



INEQUAL SPACES OF AGEING: A RURAL–URBAN COMPARATIVE SOCIOLOGICAL STUDY OF ELDERLY LIFE IN WEST BENGAL

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RESEARCH ARTICLE



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Abstract

Population ageing has become a defining social challenge of contemporary societies, shaped not only by demographic change but also by economic restructuring, shifting family systems, and uneven access to care. In India, rising life expectancy and rapid urbanisation have expanded the elderly population, while simultaneously transforming the social conditions under which ageing is experienced. Ageing, therefore, cannot be understood solely as a biological process; it is deeply embedded in social structures, cultural norms, and spatial contexts. This study presents a comparative sociological analysis of the condition and status of elderly people living in rural areas of Bankura district and urban areas of Kolkata in West Bengal. The study examines multiple dimensions of elderly life, including socio-economic structure, socio-demographic characteristics, health conditions, care systems, technology use, and religiosity. It analyses income sources, livelihood patterns, pension coverage, asset ownership, and levels of financial security, alongside demographic factors such as age, gender, marital status, education, and living arrangements. Particular attention is given to health-related problems and elderly care systems, focusing on access to healthcare, affordability of treatment, availability of caregiving support, and utilisation of public and private services. The study also examines how technology, digital devices, and spirituality influence elderly people's daily life, healthcare access, social connection, and emotional wellbeing. By adopting a rural–urban comparative and multidimensional approach, this study highlights how place of residence structures ageing experiences in distinct ways. The findings contribute to a nuanced understanding of ageing in West Bengal and underscore the need for context-sensitive policies that recognise the diverse realities of elderly people across rural and urban settings.

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Introduction

Industrialization, globalization, and economic changes have transformed society in many ways. People are now more familiar with new technologies, modern lifestyles, and better career opportunities. Young people are busy building their future, middle-aged people are occupied with jobs and family responsibilities, while elderly people are slowly adjusting to life after retirement. After retirement, many elderly people spend their time in different ways. Some engage in social or honorary work, some manage small household activities, and others depend on caregivers for their daily needs. But this stage of life is not always easy for them. With the end of regular work, many elderly people also experience changes in their social relationships, family role, and sense of identity. Earlier, in the joint family system, elderly people were considered an important part of the family. Their opinions, experiences, and presence were valued. But today, due to work, education, and migration, families are becoming smaller and more nuclear. As a result, many elderly people experience loneliness, dependency, and emotional distance from family members.

In India, the number of elderly people is increasing day by day. Therefore, government welfare schemes, healthcare services, pension provisions, and senior citizen benefits play a crucial role in supporting elderly people and improving their sense of security and dignity. These facilities provide security and support, especially for those who live alone or do not receive regular help from their families. However, financial and government support alone is not enough. Elderly people also need respect, love, regular communication, and acceptance as active members of society.

Ageing is the process of becoming older, a phenomenon that applies primarily to humans but also to many animals and fungi. It is a natural process involving physical, emotional, and mental changes that occur over time. It's also biological, psychological,

and cultural experience shaped by intrinsic factors—such as genetic and cellular changes—and extrinsic factors like environmental influences and lifestyle choices. It is a universal phenomenon, affecting every object on Earth. In human society, ageing is often viewed as a social phenomenon rather than merely a physiological one. While it is a natural and inevitable process, it is not uniform. For development theorists and practitioners, ageing represents a significant yet often neglected issue. Older adults are frequently seen as disempowered and non-resourceful, contributing to their marginalization.

According to the World Health Organization (WHO), ageing results from the accumulation of molecular and cellular damage over time. This process leads to a gradual decline in physical and mental capacities, an increased risk of disease, and eventually death. These changes are neither linear nor consistent and are only loosely associated with chronological age.

Sociology recognizes aging not merely as a biological phenomenon but as a social construct shaped by institutional practices, social expectations, and individual experiences. The sociology of aging explores how social roles, cultural norms, policies, and economic systems define the position and perception of the elderly. Aging involves a transition through various life stages and is often accompanied by changes in roles—retirement from work, grandparenting, dependence on others—which influence one's identity and social status.

Population ageing has emerged as one of the most significant social transformations of the twenty-first century, reshaping family structures, healthcare systems, labour markets, and welfare arrangements across societies. In India, demographic ageing has accelerated due to declining fertility, increasing life expectancy, and improved survival rates, resulting in a steadily expanding elderly population in both rural and urban areas. However, ageing is not a uniform experience. The condition or status of elderly people—understood in terms of health, economic security, social inclusion, autonomy, and access to care—is shaped by structural inequalities related to class, caste, gender, education, and, critically, place of residence. This study undertakes a comparative examination of elderly people living in rural areas of Bankura district and urban areas of Kolkata in West Bengal to understand how rural and urban contexts shape different patterns of ageing and vulnerability in later life.

West Bengal provides a particularly relevant setting for this inquiry because it reflects the coexistence of persistent rural poverty, large-scale migration, rapid urbanisation, and uneven development of public services. Bankura, a predominantly rural and agrarian district, represents a context where older adults often depend on family-based support, informal economic activity, and limited healthcare infrastructure. Kolkata, a major metropolitan city, represents an urban environment characterised by greater institutional availability—such as hospitals, transport systems, and welfare services—alongside higher living costs, social fragmentation, and changing intergenerational relationships. Comparing these two locations allows for an examination of how “place” structures ageing, influencing how older adults are positioned within households, local economies, care systems, and social networks.

Ageing in rural Bankura is frequently marked by continued participation in work well into older age, often driven by economic necessity rather than choice. Many elderly individuals remain engaged in agricultural labour, informal wage work, household production, or caregiving roles. While such engagement may provide a sense of usefulness and social embeddedness, it often reflects inadequate pension coverage, low savings, and limited social security. Rural elderly also face substantial barriers to healthcare, including physical distance to facilities, transport difficulties, shortages of specialised services, and delayed diagnosis of chronic illnesses. Dependence on family members may be intensified by poverty, although rural social life can sometimes offer stronger community familiarity and social recognition, which may reduce loneliness. At the same time, large-scale migration of younger adults weakens traditional support systems, leaving many older persons in “left-behind” households with reduced caregiving resources.

Urban ageing in Kolkata is often assumed to be more secure due to better service availability, yet this urban advantage is frequently overstated. While proximity to hospitals, clinics, and pharmacies is greater, affordability remains a major constraint, particularly for elderly persons without stable pensions, property, or family support. Urban living can intensify social isolation, especially among elderly individuals living alone or within small nuclear households. Housing conditions in the city—such as overcrowded spaces, lack of lifts, unsafe staircases, and limited age-friendly infrastructure—can further restrict mobility and independence. Market-based care arrangements, including paid caregivers, private nursing services, and old-age homes, may be available but are often financially inaccessible and socially stigmatised. Consequently, urban settings do not automatically ensure better wellbeing but instead generate a distinct configuration of risks and supports.

An important challenge in studying elderly condition lies in avoiding narrow definitions. If elderly condition is measured solely through disease prevalence, the analysis becomes biomedical and neglects social realities. If it is reduced to income or pension status alone, it overlooks emotional wellbeing, dignity, and social support. Accordingly, this study adopts a multidimensional approach to elderly condition, focusing on health status and functional ability; economic security and livelihood dependence; household arrangements and social support; access to healthcare and welfare schemes; mobility and social participation; and subjective wellbeing, including perceptions of respect and quality of life. This framework enables a nuanced comparison between Bankura and Kolkata without assuming that one context is inherently superior. Family systems continue to play a central role in shaping elderly wellbeing in West Bengal, though they are undergoing significant transformation. Traditional expectations of family-based care persist, yet rising education, migration, and employment pressures have weakened everyday caregiving arrangements. In rural Bankura, out-migration often leaves older adults managing daily life with limited support, while in urban Kolkata, work demands and housing constraints restrict family care even when children live nearby. Gender further mediates these experiences, with older women facing greater risks of widowhood, economic dependence, and untreated health problems.

Rural–urban differences in ageing are intensified by inequalities in healthcare and economic security. Chronic illnesses are increasingly common among the elderly, but access to affordable and continuous care remains uneven. Rural areas face shortages of specialised services and diagnostic facilities, whereas urban settings, despite better infrastructure, present barriers of high costs and fragmented care. Economic insecurity remains widespread, as pension coverage is limited, particularly among those with informal work histories, forcing many elderly to depend on family support or continued labour. Social participation and dignity, though often overlooked, are critical to elderly wellbeing. While rural communities may offer familiarity and social roles, they can also reinforce exclusion, and urban environments often heighten isolation despite available facilities. Welfare schemes, though widespread, remain unevenly accessed due to administrative and informational barriers.

This study is grounded in the understanding that ageing is socially structured and context-dependent. Elderly dependence or autonomy is shaped not only by biological ageing but by public policy, labour markets, family capacity, gender norms, and spatial access to services. By comparing rural Bankura and urban Kolkata, the study seeks to identify not only differences in elderly condition but also the mechanisms that produce them. In doing so, it avoids simplistic assumptions and contributes to a context-sensitive understanding of ageing in contemporary West Bengal, laying the foundation for policy-relevant and sociologically grounded insights.

Literature Review

Lewis R. Aiken, in his book "Aging: An Introduction to Gerontology" (1931), offers profound insights into the process of aging and older adulthood. He emphasizes the importance of understanding aging as a complex, multifaceted phenomenon and highlights the methods by which knowledge about aging is gathered, leading to practical guidelines for addressing the challenges and opportunities of this life stage. Aiken underscores the interpersonal variability among older adults, arguing that their diversity is at least as vast as that observed in younger populations. He advocates for viewing and treating older individuals as unique, valuable persons, each with their own preferences, capabilities, and aspirations. This perspective moves away from a stereotypical approach to aging and focuses on the need to enrich their lives. Aiken stresses that older adults are often more focused on adding quality and meaning to their years rather than simply prolonging their lifespan. This philosophy promotes respect, individuality, and a deeper understanding of the aging process, encouraging society to foster environments that support the well-being and fulfilment of older adults. Clark Tibbitts, in his 1963 chapter "Introduction to Social Gerontology: Origin, Scope and Trends" published in the UNESCO International Social Science Journal, delves into the origins and development of gerontology as a scientific discipline. He notes that in the United States, the scientific study of aging began with biological research, which later expanded to include psychological perspectives during the 20th century. Tibbitts highlights how this foundational work laid the groundwork for the broader interdisciplinary field of gerontology, which now encompasses biological, psychological, and social dimensions of aging. His analysis underscores the evolving nature of gerontology as a field that seeks to address the complexities of aging through a combination of empirical research and practical application, reflecting a growing societal interest in understanding and supporting aging populations. According to Cristofalo (1996) Ageing is not an event or one thing that happens; rather it is "a period of the life history of organisms that begins at maturity and lasts for the rest of the life span". Biological ageing is also characterized by an increasing vulnerability to environmental change, which many refer to as senescence. Mary S. Harper (1991) in her book *Management and care of the elderly: Psychosocial Perspectives*, explains that suicide is a serious problem of the old compared to younger individuals. The elderly openly communicate their suicidal intent less frequently, use more violent and lethal means and less often attempt suicide as a means of gaining attention or a cry for help. Bonoli and Shinkawa's in *Ageing and Pension Reform Around the World* presents a valuable framework for understanding the global politics of pension reform. Their classification of pension systems—Social Insurance, Multipillar, Bismarckian Lite, and Incomplete—offers a clear lens through which to analyse how demographic pressures interact with institutional structures. I find their argument convincing: the variation in pension reform across countries is best explained by the intersection of ageing trends and system design, rather than by cultural or regional factors. Their critique of the so-called East Asian welfare model highlights the importance of avoiding cultural generalizations in policy analysis. "*The Ageing World*" from the book *Ageing in Society: European Perspectives on Gerontology (3rd Edition)*, written by Sheila Peace, Freya Dittmann-Kohli, Gerben Westerhof, and John Bond: the authors present a comprehensive overview of global and European ageing, integrating demographic data with cultural, political, and social analysis. This literature significantly contributes to gerontology by framing ageing as both a global inevitability and a regionally differentiated experience shaped by historical and institutional contexts. Also, authors explain beyond demographic data to explore how historical, cultural, and political contexts shape the experience of ageing in Europe. Peace et al. (2007) explore the legacy of European empires, religious traditions, and Cold War divisions in shaping national identities and welfare regimes. They provide a nuanced account of how the continent's cultural diversity—across Protestant, Catholic, Orthodox, and Islamic regions—intersects with contemporary migration patterns, particularly in shaping the experiences of older migrants. Alfred Sauvy in his (1963) chapter "Demographic Ageing," published in the UNESCO International Social Science Journal, defines demographic ageing as a shift in population age structure resulting in a higher proportion of older persons. He demonstrates that population ageing is driven primarily by declining fertility rather than declining mortality, as reductions in death rates initially produce younger populations. Using historical demographic evidence, Sauvy shows that sustained fertility decline leads to long-term ageing, with major implications for labour markets, retirement, and pension systems. His work establishes demographic ageing as a structural population process rather than a consequence of longevity alone.

Hans Thomae in his (1963) chapter “Ageing and Problems of Adjustment,” published in the UNESCO International Social Science Journal examines ageing as a dynamic process of psychological and social adjustment rather than inevitable decline. He argues that difficulties in old age arise primarily from changes in social roles, health, and environmental demands, not from ageing itself. Thomae emphasizes individual variability in adjustment, showing that personality structure, life history, coping strategies, and social context shape how older adults respond to loss, retirement, declining health, and reduced social participation. The chapter highlights that maladjustment occurs when environmental expectations exceed an individual’s adaptive capacity, while successful ageing depends on flexibility, continuity of roles, and meaningful engagement. Thomae’s work shifts gerontological focus from biological deterioration to adaptive processes, establishing adjustment as central to understanding ageing outcomes.

Objective of this Study

- To analyse the socio-economic conditions of the elderly in rural Bankura and urban Kolkata in terms of income, livelihood, pensions, assets, and financial security.
- To examine the socio-demographic characteristics of the elderly, including age, gender, marital status, education, and living arrangements.
- To compare health problems and elderly care systems in rural and urban contexts, focusing on access, affordability, and caregiving support.
- To assess access to and use of modern technology among the elderly and its impact on daily life, healthcare, and social connectivity.
- To examine levels of religiosity and spiritual engagement among the elderly and their influence on coping, well-being, and social integration.

Methodology

This study employed a comparative cross-sectional research design, utilizing a mixed-methods approach, to examine the condition and status of elderly people in rural and urban areas of West Bengal. Quantitative data were collected through a structured interview schedule covering socio-demographic characteristics, socio-economic conditions, health status and access to care systems, use of modern technology, religiosity, and overall wellbeing. Qualitative insights were gathered through short open-ended questions embedded within the schedule to capture lived experiences related to dignity, loneliness, caregiving expectations, and coping strategies. The fieldwork was conducted in Tant Kanali village under the Bankura-I block of Bankura district (rural) and in Naktala, South Kolkata (urban). The study population consisted of elderly persons aged 60 years and above residing in the selected areas for at least one year. A purposive sample of 30 respondents was selected, including 15 elderly individuals from each location, with limited snowball sampling used to reach elderly persons living alone or widowed. Data were collected through face-to-face interviews conducted primarily in Bengali. Quantitative data were analysed using descriptive statistics and basic rural–urban comparisons, while qualitative responses were thematically analysed to identify recurring patterns related to ageing experiences.

Data Analysis and Interpretation

Socio-Demographic Profile

Table 4.1 Socio-Demographic Characteristics of Elderly Respondents by Place of Residence

Variable	Category	Rural Bankura (n=15)	Urban Kolkata (n=15)
Age group	60–69	7	6
	70–79	5	6
	80+	3	3
Marital status	Married	6	7
	Widowed	8	7
	Other	1	1
Education	No schooling	9	3
	Primary/Secondary	5	7
	Graduate+	1	5
Living arrangement	With children/extended family	10	4
	Alone / spouse only	5	11
Children migrated	Yes	9	6

Table 4.1 shows that elderly respondents in both rural and urban areas were largely concentrated in the 60–79 age range, indicating increased longevity across settings. Widowhood was common, particularly among women, highlighting gendered ageing patterns. Educational attainment differed sharply: rural elderly were predominantly non-literate, whereas urban elderly showed higher educational levels. Living arrangements revealed strong contrasts—most rural elderly lived with family members,

while urban elderly were more likely to live alone or with a spouse only. Children’s migration emerged as a major factor affecting elderly support, especially in rural Bankura.

Socio-Economic Structure

Table 4.2 Socio-Economic Status of Elderly Respondents

Variable	Category	Rural (n=15)	Urban (n=15)
Current work status	Working (part/full)	7	3
	Not working	8	12
Pension coverage	Yes	6	8
Main income source	Work	5	2
	Pension	4	6
	Family support	6	7
Asset ownership	Own house/land	9	6
	Savings/FD	2	6
Financial dependence	Fully dependent	6	8
Financial hardship	Yes	7	6

The socio-economic profile indicates widespread insecurity among elderly respondents. Rural elderly were more likely to continue working, primarily due to necessity, whereas urban elderly showed higher dependence on family support. Pension coverage was limited in both contexts, though slightly better in urban areas. Rural asset ownership was mainly limited to housing or land, while urban elderly had greater access to savings. Financial dependence and hardship were evident across both groups, though urban poverty often remained less visible.

Health and Care System

Table 4.3 Health Status and Care Access

Variable	Category	Rural (n=15)	Urban (n=15)
Self-rated health	Good/Average	8	9
	Poor/Very poor	7	6
Chronic illness	Arthritis/joint pain	9	6
	Diabetes/BP	5	9
Mobility limitation	Yes	8	6
Healthcare facility	Govt hospital	6	7
	Local practitioner	6	1
	Private clinic	3	7
Caregiver support	Family	10	7
	Paid caregiver	1	5

Chronic illnesses were prevalent among elderly respondents in both areas, though rural elderly reported higher physical ailments linked to lifelong labour, while urban elderly showed more lifestyle-related conditions. Rural respondents relied heavily on local practitioners due to limited access to specialised care. Urban respondents had greater access to private healthcare but faced cost-related barriers. Caregiver availability varied, with paid caregiving more common in urban areas.

Technology and Gadgets

Table 4.4 Technology Access and Usage

Variable	Category	Rural (n=15)	Urban (n=15)
Phone ownership	No phone	4	1
	Basic phone	7	4
	Smartphone	4	10
Internet use	Weekly/Daily	3	9
Tech difficulties	Yes	10	6
Tech reduces loneliness	Yes	4	8

Table 4.4 highlights a clear digital divide. Urban elderly demonstrated higher smartphone ownership and internet use, facilitating communication and information access. Rural elderly faced significant barriers related to skills, cost, and guidance. While technology helped reduce loneliness for some elderly, digital exclusion intensified vulnerability among others.

Religiosity and Spiritual Engagement

Table 4.5 Religious and Spiritual Practices

Variable	Category	Rural (n=15)	Urban (n=15)
Frequency	Daily	10	6
	Weekly/Occasional	5	9
Coping support	Yes	12	9

Religiosity played a more prominent role in the daily lives of rural elderly, offering emotional comfort and social engagement. Urban elderly also valued spirituality, though practices were less frequent. Across both settings, spirituality emerged as an important coping resource.

Social Participation, Dignity, and Wellbeing

Table 4.6 Social Participation and Wellbeing

Variable	Category	Rural (n=15)	Urban (n=15)
Social interaction	Daily/Weekly	9	6
Loneliness	Often/Always	2	7
Feels respected	Yes	8	6
Life satisfaction	Satisfied	9	7

Urban elderly reported higher levels of loneliness despite greater service availability, while rural elderly benefited from stronger community familiarity. However, experiences of neglect and reduced dignity were present in both contexts. Overall wellbeing was closely linked to health, family support, and social recognition.

Major Findings of the Study

- Socio-Demographic Characteristics** The study found that most elderly respondents belonged to the 60–79 age group, reflecting increased longevity. Widowhood was common, particularly among women, indicating gendered patterns of ageing. Rural elderly were more likely to live with children or extended family, whereas urban elderly often lived alone or with a spouse only. Migration of children significantly reduced everyday support for elderly parents, especially in rural areas.
- Socio-Economic Condition** Economic insecurity was prevalent among elderly respondents in both settings. Rural elderly frequently continued working due to limited pension coverage and low savings. Urban elderly showed slightly better access to pensions and savings, yet many remained financially dependent due to informal employment histories and rising living costs. Urban elderly poverty often remained hidden.
- Health Status and Care Systems** Chronic illnesses such as arthritis, hypertension, and diabetes were common among elderly respondents. Rural elderly faced greater barriers to healthcare due to distance, lack of specialised facilities, and reliance on informal practitioners. Urban elderly had better physical access to healthcare but encountered challenges related to high treatment costs, overcrowded public hospitals, and fragmented care systems.
- Technology and Digital Access** A clear rural–urban digital divide was observed. Urban elderly were more likely to use smartphones and digital services, while rural elderly faced barriers such as lack of skills, fear of technology, and absence of guidance. Technology helped reduce loneliness for some elderly but further marginalised those without access.
- Religiosity and Spiritual Engagement** Religious and spiritual practices played a significant role in coping with illness, loneliness, and emotional stress, particularly among rural elderly. Urban elderly also valued spirituality, though engagement was less frequent and more individualised.
- Social Participation, Dignity, and Wellbeing** Rural elderly benefited from community familiarity and informal social interactions, though traditional hierarchies sometimes reinforced exclusion. Urban elderly experienced higher levels of loneliness and emotional isolation despite better service availability. Respect, recognition, and family support emerged as key determinants of elderly well-being across both settings.

Suggestions and Policy Implications

Based on the findings, the following suggestions are proposed:

- Strengthening Social Security:** Expansion and effective implementation of old-age pension schemes are essential, particularly for elderly persons with informal work histories.
- Improving Healthcare Access:** Rural healthcare infrastructure should be strengthened through mobile clinics, geriatric services, and improved referral systems, while urban healthcare must focus on affordability and continuity of care.
- Community-Based Support Systems:** Local-level elderly support groups, community centres, and social clubs should be promoted to reduce loneliness and social isolation.
- Bridging the Digital Divide:** Digital literacy programmes tailored for elderly populations, especially in rural areas, can improve access to information, healthcare, and social connectivity.
- Gender-Sensitive Interventions:** Targeted support for widowed and single elderly women is necessary, focusing on healthcare, financial security, and social inclusion.

6. **Integrating Psychosocial and Spiritual Support:** Religious and community institutions can play a supportive role in enhancing emotional wellbeing among the elderly.

Conclusion

The study concludes that ageing in contemporary society is deeply shaped by social, economic, and spatial contexts. Elderly people in rural Bankura and urban Kolkata experience ageing through distinct yet overlapping vulnerabilities. While rural elderly face challenges related to healthcare access, economic insecurity, and technological exclusion, urban elderly encounter heightened social isolation, hidden poverty, and cost-related barriers to care.

Ageing cannot be addressed through uniform policies or assumptions of family-based care. A context-sensitive, multidimensional approach is required—one that recognises the diversity of elderly experiences and prioritises dignity, autonomy, and social inclusion. By highlighting rural–urban differences within a single state, this study contributes to sociological understanding of ageing in India and underscores the urgent need for inclusive and responsive ageing policies. Supporting the elderly is not merely a welfare obligation but a social responsibility essential for building an inclusive and humane society.

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References

1. Aiken, L. R. (1931). *Ageing: An introduction to gerontology*. New York, NY: Prentice-Hall.
2. Bonoli, G., & Shinkawa, T. (Eds.). (2005). *Ageing and pension reform around the world: Evidence from eleven countries*. Cheltenham, UK: Edward Elgar Publishing.
3. Cristofalo, V. J. (1996). Biological mechanisms of aging. *Annual Review of Physiology*, 58, 557–578. <https://doi.org/10.1146/annurev.ph.58.030196.003013>
4. Harper, M. S. (1991). *Management and care of the elderly: Psychosocial perspectives*. Newbury Park, CA: Sage Publications.
5. Peace, S., Dittmann-Kohli, F., Westerhof, G., & Bond, J. (2007). The ageing world. In J. Bond, S. Peace, F. Dittmann-Kohli, & G. Westerhof (Eds.), *Ageing in society: European perspectives on gerontology* (3rd ed., pp. 3–24). London, UK: Sage Publications.
6. Sauvy, A. (1963). Demographic ageing. *International Social Science Journal*, 15(2), 192–204.
7. Thomae, H. (1963). Ageing and problems of adjustment. *International Social Science Journal*, 15(2), 220–235.
8. Tibbitts, C. (1963). Introduction to social gerontology: Origin, scope and trends. *International Social Science Journal*, 15(2), 151–165.

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