



# Issues and Concerns of Elderly Women in India: A Sociological Analysis

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**Abstract** - One of the most important features of the twenty-first century is the greying of the population. In most nations, there is a clear female preponderance among those 60 years of age and older, even if the proportion of elderly men and women has grown significantly worldwide. This phenomenon is called “Feminisation of ageing” which is currently dominant in developed nations but is picking up pace in developing countries. As per census 2011, the elderly female population was as high as 9 percent in comparison to the elderly male counterparts which was marginally lower with 8.2 percent. Because of a variety of socio-cultural conditions, elderly women experience numerous forms of deprivation throughout their lives. Therefore, the feminization of ageing raises a number of challenges that need to be addressed by academics, researchers, social workers, and policymakers. Given this context, the primary objective of this study is to draw attention to the issues and concerns that arise from India's fast feminization of ageing. To improve the quality of life for older women and to start policy and programmatic measures, it is crucial to comprehend these concerns. This paper reviews Indian studies on the old population in general and on women in particular. According to the analysis, the number of old women is growing and is expected to do so at a greater rate in the near future. We will see a higher percentage of older women as we age because feminization rises with age, making this issue even more critical. The review also reveals that elderly population is a heterogeneous group which is true with elderly women as well. The heterogeneity amongst elderly is marked by socio-demographic factors like age, place of residence, marital status, level of education, living arrangement, participation in work force during adulthood, access to

economic resources etc. amongst others. These factors result in increased vulnerability of some groups of elderly due to marginalisation and deprivations as compared to others. Hence it is proposed that, programmes for elderly people should evolve in response to these social, political, economic factors and most importantly should be gender sensitive owing to increased proportion of elderly women and acknowledging their vulnerability and special needs.

**Keywords** - Ageing, Feminisation of Ageing, Elderly Women, Living Arrangements.

**Population ageing- an emerging issue facing the world-** Older women in India constitute a diverse and dynamic demographic group that faces a multitude of challenges across social, economic, health, and cultural dimensions. As the population ages globally, including in India where the proportion of elderly individuals is steadily increasing, understanding the specific issues and concerns of older women becomes imperative for formulating targeted policies and interventions that address their unique needs.

One of the most important features of the twenty-first century is the greying of the population. Population ageing, which refers to an increase in the proportion of aged people in a population, is a global demographic shift that has never before occurred and is predicted to get worse as the twenty-first century goes on. Demographic transition—a process in which falls in mortality are followed by falls in fertility—leads to ageing. The number of children in the population then decreases relatively as a result of this process, while the proportion of adults in the main working age group and elderly people increases. As a result of this process, the proportion of adults in the primary working age group and the elderly rises, while the number of children in the population falls compared to this process. Global estimates indicate that in 2047, there will be more seniors (those 60 years of age and older) than children (those under 14). By 2030, there will be more seniors than children (those under 10) (UN World Population Ageing, 2013 & 2017). Although this widespread demographic trend has unintended consequences that will have a big impact on the economy, society, and health, it also marks a historic victory in terms of longer lifespans.

**Ageing in India-** India is 'Greying Nation', as per the parameter of UN, which has defines a country as 'Ageing' or 'Greying Nation' where the proportion of people 60 reach 7 percent of the total population. Recent data published by Ministry of Statistics and Programme Implementation, Analysis (2016) shows that share and size of elderly population is increasing day by day, wherein in 1961 India's elderly population comprised of 5.6 percent which has increased to 8.6percent in 2011. This rapid rise in te elderly population is also followed by a declining trend in fertility and mortatlity rates of the country, followed by an increase un the average life expectancy rate, which is significant factor behind the rise of the elderly population in India (Udhayakumar and Ponnuswamy, 2012).

In India, population projections support the fact of feminization of ageing population. Census data disaggregated by gender indicates 8.2 percent of older men as compared to 9 percent of older women (Census 2011). At the age of 60 years, the average Indian life expectancy is predicted as 78 years (16.9 for males and 19.0 for females) and that at age 70 was less than 12 years (Ministry of Statistics and Programme Implementation, Government

of India, 2016. According to the 2011 census, while the general sex ratio advantages the male population (940 females for every 1,000 males), it favours elderly women (1022:1000) among those who are 60 years of age or older. Analysis reveals a notable increase in the number of older women in the upper age categories. At the ages of 65, 70, 75 & 80 there are 1,310, 1,590, 1,758 & 1,980 elderly women respectively per 1,000 elderly men (Sagar, 2012). As a result, India is experiencing a rapid demographic shift, and in order to be ready for this quick transformation, concerns related to ageing must be addressed immediately. Because women typically live longer, the socioeconomic effects of ageing are more severe for them. Other developments in India, such as the size of households and changes in family structure, have also contributed to the socio-economic effects of ageing in the country. While the Indian government has acknowledged the rise in the overall number of senior people, the majority of health and social welfare initiatives concentrate on those in the reproductive age range. Today, the emphasis needs to be on strengthening social security programmes, promoting health promotion among the elderly to encourage active ageing by boosting health, community involvement, and security, and improving institutional infrastructure, primary healthcare for the elderly, with standards of quality and care for these institutions.

**Elderly women in India- issues and concerns** - Given the current trends in population ageing, it is clear that issues and concerns pertaining to the elderly will become universal. There are 901 million elderly people in the globe, according to a 2015 UN estimate. Elderly issues are rapidly rising as a result.

Policymakers should be aware of the gender disparity in the senior population since it affects their experiences and problems differently because of biological variances, social and gender roles, and their standing in society. For instance, women have a range of reproductive morbidities as a result of being pregnant and having children, which might affect them as they age. Compared to senior males, older women in India are more likely to be widowed, illiterate, and unemployed. As a result, due to public policy shortcomings affecting older women's access to social and material resources, their age-related issues would worsen. Poor, educated women who are financially reliant on their offspring and lack any real power or status within the family make up the majority of India's old population (Sharma 2009). The economic and social position of women can be impacted by traditional gender norms that emphasize their place in the house as few decision-making roles, with few prospects for education and earning a living. The socio-cultural background and gender norms that Indian women must contend with throughout their lives cause them to experience a variety of problems and issues. Elderly women are more vulnerable to acute and chronic health issues as well as social exclusion due to these lifelong deprivations, low literacy, limited involvement in paid jobs, poor access to assets, and poor nutrition. When chronic illnesses strike older people who already experience overlapping and ongoing socioeconomic disadvantages, it negatively impacts their quality of life (Balagopal, 2009).

Due to increased vulnerability of elderly women, they face a variety of socioeconomic, environmental, psychological, and health-related issues. These issues include being more likely to be widowed, having low economic security, having lower educational attainment, having less experience in the labour force, and having more caregiving responsibilities (Figure 3). Based on actual research done in India, the issues that older women experience are described in depth in the following section. Different previous studies in primary and secondary data indicate that older women encounter significant socioeconomic issues.

In the upcoming years, a large number of elderly people will require improved access to physical infrastructure due to their longer lifespans and crippling chronic illnesses. Not having enough physical infrastructure is a big barrier to giving the elderly comfort. Improved physical infrastructure access is necessary for many seniors, both in their homes and public areas. In India, there is no system of cost-effective health care, thus untreated chronic diseases, expensive medications and treatments, and starvation are all part of old age. The public health system places little emphasis on geriatrics and offers few services specifically for older adults. The public health system also faces problems with inadequate infrastructure, a shortage of personnel, subpar care, and overcrowding in facilities as a result of a lack of emphasis on senior care [FICCI –Deloitte2014].

The widespread joint family structure of traditional Indian society has played a crucial role in preserving the social and financial stability of the elderly. Respecting and taking care of the elderly was also emphasised by Indian society's ancient rules and values. However, the elderly are likely to face emotional, physical, and financial insecurity in the years to come given the rising popularity of nuclear families in recent years. The percentage of older people living alone or with a spouse alone has been trending steadily, rising from 9.0% in 1992 to 18.7% in 2006 [Kumar2011]. Future family care of the elderly appears to be less common due to modernization and the country's economic growth.

Compared to senior males, the health profile of women is more deteriorated. There could be biological, social, and cultural reasons for the variations. Numerous research, particularly those focusing on elderly women, have examined a range of health-related concerns that older individuals encounter, drawing from primary and secondary data. According to Singh and Yesudian's analysis based on the NSSO 2004 and the Census 2001, old males are more physically mobile than elderly women in both urban and rural areas. Compared to rural elderly women, metropolitan elderly women have worse physical and health conditions. Compared to their urban counterparts, older women living in rural areas believe that their health is worse.

Hiremath studied the health status of elderly women in rural Karnataka. The findings revealed that elderly women were depicted with hypertension (78.65%), osteoarthritis (73.03%), diabetes (66.29%), and bronchial asthma (77.52%). Others included cataract (65.16%), and anemia and skin problems (61.79%). Additionally, it was shown that the majority of responders experienced multiple health issues. The author came to the primary conclusion that elderly women frequently exhibit the cumulative effects of unhealthy diets, a lack of wholesome food and clean drinking water, a division of household chores based on gender, environmental risks, etc. Mehrotra and Batish conducted a study to assess the problems among randomly selected elderly females of Ludhiana, Punjab. The major physical problems reported were reduced vision (81.25%), dental decay (77.5%), and body weakness and pain (68.75%), whereas major economic problems were related to medical expenditure (85%), lack of freedom on spending (77.5%), and reduced personal income (65%). Amongst socio-psychological problems, stress and strain was the prominent problem (85%) followed by declining authority (77.5%), loneliness (72.5%), and feeling of neglect (65%). Age was found to have no significant correlation with physical problems in older females (2.824), but it did have a strong correlation with social-psychological disorders (13.98).

Particularly in India, women's high age reliance and general lack of education, employment, and income provide significant challenges to their survival. However, because they live longer than males do, a large proportion of them wind up alone and without a husband to care for them (Grewal et al.,2017). Research has

indicated that widows are more likely to be impoverished, live alone, and have worse health. In comparison to older widows, they would have a larger illness burden because they are older widows (Judd,2000, Nagla,1987, Agrawal and Keshri,2014).

Old widows tend to overlook their health and accept it as usual until they experience a severe medical condition. In terms of support and care, widows' health status is still decided by their family during illness emergencies. Nevertheless, because it affects how they are perceived in the family, widows attempt to continue contributing to the household (despite health problems) (Bharati and Mahapatro,2014).

Elder abuse remains a challenging, sensitive, and unacknowledgable issue (Jaiprakash, 2001). Elder abuse instances are expected to rise due to the ageing population (Yan and Tang, 2004). Elder abuse is commonly characterised as a deliberate act of neglect on the part of a family member, carer, or any other person that places an elderly person in grave risk (Deswal, 2011).

The majority of prevalence studies show that of the various forms of abuse, psychological abuse occurs most frequently, followed by financial abuse, neglect, physical abuse, and sexual abuse. It's interesting to note that Yon et al. (2017, p. e153) found no discernible difference in the prevalence of older women and older men as victims in their meta-analysis. World Health Organization (2017) reports that globally one in six elderly people experiences some form of abuse. This new study has found that 17% of people above 60 years old are subjected to psychological abuse, financial abuse (6.8%), neglect (4.2%), physical abuse (2.6%), and sexual abuse (0.9%) (Verma and Manisha, 2023).

India's ageing population faces greater vulnerability as a result of reduced government investment in the social security system. When it comes to meeting their fundamental needs in an increasingly chaotic and congested metropolis, the elderly in urban areas generally rely on professional domestic help. Loneliness and social isolation have grown [Rajan 2006]. There are very few senior-sensitive insurance policies available in India. Furthermore, pre-existing conditions are typically not covered, which makes insurance policies unaffordable for senior citizens. Social security and pension benefits are likewise limited to individuals with prior experience in the public sector or organised industry.

The aforementioned assessment of prior studies that attempted to identify problems experienced by the elderly in general and by elderly women in particular makes it abundantly evident that the social and physical environments of the elderly are intricately linked to the health and well-being of the elderly. Sadly, there are not enough financial resources, legislation, or programming competence to adequately address the significant socioeconomic and health needs of the aged. The facilities that are now in place in India are severely insufficient, with no clear plan or programmes for improving the general well-being and healthcare of senior women, even in spite of the passage of numerous policies. The use of public healthcare is quite low, especially in isolated, rural areas. The causes could include overall backwardness, poverty, illiteracy, and adherence to superstitious beliefs for the treatment of ailments and diseases (Siva Raju, 2006).

**Policies and Programmes for Elderly women in India** - The majority of India's health policies and projects have been centred on problems like illness management, maternity and child health, and population stabilising. The demographic shift in India that is leading to an increase in the elderly population, however, suggests a new wave of social, medical, and economic issues that may surface if programme administrators and policy makers do not act promptly in this direction.

In 1999, the Indian government unveiled the National Policy for Older People (NPOP). In addition to explicitly stating that more social and community services are needed for older people, especially women, and that these services should be made more accessible and user-friendly by removing physical, sociocultural, and financial barriers and by making them client-focused and user-friendly, NPOP acknowledges and addresses the concerns of older women in India (GOI, 1999). Although NPOP was a fairly detailed document, its execution was a complete failure. The National Policy for Senior Citizens is presently being revised, and changes are being made in response to input from different stakeholders. In addition to these measures, India was one of the first nations to ratify the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which went into force on May 3, 2008. The Ministry of Health and Family Welfare has released the operational instructions for the National Programme for the health care of the Elderly (NPHCE), in addition to these policy documents and ratifications (Directorate General of Health Services, n.d.). The social, emotional, and medical needs of older women are, nevertheless, minimised by these social programmes. In India, older women are increasingly marginalised in both the home and the policy-making process.

**Discussion and Conclusion-** This review, while not comprehensive, aims to draw attention to several issues that older Indian women experience, including those related to health, social care, health care, cultural and psychological issues. Based on these problems, the study has attempted to highlight the key issues that need to be addressed regarding elderly women in India as well as the gap in programmatic and policy interventions given the rate at which the socio-demographic and economic landscape is changing. Therefore, it is important to start policies, programmes, and legislative initiatives for the elderly in general and for elderly women in particular, with a focus on promoting their health, financial and material security, and ability to live independently and productively. Current governmental policies and initiatives are insufficient and insensitive to gender. We must recognise the complexity of issues that older women experience and take the necessary steps to address them.

## REFERENCES

1. Agrawal G, Keshri K. Morbidity patterns and healthcare seeking behavior among older widows in India. PLoS One 2014;9(4):e94295. DOI: 10.1371/journal.pone.0094295.
2. Balagopal, G., 2009, Access to health care among poor older women in India: how far do policies respond to women's realities?: Gender & Development, v. 17, p. 481-491.
3. Deswal, V.P.S., (2011)—"Elder abuse: problems and preventive measures" HELPAGE INDIA-RESEARCH & DEVELOPMENT JOURNAL, VOL. 17 NO.3, October 2011.
4. Directorate General of Health Services, n.d., National Programme for the Health Care of the Older (NPHCE)- An approach towards Active and Healthy Ageing, in G. O. I. Ministry of Health & Family welfare, ed., MoHFW, GOI.
5. FICCI-Deloitte (2014) Ensuring care for the golden years – Way forward for India.7th Annual Health Insurance Conference: Health Insurance 2.0: Leapfrogging beyond Hospitalization
6. GOI, 1999, National Policy on Older Persons (NPOP) Ministry of Social Justice and Empowerment, Government of India, ShastriBhawan, New Delhi.



7. Grewal GS, Kishore J, Charu. Age-friendly primary healthcare services: emerging need in India. *J Indian Acad Geriatrics* 2017;13(1):27–31.
8. Hiremath SS. The health status of rural elderly women in India: a case study. *Int J Criminol Social Theory* 2012;5(3):960–963
9. Jaiprakash, I. (2001). Elder abuse: Global response and Indian initiatives. *Indian Journal of Social Work*, 62(3), 459–463
10. Judd K. Gender dimensions of ageing, Women 2000. United Nations Division for the Advancement of Women (UNDAW), Department of Economic and Social Affairs. Retrieved from <http://www.un.org/womenwatch/daw/public/ageing-final.pdf>.
11. Kumar S, Sathyanarayana KM, Omer A (2011) Living Arrangements of Elderly in India: Trends and Differentials. International Conference on Challenges of Population Aging in Asia, UNFPA, New Delhi, India.
12. Mehrotra N, Batish S. Assessment of problems among elderly females of Ludhiana city. *J Hum Ecol* 2009;28(3):213–216. DOI: 10.1080/09709274.2009.11906242.
13. Ministry of Statistics and Programme Implementation (2016). 'Outcome Budget 2016-17'. Available at: <http://mospi.gov.in/164.150.160.161.63/sites/default/files/main-menu/outcomebudget/outcomebudget2016-17.pdf>
14. Nagla BK. Ageing and health: a sociological analysis. In: Sharma ML, Dak TM, ed. *Ageing in India: challenge for the society*. Delhi: Ajanta Publications; 1987.
15. Sagar, Poorva (06, March, 2012), No space for elderly women, *OneWorld South Asia* accessed online at <http://southasia.oneworld.net/todayshadlines/no-space-for-elderlywomen#.UFwb4Y0gd3A> ; on 21.09.2012
16. Sharma, K.L, 2009, *Dimensions of Ageing: Indian studies*, Rawat Publications.
17. Singh DP, Yesudian P. After age 60 in India—a glimpse through census and NSSO. *Indian J Soc Work* 2007;68(4):545–560
18. Siva Raju, S., 2006, *Ageing in India in the 21st Century: A Research Agenda (Priority Areas and Methodological Issues)*, Mumbai, Harmony India.
19. Udhayakumar, P. and Ponnuswamy, I. (2012). 'informal care received by elderly residing in slums of Tiruchirapalli district, Tamil Nadu, India', *I. Res.J. Social Sci.*,1(1), 15-18.
20. United Nations (2015). 'World Population Prospects 2015 Revision'. [https://esa.un.org/unpd/wpp/publications/files/key\\_findings\\_wpp\\_2015.pdf](https://esa.un.org/unpd/wpp/publications/files/key_findings_wpp_2015.pdf)
21. United Nations, Department of Economic and Social Affairs, Population Division (2013). *World Population Ageing 2013*. ST/ESA/SER.A/348. New York, United Nations
- United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Ageing 2017 - Highlights* (ST/ESA/SER.A/397). New York, United Nations
22. World Health Organisation. (2017). Elder Abuse. Retrieved August 15, 2017, from <http://www.who.int/mediacentre/factsheets/fs357/en/>

23. Yan, E. C., & Tang, C. S. (2004). Elder abuse by caregivers: A study of prevalence and risk factors in Hong Kong Chinese families. *Journal of Family Violence*, 19(5), 269–277. <https://doi.org/10.1023/B:JOFV.0000042077.95692.71>
24. Yon, Y., Mikton, C.R., Gassoumis, Z.D., & Wilber, K.H. (2017). Elder abuse prevalence in community settings: A systematic review and meta-analysis. *The Lancet Global Health*, 5, e147–e156.