

Counting Despairs: Women and Ageing in India

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Abstract

The study of elderly people and their needs and challenges has become one of the most recognized academic development areas in women studies and other important social science researches during the past few decades. In recent years, the proportion of the elderly population has increased. The Indian population has consistently been in favour of men in terms of sex ratio. However, statistics shows that it is in favour of women in the case of the older population. Numerous studies have demonstrated that women in India suffer more than men due to their more unpaid tasks and traditional positions. Older women are more vulnerable because of addition burden of old age challenges. The issues of the elderly in general have been highlighted in numerous studies. There is still a gap in literature discussing about the specific needs of elderly women. Therefore, the study tries to analyse the current situation of older women with the aim of ensuring that their needs are met through different initiatives undertaken by the government. It also thrives to add to the existing literature about old age from a gendered lens.

Introduction:

Population ageing shows the great achievement of 21st century, which means average lifespan of our population has increased due to development in medical science and public health facilities provided by the government of India. Some sociologists refer to ageing as the ‘greying’ of the population. ‘Greying’ may be the result of two important factors such as couple’s preference for small families due to time constraint and rising cost of raising children. Another factor may be due to the fact that people are living longer than before because of advanced medical facilities.¹ In the context of sociological studies, ageing can be defined as a combination of the social and psychological factors along with biological variables which impact individuals when they become old. Biologically ageing may refer to the certain changes in the physical body. Psychologically it may refer to the changes in mental capabilities and socially it may refer to cultural norms and societal expectations having to do with age.²

There are almost 138 million older persons in India by 2021. Surprisingly among them 67 million are males while a huge 71 million are females. It is expected to add 56 million more persons to the ageing category by 2031. The percentage of this section of population is projected to increase from 8.4 percent in

¹ Anthony Giddens, ‘Socialisation, Life-Course and Ageing’, In *Sociology*: 181. (Cambridge University Press, UK, Fifth Edition, 2016), 180-181.

² Matilda White Riley, ‘On the Significance of Age in Sociology’, *American Sociological Review*, 52(1), February 1987: 1-14, <https://doi.org/10.2307/2095388>

Paul Atchley and Arthur F. Kramer, ‘Age related Changes in the Control of Attention in Depth’, *Psychology and Ageing*, 15(1), 2000:78-87, <https://pubmed.ncbi.nlm.nih.gov>

2011 to 15.0 percent in 2036.³ According to the Report on Elderly in India of 2021, 70.7 was the life expectancy for elderly women during 2014-15. But surprisingly it was 68.2 for elderly men. That means more women outlive men in Indian context. We can say many Indian women live two to three years more than their husbands. It is expected that population above 60 years will increase from 10.5 percent as projected in 2022 to 20.8 percent by 2050.⁴ That means it is predicted that within next few years, non-working or dependent population will increase by more than 10 percent, which may need to be taken care of for a better and healthier life of this section of population in developing India.

Though there are ample researches on old age problems, less emphasis has been given to their needs for a better physical and mental well-being. Very few researches have been done in the area of abuses faced by elderly women in India. Despite development in medical technology, modern healthcare facilities and, women in general and elderly women in particular are being considered as the weakest section of the population. As the women in Indian society grow old, they entirely depend on the care and support given by their family members as may be due to non-availability of external support system or lack of financial stability.⁵ Many studies show that age related problems faced by old women is more than their counterparts. Loneliness and the issue of widowhood are serious concerns among women in general and among the aged in particular.

The women have always been considered as the weaker gender in our society who face various risks right from their birth due to the dominance of patriarchy. Along with other vulnerabilities, old age becomes an extra burden which reduces their quality of life. Elderly abuse has become rampant in contemporary India. This may be due to their long dependency on family for economic or physical reasons, which in turn impacts their mental wellbeing. There has been always a generation gap between the older generation and younger generation. Today's young generation love to live a free, unrestricted and self-centred life. They do not like to be restricted by their old parents. Some of them are career oriented and love to excel in life. This is true to both men and women. This may force them directly or indirectly to abandon or neglect their old parents.⁶ However, if ageing is considered to be an indicator of positive growth in any country, it has to be accompanied with improvements in the quality of life of this section of population. So, the aim of the present study is to discuss the various challenges faced by elderly women along with their current situation in Indian demography. The study also tries to recommend certain measures for an improved life for the older women to relish the real development strategies of the government. A sound theoretical background, suggesting how staying active and engaging in alternative roles can make the elderly women a real asset of Indian society. It also analyses the government programmes and policies regarding wellbeing of elderly women.

Theoretical Orientation:

³ Report of the Technical Group on Population, *Population Projection for India and States: 2011-2036*, Census of India 2011, National Commission on Population, November 2019: 2, <https://india.unfpa.org>

⁴ India Ageing Report, Caring for our Elders- Institutional Responses, *United Nations Population Fund*, Ministry of Social Justice and Empowerment, 2023:2, <https://india.unfpa.org>

⁵ 'Report on Elderly in India', *Ministry of Statistics and Programme Implementation*, Government of India, 2021, <https://mospi.gov.in>

⁶ 'Elder Abuse in India', *HelpAge India Report- Fighting Isolation, Poverty, Neglect*, Qutab Institutional area, New Delhi, 2014:14, <https://www.helpageindia.org>

There are many social and psychological theories which look at aging from different perspectives. Let us look at the most important perspectives which have influenced the present study. Continuity theory holds that by making adaptive choices elderly people attempt to preserve and maintain the existing internal and external structures. They prefer to adjust to the changed world and present social circumstances by using approaches from their past experiences. Continuity in psychological and social behaviour is the most important strategy which is promoted by both individual preferences and social behaviour. through adjustment in present social circumstances. Continuity is the most important strategy which is promoted by both individual preferences and social approval. The theory focuses on defining aging as normal and not problematic. The theory can be considered as a micro-level theory because it pertains to the individual. It is based on the observation that a large proportion of older adults show uniformity in their social relationships and personalities irrespective of any internal physical or mental changes and irremediable of their social status. It analyses both internal and external social structure of continuity. It tries to explain how elder people adjust to the current societal settings and set their goals accordingly. The internal structure of a person remains constant all through the life. Beliefs, ideas and personality remain same even if an individual grow old. This provides the individual a goal to make future decisions based on their basic foundation. The external structure of an individual such as relationships and social roles provides a support for maintaining a firm self-concept and lifestyle.⁷

The Activity theory of aging proposes that the elder population stay happy and in good health only when they remain active and maintain social interactions. When the elder engage in meaningful activities, they regain the lost life roles after retirement. It helps them in resisting the social pressures that limit an elderly person's world. It argues that aged people stay active only when their quality of life is well maintained. It assumes a positive connection between positive activity and happiness in life. It is suggested that positive involvement in social activities make the elderly to retire in a peaceful way. This is coined as 'the busy ethic' (Ekerdt, 1986), which may mean the more active elderly is, the happier and healthier he or she will remain. This theory supports functionalist perspective which believes in equilibrium. It argues that aged people should continue activeness in their later age as they can happily substitute their earlier roles and responsibilities with alternative and more healthier roles.⁸

Yet another theory known as 'Disengagement theory' states that aging is unavoidable process in human life like the other stages of life. The withdrawal or disengagement of elderly persons results in decreased interaction with the same age group like friends and other adults in neighbourhood. Eventually it creates a gap in social system. It supports the process of withdrawal of elderly people from the society claiming that it is functional and beneficial for society.⁹ Disengagement theory consists of several assumptions that describe how older adults are freed from social norms, how they experience changes and how they disengage regardless of their previous status and power. Disengagement theory emerged at a time when social scientists put great emphasis on functionalism in their research. However, disengagement process varies between men and women due to their diverse social roles such as men having a centrally

⁷ Robert C. Atchley, 'A Continuity Theory of Normal Ageing', *The Gerontologist*, 29(2), April 1989: 183-190, <https://doi.org/10.1093/gerront/29.2.183>

⁸ Richard Schulz, Linda S. Noelker, Kenneth Rockwood and Richard L. Sprott, *Encyclopaedia of Ageing: A Comprehensive Recourse in Gerontology and Practices*, 1 (A-K), 4th Edition, Springer Publishing Company. New York, ISBN: 9780826148438, 2006:9-13

⁹ Victor Marshall and P.J Clarke, Theories of Ageing: Social In E.B James (ed.), *Encyclopaedia of Gerontology* (2nd Edition), Amsterdam Academic Press, 2007: 621-630, <https://doi.org/10.1016/B012-370870-2/00188-8>

instrumental role and women a socio-emotional role. According to this theory complete disengagement occurs when both the society and the elderly population are ready to disengage. When neither is ready, continuing engagement results. But when the person is ready without the readiness of the society, a gap is seen between the expectations of the individual and of other members of the family or society at large. But still partial engagement continues. However, when the society is fully ready to accept the withdrawal of these elderly, irrespective of individual's acceptance or readiness of that role and status, complete disengagement occurs.¹⁰

These are the three basic theoretical perspectives upon which the present study is based. While continuity theory looks aging as normal without much changes in individual behaviour and physical activities, Activity theory suggests that elderly people feel separated because of societal pressure and they can remain active and happy if they would be given societal support. On the other hand, Disengagement theory claims that detachment from society by elderly people is normal as it is widely accepted and embraced by the people of younger generation. The present study will give much importance to the Activity theory as it supports the argument that elderly people should happily retired from their expected role system by engaging themselves in alternative meaningful activities and society should embrace these population with full vigour and vitality. However, there are certain hurdles and problems faced by these population, which is needed to be addressed at this juncture.

Methodology:

The primary objective of the study is to understand the specific challenges and needs of older women in India which would help them to utilise the benefits of different policies and programmes of government of India at national, state as well as micro or local level. The specific research objectives would be firstly to discuss the economic, physical and mental health as well as the social challenges faced by older women at home and outside in the society. Secondly it would analyse the level of awareness and understanding of different welfare schemes among the older women in India. And thirdly to study the impact of vulnerabilities and abuses on older women and to recommend certain measures to overcome these challenges by aged women to lead a healthy life. The present study is basically designed based on a comprehensive literature review of different studies, census and online reports.

Concerns of Older Women in India:

Populations getting older is a complex demographic phenomenon that has a wide range of impacts on the social, economic, and cultural elements of any society. The existence of the elderly women is influenced by all of these elements combined together. Gist and Velkoff.¹¹ pointed out that the problems associated with an ageing population, which are prevalent in every country, mostly stem from two key factors. Firstly, the population of people above 80 years of age is increasing due to the ageing of the elderly, and secondly, ageing is becoming more feminized as more women are living longer than men. According to an estimation by United Nations, women make up 55 percent of all elderly people, and almost 58 percent of them live in developing nations alone. If this trend continues, a lot of elderly women will outlive their spouses. In India also, the proportion of elderly women surpasses that of elderly men. Yet, for older women, it is

¹⁰ *ibid.*

¹¹ Yvonne J. Jist and Victoria Averil Velkoff, 'Gender and Ageing', U.S Department of Commerce, Economics and Statistical Administration, Bureau of Census, IB/97-3, December 1997: 1, <https://www.census.gov>

scarcely a woman's world because significant gender stereotypes are likely to have shaped their formative years and persist into old age, if not become more overt.¹²

Numerous studies have proven that women have a longer life expectancy than men. In the older age group, there are consistently more widows than widowers. Women are more susceptible to negligence and isolation as they get older. They are supposed to look after the family, manage the home, and look after the younger members of the household, yet they receive the least amount of affection, respect, care, and financial support. In India, women enjoy care and assistance for as long as their husbands live and the death of a spouse particularly brings negative impact on elderly women due to the patriarchal nature of Indian society. Since women in early periods of India's independence hardly went for higher education and did jobs outside home due to many socio-cultural barriers, a lot of them were solely depended on their husband for living. However, many feel increasingly vulnerability and insecurities in the family and in society at large after becoming widowed. They are left with little choice when their life partner passes away and they become entirely reliant on other family members.

The older women experience more health problems, financial uncertainty, and emotional instability due to high levels of dependency and unfair treatment based on gender. Gender prejudices generally force elderly women to provide care for other family members such as the other older members or the children. Moreover, widowhood is linked to detrimental customs and cultural practices. Nonetheless, there are certain studies which indicate that women benefit from the ageing process. Compared to their younger years, older women experience a higher sense of fulfilment and self-actualization.¹³ Women experience less depression in old age than men do because they are not accustomed to the helplessness and loss of authority that come with ageing in a male-dominated culture. It is well recognized that women are naturally more adaptive than men, which helps them deal with the challenges of ageing more effectively. Despite having an increased risk of sickness, women are also known to have better and wider network of support in their families when they get older.¹⁴ Though few studies argue in favour of elderly women's capability to adjust more than their counterparts in the contemporary families and society at large, still it cannot be denied that the great majority of elderly women in India confront difficulties. Here, we'll mostly concentrate on the social, economic, and health conditions of older women. This section aims to characterize the socioeconomic status, health, and abuses against older women and tries to understand the complexities in utilization of government social security initiatives.

One of the major sources of vulnerability for these women is income insecurity. As such, there is a great deal of economic dependency among them. The majority of them don't have any significant assets. According to a study,¹⁵ overall 59 percent of senior women do not have any personal income from salary, interest, pension etc., another 26 percent of them have less than 12 thousand rupees annually. Of the ageing women who do not have a personal income, roughly 42 percent are poor, 4 percent are single, and 49

¹² *Ibid.*1

¹³ S. Nolen-Hoeksema and A. Aldao, 'Gender and Age Differences in Emotion Regulation Strategies and Their Relationship to Depressive Symptoms', *Personality and Individual Differences*, 51(6), October 2011: 704-708, <https://doi.org/10.1016/j.paid.2011.06.012>

¹⁴ Martine Lagace, Annick Tanguay, Marie-Lyse Lavallee and Joelle Laplante, 'The Silent Impact of Ageist Communication in long term Care Facilities: Elders' Perspectives on Quality of Life and Coping Strategies', *Journal of Ageing Studies*, 26(3), 2012: 335- 342, <https://doi.org/10.1016/j.jaging.2012.03.002>

¹⁵ G. Giridhar, Lekha Subaiya and Supriya Verma, 'Older Women in India: Economic, Social and Health Concerns', *Building Knowledge Base on Ageing in India: Increased Awareness, Access and Quality of Elderly Services*, Thematic paper-2, United nation Population Fund, 2016:07, <https://india.unfpa.org/sites/default/files/pub-pdf/Thematicpaper2-womenandageing>

percent are widowed. A whopping 66 percent of total elderly women are completely dependent on others, and another 21 percent are moderately dependent on others financially. When coming to the labour participation of elderly women in India, we may find that those who are poorer, less educated, and from weaker caste communities are more likely to participate in hard work. The death of a husband and old age are linked to ill health and new financial difficulties for women, which force them to be dependent on other family members in terms of health care and financial help. Based on assessments of subjective wellbeing, over half of all older women show evidence of acute or chronic morbidity.¹⁶ As India being a patriarchal society, women including mother and daughters have a very negligence right on property. Though government has given equal property rights to women, very few go against the will of their sons or brothers. In a study by HelpAge India,¹⁷ it is showed that elderly dependence for economic support on other family members accounts for 45 percent of elderly abuse. Ironically, financial dependence of other family members on elderly accounts for the same 45 percent of elder abuse. It means in many families younger family members mistreat and force the ageing parents emotionally or in other ways to give money or land for their own use.

Coming to gender disparity, older women are more vulnerable as compared to younger women since gender along with age appear to have a combined impact on their overall wellbeing. Discrimination based on gender is a well-known sociocultural phenomenon in India. Many women and girls, particularly in rural areas, are frequently caught in a cycle of vulnerability that lasts into later life, starting at conception or after birth. Education, health care, nutrition, early marriage and childbearing, family chores, and other sectors are all affected by this vulnerability. Women's access to financial and social security by joining the workforce is further restricted when they take on unpaid caregiving duties within the family. It is possible that the only reason for the gender difference that emerges in old age is the longer life expectancy of elderly women, the death of a husband, and the resulting socio-psychological and economic uncertainty that older women experience. Early life experiences are the main cause of the persisting gender differences in later life. Women and men age differently. Because in addition to biological causes, discriminatory societal norms, belief systems, and stereotypes that negatively affect women throughout their lives. Another element contributing to elderly women's vulnerability is the disproportionate gender division of labour in the family. Women in Indian families are regarded as having an important role in childrearing, caring for the young and the olds as well as in other household tasks. It in turn leads to an unbalanced power dynamics at home. These factors consequently restrict women's autonomy and choices to have access to good education, employment, mobility and skill development. Even when women do join the workforce, most of them are typically compelled to work part-time in unorganized sectors or low-paying jobs.¹⁸ In addition to age, elderly women experience certain additional gender distinctions that elderly men typically do not. Annual report of UNFPA (2008) also argued that even if elderly women were economically active during their young age, the effect of standardized gender roles which defines man as the breadwinner and women as the homemaker impacts women as they age.¹⁹

Psychological illness has become another major issue among the elderly women in India. The combination of poor health and loneliness or isolation has led to a large increase in social insecurity among the elderly. Women in general after marriage stay out of their maternal home or their culture of origin and slowly

¹⁶ *Ibid.* 09

¹⁷ 'Report on Elder Abuse in India- Fighting Isolation, Poverty, Neglect,' *HelpAge India*, 2014: ii, <https://www.helpageindia.org>

¹⁸ *United Nations Commission on the Status of Women*, 68th Session, March 11-22, 2024, New York, <https://www.unwomen.org>

¹⁹ *United Nations Population Fund Annual Report*, 2008:21, <https://www.unfpa.org>

loose connections with their blood relatives and friends. They become more vulnerable when their children depart from them at their old age may be for good education or for a decent job impacted by urbanization and increasing globalization. Their health may suffer as a result of loneliness. It is considered as a significant cause of depression and a key contributing factor to suicide or attempted suicide.²⁰ Loneliness has been associated with poor psychological adjustment, dissatisfaction with family, and other social relationships. Many people experience loneliness for a variety of reasons, such as living alone, not having immediate family relationships, having less connection to their birth place, or being unable to take an active role in activities at the neighbourhood and community level.²¹ The negative effects of loneliness on health in later life have been established by many researchers. Moreover, the death of a spouse or friend, social disengagement after relocating to a new area or workplace, and other life-altering events are some of the factors that lead to loneliness in older persons.²² In a different study,²³ it is discovered that the presence of alleged loneliness had a substantial impact on the likelihood of fatality and depression. As a result, depression is a problem that often coexists with loneliness among elderly men and women. Along with this Parkinson's disease, Alzheimer's disease, and other mental health conditions are the most common during this period of age. However, lack of family support, fluctuating finances, and limited mobility put the elderly women in a difficult situation and make them more vulnerable.

Digital Divide may be considered as another big reason for psycho-social illness. According to a study about the opinions about various issues,²⁴ it was revealed that almost 60 percent elderly viewed that their children and grand-children could not spend time with them as they are busy in their mobiles and computers. They feel detached as most of them are not smart technology friendly. In case of aged women, the condition is even more serious as most of them might be less educated or might not have access to these technologies in their earlier life. It impacts their old age when they are not comfortable with modern gadgets. They alienate from other family members as they feel they are not smart enough to mix with other young members of the family. Even the young children and grand-children underestimate them for not being able to operate the modern technologies. This isolates them from other family members.

Widowed women are especially more vulnerable in terms of their social standing within the family and community. According to some studies, it is found that despite their desire to live in a supportive family environment, many elderly women who are widowed or impoverished live alone. As people start ageing, the effects of established roles become more apparent. As discussed, earlier life expectancy of older women is more than that of men. This indicates that ageing women are more likely to be widowed. Because of this reason, they have a greater chance to live alone without any income or fewer assets of their own. As previously they were depended on their husband financially, after their death they entirely rely on other family members and children for assistance. Poverty becomes more apparent and gendered among women. In terms of health, widowed women are more likely than males to have little access to their physical and

²⁰ VA Green, NL Wildermuth, 'Self-Focus, Other-Focus and Interpersonal Needs as Correlates of Loneliness', *Psychological Reports*, 73(3:1), 1993: 843-850, <https://doi.org/10.1177/00332941930733pt120>

²¹ RO Hansson, WH Jones, BN Carpenter, JH Remondet, 'Loneliness and Adjustment to Old Age', *International Journal of Aging and Human Development*, 24(1), 1987:41-53, <https://doi.org/10.2190/82xb-jwke-u6t8>

²² Ritta-Lisa Heikkinen and Markku Kauppinen, 'Mental Well-being: A 16-year follow-up among older residents in Jyväskylä', *Archives of Gerontology and Geriatrics*, 52(1), 2011: 33-39, <https://doi.org/10.1016/j.archger.2010.01.017>

²³ Victor Marshall and P.J Clarke, 'Theories of Ageing: Social', *Encyclopaedia of Gerontology (2nd Edition)*, 2007: 621-630, <https://doi.org/10.1016/BO-12-370870-2/00188-8>

²⁴ 'Elder Abuse in India: Changing Cultural Ethos and Impact of Technology', *HelpAge India*, 2018: 63, <https://www.helpageindia.org>

mental well-being. It is disappointing because it tends to minimize how older people, especially women, are perceived by society, even when they have a greater contribution in family but they have been ignored.²⁵

Policies and Programmes for Elderly in India:

The well-being of older citizens is mandated in the Constitution of India under Article 41. “The State shall, within the limits of its economic capacity and development, make effective provision for securing the right to public assistance in cases of old age”. The Right to Equality is guaranteed by the Constitution as a fundamental right. Social security is the concurrent responsibility of the central and state government. Hindu Adoption and Maintenance Act, 1956 recognised the right of parents without any means to be supported by their children having sufficient means in the section 125 (1) (d) of the Code of Criminal Procedure 1973, and Section 20(3)²⁶ of the Hindu Adoption and Maintenance Act, 1956. This act gives a statutory recognition to the well-established moral obligation of a Hindu child (male or female) to maintain his aged or infirm parents, as long as they are not able to maintain themselves.

The Ministry of Social Justice and Empowerment is set up to ensure equitable treatment to elderly population in our society who suffer inequalities, exploitation and discrimination. National Policy on Older Persons (NPOP)²⁷ was announced in January 1999 to confirm the commitment to ensure the well-being of the elderly. The policy required state support to ensure financial and food security, health care, shelter and other needs of this section of people. This policy envisaged equitable share of these population in development. The primary provisions of this policy were to encourage individuals to make provisions for their old age, encourage families to take care of their elderly family members, support voluntary and non-governmental organisations to supplement the care provided by the family, to provide care and protection to the vulnerable elderly people and to give adequate healthcare facility to the society. The policy also urges to promote research and training facilities to train geriatric care givers an organization of services for the elderly and create awareness regarding elderly persons to help them lead productive and independent life.

MWPSC Act²⁸ was passed in December 2007 focussing on security and support to the parents and people above 60 years of age. The Act mandates and makes support of elderly parents and other senior persons by their children and relatives subject to tribunal proceedings. In the event that family members or other relatives ignore them, it also enables the elderly to have a clause allowing them to withdraw or transfer property at their discretion. It has made sure that older individuals who are abandoned have legal consequences, and it has established old age homes for those who are elderly but in need. For senior citizens, it offers sufficient medical facilities and security. All state governments have been notified of the Act and have put it into effect.

²⁵ *Commission on the status of Women- 43rd Session*, United Nations, March 1999:1-9, <https://www.un.org>

²⁶ *The Hindu Adoption and Maintenance Act, 1956*:7, <https://www.indiacode.nic.in>

²⁷ *National Policy on Older Persons*, Ministry of Social Justice and Empowerment, Government of India, 1999, <https://socialjustice.gov.in>

²⁸ *Maintenance and Welfare of Parents and Senior Citizens Act*, Ministry of Social Justice and Empowerment, Government of India, 2007, <https://www.indiacode.nic.in>

Subsequently, significant changes were made to the Maintenance and Welfare of Parents and Senior Citizens Amendment Bill (2019).²⁹ These included extending the definition of "children" to include sons and daughters-in-law, minors, and biological, adopted, or step-son and daughter. The term "senior citizen" was defined to encompass age requirements that are consistently applied to all benefits that are provided to senior citizens by centre, state and other non-government organisations. It also defines the terms "maintenance" and "welfare" to encompass housing, security, and safety in order to allow senior people to live dignified lives. Provisions for the registration of Senior Citizens Care Homes, Multi-Service Day Care Homes, and organizations offering senior home care services have been amended.

The central government of India has also made some attempts in the form of nationally administered initiatives for the elderly alongside to these Acts. The Government of India's plan of action for the care and welfare of the elderly in the country is laid out in the Integrated Program for Older Persons (IPOP), which serves as a vision statement. The administration of the Union Territories and state governments acquires funds up to 100% of the project cost through registered organizations under the "Scheme of Integrated Programme for Senior Citizens (IPSC)". Accordingly, the National Awards for Senior Citizens-Vayoshrestha Samman program, run by the Ministry of Social Justice and Empowerment, was created to honour the contributions and efforts made by senior citizens for the benefit of the senior community as a whole. The Rashtriya Vayoshri Yojana (RVY) scheme offers elderly people living assistance devices and physical support. A "Senior Citizens Welfare Fund" operates to support initiatives aimed at strengthening the well-being of elderly citizens. Through community-based primary healthcare services, the "National Programme for the Health Care for the Elderly" gives the elderly easy access to preventive, curative, promotional, and rehabilitation services. The beneficiary will be able to receive a monthly income under the "Indira Gandhi National Old Age Pension Scheme." This section has covered a variety of national and international programs and initiatives aimed at improving the lives of the aged population (Periodic Labour Force Survey, 2020).³⁰ But in India, this population segment continues to bear a lot of challenges.

Suggestions:

Some broader recommendations are suggested based on the examination of development strategy and execution. In order to accomplish greater wellbeing for elderly women, several particular recommendations are also suggested. The aged population in general and aged women in particular should be given improved access to benefits. These people have severe financial dependency and income insecurity in both rural and urban settings. Additionally, older women are typically the ones who have skewed ownership. Furthermore, even among low-income, needy families and widowed women without another source of income, the reach of old age and widow pension plans is quite restricted. Increased funding and visibility, along with a simple and transparent process for distribution are vital for social pension plans. To help BPL (Below Poverty Line) elder women, especially those who live alone, a more focused strategy is required. A survey of BPL families and women-headed homes with elderly people living in greater vulnerability must be conducted. To expand coverage, it is necessary to completely comprehend the number and distribution of older women who require more social security benefits.

²⁹ *The Maintenance and Welfare of Parents and Senior Citizens (Amendment Bill)*, Bill No. 374, 2019:02-05, <https://socialjustice.gov.in>

³⁰ *Periodic Labour Force Survey (PLFS)*, July 2019-June 2020:13-15, Ministry of Statistics and Programme Implementation, Government of India, <https://mospi.gov.in>

Nonetheless, several administrative and implementation-related obstacles must be examined and resolved.

According to some studies, older adults frequently co-create their reality and use a variety of coping strategies to lessen the impacts of ageing (Lagase et al. 2012).³¹ Elderly people typically meet acquaintances, participate in social networks outside of their homes, and share their experiences. Numerous studies, however, demonstrate that older women rarely engage in social activities in the society outside such as meeting relatives and participating in certain religious events. In order to help these women in the community to spend their time in a positive and productive way, it would be beneficial to establish local groups for older women that offer entertainment and opportunities to learn new skills. The Ministry of Rural Development's Elderly Self-help Groups (ESHGs) could serve as a venue for establishing these clubs for older women who want to spend their leisure time in an organized manner. Due to their higher burden of illness and morbidity on nearly every aspect of health, these women require more and better medical treatment. Additionally, there is evidence of their delayed access to medical care, which is most likely caused by their greater levels of dependency and poverty. The National Programme of Health Care for Elderly (NPHCE) ought to think about providing elderly women with more specialized services. Furthermore, these women in BPL families suffer unique challenges, and health insurance coverage is quite limited. The main healthcare system must be updated to accommodate their unique requirements.

Since health is a comprehensive condition of physical, mental, social, and spiritual welfare rather than merely the absence of disease, it is important to acknowledge that both economic and social status will have an impact on health status from a holistic perspective (WHO: Health for All). Beyond only activities and budgets, a critical evaluation of a few chosen social programs for the elderly in general and elderly women in particular should be conducted to determine whether the desired outcomes or improvements are being realized. To improve plans and implementation procedures, practical field-based measurement of results should be obtained and implementation bottlenecks encountered should be carefully removed. It would be necessary to give elderly people's contributions more consideration and to refrain from portraying them as helpless, reliant, and burdensome. It would be crucial to develop a formal Working Group on Population Ageing and collaborate closely with a group of moral lawmakers and social activists on this issue. To back the media and political leaders, advocacy with local leaders, influential people of the locality as well as faith-based organizations would also be a vital requirement. For integrated multi-sectoral initiatives, especially for older women, an example of model village, town or district is a necessary step. The goal should be to create a successful integration of social welfare programs so that the overall impact on older women is greater than the combined impact of different schemes.

Elderly women must be empowered and given information about current programs, how to use them, and how to actively participate in local planning in order to build their capacity. Additionally, in order to assess local requirements and devise projects that are most pertinent to local situations, capacity building is required. The National Institute of Social Defence (NISD, 2021)³² needs to strengthen its institutional framework. This includes conducting a management assessment, building capacity for reviewing and tracking national programs based on findings, and implementing the required remedial steps.

³¹ Martine Lagace, Annick Tanguay, Marie-Lyse Lavallee, Joelle Laplante, "The Silent Impact of Ageist Communication in long term Care Facilities: Elders' Perspective on Quality of Life and Coping Strategies", *Journal of Ageing Studies*, 26(3), 2012:335-342, <https://10.1016/j.jaging.2012.03.002>

³² TAPAS (Training for Augmenting Productivity and Services), National Institute of Social Defence, Government of India, 2021, <https://tapas.dosje.gov.in>

Understanding the issues elderly women confront and how to solve them requires a gender-related appraisal of specific plans. A robust research-based initiative to assist the news media in promoting constructive views and images, as well as campaigns on the rights of women and elderly women in particular would be an appreciative

Conclusion:

Although a plethora of literature deals with men's and women's difficulties and challenges in the modern era, it has mostly ignored the lives of the older people in general and elderly women in particular. This section of demographic may have to deal with unique difficulties that are distinct from those faced by the broader public. Therefore, it is crucial to deal with this gap in the literature. According to the Human Development Index, life expectancy is a key metric for assessing a nation's level of growth and development. Until sufficient steps are taken to safeguard this group from various forms of assault and violence, the increase in the average lifespan among the elderly, particularly among aged women, it cannot be considered as a success for India. Examining the unique difficulties older Indian women face in their daily lives starting from inside their families as well as in the larger society is crucial at this point of time. To make their lives less difficult, the government and various private organizations have put forth a number of policies and programs. For a variety of reasons, older adults, particularly elderly women, are currently unable to take advantage of these chances.

The scope of this study is restricted to gender differences in health care, social relationships, income and assets, and social security program awareness and utilization focussing on elderly women in India. The study uses data and literature from secondary sources such as articles, media reports and census. Therefore, extensive empirical investigation is required to delve into specific issues and challenges of elderly women. For example, if we want to explain why women live longer, we may need to conduct extensive fieldwork in various settings and analyse how their living conditions, health, and eating habits differ from those of men. Older women may therefore live longer than men in the same age category as a result of this. Similarly elderly women cannot be considered as a homogenous demographic category. Their problems may vary on the basis of caste, class, religion and place. Therefore, additional research and comprehension of the problems and links between them are still required on the topic of the requirements and challenges faced by elderly women in India.

References:

1. Atchley, P. & Kramer, A.F. 2000, Age related changes in the control of attention in depth', *Psychology and Ageing*, Vol. 15 (1), Pp78-87, retrieved from <https://pubmed.ncbi.nlm.nih.gov>
2. Atchley, R. 1989, 'A Continuity Theory of Normal Ageing', *The Gerontologist*, Vol.29 (2), April, Pp 183-190, retrieved from <https://doi.org/10.1093/gerront/29.2.183>
3. Ekerdt, D.J. 1986, 'The busy ethic: moral continuity between work and retirement', *The Gerontologist*, Vol. 26 (3), June, Pp.239-244, retrieved from <https://www.researchgate.net>
4. Elder Abuse in India, 2014, *HelpAge India*, retrieved from <https://www.helpageindia.org>
5. Elderly in India, 2021, *Ministry of Statistics and Programme Implementation*, Government of India, retrieved from <https://mospi.gov.in>
6. Giddens, A. 2016, 'Sociology', Fifth Edition, Cambridge, UK, retrieved from <https://www.shortcutstv.com>

7. Giridhar, G. *et al.* (2016), 'Older Women in India: Economic, Social and Health Concerns', *Building Knowledge Base on Ageing in India: Increased Awareness, Access and Quality of Elderly Services*, Thematic paper-2, United Nation Population Fund, retrieved from <https://india.unfpa.org/sites/default/files/pub-pdf/Thematicpaper2-womenandageing>
8. Gist, Y.J & Velkoff, V.A. 1997, 'Gender and Ageing', *U.S Department of Commerce, Economics and Statistics Administration*, Bureau of Census, December, retrieved from <https://www.census.gov>
9. Govt. of India. 2021, Elderly in India, *Ministry of Statistics*, retrieved from <https://www.mospi.gov.in/documents/213904/301563//Elderly%20in%20India%2020211627985144626.pdf/a4647f03-bcal-lae2-6c0f-9fc459dad64c>
10. Green et al. 1992, 'Self-Focus, Other-Focus and Interpersonal Needs as Correlates of Loneliness', *Psychological Reports*, Vol.73, Issue:3 (1), retrieved from <https://doi.org/10.1177/00332941930733pt120>
11. Hansson et al.1987, 'Loneliness and Adjustment to Old Age', *International Journal of Aging and Human Development*, Vol.24 (1), Pp.41-53, retrieved from <https://pubmed.ncbi.nlm.nih.gov>
12. Heikkinen, R.L et al. 2011, 'Mental Well-being: A 16-year follow-up among older residents in Jyvaskyla', *Archives of Gerontology and Geriatrics*, Vol.52, Pp33-39, retrieved from <https://doi.org/10.1016/j.archger.2010.01.017>
13. HelpAge India, 2018. 'Elder Abuse in India', Vol.17 (1),April-June, retrieved from <https://www.helpageindia.org>
14. HelpAge India, *Annual Report 2015-16*, retrieved from <https://www.helpageindia.org>
15. Hoeksema, S.N. 2011, 'Gender and Age Differences in Emotion Regulation Strategies and Their Relationship to Depressive Symptoms', *Personality and Individual Differences*, Vol. 51, Issue.6, October, Pp704-708, retrieved from <https://doi.org/10.1016/j.paid.2011.06.012>
16. Lagase et al. 2012, "The Silent Impact of Ageist Communication in long term Care Facilities: Elders' Perspectives on Quality of Life and Coping Strategies", *Journal of Ageing Studies*, Vol.26 (3), Pp.335-342, retrieved from <https://www.researchgate.net>
17. Maintenance and Welfare of Parents and Senior Citizens Act (MWPSCA), 2007, *Ministry of Social Justice and Empowerment*, Government of India, retrieved from <https://www.indiacode.nic.in>
18. *Major Amendment on Maintenance of Elderly*, 2019, Government of India, retrieved from <https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019>
19. Marshall, V. & Clarke, P.J. 2007, Theories of Ageing: Social. In James, E.B. (Ed.), *Encyclopaedia of Gerontology*, 2nd Edition, Amsterdam, Academic Press, Pp. 621-630, retrieved from <https://www.researchgate.net>
20. Max et al. 2015, "Emotion-Dependent Functional Connectivity of the Default Mode Network in Adolescent Depression", *Biological Psychiatry*, Vol. 78 (9), November, retrieved from <https://pubmed.ncbi.nlm.nih.gov>
21. National Policy on Older Persons, 1999, *Ministry of Social Justice & Empowerment*, Government of India, retrieved from <https://socialjustice.gov.in>
22. *NISD, 2021*, Government of India, retrieved from <https://tapas.dosje.gov.in>
23. Periodic Labour Force Survey (PLFS), July 2019- June 2020, *Ministry of Statistics & Programme Implementation*, Government of India, retrieved from <https://mospi.gov.in>

24. Riley, M.W. 1987, 'On the Significance of Age in Sociology', *American Sociological Review*, Vol. 52, No. 1, February, retrieved from <https://doi.org/10.2307/2095388>
25. Schulz, R. ed. 2006, *Encyclopaedia of Ageing: A Comprehensive Resource in Gerontology and Practices*, New York, Springer, ISBN: 978-0--82614843-8.
26. *The Maintenance and Welfare of Parents and Senior Citizens (Amendment Bill)*, 2019, Bill No. 374, retrieved from <https://socialjustice.gov.in>
27. *UN Commission on Status of Women*, 68th Session, retrieved from <https://www.unwomen.org>
28. *UNFPA Annual Report*, 2008, retrieved from <https://www.unfpa.org>
29. United Nations Population Funds' India Ageing Report. 2023, Caring for Our Elders- Institutional Responses, Ministry of Social Justice and Empowerment, *Government of India*, retrieved from <https://india.unfpa.org>
30. United Nations. 1999, *Commission on the Status of Women*, 43rd Session, March, retrieved from <https://www.un.org>