



## Grief and Bereavement across the Life Course: Patterns, Processes, and Dying with Dignity

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### Abstract

Ageing today is no longer defined merely by biological change or chronological age; it is increasingly produced by evolving family structures, employment markets, urban lifestyles, international connections, and new cultures of care. This review paper addresses ageing in the current environment by tracking how contemporary socio-cultural developments affect older adults' responsibilities, security, relationships, and wellbeing. Using secondary literature and major evidence sources (including LASI and India Ageing Report 2023), the paper analyses (i) the transition from kin-based, co-residential care to diverse and often fragmented care arrangements; (ii) the impact of urbanisation and changing community life on loneliness, safety, and everyday support; (iii) globalisation and the marketization of ageing through private care services, retirement living, consumer cultures, and digital technologies; and (iv) the complex effects of migration—both internal and international—on “left-behind” older parents, remittances, emotional care, and intergenerational obligations. The assessment contends that contemporary ageing is distinguished by substantial inequalities: although some older persons benefit from improved longevity, pensions, and services, others confront heightened vulnerability due to poverty, gender disadvantage, digital isolation, and diminished family support. The study continues by highlighting the need to rethink ageing through a life-course and social factors perspective, develop community systems of support, and build age-friendly environments that respect older persons as rights-bearing citizens and engaged social actors.

**Keywords:** Ageing, socio-cultural change, urbanisation, globalisation, migration, family change, care, India, social gerontology, later life.

### I. Introduction

Ageing has become one of the defining demographic and socioeconomic realities of the twenty-first century. Across the world, decreased

fertility and growing life expectancy are raising the number of older adults, yet the social meaning of “old age” is changing just as rapidly as the population structure itself. International frameworks increasingly define healthy ageing not as the mere absence of sickness, but as functional ability—what people can do and be, given the interaction between their capacities and their environments (WHO, 2015; Beard et al., 2016).

In India, ageing is happening with fast socio-economic transformation: urban expansion, huge internal migration, international mobility, changing family structures, and increased penetration of markets and digital technology into daily life. Large surveys such as the Longitudinal Ageing Study in India (LASI) provide evidence of how later life outcomes are impacted not just by health conditions but also by living arrangements, economic position, and social supports (IIPS et al., 2020; Perianayagam et al., 2022). In addition, the India Ageing Report 2023 synthesises previous demographic forecasts and stresses the necessity of institutional and community solutions to older persons' needs (UNFPA & IIPS, 2023).

The topic “Ageing in the Contemporary Scenario: Socio-Cultural Change, Urbanisation, Globalisation and Migration” requires a review that combines micro-level experiences (family care, loneliness, everyday assistance) with macro-level pressures (labour markets, global cultural flows, mobility). In other words, it examines ageing as a social process shaped by power, institutions, and culture, not merely biology.

### Objectives

1. To describe how socio-cultural development is affecting ageing and intergenerational connections.
2. To explore the influence of urbanisation and changing communal life on older individuals.
3. To study how globalisation reshapes care, consumption, and the social value of older people.



4. To examine evidence on migration (domestic and international) and its repercussions for “left-behind” older individuals.
5. To explore “utilisation” in two senses: (i) utilisation of services and healthcare, and (ii) utilisation of technology and digital systems by older individuals in the present context.
6. To discover growing patterns, inequities, and policy implications.

## II. Methodology:

### Secondary Data–Based Review

This work is a secondary data review. Sources include:

- Large-scale reports and surveys (LASI national report; India Ageing Report 2023).
- Global frameworks (WHO World Report on Ageing and Health; policy synthesis by Beard et al.).
- Peer-reviewed studies on family change, living circumstances, and the well-being of older persons.
- Research on ageing–migration links, particularly “left-behind” older parents.

The review is narrative and analytical, arranged topically (family change, urbanisation, globalisation, migration, usage) rather than as a meta-analysis.

## III. Conceptual and Theoretical Frame: Ageing as Social Change

### 3.1 Ageing is not merely biological—it is social

While biological ageing entails changes in body and health, “ageing” in social terms relates to how communities define old age, allocate roles, manage care, and transfer resources between generations. Social gerontology indicates that old age can be celebrated (as knowledge and authority) or marginalised (as dependency), depending on economic institutions, cultural norms, and family systems.

### 3.2 Life-course, social variables, and functional ability

Contemporary ageing research frequently employs a life-course approach, understanding that later-life wellbeing is impacted by education, work, gender relations, health practices, and cumulative advantage/disadvantage across decades. WHO’s framework prioritises functional abilities and surroundings (WHO, 2015; Beard et al., 2016). This perspective helps connect your issue directly to urban planning, migration, family change, and policy.

### 3.3 Modernisation and the changing status of elders

A common sociological argument is that modernisation (industrialisation, urbanisation, wage

employment, education) might undermine elders’ traditional authority by decreasing kin-based production and lowering dependence on older family members. Yet the truth is complex: older persons may lose status in some circumstances while gaining new autonomy and identities in others (Lieber et al., 2020).

## IV. Historical Context: From “Family-Centred Old Age” to Diversified Ageing

In many Indian communities, older persons historically held symbolic authority in the joint family system, supported by norms of filial piety and intergenerational reciprocity. The joint home offered built-in social networks, daily companionship, informal caregiving, and economic pooling.

However, even “traditional” ageing was not uniformly secure. Class and caste inequalities shaped access to resources; widows often faced social restrictions; and poor older adults frequently worked until late life. Still, the cultural ideal of family care remained strong.

Over the last few decades, this ideal has been challenged by demographic and social transformations. A key review of ageing studies in India highlights factors such as nuclearisation, migration for employment, women’s workforce participation, and shifting value systems as drivers of elder marginalisation in many settings (Raju, 2011).

This transition is not simply “decline of family.” Rather, it is the reorganisation of family, where care may be provided through new arrangements (rotational living with children, paid caregivers, phone-based emotional support, or institutional care), producing mixed outcomes.

## V. Contemporary Socio-Cultural Changes and Ageing

### 5.1 Nuclearisation, smaller families, and changing co-residence

Declining fertility and changes in marriage, employment, and housing have contributed to smaller household sizes and reduced multi-generational co-residence in many regions. Evidence suggests a growing share of older persons live in nuclear households or without adult children, though patterns vary by region, class, and urban/rural context (Lieber et al., 2020).

A decomposition-based analysis (1992–2006) indicates an increase in nuclear familial structure among households with older persons, associated with factors like urban residence and socio-



economic characteristics (Samanta et al., study on changing familial structure).

Why it matters: Co-residence often affects daily support—assistance with mobility, health visits, medication, and social companionship. Reduced co-residence can increase independence for some elders, but also increase loneliness and vulnerability for others.

### 5.2 Individualism, privacy, and the renegotiation of obligations

Contemporary socio-cultural change involves a greater emphasis on individual choice, privacy, and self-realisation. This can benefit older adults who prefer autonomy, but it can weaken norms of intergenerational obligation. Older people may feel “less entitled” to demand care, or they may be expected to adapt to children’s work schedules and nuclear households.

### 5.3 Gendered ageing: widows, care work, and older women’s disadvantage

Ageing is gendered. Older women are more likely to be widowed, economically dependent, and socially restricted. The India Ageing Report 2023 highlights the feminisation of very old age and the heightened vulnerability of widowed older women (UNFPA & IIPS, 2023). Civil society research also points to layered exclusion—social, financial, and digital—among older women (HelpAge India, 2023).

### 5.4 Elder abuse, neglect, and changing moral economies

When family expectations are strained—by property disputes, migration, addictions, or conflict—older adults may face neglect or abuse. HelpAge India’s reports and outreach materials draw attention to both prevalence perceptions and lack of awareness of redress mechanisms (HelpAge India, 2022/2024). While NGO data should be read carefully, it is significant as an indicator of rising public concern.

## VI. Urbanisation and Ageing in the Current Scenario

Urbanisation is not merely a movement to cities; it transforms housing, social networks, access to services, and intergenerational proximity.

### 6.1 Urban ageing: new opportunities, new risks

Cities can offer better hospitals, specialist services, public transport, and social participation opportunities. Yet they also produce risks: expensive housing, unsafe pedestrian environments, weakened neighbourhood ties, and social anonymity.

Research on older adults living alone in urban India shows how metropolitan elders negotiate “ageing alone” through changing value systems, identity work, and selective social engagement (Asztalos Morell et al., 2024). This literature helps nuance the popular assumption that living alone always indicates abandonment. For some middle-class elders, living alone can also mean dignity, privacy, and self-directed life—though often supported by pensions, domestic help, and health access.

### 6.2 “Solo ageing” and the empty-nest phenomenon

As younger adults move for work, some elders—especially in rural areas—become “left behind,” while in cities others live alone due to children’s migration or preference for independent living. Qualitative evidence from rural Maharashtra documents how elders living alone cope with daily challenges and reconstruct meaning, often relying on neighbours or distant relatives (Goswami et al., 2018).

### 6.3 Urbanisation and utilisation of services

Urban settings may improve utilisation of healthcare services because of availability, but utilisation also depends on affordability, awareness, mobility, and social support. LASI provides a strong evidence base for understanding patterns of health, economic security, and service use among older adults (IIPS et al., 2020).

### 6.4 Age-friendly environments: why the city itself becomes “care infrastructure”

WHO’s ageing framework stresses that environments—housing, transport, community safety—are central to functional ability (WHO, 2015; Beard et al., 2016). In India, the challenge is to make urban growth compatible with older adults’ mobility and participation: barrier-free public spaces, benches, safe crossings, accessible toilets, and community centres.

## VII. Globalisation and Ageing

Globalisation shapes ageing through economic restructuring, cultural change, transnational family forms, and the marketisation of care.

### 7.1 Marketisation of care: from moral duty to purchasable service

One of the most visible changes is the growth of private eldercare services: home nursing, paid attendants, assisted living, and old age residences. Anthropological and sociological work shows that these services are not simply “Western imports”; they are locally negotiated responses to migration, smaller households, and women’s employment (Lamb, 2005; Lamb, 2007).



A review of caregiving networks highlights how kinship and non-kinship networks increasingly intersect, as older adults rely on paid care, neighbours, and community-based supports alongside family members (Kalavar et al., review on caregiving networks).

### **7.2 Global cultural flows and new ageing identities**

Globalisation also shapes how ageing is imagined: “active ageing,” “successful ageing,” wellness cultures, anti-ageing markets, senior tourism, and retirement planning. These narratives can empower some elders but can also stigmatise frailty and dependency by framing them as personal failure rather than social responsibility.

### **7.3 Digital globalisation: technology as connection and exclusion**

Digital communication enables “care at a distance”—video calls, WhatsApp, telemedicine—especially for transnational families. But digital exclusion can deepen inequality. Older adults may experience barriers due to low digital literacy, language, cognitive load, and fear of fraud. NGO and media discussions increasingly highlight these divides (HelpAge India, 2023–2024).

This connects directly to your topic’s word “utilisation”: digital tools can increase utilisation of services (appointments, payments, teleconsultations) for those who can use them, and reduce it for those who cannot.

### **7.4 Globalisation, inequality, and the “two Indias” of ageing**

Globalisation creates uneven ageing. A pensioned urban retiree with property and private healthcare experiences ageing differently from a rural older woman dependent on remittances and public services. Reviews emphasise that the “ageing population” is not a single group; it is stratified by caste, class, gender, and region (Raju, 2011; UNFPA & IIPS, 2023).

## **VIII. Migration and Ageing: Internal Mobility, International Migration, and Transnational Care**

Migration is one of the most important contemporary forces reshaping ageing. It can improve household income through remittances, but it can also reduce day-to-day caregiving and emotional companionship.

### **8.1 Internal migration and “left-behind” older parents**

Mass internal migration for education and employment often leaves older parents behind in rural or semi-urban areas. Recent research using large datasets examines how adult children’s

migration affects older parents’ health and well-being, as well as caregiving patterns (Dakua, 2025).

Quantitative studies show mixed outcomes: remittances may help with medical expenses, but physical absence can worsen mental health, increase loneliness, and reduce practical support. A large cross-sectional analysis associates adult-child migration status with self-rated health and depression among older parents, highlighting the role of living arrangements and socio-economic conditions (Sarkar et al., 2023).

### **8.2 Social capital as protection in migration-affected households**

When children migrate, community ties can become crucial. Evidence links forms of social capital to well-being among “left-behind” elderly parents, with gender differences in how support is experienced (Dakua, 2023). This is important sociologically: it shows that ageing outcomes depend not only on family structure, but also on community embeddedness.

### **8.3 Migration and labour in later life: elders working longer**

Migration can change older adults’ economic roles. If remittances are inadequate or irregular, older adults may remain in the workforce longer, often in informal work. New research continues to examine migration’s relationship with older adults’ labour participation using LASI data (recent studies in population economics).

### **8.4 International migration and transnational families**

International migration produces transnational families where emotional care is maintained through digital communication and periodic visits. Anthropological work shows that older adults are not passive “left behind” victims; they often actively negotiate care, identity, and belonging across borders (Lamb, 2009).

### **8.5 The “mobility of care”: care circulates even when people cannot**

Transnational care does not only mean children sending money; it also involves circulating caregivers, short-term travel, and negotiated caregiving responsibilities among siblings. Wider migration scholarship conceptualises care as mobile—moving through visits, calls, remittances, and sometimes return migration of elders themselves (Baldassar-type frameworks in transnational care literature).

### **8.6 Emotional costs: loneliness, anxiety, and “relationship at a distance”**

Beyond money and medical care, elders often value presence—shared meals, accompaniment to hospitals, and everyday conversation. Studies



specifically note loneliness and weakened family bonds as emotional challenges in contexts of youth migration (recent sociological studies).

## IX. “Utilisation” in the Current Scenario: Service Utilisation, Technology Utilisation, and Utilisation of Older Adults

Your topic includes the word “utilisation.” Because the term is used in different ways, a comprehensive review should cover three meanings:

### 9.1 Utilisation of healthcare and long-term care services

Service utilisation depends on availability, affordability, awareness, mobility, and family support. LASI provides a national base for understanding how older adults experience chronic illness, healthcare use, financial risk, and social supports (IIPS et al., 2020; Perianayagam et al., 2022). In the current scenario, service use is shaped by:

- Rising non-communicable diseases,
- Growing private healthcare costs,
- Uneven public geriatric services,
- Dependence on children for navigation of care systems.

### 9.2 Utilisation of technology and digital services

Digital tools can expand access to banking, teleconsultations, and contact with migrant children. But older adults may face barriers in using apps, remembering passwords, avoiding scams, and understanding interfaces. These dynamics create a new dimension of inequality: digital capability becomes a social determinant of ageing outcomes (HelpAge India, 2023–2024).

### 9.3 “Utilisation” of older adults in economy and society—productive ageing vs exploitation

In the contemporary economy, older adults may be encouraged to remain “active” and productive—sometimes empowering, sometimes coercive. In poorer households, older adults may be compelled to continue labour due to a lack of pensions or migration-induced household insecurity. In more affluent groups, “active ageing” can reflect voluntary engagement, second careers, or community participation.

## X. Inequalities in Contemporary Ageing: Who Benefits and Who Becomes Vulnerable?

The “current scenario” of ageing is deeply unequal.

### 10.1 Rural–urban inequalities

Studies using LASI data document rural–urban differences in “successful” or “healthy” ageing,

driven by socio-economic and health factors (Muhammad et al., 2022). Rural elders often face weaker healthcare access and higher dependence on family remittances; urban elders may have better services but face isolation, housing costs, and weaker community ties.

### 10.2 Class and caste

Socio-economic status affects everything: nutrition, health care, housing security, social participation, and power within the family. Ageing for the middle class may involve managing chronic disease with private care; ageing for poor older adults may involve continuing informal work with limited treatment.

### 10.3 Gender: cumulative disadvantage for older women

Widowhood, lower lifetime earnings, and unequal property rights can create late-life poverty and dependence. UNFPA’s India Ageing Report 2023 highlights the vulnerability of very old women (UNFPA & IIPS, 2023).

### 10.4 Living alone and social isolation

Living alone can reflect choice, but it can also reflect abandonment. Evidence from both rural and urban contexts shows older adults adapt in diverse ways, often relying on neighbours, religious life, and local networks, but vulnerability rises when health declines and social ties weaken (Goswami et al., 2018; Asztalos Morell et al., 2024).

## XI. Policy and Institutional Context: How the State Responds to the New Ageing Reality

Although your topic is primarily socio-cultural, a complete review should include the policy context because social change often shifts responsibility from families to institutions.

### 11.1 Evidence base for policy: LASI and India Ageing Report 2023

LASI is central to understanding India’s ageing transition through nationally representative evidence on health, economic status, and social conditions (IIPS et al., 2020; Perianayagam et al., 2022). India Ageing Report 2023 synthesises LASI, census, and projections to highlight emerging needs for care systems and institutional responses (UNFPA & IIPS, 2023).

### 11.2 Legal and social obligation frameworks

India also has legal frameworks emphasising family responsibility for older parents. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007, creates provisions related to maintenance and welfare, reflecting how the law attempts to protect the elderly when family support fails (Government of India, 2007).



This is relevant sociologically: it shows the tension between normative family obligation and changing socio-economic realities.

### 11.3 Civil society and elder rights

NGOs such as HelpAge India have contributed to public discourse and advocacy on elder abuse, digital exclusion, and older women's vulnerability (HelpAge India, 2023–2024).

## XII. Critical Discussion: What Has Really Changed in Ageing Today?

A useful way to summarise the review is to identify the main transformations.

### 12.1 From “co-resident care” to “negotiated care”

Earlier, the default model of ageing assumed co-residence and daily care within extended families. Today, care is increasingly negotiated:

- rotational living with different children,
- paid caregivers,
- digital “care at a distance,”
- institutional living,
- neighbour/community reliance.

### 12.2 From “respect and authority” to “conditional value”

Older adults' authority is more conditional in consumer and market societies. Respect may depend on the property ownership, pensions, or childcare support they provide. At the same time, some elders find new identities in volunteerism, religion, senior groups, and independent living—showing ageing is not only decline.

### 12.3 From local community to fragmented social ties

Urbanisation and mobility weaken neighbourhood intimacy in many places, though not everywhere. Social isolation becomes a key risk when family is distant, and community ties are thin.

### 12.4 Migration produces both gain and loss

Migration can improve financial resources (remittances) but can reduce physical caregiving, daily companionship, and immediate crisis support. Empirical studies show mixed outcomes, shaped by gender, living arrangement, and social capital (Dakua, 2025; Sarkar et al., 2023; Dakua, 2023).

### 12.5 Globalisation creates unequal ageing futures

Globalisation expands private services and consumer options for some elders, while others remain excluded due to poverty and digital divides. Thus, the “current scenario” is best described as stratified ageing.

## XIII. Conclusion

Ageing in the current scenario is shaped by rapid socio-cultural change. Urbanisation

reorganises community life and everyday support; globalisation transforms care into a market and redefines ageing identities; and migration reshapes intergenerational ties through remittances, distance, and digital communication. Together, these forces create new opportunities (better services & autonomy) and new vulnerabilities (loneliness, abuse, digital exclusion, care gaps).

The evidence suggests ageing must be approached through social determinants and life-course perspectives, as emphasised by WHO's healthy ageing framework (WHO, 2015; Beard et al., 2016). In India, large evidence systems like LASI and synthesis reports like India Ageing Report 2023 provide a strong base for understanding these transformations (IIPS et al., 2020; UNFPA & IIPS, 2023).

Finally, this study must keep sight of inequality: ageing is not one experience. It varies widely by gender, class, caste, location, and migration context. Any meaningful response to contemporary ageing must therefore support families without romanticising them, build community infrastructures of care, reduce digital exclusion, and create age-friendly environments that ensure dignity and participation for all older adults.

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