Chapter –I

Introduction and

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Primer

Envisaging elderly people as a homogenous group and their experience of ageing as uniform is a serious methodological problem. As suggested by John (1995), elderly people have heterogeneous experiences due to social stratification - a key social process in the Indian sub-continent. Social stratification plays an important role in adverse social exclusion of elderly in various spheres of life. Hence, it is important to understand social stratification in order to capture the real issues of the ageing population in India.

In India, ascribed social position is determined by birth. Caste position determines an individual’s access to resources and influences one’s well-being. Berreman (1960) explains that caste system is unique to India and he defines caste system as a hierarchy of endogamous divisions, in which membership is hereditary and permanent. He further says that hierarchy is unequal in status and influences one’s access to goods and services.

The other prominent social positions in India that decides one’s access to opportunities are class and gender. Thus, we see that collective identity is more pronounced rather than individual personality in the context of accessing opportunities and services in the Indian context.

The Indian Constitution has challenged the notion of caste and voiced for equal opportunity for every citizen irrespective of class, caste and gender. However, it is a complex process to build a common platform for distribution of equal opportunities. Even after 60 years of independence, individuals from different social positions have not been able to enhance their status of life due to subjective social positions.
Indian feminists argue that achieved social position has not given women equal status with men, even within their own social location. The patriarchal ideologies are seen across the stratification, thereby, giving women in India a dependent and subordinated position.

As a consequence, women from various social positions had to make negotiations and are faced with challenges when they insist on being treated equal to men in their own community. Even though patriarchal ideologies are dominant in India, women do negotiate to realise their aspirations. To realise their aspirations, instead, women also use their privileged social positions of caste and class. Such processes have made people lead a quality life in their later years. It makes one wonder whether elderly people in India have issues based on their social strata or they face problems because they are ageing.

Old age in India is inclusive of these stratifications and elderly women’s experiences are not the same as those of elderly men. In fact, even women from different social positions perceive and experience ageing differently in our country. Literature reviewed in India suggests that elderly women are perceived as dependent and vulnerable.

Elderly women experience domestic violence, prejudice in terms of income, food, meaningful work, health care, inheritances, social security and political power (WHO 2002). It is, therefore, essential to understand their issues from a different perspective.

Most research studies in India have been focused on elderly women’s health care, psycho-social issues and demographic characteristics. On the contrary, elderly women do experience exclusion and discrimination, and their mobility is hindered due to social stratification. This research study is developed under these contexts.
Demographic Transition and Ageing

Population-ageing in India is of recent origin. It is a result of a demographic transition. In fact, India is one among the fast developing countries that is rapidly experiencing population ageing. The demographic transition has occurred as a consequence of decline in fertility rate and mortality rate over a period of time (Alam & Mukherhee 2005; Chaudhury 2004).

A glance at the national census over the past three decades (Census 1991, 2001, 2011) will show that the elderly population (aged 60 and above) in India has increased from 56.5 million to 103.2 million, an increase of 46.7 million people between the age group of 60 and 99 over a period of 30 years. The demographic transition in India has brought an inevitable challenge of caring for our elderly. The increasing population of elderly in India is perceived as a “challenge” rather a “celebration”.

This might be because of an increase in the age dependency ratio, where the relatively younger adult, working population has to bear the responsibility of the larger group of older people. Secondly, the heterogeneous nature of the Indian population largely stratified by class, caste, geographical location, gender, regions and culture has posed the questions of care, social security, safety and overall well-being of elderly population.

The demographic transition, on the other hand, has also brought the crucial issue of feminisation of ageing. According to the UNPFA (2012), the percentage of widows (59%) is high among elderly women and they face multiple layers of discrimination of being old, being women, and being poor (WHO 1999). They are also imposed with multi-dimensional resistance in their social location and lack of gender-sensitive social securities.
Women and Ageing in India

In India, the empirical study on feminization of ageing is still at its infant stage (Kalavar & Jamuna 2011). According to the 2011, published situation analysis report by Ministry of Statistics & Programme Implementation, old-age dependency ratio in more in women as compared to men. The government report reveals that 80% of elderly women are economically dependent on their spouse, children, grand-children and other non-relations as well.

Kitazawa (1986) states that elderly women experience old age three times in her lifetime. According to him, an elderly woman takes care of her husband’s parents in their old age, her husband in his old age and, finally, of herself in her old age. Rajan (2006) found that elderly women constituted the most vulnerable group among the urban population as they are dependent on others for food, clothing and health care. The dependence forces them to work in old age despite their poor health, and they also become more helpless if they are widowed.

For elderly widows, the condition is more difficult because the living arrangement changes and they start leading an uncomfortable life, which affects their health (Kalavar & Jamuna 2011). Sometimes, elderly women are also relocated to paid old age homes due to childlessness and widowhood. Tondon’s (1997) study exposed that the elderly, especially widows, were more susceptible to multiple forms of abuse, not only from family members, but also from their neighbours.

Financial security also forms an important concern for elderly women’s well-being. Elderly women’s situation of no income and low education makes them vulnerable to abuse (Bagga & Sakurkar 2011). Rajan (2006) says that 50% of elderly women have no assets. This is common across all states in India. Although elderly women are entitled to receiving pension after their spouse’s death or in their old age, they still experience deprivation.
Panda (2005) studied the relationship between economic security, family and community members’ acceptance and elderly women’s adjustment in a sample of 350 elderly women residing in colonies of South Delhi. The study revealed that elderly women, who are engaged in household activities and those willing to accept the change in their roles, were accepted in their social locations. Also, married elderly women have less fear of death and have better perception of their health status. These women perceived that residing with family is safe in old age.

Gopal (2006) argues that older (especially widows and destitute) women’s contribution in workforce is comparatively more. She adds that families with elderly women have become more demanding and extract continuous work, when they need care and support.

Apart from the above mentioned challenges, elderly women are at a greater risk of ill-health compared to men because of gender-blind health services, less nutrition and economic deprivation throughout their lives (Siva Raju 2011).

According to Paul (1992), elderly women in India suffer from health problems because of inferior diet, non-utilisation of health facilities, non-availability of medical facilities and gender bias.

The same is confirmed by Karkal (1990) in her study. Reddy (1996) points out that elderly woman in India are also experience physical immobility. This is due to recurrent cycles of pregnancy and hard-work done over their lifetimes. Thus, elderly women face a host of problems.

To add to that, Gayathri (2009) has explained in her study that dilution of health policies of the elderly population can lead elderly women into a deprived status.
Indira (1999) argues that elderly women struggle to think about leisure activities or engage in leisure activities in old age because their socialisation didn’t allow them to structure their time. Thus, her finding showed that older women’s deprivation is not because they are old, but because of their social structure.

Hiremath (2012), in his study, pointed out that elderly women’s dependency throughout their life remained invisible and less articulated in the social policy of India. Further, he brings to notice that elderly women, especially living in rural India, need greater attention in terms of their health care.

The Agewell Report (2011) on ‘Human Rights and Status of Older Women in India’ explains that elderly women across the then 25 states and union territories commonly experience marginalisation. The report highlights that widowhood has a greater impact on their old age due to the stigma attached to it. The report says that elderly women are dependent on their family members and their educational status is comparatively low as compared to other family members. The report highlights that elderly women experience gender and age-based discrimination and most of them are not aware of their rights.

**Social Policies and Social Security Schemes**

Policies on old age were first pronounced in article 11 in 1969 at the ‘Declaration on Social Progress and Development’. The Vienna International plan of action on ageing (1982) was the foremost international initiative taken at the policy level to address the issues of demographic transition. Following which, the UN principle for older persons was adopted in the General Assembly in 1991.

The United Nations principle focused on themes such as independence, participation, care, self-fulfillment and dignity to be part of the policy for elderly. Later, in 1999, the conceptual framework based on the plan and principles was formulated.
After a gap of 20 years, in Madrid in 2002, the Political Declaration and an International Strategic Plan of Action on Ageing was adopted to understand the issues of elderly in the development paradigm.

In the Indian context, the Constitution of India guarantees, through its entry 24 in list III of schedule VII, pension to older people as part of the welfare of labour. Item 9 of the State List and item 20, 23 and 24 of Concurrent List also relates to old age pension, social security and social insurance, and economic and social planning. Further, article 41 of Directive Principles of State Policy has particular relevance to old age social security.

Apart from this, other legal provisions are protection of parents’ rights and this protection is recognised by section 125 (1) (d) of the Code of Criminal Procedure 1973, and section 20 (1 and 3) under the Hindu Adoption and Maintenance Act, 1956. Similarly, under the Muslim personal law, both sons and daughters have the duty to take care of their aged parents. Although Christian law and Parsi law doesn’t pronounce much about taking care of parents, but parents of these religions can apply for protection through section 125(1) of the Code of Criminal Procedure.

In later years, the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, were introduced for need-based maintenance for parents and senior citizens. Under this act, the Tribunal shall order the children to provide a monthly maintenance up to 10,000 rupees and also has the right to recover the property from the children.

The Integrated Programme for Older Persons was implemented by Ministry of Social Justice & Empowerment in 1992 with a focus on funding non-governmental organisations to run old age homes, day care centres, awareness programmes and training. However, issues of older peoples were given more attention with the formulation of National Council for Older Person in 1999 under the Ministry of Social Justice to monitor, advocate and implement the elderly protection programme under the guidance of NHRC.
Consequently, the National Policy for Old Persons was constituted in the same year for promoting the overall well-being of senior citizens. The policy has identified areas of interventions such as health, financial security, nutrition, shelter, education and welfare. The policy is committed towards creating independent senior citizens.

On the other side, welfare schemes on the elderly population were formulated as part of the National Social Assistance Programme in 1995. The NOAP started with providing a monthly pension of 75 rupees for those above the age of 65.

The programme underwent changes during 2007, 2009 and 2011 in terms of name, eligibility criteria, and the amount from the central government was increased to 200 rupees. During the process of changes in the policy, the state government was issued an order to contribute an equal amount of pension or more for the elderly living in families that are below the poverty line.

Further, the Annapurna scheme was introduced in 2000, guaranteeing poor elderly, who are not covered under the NOAP, 10 kg of rice each month, free of cost. Later, the Indira Gandhi National Widow Pension Scheme was introduced in 2009 for widows, who are aged between 40 and 64 years as well as a pension of 400 rupees per month and, consequently, in 2011, the eligibility criteria was reduced to widows aged between 40 and 59 years.

**Major Theoretical Perspectives on the Elderly**

Ageing process is looked at from different theoretical positions as multidimensional, happening at all sides, biological, psychological and social. Ageing is understood from different disciplines; sometimes these theories are merged, modified, applied and analysed in the changing context and cultures that shapes the policy formulation. Although ageing is biological, it is also socially determined and theoretical framework has shown to understand the emerging issues on ageing. Thus, it is necessary to critically look at major theoretical positions and its relevance in the Indian scenario.
**Biological Perspective on Ageing:**

The biological theories on ageing can be majorly divided into two categories - genetic and non-genetic theories. There are four core genetic theories (programmed ageing, somatic mutation theory, free radical theory, neuro-endocrine theory) that suggest that ageing is pre-determined or pre-programmed in the genes. Although there are many emerging non-genetic theories, the ‘wear and tear’ theory is the most discussed theory till present times. The theory suggests that the external (bodily) and internal (environmental) factors play an equal interlace role in the ageing processes, and the wear and tear process of the organs happens in the body along with the influence of environmental factors.

**Psycho-Social Theoretical Perspectives on Ageing:**

(a) **Age Stratification Theory**

According to this theory, society is stratified based on the chronology of age and each age strata has had its own roles and age-related expectations. The theory tries to explain and understand the differences between the age groups in a society. The theory suggests that societies are age-graded and structured in hierarchy. Therefore, elderly people, according to this theory, are expected to adopt roles appropriate to their age and contextual expectations.

(b) **Disengagement Theory**

This theory explains ageing from a functional perspective, and it was proposed by Elaine and Warren (1961) in their book ‘Growing Old’. They say that withdrawal from society and social relationships is a natural part of growing old in society. They claim that the process of withdrawal is a result of a decline in an individual’s mental and physical health, and elderly people have less reinforcement to conform social norms in old age. This increases their disengagement with social roles.
The theory says that disengagement as a process occurs over time and increases over age, and is unavoidable. According to this theory, the person chooses to withdraw from certain roles and decides to engage with family and friends. The disengagement is different for men and women, and women have less engagement compared to men because men have to give up their job, whereas women continue to take care of their family.

The society, also, mutually withdraws from the thought of considering the elderly as independents and this is perceived as a normal and inevitable process.

(c) Activity Theory

The activity theory was proposed by Havighurst and colleagues during 1961 as a counter to disengagement theory. The activity theory is rooted in symbolic interactionism. According to this theory, there is a positive relationship between a person’s activity and his or her life satisfaction. The theory assumes that every individual’s concept of self is constructed based on the person’s interaction with others and with her or his environment. Thus, older people’s activity depends on his or her social interaction during their middle age and is carried to their older age. The lost roles during the old age are replaced by new roles by the individual, and, accordingly, the person’s life satisfaction increases.

According to this theory, successfully ageing is an outcome of the level of activity the elderly people are involved in and their interaction with others. The theory suggests that the lost roles and responsibilities during old age can be replaced by new roles and this enhances positive ageing.

Elderly people, in order to maintain equilibrium of functionality throughout their old age, have to involve in comparably less psychological attachments with their older roles, under this theoretical stand.
(d) Continuity Theory

Atchley (1999) proposed the continuity theory drawn on the assumptions that an individual’s personality development is a continuous process till middle-age, and this process is influenced by external and internal experiences a person encounters in his and her life course. He says internal experiences constitute one’s temperament, preference, belief, emotions, dispositions and skills. The external experiences include one’s relationship with the social environment and social roles.

According to this theory, disruption in old age is due to the imbalance in the external and internal experiences, as old age is not perceived as a sudden shift. The successful ageing is basically to keep the routine, able to adapt and modify if necessary, but emphasis is on maintaining middle age lifestyle and habits into old age.

(e) Social Exchange Theory

James Dowd (1975) applied social exchange theory to understand the ageing process. The theory assumes that every individual is associated with some influencing power and has the potential to exchange it with social actors. The social behaviour as an outcome of those social exchanges increases in mid-life and decreases in old age. The rational for the decline in social exchange in old age is due to the depletion of resources, especially financial resources.

The theory argues that relationships are linked with reciprocal exchanges that are based on resources. Thus, James says that the loss of social exchange in old age can lead to unequal social relationships and limits the elderly population’s choice in the social context. Therefore, for successful ageing, based on this theory, it is vital to maintain resources in order to avoid dependence.
(f) Subculture Theory

Rose (1965) proposed subculture theory that states that elderly people withdraw from social interactions and form their own groups with people of similar age. This group formation among elders creates a group consciousness that helps them maintain their self-image. This theory suggests that a culture develops within the group and has its own sub-culture of shared norms and expectations. The sub-culture is a result of loss in the societal status for the elderly population. The sub-culture is maintained by sharing similar experiences and interests and helps them maintain their self-esteem.

(g) Developmental Theories on Ageing

Erikson (1982) proposed that the personality of an individual goes through eight stages of development and each stage is associated with psycho-social crises. These crises are either resolved successfully or leads to failure, and failures result in unfinished personality development.

According to Erikson, old age is a stage in human development associated with integrity against despair. In old age, he says, every individual reflects on his or her accomplishments in the past, perceives them as successful, resulting in ego integrity. If the past is associated with failures, old age is perceived with despair. According to this theory, elderly people's ego integrity is viewed as wisdom sharing.

Peck (1968) proposed that old age should be viewed in three sub stages, and that an individual’s ego undergoes three process - ego differentiation, body transcendence and ego transcendence. During this process, an individual is preoccupied with work and this role changes after retirement, and the individual engages in new activities rather than being preoccupied with bodily illness and spends time in recollecting his or her achievements, making sense of life.
**Political Economy Perspective**

The political economy perspective of ageing, in principle, sees the older population’s experiences from a Marxian perspective. The theory suggests that experiences of suffering, for older people, are due to the particular division of labour and structural inequalities. The experiences of older people are shaped by their socio-economic political constraints. The socio-economic class is a structural barrier to older people’s access to social resources (Minkler and Estes (1984)).

**Feminist Perspective**

Feminist gerontologist has used a feminist framework to understand elderly women’s experiences with health care, retirement, relationship with children and grandchildren (Jane, McCandless and Conner 1999). Feminists across disciplines work within a multitude of intellectual paradigms and political positions (Ray 1996).

**Critical View on Theories**

The biological theories on ageing narrows the issues of elderly to deteriorating health and changing biological processes and limits its understanding with the context of the elderly on the whole. The age stratification theory lays emphasis on social roles (James 1975). The disengagement theory only addresses relationships between age and activity, rather than on different societal positions of the elderly. The continuity theory can be applied only in the context in which only age is considered and not on how roles are performed (Birren and Schroots 2001).

The social exchange theory and political economy theory somehow argue on the resources depleting with age. Thus, we see from the major theories that an older person’s experiences are articulated from the assumption of chronological age, social roles and resources. Moreover, these theories are proposed based on the experiences of elderly in developed countries. Even in those theories, experiences of women were limited and, to counter this, feminist gerontologist started to look critically at women’s experiences within those contexts.
Silver Generation in India (2001) published by the Indian Council of Social Sciences had shown a histogram of studies done from 1889 to 2000 on the elderly in India. From the bibliography, it is can be understood that the focus on Indian elderly were majorly on socio-economic aspects, psychology, health and welfare services.

In current times, having an opportunity to advocate for inclusive policies and in the context of elderly women, theoretical prepositions and social policies mismatch with needs. The researcher proposes to study elderly women’s contextual challenges from a social exclusion framework. This can help us identify elderly women who actually need prime attention in their old age. Hence, it is necessary to study elderly women’s concerns from a framework that can give newer insights. This challenge motivated the researcher to explore the experience of elderly women from a social stratification and social exclusion framework.

Social Exclusion and Ageing Women from a Global Context

In recent times, western scholars have started analysing the challenges elderly people face, using social exclusion framework (Naegele and Eckart 2010). In the European context, older women’s risk of social exclusion is strongly associated with family status and family relations (Andreas, 2008). A study (Ogg 2005) relating older people’s exclusion and social security conditions in Scandinavian, Mediterranean, and Eastern European countries, revealed that although social security was effective in bringing down poverty, the inequalities experienced by older (separated and divorced) women were stark.

Andreas (2008) identified social isolation of elderly people as a risk factor in these countries. In the same study, finding from Netherlands suggested that elderly women living on their own, especially in the 55-65 years age group are the most excluded. This group mainly consists of divorced women who didn’t have an income when they were younger.
The Longitudinal Study on Ageing (2009) in the UK revealed that social exclusion is experienced by women from low income occupational backgrounds. Their marital status and ethnicity also affected their lives. Gijsber and Vrooman (2008) compared social exclusion of the elderly in Europe and their study also gave similar results. Theobald (2005) conducted a study in five European countries. The study investigated elders living in urban areas in Austria, Belgium, Italy, Northern Ireland and Germany.

The findings from the Germany sample indicated that elderly women from low income backgrounds experience sadness and loneliness. Irrespective of whether they live alone or with family, these elderly women were at risk of social exclusion. In the same study, elderly women from Italy experienced a similar situation, but widows with low education were under risk of not being socially integrated and they experienced negative psychological situation due to lack of social contacts.

In India, Prasad (2011) found that elderly women were in a disadvantaged position as compared to men. His study further revealed that economic, social and demographic characteristics of the elderly were related to their deprivation.

The researcher disagrees with the notion of considering elderly women as vulnerable in their old age. She also tries to understand how their social position intersects with their life experiences in old age. The researcher intent was to capture the reality of elderly women in India through the lenses of capability approach as the framework considers each individual and their social location as an equal player in achieving well-being.

The researcher wanted to understand elderly women’s life experiences in their social positions, with an assumption that social position influences one’s opportunity and choices.
The capability perspective can offer rich and diverse understanding of elderly women’s capability, deprivation and exclusion. Therefore, the researcher chose to understand elderly women’s experiences of exclusion through capability approach.

**Capability Approach and Social Exclusion**

The Capability Approach was put forth by Indian economist and philosopher Amartya Sen. His conceptualisation of capability approach was influenced by ideas of distribution of resources and human furnishings, proposed by philosophers such as Aristotle, Adam Smith, Karl Marx and Rawls.

Sen believed that economic frameworks limit the understanding of human development in a holistic manner. He criticised existing econometrics models and their use in measuring human development.

Sen (1979) in his article ‘Utilitarianism and Welfarism’ argued in detail how the utilitarian and welfare framework constraints the understanding of real needs required for a quality life. Sen believed that the value of the living standard lies in the living, and not in holding of commodities. Sen insisted that it is important to consider what people are actually able to be and do and measuring their commodities or their mental reactions can misdirect about their well-being.

In the late 1970s, Sen introduced the concept of capability during the Tanner lectures on Human Values. In his speech titled ‘Equality of What?’ at Stanford University, he attempted to view well-being through functioning and capabilities. He argued that reality is complicated and evaluation should reflect the complexity of the reality.

Sen proposed that an individual’s well-being should be evaluated through ‘beings’ and ‘doing’ and not on the basis of their means. The evaluation must consider both, actual achievements ‘functioning’ and effective freedom ‘capability’.
The capability framework focuses on assessing an individual’s actual ability to achieve valuable functioning as a state of living. Sen sees living as an amalgamation of ‘doings’ and ‘beings’. He claims that capability approach can be pertinent in evaluating quality of life in social arrangement, social justice and policy change.

Sen (2007) further points out that capability approach is a framework that allows one to conceptualise and evaluate each individual’s real opportunities (capabilities) available, and, at the same time, the approach makes each individuals responsible of their own choices in life.

**Assumptions and Concepts in Capability Approach**

Sen view capability approach as a framework rather than as a theory. The capability approach is a paradigm of thoughts, focused largely on evaluating the quality of life that individuals are actually able to achieve. This quality of life is analysed in terms of core concepts such as ‘functioning’ and ‘capabilities’.

In his book ‘Inequality Examined’, Sen (1992) explains that in order to have equal opportunity for all, society should have to assess the capabilities and functioning of the individual with the assumption that human beings’ needs are heterogeneous. He further explains that human beings are thoroughly varied and they differ from each other, both in external characteristics and personal characteristics. The heterogeneity of people leads to discrepancy in the assessment of the quality of life. He points out that each individual begins life with diverse endowments of various forms. He states that individuals live in different natural environments, in different societies and communities, which give them different opportunities. He quotes the example of a disabled person who cannot function in a way an able-bodied person can, even if both have exactly the same income. He sees that inequality in terms of one variable like income can also lead us in a different direction.
Thus, capability approach concepts are built in such a manner that it can be applicable to a wide range of exercises in evaluating an individual’s well-being and assessing social arrangements. As capability approach focuses on people’s beings and deeds and their prospect of realising those beings and doings in the given societal arrangement.

Sen summarises his approach in the following manner:

“The capability approach to a person’s advantage is concerned with evaluating it in terms of his or her actual ability to achieve valuable functioning as part of living. The corresponding approach to social advantage – for aggregative appraisal as well as for the choice of institutions and policy – takes the set of individual capabilities as constituting an indispensable and central part of the relevant informational base of such evaluation.” (Sen 1993: 30)

Thus, Sen’s capability approach directly deals with assessing an individual’s quality of life through concepts such as functioning, capabilities, endowment, entitlement, well-being, agency, agency freedom, and process freedom. He proposed capability approach as an alternative framework to understand well-being and this approach is useful in understanding a wide range of social issues.

**Key Concepts in Capability Approach**

**Functioning**

Sen (1987) defines functioning as ‘doings’ and ‘beings’ that an individual values in his or her life time. The beings and doings range from being well-nourished, being safely sheltered, to being educated and also includes the state of a person that provides meaning to a person. During the Dewey lecture (1984), Sen proposed that the primary feature of well-being must be seen from how a person functions, thus taking function in a broader sense of various doings and beings as functioning.
Further, in 1987, he refines functioning as

“A functioning is an achievement, whereas a capability is the ability to achieve. Functionings are, in a sense, more directly related to living conditions, since they are different aspects of living conditions. Capabilities, in contrast, are notions of freedom, in the positive sense: what real opportunities you have regarding the life you may lead.” (Sen 1987: 36).

Sen says that functioning is a conceptual category and it depends on the context that we endorse. For example, women’s care work is normative in a conservative society, whereas feminists see women’s care work as a function imposed on them to make them dependent on male members of the family and give them no choice to be employed.

According to him, functioning can be at two levels, firstly, at the elementary level, where basic needs plays the more valuable role for existence and has reasons to be valued universally. Secondly, functioning can be complex in nature like achieving self-realization. Still, these functioning have to be valued and not to be ignored. Although individuals differ in the way they attach value to the functioning, the difference in functioning should reflect in the assessment of the individual’s well-being in the social order. Sen finds it difficult to construct a definitive list of basic functioning because each set of functioning differs according to different groups and in distinct settings (Sen 2005: 157–160).

**Capabilities**

Capabilities are a set of varied functioning that one can achieve or combinations of functioning that one can choose (Sen 1999). Capabilities are inferred from functioning and are choices that an individual possesses. Individuals’ capabilities depend on one’s own personal characteristic and his or her position in the social arrangement.
Sen (1999) opines that “the combination of a person’s functioning reflects her actual achievements, and the capability set represents the freedom to achieve: the alternative functioning combinations from which this person can choose”

Thus, capabilities are understood in the space of functioning and Sen believes that capabilities are to be determined by values considered by each society and culture. The capability of a person is directly related to the freedom that person has to lead a life of his or her own choice (Sen 1993).

**Freedom**

Sen (1992) defines freedom as the real opportunity that an individual has to realise what he or she values in life. He says freedom involves two stages. The first stage is called ‘opportunity freedom’. In this stage, the individual should have opportunity and the freedom to choose what he or she values. In Sen’s (2002) words, “it is to the ability of a person to achieve those things that she has reason to value”. The second stage is called ‘process freedom’ and it implies to an individual’s process involved in achieving the freedom itself. Thus, capabilities assessment reflects the freedom one has in his or her state of being.

**Agency**

Sen defines ‘agency’ as someone who acts and bring about the change. He relates agency to ‘process freedom’. According to him, an agency can be a human being or group or state that facilitates change. The agency narrates the process of freedom and it is important to understand the agency’s influence on an individual’s freedom.

**Endowment and Entitlement**

According to capability literature, ‘endowments’ are those inherited by being born in a particular family and inheritance can also be social endowments such as norms and beliefs of a particular culture and society.

**Well-being**

According to Sen, (1983) well-being is centred around the nature of functioning and not on the source of functioning. He further adds that functioning of a person makes up his or her well-being. The capability approach proposes to understand ‘well-being’ in a relationship with functioning and, hence, going beyond the normative constitute of ‘well-being’, based on resources and utility.

Sen’s perception of ‘well-being’ is criticised for being individualistic in nature. Robyn (2005) explained that capability approach is formulated on the principle of ethical individualism. She proposed that individuals are the ultimate unit of moral concern. On the other hand, ethical individualism as Robyns suggest are to be evaluated in virtue of the causal importance they have in individual’s well-being.

**List of Capabilities**

Sen (1993) argues that it is difficult to generate a list of capabilities because it differs from one socio-economic or cultural context to another, and capabilities are needed to develop, accordingly. Nevertheless, Sen believes that the list should be more appropriate to the individual and to the context.

American philosopher Martha Nussbaum largely supported the capability framework and its articulation of functioning space. However, she differs from Sen in listing the core human capabilities. Martha, in her book ‘Women and Development’, introduces ‘core human capabilities’ that is universally applicable and flexible to change. In her article ‘Capability as Fundamental Entitlement: Sen and Social Justice, 2003’, she compares capabilities to fundamental human rights and advocates for endorsing capabilities as a fundamental entitlement.
Central Human Functional Capabilities

According to Nussbaum (2003), central human functional capabilities are as follows:

1. Life: Being able to live to the end of a human life of normal length and not dying prematurely, or before one’s life is so reduced as to be not worth living.

2. Bodily Health: Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter.

3. Bodily Integrity: Being able to move freely from place to place; having one’s bodily boundaries treated as sovereign, i.e. being able to be secure against sexual and physical assault, including sexual assault, child sexual abuse, and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction.

4. Senses, Imagination, and Thoughts: Being able to use the senses, to imagine, think, and reason and to do things in a “truly human” way - a way informed and cultivated by an adequate education, including, but by no means limited to, literacy and basic mathematical and scientific training. Being able to use imagination and thought in connection with experiencing and producing self-expressive works and events of one’s own choice - religious, literary, musical, and so forth. Being able to use one’s mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech, and freedom of religious exercise. Being able to search for the ultimate meaning in life in one’s own way. Being able to have pleasurable experiences, and to avoid unnecessary pain.
5. Emotions: Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to love, to grieve, to experience longing, gratitude and justified anger. Not having one’s emotional development blighted by overwhelming fear and anxiety, or by traumatic events of abuse or neglect. (Supporting this capability means supporting forms of human association that can be shown to be crucial in their development.)

6. Practical Reason: Being able to form a conception of the good and to engage in critical reflection planning of one’s life. (This entails protection for the liberty of conscience.)

7. Affiliation: (A). Being able to live with and towards others, to recognise and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another and to have compassion for that situation; to have the capability for both justice and friendship (Protecting this capability means protecting institutions that constitute and nourish such forms of affiliation, and also protecting the freedom of assembly and political speech).

(B). Having social bases of self-respect and non-humiliation; being able to be treated as a dignified being, whose worth is equal to that of others. This entails, at a minimum, protections against discrimination on the basis of race, sex, sexual orientation, religion, caste, ethnicity, or national origin. At work, being able to work as a human being, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers.

8. Other Species: Being able to live with concern for and in relation with animals, plants and the world of nature.
9. Play: Being able to laugh, to play, to enjoy recreational activities.

10. Control Over One’s Environment: (A). Political - Being able to participate effectively in political choices that govern one’s life; having the right of political participation, protections of free speech and association.

(B). Material - Being able to hold property (both land and movable goods), not just formally, but in terms of real opportunity; and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others; having the freedom from unwanted search and seizure.

**Capability Approach and Gender**

Pyles and Banerjee (2010) used Martha Naussbaum’s ten core capabilities to understand the experiences of gender-based violence among nine women, who were working in the formal and informal economy in the US. The researcher conducted in-depth interviews and explored that women’s experiences of violence hinder functioning in almost all the capabilities. Further, it was recognised that lack of capability functioning influenced gender-based violence in a way.

In another study, Shin (2008) analysed the culture of capability poverty among 42 Korean immigrant women in Los Angeles. These immigrant women were selected through non-random snowball method from four different geographical locations and semi-structured interviews were conducted. The interviews focused on the relation between sub-culture and capabilities in terms of their career domain. The study revealed that immigrant women have developed low aspirations and deep dependence on religion and, due to lack of education and job, they are trapped in the culture of capability poverty.
Conradie (2013) assessed the aspirations of 21 marginalised women at Khayelisha in South Africa. Capability approach was used as a lens in the study to make women realise their aspiration. The study revealed that structural constraints discouraged the women’s aspirations.

Chattier (2012) conceptualised gender equality and poverty in Fiji using the capability approach. She used purposive sampling technique to understand the experiences of poverty among 18 Fiji Indian women. She found that capability framework was useful in reflecting upon the experiences of poverty by men and women differently.

Trani and others (2011) examined capabilities, well-being and the impact of the development efforts in the Afgan society. The scholars used focus group discussions and in depth-interviews to describe the capability inequality between men and women. Further, the scholars explored capabilities such as care and community participation and compared these to basic capabilities. They suggest that the capabilities approach offered an opportunity to analyse the social bases of health among women.

Along these lines, we see that capability approach has been widely used to understand women’s issues and it can be more appropriate to our Indian context as it is inclusive in its theoretical assumptions of understanding human diversity.

**Conceptualisation of the Study**

The capability framework proposed by Amartya Sen is based on the assumption that every individual is inherently different and his or her achievement in functionality is determined by his or her capability to achieve. The achievement is influenced by his or her position in the societal social arrangement.
The researcher proposes to study the condition of elderly women in India based on the assumptions that every elderly woman is inherently different and her capability, to function and ability to convert her opportunities to achieve, is determined by her social position.

The researcher conceptualised the study on the theoretical arguments proposed by Amartya Sen and preferred to use gender-sensitive capabilities, proposed by Ingrid Robeyns (2004) that assess gender inequalities among elderly women. As the researcher preferred to understand the discrimination and exclusion faced by elderly women in their day-to-day life experiences. The capabilities proposed by Robyns are used as a frame to explore the emerging themes on capability exclusion and functioning of elderly women.

Although capabilities are a set of functioning that is assumed to be necessary for attaining a well-being, the meaning constructed by the individuals on the functions they value differs from person to person. Moreover, opportunities provided by different institutions for functioning are not homogeneous. Nevertheless, the list of capabilities selected directs us to understand one’s well-being with the assumption that every human being values those capabilities as a necessity.

Hence, the researcher proposes to bring into play gender-sensitive capabilities. The researcher observed that the capabilities are interrelated in a given context, and hence, capabilities are arranged in themes such as health, work, social relations and social environment. The capabilities as proposed by Ingrid Robyns are:

(a) Health
1. Life and Physical health: Being able to be physically healthy and enjoy a life of normal length.
2. Mental Wellbeing: Mental wellbeing relates to the absence of mental illness and any psychological distress of worries, restlessness and feeling of loneliness.

3. Body Integrity and Safety: Being able to be protected from violence, abuse of any sort.

(b) Work

1. Domestic Work and Non-Market Care: Being able to raise children and to take care of others.
2. Paid Work and other Projects: Being able to work in the labour markets or to undertake projects, including artistic ones.

(c) Social Relation

1. Social Relations: Being able to be part of social networks and to give and receive social support.
2. Mobility: Being able to move and be mobile.
3. Leisure Activities: Being able to engage in leisure activities.
4. Time Autonomy: Being able to exercise autonomy in allocating one’s time.
5. Respect: Being able to be respected and treated with dignity.
6. Religion: Being able to choose to live or not to live in accordance with a religion.

(d) Social Environment

1. Shelter and Environment: Being able to be sheltered and to live in a safe and pleasant environment.
Objective of the Study:

1. To understand elderly women’s lived experiences of their capabilities functioning and deprivation.

2. To understand how elderly women’s experiences of their capabilities functioning and deprivation is influenced by different positions in social arrangement (such as education, marital status, caste and employment).

3. To understand how elderly women from different social positions negotiate for realising their capabilities.

Operational Definitions

Social Position

Social position and social status are seen interchangeably used in social structure literatures. Ralph (1936) says ‘positions’ or ‘status’ are roles related to one’s location in formal and informal group in the social structure. He says that an individual’s social position is built on ascribed and achieved status. Along this line of social position, we see India is not an exception from social stratification in social position.

In this study, the researcher chose to study elderly women’s capabilities from social positions that represent elderly women’s ascribed (caste) and achieved (education, employment and marital status) status. As we have seen from the literature review chapter, these social positions of women do influence their well-being.
**Advantageous Social Position**

It is the condition in which a person is not discriminated due to his ascribed and achieved status. For instance, an elderly woman who is educated and employed could be treated differently in her family or in her community, as compared to an aged woman without education and employment.

**Disadvantageous Social Position**

It is the condition in which a person faces stigma or discrimination due to his social position. For instance, elderly women who are widows could be excluded in social gatherings due to cultural beliefs, something that married elderly women do not face.

**Functioning of Capabilities**

It is the capacity to convert capabilities into a valuable functioning. In this study, it is conceived as the capability of an elderly woman to function what she values in her old age.

**Quality Life**

In this study, an elderly woman’s quality of life is understood from the capability frame work. The quality of life of the elderly is seen as the freedom to function the capabilities that they value. The functioning of the capability reflects their access to and availability of the opportunities.
Social Exclusion

Sen (2000) sees social exclusion as relational deprivation of capabilities. He further explains that capability deprivation has “constitutive relevance” and “instrumental importance” in a given context. In other words, he points out that social exclusion from capabilities can lead to deprivation and, in turn, deprivation in other forms can add force to deprivation.

In this study, the researcher wanted to understand an elderly woman’s process of capability deprivation and its functioning in their context. Such a process can describe these women’s real challenges and advantages of their particular context and its influence on elderly women’s capabilities.
Fig: 1.1: Conceptual Map

- Functioning of the Capabilities
- Non-Functioning of the Capabilities
- Social Position
  - Caste, Education, Employment, Marital Status
- Quality Life
- Social Exclusion

Improves

Affects

Influences

Negotiate

Influence

Elderly Women