) **Role Theory**: This theory originated from the interpretivist perspective of anthropological enquiry and deals with the organization of social behaviour at both the individual and collective levels. Individual behaviour in social contexts is organized and acquires meaning in terms of roles. Work responsibilities in organizations are organized into roles, as is participation in group and society. Therefore, the Role theory is a key element in understanding the relationships among micro, macro and intermediate levels of society. On the one hand, the Role theory that is analysed at the collective level is
referred to as *Structural theory*, whereas, the Role theory that examines the patterning of social interactions among individuals or group of individuals is referred to as *Interactional theory* (Turner, 2001). Several theories of ageing (disengagement, activity and continuity theory) were more or less concerned with how older people adjust to changes and losses in their social roles. However, such changes in social roles occur in other phases of life as well and are not exclusive to old age only. This suggests that the Role theory recognizes that each individual has a set of rules, regulations and roles that gradually undergo change with the age of an individual. Such roles are considered the normative order of society and significant predictors of human behaviour given sanctions for any deviation from ‘social expectations’. Social roles are also considered patterns of behaviour expected from individuals who hold a particular social status (defined by social position) - for instance an older person.

Given the complexity of the social world, every individual plays multiple forms of social roles simultaneously, like spouse, parent, sibling or employee. All these roles differ in three broad ways. First, the roles emphasize varying qualities, such as task undertaken (worker role) or emotional content (wife or husband). Second, social roles vary in terms of reward offered (money, prestige, status, emotional support or satisfaction). Third, roles are evaluated according to the value system of society. For instance, in a capitalist society with higher value for economic activity and financial independence, retired persons or mothers looking after children at home are ascribed a lower status. Therefore, in order to understand the later life of older persons, it is imperative to integrate different roles played by the elderly and how they make sense of them (Victor, 2005).

v) **Feminist Theory:** Feminist approaches to the study of ageing represent not so much a formal body of theory as a challenge to ageing research that ignores differences between
women’s and men’s experiences or assumes that ungendered social processes shape ageing and old age (Calasanti and Slevin, 2001). Gender relations are the main subject matter of feminist theories, which regard ideas of masculinity and femininity as socially constructed, emphasizing how men and women experience ageing differently (Arber and Ginn, 1991, 1995). Researchers in the feminist tradition criticize existing research and theory that focuses on one sex to the exclusion of the other. For example, most research on the impact of the death of a spouse focuses on women who are widows, and most research on retirement focuses on men (Calasanti and Zajicek, 1993). Feminist scholars highlight this because most of the differences older men and women experience are not basic biological differences, but those organized by the social structure of societies and gendered social definitions of reality.

The contributions of gender-sensitive scholarship to the study of ageing are substantial. Examples include insights into men’s and women’s roles in caregiving, including their relationships with family and friends in social support networks (Antonucci, 1990; Antonucci and Akiyama, 1987); gendered experiences of work and retirement (Ginn, Street and Arber, 2001; Harrington Meyer, 1996); and the gendered division of household labour (Calasanti and Slevin, 2001). Gender-sensitive scholarship by sociologists makes a particularly important contribution to studies on ageing because women constitute the majority of elders in nearly every society and are likely to be disproportionately poor in old age, and because men continue to die at younger ages than women.

vi) **Subculture Theory:** The Subculture theory on ageing focuses upon the salient role of changes in later life. Unlike the Disengagement and Activity theories, the Subculture theory built more upon general sociological theories of subcultural development to
understand the relationship between the elderly and society. The Subcultural theorists identified two preconditions to explain the formation of a subculture, that is, *shared circumstances* leading to common identity (interests, problems, concerns, social ties etc.) and *social exclusion* from larger society and full social participation by being a member of a racial/ethnic minority group or the poor. In this way, the formation of a subcultural group represented a disenfranchised group in response to exclusion from broader society (Arnold, 1970). Elderly people experienced affinity for each other owing to shared circumstances including physical limitations, common role changes and common generational experiences. As a group, elderly people were often excluded from social participation by younger people, and diminishing social status was associated with ageing (Rose, 1964). This loss of social status leads to isolation and the experience of shared common bonding with older persons. These twin processes together generate the condition of elderly subculture. This theoretical framework of subculture in an ageing population has been exploited to understand social hierarchies of aged individuals marked with poor health, limited social networks and so on (Hochschild, 1978).

vii) **Exchange Theory:** The basic premise of this theory borrows from microeconomics and applies it to the sociological study of relations between individuals in modern society (Blau, 1961). It helps analyze how ageing individuals maximize their rewards and minimize the costs of their social interactions. Generally, the ability to benefit from any exchange largely depends on the resources an individual brings or is perceived to bring to an exchange. This suggests that older individuals had limited resources by way of information, skills, strength, or endurance compared to younger individuals, and thus older individuals were disadvantaged in terms of what they could exchange (Dowd, 1980). Exchanges between the young and old decrease due to unequal resources between
the two broad age groups, another plausible explanation for disengagement among the elderly. However, some researchers contradict the Exchange theory, emphasizing the importance of ‘non-rational’ exchanges such as love, altruism and kindness that overpower the perceived ‘unequal’ exchanges (Silverstein, 2006).

viii) Modernization Theory: This theory explains how specific social and technological changes create specific social and cultural effects for elderly people (and others) as societies modernize overtime (Street and Parham, 2002). The Modernization theory assumes that there was a golden age of the aged- preindustrial societies where the elderly were revered for their wisdom. This theory noted the shift from the traditional mode of production within families to mainly industrial production in factories as an overarching modernization process that diminished the status of the elderly (Cowgill and Holmes, 1972). Further theoretical developments recognized four facets of modernizing societies that led to the deterioration of the social status of the elderly: health technology, economic and industrial technology, urbanization, and education. The industrial mode of production preferred stronger workers with new occupational skills over older adults with traditional/obsolescent skills and knowledge. This resulted in the ouster of older adults from the labour market causing loss of income, prestige and honour contributing to a decline in the status of older people. Advancement in technology created new jobs in cities and led to a massive movement of youth to urban areas (societies undergoing urbanisation). These processes further relegated older people both economically and socially.

ix) Political Economy Theory: The main premise of Political Economy perspectives submits that inequalities in old age were largely produced by political and economic forces. Social exclusion mainly occurs due to widespread ‘structural dependency’ (Townsend, 1981) - inadequate social opportunities multiplied by deficient resources
provided by inadequate public policies- relegating elderly population to the margins of modern society. This radical perspective challenged mainstream theories of ageing, helped explain how capitalism and the state contributed to systems of domination that marginalized/deprived elderly people in the era of prosperity. It further aided in linking studies of ageing with the welfare states. By repositioning societal structural policies that mould later life income, access to health care and the provision of long-term care, studies in political economy tradition mirrored how welfare state policies often perpetuated social inequalities of earlier years rather than eliminate/reduce them (Estes, 1991).

1.4 Inheritance Rights for Hindu Women in India

Ancient law suggests that women only had the right of residence and maintenance, that is, the person who inherited the family property was responsible to maintain his wife, his minor sons, unmarried daughters and his aged parents. The earliest legislation that protected women was the Widow Remarriage Act of 1856. The law did not benefit widows much, as the widow who opted to remarry would lose all her property that she inherited from her deceased husband. The widows felt that it was better for them to live a chaste life and retain their husband’s property rather than remarry. Another factor that made elderly women more vulnerable was their right of *stridhan*. The court held that the *stridhan* was not of a woman anymore but it became a limited estate in the hands of the next generation of women. The Hindu Women’s Property Rights Act (Deshmukh Act) of 1937, was an attempt to reduce the vulnerability of elderly women particularly widows. But due to severe opposition, it was decided that the widow only had the right to be maintained from the property, she had no right to alienate the property (sale, gift or will) (Agnes, 1999). A woman’s status is defined through men - particularly after marriage, her status would rise if she has a husband or some property
and would lower if she gets widowed or divorced. Land is the most important asset for majority of the Indians who live in rural areas (RDI, 2009; Doss et al., 2012) and is the most productive resource for women in India (Agarwal, 1994a). The access to, use and control over land is very limited among women in India (Bhatla, Chakraborty and Duvvury, 2006; Doss et al., 2012; 2011) and it completely depends on their relationship with a man (father, husband or son) (United Nations, 2013c). For enhancing the status of women and empowering them, it is very important to entitle them with adequate rights of land, house and property (UN-HABITAT, 2006). A recent study from the World Bank group has highlighted that access to land/property and its actual control provide women with the opportunity to live a life of prosperity, dignity, stability and good health/well-being (Klugman et al., 2014). The ownership of assets by women has a positive influence on their status, bargaining power and can improve their well-being (Swaminathan et al., 2012; Doss, 2005; Smith et al., 2003). Various studies in South Asia found that landownership improves or increases the role/engagement of women in household decision-making (Agarwal, 1998b; Allendorf, 2007; Mason, 1998; Deere and Twymen, 2012a; 2012b; Deere et al., 2013). A study in Andhra Pradesh found that women labourers who had access to productive assets had more autonomy in decision-making within the household as well as in the labour market (Garikipati, 2009). The government’s joint titling policy in Chandigarh enhanced the participation of women in household decision-making, access to knowledge, relative status within the household and sense of self-esteem (Datta, 2006). According to some of the ancient jurists, property can be acquired by a woman: what was given to her at the time of marriage, gifts given after the marriage, through inheritance and by work/earnings (Mukund, 1992; 1999). The stridhan that is usually given to women at the time of marriage no more vests in the hands of women, rather it is given as a dowry to the groom and his family. This social transformation is
changing the form of women’s property (Mukund, 1999). The term, *stridhan* (woman’s separate property) was defined differently by various *smritikars*. It was defined as the personal property of a woman - movable or immovable acquired at the time of her marriage, either by her parents (father, mother, brother, relatives etc.) or her in-laws (father-in-law, mother-in-law, husband etc.). Under all the schools, *stridhan* included movable as well as immovable property, with the exception of *Dayabhag*, because this school gave equal share of property to women as widows, daughters and mothers, thus under this system *stridhan* was restricted to gifts and movables (Agnes *et. al.*, 2004; Agarwal, 1994b; 1998a).

The two major traditional schools of legal doctrine validated under the Anglo-Hindu law are the *Mitakshara* of Vijnaneshwar (11th century) and the *Dayabhaga* of Jimmutvahana (12th century). Both the schools did not include women as coparcenaries. Women had the right to be maintained, even if a man remarried he was under legal obligation to continue to maintain his first wife, and the wife was entitled to get ‘supersession fee’ an equal share of the property which the husband gifted the new wife (Agnes *et. al.*, 2004). The *Mitakshara* system distinguished two types of property: joint family property and separate property. Joint family property consisted of ancestral property, that is, property inherited from father, paternal grandfather or paternal great grandfather, and any property which was jointly acquired or merged into joint family property even if acquired separately. The male members inherited the property and women did not get any share. Under *Mitakshara*, women’s rights in the joint family property were only the right of maintenance as incoming wives (including widows) and unmarried daughters. When a daughter got married, she was entitled to marriage expenses and gifts. Separate property was self-acquired or inherited from anyone other than father, paternal grandfather or paternal great grandfather. A widow could inherit a limited estate of a man’s separate property in the absence of any male descendant and only if she remained
chaste. The widow could not alienate (sell, gift or mortgage) the property unless there was some severe necessity and the property could only be used for religious and pious purposes. A daughter can inherit the property only in the absence of male descendants as well as the widowed mother.

A man has full control over his property and could dispose it off (sell, mortgage or gift it) as he wished under the *Dayabhaga* system. The property was divided among all the heirs including the widow and unmarried daughter. The probability of a widow or daughter inheriting the property was more under *Dayabhaga* than under *Mitakshara*. According to both the systems, a woman can acquire the land, that is, immovable property only under highly restrictive circumstances (Agarwal, 1995). Under the *Mitakshara* system, a woman gets right to her husband’s property conditionally and restrictively, whereas, *Dayabhaga* gives her this right unconditionally (Mukund, 1999). Therefore, according to *Mitakshara* law, the foundation of a coparcenary is laid by the birth of a son, whereas, according to *Dayabhaga* law, the foundation of a coparcenary is laid on the death of the father. According to *Mitakshara* law, a son gets inheritance on survivorship but in *Dayabhaga*, the son achieves inheritance after the death of his father not by survivorship but as an heir.

Prior to colonial rule, India followed the patrilineal set-up which provided limited inheritance rights to widows and daughters, where the rights in landed property were restricted. In 1937, The Hindu Women’s Rights to Property Act gave the right to widows to intestate succession equal to a son’s share in separate property among those governed by *Mitakshara* and in all property among those governed by *Dayabhaga*. It also gave the right to widows to claim partition in the undivided *Mitakshara* coparcenary. Daughters were completely excluded from any succession or ownership over the property in the Act (Agarwal, 1998b). The ownership of
land and property directly affects the position, support and respect that the elderly received from relatives and people around them (Caldwell et. al., 1988; Sharma and Dak, 1987; Agarwal, 1994b).

The transfer of ancestral properties among Hindus has been articulated mainly by the Hindu Succession Act, 1956 and the Hindu Succession Amendment Act, 2005. The Hindu Succession Act (1956) codified the law relating to intestate (without a ‘will’) succession among the Hindus. This law brought various important changes in the law of succession, but without affecting the special rights of the male members of the Mitakshara Coparcenary. According to Hindu law and tradition, a coparcenary comprises father and three male lineal descents. A coparcenary has a right by birth in the property of the joint family. However, women whether daughters, mothers or widows, cannot be part of coparcenary. The Hindu Succession Act 1956 retained the coparcenary (Vishwanathan, 2005; Hindu Succession Act, 1956). The Hindu Succession Act (HSA) of 1956 laid down a law of succession where sons and daughters were given equal inheritance rights, as brothers and sisters. According to the Act, in case a Hindu male dies intestate, all his property (separate or self-acquired) will be equally distributed among his sons, daughters, widow and mother. If there is a predeceased son, his children and widow would get a share, which he would have received if alive, likewise the children of a predeceased daughter get their share, and the children and widow of predeceased son will also get the same share. These are known as Class I heirs. In case of joint family property, for those governed by Dayabhaga, the same rule of succession would apply but those under Mitakshara law would be governed by some different rules. For a male in Mitakshara coparcenary who left behind Class I female heirs, his property devolves according to HSA (1956), however if the deceased does not leave Class I female heirs the devolution is made according to Mitakshara rules. In case of a Hindu woman dying intestate,
her property devolves equally to her sons, daughters, children of predeceased children and husband. In case she is not having children or children of predeceased children her property will be divided according to the source of acquisition: the property inherited from her father will go to her father’s heirs, that inherited from her husband or in-laws will go to her husband’s heirs and that acquired through any other ways than these will go to her husband and failing him, to his heirs. The HSA made women disadvantaged - it did not recognize women as coparceners and therefore daughters who are unmarried, separated, divorced, deserted or widowed have residence rights but they cannot demand a share in the property. However, daughters who are married even if they are facing marital harassment do not have residence rights in the ancestral home. In spite of this law, the rights of women became illusory; they only had the right to residence and maintenance and were at the mercy of their male relatives (Agnes, 1999). Some states have amended the HSA, for example, the Kerala Joint Hindu Family System (Abolition) Act of 1976 considered all the family members as holding equal share in the joint family property. Some states like Andhra Pradesh (erstwhile), Tamil Nadu, Maharashtra, Karnataka amended the HSA to recognize unmarried daughters as coparceners by birth and also gave them the right to ancestral property, this Amendment increased the share of unmarried daughters but decreased the share of a man’s widow and mother. Thus, the Amendment reduced inequality between sons and daughters but increased inequality between daughters and other women (widow, mother). Secondly, the Government of India Act 1935 vested all legislative powers related to agricultural land to the state legislatures, even the Hindu Women’s Right to Property Act 1937 did not apply to agricultural land. Therefore, the devolution of the land under tenancy is different from what the HSA specifies.
However, this inequity between son and daughter has been removed with the introduction of the Hindu Succession Amendment Act, 2005 by the Parliament that breached the exclusive male coparcenary. This Amendment has made the daughter a member of the coparcenary and daughters may now get an equal share as sons at the time of partition (Vishwanathan, 2005; Hindu Succession Act, 1956; Hindu Succession Act, 2005). Further amendments to give justice to women in her husband’s property are presently under consideration by the central government.

There should be adequate and effective economic security for widows in India. Their property rights should be secured as daughters so that it would be beneficial when they grow old. Effective and independent rights in arable land should be given to women, particularly widows. Effective right means right which is not provided just by law but that is actually put into practice. It refers not just to the ownership of land but also having operational control over it. Poor women residing in rural areas may benefit from effective property rights, by having access to economic resources and control over arable land completely independent from men. Widows in India are often found as low-wage workers on farms (of their own brothers or brother-in-laws), without independent control over the land, which results in even an economically wealthy/rich woman being reduced to economic vulnerability/poverty when she becomes a widow. Generally, males migrate from rural to urban areas, while, women are left behind (Bardhan, 1977). There is a long history of women owning, having control over and freedom of disposing their personal property in Tamil Nadu (Mukund, 1992). However, it can be argued that women are less likely to own and control assets, especially productive assets as compared to men (Swaminathan et. al., 2012).
A study conducted by the International Centre for Research on Women (ICRW) in 2006 among women aged 15 years and above depicts that 36 percent of surveyed women in Kerala owned immovable property (land or house), whereas, the proportion of the same was 34 percent in West Bengal. The study concluded that ownership of property among women would benefit them socially as well as economically in their later ages. From discussions articulated about women, it was found that they felt that when a woman owned property, she had a higher status within the family. A survey conducted in Karnataka in 2001 found that women living in the households that owned land had access to the land, but rarely had ownership rights over it. Majority of the respondents in the survey stated that they never heard of a woman holding land in her own name. The study concludes that ownership of property among women would provide multiple benefits including securing women if they separate from their husbands or get widowed; it will be a major source of income for women that would directly benefit their children and land ownership would raise the status and respect of women in the family (Brown et. al., 2002).

According to a report from the United Nations (2013b) on women’s right to land and productive resources, only about 12 percent of women in Gujarat had any title of land ownership. Among them, about 41 percent of women were widows who claimed the land title, 43 percent were wives to whom the land was transferred with a view to gain particular state-specific tax benefits/avoid land ceiling as per the law. Less than five percent of women had inherited any land from parent’s family where there was no male heir. However, several such women had to face the negative attitude of their family members. A study on rural widows in seven states of India found that among the surveyed widows whose husbands owned land, 51 percent inherited some land from their husbands and only 13 percent inherited land as daughters (Chen, 2000). Ownership and management of property among the elderly
was addressed by using National Sample Survey (NSSO, 52\textsuperscript{nd} round) by Kodoth and Rajan (2008) and Rajan (2006). The study found that almost half of the elderly women in India did not have any property in their names. It found marked differences in the ownership and management of property among elderly males and females.

Dreze (1990b) found that widows in Rajasthan and West Bengal inherited some property, whereas there was no such evidence from women residing in Uttar Pradesh. In the southern states, nearly half of the widows inherited some land from their husbands. The percentage of widows who inherited some land as daughters was relatively more prevalent in Kerala, West Bengal and (erstwhile) Andhra Pradesh as compared to Bihar, Uttar Pradesh, Tamil Nadu and Rajasthan (Dreze, 1990a). A study conducted in Karnataka found that women are more likely to own jewellery, livestock, agricultural tools and least likely to own a house and agricultural land. A wide gender inequality was found with respect to the ownership of assets between males and females. Individual ownership of property among women was only dominant for jewellery which was generally transferred by them to daughters or daughters-in-law or sold during economic crisis; therefore, it often left women asset less and vulnerable (Swaminathan \textit{et. al.}, 2012). Dharmalingam and Murugan (2002) conducted interviews on elderly widows in Karaikudi town of Tamil Nadu and found that only 14 percent of the widows owned land and a house in their names.

According to the Indian Human Development Survey (IHDS), a nationally representative household survey conducted across 33 states and union territories of India in 2005, on an average only 18 percent of women (15-49 years) had their name in the bank account and around 15 percent of them had their names as joint owners of the house. The ownership increased with increase in age and education status of women, for instance, it was found more
among women from better-off families/higher socioeconomic strata and those belonging to metro cities (Desai et. al., 2010). A study conducted by UNFPA (2012) in seven states (Himachal Pradesh, Punjab, West Bengal, Orissa, Maharashtra, Kerala and Tamil Nadu) found that 19 percent of elderly women inherited some land, whereas 11 percent of elderly women inherited gold or jewellery. Almost 23 percent of elderly women also inherited a house. Fifteen percent of the women reported that they had savings in bank, post office or cash. The women who were widowed, divorced or separated were more likely to inherit land, housing and savings compared to those who were currently married.

Studies also observed that women would face less risk of domestic violence (Bhattachrya et. al., 2011; Friedmann-Sachez, 2006; Bhatla, Chakraborty and Duvvury, 2006; Panda and Agarwal, 2005) and HIV infection (ICRW, 2013) if they were given ownership of assets. Providing land titles (titling) to women would increase their productivity and strengthen their abilities to struggle/challenge for their rights. Women who were heading the households due to outmigration of men or widows were allotted some cultivable land and they had some control over it. This would not only motivate them and but would also help widowed women deal with social disabilities associated with their condition.

The customary inheritance rights of women in general and those of widows in particular in practice were different from the statutory law (Chen, 2000; Agarwal, 1994a; Sarkar and Banerjee, 1998; Ahuja, 1992). Previous literature also shows that in terms of property rights over land, the most vulnerable group were widows, single and separated women (Chen, 2000; Dreze, 1990a; 1990b Gupta, 2000). A widow could get a share in her husband’s property only if she remained chaste and under restrictive conditions. According to a study in seven states (Chen, 2000), out of 280 households with widows where the husband owned some land,
51 percent of the widows inherited some property from their husbands. In the northwest part of India, levirate marriage was also prevalent that meant a widow could marry her brother-in-law, and in such a case, the property/land which the widow received at the death of her husband eventually went under the authority/control of husband’s brother, in addition to his original share in the ancestral property/land. A widow’s inheritance claims further depended upon having surviving sons. If she was childless or had only daughters, she got only maintenance. If a widow’s husband was not separated from the joint estate before death, the widow would not receive the share formally as there would be no records maintained for her part in the property. In case the joint property was partitioned, a woman could register her claims in the husband’s property/land jointly with sons. However, just ownership of the land does not give economic security to widows. A very small proportion of widows inherited some property/land and those who did were largely under restrictive/compulsive conditions. Evidence shows that the premise of property/land rights among women has been quite fragile and it is in fact declining with time (Agarwal, 1994a; Chen, 2000; Kishwar, 1994).

There were several social, administrative and ideological factors that restricted women’s access to land/property rights. The opposition to titling daughters is less in southern and northeast regions where marriages within the village and with close-kin were prevalent. On the other hand, in the northern region where the community is patrilineal and patrilocal, parents helping/supporting daughters and vice versa is considered taboo. Owing to such social and economic vulnerability and cultural constraints, women do not exercise the claim to their share in parental property. These social taboos (purdah/veil system, prohibited social interaction with men), cultural constraints and women’s restricted physical and social mobility circumscribed their share in land/property. There persists a gap between the legal ownership of land and actual ownership, but more critical than this, remains the gap between
the ownership and effective control over the land/property (Agarwal, 1994a). Studies have also noted male-biased dissemination of information and technological inputs that worsened the condition of disadvantaged women farmers. Perpetration of violence and pressure tactics were employed against women by males to share/part away their lands/property with other relatives (Agarwal, 1998b).

The prevailing practice in western countries suggests that a wife is no longer considered her husband’s chattel. The present discourse on the division of matrimonial property when the marriage breaks down has led to ambiguity. It may not suit the Indian context because the families are generally not nuclear and property is owned by parents-in-law and other relatives, and the income tax returns do not reflect the true economic status of the person. If the husband is irresponsible and the wife is earning, will such a woman give half of her property to her husband to support him? If the husband does not have any property what will be given to his wife and children? What about the women belonging to minority communities and why is the law only considering Hindu women? The change in property rights cannot take place overnight. A recent ruling in Bombay High Court has held that when a daughter gets married and leaves the house of her father and resides with her in-laws, she is no more considered a member of her father’s family and becomes member of her husband’s family where she gets certain rights under law. She does not have any legal rights in her father’s house and is only considered a guest there and can stay there as long as the parents allow (Agnes, 2012).

1.5 Muslim Women’s Right to Property

In personal matters related to succession, marriage, gift, guardianship and wakfs, Indian Muslims are governed by Muslim Personal Law or Shariat. As per the Shariat Law, the property of a Muslim, both movable and immovable, shall pass on to:
1) Class 1: Quranic Heirs (Sharers) namely- i) husband; ii) wife; iii) father; iv) true grandfather; v) mother; vi) true grandmother; vii) daughter; viii) son’s daughter; ix) full sister; x) consanguine sister; xi) uterine brother; xii) uterine sister.

If the property/estate is not exhausted by the above, the residual may be passed on to:

2) Class 2: Agnatic Heirs (Residuaries) - where agnate is a person who is directly linked with deceased through male links. However, in case if both the Heir 1 and Heir 2 are not available, the property shall be distributed among:

3) Class 3 Uterine Heirs (Asabaat) or distant kindred (Engineer, 2012; Brown et al., 2002).

However, the most notable fact is the acute gender inequality with regard to sharing the property by women under the Shariat law. For instance, in the case of deceased husband, the wife shall be entitled for 1/4th share of the property if there are no children, otherwise she shall be entitled to only 1/8th share of the husband’s property. On the other hand, in the case of deceased wife, the husband shall be entitled to half the share in the absence of any child, otherwise he shall receive 1/4th share of the property. Among the sons and daughters, the share shall be 2:1 and they shall exclude the other agnates (Engineer, 2012; Brown et al., 2002). Such a scenario suggests the deplorable state of affairs of Indian Muslim women in general and elderly women in particular.

The right of ‘mehr’ or ‘dower’ in the Quran is meant to protect the wives against the husband’s right of arbitrary divorce. It also serves as an old age security to widows. At the time of the death of the husband, the widow has the right over her ‘mehr’ (Agnes, 1999).
1.6 Family Support and Social Relationships

Families are often considered a basic unit of ‘emotionally supporting ties’ and are likely to enhance the status and well-being of the elderly as a buffer against stressful events (Umberson et al., 1992). Family support/co-residence/living arrangement is often considered a measure of well-being, as living with spouse, children and grandchildren often benefits the elderly through instrumental and emotional assistance. However, previous studies have documented that the association between family support/social relationships and life satisfaction are often complex and markedly vary between men and women. For instance, in the context of marriage, widowhood may result in stronger depressive effects on men than on women (Chipperfiled and Havens, 2001; Lee et al., 2001).

It has been documented that parents and adult-child relationships have become more complex and ambivalent under the influence of rising modernization, increasing nuclear family norms, rising female labour force participation and urge to stay independently. On the one hand, co-residence (involvement/interaction) with adult children may help improve the life satisfaction of the elderly, as the children may provide material and emotional support to their parents (Burr and Mutchler, 2007). On the other hand, staying up with the children may sometimes have a negative influence, probably due to change in the control over household, perceived reversal in family roles, and hardships/stress caused due to care giving (Tiedt, 2010).

Moreover, the relationships/network with other people (neighbours/friends/family) may have a direct effect on the life satisfaction and well-being of the elderly (Berkman et al., 2012). The frequency of social contacts and interaction with others translates into social support as they help reduce the stress/depression caused by family/others, and these social activities are
crucial contributing factors in the process of successful ageing (Lin et. al., 1999). However, to what extent the family support and social relationships are associated with life satisfaction and well-being among elderly men and women is often poorly understood. Therefore, it may be hypothesized that since women are more sensitive than men to co-residence and social relationships, their life satisfaction may be more affected by their social activities and relationships with others. Another important issue to examine is whether the relationship with family members and non-family members are important for the well-being of the elderly.

1.7 Life Satisfaction and Well-being among the Elderly

Life satisfaction is a measure of well-being. Life satisfaction among the elderly decreases as age increases (Borg et. al., 2006; Chen, 2001). Retirement, deterioration of health and loss of spouse are major life events, which may affect life satisfaction among the elderly. Socio-demographic factors, income, living arrangement and level of activity participation have a deep impact on the life satisfaction of the elderly (Chen, 2001). As compared to women, men with lower age, lower feelings of loneliness, higher self-care capacity, better self-reported health, higher participation in physical activities, lower degree of feeling of worriedness and better economic resources reported higher life satisfaction (Borg et. al., 2006). Elderly women (60+ years) reported less satisfaction with life than men (Gaymu et. al., 2012). Studies also suggest that women who live alone had lower life satisfaction than those who live in other types of living arrangements (Yeh and Lo, 2004; NgPhilips and Lee, 2002; Jakobsson et. al., 2004; Borg et. al., 2006; Shin, 2012; Kooshtiar et. al., 2014). Better health, economic status and family support positively influence the life satisfaction of older adults (Bowling and Windsor, 2001; Brown et. al., 2004; Doyle, 1984; Easterline, 2001; Fagestrom et. al., 2007;
Ferring et. al., 2004; George, 2006; Holden and Hatcher, 2006; Noll, 2007; Von dem Knesebeck et. al., 2005; 2007).

Physical health, social support and emotional support are the predictors of life satisfaction among the frail elderly. Most of the literature indicates a positive relationship between social support and life satisfaction. The elderly who reported low education and socioeconomic levels and who had poor physical health indicated that they had few social supports and low life satisfaction (Abu-Bader et. al., 2003).

The improvement in life expectancy since independence is indeed appreciable as the life span of Indians has increased considerably, and a large proportion of them are now entering into senior age brackets. However, population ageing presents a new plethora of challenges. The ageing of population is often associated with a gradual decline in physical capacities, multiple disabilities, social isolation, and heightens the risk of numerous degenerative diseases, particularly at the advanced age of 80 years or above. This stage of life presents a heavy burden on health care expenditure that may push the elderly, many of whom are already destitute and frail, into poverty. In a nutshell, there appears a huge uncertainty about ‘the nature of these extended years of life’ beyond 60 years of age. What it may really mean for elderly women living in rural areas is poorly understood. There is dearth of scientific evidence regarding preferred life expectancy (PLE) - that is how long an individual prefers/wants to live.

Evidence from previous studies has shown that older people tend to report relatively higher PLE. With increasing age, PLE also increases/rises (Lang et. al., 2007; Huohvanianen et. al., 2012; Pew Research Center, 2013). Contrary to the above findings, some studies have found that age is negatively related to the valuation of life, that is, active attachment to one’s life
(Jopp, Rott and Oswald, 2008), and also the will to live (Carmel *et. al.*, 2007; Carmel *et. al.*, 2013). Widowhood was associated with lower valuation of life (Jopp, *et. al.*, 2008). Some studies suggest that there is no relationship between marital status and PLE (Lang *et. al.*, 2007; Huohvanianen *et. al.*, 2012), while some others did not find any relationship between PLE and education (Lang *et. al.*, 2007; Pew Research Center, 2013). In the time trade-off module, people with higher education preferred a short but healthy life (Ayalon and King-Kallimanis, 2010). In other cases, it was found that higher education was positively associated to valuation of life (Jopp *et. al.*, 2008). There are studies that suggest that the elderly who are better educated, with high income and better economic status would live longer and have a healthy life (Olshansky *et. al.*, 2012; Bos and Bos, 2007; Knesebeck, *et. al.*, 2007; Mini, 2009; Park *et. al.*, 2010; Husain and Ghosh, 2011).

The physical functioning or the daily activities of the elderly decreases with age (Boyington *et. al.*, 2008; Dolai and Chakrabarty, 2013; Alam 2006). A study conducted in China revealed that the elderly who were married and those either living alone or with spouse were less likely to experience decline in ADL (Wang *et. al.* 2009). Literature suggests that age, gender, (Duarte, 2005; Gill, 1998; Njegovan, 2001), income and schooling are the main predictors of high functional disability in IADL (Santos *et. al.*, 2008).